Physician self-efficacy and primary care management of maternal depression

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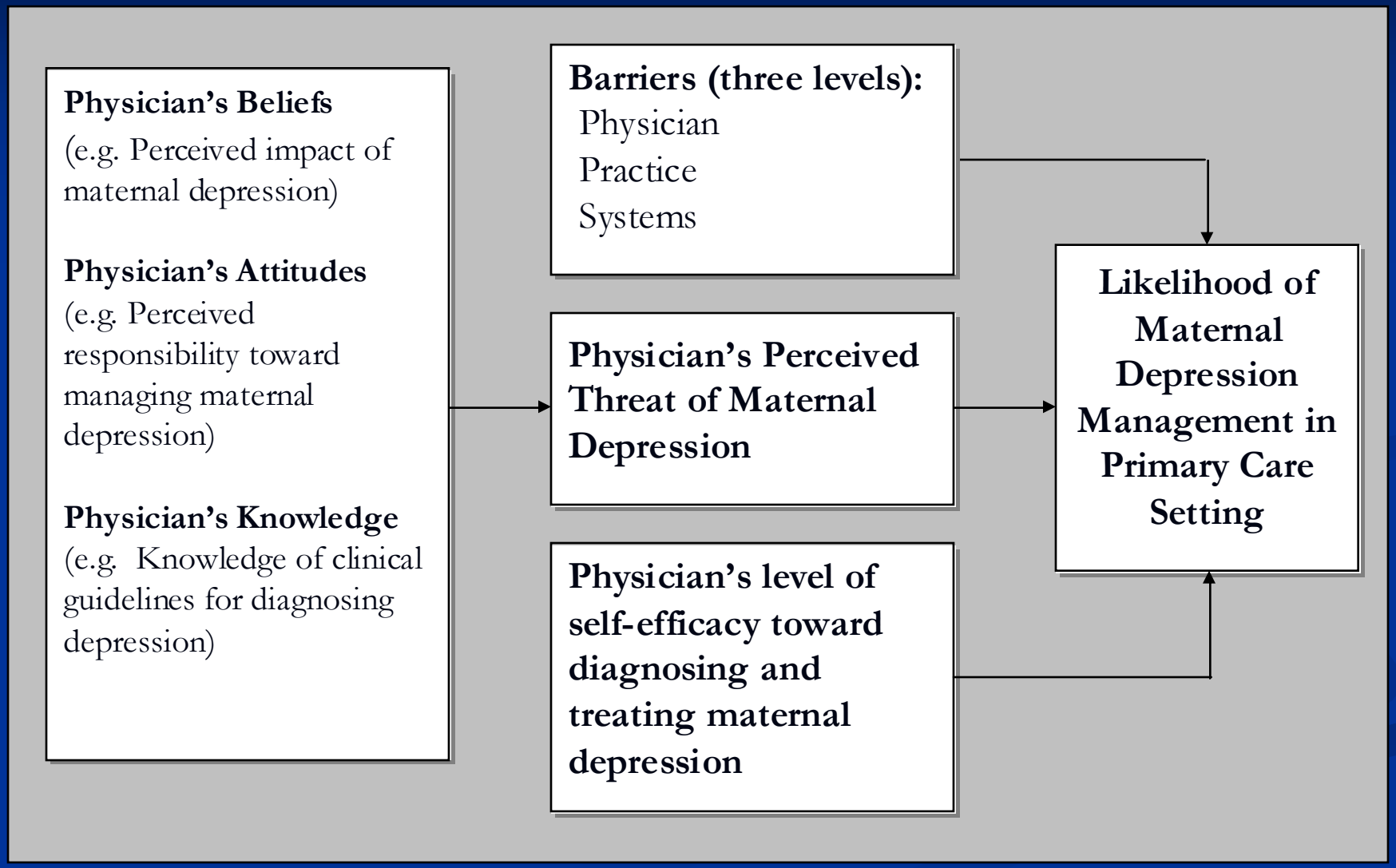
Background

- Maternal depression is linked to compromised parenting and child outcomes
- Maternal depression is a common health problem seen in primary care
- Despite this, maternal depression often goes undetected and untreated
- Physicians (e.g. obstetricians, pediatricians, and family medicine) have contact with mothers of small children
- Despite opportunity and relevance many physicians do not currently screen and/or treat maternal depression

Objective

- Examine the relationships among physicians' beliefs, knowledge, self-efficacy, perceived barriers toward and practices related to managing maternal depression.

