BACKGROUND: Low back pain is the highest ranked condition contributing to years lived with disability (DALY). Clinical practice guidelines are proposed to improve quality of care & reduce practice variation. Many primary care clinicians agree with the LBP guidelines but this translate into clinical behaviour.

AIM: To perform a meta-synthesis of qualitative studies that explored primary care clinicians’ beliefs about clinical practice guidelines for LBP.

METHODS:
Selection criteria: Qualitative studies involving primary care clinicians
Search Strategy: seven electronic data bases until July 2014
Study selection: Two authors independently identified studies with inclusion criteria
Method quality assessment: Critical Appraisal Skills Programme (CASP) checklist
Data extraction: Pairs of authors independently extracted data using a standardised form
Data analysis: Two authors independently used Thematic Analysis in a Grounded Theory framework

RESULT:
Seventeen studies fulfilled the inclusion criteria. There were 3 emergent themes.

DISCUSSION
• Professional background/beliefs are barriers to guideline adherence
• There is a preference for diagnostic imaging, despite being contrary to the guidelines
• Time constraints are an important barrier to (1) reading the guidelines (2) complex communication with care-seekers

IMPLICATIONS FOR RESEARCH & PRACTICE
• Investigate clinician beliefs about exercise & medication for LBP
• Engage clinicians in guideline development
• Provide brief, user-friendly CPG summaries
• Decision support tools for LBP management
• Reconsider the biomedical framework of LBP
• Disinvestment in non evidence-based care

CONCLUSIONS
• Primary care clinicians believe LBP guidelines are: not credible, are prescriptive , limit clinical reasoning & professional autonomy
• Accepted practice supersedes the guidelines
• Imaging provides diagnostic certainty
• Clinician perceptions reflect: lack of content knowledge & trust in guideline development
• Clinicians are overwhelmed by the volume & complexity of clinical practice guidelines

Theme 1: Guideline beliefs & perceptions
• Guidelines restrict clinical judgment & challenge autonomy
  “Too often it (guidelines) was almost too prescriptive”
• Clinicians are not familiar with content/development
  “not the depth of research for the guidelines to be credible”
• Positive perceptions of the role of guidelines
  “They help inform evidence based practice”

Theme 2: Maintaining the patient–clinician relationship
• Clinicians use imaging referrals to manage the consultation
  “I refer for an x-ray in order to clear the waiting room”
• Imaging referrals used to manage patient beliefs/expectations
  “if the patient says ‘I want it, ’ then I do not feel that I must block it.”

Theme 3: Barriers to guideline implementation
• Time constraints make guideline implementation difficult
  “If everything that came across our desks we read, we wouldn’t be doing any work”
• Beliefs about professional role/identity & limited knowledge
  “I want to be able to make my own decisions”
• Beliefs that imaging will lead to a definitive diagnosis
  “Radiographs do show evidence of misalignment in the spine”