



Original article

The patient experience of osteopathic healthcare



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ABSTRACT

Background: Osteopathy in Australia is a primary care limited scope practice. Practitioner surveys suggest that patients present with chronic pain and receive manual therapies, exercise and lifestyle advice. Further research is required to deepen the understanding of this intervention from the perspective of patients.

Objective: To explore the experience of patients receiving osteopathic healthcare.

Design: Mixed methodology.

Method: A quantitative survey of a convenience sample of patients was followed by qualitative semi-structured interviews in a purposive sample of respondents with chronic non-specific low back pain. The transcripts were analysed using a phenomenological approach.

Results: The survey results suggested directions of enquiry for the interviews. Eleven subjects were interviewed and reported commonalities in their clinical histories with multisystem co-morbidities. Four themes became apparent: patient decision-making, patient shared experiences of the osteopathic healthcare consultation, tailored patient-centred care, and therapeutic relationship in healthcare.

Conclusion: This data suggests that patients experience osteopathic healthcare after trying other disciplines; that there are shared aspects of the consultations, with a thorough assessment, education about their condition, multiple manual therapies and lifestyle advice; that the experience is patient-centred and tailored to their context; and that the therapeutic relationship is a key aspect of the experience. These results reflect a number of aspects of osteopathic healthcare from workplace surveys.

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1. Introduction

Osteopathy is an approach to healthcare underpinned by guiding principles that place importance on the interconnectedness of the structure and function of the body (Ward, 2003). In Australia osteopathy is a primary care limited scope practice, and the practitioners and patients of osteopathic practices have been researched in a limited way (Adams et al., 2003; Xue et al., 2008; Orrock, 2009a, 2009b; Burke et al., 2013). Current knowledge of this practice, based on workplace surveys, suggests that osteopaths in Australia see patients who self refer, present with pain and stiffness in various regions, of which chronic lower back pain is a dominant presenting symptom, and that the osteopathic intervention includes a range of manual therapies, exercise and lifestyle advice (Xue et al., 2008; Orrock, 2009b; Burke et al., 2013). The validity of the data from these surveys is limited, with relatively

small samples, and is dependent on the practitioner's recall, which may be biased or incorrect (Newell and Burnard, 2011). Evidence suggests that osteopathic practice in Australia is similar in many aspects to that in the UK (Froud et al., 2008; Strutt et al., 2008; Rajendran et al., 2012; Fawkes et al., 2013; Leach et al., 2013) and other countries – particularly in Europe, but different from the US – where osteopaths are primary care physicians.

The expectations and experiences of patients of osteopaths have been studied in the UK, in both private (Leach et al., 2013) and teaching clinics (Strutt et al., 2008; Rajendran et al., 2012). Themes emerging from these studies identified the importance of the therapeutic relationship and communication, the development of trust and hope, outcome measures of pain relief and quality of life, and the incidence of treatment after-effects. There has been no similar direct research of patients in Australia. Osteopathy has been reported as one of the fastest growing allied health professions in Australia (IDA Economics, 2008; Australian Bureau of Statistics, 2008), and further detail of this practice is necessary to deepen the understanding of a clinical intervention that has not as yet established an evidence base.

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The research questions were

- what is the lived experience of osteopathic healthcare for patients with non-specific low back pain, and
- are patients' experiences of osteopathic healthcare consistent with characteristics suggested by previous survey results?

The preliminary survey was to provide directions of enquiry for interviews and also to recruit patients with a target condition of chronic non-specific low back pain.

2. Methods

A qualitative approach to researching the experience of patients of a health service is appropriate to establish the nature of that experience (Bryman, 2006; Neumann, 2000; van Krieken et al., 2000; Grady, 2007; Higgs and Cherry, 2009; Glenn, 2010). The patients' perspective is a fundamental foundation in any patient-centred service (Luxford et al., 2011; Patwardhan and Spencer, 2012; Reuben and Tinetti, 2012), and the factors influencing consumer choice need to be explored with regards to osteopathy, which is predominantly a private fee-paying service (Orrock, 2009a; Burke et al., 2013).