Figure 1. Conceptual model for the examination of factors related to management of maternal depression



Sample

- **Eligibility criteria**

Physicians in one of the following specialties..

- Obstetrics and Gynecology
- Pediatrics
- Family Medicine

- Currently residing in one of the following cities in Hampton Roads Virginia : Chesapeake, Norfolk, Virginia Beach, Hampton and Suffolk

Sample

- 971 Eligible participants contacted up to 4 times by facsimile, email, postal mail or phone call
- N=215, represents a 22% response rate
- 78 completed survey by postal mail
- 152 completed survey online

(15 omitted)

Survey

- 60 items
- Demographics
- Attitudes, beliefs, and efficacy toward maternal depression
- Perceived Barriers
- Current Practices
- Openness to future interventions

Variable	N = 215	%
Gender		
Female	120	55.8
Male	95	44.2
Race		
White	153	72.2
Other	59	27.8
Total Years of Service		
< 2 years	10	4.7
2-5 years	33	15.3
6-10 years	43	20.0
11-15 years	32	14.9
16 plus years	95	44.2
Location of Practice		
Urban	110	51.2
Suburban	93	43.3
Rural	8	3.7
Years providing service at current location		
< 1 year	26	12.1
2-3 years	53	24.7
4-10 years	61	28.4
11-15 years	30	14.0
16 plus years	42	19.5

Data Analyses

- Descriptive statistics - Chi-square analysis used to compare responses across specialties
- Modeling - Structural equation modeling was conducted to evaluate the model of factors related to physician management practices.

Model Development

- Original dimensions fit in several CFAs (1. knowledge, attitudes, and beliefs; 2. barriers; 3. perceived threat, efficacy, and likelihood of management) according to conceptual model
- Poor fit for all three sub-models drove the decision to enter these items into an EFA
- An initial EFA was used to cull items with poor or ambiguous loadings
- Based on the criterion of RMSEA < .05 and interpretability, four factors were constructed for a final model
- These factors were then integrated to correspond roughly with the original conceptual model

Select Items

- **Patient Beliefs**

One – "Patients often deny feeling depressed" and "Patients believe feeling depressed is normal"

Two – "Patients do not follow up with treatment for depression" and Patients feel stigmatized by being told they have depression"

Three – "Patient do not feel comfortable discussing their mental health issues during visit" and "Patients have other beliefs that interfere with assessment and/or treatment of depression"

Select Items

- **Management Practices**

How often do you refer a patient for treatment of maternal depression?

How often do you consult with a mental health specialist about a depressed patient?

How often do you assess for maternal depression among mothers demonstrating depressive symptomatology during their healthcare visit?

How often do you provide counseling for maternal depression in your practice?

Select Items

- **Confidence/Responsibility**

I feel confident in my ability to diagnose maternal depression.

I feel comfortable talking about depression with patients.

Recognizing maternal depression is my responsibility.

