



Research

# Staff and patients have mostly positive perceptions of physiotherapists working in emergency departments: a systematic review

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KEY WORDS

Emergency department  
Physical therapy specialty  
Emergency medicine  
Primary contact physical therapy  
Musculoskeletal pain

ABSTRACT

**Question:** What are staff and patients' perceptions of physiotherapists working in the emergency department (ED)? **Design:** Systematic review of qualitative studies. **Participants:** Staff working in EDs and patients presenting to the ED and managed by ED physiotherapists. **Outcome measures:** Perceptions of ED staff and patients were synthesised using a three-stage thematic analysis consisting of extraction, grouping (codes), and abstraction of findings. **Results:** Eight studies, which had sought the perceptions of 138 patients and 122 ED staff members, were included. Three main themes emerged: role of physiotherapists in the ED, positive perceptions of ED physiotherapists, and concerns about physiotherapists in the ED. Patients and ED staff both considered physiotherapists to be experts in musculoskeletal care. The role of ED physiotherapists was seen as providing thorough patient education, non-pharmacological pain management and activity resumption, especially through exercise therapy. Having broad knowledge to assess and treat different health conditions was seen as facilitating the work of physiotherapists in the ED. Patients and ED staff felt that ED physiotherapists had good interpersonal communication skills. ED staff expressed concerns regarding the additional time that physiotherapists spent with patients. Some patients felt that performing exercises in the ED was inappropriate and painful. **Conclusions:** ED physiotherapists were mostly well accepted by patients and ED staff, and their work was perceived to improve the ED. Concerns included restricted availability, lack of awareness of the role undertaken by physiotherapists in the ED, and increased treatment time in some settings. [Ferreira GE, Traeger AC, O'Keeffe M, Maher CG (2018) Staff and patients have mostly positive perceptions of physiotherapists working in emergency departments: a systematic review. *Journal of Physiotherapy* XX: XX–XX]

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## Introduction

Physiotherapists first extended their roles to work in emergency departments (ED) in the United Kingdom (UK) in the mid-1990s. Since then, physiotherapists have undertaken roles in the ED acting both as primary and secondary contact clinicians.<sup>1</sup> The main difference between these two models of care is that physiotherapists working as primary contact clinicians are able to assess and manage patients after the initial ED triage, while secondary contact physiotherapists only manage patients upon referral from other ED staff.<sup>2,3</sup> Even in models of care where physiotherapists are primary contact clinicians there is still a wide variation in practice patterns due to legislative requirements. For instance, ED physiotherapists in the UK with appropriate training levels are allowed to prescribe some medicines, whereas the right to prescribe medicines is still under debate in Australia.<sup>2,4</sup> This model of care has spread to other developed countries, including Denmark, Australia and the United States.<sup>1</sup> Advocacy for the role of ED physiotherapists has been justified by an increase in ED presentations,<sup>5</sup> many of which are musculoskeletal conditions, which are historically managed by physiotherapists in other settings.<sup>6</sup>

It is complex to introduce a new profession into a setting with a well-established organisational structure such as the ED. For example, other ED staff may be concerned about how the new profession will affect their role and patient care.<sup>7</sup> While it is expected that physiotherapists will contribute to the ED with their particular set of knowledge and skills, the potential overlap of competencies with other professions can create confusion about practice boundaries and resistance to organisational change.<sup>8,9</sup> An understanding of how the ED staff perceive physiotherapists undertaking a new role in the ED could inform the implementation of this model of care.<sup>7</sup>

The relative novelty of physiotherapists working in EDs can also impact patients' perceptions and expectations.<sup>6</sup> Physiotherapists have long been recognised by the general population for their role in the rehabilitation of musculoskeletal and orthopaedic conditions.<sup>10</sup> However, patients' acceptance of being managed by physiotherapists in the ED has not yet been sufficiently explored. A recent scoping review<sup>2</sup> found that despite pain management being part of the tasks and roles undertaken by ED physiotherapists, the three most commonly reported roles of ED physiotherapists were ordering of imaging, patient education and review of

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medication. This potential discrepancy between patients' expectations and the care provided in the ED may create confusion and negative perceptions of the role. Given this, there is a need for a better understanding of how patients perceive the treatment provided by physiotherapists in the ED.

Despite growing interest in this model of care,<sup>11</sup> there has been little evaluation of its acceptance by both patients and ED staff. Primary qualitative studies have addressed different models of care (eg, primary or secondary contact physiotherapists) and most of them have focused on ED staff or patients' perceptions separately.<sup>6,7,12–16</sup> Synthesising evidence from individual qualitative studies has the potential to help display similarities and differences in the perceptions of ED staff and patients. The aim of this study was to systematically review staff and patients' perceptions of physiotherapists working in the ED.

Therefore, the research question for this systematic review was:

What are staff and patients' perceptions of physiotherapists working in the emergency department?

