International Journal of Osteopathic Medicine xxx (2017) 1–8

Contents lists available at ScienceDirect

International Journal of Osteopathic Medicine

journal homepage: www.elsevier.com/ijos

Original Article

Barriers to identifying mood disorders in clients by New Zealand osteopaths: Findings of a thematic analysis

Kesava Kovanur Sampath [a, *], Dianne E. Roy [b]

[a] Centre for Health, Activity, and Rehabilitation Research, School of Physiotherapy, University of Otago, Dunedin, New Zealand
[b] Department of Nursing, Faculty of Social and Health Sciences, Unitec Institute of Technology, Auckland, New Zealand

ARTICLE INFO

Article history:
Received 15 April 2017
Received in revised form
22 November 2017
Accepted 28 November 2017

ABSTRACT

Background: A majority of patients with uncomplicated mood disorders are managed in the primary care setting. The link between psychological issues and musculoskeletal pain has been well established. Therefore, osteopaths are potentially well placed to in early identification and management of mood disorders. Hence, understanding barriers to identification of mood disorders by osteopaths may be important to improve clinical outcomes, yet little is known about this phenomenon.
Objective: The purpose of this study was to explore the major barriers experienced by a sample of New Zealand osteopaths in managing patients with mood disorders.
Methods: This study was a descriptive explorative survey, using mixed methodology study design. This paper reports the qualitative findings.
Participants: Using convenience sampling, a total of 216 New Zealand registered osteopaths whose email addresses was publicly available were invited to complete the online survey.
Data analysis: Thematic analysis was the method of choice to analyse the qualitative data.
Findings: Thematic analysis revealed three primary categories namely boundaries of practice, client barriers and competency requirements. Six themes related to the three primary categories were also identified that acted as barriers in managing clients with mood disorders by osteopaths in New Zealand.
Conclusion: Our study found that the three primary categories not only were interrelated but also drove each other. Respondents' professional identity combined with their therapeutic approach and lack of education created important barriers in identifying and managing clients with mood disorders. Future studies involving interviews are required to further articulate and clarify our study findings.

Introduction

Mood disorders (according to Diagnostic and Statistical Manual of Mental Disorders (DSM-V)) refer to a broad diagnostic category characterised by a significant disturbance in person's persistent emotional state or mood (depression or mania) [7,27]. Mood disorders are among illnesses that have significant impact on health and life of people worldwide [4]. In fact a mental health survey conducted across 17 countries found that on average about 1 in 20 people reported having an episode of depression in the previous year [16]. The effect of mood disorders consequently extends beyond the individual to family members, employers, health care system and tax payers [29]. Patients with psychological issues also tend to be high users of medical services incurring a huge economic burden on the society [29]. Effective treatment of underlying psychological issues therefore might reduce unexplained somatic symptoms as well as unnecessary utilisation of medical services [30]. Despite their high prevalence and the related financial burden, mood disorders in patients are often undiagnosed in primary care [27].

Primary health care practitioners play an important role in early identification of patients with mood disorders as majority of patients with uncomplicated mood disorders are managed in the primary care setting [31]. Treating patients with mood disorders in primary care has several advantages such as earlier initiation of treatment, continuity of care, and an established therapeutic alliance [17]. In New Zealand, osteopaths are primary health care practitioners [21] and could play an important role in early identification and management of mood disorders. Even in countries where osteopaths are not primary care practitioners, knowledge

* Corresponding author.
E-mail address: kesava.sampath@gmail.com (K. Kovanur Sampath).

https://doi.org/10.1016/j.ijosm.2017.11.005
1746-0689/

about psychological issues may be considered important as a core principle of osteopathy is to treat the whole person: body, mind and spirit.

Osteopaths are holistic health professionals who assess their patients in terms of biopsychosocial model of illness where patient's symptoms are a result of dynamic interaction between psychological, social and pathophysiological variables [6,22]. Given this background, the role of psychological issues such as mood disorders in Musculoskeletal (MSK) pain cannot be overstated. The link between depression and MSK conditions such as back and chest pain; abdominal pain; headache; unexplained pain syndrome; fatigue and weakness have been well established [9]. Available evidence clearly indicates that psychological factors are better than physical factors in predicting back and neck pain and disability [18]. Further, psychological factors such as distress, depressive mood and somatization have been implicated in the transition of acute to chronic back pain and disability [25]. In summary, psychological factors play an important role in MSK pain; hence, could be of interest for osteopaths.