2.1. Study design

The project employed a mixed methodology, using an explanatory sequential design described by Creswell et al. (2011), where a quantitative survey was followed by qualitative semi-structured interviews (Creswell et al., 2011). The initial survey had questions that were designed to seek information about patient demographics, referral patterns, condition history, improvement level, characteristics of the consultation and management, and outcomes experienced.

The methodology for the interviews was descriptive phenomenology, which is appropriate to explore the core commonalities and meaning, structure and essence of the patients' lived experiences (Patton, 2002; Stark and Trinidad, 2007; Wojnar and Swanson, 2007; Higgs and Cherry, 2009). The Human Research and Ethics Committee of Southern Cross University provided approval for the project.

2.2. Participants

2.2.1. Survey

The survey was distributed to five osteopathic practices, involving nine practising osteopaths. This was a convenience sample in the geographical region of the researcher, selected to ensure a range of practitioner gender (2 female, 7 male), experience level (ranged from 4 to 21 years of clinical experience) and training background (NSW, Victoria, UK, Germany). Inclusion criteria for responding to the survey were adults (over 18 years of age) who were returning patients who could speak and read English. Internal validity was established with feedback from a senior academic, five osteopathic clinical teaching staff, and a sample of three osteopathic patients. These nine people were asked to provide feedback on the relevance and clarity of the questions, and questions were amended to accommodate feedback.

2.2.2. Interviews

A purposive sample of patients who responded on the survey that they had chronic low back pain that had been treated by the osteopath and were willing to be interviewed were contacted and screened to confirm the target condition. Respondents were excluded if they had a confirmed diagnosis of a pathological cause

of the pain. Those included were then sent the information, guide questions (Appendix 1) and consent forms.

2.3. Data collection and analysis

2.3.1. Survey

Patients were invited to read the survey information and complete the survey. Completed surveys were held in a private box and collected by the researcher after three weeks. Data were entered into the statistics package (IBM SPSS Statistics version 20.0.0). Descriptive statistics were used to explore the data. The results from this analysis informed the approach to the interview questions and areas of enquiry by clarifying details of the clinical assessment and therapy employed during the consultation.

2.3.2. Interviews

After screening and consent checking, the enrolled subjects were interviewed by phone for 30–40 min. Probe questions were used to seek clarification. The interviews were recorded and transcribed, and the data were analysed using an approach informed by the seven-step thematic analysis described by Collaizzi (Wojnar and Swanson, 2007), outlined in Table 1. The researcher was aware of previous survey results and employed a strategy of “bracketing” – putting aside preconceptions by maintaining a constant sense of caution regarding bias, and by the use of an assistant researcher (Wojnar and Swanson, 2007). The researcher categorised themes as they became apparent by repetition during multiple readings into two levels (sub- and meta-) and the process was reviewed and audited by an assistant researcher to ensure they were both well represented in the transcripts and were plausible. The number of participants was not predetermined, and by the eleventh interview there were no new themes apparent. This was considered to be theoretical saturation. Individual summaries and initial sub-themes based on verbatim transcripts were sent to each participant for their feedback.

3. Results

The results of the survey and interviews will be presented separately for methodological clarity and then integrated.

3.1. Survey

Completed surveys ($n = 161$) were collected. A summary of respondent characteristics is presented in Table 2. Activities commonly reported by respondents were: questioning about the detail of the presenting problem; assessment of both the presenting problem and other areas; soft tissue, stretching and manipulative techniques to multiple regions; and exercise advice. Common outcomes reported were reduced pain, increased flexibility/range of motion, the ability to complete daily tasks and improved posture. These findings helped structure the interviews.

3.2. Interviews

Thirty people responded to the request for an interview. Twelve of these respondents were unable to be contacted, four were unavailable during the data collection period, two did not pass screening for the target condition and one was a new patient. The eleven remaining all consented and phone interviews proceeded. A summary of their characteristics is presented in Table 2. The participants reviewed their interview summaries and all agreed that the points reflected their experience.

Twenty sub-themes emerged from the data and were grouped into meta-themes (Table 3). The meta-themes were:

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