

Osteopathen/innen und Ärzte/innen - ein Spannungsfeld ?

Eine quantitative Sozialstudie über die Zusammenarbeit von Osteopathen/innen mit Ärzten/innen aus der Sicht der Osteopathen/innen.

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Eidesstattliche Erklärung

Hiermit versichere ich, die vorliegende Masterthese selbständig verfasst zu haben.

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28.02.2008 Margit Lammer

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1 Introduction and Purpose of the Study

I have decided to take a closer look at the cooperation of osteopaths and medical doctors for my recent study.

My being interested in this very special topic has its origin in a number of aspects. For once there is my own permanent desire for cooperation with doctors, second, I am interested in how my colleagues handle it and think about it.

Furthermore when I read into the various topics of my colleagues, I realized that there were some among them trying to find out what doctors know about osteopathy.

Wotruba (in Arbeit): „Die Bekanntheit und Akzeptanz der Osteopathie bei niedergelassenen Ärzten im ländlichen und kleinstädtischen Bereich am Beispiel Wald und Weinviertel“, Eppensteiner (2006): „Erstellung eines Fragebogens, um einen Zugang zum ärztlichen Wissen über Osteopathie möglich zu machen“. Implying that osteopaths think that doctors are not interested in osteopathy does not feel right for me and that is where I want to step in. I think that we have to approach doctors more often, but that should be answered by the study. Other topics which belong in this field of research are by Krönke (2006): “A questionnaire to evaluate Osteopathy in Austria Pilot study”, Wagner Scheidl (2006): “How do they end up coming to us?”. As far as I know nobody has ever focussed on the aspect of cooperation between doctors and osteopaths. One research is being conducted at the moment: “Die Zusammenarbeit Zahnärzte und Osteopathen”.

From my point of view the central questions have so far been left unanswered:

- Is there something such as cooperation between doctors and osteopaths and what is it like?
- How crucial is the educational background?
- What is the actual state of cooperation?
- Is there a difference between females and males concerning cooperation?

Speaking of osteopaths, there is no explicit legal regulation in Austria so far.

Practising as an osteopath is only possible under the “guise” of one’s primary profession, graduates of all-day schooling (e.g.: in Great Britain) are not authorized to practise in Austria.

Osteopaths who do not have a medical education are not allowed to diagnose (medical law) and so the treatment by such an osteopath is only possible after a referral by a medical doctor. There is also no authorization to refer patients to other specialists (e.g.: radiologists, ...) The law forbids a full-time education without a medical education first. Osteopathy is not acknowledged as an orthodox medical treatment.

In Austria osteopathy is not a recognized profession, which means that our work is not legalized. As a consequence of this legal state, our patients are not refunded by the medical insurance companies.

Since I have been working as a physiotherapist, I know that basically cooperation is limited to the writing of letters of referral, which physiotherapists need to justify their work on the patient.

First of all the term „cooperation“ has to be defined:

„Das gemeinschaftliche Arbeiten an einer Sache“ (Wikipedia- Wörterbuch internet 18. Juli 2007) „Working together for one cause“ (translated by Lammer 2007), or: „Menschen die an einem Projekt arbeiten“ (Wikipedia – Wörterbuch internet 18. Juli 2007) „People who work on a project“ (translated by Lammer 2007). The project in this case would be the patient, who both (doctor and osteopath) should help mutually in order to improve the patient’s quality of life.

“Wichtig ist hier der Punkt: zum dauerhaften beiderseitigen Vorteil. Wirklich partnerschaftliche Zusammenarbeit wird letztlich nur dadurch garantiert, dass beide Systeme mit den Folgen ihres eigenen bzw. gemeinsamen Handelns konfrontiert werden“ (Wikipedia- Wörterbuch internet 18.Juli 2007) „It is important to point out: for a long-lasting mutual advantage. After all, fully working together as partners is only guaranteed if both systems are confronted with the results of their individual and mutual doings“ (translated by Lammer 2007). According to this definition a contact between osteopath and doctor should take place and opinions should be shared.

„Mit jemand gemeinsam für bestimmte Ziele arbeiten, zur Bewältigung bestimmter Aufgaben gemeinsame Anstrengungen unternehmen“. (Duden, Deutsches Universalwörterbuch Bibliograph. Institut 83 Mannheim, Wien, Zürich) „Working together for certain goals; mutual effort in order to deal with certain tasks“ (translated by Lammer 2007). I have a special interest in the issue of cooperation, which of course is more time-consuming, but I think a good health system can only operate successfully, when everybody acts in concert. Never mind how costly it may be.

Summing up the latter definitions of the term cooperation referring to the topic of the research, the osteopath (as well as any other person working in the field of medical care) and the doctor should work together for the benefit of the patient and hold up communication.

There is also the need for a constant exchange of knowledge, to enable mutual appreciation and referrals or is it just a form of cooperation, based on the fact that one knows about the qualities of the other? The same question was posed by Käppeli:” Is cooperation a question of the individual personality and maybe modified by structures? If there were types of people who are more likely to cooperate than others this would probably mean that interprofessional cooperation in some places is likely to be equally as problematic as intraprofessional cooperation.”Käppeli (1995).

Interdisciplinary cooperation usually shows better results than the individual disciplines could. Cooperation, that is what a study of the profile of the profession of physiotherapists by Schörner (2002) shows, is not always free of friction. According to the persons asked, there is a diverging view of responsibility leading to a discussion of competence. (e.g.: midwives concerning prenatal treatment)

Cooperation is an important aspect in other fields as well and is confronted with similar kinds of problems. Thus the following definition of intercultural cooperation shows how important it is to see the differences and to react to them accordingly. The definition of cooperation in the cultural field says:

“Die konkrete Ausprägung des Schlagworts "Globalisierung" ist auf Projektebene die Notwendigkeit zur internationalen Zusammenarbeit und damit zur zwischenmenschlichen Kommunikation über kulturelle Grenzen hinweg.

Wer mit Menschen aus fremden Kulturen zusammenarbeitet, muss deren Sitten und Gebräuche, Gefühle und Befindlichkeiten kennen und respektieren. Er muss umgekehrt seinen Partnern aus anderen Kulturkreisen die eigenen Verhaltensweisen vermitteln können. Nur wer Unterschiede bewusst wahrnimmt, vermeidet Kosten, Zeitverluste, Fettnäpfchen und Konflikte. Und er kann die Synergieeffekte multikultureller Zusammenarbeit besser nutzen.

Kulturelle Unterschiede beeinflussen die Dynamik von Projektteams. Sie stellen ein kreatives Potenzial für die gemeinsame Entwicklung innovativer Ideen dar.

Andererseits können sie Missverständnisse, Verärgerung und Misstrauen auslösen und

so die Zusammenarbeit erheblich belasten. Interkulturelle Kompetenz ist deshalb ein wichtiger Erfolgsfaktor internationaler Projekte.”(Projekt Magazin 2007)

“The concrete meaning of the catch phrase “globalisation” on the level of projects denotes the necessity of international cooperation and thus of interhuman communication crossing cultural boundaries.

Whoever works together with people of foreign cultures must know and respect their customs, feelings and emotional status. On the other hand he or she must be able to convey his or her own pattern of behaviour for the partners of different cultural circles. One needs to be consciously aware of the differences in order to avoid expenses, loss of time, embarrassments and conflicts. Moreover the synergy effects of multicultural cooperation can be used in a better way.

Cultural differences influence the dynamics of project teams. They constitute a creative potential for the mutual development of innovative ideas. On the other side they can trigger misunderstandings, annoyance and suspicions and thus heavily burden the cooperation. Intercultural competence therefore is an important aspect for the success of international projects.”(Projekt Magazin,2007 translated by Lammer 2007)

Speaking of cooperation between osteopaths and medical doctors this definition means that it is important to know and respect the different approaches to a patient’s problem in order to reach a mutual form of communication, which denotes the same thing with the same term.

There is also a description in the following work: Interprofessional cooperation: why is partnership so difficult, Käppeli (1995):” Each of the health care professions sees a clients situation from their unique perspective.” “Although most health professionals are aware of the significance of interprofessional cooperation, almost every day its inherent difficulties are experienced.”

2 Basics

In order to focus on the topic of cooperation, it seems useful to explain the term of „osteopathy“ first.

„*How does one become an osteopath in Austria?*“, I was often asked during conversations. Osteopaths are organized within the Austrian Society for Osteopathy (ÖGO) counting 170 medical and non-medical members currently.

The Vienna School for Osteopathy (WSO) offers 6 years of training (1500 teaching units) finishing with the title DO (Diplom-Osteopath) for physiotherapists, doctors and dentists and exists since 1991. (Up to now there have been about 200 graduates, 43 osteopaths who have finished with a diploma and there are about 360 students currently being trained.)

Since autumn 2005 a university training is offered in cooperation with the „Donau Universität Krems“ finishing with a „Master of Science“ (osteopathy). The osteopathic centre for children organizes two years of additional training in pediatric osteopathy cooperating with the WSO. Within this form of training handicapped and seriously ill children are being treated by the help of donations.

Basically two systems of training for osteopathy exist in Europe. There is a 4 to 5 year full-time education, final exams required, and a 5 to 6 year part-time education (of about 1500 units) for physiotherapists, doctors and partly also for members of other medical professions.

The profession of the osteopath is not regulated in Europe except for Great Britain and Finland. Unfortunately that is the reason why in nearly all countries there are also organizations that offer short training courses for osteopathy, which do not adequately school the sense of touch or teach the most relevant facts.

A pilot study of the year 2006 by Katrin Krönke, which was conducted in the course of a diploma thesis, about the profession of the osteopath in Austria (see Krönke 2006), poses the question:

2.1 ”How does osteopathy manifest itself in the Austrian health system?”

This is answered accordingly: Osteopaths treat patients throughout the whole country: in cities as well as in rural regions.

Although osteopathy has no representation in hospitals or recreation centres, patients can visit private practises.

Regarding the time of therapy osteopaths really take their time to offer adequate treatment. Most osteopaths take about one hour for their first treatment and 45 minutes for the subsequent ones.

Patients with acute troubles are in for about 5 therapies on the average and visit the osteopath about once a week. Patients with chronic pain are normally treated seven times about once a fortnight.

The first treatment costs about 50-100 €.(see Krönke: „Berufsfeldforschung Osteopathie in Österreich 2006“)

Patients can only be refunded if they have a private insurance. By now some of the insurance companies partly refund the costs of treatment.

2.2 History of Osteopathy

It is certainly interesting to take a glance at the history of osteopathy, because in Austria the profession of the osteopath exists only since the 90-ties, but osteopathy outside of Austria has a long tradition.

Since this study is about cooperation, it seems obvious that the individual medical professions gain a certain knowledge about eachother's work. Therefore the following provides a survey of the history and working method of osteopathy.

The following excerpt is taken out of Wagner-Scheidl (2006) who gives a very precise and comprehensive definition of the history of osteopathy.

“The history of manual techniques is probably as old as humanity itself. A variety of these treatments has been applied in all cultures known to man (cf. Winkel 1997, p95). Hippocrates (460-377 BC) used manipulation and traction. In his time healing was closely associated with religion and the occult. By contrast, he described the power that made healing possible as “Nature”. This can be regarded as the basis for modern medical thinking (cf. Fossum 2002, p2). In the Middle Ages this way of thinking fell into oblivion until the English physician Thomas Sydenham (1624-1689) revived the concept. But it was not until much later that the American physician Dr. Andrew Tyler Still (1828-1917), the “father of osteopathy”, founded a whole treatment system on it. He discovered that disharmony in the mechanics of the body can disturb not only the structure of the affected tissue but also the functioning of distant structures such as the

inner organs (cf. <http://www.wso.at> as at 10.10.2006]). Furthermore, he recognised that the removal of blockages in joints can treat not only local complaints but also disruptions in other parts of the body. Based on these findings Dr. Still developed a method for the reinstatement of mobility in the body, which is known as osteopathy. However, the important basic principle of this new medical philosophy of Still's is, as it was for Hippocrates, the healing power of nature (cf. Greenman 1998, p22). His attempts to get his medical colleagues interested in his concepts were unsuccessful despite teaching at Baker University in Kansas. However, he achieved fame through his increasing clinical successes and many came to observe him at work in order to learn the new science of osteopathy. This led in 1892 to the foundation of the first college for osteopathic medicine, "The American School of Osteopathy" (ASO) in Kirksville, Missouri. To this day osteopathy is a complete medical and surgical branch of study and education in the United States (cf. Greenman 1998, p.22). Today there are seventeen such educational and training establishments.

Other methods of manual treatment were also founded during this period, such as chiropractics. Daniel David Palmer, who is seen as the founder of chiropractic medicine, opened his first college in 1896. He was originally a grocer who is said to have taught himself manual medicine (cf. Greenman 1998, p22). Others believe that he was trained in manual techniques by an osteopath named Obie Slother (cf. Gibbons 1977, as quoted by Fossum 2002, p8).

One of Still's pupils, William Garner Sutherland (1873-1954) introduced the concept of primary respiration movement, a delicate independent and pulsating movement, which can be detected on the cranium and the sacrum, and also at other points on the body. As a result he expanded the practice of osteopathy into the so-called cranio-sacral realms. In France in the 1980's the osteopaths Jean-Pierre Barral and Jacques Weinscheck were principally involved in the osteopathic treatment of organs, which expanded osteopathy still further into an additional area, known as visceral osteopathy." (cf. <http://www.osteopathie.de/osteopathie-Geschichte%20.html> [as at 24.11.2006]). (Wagner Scheidl 2006)

2.3 What exactly is Osteopathy?

When talking to patients, I often realize that for them osteopathy is a very abstract term, which doesn't mean much to them. So, especially when I work with children, I

think it is extremely important to explain our work to the parents as extensively as possible using the following information:

Dr. Andrew Tyler Still, the founder of osteopathy, describes it thus: „Es ist die wissenschaftliche Kenntnis der Anatomie und Physiologie in den Händen einer intelligenten Person mit Kunstfertigkeit, die dieses Wissen anwenden kann, und zwar zum Nutzen von Menschen, die durch Belastungen, Schocks, Stürze oder mechanische Verschiebungen und andere Verletzungen des Körpers krank oder beeinträchtigt sind“ (Still 1902, p14).

This describes osteopathy as the scientific understanding of anatomy and physiology in the hands of an intelligent person with the skill to apply this knowledge for the benefit of people who have become ill or disabled as a result of pressures, shocks, falls or physical dislocation and other injuries to the body.

Osteopathy is a holistic method that requires the use of hands for both diagnosis and therapy. The most important basis of osteopathy is the understanding of the human body as a single entity and of the capability of the body for self-regulation and self-healing (cf. <http://www.wso.at>[as at 10.10.2006]).

This potential to mend itself is particularly effective if the free flow of bodily fluids such as blood, liquor, lymphatic fluids and interstitial fluids is enabled. If there is impaired or blocked movement the osteopath sets out to find and remove this with all of his cognitive skills and with the application of hands in particular. Such blockages can lie not only in the joints and muscles but also in tendons, ligaments, fasciae, inner organs, the nervous system, the vascular system and inside the bone itself.

Fundamental to osteopathy is therefore a precise understanding of anatomy, embryology, physiology, pathology, and clinical knowledge as well as extensive and lengthy training in palpation skills. After differentiated anamnesis and diagnosis, the practitioner identifies and senses structural disturbances and restrictions in mobility which is verified using clinical and osteopathic examination methods. „Die palpatorische Diagnostik macht die Osteopathie durch ihre Feinheit zur Kunst“ (Delaunois 2002, p 35) in other words, diagnosis by palpation makes osteopathy into an art form through it.

An osteopath recognises patterns of dysfunction and treats the patient with either structural, visceral or cranio-sacral techniques, or a combination of them.

Mobility constitutes the most important criterion for optimal function in visceral osteopathy, where mobility and Motility of the viscera and the adjacent tissue are diagnosed and treated. Limitations regarding visceral mobility can cause dysfunctioning of the inner organs, but also lead to long-distance effects such as back pain. The variety of therapeutical approaches becomes an entirety in the hands of the osteopath, which enables the practitioner to perform an integral concept of treatment and thus see to the individual needs of the patient.

The basis therefore is a precise understanding of anatomy, physiology and pathology, as well as an extensive and lengthy training in palpation skills. An organism is healthy if all systems of the body function without any limitations.

Osteopathy as a therapeutic tool fits perfectly into the current development of preventive and efficient methods. It provides an alternative as well as an addition to general medicine. Especially in connection with orthodox methods, the additional employment of osteopathy can lead to results, which shorten the time necessary for therapy, show better functional results and also often cause a reduction of medication.

Osteopathy wants to be seen as a useful addition and certainly not a substitution of well-established therapies.

2.4 Literature about Cooperations in the Osteopathic Field

Looking through the relevant literature about cooperation of medical professions, I came upon the work of Dr Schörner about the profession of physiotherapy.

“Interdisciplinary cooperation usually shows better results than the individual disciplines could. Cooperation, that is what a study of the profile of the profession of physiotherapists shows, is not always free of friction. According to the persons asked, there is a diverging view of responsibility leading to a discussion of competence”.

(e.g.: midwives concerning prenatal treatment)(by Schörner 2002)

According to Gevitz in Parallel and distinctive: the philosophic pathway for reform in osteopathic medical education: “ Most DOs over the past three quarters of a century have been in general of family practice and later.... As MDs increasingly shied away from general practice of medicine and established their specialty and subspecialty practices.”(Gevitz 1994 Jaoa Vol 94 No 4) There is obviously a parallel development of osteopaths and doctors in the USA.

As far as I know there is no similar work about osteopathy in Europe. I found only one research about: The Temporomandibular Joint: Interdisciplinary exchange between dental and osteopathic methods. A systematic review and a guideline for the osteopathic practice. There is a comment on cooperation about how important it is to have interdisciplinary knowledge. "The numerous multitudes of diagnostic and therapeutic possibilities in dentistry restrict access to and application of osteopathy and it appears to be impossible to provide a uniform concept for inter-disciplinary cooperation. Dr. Viola Frymann emphasizes the cooperation of osteopaths and dentists. A good understanding for the uninhibited rhythmic movement of the cranial bone and of the teeth in their interrelation to the entire body on the part of the dentists would amount to a major step forward. It is important for the individual therapist to get in contact with the treating dentist and to get to know the relevant treatment approach." (Hippel S. 2006) Another research, though about interprofessional contacts between chiropractors and other health-care professionals in Sweden as seen from a chiropractic perspective says: "Successful integration of chiropractors into the Swedish health-care system requires an overall policy plan and practical guidelines of cooperation."(Andren JA, Gernandt M, Leboeuf-Yde C, Malmqvist S 2000)

The Austrian Association for osteopathy's rules of conduct state: „ Besonders hervorzuheben ist das Verhältnis des/der OsteopathIn zum/r behandelnden ÄrztIn des/der PatientIn.- Das Einverständnis des/der PatientIn vorausgesetzt, hat der/die OsteopathIn dem/der behandelnden ÄrztIn in angemessener Weise Befunde, Maßnahmen und Ergebnisse der osteopathischen Behandlung zu kommunizieren.“(Österreichische Gesellschaft für Osteopathie Der osteopathische Standard 2007)

A special focus is to be put on the relationship of the osteopath to the treating doctor of the patient. With the consent of the patient the osteopath should communicate appropriately the findings, the form and the results of treatment to the treating doctor.

Looking closely at the field of medicine (medical field index) the following special fields are listed as follows: (www.ihrarzt.at)

- Allgemeinmedizin (General Medicine)
- Anästhesie und Intensivmedizin (Anaesthesia and Intensive Medicine)
- Augenheilkunde und Optometrie (Ophthalmology)

- Chirurgie (Surgery)
- Dermatologie (Dermatology)
- Frauenheilkunde und Geburtshilfe (Gynaecology and Opstetrics)
- Hals, Nasen, Ohrenkrankheiten (ear, nose and throat specialist)
- Innere Medizin (Internal Medicine)
- Kinder und Jugendheilkunde (Paediatrics)
- Medizinische und chemische Labordiagnostik (Medical and Chemical Laboratory Diagnostics)
- Radiologie und Strahlentherapie (Radiology and Radiotherapy)
- Lungenheilkunde(Pneumologie)
- Neurologie und Psychiatrie (Neurology)
- Orthopädie und Orthopädische Chirurgie (Orthopaedics and Orthopaedic Surgery)
- Pathologie und Gerichtlicher Medizin (Pathology and Forensic Medicine)
- Physikalische Medizin (Physical Medicine)
- Unfallchirurgie (Casual Surgery)
- Urologie und Andrologie (Urology)
- Zahn, Mund und Kieferheilkunde (Dentistry)

An osteopath can work in nearly each of the fields listed and is equipped with the according basic knowledge. The fields of Radiology and Radiotherapy, Anaesthesia and Intensive Medicine, pathology and Forensic Medicine, as well as Medical and Chemical Laboratory Diagnostics are exceptions.

Osteopathy is a holistic method of work, which doesn't stick to individual symptoms. That is the reason why an osteopath seems familiar with all medical fields. Orthodox medical doctors on the other hand are specialised and focussed on the special fields listed in the above.

3 Methodology

3.1 Designing of the Questionnaire

In order to be able to design a meaningful questionnaire for my research, I decided to conduct several interviews with osteopaths to find out what the crucial aspects are and whether my colleagues also feel the need to talk about and improve the state of cooperation.

When I clicked through the various homepages of the osteopaths on my list, I found only 18 homepages and there was merely one giving information for doctors. It is now up to my work to find out whether this is up to a lack of interest or a lack of thought.