Select Items

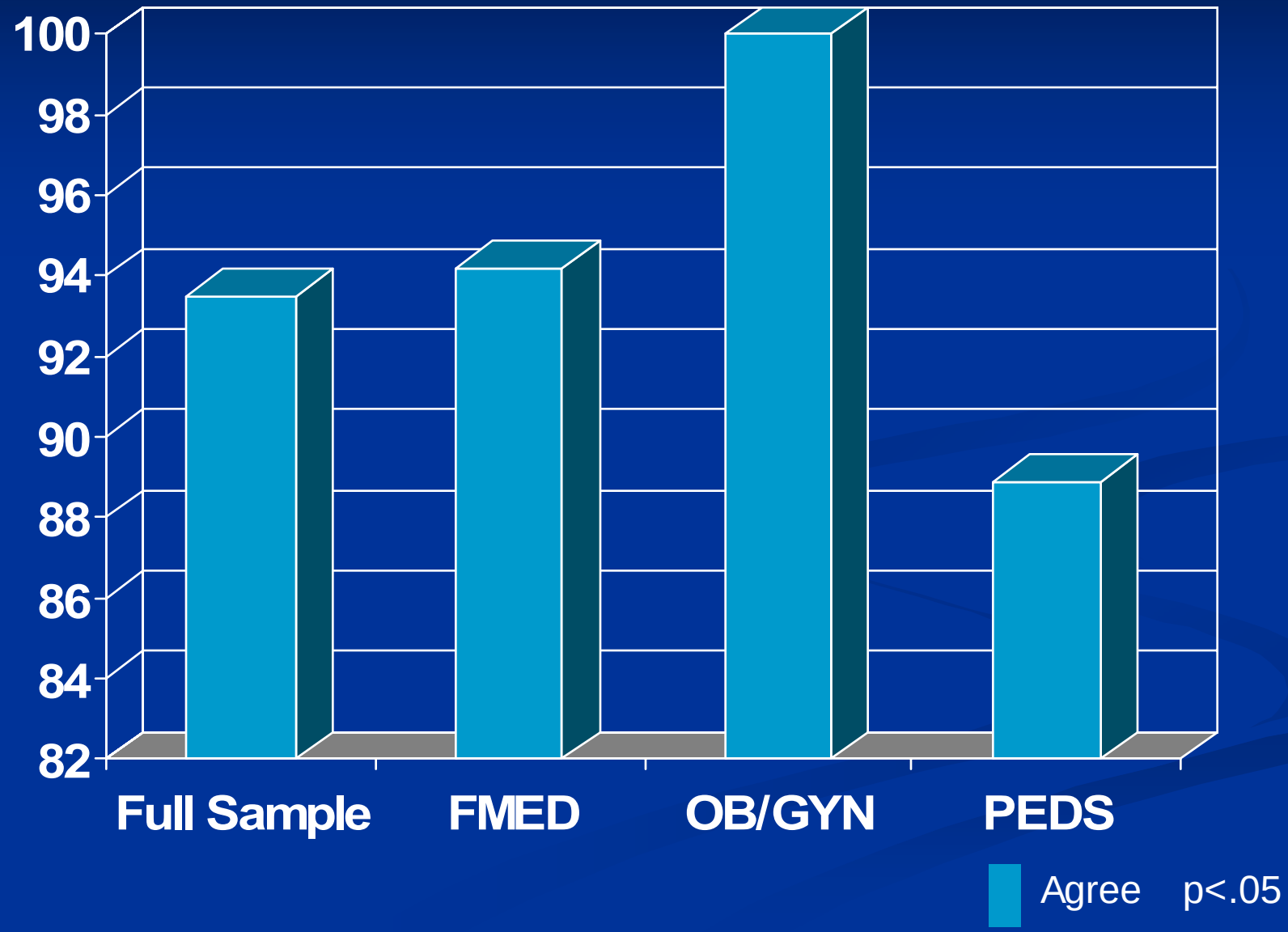
- **Continuing Education**

Have you ever received any continuing education training in any of the following?

