



## Original article

## Osteopathic educators' attitudes towards osteopathic principles and their application in clinical practice: A qualitative inquiry

Hannah Kasiri-Martino<sup>1</sup>, Philip Bright\*

The European School of Osteopathy, Boxley House, Boxley, Maidstone, Kent, ME14 3DZ, UK

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## ABSTRACT

**Rationale:** The implicit use of overarching osteopathic principles (OP) in clinical practice is a regulatory requirement; agreed definition of what constitutes such principles remains elusive. The profession currently faces questions of identity and relevance in the face of evidence-informed healthcare.

**Objective:** This study sought to investigate the opinions and experiences of practising osteopathic educators as to how OP are relevant to clinical practice in isolation and to the profession as a whole.

**Design:** A qualitative approach employing grounded theory to explore the views of current practitioners involved in osteopathic education.

**Subjects:** Nine practising osteopaths were selected for the study using initially purposive then theoretical sampling.

**Methodology:** Semi-structured interviews were used to gather data, audio-recorded, transcribed verbatim and anonymised. Data was analysed and interpreted using a thematic framework approach and conceptually modelled. Triangulation was completed; peer corroboration for high-level themes and participant confirmation for transcript authenticity was obtained.

**Results:** Two polarised concepts emerged: (1) OP benefit the profession and (2) OP limit or jeopardize the profession. These emanated from different perceptions of the identity of osteopathy: (1) osteopathy as a philosophy or (2) osteopathy as a manual therapy with a philosophical background.

**Conclusion:** The osteopathic profession faces the danger of being divided on the basis of ideological differences from within. The increasing criticality applied to UK healthcare behoves the osteopathic profession to clarify its aims, guiding 'principles' and underlying values. This could be problematic in light of the divergence of views, leading to a situation of either settling these differences or irrevocably fracturing the profession.

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## 1. Introduction

With increased emphasis on evidence-based practice (EBP) creating a climate of criticality across healthcare, the osteopathic profession is under growing scrutiny (Thomson et al., 2011). Osteopathic principles (OP), traditionally considered to be fundamental to the professions' identity, are also exposed to such inspection (Cairney et al., 2012; Tyreman, 2013). The General Osteopathic Council (GOsC) requires UK registered osteopaths to apply OP to support their practice model (GOsC, 2011); however the

osteopathic profession has yet to consider the full significance of OP in the context of contemporary EBP (Fryer, 2011, 2013).

## 1.1. Defining osteopathic principles

Lack of a clear definition for OP fuels continuing debate as to what constitutes OP and their clinical application (Stark, 2013). This uncertainty generates challenges in presenting OP to osteopathic students and patients. The guidance offered by the profession's founder, A.T.Still, was arguably nebulous, conflicting in nature and apocryphal (Evans, 2013). A recent biography suggests that A.T.Still expected a rational, independent and scientific approach from students while promoting intuition and clairvoyance as key guiding factors (Lewis, 2012).

Attempts to refine and organise Still's works into a professional code were first made in the 1920's (Hulett, 1922; Rogers, 2005).

\* Corresponding author. Fax: +44 (0)1622 662165.

E-mail addresses: [hannahkasiri@gmail.com](mailto:hannahkasiri@gmail.com) (H. Kasiri-Martino), [philbright@eso.co.uk](mailto:philbright@eso.co.uk) (P. Bright).<sup>1</sup> Fax: +44 (0)1622 662165.

Subsequently, in 1953, the Kirksville College of Osteopathy and Surgery developed four main osteopathic ‘tenets’, which are regarded as the first significant revision of OP (Rogers et al., 2002). The ‘Kirksville tenets’ (see Table 1) are commonly taught as the main principles by American osteopathic institutions and cited widely as the key osteopathic concepts (Tyreman, 2013). Recent revisions of OP include an attempt to focus the Kirksville tenets on ‘patient-centred healthcare’ (Rogers et al., 2002); ten modernised core principles with supposed clinical applicability yet dubious professional impact (Paulus, 2013).

## 1.2. Osteopathic professional identity

Discussion on the distinctive features of osteopathy leads to the question, ‘what is osteopathy?’ Osteopathy has potentially suffered from “underdeveloped” and vague principles (Fryer, 2013). Paulus (2013) states that refining a definition of OP, which has been proposed as a means to reinforce professional identity (Cotton, 2013), may be an impossible task.