I asked all registered osteopaths to send me their folders about their work, but all I got in return were 9 folders. But not even those folders provided any information for medical doctors. In one folder it was stated that there was a cooperation with doctors and other professions, in another folder it said that osteopathy supports orthodox medicine and in just another one there was a comment about the differences between orthodox medicine and osteopathy. Summing up few osteopaths provide information. Most osteopaths feel they don't need any publicity, because they already have sufficient work.

3.2 Interviews with osteopaths

Actually I conducted interviews with 10 osteopaths (see questions in the appendix) and during those interviews I tried to find out if the topic of cooperation was of interest to them. Above that I tried to formulate the main questions for my questionnaire based on the interviews.

Each interview took me about half an hour. I deliberately posed open questions, so that my interviewees were free to talk. It was similar to brainstorming as described in Friedrichs J. (1990): *Methoden empirischer Sozialforschung* (14. Aufl.).

The main questions that came up were:

- Is there a cooperation between osteopaths and doctors?
- If yes: What does it look like?

In order to gain a scientific result, I asked more specifically:

- What kind of specialists/doctors do you work with?

- Are you content with the cooperation?

I formulated various possible answers to be ticked.

How did you start the cooperation?

This latter question seemed important to me, because it could simplify forming cooperations with medical doctors for new osteopaths.

Finally I left some space for personal remarks on this topic.

At the beginning the questionnaire includes basic statistics in order to look more closely at the following: Are there differences regarding primary profession, sex, countries, freelancer or not, ...

3.3 The Pretest

The tests were answered on the basis of individual interviews. 5 interview pages were filled in and analysed. 5 female osteopaths were selected for this group. The time for filling in the questionnaire was taken. On the average it took them 15 minutes to answer all the questions accordingly.

The Osteopaths were given the possibility to suggest changes in the pretest concerning the comprehensibility of the questions. The questionnaire was then adapted accordingly.

They started with the letter of information, which they criticised lacked comprehensibility. The target of the thesis should be defined more clearly. This was considered readily when revising the letter of information. Spelling was corrected and some of the answers were modified because they were not clear enough. The layout was generally appreciated.

3.4 The Structure of the Questionnaire

The designing of the questionnaire was an extensive process, including several pretests, trying to find out about the comprehensibility of the questions and whether I could handle the computer program.

I decided to use the computer to send my questionnaires and also for the analysis of data. It is the easiest way of transmission, avoiding waste paper. The WSO agreed to send the questionnaires via e-mail to 266 osteopaths and students in their 6th year.

Using google and Herold I tried to find some more addresses, but found only three

more osteopaths, who hadn't graduated from the WSO. Thus the question "Where did you do your training?" is of no significance. More than 90% studied at the WSO.

According to Krönke (2006) out of 192 osteopaths in Austria only 8 did not graduate from the WSO. Therefore it is very realistic for Austria to use the WSO graduates as a research group.

A computer specialist placed the questionnaire in the web. As mentioned before 269 questionnaires were sent off, including a letter of information, giving instructions and explaining the purpose of the study.

I got 101 returns. The questionnaires were returned between the beginning of May and the end of June 2007.

Among those returns were 10 doctors, 88 physiotherapists and 3 others.

According to Krönke (2006) there are about twice as many female osteopaths than male osteopaths. The aspect of gender is quite relevant concerning the topic of cooperation, since it is connected with a willingness to communicate, which is more pronounced in the female gender. I want to focus on this aspect and apply the aspect of sex as an independent variable.

There are two main parts of the questionnaire, explained in the chapters 3.4.1 and 3.4.2.

3.4.1 The osteopaths – sample characteristics

This part of the questionnaire deals with basic statistical information such as sex, institution of training, state of training, original profession, or where people work in Austria. A crucial aspect for the final analysis of data will certainly be the original training.

The legal aspect as stated in chapter one is not clear in Austria. Therefore the following questions arise:

- What kind of employment relationship are you in?
- Do you work in your original job?
- What is your official job denotation?
- What is written on your business card?

3.4.2 The present state of cooperation with medical doctors

The two main questions are:

- Do you currently cooperate with medical doctors?
- Which specialists do you work with?

3.4.2.1 Reasons for cooperation

As described in chapter 1 the legal situation is one of the reasons for cooperation. Osteopaths who originally worked as a physiotherapist need allotments from a specialist. To be able to refer patients to other medical professions or to advise them in a better way about possible alternatives, I think it is necessary to have a certain basic knowledge (very general – not specific) about other fields. Otherwise patients are only referred to individual persons on the basis of acquaintances or rumors about successful treatment.

Two ways of cooperation follow from this cooperation based on legal aspects.

Patients are allotted by a medical doctor.

Osteopaths send a patient to a doctor for an allotment.

The next part discusses the professional motivation for cooperation: What does the cooperation look like?

As mentioned in the above osteopaths work in a holistic way and orthodox doctors in their very specific field. Therefore the two groups have a different view of the patients' problem and a different basic knowledge. In the course of the study, following answers were generated:

- I have a vivid professional exchange with medical doctors.
- I need doctors for differential diagnosis.
- I contact medical doctors to discuss professional topics.

3.4.2.2 How cooperation with medical doctors started

Regarding the question, "How did you start the cooperation with medical doctors", those are some of the possible answers: The osteopath started it or the doctor, there was a personal conversation, or a written contact, ...

"There is also the way of "virtual collaboration" which denotes a cooperation of people using electronic devices, such as mobile phones, e-mail, chatrooms, online

communities, video conferences, web sites and others.”(Wikipädia) There can be direct or indirect communication with doctors using the media.

3.4.3 Way of circulation of information

If we look at this aspect it clearly shows a triangle consisting of osteopath, doctor and patient. The usual direction in our health system is from the doctor to the osteopath. According to the work of Birgit Wagner Scheidl the patient mostly takes a detour and is sent to an osteopath via friends or acquaintances. Therefore the successful functioning of this triangle doctor – patient – osteopath has to be scrutinized.

The communication with doctors is another crucial aspect. Communication from the osteopath to the doctor can work directly or through the patient when there are problems, questions or concerning feedback. The other way round, the doctor should start communication at least through the patient to screen the success of the therapy.

Cooperation is a complicated process which asks for a lot of time and commitment.

“Zusammenarbeit ist eine teilweise Zusammengehörigkeit, also das wiederkehrende Einbringen von Aktivität oder anderer Leistungen in den Bereich des jeweils anderen Systems zur Erreichung von Zielen, die beiden Systemen entsprechen. Grundlage ist dabei ein Vertrauen auf die fortgesetzte bzw. den Abmachungen entsprechende Wechselwirkungsmöglichkeit.“ (Wikipädia) „Cooperation is a partial unity, that means the recurring introduction of activity or other performances into the field of the other systems in order to reach goals which fit both systems. The basis of all this is trust in the continued and agreed on possibility of interaction.”(translated by Lammer 2007) The latter definition depicts the complexity of the system cooperation very well.

Thus the question: Are you content with the present state of cooperation?

To conclude this aspect two more questions were posed: Was the medical doctor interested in the information about your work? If yes, how did you transport the information?

The various possible answers were generated by way of the interviews which preceded the questionnaire.

3.5 Data Evaluation

Descriptive analysis

First of all, missing data and the numbers of individual answers were explored for each variable. Considering the group sizes, some answers were collapsed in order to gain sufficiently large sizes for evaluation.

Variables

A summary of the variables is added in Appendix 4.

- Independent variables

Characteristics of the osteopaths are used as independent variables and factors for analysis of variance (ANOVA). The according questions, variable designations and the information gain intended by using these variables are summarized in Table 1.

Question	Abbreviation
Sex	sex
<ul style="list-style-type: none"> • Is there a sex-specific difference concerning cooperation and the perception of its quality (female/male)? 	
Final year of osteopathic training	finish_c
<ul style="list-style-type: none"> • Are there differences depending on the practical experience of the osteopaths (final years of osteopathic training)? 	
State of osteopathic training/degree	state_tr_c
<ul style="list-style-type: none"> • Are there differences depending on the training state of the osteopaths (students/osteopaths/graduated osteopaths)? 	
What is your basic professional training?	basic_tr
<ul style="list-style-type: none"> • Are there differences depending on the basic training (medical doctors/physiotherapists)? 	
Employment relationship: yes/no	empl
<ul style="list-style-type: none"> • Are there differences between therapists who are employed or who are not? 	
Free lancer: yes/no	free_l
<ul style="list-style-type: none"> • Are there differences between therapists who work as freelancers or who are not? 	
Are you working in your original job?	or_job
<ul style="list-style-type: none"> • Are there differences concerning cooperation and the perception of its quality, if osteopaths work/do not work in their original job? 	
How do you denote your job officially?	or_denot
<ul style="list-style-type: none"> • Are there differences concerning cooperation and the perception of its quality, depending on how the osteopaths see themselves and their job? 	

Table 1: Independent variables.

The variable "school" was not considered, because only eight of the osteopaths had their osteopathic training at another school than the Vienna School of Osteopathy (WSO). The problem of a low group size accounts for the number of medical doctors (basic_tr), too. Since this aspect is of general interest for this study, this variable was evaluated, nevertheless.

- Dependent variables

Dependent variables are the questions concerning cooperation and information flow.

Grouping of data

Final years of osteopathic training were grouped by the 33%- and 66%- percentiles, resulting in three (more or less) equally sized categories (" <2001 ", "2001-2004" and " >2004 ").

Original jobs other than medical doctors and physiotherapists were designated as physiotherapists, because the frequency of these jobs was too low for individual evaluation.

The answers concerning the state of osteopathic training were summarized in three groups:

original	new answer
else, Stud (6)	in progress
osteopath	osteopath
D.O., MSc	graduated osteopath

Countries other than Austria (Germany, Swiss), were collapsed in the answer "else".

Data Exploration

In advance of data analysis, tests for normality (Kolmogorov-Smirnov-test) were performed. Since none of the variables is normally distributed, nonparametric tests (χ^2 -test and Fisher's exact test for nominal data and Mann-Whitney's u-tests for ordinal data) were used for group comparisons.

Additionally, analysis of variance (one-way ANOVA) of the dependent variables was performed with the factors (equivalent to the independent variables) summarized in Table 1. Homogeneous subsets could only be calculated, when none of the groups had fewer than two cases. In these cases, as an estimate, significances (p-values) were

divided by the degrees of freedom. If this calculation resulted in $p < 0.10$ groups were compared individually by means of u-tests. Homogeneity of variance was tested by Levene statistic.

Since group sizes were unequal, the harmonic mean of the group sizes was used for ANOVA. In these cases, Type I errors may occur (the error of rejecting a null hypothesis when it is actually true, or the other way round: There might be results indicating differences between two groups, when there are none. Thus, individual comparisons were performed by means of χ^2 - and u-tests (two-tailed, level of significance $\alpha = 0.05$), additionally.

Since there are several variables dealing with frequencies, nominal answers were transformed into ordinal scale as follows:

original answer	value
never	0
rarely	1
sometimes	2
often	3
very often	4
no	0
sometimes	1
yes	2

U-tests were performed with these ordinal data.

Additionally, mean values could be calculated by multiplying the number of individual answers with the according ordinal value and subsequent division by the total number of answers. These mean values can be used for an easier comparison of groups: Higher mean values indicate a higher average frequency.

Missing values

Pearson correlation of the frequency of missing answers and the frequencies of the answers "no" and "never", respectively was calculated (these data were normally

distributed). A significant positive linear association was found regarding the number of the answer "never" and the number of missing values (cf. Table 2). Thus, missing answers for these questions might be interpreted as "never". The according mean values of the relative frequency are demarked with two asterisks. Correlation coefficients of the frequency of missing answers and of the answer "no" do not show a linear association (cf. Table 2).

	R	p
"never" (questions with possible answers "never", rarely", ...)	0.67	0.003
"no" (questions with possible answers "no", sometimes", "yes")	0.32	0.44
"no_2" (questions with possible answers "no" and "yes")	-0.55	0.90
total "never"+"no"+"no_2"	0.21	0.23

Table 2: Correlation coefficients of the frequency of missing answers and of the answers "no" and "never".

4 Results

4.1 Reply Rate and Sample Characteristics

One-hundred and one osteopaths, 61 women and 40 men, took part in the survey. Since 269 questionnaires have been posted, reply rate is 37.5%.

Most of the osteopaths (92%) had osteopathic training at the Vienna School of Osteopathy (WSO), eight elsewhere.

Most of them (76.6%) have already finished osteopathic training. Among these osteopaths are 31.7% who graduated with "Master of Science" and 7.9% with "D.O.". The residual 36.6% are osteopaths who have not done a diploma thesis, yet.

Students in the 6th year of osteopathic training (21.8%) and students in an earlier state of osteopathic training (2%) are less represented in the sample.

Final years of osteopathic training range from 1996 to 2008. The mode is 2000, when 19 osteopaths (19%) finished their training, the median is 2002.

The majority of the osteopaths have been physiotherapists after their basic professional training (89.1%), the others medical doctors (10.9%).

Only 16% of the osteopaths are in an employed relationship, most of them physiotherapists (14%) and one medical doctor is employed in a hospital.

Ninety-three percent of the osteopaths taking part in this survey are working as free-lancers.

Most of the osteopaths (78%) work in their original job (physiotherapist or medical doctor), and only 22% do not.

Twenty-two percent of the osteopaths use "osteopath" singly as official job denotation. Most of the osteopaths use both, the former job denotation and "osteopath", additionally (67%).

4.2 Present State of Cooperations with Medical Doctors

Sixteen percent of the osteopaths do not cooperate with medical doctors at the present state.

Cooperations between graduated osteopaths and medical doctors are more frequent than between students or not graduated osteopaths and doctors (no significant difference).

Osteopaths cooperate most frequently with general practitioners, followed by orthopaedists. Cooperations with other specialists are more seldom. The according data and significant differences between different groups of osteopaths are summarised in Table 8.

Cooperation with...	Mean frequency	Significant differences between...	p
Orthopaedists	2.6 (sometimes- <i>often</i>)	"osteopath"(2.2) / former job denotation (3.1)	0.04
Surgeons	1.4 (<i>rarely</i> - sometimes)	male (1.8)/female (1.1) freelancers (1.3)/ no freelancers (2.4)	0.02 0.05
Casual surgeons	2.0 (<i>sometimes</i>)	original job (MD, PT) (2.2)/not original job (0.8) "osteopath" (0.9)/former job denotation (2.1) "osteopath" (0.9)/both job denotations (2.3)	0.001 0.03 0.001
Neurologists	1.8 (<i>rarely</i> - <i>sometimes</i>)	-	
Radiologists	0.8 (never - <i>rarely</i>)	PT (0.7)/MD (2.1) original job(1.0)/not original job (0.2)	0.008 0.04
Pediatrists	1.8 (<i>rarely</i> - <i>sometimes</i>)	-	
Gynaecologists	1.8 (<i>rarely</i> - <i>sometimes</i>)	-	
General practitioners	3.0 (<i>often</i>)	PT (3.1)/MD (2.4)	0.05

Table 3: Cooperations with different specialists.

Orthopaedists

Osteopaths, who officially use their former job denotation only, cooperate significantly more often with **orthopaedists** than osteopaths, who denote themselves as "osteopaths", only.

Surgeons

Male osteopaths cooperate with **surgeons** significantly more often than female.

Significantly less cooperations of osteopaths, who are working as free-lancers, with surgeons can be observed, than of osteopaths, who are no free-lancers.

Casual surgeons

There is a significant difference between osteopaths, who work in their original profession and those who work as osteopaths, singly. The latter cooperate significantly less often with **casual surgeons** than the others.

Similarly, therapists, who denote themselves as "osteopath", only, cooperate less often with casual surgeons, than therapists, who use their original job denotation and those who use both.

Neurologists

There are no significant influences of any independent variable.

Radiologists

Osteopaths, who are medical doctors in their original job, cooperate significantly more often (on average: at least sometimes) with **radiologists** than osteopaths (on average: never or rarely), who have been physiotherapists.

Osteopaths, who still work in their original job, cooperate more often with radiologists than the others. This difference is significant, too.

Paediatrists

There are no significant influences of any independent variable.

Gynaecologists

There are no significant influences of any independent variable.

General practitioners

Physiotherapists cooperate significantly more often with general practitioners than other medical doctors.

4.3 Reasons for Cooperations

Most often, cooperation with medical doctors is confined to asking patients to get an allotment of the doctor or allotments without direct contact. Next frequent is the contact with doctors, when problematic patients have to be treated and when differential diagnosis is needed (cf. Table 10).

Statement	Mean frequency	Significant differences	p
I ask patients to get an allotment of doctors (for security reasons).	2.5 (<i>sometimes - often</i>)	female (2.8)/male(2.0) PT (2.7)/MD (0.8)	0.01 0.001
Doctors allot patients, but I have no contact.	2.4 (<i>sometimes - often</i>)	PT (2.5)/MD (1.3) "osteopath" (2.6)/ former job denotation (1.7)	0.001 0.04
I come up to doctors with problematic patients.	2.3 (<i>sometimes - often</i>)	-	
I need doctors for differential diagnosis	2.2 (<i>sometimes - often</i>)	-	
I have a vivid professional exchange with doctors	1.9 (<i>rarely - sometimes</i>)	-	
Information flow from doctor via patients (one-way).	1.9 (<i>rarely - sometimes</i>)	-	
I report back to doctors about patients.	1.7 (<i>rarely - sometimes</i>)	-	
I have contact with doctors in order to discuss medical issues.	1.7 (<i>rarely - sometimes</i>)	not employed (1.8)/ employed (1.1)	0.04
The success of therapy is monitored by the doctor.	1.5 (<i>rarely - sometimes</i>)	former job denotation (2.3)/ "osteopath" (1.3) former job denotation (2.3)/ both job denotations (1.4)	0.03 0.03
I communicate with the doctor via the patient (patient is the go-between).	1.5 (<i>rarely - sometimes</i>)	-	

Table 4: Perception of the way of cooperation.

Female osteopaths **ask patients to get allotments of the doctors for security reasons** significantly more often than male. Additionally, medical doctors ask their patients less often to get allotments of their colleagues than physiotherapists.

Medical doctors describe **allotments without contact** significantly less often (maximum sometimes) than physiotherapists. Additionally, there are significant differences between osteopaths, who use their former official job denotation (MD or PT) only and those who call themselves "osteopath", only. The latter describe allotments without contact significantly more often than the therapists of the other group.

Osteopaths who are not in an employed relationship, have significantly more contact with doctors in order to **discuss medical issues**.

Osteopaths, who officially use their former job denotation (MD or PT), singly, have significantly more often contact to doctors in order to have the **success of therapy monitored**, than osteopaths of the therapists who either use "osteopath" or both denotations.

4.4 Summary of Actual Cooperations

Most frequently confirmed statements about the quality of actual cooperations are, that cooperation with doctors is interesting, good and based on mutual appreciation, but also that osteopaths wish to intensify cooperation. The osteopaths do not think very often, that doctors are not interested in cooperation (cf. Table 9).

Statement	Mean frequency	Significant differences	p
Cooperation with doctors is interesting.	1.4 (<i>sometimes</i> - yes)	<2001 (1.2)/>2004 (1.6) in progress (1.6)/ost (1.2)	0.03 0.02
Communication with doctors is good, based on mutual appreciation.	1.4 (<i>sometimes</i> - yes)	-	
I want to intensify cooperation	1.3 (<i>sometimes</i> - yes)	female (1.4) / male(1.1) <2001/2001-2004	0.03 0.04
I get adequate allotments by doctors.	1.2 (<i>sometimes</i> - yes)	-	
I feel ensured by the diagnosis of medical doctors.	1.2 (<i>sometimes</i> - yes)	female (1.3)/male (0.9) original job (1.3)/ not original job (0.8)	0.006 0.03
I am very content with cooperation.	1.0 (<i>sometimes</i>)	female (0.9) / male(1.2) <2001/2001-2004	0.03 0.01
In my opinion, doctors are not interested in the activity of osteopaths	0.7 (<i>no</i> - <i>sometimes</i>)	-	
Cooperation with doctors has inspired my work to a high degree.	0.7 (<i>no</i> - <i>sometimes</i>)	-	

Table 5: Statements about the quality of actual cooperations with medical doctors.

Osteopaths, who finished their osteopathic training after 2004 most often think, that cooperation with medical doctors is **interesting**. In the other groups the most frequent answer is "sometimes". There is a significant difference between the groups ">2004" and "<2001". Additionally, students most frequently think, that cooperation with

medical doctors is interesting. There is a significant difference between the group of students and not graduated osteopaths.

Significantly more female than male osteopaths wish an **intensified cooperation**.

Additionally, osteopaths who finished their training before 2001 express their wish of an intensified cooperation significantly more often than the osteopaths who finished between 2001 and 2004.

Female osteopaths **feel ensured** significantly more frequently and to a higher extent than male. Additionally, osteopaths, who are not working in their original job anymore, feel ensured less frequently than the others.

Significantly more male than female osteopaths are **content with cooperation**.

Osteopaths who finished their training before 2001 are significantly less content than the osteopaths with final years between 2001 and 2004.

4.4.1 How Cooperations with Medical Doctors Start

The starting points of cooperation are summarized in Table 6.

