

A Qualitative Study of Doctors of Chiropractic in a Nova Scotian Practice-Based Research Network: Barriers and Facilitators to the Screening and Management of Psychosocial Factors for Patients With Low Back Pain

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ABSTRACT

Objectives: This study aimed to assess chiropractors' awareness of clinical practice guidelines for low back pain and to identify barriers and facilitators to the screening and management of psychosocial factors in patients with low back pain.

Methods: This qualitative study used semi-structured interviews informed by the Theoretical Domains Framework with 10 Nova Scotian chiropractors who were members of a practice-based research network.

Results: The participants correctly identified what the guidelines generally recommend and described the value of psychosocial factors; however, none of the participants could name specific clinical practice guidelines for low back pain. We identified 6 themes related to barriers and facilitators for chiropractors screening and managing psychosocial factors. The themes revolved around the participants' desire to fulfill patients' anatomy-focused treatment expectations and a perceived lack of training for managing psychosocial factors. Participants had concerns about going beyond the chiropractic scope of practice, and they perceived a lack of practical psychosocial screening and management resources. Social factors, such as the influence of other health care practitioners, were reported as both barriers and facilitators to screening and managing psychosocial factors.

Conclusions: The participants in this study reported that they mostly treated with an anatomical and biomechanical focus and that they did not always address psychosocial factors identified in their patients with low back pain. Although these findings are limited to Nova Scotian chiropractors, the barriers identified appeared to be potentially modifiable and could be considered in other groups. Low-cost interventions, such as continuing education using evidence-informed behavior change techniques, could be considered to address these barriers. (*J Manipulative Physiol Ther* 2017;xx:1-9)

Key Indexing Terms: *Chiropractic; Low Back Pain; Psychosocial Factors; Qualitative Research*

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INTRODUCTION

Low back pain is a leading cause of disability worldwide.¹ Psychosocial factors are consistently linked to chronicity and poor outcomes.² A systematic “review of reviews” found that several specific psychosocial factors were consistently reported to be associated with poor outcomes for low back pain, including increased stress, negative cognitions, the presence of compensation, and a poor relationship with colleagues.³

Clinical practice guidelines for low back pain recommend screening for psychosocial factors and appropriately managing them to improve patient outcomes.^{4,5} The Clinic on Low-Back Pain in Interdisciplinary Practice guidelines recommend the use of questionnaires, such as the Tampa Scale of Kinesiophobia and the Pain Catastrophizing Scale, in conjunction with taking a thorough subjective history, to identify those at risk for chronicity.⁶ The National Institute for Health and Care Excellence guideline for low back pain and sciatica recommend that clinicians consider using the STarT Back risk assessment tool.⁷ Guideline-recommended psychosocial management strategies for treating patients with low back pain include reassurance, education, advice to stay active, and avoiding an excessive anatomical focus, or patient labeling.^{6,8} Practice guidelines for low back pain developed specifically for chiropractic practice⁹ are in line with those of other professions. Globe et al recommend screening and managing psychosocial factors along with the promotion of active coping and self-management strategies.⁹ However, little is known regarding chiropractors’ beliefs, behaviors, and ability to facilitate psychosocial change in individuals with low back pain. Of concern is that chiropractors, like other clinicians,¹⁰ may be providing guideline-discordant care if they inadequately or only partially recognize and manage psychosocial factors in their patients with low back pain.

The Theoretical Domains Framework was developed to investigate and explain implementation problems from a behavior change perspective and to inform the design of effective interventions to change professional behavior.¹¹ Through the use of the Theoretical Domains Framework, researchers can better understand health care practitioners’ decision making and identify specific barriers and facilitators to desired behavior. The purpose of this study was to use the Theoretical Domains Framework to assess chiropractors’ awareness of clinical practice guidelines for low back pain and to identify barriers and facilitators to the screening and management of psychosocial factors for patients with low back pain.

METHODS

We conducted and reported this study following the consolidated criteria for reporting qualitative research¹² to promote the study’s validity, transparency, and overall

trustworthiness. (See Supplemental Digital File 1 for the 32-item checklist with additional study details.)

Study Design

We used a qualitative study design that included semi-structured interviews to (1) assess chiropractors’ awareness of clinical practice guideline recommendations related to screening and appropriately managing psychosocial factors in their patients with low back pain; and (2) identify chiropractors’ barriers and facilitators to the screening and management of psychosocial factors in their patients with low back pain. Our study was guided by the Theoretical Domains Framework,¹³ and we used the systematic approach described by French et al.¹⁴

Participants and Eligibility Criteria

We recruited participants from a newly formed Nova Scotian Chiropractic Practice-Based Research Network. Currently, there are 7 chiropractic Practice-Based Research Networks across Canada, including the Nova Scotian network. The goals of these networks are to provide a “community of practice” related to evidence-informed practice and to facilitate chiropractic-based research. To be eligible to participate in the study, the chiropractors had to be licensed and practicing in Nova Scotia. The first author contacted all of the 18 members from the Nova Scotian network through e-mail, asking for their voluntary participation. A sample size of 10 to 13 participants was estimated a priori to reach saturation.¹⁵

Procedure

Questionnaires. After obtaining informed consent to participate in the study, we collected information about the chiropractors’ general demographics (sex, age, years in practice, chiropractic school attended), clinic characteristics, and practice style.

Interviews. The first author conducted individual semi-structured face-to-face interviews with each participant. Interviews were scheduled on the basis of availability, and the third author attended several interviews. (See Supplemental Digital File 1 for the interviewer’s characteristics, assumptions, and relationship with the participants.) Interviews were audio-recorded at Dalhousie University in a secure, quiet room. The first and third authors took field notes. The interview questions were adapted from the original (12 domain) Theoretical Domains Framework interview template.¹¹ The first author pilot-tested this interview guide with 2 physiotherapists. Modifications to the interview guide were then made, including additions to reflect the refined Theoretical Domains Framework by Cane et al (14 domains).¹³ (See Supplemental Digital File 2 for the semi-structured

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