## 1.3. Objectives

This paper set out to investigate the issues surrounding OP by exploring osteopathic educators’ attitudes towards the principles and their relevance and application in clinical practice. For osteopathy to remain as a respected healthcare profession, clarification as to the role OP play in clinical practice is needed. The findings from this study contribute to a growing body of literature on what guides osteopathic practice and what osteopaths say they do (Tyreman, 2013).

## 2. Methodology

### 2.1. Study design

This study used an exploratory qualitative method with elements of grounded theory; simultaneous data collection and analysis; data comparisons; constructing analytical codes from the data; and memo-writing (Charmaz, 2006). The sample was selected using a combination of purposive and theoretical sampling, seeking those whose standpoint could inform and clarify emergent themes (Charmaz, 2006). Data gathering and analysis was audited by memo annotation to ensure the first author’s (HKM) personal beliefs were acknowledged and that bias was reduced (Rodgers and Cowles, 1993).

Semi-structured interviews, using a piloted topic guide, were conducted to gather data; audio-recordings were transcribed verbatim and anonymised. An independent researcher verified transcription accuracy. Relevant software was used to conduct, record and analyse the interviews (‘Skype’ version 6.15 (330), ‘Screenflow’ version 2.1.9 (15061), audio-recorders and TAMS analyser version 4.34b3ah). Reflection on the topic guide (personal and collaborative- HKM and PB) took place after each interview and relevant changes were made in order to gather richer data in the next interview.

**Table 1**  
The Kirksville tenets (Parsons and Marcer, 2006; Hruby, 2010; Chila (ed.), 2011; Fryer, 2011).

|  |
|--|
| “The human being is a dynamic unit of function”                                  |
| “The body possesses self-regulatory mechanisms that are self-healing in nature.” |
| “Structure and function are interrelated at all levels.”                         |
| “Rational treatment is based on these principles.”                               |

Data was analysed and interpreted using a thematic framework approach (Ritchie and Lewis, 2007). Triangulation was completed; peer corroboration for high-level themes and participant confirmation for transcript authenticity took place. Twenty percent of each transcript was independently checked alongside the researcher’s final thematic framework, mapping the themes onto the excerpts of data (Carnes and Underwood, 2008). Inter-rater reliability was calculated as percentage agreement and member-checking required participants to confirm transcript authenticity. This process resulted in refinement of the thematic framework and development of a conceptual model (HKM and PB) (Fig. 1).

### 2.2. Participants

The interview data from nine qualified osteopaths involved in osteopathic education formed the basis of the analysis. This sample represented a broad range of osteopathic educators in terms of experience, background, and osteopathic educational institutions (OEs). Participant characteristics are provided in Table 2. Interviews were conducted over a three-month period (from July 2012), each lasting between 40 and 50 min. After nine interviews, data-saturation was reached.

Approval was granted by the Research Ethics Committee of the European School of Osteopathy in Maidstone, Kent.

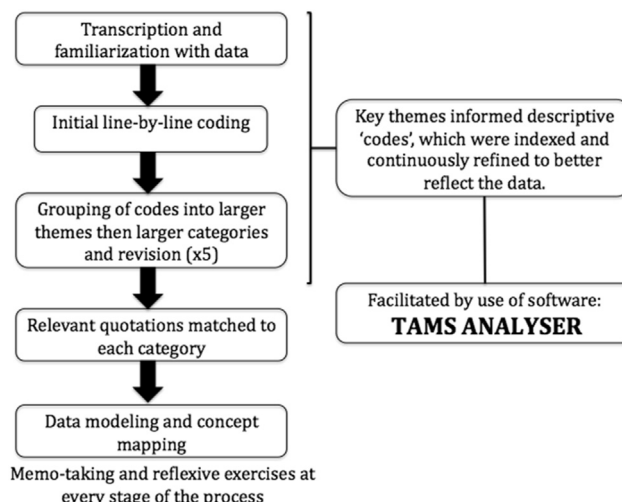
## 3. Findings

Data analysis initially resulted in 8 high level themes and 58 sub-themes. After further analysis, this thematic framework was refined to 5 high-level themes and 18 sub-themes. Triangulation showed 78% agreement between the researcher’s analysis and an independent colleague for a 20% sample of the data.

Participants expressed a wide range of views related to the topic of OP, which are represented by the thematic framework in Table 3. Subsequent expansion on these themes follows:

### 3.1. Theme 1: professional significance

Participants commented on the significance of OP for individual practitioners and for the wider profession. Some claimed OP are inseparable from osteopathic identity and distinguish the profession from other manual therapies and healthcare niches (1a,b). Others referred to their significance as elements of an osteopathic



**Fig. 1.** Process of data analysis adapted from Charmaz (2006).

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