Statement	Confirmations	Differences	p
Personal contact with doctors	83%	original job (95%)/ not original job (38%)	<0.001
		"osteopath" (53%)/former (100%)	0.03
		"osteopath" (53%)/both (89%)	0.006
Contact with doctors by acquaintance.	80%	-	
Did the doctor show interest in information about your work?	76%	-	
I have recommended doctors to patients.	74%	freelancers (78%)/ no freelancers (33%)	0.04
I have been recommended by other doctors.	69%	-	
I have phoned doctors.	63%	original job (70%)/ not original job (33%)	0.008
		ost (40%)/both (69%)	0.04
Doctors made approaches to me.	61%		
Cooperation started by working in shared rooms.	38%	employed (85%)/ not employed (27%)	<0.001
		free-lancer (34%)/no freelancer (83%)	0.03
		former (67%)/ost (15)	0.02
I have written to doctors	32%	-	

Table 6: How cooperation with medical doctors started.

Almost all of the osteopaths (95%), who work in their original job, started cooperation by **personal contact**, whereas only 38% of the therapists who are working osteopathically, only, do.

Starting cooperations by personal contact to medical doctors can be observed least often (53%) among therapists who officially denote themselves as "osteopath", only. Compared to the other osteopaths who either use both, the former job denotation (MD or PT) and "osteopath", or the former job denotation, only, differences are significant.

Freelancers **recommend** medical doctors to patients significantly more often than osteopaths, who are no freelancers.

There is a significant difference between osteopaths in the frequency of **phoning doctors**, who are working in their original job and those who do not anymore. The latter did not ring up doctors as frequently as the others. Osteopaths who officially use both, the former and the actual job denotation, have rung up doctors significantly more often than therapists who denote themselves as "osteopath" only.

For 86% of the osteopaths in an employed relationship, **working in shared rooms** was the start of cooperations with medical doctors, whereas it was for only 27.4% of the other group members. This difference is significant. On the contrary, significantly fewer cooperations caused by working in shared rooms can be observed among freelancers.

Most cooperations due to the use of shared rooms can be found among osteopaths who use their former job denotation officially. Therapists, who denote themselves as "osteopath", only, confirm this statement significantly less often.

4.4.2 Way of Circulation of Information

Information is circulated most often during conversation (72%). Written information is less common (cf. Table 7).

	Frequency	Significant differences
During conversation	72%	-
Info sheets	27%	-
Brochure	20%	-
Homepage	10%	-

Table 7: Way of circulation of information.

4.4.3 Notes and Comments added by the Osteopaths

Additional notes about the status of cooperations

The answers range from "Doctors have no knowledge of osteopathy, but are generally interested and trust our therapy" to "Doctors and osteopaths are concurrent".

Answers providing additional information, which was not collected in the questionnaire are:

- There might be a difference between rural and urban doctors. The latter seem to be less interested in cooperation.
- Doctors who were patients themselves are most interested.

Reasons for a lack of cooperation

- Neither doctors, nor we have sufficient time.
- Osteopathy is officially not approved, thus cooperation is difficult.
- The hierarchy medical doctors - therapists is still established: In hospitals, osteopaths are in hierarchy even beyond nurses who outnumber them and have a better lobby.
- Some osteopaths describe, that cooperation proceeded after changing from physiotherapy to osteopathy, but others describe a breaking of the former network.

When does cooperation take place

- Cooperation is good, when the doctor himself/herself, a relative or good friend has been treated successfully.
- Several osteopaths describe, that doctors allot "hopeless cases", who have been allotted to other doctors before without success.

The basis of cooperations

- Medical knowledge is essential for communication without hierarchies
- Osteopaths should show more self-esteem and last but not least, some doctors are not more conceited than osteopaths.

Suggestions for how to start cooperatives with medical doctors.

- Conservative initiatives: Visits (e.g. before Christmas or opening of the practice), phone calls, posting of information material, invitations for practice celebrations, seminars (which are described as more or less successful). If diagnosis is uncertain, the doctor should be called and short messages about

medical evidence are suggested, too. In general, more information for doctors is suggested. This should be oral and not written, because the latter is easy to throw away.

- Creative Approaches: One osteopath describes successful "wine- medical talks" (Lecture, then wine tasting), another treats medical doctors, whom he wants to cooperate with. Additionally, a (functioning) interdisciplinary network with ten doctors is described, who spend one hour each week for discussion.

Some osteopaths claim more initiative of the medical doctors. Others suggest, that knowledge about additive therapies (physiotherapy, osteopathy) should be taught at university.

5 Conclusion

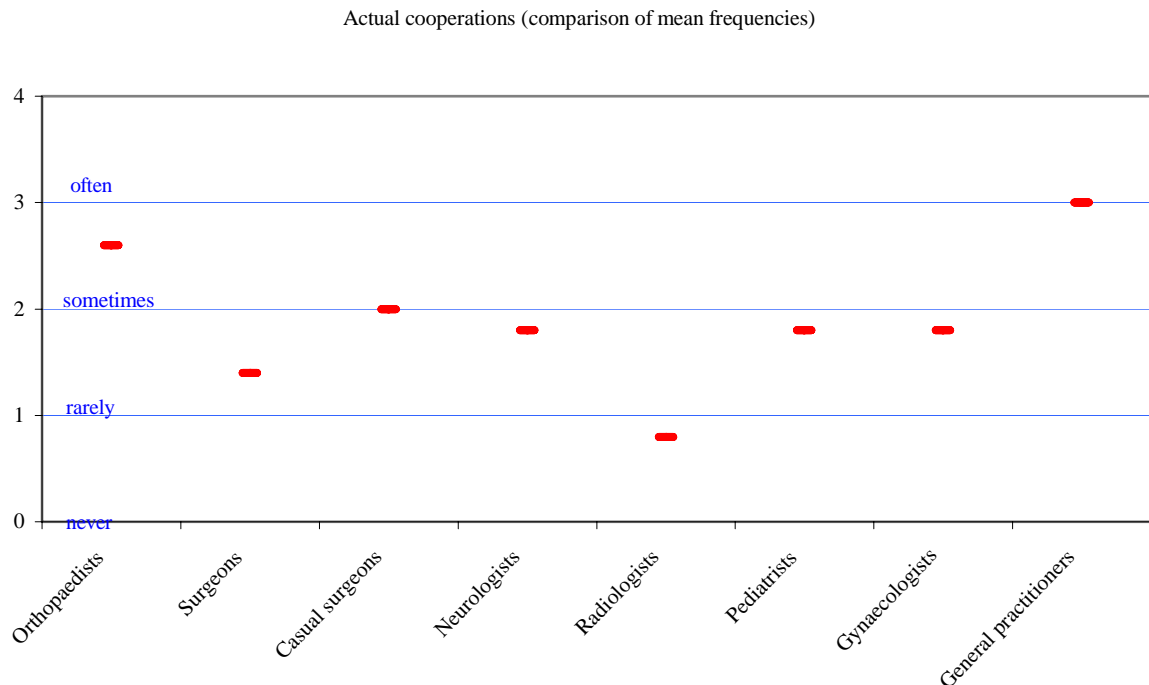
In the beginning of this research I posed four main questions. In the following I want to summarize and discuss the most important and significant results to those questions as they presented themselves in my scientific work.

Is there something such as cooperation between doctors and osteopaths and what is it like?

84 percent of the osteopaths, which took part in this study, do cooperate with medical doctors at the present state. In my opinion this is a satisfying percentage.

Cooperations between graduated osteopaths and medical doctors are more frequent than between students or not graduated osteopaths and doctors (no significant difference).

Osteopaths cooperate most frequently with general practitioners, followed by orthopaedists. Cooperations with other specialists are more seldom. The according data are shown in Ill. 1 and significant differences between different groups of osteopaths are summarised in Table 8.



Ill. 1: Cooperations between osteopaths and different medical specialists.

Cooperation with...	Mean frequency	Significant differences between...	p
Orthopaedists	2.6 (sometimes- <i>often</i>)	"osteopath"(2.2) / former job denotation (3.1)	0.04
Surgeons	1.4 (<i>rarely</i> - sometimes)	male (1.8)/female (1.1) freelancers (1.3)/ no freelancers (2.4)	0.02 0.05
Casual surgeons	2.0 (<i>sometimes</i>)	original job (MD, PT) (2.2)/not original job (0.8) "osteopath" (0.9)/former job denotation (2.1) "osteopath" (0.9)/both job denotations (2.3)	0.001 0.03 0.001
Neurologists	1.8 (<i>rarely</i> - <i>sometimes</i>)	-	
Radiologists	0.8 (never - <i>rarely</i>)	PT (0.7)/MD (2.1) original job(1.0)/not original job (0.2)	0.008 0.04
Pediatrists	1.8 (<i>rarely</i> - <i>sometimes</i>)	-	
Gynaecologists	1.8 (<i>rarely</i> - <i>sometimes</i>)	-	
General practitioners	3.0 (<i>often</i>)	PT (3.1)/MD (2.4)	0.05

Table 8: Cooperations with different specialists.

How crucial is the educational background?

There aren't any distinct differences between the individual forms of training.

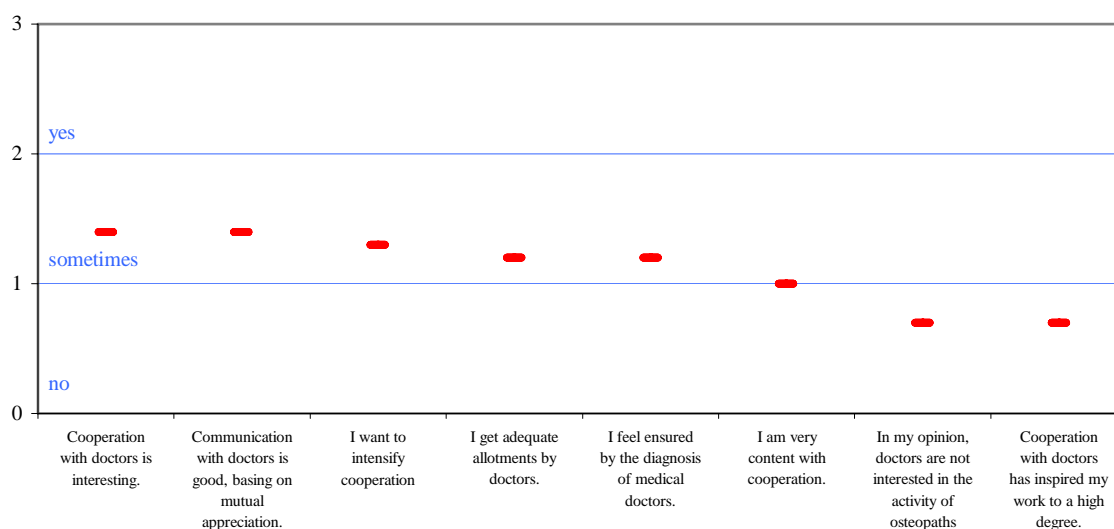
Medical osteopaths cooperate with doctors as often as do osteopaths who are physiotherapists. Osteopaths, who are medical doctors in their original job, cooperate significantly more often (on average: at least sometimes) with **radiologists** than osteopaths (on average: never or rarely), who have been physiotherapists.

Osteopaths, who still work in their original job, cooperate more often with radiologists than the others. This difference is significant, too. Medical doctors describe **allotments without contact** significantly less often (maximum sometimes) than physiotherapists. Additionally, medical doctors ask their patients less often to get allotments of their colleagues than physiotherapists. There are significant differences between osteopaths, who use their former official job denotation (MD or PT) only and those who call themselves "osteopath", only. The latter describe allotments without contact significantly more often than the therapists of the other group.

What is the actual state of cooperation?

The osteopaths' opinions about actual cooperation are shown in Ill. 2.

Most frequently confirmed statements about the quality of actual cooperation are, that cooperation with doctors is interesting, good and based on mutual appreciation, but also that osteopaths wish to intensify cooperation. The osteopaths very rarely think that doctors are not interested in cooperation (cf. Table 9).



III. 2: Opinion of the osteopaths about their cooperation with medical doctors.

Statement	Mean frequency	Significant differences	p
Cooperation with doctors is interesting.	1.4 (<i>sometimes</i> - yes)	<2001 (1.2)/>2004 (1.6) in progress (1.6)/ost (1.2)	0.03 0.02
Communication with doctors is good, basing on mutual appreciation.	1.4 (<i>sometimes</i> - yes)	-	
I want to intensify cooperation	1.3 (<i>sometimes</i> - yes)	female (1.4) / male(1.1) <2001/2001-2004	0.03 0.04
I get adequate allotments by doctors.	1.2 (<i>sometimes</i> - yes)	-	
I feel ensured by the diagnosis of medical doctors.	1.2 (<i>sometimes</i> - yes)	female (1.3)/male (0.9) original job (1.3)/ not original job (0.8)	0.006 0.03
I am very content with cooperation.	1.0 (<i>sometimes</i>)	female (0.9) / male(1.2) <2001/2001-2004	0.03 0.01
In my opinion, doctors are not interested in the activity of osteopaths	0.7 (<i>no</i> - <i>sometimes</i>)	-	
Cooperation with doctors has inspired my work to a high degree.	0.7 (<i>no</i> - <i>sometimes</i>)	-	

Table 9: Statements about the quality of actual cooperations with medical doctors.

Osteopaths, who finished their osteopathic training after 2004 most often think, that cooperation with medical doctors is **interesting**. In the other groups the most frequent answer is "sometimes". There is a significant difference between the groups ">2004" and "<2001". Additionally, students most frequently think, that cooperation with medical doctors is interesting. There is a significant difference between the group of students and not graduated osteopaths.

I wonder if cooperation here gets confused with advertising or recruitment of patients or if there is an interest in real cooperation, as defined and quoted in chapter one. Does cooperation subside with the quantity of patients? Osteopaths, who officially use their former job denotation only, cooperate significantly more often with **orthopaedists** than osteopaths, who denote themselves as "osteopaths", only. Here I ask myself whether osteopaths see themselves as competitors since there is a strong overlap of the two special fields.

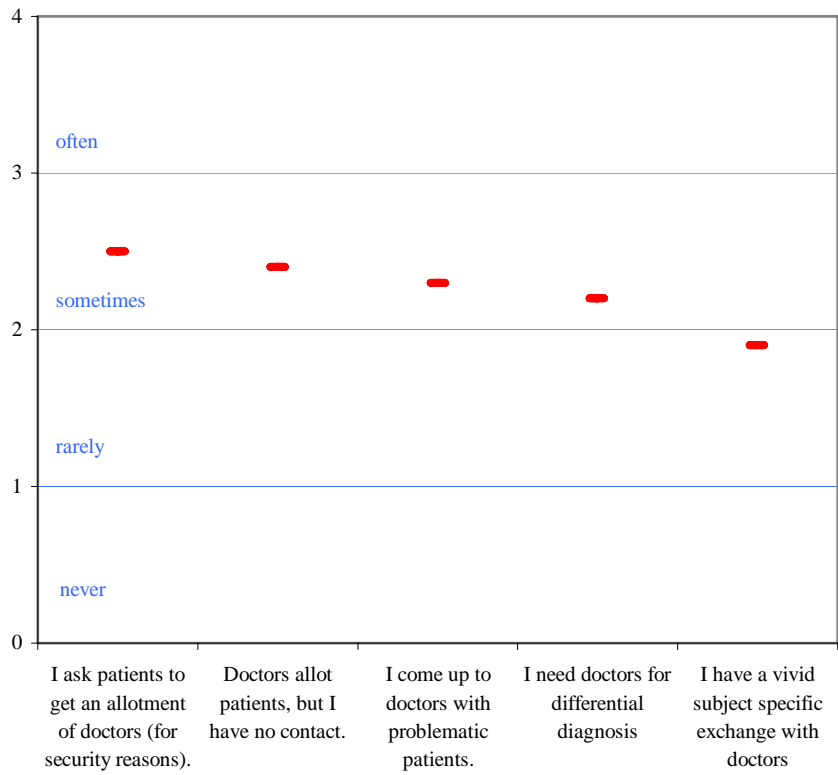
Significantly less cooperations of osteopaths, who are working as free-lancers with surgeons can be observed, than of osteopaths, who are no free-lancers. Since employed osteopaths work in hospitals mostly, they have more opportunities for cooperation. Although that leaves the question whether they work there as osteopaths or not, because actually there is no such employment as osteopath.

There is a significant difference between osteopaths, who work in their original profession and those who work as osteopaths, singly. The latter cooperate significantly less often with **casual surgeons** than the others.

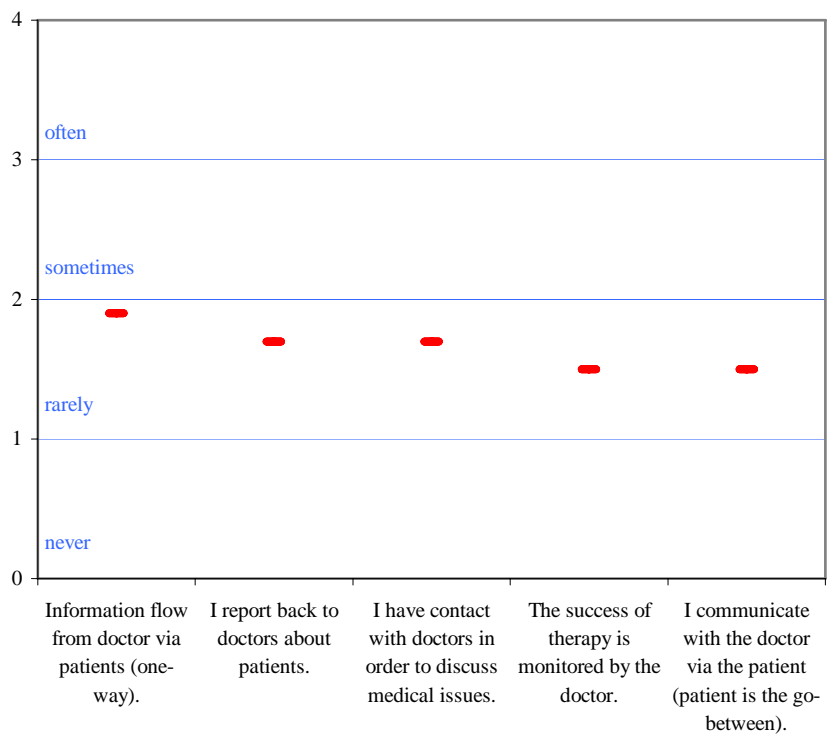
At this point the reasons for cooperation must be summarized:

Reasons for cooperating with medical doctors are shown in Ill. 3 and Ill. 4.

Most often, cooperation with medical doctors is confined to asking patients to get an allotment of the doctor or allotments without direct contact. Next frequent is the contact with doctors, when problematic patients have to be treated and when differential diagnosis is needed (cf. Table 10).



III. 3: Reasons for cooperations with medical doctors.



III. 4: Reasons for cooperations with medical doctors.

Statement	Mean frequency	Significant differences	p
I ask patients to get an allotment of doctors (for security reasons).	2.5 (<i>sometimes - often</i>)	female (2.8)/male(2.0) PT (2.7)/MD (0.8)	0.01 0.001
Doctors allot patients, but I have no contact.	2.4 (<i>sometimes - often</i>)	PT (2.5)/MD (1.3) "osteopath" (2.6)/ former job denotation (1.7)	0.001 0.04
I come up to doctors with problematic patients.	2.3 (<i>sometimes - often</i>)	-	
I need doctors for differential diagnosis	2.2 (<i>sometimes - often</i>)	-	
I have a vivid professional exchange with doctors	1.9 (<i>rarely - sometimes</i>)	-	
Information flow from doctor via patients (one-way).	1.9 (<i>rarely - sometimes</i>)	-	
I report back to doctors about patients.	1.7 (<i>rarely - sometimes</i>)	-	
I have contact with doctors in order to discuss medical issues.	1.7 (<i>rarely - sometimes</i>)	not employed (1.8)/ employed (1.1)	0.04
The success of therapy is monitored by the doctor.	1.5 (<i>rarely - sometimes</i>)	former job denotation (2.3)/ "osteopath" (1.3) former job denotation (2.3)/ both job denotations (1.4)	0.03 0.03
I communicate with the doctor via the patient (patient is the go-between).	1.5 (<i>rarely - sometimes</i>)	-	

Table 10: Perception of the way of cooperation.

Is there a difference between females and males concerning cooperation?

Out of one-hundred and one osteopaths who took part in the survey 61 were women and 40 were men.

Significantly more female than male osteopaths wish an **intensified cooperation**.

Significantly more male than female osteopaths are **content with cooperation**. Male osteopaths cooperate with **surgeons** significantly more often than female.

According to Krönke (2006) 74 % of osteopaths state official recognition important, because they mentioned the need of legal security. It is interesting that female osteopaths **ask patients to get allotments** of the doctors **for security reasons**

significantly more often than male. Female osteopaths **feel ensured** significantly more frequently and to a higher extent than male.

In the beginning of my work I didn't focus so much on the gender related differences. But it turned out that there are significant differences. It would certainly be interesting to look at that aspect from a psychological point of view or to create an own questionnaire, but that might be a new project.

Some more important aspects of this research:

1. There are too few homepages or folders for the patients as information. This seems to be due to a lack of professionalism as well as too little effort to act in favour of an improvement of the profession of osteopath. According to statements of osteopaths each of us prefers to work in private, because we already have enough patients. Thus there is no need to advertise. But on the other hand patients have difficulty to find an osteopath near their home. More than that most patients don't even know when to seek the help of an osteopath, because they haven't got enough information. In the worst case (but that goes for a high percentage of patients) they don't even know osteopathy exists.

