International Journal of Osteopathic Medicine xxx (xxxx) xxx–xxx

Contents lists available at ScienceDirect

International Journal of Osteopathic Medicine

journal homepage: www.elsevier.com/locate/ijosm

Letter to the Editor

Professional identity in the evolution of osteopathic models: Response to Esteves et al.

After several publications calling for changes within our profession [1–4], the recent editorial published by Esteves et al. "Models and theoretical frameworks for osteopathic care - A critical view and call for updates and research" [5] represents a reflection worth considering for the entire osteopathic community. Osteopathy only can progress through a self-reflecting process that generates an honest debate on the strengths and shortcomings of the profession. While we support the proposal made by the authors related to the generation of new frameworks and models, in the present response we focus on some aspects that could explain why many osteopaths remain stuck in outdated models, theories and practices. We argue that these aspects constitute a barrier to close the gap between scientists, clinicians and educators and prevent the evolution towards new working models. In the core of our argument there is the concept of "professional identity" as one of the most determining factors to explain the "osteopathic reluctance" to overcome or evolve away from old beliefs, models and traditions. In fact, the relationship between osteopathic models and professional identity is already mentioned in the first and last sentence of Esteves et al. paper [5].

It is important to clarify that our discourse originates from a specific reality experienced in a country (Spain) where osteopathy is not formally regulated. Different country-dependent regulatory processes and a wide range of professional backgrounds and educational programmes can shape the osteopathic identity [6].

Osteopathic models and professional identity

A professional identity is an individual's image of who they are as a professional; the attributes, beliefs, values, motives and experiences that people use to define themselves in their professional capacity. It begins to develop during education and is conditioned by biological, environmental, social and psychological factors. Also, can be influenced by different factors prior to healthcare education [7–9]. Professional identity can be an important source of meaningfulness for individuals. In fact, one's professional identity can serve as an organizing framework for an individual's self-concept [8]. In the case of osteopathy, professional identity is strongly encouraged from the beginning in the osteopathic educational institutions (OEI). Historic references and the traditional osteopathic models are recurrent elements that serve to build this professional identity. They are usually presented as unique and distinctive elements that frame the profession and, therefore, endorsement of these models enhances the sense of professional belonging. Moreover, despite the passing of time, adherence to this tradition is still promoted by clinicians and teachers as a good practice to preserve the original fundamentals of the profession ("Keep it pure boys"). All together it strongly undermines the expected reflective critical thinking of any healthcare professional, but above all that of students which is especially concerning.

EBM as a threat to professional identity

However, as stated by Esteves et al., the emergency of the evidence-based movement (EBM) has progressively challenged the profession and most of its traditional fundamentals. This situation has fostered the need to critically review the models and consider the role of evidence-based practice and critical thinking in osteopathy [1,10–12]. Nonetheless, EBM is often viewed as a threat to the professional identity in healthcare professions [13] and specifically in osteopathy [6,14,15]. The hesitation to adopt new knowledge from scientific evidence might also partially be rooted in the level of education [16]. Underpinning this debate is the belief that professionals could lose their status/identity because their knowledge and expertise have less value [13] along with other considerations [17]. In order to be able to incorporate EBM, its fundamentals should be taught in undergraduate programmes. Efforts should be made to show (to clinicians and students) that the knowledge and expertise can be managed and interpreted in the light of an evidence-informed approach in such a way that rather than posing a threat they become useful components in their articulation of professional identity [13,17].

Professional identity and distinctiveness

As the profession moves away from the old postulates and embraces evidence-informed practice, the distinctiveness from other manual professions (which use the same informative sources) becomes less clear. This could be perceived again as a threat for the professional identity compromising the willingness of osteopaths to integrate evidence into their clinical practice and causing them to reject distancing from old models. Osteopaths with a strong professional identity prioritise to distinguish osteopathy from other manual and/or musculoskeletal approaches because of its unique concepts and see the application of EBM as a limitation to their practice rather than considering it an added value [18,19]. Yet, various healthcare professions growing towards each other under a mutual guide does not necessarily mean that it makes these professions less distinct from each other. An example of that, also mentioned by Esteves et al., refers to the biopsychosocial model (BPS) that has been adopted by the conventional healthcare professions for the general guidance of their work [20]. Although not a specific diagnostic and working procedure, the BPS model is a framework that unifies the various healthcare professions without depriving them of their specific identities. It allows for each profession to offer its specialty. In fact, several authors have contributed to identify the role of osteopathy within the BPS model, considering the difficulties with its implementation [11,21–26].

