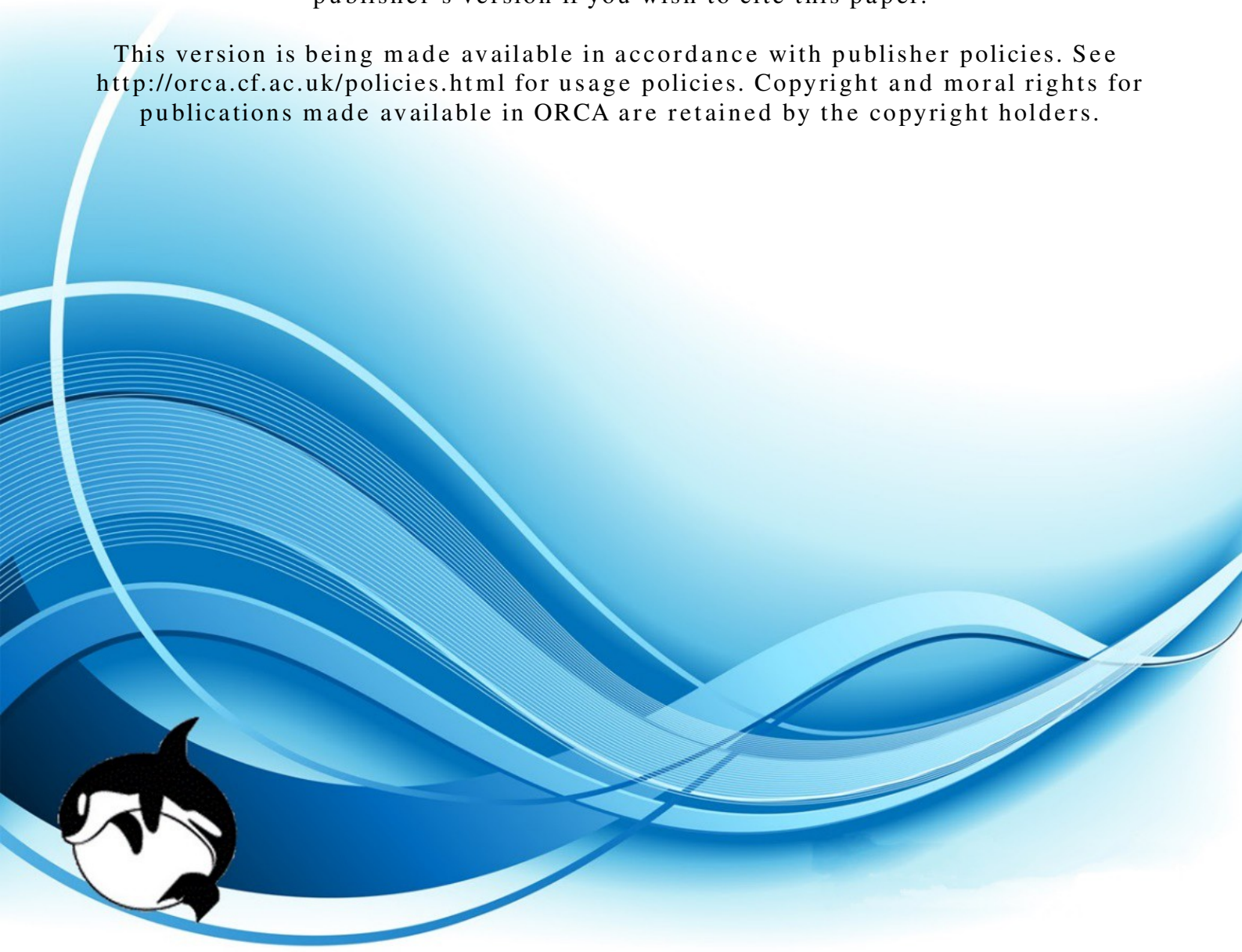

Authors' declarative title: Adoption of a biopsychosocial approach to musculoskeletal pain faces barriers at the micro, meso and macro levels:

Commentary on: Barriers and enablers influencing healthcare professionals' adoption of a biopsychosocial approach to musculoskeletal pain: A systematic review and qualitative evidence synthesis, Ng et al.[1]

Commentary

Implications for practice and research

- Training for healthcare professionals is needed to develop their competences.
- Research is needed to aim understanding of patient-related factors to enable a meaningful adoption of biopsychosocial approaches to pain management.