2. Osteopaths who use the denotation osteopath only are seemingly more self-confident. In the course of this study it turned out that they are less interested in cooperation, allotments and appreciation of a medical doctor than osteopaths who still work in their original job. The more experienced osteopaths obviously want to break away from the prevailing hierarchy, but clearly move within a legally grey area. This leads to the question whether this is the correct way.

As far as I'm concerned I think cooperation is necessary and is defined by the following:

That is working mutually on a project (in this case the patient); a working together as well as side by side. It needs acceptance of the other's approach and pattern of thinking all for the benefit of the patient.

As mentioned in the introduction a successful cooperation is only possible if there exists a certain knowledge about the related professions. This interdisciplinary knowledge helps to recommend the best form of therapy for the patient. Perhaps cooperation would be easier if osteopathy were a profession of its own and officially recognized."Emancipation of one profession in the system is invariably linked to

territorial changes for the others.” Käppeli (1995) Allotments for physiotherapeutic osteopaths would no longer be necessary. Since the word profession is closely related to professionalism, an improvement of the latter would almost certainly lead to the recognition of osteopathy.

In this context I hope this work is stimulating enough to start a discussion about cooperation and forms of cooperation and to make osteopaths think about cooperation with doctors or renew existing cooperations.

6 Summery:

Study Design:

Quantitative Social Research

Outline/ Problem Definition:

I have decided to take a closer look at the cooperation of osteopaths and medical doctors for my recent study. My being interested in this very special topic has its origin in a number of aspects. For once there is my own permanent desire for cooperation with doctors, second, I am interested in how my colleagues handle it and think about it.

From my point of view the central questions have so far been left unanswered:

- Is there something such as cooperation between doctors and osteopaths and what is it like?
- How crucial is the educational background?
- What is the actual state of cooperation?
- Is there a difference between females and males concerning cooperation?

Speaking of osteopaths, there is no explicit legal regulation in Austria so far. Practising as an osteopath is only possible under the “guise” of one’s primary profession. Since I have been working as a physiotherapist, I know that basically cooperation is limited to the writing of letters of referral, which physiotherapists need to justify their work on the patient.(They have to get an allotment)

Research Question & Objective:

Cooperation between osteopaths and medical doctors

Hypothesis:

- Cooperation exists primarily in the form of getting allotments.
- There is no clear picture how cooperation should work to be desirable.

Relevance for the Patients:

There are only few homepages and folders as a source of information. There is no real representation on the market. This seems due to a lack of professionalism and a lack of effort to act in favour of our profession. Many osteopaths do without advertising,

because they already have enough patients. The fact that due to this lack of information patients have difficulty to find an osteopath near their home is not taken into consideration. Let alone that many patients don't even know when to seek an osteopath, as they don't know anything about osteopathy.

In the course of a successful cooperation the patient is lead to the best therapy much more quickly.

Relevance for Osteopathy:

The position of osteopathy within the medical field should be improved or rather established. Therefore osteopaths should care more about cooperation and initiate it more often. The results of this research could also be of help for younger colleagues: how to start and keep up a good cooperation.

Methodology:

I designed a questionnaire. I decided to use the computer to send my questionnaires and also for the analysis of data. It is the easiest way of transmission, avoiding waste paper. The WSO agreed to send the questionnaires via e-mail to 269 osteopaths and students in their 6th year.

A computer specialist placed the questionnaire in the web. As mentioned before, 269 questionnaires were sent off, including a letter of information, giving instructions and explaining the purpose of the study.

After that I analysed the questionnaires. I used homepages and brochures/folders of colleagues as an additional source of information and evaluated them as well.

Results:

The percentage of returns was only 37,5%, which made me think that the topic is of only little interest to my colleagues.

But on the other hand out of 101 osteopaths 84% stated a cooperation with medical doctors. There is no relevant difference according to the original job training.

Osteopaths most frequently work together with general practitioners, orthopaedists and case surgeons. Those osteopaths who were physiotherapists first, and here again more women than men, are mostly interested in being covered legally and therefore seek cooperation.

The grade of contentment with cooperations is higher in men than women and also in osteopaths who finished their education between 01 and 04. Osteopaths who work under the denotation of osteopath only cooperate less often with medical doctors. Generally it turned out that communication should take place during personal conversation or at least over the phone.

Repeatedly it was stated that doctors should be better informed about osteopathy, possibly osteopathy should be already introduced during the study of medicine.

In order to achieve a successful cooperation, mutual interest and commitment are necessary.

Critical Reflection/ Perspectives/ Conclusions:

The low number of returns (37,5%) raises the question if this is a representative result for Austrian osteopaths. The gender related differences could be analysed in more detail, by inserting more specific questions in the questionnaire, and possibly evaluating it psychologically. As far as I'm concerned I think it is alarming that osteopaths who denote themselves osteopaths only are less interested in a cooperation. This aspect would certainly call for a further study.

Nevertheless I hope I prompted some of my colleagues to think about how they could form and maintain cooperations with medical doctors. Most of all I hope that they realized the necessity of such cooperations for the benefit of our patients.

At last I ask the association of osteopaths to take the official recognition of osteopathy as priority over everything else.

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9 Appendix

9.1 Appendix 1: Fragebogen

Osteopathen/innen und Ärzte/innen - ein Spannungsfeld ?

Teil 1 Biographie

* q1: Geschlecht?

Bitte **nur eine Antwort** aus folgenden Möglichkeiten wählen

- Weiblich
 Männlich

* q2: Wo haben Sie Ihre Ausbildung zum Osteopathen/in gemacht?

Bitte **nur eine Antwort** aus folgenden Möglichkeiten wählen

- WSO
 Sonstiges

* q3: Ausbildungsstand?

Bitte **nur eine Antwort** aus folgenden Möglichkeiten wählen

- Dipl. Osteopath/in
 Osteopath/in
 Student/in im 6. Ausbildungsjahr
 MSC Osteopathie
 Sonstiges

* q4: Was ist Ihre Grundausbildung?

Bitte **nur eine Antwort** aus folgenden Möglichkeiten wählen

- Arzt/Ärztin
 Physiotherapeut/in
 Ergotherapeut/in
 Hebamme
 Sonstiges

* q5: In welchem Land arbeiten Sie?

Bitte **nur eine Antwort** aus folgenden Möglichkeiten wählen

- Burgenland
 Kärnten
 Niederösterreich
 Oberösterreich
 Salzburg
 Steiermark

- Tirol
- Vorarlberg
- Wien
- Sonstiges

*** q6: Arbeitsverhältnis?**

Bitte alle auswählen die zutreffen und einen Kommentar dazuschreiben

- Angestellt als
- Freiberuflich als

*** q7: Sind Sie im ursprünglichen Beruf tätig?**

Bitte **nur eine Antwort** aus folgenden Möglichkeiten wählen

- Ja
- Nein

*** q8: Wie bezeichnen Sie sich offiziell?**

Bitte **nur eine Antwort** aus folgenden Möglichkeiten wählen

- Osteopath/in
- Ursprüngliche Berufsbezeichnung
- Beides

*** q9: Was steht auf Ihrem Praxisschild/Visitenkarten?**

Bitte schreiben Sie Ihre Antwort hier

*** q10: Wenn sie sich als Osteopath/in bezeichnen, seit wann tun Sie das (offiziell Visitenkarten/Praxisschild)? Bitte Jahreszahl angeben.**

Bitte schreiben Sie Ihre Antwort hier

Teil 2 Zusammenarbeit

*** q11: Arbeiten Sie zur Zeit mit Ärzt/innen zusammen?**

Bitte **nur eine Antwort** aus folgenden Möglichkeiten wählen

- Ja
- Nein

[Bitte beantworten Sie diese Frage nur, falls ihre Antwort 'Ja' war bei der Frage 'q11 ']

q12: Mit Ärzten/innen aus welchem Fachgebiet arbeiten Sie zusammen?

Bitte wählen Sie die zutreffende Antwort aus

	Sehr Häufig	Häufig	Manchmal	Selten	Nie
Orthopädie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chirurgie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfallchirurgie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurologie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiologie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pädiatrie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gynäkologie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allgemein Medizin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Bitte beantworten Sie diese Frage nur, falls ihre Antwort 'Ja' war bei der Frage 'q11 ']
q12b: Ergänzungen zu "Mit Ärzten/innen aus welchem Fachgebiet arbeiten Sie zusammen?"

Bitte schreiben Sie Ihre Antwort hier

[Bitte beantworten Sie diese Frage nur, falls ihre Antwort 'Ja' war bei der Frage 'q11 ']
q13: Wie schaut diese Zusammenarbeit aus; Was ist davon am häufigsten?

Bitte wählen Sie die zutreffende Antwort aus

	Sehr Häufig	Häufig	Manchmal	Selten	Nie
Ich bekomme von Ärzten/innen Patienten zugewiesen, pflege aber keinen Kontakt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ich schicke Patienten um eine Überweisung (aus Absicherungsgründen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ich pflege mit Ärzten/innen einen regen fachlichen Austausch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ich gebe Ärzten/innen Feedback über Patienten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ich brauche Ärzte/innen zur Differentialdiagnostik	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ich habe Arztekontakt um Fachthemen zu diskutieren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beobachtung des Therapieerfolges über den Arzt / die Ärztin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ich gehe auf Ärzte/innen zu bei Problempatienten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Informationsfluss über Patienten von Ärzten/innen an mich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ich kommuniziere über den/die Patienten/in mit dem/der Arzt/Ärztin (der Patient ist der Vermittler)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Bitte beantworten Sie diese Frage nur, falls ihre Antwort 'Ja' war bei der Frage 'q11 ']
q13b: Ergänzungen zu "Wie schaut diese Zusammenarbeit aus ?"

Bitte schreiben Sie Ihre Antwort hier

[Bitte beantworten Sie diese Frage nur, falls ihre Antwort 'Ja' war bei der Frage 'q11 ']
q14: Wie sind Sie mit der Zusammenarbeit zufrieden?

Bitte wählen Sie die zutreffende Antwort aus

	Trifft zu	Trifft teilweise zu	Trifft nicht zu
Ich bin mit der Zusammenarbeit sehr zufrieden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ich möchte die Zusammenarbeit intensivieren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meiner Erfahrung nach sind die Ärzte/innen an der Arbeit von Osteopathen/innen nicht interessiert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Die Zusammenarbeit mit Ärzten/innen hat meine Arbeit sehr inspiriert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Die Zusammenarbeit mit Ärzten/innen ist interessant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ich bekomme passende Zuweisungen von Ärzten/innen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ich habe eine gute Kommunikation mit den Ärzten/innen, welche auf gegenseitiger Wertschätzung passiert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ich fühle mich durch Ärztliche Diagnosen abgesichert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Bitte beantworten Sie diese Frage nur, falls ihre Antwort 'Ja' war bei der Frage 'q11 ']
q14b: Ergänzungen zu "Wie sind Sie mit der Zusammenarbeit zufrieden ?"

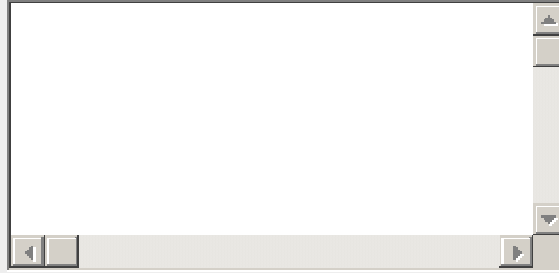
Bitte schreiben Sie Ihre Antwort hier

[Bitte beantworten Sie diese Frage nur, falls ihre Antwort 'Ja' war bei der Frage 'q11 ']
q15: Wie haben Sie die Zusammenarbeit aufgebaut?

	Trifft zu	Trifft nicht zu
Habe Patienten an Ärzte/innen empfohlen	<input type="checkbox"/>	<input type="checkbox"/>
Habe Ärzte/innen angerufen	<input type="checkbox"/>	<input type="checkbox"/>
Habe Ärzte/innen angeschrieben	<input type="checkbox"/>	<input type="checkbox"/>
Kontakte mit Ärzten/innen aus dem Bekanntenkreis	<input type="checkbox"/>	<input type="checkbox"/>
Persönlich Kontakt mit Ärzten/innen aufgenommen	<input type="checkbox"/>	<input type="checkbox"/>
Zusammenarbeit entstand durch das Arbeiten in gemeinsamen Räumlichkeiten	<input type="checkbox"/>	<input type="checkbox"/>
Ärzte/innen haben mich an andere Ärzte/innen weiterempfohlen	<input type="checkbox"/>	<input type="checkbox"/>
Ärzte/innen treten an mich bezüglich Zusammenarbeit heran	<input type="checkbox"/>	<input type="checkbox"/>
<u>Bitte wählen Sie die zutreffende Antwort aus</u>		

[Bitte beantworten Sie diese Frage nur, falls ihre Antwort 'Ja' war bei der Frage 'q11 ']
q15b: Ergänzungen zu "Wie haben Sie die Zusammenarbeit aufgebaut?"

Bitte schreiben Sie Ihre Antwort hier



*** q16a: War der Arzt / Ärztin an Informationen über Ihre Arbeit interessiert?**

Bitte **nur eine Antwort** aus folgenden Möglichkeiten wählen

- Ja
 Nein

[Bitte beantworten Sie diese Frage nur, falls ihre Antwort 'Ja' war bei der Frage 'q16a']

*** q16b: Wenn ja, wie haben Sie diese Informationen weitergegeben (in welcher Form)**

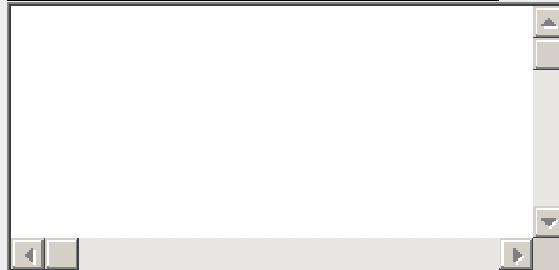
Bitte **alle** auswählen, die zutreffen

- Informationsblätter
 Broschüren
 Homepage
 im Gespräch

Sonstiges:

q17: Persönliche Anmerkungen zur Zusammenarbeit mit Ärzten/innen: (Anregungen, Wünsche, Kritik ... Was tun Sie für eine gute Zusammenarbeit?)

Bitte schreiben Sie Ihre Antwort hier



Übermittlung Ihres ausgefüllten Fragebogens:

Vielen Dank für die Beantwortung des Fragebogens. Bitte faxen Sie den ausgefüllten Fragebogen an .

9.2 Appendix 2: Letter of information

Fragebogen zu dem Thema Osteopathen/innen und Ärzte/innen - ein Spannungsfeld?

Liebe Kollegin, lieber Kollege!

Ich bin im Rahmen meiner Masterausbildung der Osteopathie, mit der Masterthese zu dem oben genannten Thema beschäftigt. Ich möchte das Thema der Zusammenarbeit von Osteopathen/innen und Ärzten/innen von der Seite der Osteopathen/innen beleuchten. Um dieses zu ermöglichen, ersuche ich Sie um Ihre Mitarbeit.

Ich bitte Sie mir einige ihrer kostbaren Minuten zu schenken, den Fragebogen zu lesen, auszufüllen und ihn mir sobald wie möglich (am besten bis Ende Mai) zurückzuschicken (er umfasst 22 Fragen).

Vielleicht sind Sie auch ein/e Kollege/in, der/die gerade eine Masterthesis verfasst, dann wissen Sie wie wichtig und dringend Ihre Antworten für mich sind, aber ich hoffe auch sonst auf viele Rücksendungen.

Vielen Dank im Voraus, die Auswertung ist selbstverständlich anonym!

Der Fragebogen wurde von der Firma "rarebyte" ins Netz gestellt und steht daher auf ihrer Homepage (nur zur Information, damit es keine Verwirrung gibt)!

Mit freundlichen Grüßen

Lammer Margit!

9.3 Appendix 3: Questions for the interview

Leitfaden der Interviews:

Arbeitest Du mit Ärzten zusammen?

Wenn ja mit welchen.

Wie schaut diese Zusammenarbeit aus?

Ist die Zusammenarbeit zufrieden stellend für Dich, oder was würdest Du gerne ändern?

Wie hast Du Kontakt zu den Ärzten aufgenommen und wie hältst Du ihn aufrecht?

9.4 Appendix 4: variables

Question/Statement	Variable	Possible answers
ID	ID	
Sex	sex	female/male
Which osteopathic school did you attend?	school	
State of osteopathic training/degree	state_tr	Stud (6)/Ost/DO/MSC
What is your basic professional training?	basic_tr	MD/PT/else
In which country do you work?	country	
Employed	empl	yes/no
Employment relationship/ employed as/comment	Employed as/	
Free lancer	free_l	yes/no
Employment relationship/ free lancer as/comment	Free lancer as:	
Are you working in your original job?	or_job	yes/no
How do you denote your job officially?	or_denot	former/"osteopath"/both
What is on your businesscard?	b_card	
Do you co-operate with medical doctors at the present time?	c_gen	yes/no
Do you co-operate with orthopedists at the present time?	c_s_orth	never/rarely/sometimes/often/very often
Do you co-operate with surgeants at the present time?	c_s_surg	never/rarely/sometimes/often/very often
Do you co-operate with casual surgeants at the present time?	c_s_cas	never/rarely/sometimes/often/very often
Do you co-operate with neurologists at the present time?	c_s_neur	never/rarely/sometimes/often/very often
Do you co-operate with radiologists at the present time?	c_s_rad	never/rarely/sometimes/often/very often
Do you co-operate with pediatricists at the present time?	c_s_ped	never/rarely/sometimes/often/very often
Do you co-operate with gynecologists at the present time?	c_s_gyn	never/rarely/sometimes/often/very often
Do you co-operate with general practitioners at the present time?	c_s_GP	never/rarely/sometimes/often/very often
Doctors allot patients, but I do not have contact.	all_no_c	never/rarely/sometimes/often/very often
I ask patients to get an allotment of doctors (for security reasons).	secur	never/rarely/sometimes/often/very often
I have a vivid subject specific exchange with doctors	exch	never/rarely/sometimes/often/very often
I report back to doctors about patients	feedb	never/rarely/sometimes/often/very often
I need doctors for differential diagnosis	diff_dia	never/rarely/sometimes/often/very often
I have contact with doctors in order to discuss medical issues.	issue	never/rarely/sometimes/often/very often
The success of therapy is monitored by the doctor.	succ	never/rarely/sometimes/often/very often
I come up to doctors with problematic patients.	probl	never/rarely/sometimes/often/very often
Information flow from dictor via patients.	I_via_p	never/rarely/sometimes/often/very often
I communicate via the patient with the doctor (patient is the go-between).	C_via_p	never/rarely/sometimes/often/very often
I am very content with co-operation	cont	no/sometimes/yes
I want to intensify co-operation	intens	no/sometimes/yes
In my opinion, doctors are not interested in the activity of osteopaths	no_int	no/sometimes/yes
Co-operation with doctors has inspired my work to a high degree.	inspir	no/sometimes/yes
Co-operation with doctors is interesting.	interest	no/sometimes/yes
I get adequate allotments by doctors.	allot	no/sometimes/yes
Communication with doctors is good, basing on mutual appreciation.	mutual	no/sometimes/yes
I feel ensured by the diagnosis of medical doctors.	ensur	no/sometimes/yes
I have recommended doctors to patients.	rec_d	no/sometimes/yes
I have rang up doctors.	tel	no/sometimes/yes
I have written to doctors	letter	no/sometimes/yes
Contacts with doctors from acquaintance.	acquaint	no/sometimes/yes
Personal contact with doctors	person	no/sometimes/yes
Co-operation started by working in shared rooms.	shared_r	no/sometimes/yes
I have been recommended by other doctors.	d_red	no/sometimes/yes
Doctors made approaches to me.	approach	no/sometimes/yes
Info sheets	info	no/yes
Brochures	broch	no/yes
Homepage	web	no/yes
During conversation	conv	no/yes