A lack of distinctiveness could potentially have an impact on how all those professions are perceived within the healthcare system. Beyond individual's self-concept, professional identity also has a role on how osteopaths operate within the healthcare market. For example, the

https://doi.org/10.1016/j.ijosm.2020.05.001
Received 21 March 2020; Accepted 5 May 2020
1746-0689/

impact of market mechanisms on the professional identity of turkish dentists was explored by Öcek et al. [27] showing the dilemma in defining their identity under specific circumstances. In those places where osteopathy is not regulated and mostly delivered within the private healthcare system, being different is relevant and allows to be easily identified either by companies or by the general population. In other words, professional identity can also be a brand that provides a specific status to the profession. When this brand is socially well established, the members of this profession might not be prone to lose their distinctiveness and to evolve to shared professional frameworks. Although it may seem like a superficial argument, it would be naive to disregard it, especially in an environment where osteopaths make a good living and have no incentive to change.

From a modern professional identity to new models

We fully endorse the call made by Esteves and colleagues, especially on the role of the clinical-scientists as bridge-makers between knowledge and tradition. However, we argue that, at least in some countries, some intermediate steps are needed before osteopaths will be ready to embrace sophisticated new models based on cutting-edge research findings. First of all, there is a need for a comprehensive reflection on our professional identity as well as on our behaviour and responsibility as a 21st century healthcare profession. This reflection must include uncomfortable issues that challenge strongly rooted beliefs (e.g. non-plausible models of osteopathic care). Secondly, the lack of research culture among osteopaths, and above all students, should be addressed. Educators must encourage critical thinking among students and OEI should reflect their commitment to the profession's development through the revision of their programmes. Unless we teach our students in a different manner, it is unrealistic to expect a different mindset in our professionals. Finally, new models and theoretical frameworks should be easily transferable to clinical practice in a way that clinicians could modify their practice or understanding accordingly. In this regards, new proposals should be formulated taking into an account the clinical reality and be communicated considering the background of most clinicians.