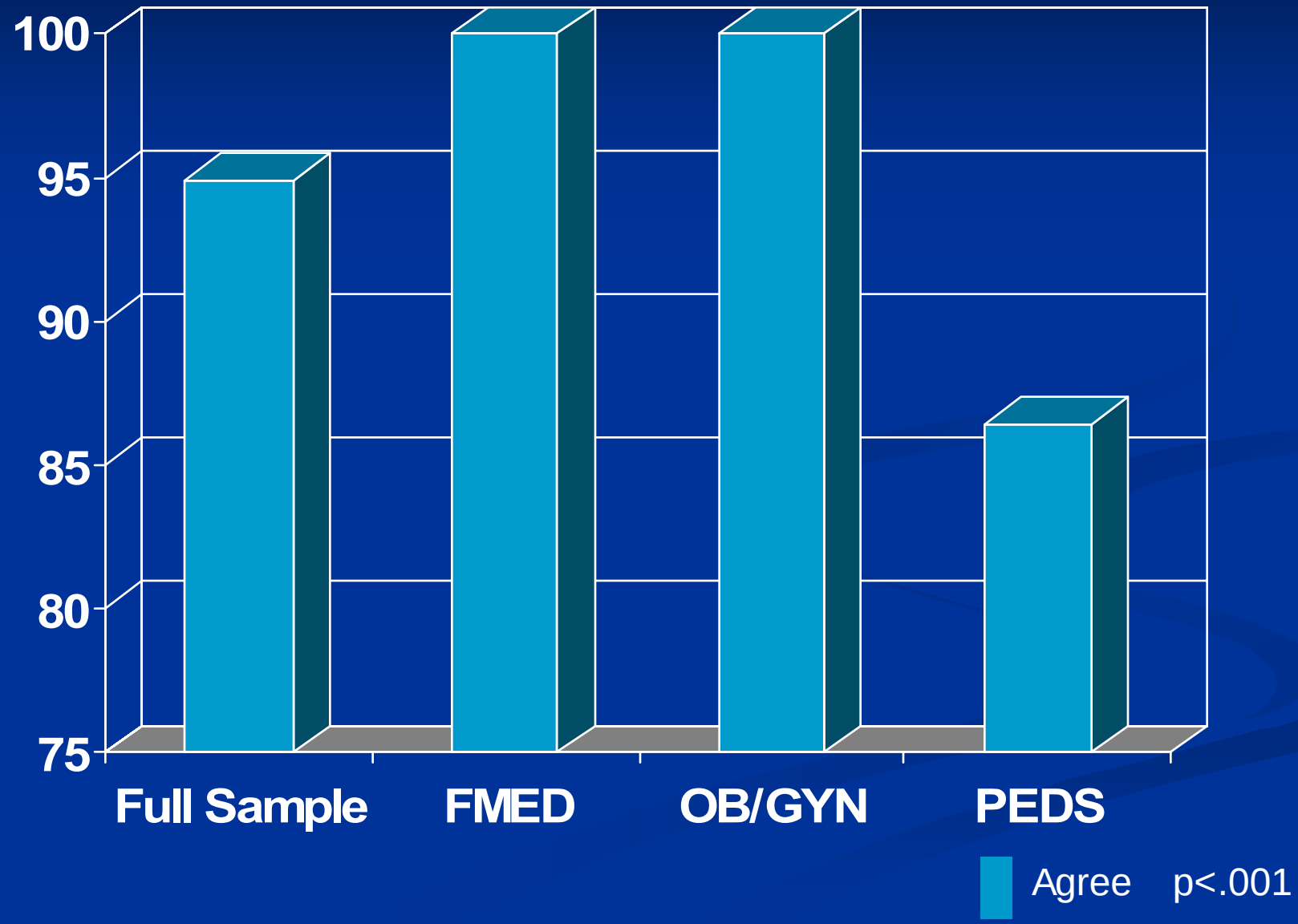
Postpartum depression, Maternal depression, Depression during pregnancy