The main scope of osteopathic practice in New Zealand lies in the management of MSK pain; however, the apparent link between pain and psychological factors makes knowledge about mood disorders salient. A survey done in a sample (n = 62) of New Zealand osteopaths showed that most respondents (60%, n = 37) 'often encountered' clients with mood disorders. Interestingly, half of the respondents (50%, n = 31) had no previous education about mood disorders [15]. These findings assume significance given that only a few patients with mood disorders receive adequate treatment in primary care settings. Further, except in situations where patients are best referred to experts, osteopaths (being primary health care practitioners) are well placed to help pain patients with psychological issues [24]. Therefore, understanding barriers to identification of mood disorders by osteopaths may improve clinical outcomes for people experiencing mood disorders, yet little is known about this phenomenon. In this paper, the major barriers experienced by a sample of New Zealand osteopaths in managing patients with mood disorders were explored.

Methods

Study design

This study was a descriptive explorative survey, combining quantitative and qualitative methods for data collection and analyses to add breadth and depth of understanding and corroboration [13]. The qualitative findings are reported in this paper. Ethical approval was received from the Institutional Ethics Committee. The consolidated criteria for reporting qualitative research [37] was used to structure and present this methods section.

Data collection

The survey tool used for data collection in the study was a questionnaire with a web-based mode of delivery. The online questionnaire was based on that developed in a Master's research project, and was modified for the study [20]. It consisted of 44 questions, divided into three sections (demographic information, practice in relation to mood disorders and education regarding disorders); comprising of open-ended questions enabling free-text responses, yes/no items, multiple choice items, and rating scales. The open ended questions (nine in total) explored the following: (a) Reasons for not investigating suspected mood disorders further, (b) Influence of documented history of mood disorders on assessment, (c) Assisting clients to manage their mood disorders, (d) Adaptation of treatment approaches, (e) Reasons for not referring clients to other practitioners/programmes, (f) Difficulties experienced by practitioners in managing clients with mood disorders and (g) Practitioner education regarding mood disorders. Survey Monkey™ (available online at http://www.surveymonkey.com/) was used to host the questionnaire for this research. The basic features of this website enabled designing the survey, collecting data, and analysing some of the quantitative responses.

Participants

A convenience sample was drawn from the target population of all registered osteopaths in New Zealand whose email addresses were listed in the public domain. A total of 216 email addresses of osteopaths were identified and a database was created. To ensure that potential participants were registered osteopaths and currently practising, their names were cross-checked to the publically available register of the Osteopathic Council of New Zealand. The 216 osteopaths who met the inclusion criteria were invited to participate in this study. The invitation along with information about the study was sent by email, which also contained a link to the survey on Survey Monkey™. A hard copy version of the survey was available on request. Consent was implied by completion of the survey.

Participant demographics

Completed questionnaires were received from 62 of the 216 osteopaths invited to participate, a response rate of 29%.

Data analysis

Participant free-text responses to nine open-ended questions constituted the qualitative data set (Table 1). Interpretive description, a non-categorical qualitative research approach developed by [34], informed the qualitative processes of this study. Interpretive description is aligned with constructionist and naturalistic inquiry [12] and is an established approach to qualitative knowledge development within the applied clinical fields [2,36]. Consistent with interpretive description, an inductive thematic approach, which avoided coding or pre-determined analytical frameworks, was used to analyse the data.

Given the data were generated by free-text responses to questions in the survey; the data set was small and specifically focused. The first author analysed the data. At the time he was a final year osteopathy student and physiotherapist with experience in working with people who have mood disorders and considered osteopaths to have a role in identification and management of mood disorders.

Data were initially grouped based on the free-text response questions (Table 1). This was followed by repeated immersion and engagement in dialectic between the data and the developing themes. The guiding question was, 'What is happening here?' [33–35]. The dialectic continued as relationships within the data were challenged and clarified, moving the iterative process of analysis from early explorations to a coherent thematic description and articulation of the primary categories (for example, see Table 2).

Trustworthiness

Ongoing discussion and review of processes and the developing thematic description occurred between the primary author and two experienced qualitative researchers; which affirmed the robustness of the approach. Questions and discussions from presentation of early findings at research fora provided further critique

Please cite this article in press as: Kovanur Sampath K, Roy DE, Barriers to identifying mood disorders in clients by New Zealand osteopaths: Findings of a thematic analysis, International Journal of Osteopathic Medicine (2017), https://doi.org/10.1016/j.ijosm.2017.11.005