References

[1] Smith D. Reflecting on new models for osteopathy–it's time for change. Int J Osteopath Med 2019;31:15–20.
[2] D'Alessandro G, Cerritelli F, Cortelli P. Sensitization and interoception as key neurological concepts in osteopathy and other manual medicines. Front Neurosci 2016;10:100.
[3] Pelletier R, Bourbonnais D, Higgins J. Nociception, pain, neuroplasticity and the practice of osteopathic manipulative medicine. Int J Osteopath Med 2018.
[4] Lederman E. A process approach in osteopathy: beyond the structural model. Int J Osteopath Med 2017;23:22–35.
[5] Esteves JE, Zegarra-Parodi R, van Dun P, Cerritelli F, Vaucher P. Models and theoretical frameworks for osteopathic care – a critical view and call for updates and research. Int J Osteopath Med 2020;35:1–4. https://doi.org/10.1016/j.ijosm.2020.01.003.
[6] Thomson OP, Petty NJ, Moore AP. Osteopaths' professional views, identities and conceptions–a qualitative grounded theory study. Int J Osteopath Med 2014.
[7] Vogel S. A road to somewhere-endless debate about the nature of practice, the profession and how we should help patients. Int J Osteopath Med 2017.
[8] Caza BB, Creary S. The construction of professional identity. Perspectives on Contemporary Professional Work. Edward Elgar Publishing; 2016.
[9] Clarkson HJ, Thomson OP. "Sometimes I don"t feel like an osteopath at all'-a qualitative study of final year osteopathy students' professional identities. Int J Osteopath Med 2017.
[10] Leach J. Towards an osteopathic understanding of evidence. Int J Osteopath Med 2008;11:3–6.
[11] Fryer G. Integrating osteopathic approaches based on biopsychosocial therapeutic mechanisms. Part 1: the mechanisms. Int J Osteopath Med 2017;25:30–41. https://doi.org/10.1016/j.ijosm.2017.05.002.
[12] Thomson OP, Petty NJ, Moore AP. Clinical reasoning in osteopathy–more than just principles? Int J Osteopath Med 2011;14:71–6.
[13] McLaughlin J. EBM and risk-Rhetorical resources in the articulation of professional identity. J Manag Med 2001.
[14] Humpage C. Opinions on research and evidence based medicine within the UK osteopathic profession: a thematic analysis of public documents 2003–2009. Int J Osteopath Med 2011;14:48–56.
[15] Sundberg T, Leach MJ, Thomson OP, Austin P, Fryer G, Adams J. Attitudes, skills and use of evidence-based practice among UK osteopaths: a national cross-sectional survey. BMC Muscoskel Disord 2018;19:439.
[16] Weber V, Rajendran D. UK trained osteopaths' relationship to evidence based practice - an analysis of influencing factors. Int J Osteopath Med 2018;29:15–25.
[17] Fryer G. Teaching critical thinking in osteopathy–integrating craft knowledge and evidence-informed approaches. Int J Osteopath Med 2008;11:56–61.
[18] Inman J, Thomson OP. Complementing or conflicting? A qualitative study of osteopaths' perceptions of NICE low back pain and sciatica guidelines in the UK. Int J Osteopath Med 2019;31:7–14. https://doi.org/10.1016/j.ijosm.2019.01.001.
[19] Figg-Latham J, Rajendran D. Quiet dissent: the attitudes, beliefs and behaviours of UK osteopaths who reject low back pain guidance - a qualitative study. Musculoskelet Sci Pract 2017;27:97–105.
[20] Wade DT, Halligan PW. The biopsychosocial model of illness: a model whose time has come. Clin Rehabil 2017;31:995–1004.
[21] Penney JN. The Biopsychosocial model: redefining osteopathic philosophy? Int J Osteopath Med 2013;16:33–7.
[22] Fryer G. Integrating osteopathic approaches based on biopsychosocial therapeutic mechanisms. Part 2: clinical approach. Int J Osteopath Med 2017;26:36–43. https://doi.org/10.1016/j.ijosm.2017.05.001.
[23] Nicholas Penney J. The biopsychosocial model of pain and contemporary osteopathic practice. Int J Osteopath Med 2010;13:42–7.
[24] Moran R. On the biopsychosocial model, mindfulness meditation and improving teaching and learning in osteopathy technique. Int J Osteopath Med 2010.
[25] Sampath KK, Darlow B, Tumilty S, Shillito W, Hanses M, Devan H, et al. Barriers and facilitators experienced by osteopaths in implementing a biopsychosocial (BPS) framework of care when managing people with musculoskeletal pain–A mixed methods systematic review protocol. Int J Osteopath Med 2020.
[26] Abrosimoff M, Rajendran D. "Tell me your story"-How osteopaths apply the BPS model when managing low back pain-A qualitative study. Int J Osteopath Med 2019.
[27] Öcek ZA, Vatansever K. Perceptions of Turkish dentists of their professional identity in a market-orientated system. Int J Health Serv 2014;44:593–613.

Gerard Alvarez*
Iberoamerican Cochrane Centre, Sant Pau Biomedical Research Institute, IIB Sant Pau, Barcelona, Spain
Foundation Centre for Osteopathic Medicine Collaboration, Spain National Centre, Barcelona, Spain
E-mail address: gerardalv@gmail.com.

Tom Van Biesen, Sonia Roura
Foundation Centre for Osteopathic Medicine Collaboration, Spain National Centre, Barcelona, Spain
E-mail addresses: tomvanbiesen@gmail.com (T. Van Biesen), soniaroura6@gmail.com (S. Roura).

* Corresponding author. Iberoamerican Cochrane Center, C. Sant Antoni Maria Claret 167, Pavelló 18, Planta 0, Catalunya, 08025, Barcelona, Spain.