Physician attitudes, beliefs, and efficacy: chi-square comparisons by specialty

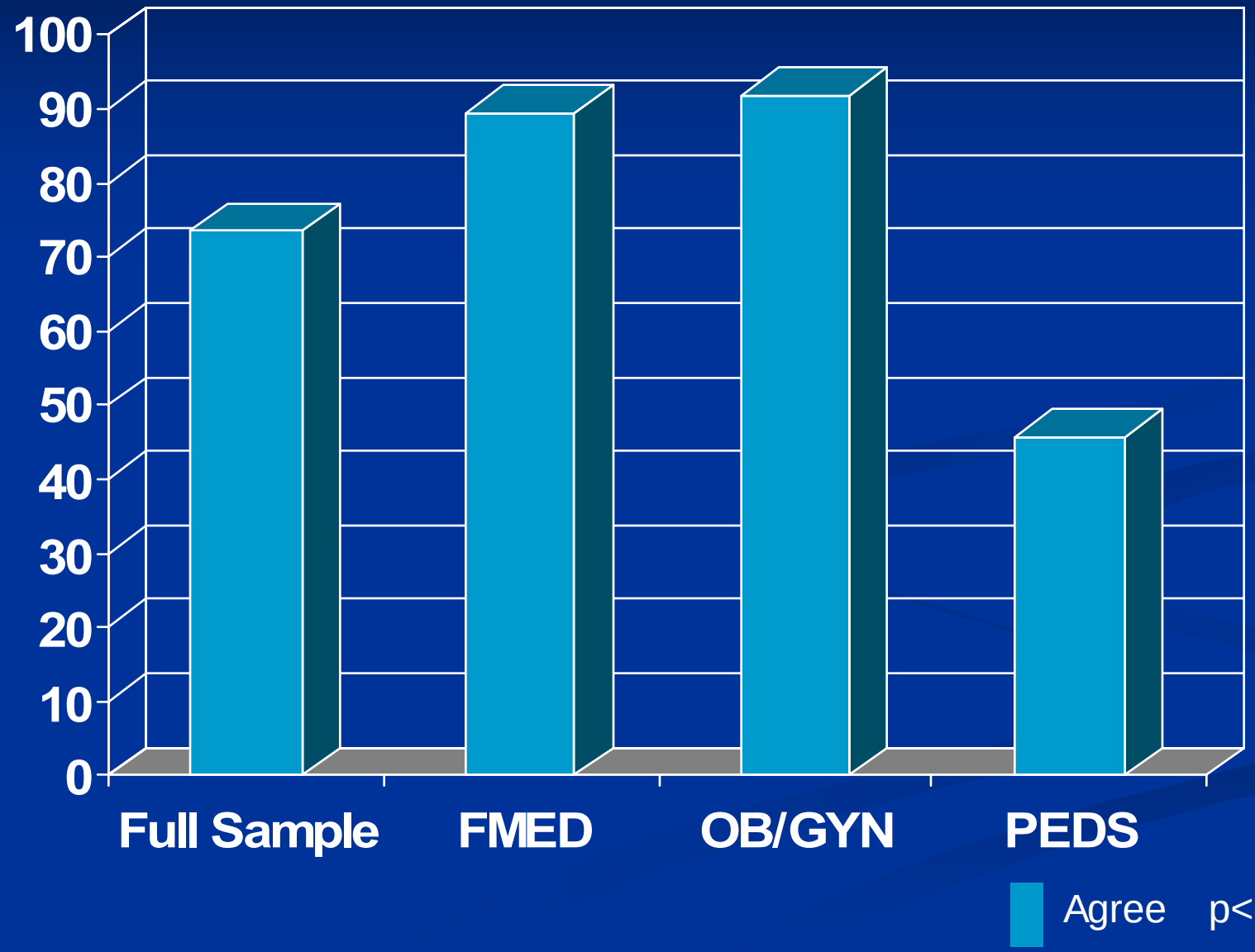
Q. Recognizing maternal depression is my responsibility.