9.5 Appendix 5: raw data

ID	sex	finish	school	state	tr	basic	tr	country	empl	free	l	or	job	or	denot	b	card	c	gen	c	s	orth	c	s	surg	c	s	cas	c	s	neur	c	s	rad	c	s	ped		
1	f	2005	WSO	Ost	PT	Ober	tr	sterreich	no	yes	yes		both					yes		very	often		very	often	very	often	very	often	very	often	very	often	very	often	very	often			
2	m	1997	WSO	DO	MD	Wien			no	yes	yes		former		Ost/former			yes		very	often		very	often	very	often	very	often	very	often	very	often	very	often	very	often			
3	m	2008	WSO	Stud (6)	PT	Wien			no	yes	yes		both		Ost/former			no																					
4	f	1998	WSO	MSC	PT	Wien			no	yes	no	Ost		Ost			yes		rarely		never		rarely		never		rarely		sometimes		never					sometimes			
5	f	2005	WSO	MSC	PT	Steier		mark	yes	no	yes		both		Ost/former			no																					
6	f	1996	WSO	Ost	PT	Wien			yes	yes	yes		both		Ost/former			yes																				often	
7	m	1996	WSO	Ost	PT	Salz		burg	no	yes	yes		both		Ost/former			yes		often		rarely		rarely		rarely		rarely		rarely							often		
8	f	1999	WSO	MSC	PT	Nieder		sterreich	no	yes	no		both		Ost/former			yes		rarely		never		never		never		sometimes		never						never	never		
9	m	2002	WSO	Stud (6)	PT	Nieder		sterreich	no	yes	yes		former		Ost/former			yes		very	often		rarely		often		often		rarely								rarely		
10	m	2007	WSO	Stud (6)	PT	Steier		mark	no	yes	yes		both		Ost/former			no																					
11	f	2005	WSO	Stud (6)	PT	Ober		sterreich	no	yes	yes		both		Ost/former			yes		sometimes		never		often		often		rarely		never							often		
12	f	2004	WSO	MSC	PT	Steier		mark	yes	yes	yes		both		Ost/former			yes		often																	sometimes		
13	m	2004	WSO	Ost	MD	Ober		sterreich	no	yes	yes		both		Ost/former			yes																					
14	f	2005	WSO	Ost	PT	Tirol			no	yes	yes		both		former			yes																					
15	f	2007	WSO	Stud (6)	MD	Ober		sterreich	no	yes	no		both		Ost			yes																					
16	f	2001	WSO	MSC	PT	Salz		burg	no	yes	yes	Ost		Ost/former			yes		sometimes		rarely		sometimes		sometimes		rarely		never								sometimes		
17	f	2001	WSO	MSC	PT	Wien			no	yes	no	Ost		Ost/former			yes																						
18	f	1997	WSO	MSC	PT	Salz		burg	no	yes	yes	Ost		Ost/former			yes		sometimes		rarely		rarely		rarely		rarely		rarely								rarely		
19	f	2001	WSO	Ost	PT	Wien			no	yes	no	Ost		Ost/former			no																						
20	f	2000	WSO	DO	PT	Wien			no	yes	yes		both		Ost/former			yes		often		never		very	often	never		never		never							never		
21	m		WSO	Ost	MD	Wien			no	yes	yes		former		former			no																					
22	f	2005	WSO	Ost	PT	Tirol			no	yes	yes		both		Ost/former			no																					
23	m	2001	WSO	MSC	MD	Wien			no	yes	yes		both		Ost/former			yes		often		rarely		often		sometimes		often		sometimes		often					rarely		
24	f	2000	WSO	MSC	PT	Sonstiges			no	yes	no		Ost		Ost/former			yes																					
25	m	2006	WSO	Stud (6)	MD	Vorarl		berg	no	yes	yes		both		Ost/former			yes		rarely																		rarely	
26	m	1998	WSO	MSC	PT	Steier		mark	no	yes	no	Ost		Ost			yes		very	often		sometimes		sometimes		sometimes		often									very	often	
27	f	2003	WSO	DO	PT	Wien			no	yes	no		both		Ost/former			yes																				rarely	
28	f	2000	WSO	MSC	PT	Steier		mark	no	yes	yes		both		Ost/former			yes		very	often		rarely		sometimes		rarely		never								very	often	
29	f	2005	WSO	Ost	PT	Wien			no	yes	yes		both		Ost/former			no																					
30	m	2006	WSO	Ost	PT	Salz		burg	no	yes	yes		both		Ost/former			yes																					
32	m	2005	WSO	Stud (6)	PT	Ober		sterreich	yes	no	yes		both		former			yes		sometimes		sometimes		sometimes		sometimes		sometimes		sometimes		sometimes		sometimes		sometimes		rarely	
33	f	1997	WSO	MSC	PT	Steier		mark	no	yes	yes		both		Ost/former			yes		often		never		sometimes		sometimes		never		sometimes							sometimes		
34	f	2000	WSO	Ost	PT	Ober		sterreich	no	yes	yes		both		Ost/former			yes		sometimes		rarely		sometimes		sometimes		never		rarely								rarely	
35	m	2003	WSO	MSC	MD	Ober		sterreich	no	yes	yes		both		Ost/former			yes		sometimes		sometimes		sometimes		sometimes		sometimes		sometimes		sometimes		sometimes		sometimes		sometimes	
36	f	2006	WSO	Stud (6)	PT	Steier		mark	no	yes	yes		both		Ost/former			yes																					sometimes
37	m	2003	WSO	MSC	PT	Vorarl		berg	no	yes	yes		both		Ost/former			yes		often																		often	
38	f	2000	WSO	Ost	PT	Sonstiges			yes	no	yes		former		former			yes		very	often		very	often	very	often	rarely		never		never						rarely		
39	m	2000	WSO	MSC	PT	Wien			no	yes	yes		former		former			yes		sometimes		rarely		rarely		very	often	never		never							never		
40	f	1997	WSO	MSC	PT	Tirol			no	yes	yes		both		Ost/former			yes		very	often		often		often		sometimes		sometimes		sometimes						sometimes		
41	m	2004	WSO	Ost	PT	Wien			no	yes	no	Ost		Ost/former			yes		sometimes		never		never		often		never		never								never		
42	f	2000	WSO	MSC	PT	Steier		mark	no	yes	yes	Ost		Ost/former			yes		sometimes		sometimes		sometimes		sometimes		sometimes		sometimes		sometimes		sometimes		sometimes		sometimes		
43	f	2002	WSO	MSC	PT	Wien			no	yes	no	Ost		Ost			yes		sometimes		rarely		rarely		rarely		rarely		never								often		
44	f	2000	WSO	else	PT	Tirol			no	yes	yes		both		Ost/former			no																					
45	f	2000	WSO	MSC	PT	Steier		mark	yes	no	yes		former		Ost/former			yes		very	often		rarely		sometimes		sometimes		sometimes		never						often		
46	f	2005	WSO	Ost	PT	Wien			yes	yes	yes		both		Ost/former			yes		sometimes		never		never		never		never		never							sometimes		
47	m	2001	WSO	Ost	PT	Ober		sterreich	no	yes	yes		both		Ost/former			yes		often		never		rarely		sometimes		rarely		sometimes		rarely					rarely		
48	f	2004	WSO	Stud (6)	PT	Salz		burg	no	yes	yes		both		Ost/former			yes		sometimes																		very	often
49	f	2001	WSO	Ost	PT	Steier		mark	no	yes	yes		both		Ost/former			yes		often		sometimes		often		sometimes		sometimes		never							often		
50	m	2004	WSO	Ost	PT	Wien			no	yes	yes	Ost		Ost/former			no																						
51	m	2006	WSO	MSC	PT	Tirol			no	yes	yes		both		Ost/former			yes				very	often	very	often														
52	f	2000	WSO	Stud (6)	PT	Steier		mark	yes	no	yes		former		former			yes		often		sometimes		sometimes		sometimes		sometimes		sometimes		sometimes		sometimes		sometimes		sometimes	
53	f	2000	Sonstiges	MSC	PT	Sonstiges			no	yes	yes		both		Ost/former			yes		sometimes		never		never		never		never		never							never		
54	f	2005	WSO	Ost	PT	Nieder		sterreich	no	yes	no		both		Ost/former			no																					
55	f	2001	WSO	Stud (6)	PT	Steier		mark	no	yes	no		both		Ost			yes		sometimes		never		rarely		sometimes		never										never	
56	m	2000	WSO	MSC	PT	Salz		burg	no	yes	yes		both		Ost/former			yes		sometimes																			
57	m	2004	Sonstiges	else	PT	Sonstiges			no	yes	no	Ost		Ost/former			yes				often																		
58	f	2006	WSO	Stud (6)	PT	Ober		sterreich	no	yes	yes		both		Ost/former			yes		sometimes		rarely		very	often	sometimes		never		sometimes		never					sometimes		
59	f	2007	WSO	Stud (6)	PT	Nieder		sterreich	no	yes	yes		both		Ost/former			yes		sometimes																		sometimes	
60	f	2006	WSO	Stud (6)	PT	Wien			no	yes	yes		both		Ost/former			yes		very	often			very	often														
61	f	2001	WSO</																																				

ID	c_s_gyn	c_s_GP	all_no_c	secur	exch	feedb	diff_dia	issue	succ	probl	l_via_p	C_via_p	cont	intens	no_int
1	very often	very often	very often	very often	very often	very often	very often	very often	very often	very often	very often	very often	sometimes	sometimes	sometimes
2	often	sometimes	never	never	often	often	sometimes	often	sometimes	sometimes	often	sometimes	sometimes	never	never
3															
4	sometimes	sometimes	sometimes	sometimes	rarely	rarely	often	rarely	rarely	rarely	rarely	sometimes	never	sometimes	rarely
5															
6		sometimes	often	sometimes	rarely	never	never	never	never	often	sometimes	sometimes	rarely	rarely	rarely
7		often	very often	often	rarely	rarely	sometimes	rarely	never	sometimes	rarely	rarely	never	rarely	never
8	rarely	very often	often	very often	rarely	rarely	never	often	often	sometimes	rarely	sometimes	never	rarely	rarely
9		very often	sometimes	often	often	often	sometimes	sometimes	often	often	often	rarely	rarely	rarely	rarely
10															
11	very often	very often	often	often	sometimes	sometimes	sometimes	sometimes	sometimes	sometimes	often	sometimes	rarely	sometimes	rarely
12		often	sometimes	very often	very often	very often	often	often	never	sometimes	often	never	rarely	rarely	never
13	rarely	very often	sometimes	sometimes	sometimes	sometimes	sometimes	sometimes	sometimes	sometimes	sometimes	sometimes	rarely	rarely	never
14		sometimes	often	sometimes	sometimes	sometimes	sometimes	sometimes	sometimes	sometimes	sometimes	sometimes	sometimes	sometimes	rarely
15		sometimes	sometimes	sometimes	often	often	often	often	often	often	often	often	rarely	sometimes	never
16	often	very often	often	often	sometimes	sometimes	never	sometimes	rarely	sometimes	sometimes	rarely	rarely	never	rarely
17	sometimes	sometimes	often	often	often	sometimes	very often	often	sometimes	sometimes	rarely	rarely	rarely	sometimes	rarely
18	often	very often	often	very often	sometimes	often	often	often	often	often	sometimes	sometimes	rarely	rarely	never
19															
20	never	sometimes	often	rarely	often	often	sometimes	sometimes	often	sometimes	often	rarely	rarely	sometimes	rarely
21															
22															
23	sometimes	sometimes	sometimes	rarely	often	sometimes	sometimes	sometimes	rarely	sometimes	sometimes	sometimes	rarely	rarely	never
24		sometimes	sometimes	never	rarely	rarely	sometimes	never	never	sometimes	sometimes	never	never	rarely	sometimes
25	rarely	rarely	rarely	rarely	rarely	sometimes	sometimes	rarely	often	sometimes	sometimes	sometimes	rarely	sometimes	rarely
26	often	very often	sometimes	very often	sometimes	sometimes	sometimes	rarely	rarely	often	sometimes	rarely	rarely	rarely	rarely
27		sometimes	often	often	sometimes	sometimes	sometimes	sometimes	sometimes	sometimes	never	never	sometimes	rarely	never
28	rarely	often	sometimes	very often	often	often	often	often	sometimes	often	sometimes	often	rarely	sometimes	rarely
29															
30		often	sometimes	often	sometimes	sometimes	sometimes	never	sometimes	sometimes	sometimes	never	rarely	rarely	rarely
32	sometimes	often	sometimes	rarely	often	often	often	often	often	often	sometimes	rarely	sometimes	never	never
33	sometimes	often	sometimes	sometimes	sometimes	often	sometimes	sometimes	never	sometimes	sometimes	very often	rarely	sometimes	rarely
34	rarely	often	often	often	sometimes	sometimes	often	often	often	often	sometimes	rarely	rarely	rarely	never
35		sometimes	rarely	sometimes	rarely	sometimes	sometimes	sometimes	sometimes	sometimes	rarely	rarely	rarely	rarely	rarely
36		sometimes	very often	very often	never	never	sometimes	never	rarely	rarely	never	never	never	never	rarely
37	sometimes	very often	rarely	sometimes	often	very often	sometimes	very often	rarely	often	sometimes	rarely	sometimes	never	rarely
38	very often	very often	rarely	very often	often	often	often	often	very often	very often	sometimes	sometimes	rarely	sometimes	never
39	very often	sometimes	often	very often	sometimes	sometimes	often	rarely	rarely	often	rarely	sometimes	sometimes	sometimes	rarely
40	often	very often	rarely	never	often	very often	often	sometimes	very often	very often	often	rarely	rarely	sometimes	never
41	sometimes	very often	sometimes	rarely	never	never	rarely	never	rarely	sometimes	very often	very often	rarely	never	rarely
42		sometimes	sometimes	very often	rarely	sometimes	rarely	rarely	sometimes	sometimes	rarely	rarely	rarely	rarely	rarely
43	often	very often	often	very often	often	often	often	sometimes	rarely	sometimes	rarely	very often	rarely	rarely	never
44															
45	sometimes	very often	often	sometimes	rarely	sometimes	sometimes	rarely	sometimes	sometimes	sometimes	sometimes	rarely	rarely	rarely
46	sometimes	sometimes	often	often	rarely	rarely	never	never	sometimes	sometimes	sometimes	never	rarely	sometimes	rarely
47	never	sometimes	rarely	often	sometimes	sometimes	sometimes	sometimes	rarely	sometimes	sometimes	never	rarely	never	rarely
48		sometimes	rarely	very often	rarely	sometimes	sometimes	rarely	never	sometimes	never	rarely	rarely	sometimes	rarely
49	sometimes	very often	rarely	very often	sometimes	very often	often	often	often	very often	very often	rarely	rarely	sometimes	never
50															
51	very often	very often	very often	very often	rarely	rarely	sometimes	rarely	rarely	often	rarely	sometimes	rarely	rarely	rarely
52	sometimes	very often	sometimes	often	rarely	very often	sometimes	never	rarely	sometimes	sometimes	never	rarely	sometimes	never
53	never	rarely	rarely	rarely	never	rarely	rarely	never	never	rarely	rarely	never	never	sometimes	sometimes
54															
55	rarely	very often	rarely	often	rarely	sometimes	often	very often	sometimes	often	often	sometimes	sometimes	rarely	rarely
56		sometimes	rarely		sometimes	sometimes	sometimes	never	sometimes	sometimes	never	never	never	rarely	rarely
57											very often				
58	sometimes	very often	very often	sometimes	sometimes	sometimes	sometimes	sometimes	rarely	often	sometimes	often	rarely	rarely	rarely
59		often	often	sometimes	rarely	rarely	never			rarely	sometimes	often	rarely	rarely	never
60						very often			sometimes				rarely	rarely	
61	rarely	often	very often	sometimes	rarely	rarely	sometimes	very often	very often		sometimes	often	rarely	rarely	never
62	rarely	very often	often	very often	rarely	very often	sometimes	very often	very often				sometimes	rarely	never
63	often	often	often	very often	sometimes	rarely	sometimes	rarely	rarely	sometimes	often	often	rarely	rarely	rarely
64		sometimes	sometimes	often	sometimes	sometimes	sometimes	rarely	rarely	rarely	sometimes	sometimes	never	rarely	rarely
65															
66	never	very often	sometimes	often	rarely	often	often	never	rarely	rarely	never	never	rarely	sometimes	rarely
67	sometimes	sometimes	sometimes	rarely	rarely	rarely	rarely	rarely	rarely	rarely	sometimes	sometimes	sometimes	sometimes	rarely
68															
69			never			often	sometimes	never	never	rarely	never	never	sometimes	never	never
70	sometimes	very often	very often	rarely	very often	very often	often	sometimes	often	sometimes	rarely	never	rarely	sometimes	never
71	rarely	often	very often	never	rarely	rarely	rarely	sometimes	rarely	sometimes	sometimes	sometimes	rarely	sometimes	rarely
72	sometimes	sometimes	often	sometimes	rarely	rarely	sometimes	rarely	rarely	sometimes	rarely	rarely	rarely	rarely	never
73	never	very often	rarely	rarely	very often	very often	very often	very often	very often	very often	very often	very often	rarely	sometimes	never
74		sometimes	often	very often	rarely	sometimes	often	rarely	sometimes	often	sometimes	sometimes	never	sometimes	rarely
75		very often	rarely	sometimes	sometimes	sometimes	sometimes	sometimes	often	very often	often	rarely	rarely	sometimes	never
76	rarely	often	often	very often	sometimes	sometimes	very often	rarely	rarely	sometimes	very often	very often	sometimes	sometimes	sometimes
77		very often	often	sometimes	rarely	rarely	never	rarely	rarely	sometimes	rarely	sometimes	never	sometimes	rarely
78	sometimes	very often	often	sometimes	often	sometimes	very often	sometimes	very often	often	often	often	sometimes	sometimes	never
79	sometimes	very often	sometimes	very often	sometimes	rarely	sometimes	sometimes	rarely	very often	rarely	never	rarely	rarely	rarely
80	rarely	often	very often	sometimes	rarely	rarely	rarely	never	sometimes	sometimes	rarely	rarely	never	sometimes	sometimes
81	sometimes	often	often	sometimes	sometimes	rarely	sometimes	very often	sometimes	sometimes	rarely	rarely	rarely	sometimes	never
82	sometimes	sometimes	sometimes	sometimes	rarely	rarely	rarely	rarely	never	sometimes	sometimes	often	never	never	never
83	never	very often	sometimes	often	rarely	often	often	often	sometimes	often	sometimes	never	sometimes	never	never
84	sometimes	sometimes	very often	very often		rarely	sometimes	often		sometimes	sometimes	sometimes	rarely	rarely	rarely
85															
86	rarely	often	often	often	sometimes	rarely	sometimes	rarely	never	rarely	rarely	rarely	never	sometimes	rarely
87	rarely	very often	very often	often	rarely	rarely	often	sometimes	rarely	very often	sometimes	sometimes	rarely	rarely	rarely
88															
89	sometimes	very often	often	very often	sometimes	sometimes	sometimes	rarely	sometimes	sometimes	rarely	rarely	never	sometimes	rarely
90	often	very often	often	often	sometimes	sometimes	rarely	sometimes	sometimes	sometimes	sometimes	rarely	rarely	rarely	never
91															
92	never	very often	sometimes		very often	often	often	often	rarely	often	often	rarely	sometimes	rarely	never
93	often	often	sometimes	sometimes	rarely	sometimes	sometimes	rarely	sometimes	rarely	sometimes	sometimes	rarely	rarely	rarely
94	rarely	sometimes	sometimes	rarely	sometimes	sometimes	often	rarely	rarely	often	very often	very often	rarely	rarely	never
95	sometimes	very often	sometimes	sometimes	rarely	rarely	sometimes	rarely	never	sometimes	sometimes	rarely	rarely	sometimes	never
96	sometimes	often	sometimes	never	often	often	often	often	never	sometimes	sometimes	sometimes	rarely	rarely	rarely
97	sometimes	very often	never	never	very often	very often	very often	very often	often	very often	often	rarely	sometimes	rarely	rarely
98															
99		sometimes	sometimes	often	rarely	never	rarely	sometimes	never	never	rarely	rarely	never	sometimes	rarely
100			often	often	often	often	rarely	rarely	never	never	sometimes	sometimes	never	sometimes	sometimes
101	never	often	sometimes	very often	sometimes	sometimes	sometimes	rarely	sometimes	sometimes	rarely	never	never	rarely	rarely
102	never	often	often	often	sometimes	often	sometimes	rarely	rarely	sometimes	rarely	very often	rarely	rarely	sometimes

