



Contents lists available at ScienceDirect

International Journal of Osteopathic Medicine

journal homepage: www.elsevier.com/ijos

Original Article

When, why, and how osteopaths and physicians communicate: Lessons learned from the results of a mixed methods study

Chantal Morin ^{a,*}, Johanne Desrosiers ^b, Isabelle Gaboury ^c^a Department of Family Medicine and Emergency Medicine, School of Rehabilitation, Faculty of Medicine and Health Sciences, Université de Sherbrooke, 3001, 12e Avenue Nord, Sherbrooke, Québec, J1H 5N4, Canada^b School of Rehabilitation, Faculty of Medicine and Health Sciences, Université de Sherbrooke, 3001, 12e Avenue Nord, Sherbrooke, Québec, J1H 5N4, Canada^c Department of Family Medicine and Emergency Medicine, Faculty of Medicine and Health Sciences, Université de Sherbrooke, 3001, 12e Avenue Nord, Sherbrooke, Québec, J1H 5N4, Canada

ARTICLE INFO

Article history:

Received 8 March 2017

Received in revised form

15 July 2017

Accepted 6 October 2017

Keywords:

Communication

Interprofessional collaboration

Mixed methods

Osteopaths

Osteopathy

Pediatric

Physicians

Professional relationship

Referrals

ABSTRACT

Background: Communication between osteopaths and conventional practitioners is an important pillar of efficient interprofessional collaboration. This study aimed to explore empirically when, why, and how osteopaths and physicians involved with pediatric patients communicate in order to identify key challenges and formulate recommendations to improve the communication process.

Methods: Using an explanatory sequential mixed methods design, we first surveyed osteopaths and physicians working with pediatric patients in Quebec, Canada. Some survey participants were then purposively selected for an in-depth interview about interprofessional communication processes, methods, and practices.

Results: A total of 274 physicians (response rate 14%) and 297 osteopaths (42%) completed the survey and a subset of physicians (n = 10) and osteopaths (n = 11) participated in individual interviews. Communication, including when professional interactions are desired, is often one-way and occurs in the context of referrals. Written reports are the preferred communication method, and many professionals' intentions can motivate interactions, including learning from each other and developing professional relationships. Using patients as a hub for communication can lead to misinterpretation. Lack of feedback and interactions, as well as language issues, are the main challenges to improving interprofessional communication.

Conclusions: There is some communication between osteopaths and physicians involved with pediatric patients but it is not yet optimal. Initiatives to improve osteopaths' and physicians' communication skills and interactions should be explored and evaluated, particularly during training.

© 2017 Elsevier Ltd. All rights reserved.

Introduction

According to the World Health Organization [1], collaborative practices optimize health services, strengthen health systems, and improve health outcomes and patient safety. Communication is identified as an important pillar of efficient interprofessional collaboration among health care professionals [2,3], and particularly between conventional and complementary and alternative medicine (CAM) practitioners [4–7].

Communication between physicians and CAM practitioners can

be very ineffective [8]. Lack of feedback and interactions [5,6,8,9], language issues [9], and the absence of direct or standardized channels of communication [6,8] are some of the main barriers to this communication. For practitioners in private practice, patients' conditions and their own workload may also affect the willingness to communicate with physicians [10]. Physicians consider communication important when patients are seeking manual therapy, including osteopathy, and prefer to exchange short written reports after treatment is completed to provide information about the type of intervention, advice given, and clinical outcomes [11].

In clinical contexts, osteopathic patients' expectations about communication between osteopaths and physicians are still poorly met [12]. For parents of pediatric patients, communication between conventional and CAM practitioners is extremely important since,

* Corresponding author.

E-mail addresses: Chantal.morin@usherbrooke.ca (C. Morin), Johanne.desrosiers@usherbrooke.ca (J. Desrosiers), Isabelle.gaboury@usherbrooke.ca (I. Gaboury).

in their view, it impacts on their child's health and safety [13]. A cross-sectional study on communication involving pediatric patients revealed that, in addition to communicating clinical information and increasing the willingness to respond to the initial referral, the exchange of referral letters also influenced the development of collaboration between physicians and CAM practitioners [14]. However, there is a need to better understand communication difficulties within this dyad of practitioners in order to improve communication, continuity of care, and patient satisfaction [15]. Information regarding interprofessional communication between osteopaths and physicians involved with pediatric patients is not available in the literature.

This study aimed to explore when, why, and how osteopaths and physicians involved with pediatric patients communicate in order to identify key challenges and formulate recommendations for practitioners to improve their communication process.