## Methods

This review is reported in accordance with the Enhancing transparency in reporting the synthesis of qualitative research (ENTREQ) guidelines.<sup>17</sup>

### Identification and selection of studies

This review included qualitative studies using any design (eg, phenomenological, grounded theory, ethnography), written in English, and published in peer-reviewed journals. No restriction was placed on the profession of ED staff, the type of patient included (eg, musculoskeletal or cardiopulmonary conditions) or the method used to collect staff and patients' perceptions (eg, interview, semi-structured interview, survey with free text). Mixed-methods studies were included if the qualitative data could be extracted and analysed independent of the quantitative data.

A search strategy was used that was comprehensive rather than purposive. The following were searched from their inception to 18th September 2017: MEDLINE (PubMed), EMBASE, CINAHL and Cochrane CENTRAL. Searches on PubMed were updated on 12 February 2018. The search terms used for the PubMed search (Appendix 1, on the eAddenda) were adapted for use on the other databases. Working independently, two reviewers (GF and CM) initially screened the search results by title and abstract, and then by full text. Disagreements were resolved by discussion between the two reviewers. The reference lists of all included studies were screened.

### Quality appraisal

Two reviewers (GF and MOK) independently assessed the quality of individual studies using the Critical Appraisal Skills Programme (CASP) qualitative assessment tool,<sup>18</sup> with disagreements resolved by discussion (Appendix 2, on the eAddenda). The CASP is a 10-item tool designed to assess the quality of the research design, adequacy of sampling methods used, appropriateness of data collection methods, researcher reflexivity, ethical issues, data analysis, findings, and value of the research. The CASP tool is the most commonly used instrument in qualitative evidence synthesis.<sup>19</sup>

### Data extraction and synthesis

Two reviewers (GF and MOK) independently extracted data for study details (author, year of publication), study design (qualitative), participants (demographic characteristics, number of individuals enrolled, ED staff professions), setting (eg, ED within a

trauma centre), role of the physiotherapist (primary or secondary contact), and findings of each individual study.

Data were synthesised from qualitative studies using a thematic synthesis approach. The inductive method<sup>20,21</sup> was used to: extract the findings and develop a set of codes; group the codes according to their topical similarity; and abstract the findings. Free line-by-line coding was used, a process in which sentences or fragments of sentences are given a label or 'code' that more broadly describes what a study participant or study author was saying. For example, if a participant said [*The physio*] was gentle, and she explained everything to me . . . I just wanted all of my queries answered, and she answered them . . . I felt she was probably more informative and extremely helpful,<sup>13</sup> this would be coded as *patient education*. When a pattern emerged from the combination of two or more codes, these were grouped into subthemes. Related subthemes were then grouped into themes.<sup>22</sup> To abstract the findings, codes were analysed for consistency and pattern recognition, and concise statements that captured the content of findings were drawn. All steps were independently conducted by two reviewers, and consensus on codes and themes was reached after three rounds.

## Results

### Flow of studies through the review

The database search retrieved 2012 records. After removal of 624 duplicates, 1388 titles and abstracts were screened and 1355 were excluded. The remaining 33 articles were read in full text and eight of them met the inclusion criteria. The flow of studies through the review is displayed in Figure 1.

### Characteristics of the included studies

Seven studies used a phenomenological design to describe patient and staff perceptions of ED physiotherapists.<sup>3,6,7,13–16</sup> One study used a thematic survey design.<sup>12</sup> Six of those studies were conducted in Australia<sup>3,6,7,13,15,16</sup> and two in the United States.<sup>12,14</sup>

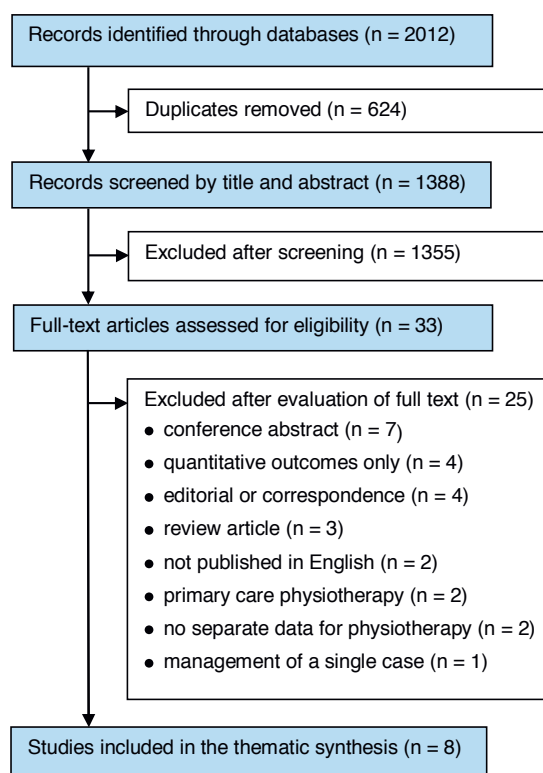


Figure 1. Flow of studies through the review.

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