ID	inspir	interest	allot	mutual	ensur	rec_d	tel	letter	acquaint	person	shared_r	d_red	approach	q16a	info	broch	web	conv
1	sometimes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	no	no	no
2	never	sometimes	sometimes	yes		yes	no	no	no	yes	yes	yes	yes	yes	no	no	no	yes
3																		
4	rarely	yes	sometimes	sometimes	yes	yes	no	no	yes	no	no		yes	yes	no	yes	no	yes
5																		
6	never	sometimes	no	sometimes	sometimes	yes	no	no	yes	yes	yes	yes	yes	yes	yes	no	no	no
7	never	sometimes	sometimes	sometimes	sometimes	yes	yes	yes	yes	yes	no		no	yes	yes	yes	no	yes
8	never	sometimes	sometimes	sometimes	no	yes	yes	no	yes	no	yes		no	yes	no	no	no	yes
9	rarely	sometimes	sometimes	sometimes	sometimes	yes	yes			yes	yes		yes	yes	no	no	no	yes
10																		
11	rarely	yes	sometimes	sometimes	sometimes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	no	yes
12	rarely	yes	sometimes	yes	sometimes	yes	no	no	no	yes	yes	yes	yes	yes	yes	no	no	yes
13	rarely	sometimes	yes	sometimes	sometimes		yes		yes		yes	no	no	yes	no	no	no	no
14							yes	yes	yes	yes	yes	no		yes	no	no	no	yes
15	never	sometimes		yes	yes	yes	no	no	yes	no	no			yes	no	no	no	yes
16	never	sometimes	sometimes	sometimes	sometimes	no	no	no	yes	yes	no	yes	no	yes	no	yes	yes	yes
17	sometimes	yes	yes	sometimes	yes	yes	no	no	yes	yes	no	no	no	yes	no	no	no	yes
18	rarely	sometimes	sometimes	yes	yes	no	yes	no	yes	yes	no	yes	yes	yes	no	no	no	yes
19																		
20	rarely	sometimes	sometimes	sometimes	yes	yes	yes	yes	yes	yes	no	yes	no	yes	yes	yes	no	yes
21															yes	no	no	no
22															no	no	no	no
23	rarely	sometimes		sometimes			yes	no	yes	yes	yes	yes	yes	yes	no	no	no	yes
24	never	sometimes	no	sometimes	no	no	no	yes	no	no	no	no		yes	no	no	no	yes
25	rarely	yes	sometimes	sometimes	sometimes		yes	yes	yes	yes	no	no	no	yes	no	no	no	no
26	rarely	yes	no	sometimes	sometimes	yes	yes	no	yes	no	no	yes	yes	yes	no	no	no	yes
27	never	sometimes	sometimes	yes	sometimes	no	no	no	yes	yes	no	yes	no	yes	yes	yes	no	yes
28	never	sometimes	sometimes	yes	yes	yes	yes	no	yes	yes	no	yes	no	yes	no	no	no	yes
29															yes	yes	no	yes
30	rarely	yes	yes	yes	sometimes									yes	yes	no	no	yes
32	rarely	yes	yes	yes	yes	no	no	no	no	yes	yes	no	yes	yes	no	no	no	yes
33	rarely	yes	yes	yes	sometimes	yes	no	yes	no	yes	no	yes	yes	yes	no	yes	yes	yes
34		sometimes	yes	sometimes	yes		yes	no	yes	yes	no	no		yes	no	no	yes	yes
35	rarely	sometimes	sometimes	sometimes	sometimes	yes	yes	no	yes	yes	no	yes	yes	yes	no	no	no	yes
36	rarely	yes	yes	sometimes	yes	yes	yes	no	yes	yes	no	no	no	yes	no	no	no	yes
37	sometimes	yes	yes	yes	sometimes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	no	yes	yes
38	sometimes	yes	yes	yes	yes	no	yes	no	yes	yes	yes	no	no	yes	no	no	no	yes
39	rarely	sometimes	sometimes	yes	sometimes	yes	no	no	no	yes	yes	yes	yes	no	no	no	no	no
40	rarely	yes	yes	yes	yes	no	yes	yes	no	yes	no	no	no	yes	no	no	no	yes
41	never	sometimes	sometimes	sometimes	no	no	no	no	no	no	yes	yes	no	yes	no	yes	no	yes
42	never	sometimes	sometimes	yes	sometimes	yes	no	yes	yes	yes	no	yes	no	yes	yes	yes	no	no
43	never	sometimes	sometimes	sometimes	no	yes	no	no	yes	yes	yes	yes	yes	yes	yes	yes	no	yes
44															no	no	no	no
45	never	sometimes	sometimes	sometimes	sometimes	no	yes	yes	yes	yes	no	no	no	no	no	no	yes	yes
46	never	sometimes	sometimes	sometimes	sometimes	yes	no	no	yes	yes	yes	yes	no	yes	no	no	no	yes
47	rarely	sometimes	sometimes	sometimes	sometimes	yes	yes	yes	yes	yes	no	yes	yes	yes	no	yes	no	yes
48	never	sometimes	yes	sometimes	yes	yes	yes	yes	no	yes	no	no	yes	yes	no	no	no	yes
49	rarely	sometimes	sometimes	yes	yes	yes	no	no	yes	yes	no	yes	yes	yes	no	yes	no	yes
50															yes	no	no	yes
51	rarely	yes	sometimes	sometimes	sometimes	yes			yes	yes	no			yes	no	no	no	yes
52							yes				yes				no	no	no	yes
53	never	no	no	no	no	yes	yes	no	no	yes	no	no	no	no	no	no	no	no
54															no	no	no	no
55	rarely	yes	no	sometimes	yes	yes	no	no	yes	no	yes	yes	no	yes	no	no	no	yes
56	never	sometimes	yes	sometimes	sometimes	yes	no	yes	no	yes	no	no	yes	no	no	no	no	no
57									yes						yes	no	no	yes
58	rarely	sometimes	sometimes	yes	sometimes	yes	no	no	yes	yes	no	yes	yes	yes	no	no	no	yes
59		sometimes	yes	sometimes					yes			yes	yes	yes	no	no	no	yes
60			yes	yes	yes				yes						yes	no	no	yes
61		sometimes	sometimes	sometimes	sometimes	yes	yes	no	no	no	yes			no	no	no	no	no
62		sometimes		yes	sometimes				yes			yes	yes	yes	yes	yes	yes	yes
63	never	sometimes	sometimes	sometimes	yes	yes	yes	no	yes	yes	no	no	yes	yes	yes	no	no	yes
64	never	sometimes	sometimes	no		yes	yes	no	yes	yes	yes	yes	yes	yes	no	no	no	yes
65															no	no	no	no
66		yes	sometimes	yes	no	no	no	no	no	yes	no	no	no	yes	no	yes	no	yes
67															no	no	no	no
68															no	no	no	no
69		yes	yes	yes	no	yes			yes		yes	yes	yes	yes	yes	no	no	yes
70	sometimes	yes	yes	yes	sometimes	no	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
71	never	sometimes	yes	sometimes	sometimes	no	yes	no	yes	no	no	yes	yes	yes	no	no	no	yes
72	rarely	sometimes	yes	yes	sometimes	yes	yes	yes	yes	yes	no	no	no	yes	no	no	no	yes
73	sometimes	yes	yes	yes	sometimes	yes	no	no	yes	yes	no	yes	yes	yes	no	no	no	yes
74	rarely	sometimes	sometimes	sometimes	sometimes	yes	yes	yes	yes	yes	no	yes	yes	yes	yes	yes	yes	yes
75	rarely	yes	yes	yes	sometimes	yes	yes	yes	no	yes	no	yes	yes	yes	no	yes	no	yes
76	sometimes	yes	yes	yes	yes	yes	yes	no	no	yes	no	yes	yes	yes	yes	no	no	yes
77		yes	sometimes	sometimes	yes	yes	yes	no		yes	no		no	yes	no	no	no	yes
78	rarely	yes	yes	yes	yes	yes	yes	no	yes	yes	yes	yes	yes	yes	no	no	no	yes
79	never	sometimes	sometimes	yes	no	yes	yes	yes	yes	yes	no	no	no	yes	yes	no	no	yes
80	never	sometimes	sometimes	no	sometimes	no	yes	no	yes	yes	yes	yes	yes	no	no	no	no	no
81	sometimes	yes	sometimes	sometimes	sometimes	yes	yes	no	yes	yes	no	no	no	yes	no	no	no	yes
82	rarely	sometimes	sometimes	sometimes	sometimes	yes	yes		yes			yes	yes	yes	yes	no	no	yes
83	never	yes	yes	yes	sometimes	no	yes	no	no	yes	no	yes	yes	yes	yes	yes	no	yes
84	sometimes	sometimes	sometimes	sometimes	sometimes	yes	no	no	yes	no	no	yes	yes	yes	no	no	no	yes
85															no	no	no	no
86	rarely	sometimes	sometimes	sometimes	sometimes	yes	no	no	yes	yes	yes		no	yes	yes	yes	no	yes
87	never	yes	sometimes	sometimes	sometimes	yes	no	no	yes	no	yes	no	no	no	no	no	no	no
88															no	no	no	no
89	never	sometimes	no	sometimes	sometimes	yes	yes	yes	yes	yes	no	yes	yes	yes	yes	yes	no	yes
90	never	sometimes	sometimes	sometimes	yes	no	yes	no	yes	yes	no	yes	yes	yes	yes	no	no	yes
91															no	no	no	no
92	sometimes	yes	yes	yes	no				yes			yes	yes	yes	no	no	no	yes
93	never	sometimes	sometimes	sometimes	sometimes	yes	yes	no	yes	yes	yes	yes	yes	no	no	no	no	no
94	never	yes	sometimes	sometimes	yes	no	no	no	yes	yes	yes	yes	yes	yes	no	no	yes	yes
95	never	sometimes	sometimes	sometimes	no	yes	no	no	yes	no		yes	yes	yes	no	no	no	yes
96	rarely	yes	no	yes	no	no	yes	no	yes	yes	no	no	yes	no	no	no	no	no
97	sometimes	sometimes	sometimes	yes	yes	yes	yes	yes	yes	yes	no		yes	yes	yes	yes	yes	yes
98															yes	no	no	yes
99	never	sometimes	sometimes	sometimes	no	no	no	no	yes	no	no	no	no	yes	yes	no	no	no
100	never	sometimes	sometimes	sometimes	sometimes	yes	yes	no	yes	yes	no	yes	no	yes	no	no	no	yes
101	never	no	sometimes	sometimes	yes	no	yes	yes	no	yes	yes	no	no	yes	yes	no	no	yes
102	never	sometimes	sometimes	no	sometimes	yes	yes	no	yes	yes	no	yes	yes	no	no	no	no	no

9.6 Appendix 6: Anova

	Descriptives			95% CI (Mean)				Minimum	Maximum	ANOVA	Sum of Squares	df	Mean Square	F	Sig.
	Sex	N	Mean	Std. Deviation	Std. Error	95% CI (Mean)									
						Lower Bound	Upper Bound								
finish	female	61	2002.56	2.947	0.377	2001.80	2003.31	1996	2007	Between Group	1.085	1	1.085	0.121	0.729
	male	38	2002.34	3.069	0.498	2001.33	2003.35	1996	2008	Within Groups	869.602	97	8.965		
Total	99	2002.47	2.981	0.300	2001.88	2003.07	1996	2008	Total	870.687	98				
e_s_orth	female	43	2.70	0.989	0.151	2.39	3.00	1	4	Between Group	0.445	1	0.445	0.511	0.477
	male	28	2.54	0.838	0.158	2.21	2.86	1	4	Within Groups	60.034	69	0.870		
Total	71	2.63	0.930	0.110	2.41	2.85	1	4	Total	60.479	70				
e_s_surg	female	34	1.12	1.122	0.192	0.73	1.51	0	4	Between Group	5.626	1	5.626	4.374	0.041
	male	24	1.75	1.152	0.235	1.26	2.24	0	4	Within Groups	72.029	56	1.286		
Total	58	1.38	1.167	0.153	1.07	1.69	0	4	Total	77.655	57				
e_s_cas	female	36	2.00	1.287	0.215	1.56	2.44	0	4	Between Group	0.212	1	0.212	0.132	0.717
	male	25	1.88	1.236	0.247	1.37	2.39	0	4	Within Groups	94.640	59	1.604		
Total	61	1.95	1.257	0.161	1.63	2.27	0	4	Total	94.852	60				
e_s_neur	female	42	1.71	1.043	0.161	1.39	2.04	0	4	Between Group	0.548	1	0.548	0.445	0.507
	male	22	1.91	1.231	0.262	1.36	2.45	0	4	Within Groups	76.390	62	1.232		
Total	64	1.78	1.105	0.138	1.51	2.06	0	4	Total	76.938	63				
e_s_rad	female	32	0.66	1.153	0.204	0.24	1.07	0	4	Between Group	3.002	1	3.002	2.133	0.150
	male	21	1.14	1.236	0.270	0.58	1.71	0	4	Within Groups	71.790	51	1.408		
Total	53	0.85	1.199	0.165	0.52	1.18	0	4	Total	74.792	52				
e_s_ped	female	38	1.92	1.239	0.201	1.51	2.33	0	4	Between Group	2.425	1	2.425	1.782	0.187
	male	25	1.52	1.046	0.209	1.09	1.95	0	4	Within Groups	83.003	61	1.361		
Total	63	1.76	1.174	0.148	1.47	2.06	0	4	Total	85.429	62				
e_s_gyn	female	36	1.83	1.108	0.185	1.46	2.21	0	4	Between Group	0.190	1	0.190	0.147	0.703
	male	25	1.72	1.173	0.235	1.24	2.20	0	4	Within Groups	76.040	59	1.289		
Total	61	1.79	1.127	0.144	1.50	2.08	0	4	Total	76.230	60				
e_s_GP	female	49	3.02	0.901	0.129	2.76	3.28	1	4	Between Group	0.104	1	0.104	0.122	0.728
	male	32	3.09	0.963	0.170	2.75	3.44	1	4	Within Groups	67.698	79	0.857		
Total	81	3.05	0.921	0.102	2.85	3.25	1	4	Total	67.802	80				
all_no_c	female	49	2.51	0.960	0.137	2.23	2.79	0	4	Between Group	3.245	1	3.245	3.127	0.081
	male	31	2.10	1.106	0.199	1.69	2.50	0	4	Within Groups	80.955	78	1.038		
Total	80	2.35	1.032	0.115	2.12	2.58	0	4	Total	84.200	79				
secur	female	47	2.83	1.129	0.165	2.50	3.16	0	4	Between Group	10.777	1	10.777	7.490	0.008
	male	27	2.04	1.315	0.253	1.52	2.56	0	4	Within Groups	103.601	72	1.439		
Total	74	2.54	1.252	0.146	2.25	2.83	0	4	Total	114.378	73				
exch	female	49	1.88	0.927	0.132	1.61	2.14	0	4	Between Group	0.452	1	0.452	0.413	0.522
	male	30	2.03	1.217	0.222	1.58	2.49	0	4	Within Groups	84.232	77	1.094		
Total	79	1.94	1.042	0.117	1.70	2.17	0	4	Total	84.684	78				
feedb	female	51	2.06	1.066	0.149	1.76	2.36	0	4	Between Group	0.086	1	0.086	0.070	0.793
	male	32	2.13	1.185	0.209	1.70	2.55	0	4	Within Groups	100.324	81	1.239		
Total	83	2.08	1.107	0.121	1.84	2.33	0	4	Total	100.410	82				
diff_dia	female	50	2.10	1.055	0.149	1.80	2.40	0	4	Between Group	0.750	1	0.750	0.782	0.379
	male	30	2.30	0.837	0.153	1.99	2.61	1	4	Within Groups	74.800	78	0.959		
Total	80	2.18	0.978	0.109	1.96	2.39	0	4	Total	75.550	79				
issue	female	47	1.64	1.150	0.168	1.30	1.98	0	4	Between Group	0.697	1	0.697	0.507	0.479
	male	30	1.83	1.206	0.220	1.38	2.28	0	4	Within Groups	103.018	75	1.374		
Total	77	1.71	1.168	0.133	1.45	1.98	0	4	Total	103.714	76				
succ	female	46	1.48	1.169	0.172	1.13	1.83	0	4	Between Group	0.016	1	0.016	0.012	0.912
	male	29	1.48	1.088	0.202	1.03	1.86	0	4	Within Groups	94.651	73	1.297		
Total	75	1.47	1.131	0.131	1.21	1.73	0	4	Total	94.667	74				
probl	female	50	2.32	0.999	0.141	2.04	2.60	0	4	Between Group	0.141	1	0.141	0.156	0.694
	male	30	2.23	0.858	0.157	1.91	2.55	0	4	Within Groups	70.247	78	0.901		
Total	80	2.29	0.944	0.106	2.08	2.50	0	4	Total	70.388	79				
l_via_p	female	46	1.87	1.087	0.160	1.55	2.19	0	4	Between Group	0.074	1	0.074	0.064	0.801
	male	30	1.93	1.048	0.191	1.54	2.32	0	4	Within Groups	85.084	74	1.150		
Total	76	1.89	1.066	0.122	1.65	2.14	0	4	Total	85.158	75				
c_via_p	female	48	1.71	1.271	0.183	1.34	2.08	0	4	Between Group	3.291	1	3.291	2.527	0.116
	male	31	1.29	0.902	0.162	0.96	1.62	0	4	Within Groups	100.304	77	1.303		
Total	79	1.54	1.152	0.130	1.29	1.80	0	4	Total	103.595	78				
cont	female	51	0.86	0.601	0.084	0.69	1.03	0	2	Between Group	1.745	1	1.745	4.887	0.030
	male	30	1.17	0.592	0.108	0.95	1.39	0	2	Within Groups	28.206	79	0.357		
Total	81	0.98	0.612	0.068	0.84	1.11	0	2	Total	29.951	80				
intens	female	51	1.43	0.608	0.085	1.26	1.60	0	2	Between Group	1.988	1	1.988	4.970	0.029
	male	29	1.10	0.673	0.125	0.85	1.36	0	2	Within Groups	31.199	78	0.400		
Total	80	1.31	0.648	0.072	1.17	1.46	0	2	Total	33.188	79				
no_int	female	51	0.76	0.681	0.095	0.57	0.96	0	2	Between Group	0.444	1	0.444	1.164	0.284
	male	31	0.61	0.495	0.089	0.43	0.79	0	2	Within Groups	30.531	80	0.382		
Total	82	0.71	0.618	0.068	0.57	0.84	0	2	Total	30.976	81				
inspir	female	45	0.58	0.690	0.103	0.37	0.79	0	2	Between Group	1.714	1	1.714	3.412	0.069
	male	28	0.89	0.737	0.139	0.61	1.18	0	2	Within Groups	35.656	71	0.502		
Total	73	0.70	0.720	0.084	0.53	0.87	0	2	Total	37.370	72				
interest	female	49	1.31	0.548	0.078	1.15	1.46	0	2	Between Group	0.243	1	0.243	0.865	0.355
	male	31	1.42	0.502	0.090	1.24	1.60	1	2	Within Groups	21.957	78	0.281		
Total	80	1.35	0.530	0.059	1.23	1.47	0	2	Total	22.200	79				
allot	female	49	1.18	0.601	0.086	1.01	1.36	0	2	Between Group	0.292	1	0.292	0.806	0.372
	male	29	1.31	0.604	0.112	1.08	1.54	0	2	Within Groups	27.554	76	0.363		
Total	78	1.23	0.601	0.068	1.10	1.37	0	2	Total	27.846	77				
mutual	female	49	1.29	0.612	0.087	1.11	1.46	0	2	Between Group	0.523	1	0.523	1.587	0.211
	male	31	1.45	0.506	0.091	1.27	1.64	1	2	Within Groups	25.677	78	0.329		
Total	80	1.35	0.576	0.064	1.22	1.48	0	2	Total	26.200	79				
ensur	female	48	1.31	0.689	0.099	1.11	1.51	0	2	Between Group	3.128	1	3.128	7.567	0.007
	male	29	0.90	0.557	0.103	0.68	1.11	0	2	Within Groups	31.002	75	0.413		
Total	77	1.16	0.670	0.076	1.00	1.31	0	2	Total	34.130	76				
rec_d	female	48	1.54	0.849	0.123	1.30	1.79	0	2	Between Group	0.543	1	0.543	0.692	0.408
	male	25	1.36	0.952	0.190	0.97	1.75	0	2	Within Groups	55.677	71	0.784		
Total	73	1.48	0.884	0.103	1.27	1.69	0	2	Total	56.219	72				
tel	female	48	1.25	0.978	0.141	0.97	1.53	0	2	Between Group	0.001	1	0.001	0.002	0.969