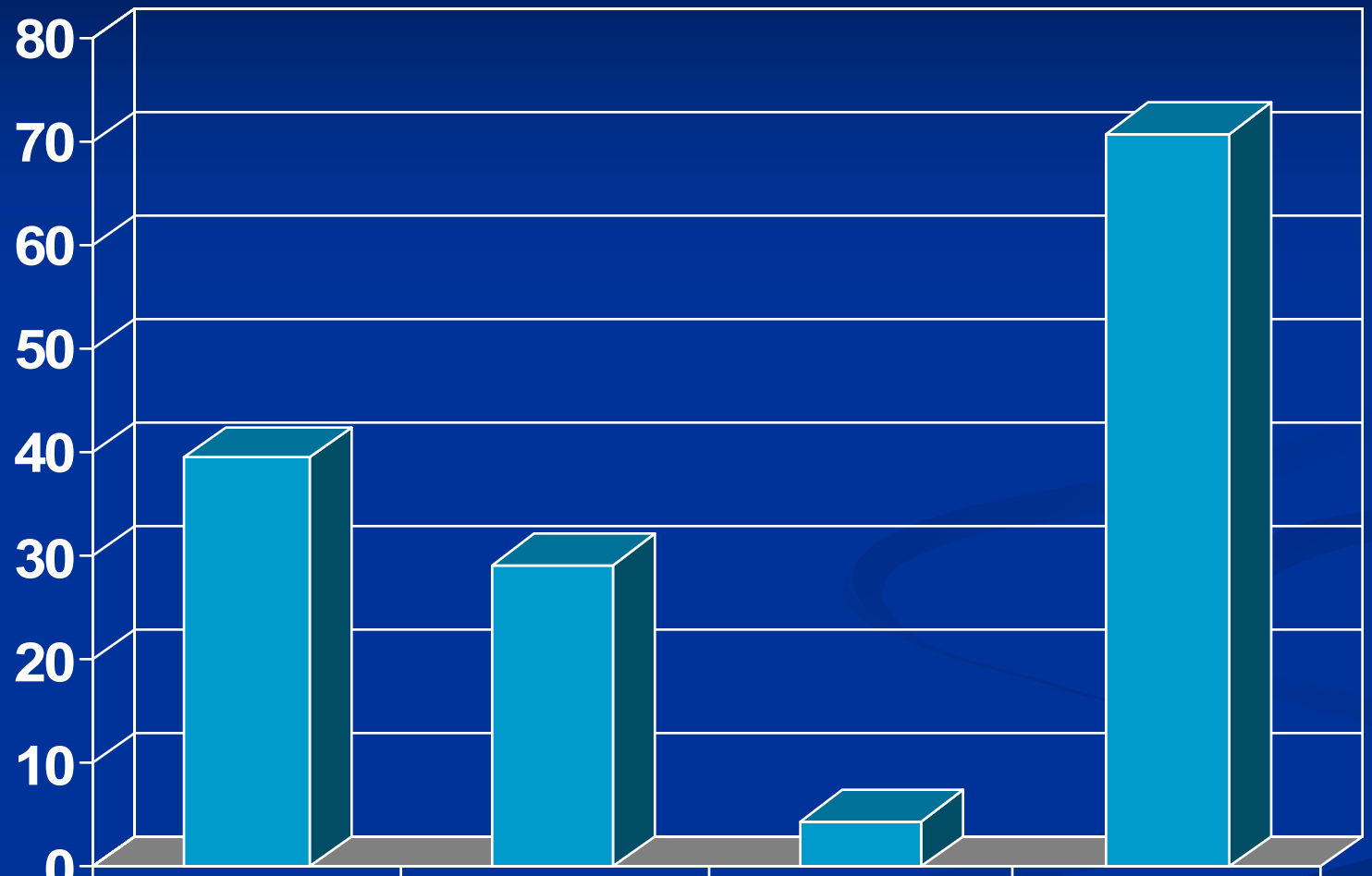
Q. I feel comfortable talking about depression with patients or their mothers.



