Outcome measures: Do degree qualified massage therapists use these tools in their clinical practice?

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Introduction

Outcome measurement tools (OM) are standardised questionnaires in which clients record perceived changes to their health status. OM tools are used during an assessment of a client’s health by obtaining information on how the client feels about their condition and how they are progressing. This helps the healthcare professional evaluate the treatment for their client. With the growing popularity of massage therapy (MT), it has become a treatment of choice for musculoskeletal condition management, stress, relaxation and wellness. A progression for MT is to move into using assessment focused clinical practice. The use of OM tools in MT could help therapists demonstrate the benefits of the treatment creating evidence to prove massage intervention is working. This study was part of a group research project that investigated 15 years of bachelor degree education in massage therapy. The aim of this part of the project was to explore whether degree qualified massage therapists (DQMT) use OM tools in their clinical practice, to examine if DQMTs thought OM tools were relevant in MT, and to understand the barriers to their implementation.

Methods

A mixed methods approach was used. Recruitment of DQMTs of both massage therapy bachelor degree educator providers in New Zealand.

Phase 1: Online survey (n=64) conducted in April/May 2018.

Phase 2: Semi structured interviews (n=28), 30 to 45 minutes duration, telephone or face to face, conducted in July 2018, audio recorded.

Recruitment for interviews came from the online survey.

Data reported using pseudonyms. Ethical approval granted by SIT Human Research Ethics Committee.

Key Findings

- Many DQMTs used OM tools and thought they were relevant: pain scales used more frequently; functional measures less frequent.
- Perceived barriers to using OM tools: assessment time constraints, client compliance and suitability for clients.
- However, for some, there was a low level of knowledge and confidence in using OM tools.
- There may be little knowledge of a more recent measure, the DVPRS.
- Suggested strategies to overcome barriers: educating clients, having longer sessions, improving accessibility to OM tools.
- Some lack of knowledge of OM tools from less recent graduates.

Limitations

- Time limit for the study (8 months); interviewer inexperience; no data was collected on the rate of OM tool use. A definition of an OM was not used; this is recommended for further studies.

Results

Survey Demographics: 79.7% (51/64) female, 81.3% (52/64) New Zealand European. The age groups were: 71.4% (45/63) 20-39 years, 25.4% (16/63) 40-59 years, and 3.2% (2/63) 60+ years.

Almost eighty percent (78.0%, 39/50) have done or do use one or more OM tools in their clinical practice. (Figure 1.)

Of those who were/had been in clinical practice, only 3.9% (2/51) thought OM tools were not relevant in massage therapy. (Figure 2.)

OM tools were used in the clinical practice of 72.7% (37/51). The highest rates were DVPRS 20.4% (52/254), NDI 17.9% (17/20), PSFS 15.5% (15/99), and NPRS 15.4% (7/46).

Figure 1. OM tools used by DQMT in their clinical practice*. (n=51)

Figure 2. Do you think OM tools are relevant in massage therapy? (n=51)

Table 1. Limitations to current and past use of OM tools. (n=49)

- Limited assessment time
- Lack of management support for use
- OM tools don’t suit my clients
- OM tools take too long to administer
- I have a low level of knowledge and confidence in using OM tools
- OM tools not easily accessible in my practice
- I haven’t learnt about OM tools
- Cost of purchase or analysis

Table 2. OM tools used by DQMT in their clinical practice*. (n=39)

DVPRS 0.0%
WDQ 5.1%
NDI 7.7%
UEFI 14.0%
McGill Pain... 17.9%
MYMOP 20.3%
PSFS 25.6%
Pain VAS 53.8%
NPRS 74.4%

Figure 3. OM tools used by DQMT in their clinical practice*. (n=39)

DVPRS - Defense & Veterans Pain Scale; WDQ - Whipple Disability Questionnaire; NDI - Neck Disability Index; UEFI - Upper Extremity Functional Index; MYMOP - Measure Yourself Medical Outcome Profile; PSFS - Patient Specific Functional Scale; Pain Visual Analog Scale; NPRS - Numerical Pain Rating Scale.

Note: *more than one response possible.

For participants who used OMs, limitations to OM use were primarily limited assessment time and clients not wanting to answer OM tools.

Interview data provided further insights on participants’ views on OM tools and their usefulness.

Themes

Time restriction
Doris: “In my practice I don’t generally do them because I find that I’m short on time”.
Nancy: “I’ve forgotten all of them, like the specific names of all of them”.

Lack of knowledge
Susan: “I’m not 100% sure exactly what [OM tools] encompasses”.
Doris: “I've forgotten all of them, like the specific names of all of them”.

Not suitable for all clients
Noreen: “I think sometimes they have their place, other times they are not relevant. It depends on the individual that you’re working with at the time”.
Allan: “[OMs] puts people in a box”.

Client compliance can be an issue
Allan: “Client compliance is a limit... they simply don’t like filling out forms”.
Sophie: “They’re paying for an hour massage. They want to be on the table for as much time as possible”.

Beneficial
Rose: “I believe they are vital because you need a baseline so you can show your clients [progress] however small the changes are”.
Chris: “[OMs] would help people to hold the profession and take it a bit more seriously”.

Ideas for overcoming barriers
Nancy: “Educating the clients on why I’m doing it”.
Sara: “ask them to book for a longer session”.

References