	Descriptives					95% CI (Mean)		Minimum	Maximum	ANOVA						
	N	Mean	Std. Deviation	Std. Error	Lower Bound	Upper Bound	Sum of Squares			df	Mean Square	F	Sig.			
finish	<2001	30	1999.00	1.438	0.263	1998.46	1999.54	1996	2000	Between Groups	726.714	2	363.357	242.284	0.000	0.000
	2001-2004	38	2002.42	1.244	0.202	2002.01	2002.83	2001	2004	Within Groups	143.973	96	1.500			
	>2004	31	2005.90	0.944	0.169	2005.56	2006.25	2005	2008	Total	870.687	98				
	Total	99	2002.47	2.981	0.300	2001.88	2003.07	1996	2008							
e_s_orth	<2001	24	2.58	1.060	0.216	2.14	3.03	1	4	Between Groups	0.125	2	0.062	0.069	0.933	0.467
	2001-2004	28	2.68	0.819	0.155	2.36	3.00	1	4	Within Groups	60.218	67	0.899			
	>2004	18	2.61	0.979	0.231	2.12	3.10	1	4	Total	60.343	69				
	Total	70	2.63	0.935	0.112	2.41	2.85	1	4							
e_s_surg	<2001	22	1.50	1.300	0.277	0.92	2.08	0	4	Between Groups	4.039	2	2.020	1.489	0.235	0.117
	2001-2004	22	1.05	0.899	0.192	0.65	1.44	0	3	Within Groups	73.224	54	1.356			
	>2004	13	1.69	1.316	0.365	0.90	2.49	0	4	Total	77.263	56				
	Total	57	1.37	1.175	0.156	1.06	1.68	0	4							
e_s_cas	<2001	22	1.82	1.296	0.276	1.24	2.39	0	4	Between Groups	2.940	2	1.470	0.912	0.408	0.204
	2001-2004	23	1.83	1.114	0.232	1.34	2.31	0	3	Within Groups	91.910	57	1.612			
	>2004	15	2.33	1.447	0.374	1.53	3.13	0	4	Total	94.850	59				
	Total	60	1.95	1.268	0.164	1.62	2.28	0	4							
e_s_neur	<2001	23	1.52	1.201	0.250	1.00	2.04	0	4	Between Groups	3.416	2	1.708	1.395	0.256	0.128
	2001-2004	25	1.80	1.041	0.208	1.37	2.23	0	4	Within Groups	73.472	60	1.225			
	>2004	15	2.13	1.060	0.274	1.55	2.72	0	4	Total	76.889	62				
	Total	63	1.78	1.114	0.140	1.50	2.06	0	4							
e_s_rad	<2001	17	0.53	0.874	0.212	0.08	0.98	0	2	Between Groups	4.547	2	2.274	1.603	0.212	0.106
	2001-2004	23	0.87	1.140	0.238	0.38	1.36	0	3	Within Groups	69.511	49	1.419			
	>2004	12	1.33	1.614	0.466	0.31	2.36	0	4	Total	74.058	51				
	Total	52	0.87	1.205	0.167	0.53	1.20	0	4							
e_s_ped	<2001	22	1.68	1.427	0.304	1.05	2.31	0	4	Between Groups	0.198	2	0.099	0.069	0.934	0.467
	2001-2004	25	1.80	1.155	0.231	1.32	2.28	0	4	Within Groups	85.173	59	1.444			
	>2004	15	1.80	0.862	0.223	1.32	2.28	1	4	Total	85.371	61				
	Total	62	1.76	1.183	0.150	1.46	2.06	0	4							
e_s_gyn	<2001	20	1.80	1.240	0.277	1.22	2.38	0	4	Between Groups	1.533	2	0.767	0.597	0.554	0.277
	2001-2004	25	1.60	1.000	0.200	1.19	2.01	0	3	Within Groups	73.200	57	1.284			
	>2004	15	2.00	1.195	0.309	1.34	2.66	0	4	Total	74.733	59				
	Total	60	1.77	1.125	0.145	1.48	2.06	0	4							
e_s_GP	<2001	27	2.93	0.958	0.184	2.55	3.30	1	4	Between Groups	1.574	2	0.787	0.915	0.405	0.202
	2001-2004	31	3.23	0.884	0.159	2.90	3.55	2	4	Within Groups	66.226	77	0.860			
	>2004	22	2.95	0.950	0.203	2.53	3.38	1	4	Total	67.800	79				
	Total	80	3.05	0.926	0.104	2.84	3.26	1	4							
all_no_c	<2001	26	2.27	1.041	0.204	1.85	2.69	0	4	Between Groups	4.932	2	2.466	2.368	0.101	0.050
	2001-2004	32	2.16	1.019	0.180	1.79	2.52	0	4	Within Groups	79.144	76	1.041			
	>2004	21	2.76	0.995	0.217	2.31	3.21	1	4	Total	84.076	78				
	Total	79	2.35	1.038	0.117	2.12	2.59	0	4							
secur	<2001	25	2.24	1.451	0.290	1.64	2.84	0	4	Between Groups	4.465	2	2.233	1.426	0.247	0.124
	2001-2004	28	2.82	1.090	0.206	2.40	3.24	0	4	Within Groups	109.617	70	1.566			
	>2004	20	2.55	1.191	0.266	1.99	3.11	0	4	Total	114.082	72				
	Total	73	2.55	1.259	0.147	2.25	2.84	0	4							
exch	<2001	28	1.86	1.079	0.204	1.44	2.28	0	4	Between Groups	0.695	2	0.347	0.313	0.732	0.366
	2001-2004	29	2.07	1.033	0.192	1.68	2.46	0	4	Within Groups	83.100	75	1.108			
	>2004	21	1.90	1.044	0.228	1.43	2.38	0	4	Total	83.795	77				
	Total	78	1.95	1.043	0.118	1.71	2.18	0	4							
feedb	<2001	28	2.04	1.232	0.233	1.56	2.51	0	4	Between Groups	0.265	2	0.132	0.104	0.901	0.450
	2001-2004	32	2.16	1.019	0.180	1.79	2.52	0	4	Within Groups	100.138	79	1.268			
	>2004	22	2.05	1.133	0.242	1.54	2.55	0	4	Total	100.402	81				
	Total	82	2.09	1.113	0.123	1.84	2.33	0	4							
diff_dia	<2001	27	1.96	1.055	0.203	1.55	2.38	0	4	Between Groups	2.221	2	1.111	1.152	0.322	0.161
	2001-2004	31	2.35	0.915	0.164	2.02	2.69	0	4	Within Groups	73.298	76	0.964			
	>2004	21	2.19	0.981	0.214	1.74	2.64	0	4	Total	75.519	78				
	Total	79	2.18	0.984	0.111	1.96	2.40	0	4							
issue	<2001	27	1.67	1.240	0.239	1.18	2.16	0	4	Between Groups	1.761	2	0.880	0.633	0.534	0.267
	2001-2004	30	1.90	1.185	0.216	1.46	2.34	0	4	Within Groups	101.437	73	1.390			
	>2004	19	1.53	1.073	0.246	1.01	2.04	0	4	Total	103.197	75				
	Total	76	1.72	1.173	0.135	1.46	1.99	0	4							
succ	<2001	25	1.40	1.354	0.271	0.84	1.96	0	4	Between Groups	0.256	2	0.128	0.097	0.908	0.454
	2001-2004	29	1.45	0.910	0.169	1.10	1.79	0	3	Within Groups	94.122	71	1.326			
	>2004	20	1.55	1.191	0.266	0.99	2.11	0	4	Total	94.378	73				
	Total	74	1.46	1.137	0.132	1.20	1.72	0	4							
probl	<2001	27	2.22	1.050	0.202	1.81	2.64	0	4	Between Groups	1.385	2	0.692	0.782	0.461	0.231
	2001-2004	31	2.23	0.805	0.145	1.93	2.52	1	4	Within Groups	67.324	76	0.886			
	>2004	21	2.52	0.981	0.214	2.08	2.97	1	4	Total	68.709	78				
	Total	79	2.30	0.939	0.106	2.09	2.51	0	4							
I via_p	<2001	26	1.73	0.874	0.171	1.38	2.08	0	4	Between Groups	1.087	2	0.543	0.465	0.630	0.315
	2001-2004	31	2.00	1.238	0.222	1.55	2.45	0	4	Within Groups	84.060	72	1.167			
	>2004	18	1.94	1.056	0.249	1.42	2.47	0	4	Total	85.147	74				
	Total	75	1.89	1.073	0.124	1.65	2.14	0	4							

C via_p	<2001	26	1.54	0.905	0.177	1.17	1.90	0	4	Between Groups	1,454	2	0.727	0.535	0.588	0.294
	2001-2004	32	1.41	1.214	0.215	0.97	1.84	0	4	Within Groups	101,930	75	1.359			
	>2004	20	1.75	1.372	0.307	1.11	2.39	0	4	Total	103,385	77				
	Total	78	1.54	1.159	0.131	1.28	1.80	0	4							
cont	<2001	27	0.78	0.641	0.123	0.52	1.03	0	2	Between Groups	2,626	2	1.313	3.701	0.029	0.015
	2001-2004	31	1.19	0.601	0.108	0.97	1.41	0	2	Within Groups	27,324	77	0.355			
	>2004	22	0.91	0.526	0.112	0.68	1.14	0	2	Total	29,950	79				
	Total	80	0.98	0.616	0.069	0.84	1.11	0	2							
intens	<2001	26	1.50	0.583	0.114	1.26	1.74	0	2	Between Groups	2,014	2	1.007	2.463	0.092	0.046
	2001-2004	31	1.13	0.670	0.120	0.88	1.37	0	2	Within Groups	31,075	76	0.409			
	>2004	22	1.36	0.658	0.140	1.07	1.66	0	2	Total	33,089	78				
	Total	79	1.32	0.651	0.073	1.17	1.46	0	2							
no_int	<2001	27	0.81	0.681	0.131	0.55	1.08	0	2	Between Groups	1,076	2	0.538	1.408	0.251	0.125
	2001-2004	32	0.56	0.564	0.100	0.36	0.77	0	2	Within Groups	29,813	78	0.382			
	>2004	22	0.77	0.612	0.130	0.50	1.04	0	2	Total	30,889	80				
	Total	81	0.70	0.621	0.069	0.57	0.84	0	2							
inspir	<2001	23	0.48	0.665	0.139	0.19	0.77	0	2	Between Groups	1,798	2	0.899	1.768	0.178	0.089
	2001-2004	29	0.83	0.805	0.149	0.52	1.13	0	2	Within Groups	35,077	69	0.508			
	>2004	20	0.80	0.616	0.138	0.51	1.09	0	2	Total	36,875	71				
	Total	72	0.71	0.721	0.085	0.54	0.88	0	2							
interest	<2001	26	1.23	0.514	0.101	1.02	1.44	0	2	Between Groups	1,443	2	0.721	2.657	0.077	0.038
	2001-2004	32	1.31	0.535	0.095	1.12	1.51	0	2	Within Groups	20,633	76	0.271			
	>2004	21	1.57	0.507	0.111	1.34	1.80	1	2	Total	22,076	78				
	Total	79	1.35	0.532	0.060	1.24	1.47	0	2							
allot	<2001	25	1.12	0.666	0.133	0.85	1.39	0	2	Between Groups	0,550	2	0.275	0.747	0.477	0.239
	2001-2004	31	1.26	0.575	0.103	1.05	1.47	0	2	Within Groups	27,242	74	0.368			
	>2004	21	1.33	0.577	0.126	1.07	1.60	0	2	Total	27,792	76				
	Total	77	1.23	0.605	0.069	1.10	1.37	0	2							
mutual	<2001	26	1.31	0.618	0.121	1.06	1.56	0	2	Between Groups	0,123	2	0.061	0.179	0.836	0.418
	2001-2004	31	1.35	0.551	0.099	1.15	1.56	0	2	Within Groups	25,953	76	0.341			
	>2004	22	1.41	0.590	0.126	1.15	1.67	0	2	Total	26,076	78				
	Total	79	1.35	0.578	0.065	1.22	1.48	0	2							
ensur	<2001	25	1.16	0.688	0.138	0.88	1.44	0	2	Between Groups	0,041	2	0.020	0.043	0.958	0.479
	2001-2004	30	1.13	0.730	0.133	0.86	1.41	0	2	Within Groups	34,065	73	0.467			
	>2004	21	1.19	0.602	0.131	0.92	1.46	0	2	Total	34,105	75				
	Total	76	1.16	0.674	0.077	1.00	1.31	0	2							
rec_d	<2001	25	1.36	0.952	0.190	0.97	1.75	0	2	Between Groups	0,499	2	0.249	0.310	0.734	0.367
	2001-2004	29	1.52	0.871	0.162	1.19	1.85	0	2	Within Groups	55,446	69	0.804			
	>2004	18	1.56	0.856	0.202	1.13	1.98	0	2	Total	55,944	71				
	Total	72	1.47	0.888	0.105	1.26	1.68	0	2							
tel	<2001	25	1.20	1.000	0.200	0.79	1.61	0	2	Between Groups	0,071	2	0.035	0.036	0.965	0.482
	2001-2004	30	1.27	0.980	0.179	0.90	1.63	0	2	Within Groups	69,551	71	0.980			
	>2004	19	1.26	0.991	0.227	0.79	1.74	0	2	Total	69,622	73				
	Total	74	1.24	0.977	0.114	1.02	1.47	0	2							
letter	<2001	26	0.62	0.941	0.185	0.24	1.00	0	2	Between Groups	1,679	2	0.840	0.951	0.391	0.196
	2001-2004	28	0.50	0.882	0.167	0.16	0.84	0	2	Within Groups	60,932	69	0.883			
	>2004	18	0.89	1,023	0.241	0.38	1.40	0	2	Total	62,611	71				
	Total	72	0.64	0.939	0.111	0.42	0.86	0	2							
acquaint	<2001	24	1.50	0.885	0.181	1.13	1.87	0	2	Between Groups	1,599	2	0.800	1.217	0.302	0.151
	2001-2004	32	1.50	0.880	0.156	1.18	1.82	0	2	Within Groups	49,273	75	0.657			
	>2004	22	1.82	0.588	0.125	1.56	2.08	0	2	Total	50,872	77				
	Total	78	1.59	0.813	0.092	1.41	1.77	0	2							
person	<2001	26	1.54	0.859	0.169	1.19	1.89	0	2	Between Groups	0,694	2	0.347	0.584	0.560	0.280
	2001-2004	29	1.66	0.769	0.143	1.36	1.95	0	2	Within Groups	42,171	71	0.594			
	>2004	19	1.79	0.631	0.145	1.49	2.09	0	2	Total	42,865	73				
	Total	74	1.65	0.766	0.089	1.47	1.83	0	2							
shared_r	<2001	26	0.54	0.905	0.177	0.17	0.90	0	2	Between Groups	1,978	2	0.989	1,044	0.357	0.179
	2001-2004	30	0.80	0.997	0.182	0.43	1.17	0	2	Within Groups	68,209	72	0.947			
	>2004	19	0.95	1,026	0.235	0.45	1.44	0	2	Total	70,187	74				
	Total	75	0.75	0.974	0.112	0.52	0.97	0	2							
d_red	<2001	21	1.24	0.995	0.217	0.79	1.69	0	2	Between Groups	1,718	2	0.859	0.992	0.377	0.188
	2001-2004	28	1.57	0.836	0.158	1.25	1.90	0	2	Within Groups	53,667	62	0.866			
	>2004	16	1.25	1,000	0.250	0.72	1.78	0	2	Total	55,385	64				
	Total	65	1.38	0.930	0.115	1.15	1.62	0	2							
approach	<2001	25	0.96	1,020	0.204	0.54	1.38	0	2	Between Groups	2,291	2	1.146	1,186	0.312	0.156
	2001-2004	30	1.33	0.959	0.175	0.98	1.69	0	2	Within Groups	67,627	70	0.966			
	>2004	18	1.33	0.970	0.229	0.85	1.82	0	2	Total	69,918	72				
	Total	73	1.21	0.985	0.115	0.98	1.44	0	2							

	Descriptives	N	Mean	Std. Deviation	Std. Error	95% CI (Mean)		Minimum	Maximum	ANOVA	Sum of Squares	df	Mean Square	F	Sig.	Sig./Df
						Lower Bound	Upper Bound									
c_gen	in progress	24	0.79	0.415	0.085	0.616	0.967	0	1	Between Groups	0.462	2	0.231	1.740	0.181	0.090
	Ost	37	0.78	0.417	0.069	0.645	0.923	0	1	Within Groups	13.004	98	0.133			
	graduated	40	0.93	0.267	0.042	0.840	1.010	0	1	Total	13.465	100				
	Total	101	0.84	0.367	0.037	0.769	0.914	0	1							
c_s_orth	in progress	16	2.44	0.814	0.203	2.004	2.871	1	4	Between Groups	0.844	2	0.422	0.481	0.620	0.310
	Ost	22	2.73	0.827	0.176	2.361	3.094	1	4	Within Groups	59.634	68	0.877			
	graduated	33	2.67	1.051	0.183	2.294	3.039	1	4	Total	60.479	70				
	Total	71	2.63	0.930	0.110	2.414	2.854	1	4							
c_s_surg	in progress	11	1.55	1.036	0.312	0.850	2.241	0	3	Between Groups	0.376	2	0.188	0.134	0.875	0.437
	Ost	18	1.33	1.237	0.291	0.718	1.948	0	4	Within Groups	77.279	55	1.405			
	graduated	29	1.34	1.203	0.223	0.867	1.803	0	4	Total	77.655	57				
	Total	58	1.38	1.167	0.153	1.072	1.686	0	4							
c_s_cas	in progress	12	2.50	1.000	0.289	1.865	3.135	1	4	Between Groups	5.646	2	2.823	1.835	0.169	0.084
	Ost	20	2.00	1.214	0.271	1.432	2.568	0	4	Within Groups	89.207	58	1.538			
	graduated	29	1.69	1.339	0.249	1.180	2.199	0	4	Total	94.852	60				
	Total	61	1.95	1.257	0.161	1.629	2.273	0	4							
c_s_neur	in progress	11	1.55	0.820	0.247	0.994	2.096	0	3	Between Groups	0.973	2	0.486	0.391	0.678	0.339
	Ost	22	1.91	1.065	0.227	1.437	2.381	0	4	Within Groups	75.965	61	1.245			
	graduated	31	1.77	1.230	0.221	1.323	2.226	0	4	Total	76.938	63				
	Total	64	1.78	1.105	0.138	1.505	2.057	0	4							
c_s_rad	in progress	9	1.00	1.414	0.471	-0.087	2.087	0	4	Between Groups	2.861	2	1.430	0.994	0.377	0.189
	Ost	18	1.11	1.231	0.290	0.499	1.723	0	4	Within Groups	71.932	50	1.439			
	graduated	26	0.62	1.098	0.215	0.172	1.059	0	3	Total	74.792	52				
	Total	53	0.85	1.199	0.165	0.518	1.180	0	4							
c_s_ped	in progress	13	1.62	1.121	0.311	0.938	2.293	0	4	Between Groups	1.192	2	0.596	0.425	0.656	0.328
	Ost	21	1.95	1.071	0.234	1.465	2.440	0	4	Within Groups	84.236	60	1.404			
	graduated	29	1.69	1.285	0.239	1.201	2.178	0	4	Total	85.429	62				
	Total	63	1.76	1.174	0.148	1.466	2.058	0	4							
c_s_gyn	in progress	11	1.82	1.079	0.325	1.093	2.543	0	4	Between Groups	0.016	2	0.008	0.006	0.994	0.497
	Ost	19	1.79	1.134	0.260	1.243	2.336	0	4	Within Groups	76.214	58	1.314			
	graduated	31	1.77	1.175	0.211	1.343	2.205	0	4	Total	76.230	60				
	Total	61	1.79	1.127	0.144	1.498	2.076	0	4							
c_s_GP	in progress	17	3.18	0.951	0.231	2.688	3.665	1	4	Between Groups	0.359	2	0.179	0.208	0.813	0.407
	Ost	27	3.00	0.877	0.169	2.653	3.347	2	4	Within Groups	67.444	78	0.865			
	graduated	37	3.03	0.957	0.157	2.708	3.346	1	4	Total	67.802	80				
	Total	81	3.05	0.921	0.102	2.846	3.253	1	4							
all_no_c	in progress	17	2.35	1.115	0.270	1.780	2.926	1	4	Between Groups	0.021	2	0.011	0.010	0.990	0.495
	Ost	27	2.37	1.079	0.208	1.943	2.797	0	4	Within Groups	84.179	77	1.093			
	graduated	36	2.33	0.986	0.164	2.000	2.667	0	4	Total	84.200	79				
	Total	80	2.35	1.032	0.115	2.120	2.580	0	4							
secur	in progress	15	2.33	1.113	0.287	1.717	2.950	0	4	Between Groups	2.248	2	1.124	0.712	0.494	0.247
	Ost	26	2.77	1.070	0.210	2.337	3.201	0	4	Within Groups	112.131	71	1.579			
	graduated	33	2.45	1.438	0.250	1.945	2.964	0	4	Total	114.378	73				
	Total	74	2.54	1.252	0.146	2.251	2.831	0	4							
exch	in progress	17	1.76	1.091	0.265	1.204	2.326	0	4	Between Groups	1.508	2	0.754	0.689	0.505	0.253
	Ost	25	1.84	0.987	0.197	1.433	2.247	0	4	Within Groups	83.176	76	1.094			
	graduated	37	2.08	1.064	0.175	1.726	2.436	0	4	Total	84.684	78				
	Total	79	1.94	1.042	0.117	1.703	2.170	0	4							
feedb	in progress	18	2.33	1.138	0.268	1.768	2.899	0	4	Between Groups	3.275	2	1.638	1.349	0.265	0.133
	Ost	28	1.82	1.156	0.219	1.373	2.270	0	4	Within Groups	97.134	80	1.214			
	graduated	37	2.16	1.041	0.171	1.815	2.509	1	4	Total	100.410	82				
	Total	83	2.08	1.107	0.121	1.843	2.326	0	4							
diff_dia	in progress	17	2.24	0.752	0.182	1.848	2.622	0	3	Between Groups	2.537	2	1.268	1.338	0.268	0.134
	Ost	26	1.92	0.977	0.192	1.529	2.318	0	4	Within Groups	73.013	77	0.948			
	graduated	37	2.32	1.056	0.174	1.972	2.676	0	4	Total	75.550	79				
	Total	80	2.18	0.978	0.109	1.957	2.393	0	4							
issue	in progress	14	1.64	1.216	0.325	0.941	2.345	0	4	Between Groups	1.714	2	0.857	0.622	0.540	0.270
	Ost	26	1.54	1.272	0.249	1.025	2.052	0	4	Within Groups	102.000	74	1.378			
	graduated	37	1.86	1.084	0.178	1.503	2.226	0	4	Total	103.714	76				
	Total	77	1.71	1.168	0.133	1.449	1.979	0	4							
succ	in progress	15	1.80	1.082	0.279	1.201	2.399	0	3	Between Groups	2.083	2	1.042	0.810	0.449	0.224
	Ost	26	1.38	1.267	0.249	0.873	1.897	0	4	Within Groups	92.583	72	1.286			
	graduated	34	1.38	1.045	0.179	1.018	1.747	0	4	Total	94.667	74				
	Total	75	1.47	1.131	0.131	1.206	1.727	0	4							
probl	in progress	17	2.18	0.883	0.214	1.723	2.630	1	4	Between Groups	1.093	2	0.546	0.607	0.547	0.274
	Ost	27	2.19	1.039	0.200	1.774	2.596	0	4	Within Groups	69.295	77	0.900			
	graduated	36	2.42	0.906	0.151	2.110	2.723	0	4	Total	70.388	79				
	Total	80	2.29	0.944	0.106	2.077	2.498	0	4							
l_via_p	in progress	13	1.92	1.320	0.366	1.125	2.721	0	4	Between Groups	0.077	2	0.039	0.033	0.967	0.484
	Ost	27	1.85	0.989	0.190	1.461	2.243	0	4	Within Groups	85.080	73	1.165			
	graduated	36	1.92	1.052	0.175	1.561	2.273	0	4	Total	85.158	75				
	Total	76	1.89	1.066	0.122	1.651	2.138	0	4							