Q. I feel confident in my ability to diagnose maternal depression

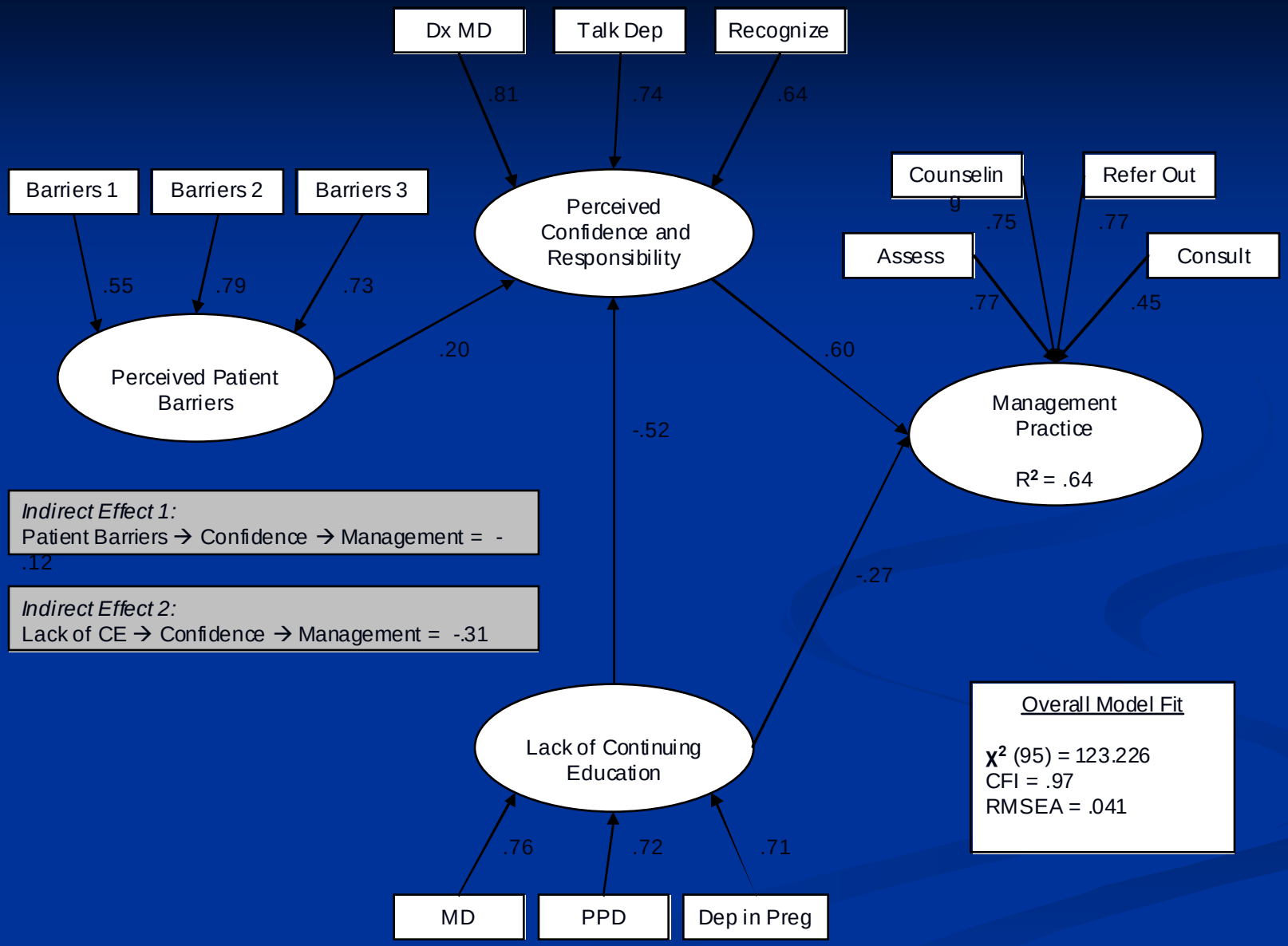


Q. How often do you assess for maternal depression



p<.001

Figure 2. Model predicting management practices of maternal depression



Conclusions

- Lack of continuing education training in depression and perceived patient barriers negatively impacts maternal depression management practices via self-efficacy.
- Multifaceted interventions are needed to increase physician self-efficacy in assessing depression.
- In particular, increasing opportunity for continuing education in addressing skills and knowledge related to assessment of depression and the enhancement of provider-patient communication to reduce perceived patient barriers is needed.