Context

The biopsychosocial model of care can be defined as a clinical approach that systematically considers biological, psychological and social factors and their complex interactions in understanding health, illness, and health care delivery.[2] To provide holistic care in long-term conditions, the biopsychosocial approach to care is recommended.[3,4] However, there is a gap between the evidence supporting this approach in pain management and it's application in practice. Ng et al[1] explore this evidence-to-practice gap and identify barriers and enablers to the use of a biopsychosocial approach in managing musculoskeletal pain from the perspective of healthcare professionals.

Methods

This was a systematic review with meta-synthesis of qualitative studies. The review included qualitative studies based in a primary care setting that collected data on healthcare professionals' perspectives of working with a biopsychosocial approach or adhering to guidelines on providing biopsychosocial care. Information sources were accessed from MEDLINE, PsycINFO, EMBASE, and CINAHL databases (2007-2019). Citations of included studies also followed. Two reviewers independently screened and assessed eligibility of the records. One reviewer assessed the methodological quality of the included studies and extracted the data, with a subset checked by a second reviewer. The data included both first order and second order constructs.[5] A meta-synthesis was performed, where the inductive and deductive coding were grouped into subthemes, and themes were created by consensus between reviewers.

Findings

Twenty-five studies were included. Methodological quality varied, with 14 ranked as high quality, 6 as moderate quality and 5 as low quality. The review identified 46 subthemes, grouped into 14 themes, aligned to three meta-themes, reporting the barriers and facilitators at micro, meso and macro levels. These were: (i) clinical (micro) level, relating to healthcare professionals' knowledge and skills, personal factors, misconceptions of guidelines and perceptions about patients' factors (ii) service (meso) level, where funding, service provision, community factors, and the development of practice guidelines impacts the adoption of a biopsychosocial approach to care, and (iii) systems (macro) level, relating

to the health policy, organisational factors and wider social factors having an impact on the implementation of biopsychosocial pain support.

Commentary

This review provides a valuable insight of the multilevel factors that influence the adoption of a biopsychosocial approach to managing musculoskeletal pain. Identifying barriers and facilitators is the first step in the implementation process. Delineating the barriers at three levels (micro, meso and macro) helps to understand what can be addressed by individual clinicians and their leaders, and what needs a system level change.

Individual clinicians and clinical leaders can address the clinical and service level factors in the quest to improve the quality of care. The use of biopsychosocial approach to care can be included in the health professionals' competence frameworks.[3,4] This will help them to assess their own learning needs, seek training opportunities to improve skills and confidence. Other enablers such as health professionals' ability to form therapeutic relationships with patients, and the presence of evidence-based guidelines have been identified.

Limited resources such as time, expertise and funding have always been cited as challenging implementation of evidence-based recommendations.[1,5] The regular clinic consultation time may not allow for a holistic assessment of pain, tackling the related psychosocial issues and signposting for non-biomedical support.[1,5] Good leadership and understanding of the implementation process can help address these service level factors.

Quality care must be safe, effective, timely, efficient, equitable and person-centred.[5, 6] Ng et al[1] have explored the barriers and enablers from the perspective of health professionals. Further work is required to explore patient-related factors (awareness, expectations, preferences, level of activation and empowerment) to ensure that the adoption of the biopsychosocial approach to managing musculoskeletal pain is truly person-centred.

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Competing interests:
None to declare for Bethan Jones
None to declare for Mwidimi Ndosi