C_via_p	in progress	14	1.43	1.016	0.272	0.842	2.015	0	3	Between Groups	0.619	2	0.310	0.229	0.796	0.398
	Ost	29	1.48	1.122	0.208	1.056	1.909	0	4	Within Groups	102.976	76	1.355			
	graduated	36	1.64	1.246	0.208	1.217	2.060	0	4	Total	103.595	78				
	Total	79	1.54	1.152	0.130	1.286	1.802	0	4							
cont	in progress	18	1.06	0.416	0.098	0.849	1.263	0	2	Between Groups	1.634	2	0.817	2.251	0.112	0.056
	Ost	26	0.77	0.652	0.128	0.506	1.032	0	2	Within Groups	28.317	78	0.363			
	graduated	37	1.08	0.640	0.105	0.868	1.295	0	2	Total	29.951	80				
	Total	81	0.98	0.612	0.068	0.840	1.111	0	2							
intens	in progress	17	1.35	0.702	0.170	0.992	1.714	0	2	Between Groups	0.191	2	0.095	0.223	0.801	0.400
	Ost	28	1.36	0.678	0.128	1.094	1.620	0	2	Within Groups	32.997	77	0.429			
	graduated	35	1.26	0.611	0.103	1.047	1.467	0	2	Total	33.188	79				
	Total	80	1.31	0.648	0.072	1.168	1.457	0	2							
no_int	in progress	17	0.59	0.507	0.123	0.327	0.849	0	1	Between Groups	0.311	2	0.155	0.400	0.672	0.336
	Ost	28	0.75	0.645	0.122	0.500	1.000	0	2	Within Groups	30.665	79	0.388			
	graduated	37	0.73	0.652	0.107	0.512	0.947	0	2	Total	30.976	81				
	Total	82	0.71	0.618	0.068	0.571	0.843	0	2							
inspir	in progress	13	0.85	0.555	0.154	0.511	1.181	0	2	Between Groups	0.414	2	0.207	0.392	0.677	0.339
	Ost	24	0.71	0.806	0.165	0.368	1.049	0	2	Within Groups	36.956	70	0.528			
	graduated	36	0.64	0.723	0.121	0.394	0.884	0	2	Total	37.370	72				
	Total	73	0.70	0.720	0.084	0.531	0.867	0	2							
interest	in progress	16	1.56	0.512	0.128	1.289	1.836	1	2	Between Groups	1.486	2	0.743	2.761	0.069	0.035
	Ost	27	1.19	0.483	0.093	0.994	1.376	0	2	Within Groups	20.714	77	0.269			
	graduated	37	1.38	0.545	0.090	1.197	1.560	0	2	Total	22.200	79				
	Total	80	1.35	0.530	0.059	1.232	1.468	0	2							
allot	in progress	16	1.31	0.704	0.176	0.937	1.688	0	2	Between Groups	0.163	2	0.082	0.221	0.802	0.401
	Ost	27	1.19	0.557	0.107	0.965	1.406	0	2	Within Groups	27.683	75	0.369			
	graduated	35	1.23	0.598	0.101	1.023	1.434	0	2	Total	27.846	77				
	Total	78	1.23	0.601	0.068	1.095	1.366	0	2							
mutual	in progress	18	1.50	0.516	0.129	1.225	1.775	1	2	Between Groups	1.207	2	0.604	1.859	0.163	0.081
	Ost	27	1.19	0.557	0.107	0.965	1.406	0	2	Within Groups	24.993	77	0.325			
	graduated	37	1.41	0.599	0.098	1.206	1.605	0	2	Total	26.200	79				
	Total	80	1.35	0.576	0.064	1.222	1.478	0	2							
ensur	in progress	16	1.25	0.683	0.171	0.886	1.614	0	2	Between Groups	0.202	2	0.101	0.221	0.802	0.401
	Ost	26	1.15	0.675	0.132	0.881	1.426	0	2	Within Groups	33.927	74	0.458			
	graduated	35	1.11	0.676	0.114	0.882	1.347	0	2	Total	34.130	76				
	Total	77	1.16	0.670	0.076	1.004	1.308	0	2							
rec_d	in progress	15	1.47	0.915	0.236	0.960	1.974	0	2	Between Groups	0.417	2	0.209	0.262	0.771	0.385
	Ost	24	1.58	0.830	0.169	1.233	1.934	0	2	Within Groups	55.802	70	0.797			
	graduated	34	1.41	0.925	0.159	1.089	1.735	0	2	Total	56.219	72				
	Total	73	1.48	0.884	0.103	1.273	1.686	0	2							
tel	in progress	15	1.33	0.976	0.252	0.793	1.874	0	2	Between Groups	1.170	2	0.585	0.610	0.546	0.273
	Ost	26	1.38	0.941	0.185	1.004	1.765	0	2	Within Groups	69.017	72	0.959			
	graduated	34	1.12	1.008	0.173	0.766	1.469	0	2	Total	70.187	74				
	Total	75	1.25	0.974	0.112	1.029	1.477	0	2							
letter	in progress	14	0.71	0.994	0.266	0.140	1.288	0	2	Between Groups	0.646	2	0.323	0.363	0.697	0.349
	Ost	25	0.72	0.980	0.196	0.316	1.124	0	2	Within Groups	62.368	70	0.891			
	graduated	34	0.53	0.896	0.154	0.217	0.842	0	2	Total	63.014	72				
	Total	73	0.63	0.936	0.109	0.412	0.848	0	2							
acquaint	in progress	17	1.41	0.939	0.228	0.929	1.895	0	2	Between Groups	2.536	2	1.268	1.987	0.144	0.072
	Ost	26	1.85	0.543	0.107	1.627	2.066	0	2	Within Groups	48.502	76	0.638			
	graduated	36	1.50	0.878	0.146	1.203	1.797	0	2	Total	51.038	78				
	Total	79	1.59	0.809	0.091	1.414	1.776	0	2							
person	in progress	15	1.60	0.828	0.214	1.141	2.059	0	2	Between Groups	0.061	2	0.030	0.051	0.950	0.475
	Ost	25	1.68	0.748	0.150	1.371	1.989	0	2	Within Groups	42.926	72	0.596			
	graduated	35	1.66	0.765	0.129	1.394	1.920	0	2	Total	42.987	74				
	Total	75	1.65	0.762	0.088	1.478	1.829	0	2							
shared_r	in progress	16	1.00	1.033	0.258	0.450	1.550	0	2	Between Groups	1.357	2	0.678	0.704	0.498	0.249
	Ost	26	0.77	0.992	0.195	0.368	1.170	0	2	Within Groups	70.380	73	0.964			
	graduated	34	0.65	0.950	0.163	0.316	0.978	0	2	Total	71.737	75				
	Total	76	0.76	0.978	0.112	0.540	0.987	0	2							
d_red	in progress	11	1.09	1.044	0.315	0.389	1.793	0	2	Between Groups	1.151	2	0.575	0.658	0.522	0.261
	Ost	21	1.43	0.926	0.202	1.007	1.850	0	2	Within Groups	54.234	62	0.875			
	graduated	33	1.45	0.905	0.157	1.134	1.775	0	2	Total	55.385	64				
	Total	65	1.38	0.930	0.115	1.154	1.615	0	2							
approach	in progress	14	1.43	0.938	0.251	0.887	1.970	0	2	Between Groups	1.890	2	0.945	0.977	0.381	0.191
	Ost	24	1.00	1.022	0.209	0.569	1.431	0	2	Within Groups	68.651	71	0.967			
	graduated	36	1.28	0.974	0.162	0.948	1.607	0	2	Total	70.541	73				
	Total	74	1.22	0.983	0.114	0.988	1.444	0	2							

Descriptives		N	Mean	Std. Deviation	Std. Error	95% CI (Mean)		Minimum	Maximum	ANOVA						
						Lower Bound	Upper Bound				Sum of Squares	df	Mean Square	F	Sig.	Sig./DF
finish	former	9	2000,33	2,550	0,850	1998,37	2002,29	1997	2006	Between Groups	128,452	2	64,226	8,307	0,000	0,000
	Ost	22	2001,00	2,225	0,474	2000,01	2001,99	1997	2005	Within Groups	742,235	96	7,732			
	Total	31	2000,67	2,388	0,362	1999,00	2002,74	1996	2008	Total	870,687	98				
c_s_orth	former	10	3,10	0,876	0,277	2,47	3,73	2	4	Between Groups	5,070	2	2,535	3,111	0,051	0,025
	Ost	15	2,20	0,941	0,243	1,68	2,72	1	4	Within Groups	55,409	68	0,815			
	Total	25	2,63	0,930	0,110	2,41	2,85	1	4	Total	60,479	70				
c_s_surg	former	9	1,89	1,364	0,455	0,84	2,94	0	4	Between Groups	3,049	2	1,524	1,124	0,332	0,166
	Ost	15	1,40	0,986	0,254	0,85	1,95	0	3	Within Groups	74,607	55	1,356			
	Total	24	1,64	1,182	0,203	0,82	1,65	0	4	Total	77,655	57				
c_s_cas	former	10	2,10	1,287	0,407	1,18	3,02	0	4	Between Groups	17,661	2	8,830	6,635	0,003	0,001
	Ost	13	0,92	0,760	0,211	0,46	1,38	0	2	Within Groups	77,191	58	1,331			
	Total	23	1,51	1,223	0,198	1,86	2,67	0	4	Total	94,852	60				
c_s_neur	former	9	2,00	1,323	0,441	0,98	3,02	0	4	Between Groups	0,563	2	0,281	0,225	0,799	0,400
	Ost	15	1,80	1,082	0,279	1,20	2,40	0	3	Within Groups	76,375	61	1,252			
	Total	24	1,78	1,105	0,138	1,51	2,06	0	4	Total	76,938	63				
c_s_rad	former	8	0,63	0,916	0,324	-0,14	1,39	0	2	Between Groups	2,948	2	1,474	1,026	0,366	0,183
	Ost	12	0,50	0,905	0,261	-0,07	1,07	0	3	Within Groups	71,845	50	1,437			
	Total	20	0,57	1,334	0,232	0,56	1,50	0	4	Total	74,792	52				
c_s_ped	former	7	1,57	1,272	0,481	0,39	2,75	0	3	Between Groups	0,381	2	0,190	0,134	0,875	0,437
	Ost	14	1,71	0,994	0,266	1,14	2,29	0	4	Within Groups	85,048	60	1,417			
	Total	21	1,64	1,234	0,190	1,42	2,19	0	4	Total	85,429	62				
c_s_gyn	former	8	2,50	1,309	0,463	1,41	3,59	0	4	Between Groups	5,417	2	2,709	2,219	0,118	0,059
	Ost	15	1,87	0,990	0,256	1,32	2,42	0	3	Within Groups	70,812	58	1,221			
	Total	23	1,61	1,104	0,179	1,24	1,97	0	4	Total	76,230	60				
c_s_GP	former	10	1,79	1,127	0,144	1,50	2,08	0	4	Between Groups	0,956	2	0,478	0,558	0,575	0,287
	Ost	17	3,12	0,993	0,241	2,61	3,63	2	4	Within Groups	66,846	78	0,857			
	Total	27	2,98	0,901	0,123	2,74	3,23	1	4	Total	67,802	80				
all_no_c	former	10	1,70	0,949	0,300	1,02	2,38	0	3	Between Groups	5,125	2	2,563	2,495	0,089	0,045
	Ost	16	2,56	0,727	0,182	2,17	2,95	2	4	Within Groups	79,075	77	1,027			
	Total	26	2,41	1,091	0,148	2,11	2,71	0	4	Total	84,200	79				
secur	former	10	2,20	1,317	0,416	1,26	3,14	0	4	Between Groups	1,498	2	0,749	0,471	0,626	0,313
	Ost	14	2,50	1,454	0,389	1,66	3,34	0	4	Within Groups	112,880	71	1,590			
	Total	24	2,62	1,193	0,169	2,28	2,96	0	4	Total	114,378	73				
exch	former	10	2,10	1,101	0,348	1,31	2,89	1	4	Between Groups	0,859	2	0,430	0,389	0,679	0,339
	Ost	16	1,75	1,183	0,296	1,12	2,38	0	4	Within Groups	83,825	76	1,103			
	Total	26	1,96	0,999	0,137	1,69	2,24	0	4	Total	84,684	78				
feedb	former	10	2,60	0,966	0,306	1,91	3,29	1	4	Between Groups	3,825	2	1,912	1,584	0,212	0,106
	Ost	17	1,82	1,074	0,261	1,27	2,38	0	4	Within Groups	96,585	80	1,207			
	Total	27	2,07	1,126	0,150	1,77	2,37	0	4	Total	100,410	82				
diff_dia	former	10	2,30	0,823	0,260	1,71	2,89	1	4	Between Groups	0,187	2	0,093	0,096	0,909	0,455
	Ost	17	2,18	1,131	0,274	1,59	2,76	0	4	Within Groups	75,363	77	0,979			
	Total	27	2,15	0,969	0,133	1,88	2,42	0	4	Total	75,550	79				
issue	former	10	1,80	1,229	0,389	0,92	2,68	0	4	Between Groups	0,207	2	0,104	0,074	0,929	0,464
	Ost	16	1,63	1,147	0,287	1,01	2,24	0	4	Within Groups	103,507	74	1,399			
	Total	26	1,73	1,185	0,166	1,39	2,06	0	4	Total	103,714	76				
succ	former	10	2,30	1,160	0,367	1,47	3,13	1	4	Between Groups	8,179	2	4,089	3,404	0,039	0,019
	Ost	16	1,25	0,931	0,233	0,75	1,75	0	3	Within Groups	86,488	72	1,201			
	Total	26	1,37	1,131	0,162	1,04	1,69	0	4	Total	94,667	74				
probl	former	10	2,60	1,174	0,371	1,76	3,44	1	4	Between Groups	1,791	2	0,895	1,005	0,371	0,185
	Ost	16	2,06	0,772	0,193	1,65	2,47	0	3	Within Groups	68,597	77	0,891			
	Total	26	2,30	0,944	0,129	2,04	2,55	0	4	Total	70,388	79				
l_via_p	former	9	2,44	0,882	0,294	1,77	3,12	1	4	Between Groups	3,414	2	1,707	1,525	0,225	0,112
	Ost	17	1,94	0,966	0,234	1,44	2,44	1	4	Within Groups	81,743	73	1,120			
	Total	26	1,78	1,112	0,157	1,46	2,10	0	4	Total	85,158	75				

C_via_p	former	9	1,67	0,500	0,167	1,28	2,05	1	2	Between Groups	0,345	2	0,172	0,127	0,881	0,440
	Ost	16	1,63	1,204	0,301	0,98	2,27	0	4	Within Groups	103,250	76	1,359			
	both	54	1,50	1,225	0,167	1,17	1,83	0	4	Total	103,595	78				
	Total	79	1,54	1,152	0,130	1,29	1,80	0	4							
cont	former	9	1,22	0,441	0,147	0,88	1,56	1	2	Between Groups	0,686	2	0,343	0,914	0,405	0,203
	Ost	17	1,00	0,612	0,149	0,69	1,31	0	2	Within Groups	29,265	78	0,375			
	both	55	0,93	0,634	0,085	0,76	1,10	0	2	Total	29,951	80				
	Total	81	0,98	0,612	0,068	0,84	1,11	0	2							
intens	former	8	1,38	0,744	0,263	0,75	2,00	0	2	Between Groups	1,390	2	0,695	1,682	0,193	0,096
	Ost	17	1,06	0,659	0,160	0,72	1,40	0	2	Within Groups	31,798	77	0,413			
	both	55	1,38	0,623	0,084	1,21	1,55	0	2	Total	33,188	79				
	Total	80	1,31	0,648	0,072	1,17	1,46	0	2							
no_int	former	9	0,44	0,527	0,176	0,04	0,85	0	1	Between Groups	1,207	2	0,604	1,602	0,208	0,104
	Ost	17	0,59	0,618	0,150	0,27	0,91	0	2	Within Groups	29,768	79	0,377			
	both	56	0,79	0,624	0,083	0,62	0,95	0	2	Total	30,976	81				
	Total	82	0,71	0,618	0,068	0,57	0,84	0	2							
inspir	former	8	0,88	0,835	0,295	0,18	1,57	0	2	Between Groups	0,282	2	0,141	0,266	0,767	0,384
	Ost	16	0,69	0,793	0,198	0,26	1,11	0	2	Within Groups	37,088	70	0,530			
	both	49	0,67	0,689	0,098	0,48	0,87	0	2	Total	37,370	72				
	Total	73	0,70	0,720	0,084	0,53	0,87	0	2							
interest	former	8	1,38	0,518	0,183	0,94	1,81	1	2	Between Groups	0,068	2	0,034	0,119	0,888	0,444
	Ost	17	1,29	0,470	0,114	1,05	1,54	1	2	Within Groups	22,132	77	0,287			
	both	55	1,36	0,557	0,075	1,21	1,51	0	2	Total	22,200	79				
	Total	80	1,35	0,530	0,059	1,23	1,47	0	2							
allot	former	8	1,38	0,518	0,183	0,94	1,81	1	2	Between Groups	0,200	2	0,100	0,272	0,763	0,381
	Ost	16	1,19	0,655	0,164	0,84	1,54	0	2	Within Groups	27,646	75	0,369			
	both	54	1,22	0,604	0,082	1,06	1,39	0	2	Total	27,846	77				
	Total	78	1,23	0,601	0,068	1,10	1,37	0	2							
mutual	former	8	1,63	0,518	0,183	1,19	2,06	1	2	Between Groups	0,697	2	0,349	1,053	0,354	0,177
	Ost	17	1,35	0,493	0,119	1,10	1,61	1	2	Within Groups	25,503	77	0,331			
	both	55	1,31	0,605	0,082	1,15	1,47	0	2	Total	26,200	79				
	Total	80	1,35	0,576	0,064	1,22	1,48	0	2							
ensur	former	7	1,14	0,378	0,143	0,79	1,49	1	2	Between Groups	1,697	2	0,848	1,936	0,152	0,076
	Ost	17	0,88	0,697	0,169	0,52	1,24	0	2	Within Groups	32,433	74	0,438			
	both	53	1,25	0,677	0,093	1,06	1,43	0	2	Total	34,130	76				
	Total	77	1,16	0,670	0,076	1,00	1,31	0	2							
rec_d	former	9	1,56	0,882	0,294	0,88	2,23	0	2	Between Groups	1,475	2	0,737	0,943	0,394	0,197
	Ost	15	1,20	1,014	0,262	0,64	1,76	0	2	Within Groups	54,745	70	0,782			
	both	49	1,55	0,843	0,120	1,31	1,79	0	2	Total	56,219	72				
	Total	73	1,48	0,884	0,103	1,27	1,69	0	2							
tel	former	8	1,25	1,035	0,366	0,38	2,12	0	2	Between Groups	3,979	2	1,989	2,164	0,122	0,061
	Ost	15	0,80	1,014	0,262	0,24	1,36	0	2	Within Groups	66,208	72	0,920			
	both	52	1,38	0,932	0,129	1,13	1,64	0	2	Total	70,187	74				
	Total	75	1,25	0,974	0,112	1,03	1,48	0	2							
letter	former	7	0,57	0,976	0,369	-0,33	1,47	0	2	Between Groups	1,111	2	0,556	0,628	0,536	0,268
	Ost	15	0,40	0,828	0,214	-0,06	0,86	0	2	Within Groups	61,903	70	0,884			
	both	51	0,71	0,965	0,135	0,43	0,98	0	2	Total	63,014	72				
	Total	73	0,63	0,936	0,109	0,41	0,85	0	2							
acquaint	former	7	1,14	1,069	0,404	0,15	2,13	0	2	Between Groups	1,922	2	0,961	1,487	0,233	0,116
	Ost	17	1,76	0,664	0,161	1,42	2,11	0	2	Within Groups	49,116	76	0,646			
	both	55	1,60	0,807	0,109	1,38	1,82	0	2	Total	51,038	78				
	Total	79	1,59	0,809	0,091	1,41	1,78	0	2							
person	former	8	2,00	0,000	0,000	2,00	2,00	2	2	Between Groups	6,823	2	3,411	6,792	0,002	0,001
	Ost	15	1,07	1,033	0,267	0,49	1,64	0	2	Within Groups	36,164	72	0,502			
	both	52	1,77	0,645	0,089	1,59	1,95	0	2	Total	42,987	74				
	Total	75	1,65	0,762	0,088	1,48	1,83	0	2							
shared_r	former	9	1,33	1,000	0,333	0,56	2,10	0	2	Between Groups	5,634	2	2,817	3,111	0,051	0,025
	Ost	13	0,31	0,751	0,208	-0,15	0,76	0	2	Within Groups	66,103	73	0,906			
	both	54	0,78	0,984	0,134	0,51	1,05	0	2	Total	71,737	75				
	Total	76	0,76	0,978	0,112	0,54	0,99	0	2							
d_red	former	6	1,33	1,033	0,422	0,25	2,42	0	2	Between Groups	1,950	2	0,975	1,131	0,329	0,165
	Ost	14	1,71	0,726	0,194	1,29	2,13	0	2	Within Groups	53,435	62	0,862			
	both	45	1,29	0,968	0,144	1,00	1,58	0	2	Total	55,385	64				
	Total	65	1,38	0,930	0,115	1,15	1,62	0	2							
approach	former	8	1,50	0,926	0,327	0,73	2,27	0	2	Between Groups	1,011	2	0,506	0,516	0,599	0,299
	Ost	17	1,29	0,985	0,239	0,79	1,80	0	2	Within Groups	69,529	71	0,979			
	both	49	1,14	1,000	0,143	0,86	1,43	0	2	Total	70,541	73				
	Total	74	1,22	0,983	0,114	0,99	1,44	0	2							
c_gen	former	11	0,91	0,302	0,091	0,71	1,11	0	1	Between Groups	0,063	2	0,031	0,230	0,795	0,397
	Ost	22	0,82	0,395	0,084	0,64	0,99	0	1	Within Groups	13,402	98	0,137			
	both	68	0,84	0,371	0,045	0,75	0,93	0	1	Total	13,465	100				
	Total	101	0,84	0,367	0,037	0,77	0,91	0	1							