Methods

This study explored the communication process, methods, and practices between osteopaths and physicians that emerged from the data of a larger explanatory sequential mixed methods study focusing on interprofessional collaboration between practitioners involved with pediatric patients in Quebec, Canada (manuscript submitted for publication). The study was approved by the Centre hospitalier universitaire de Sherbrooke ethics committee for health research on humans (#14–115).

Sampling and data collection

In fall 2014, postal questionnaires and reminders were sent to all members of Osteopathy Quebec (largest professional association in Quebec) as well as family physicians involved with pediatric patients and pediatricians without a subspecialty in Quebec, according to *Scott's MD Select 2013* directory. The development of the initial questionnaires was based on a literature review. Content was validated with two physicians, one pediatrician, three osteopaths, and an expert on IPC and questionnaire development. The validity and reliability of the questionnaires were not verified. The validated version was piloted (procedure and duration) with physicians ($n = 4$) and osteopaths ($n = 4$). The communication section of the questionnaires (Supplementary material) included questions about: 1) need to exchange information about common patients; 2) preferred communication methods; 3) referral methods; 4) reasons for using (or not using) written referrals (for physicians only); 5) who should initiate the communication; 6) a grid to document the referral method used for all new pediatric patients referred by physicians over a two-week period, and the reply/response, if any, from the osteopath (for osteopaths only), and 7) sociodemographic data. Participants were invited to add comments about collaboration at the end of the questionnaire.

Following the quantitative data analysis, semi-structured individual interviews were conducted with 10 physicians (6 pediatricians and 4 family physicians) and 11 osteopaths (April to August 2015). Participants were selected from their responses to the postal questionnaires using a purposeful sampling method. The main characteristics used to select interview participants were factors associated with referrals (presence or not) to the other practitioner, self-reported importance of collaboration (low/high), professional relationship with the other practitioner (yes/no), and sociodemographic data. Written informed consent was obtained prior to each interview. The first author conducted all interviews. Comments related to communication collected with the questionnaire guided the exploration of this theme during the interviews. Interviews were conducted face-to-face or by videoconferencing and were

recorded. Field notes were completed during and immediately after each interview [16]. The process of interviewee sampling was repeated until saturation of the themes was reached. The initial interview guide is provided in Supplementary material.

Analysis

Quantitative data from the questionnaires were analyzed using descriptive statistics, including frequencies and percentages. Participants' qualitative comments collected with the questionnaires and the interview transcripts were uploaded in NVivo 10 (Burlington, MA) and categorized using thematic analysis. The interview transcripts were first read soon after transcription to reach a general understanding of the data regarding communication issues [17]. A two-stage cycle coding [16] was used to categorize data and established emerging themes related to communication between osteopaths and physicians. Five interviews were independently coded and discussed among the authors. After discussion, agreement was obtained for all themes. Sequential and concomitant data analyses were performed. Ongoing thematic analysis of interview content allows for complementary analysis of quantitative data from the survey in order to validate or invalidate hypotheses [18] and obtain an in-depth understanding of communication characteristics and challenges.

Results

The participants' gender and years of practice are shown in Table 1. Participation rate in the survey was 14% for physicians and 42% for osteopaths. All osteopaths selected for the interviews saw more than five pediatric patients on average per week.

When do osteopaths and physicians communicate?

Contexts in which osteopaths and physicians thought that communication was required related to two main themes: context of referrals and complexity of patient situation.

Context of referrals

The majority of physicians and osteopaths acknowledged the need to exchange information for common pediatric patients (Table 2). Communication was reported to occur mainly in the context of referrals. Nonetheless, one third of physicians and osteopaths reported providing written referrals (Table 2). However, in many cases this seemed to be as far as information sharing went. The majority of physicians interviewed said they almost never received a response, even after sending a written referral: *"It's a note they can bring to the professional that they are going to see; it briefly describes the reason for the consultation, for example, congenital torticollis. It's very, very rare ... in fact, I don't think I ever got any feedback from an osteopath"* (Physician 3). After an initial written referral, osteopaths' responses were mostly verbal through the patient and two-way written communication was established in only one in five cases (Table 2). However, according to some survey comments and interviews with both physicians and osteopaths, in practice this verbal feedback might never reach the referring physician. Physicians interviewed who reported receiving a note from the osteopath after the referral also mentioned having a well-established professional relationship with that particular osteopath. Similarly, osteopaths who already had professional relationships with physicians reported using occasional phone calls to establish two-way communication *"when it would be time-consuming and difficult to explain the patient's problem in writing"* (Osteo 1).

Download English Version:

<https://daneshyari.com/en/article/8558904>

Download Persian Version:

<https://daneshyari.com/article/8558904>

[Daneshyari.com](https://daneshyari.com)