

Perceptions of emergency department staff of the role of physiotherapists in the system: a qualitative investigation

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Abstract

Objectives To investigate the perceptions of doctors, nurses and physiotherapists of emergency department physiotherapy for acute patients, and explore the scope of its contribution in an otherwise nontraditional allied health setting in Australia.

Design Qualitative investigation using semi-structured interviews.

Setting A large, metropolitan tertiary hospital with a well-established emergency department physiotherapy/allied health network in place.

Participants Two emergency department doctors, two emergency department nurses and two senior physiotherapists working in an emergency department were recruited purposefully from the study hospital.

Interventions Semi-structured interviews lasting from 20 minutes to 1 hour were conducted with each participant by the lead investigator. Data were analysed using NVivo software, coded manually and verified with member checking, facilitating constant case comparisons.

Results Issues explored included defining the role of physiotherapists, uncovering organisational themes from the introduction of physiotherapy into the established emergency department setting, and conflicts around preserving and expanding an allied health identity in a highly-medicalised clinical environment.

Conclusions Participants described the benefits of having physiotherapists located in the emergency department, and the physiotherapists were eager to advance their roles and responsibilities, but were, at times, restricted by a complicated organisational landscape influencing professional autonomy and capacity for professional advocacy. Ongoing evidence supporting the breadth of physiotherapy practice in the emergency department is needed to further advocate the usefulness of the profession in this acute setting.

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Keywords: Emergency department; Physiotherapy; Emergency staff perceptions; Case study; Extended scope of practice

Introduction

Several studies have been published in recent years on the roles and responsibilities of physiotherapists working in the emergency department [1–4]. Most notably, in the UK and Australia, physiotherapists in the emergency department assess, treat and make decisions pertaining to patient discharge in a primary contact capacity [4,5].

Emergency department physiotherapists have a well-documented role in the care of patients with musculoskeletal conditions, elderly patients and patients with mobility issues [2,4,5]. Patients overwhelmingly value the contribution that

physiotherapy can make in the emergency department environment [2,3]. However, it is less clear how the introduction of physiotherapy influences traditional emergency department systems that have been used by nursing and medical professions for decades.

This study was guided by two research questions:

- What do doctors, nurses and physiotherapists working in the emergency department perceive that physiotherapy contributes to the department?
- What are the advantages and disadvantages of having this untraditional emergency department profession work within the emergency department system from the staff perspective?

In this study, an emergency department physiotherapist was defined as ‘a physiotherapy clinician dedicated to

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working as a member of the emergency department team to manage patients either autonomously or in conjunction with other attending medical or nursing staff' [5].

The aim of this study was to explore how emergency department physiotherapists viewed their role in a high-pressure, highly medicalised environment, and how medical and nursing staff viewed the contribution of physiotherapy. Information on perceptions of the role of the emergency department physiotherapist is a notable gap in the physiotherapy evidence base [1,3,5]. This article represents one component of a larger study into emergency department physiotherapy.

Methods

Research methodology

An interpretive framework explored the perceptions of staff at the study hospital to identify the values and thoughts of the participants and explore these at a deeper level [6]. Social constructions of behaviour guide how people make meaning of situations [7]. Therefore, talking to staff 'on the frontline' and from varied professional backgrounds offered multiple perspectives and insights into the professional operations within the emergency system investigated [1].

Participants

Ethical approval was granted from the hospital ethics committee and from the James Cook University Human Ethics Committee. Six members of staff were interviewed individually at the study hospital: two emergency department doctors, two emergency department nurses and two emergency department physiotherapists.

The study hospital had a small number of dedicated emergency department physiotherapists ($n=2$), which was a primary consideration in determining the initial sample size. The sampling process was guided by previous qualitative studies that determined non-probabilistic sample sizes when using interview techniques [8,9]. Six interviews were conducted in order to maintain an even representation of professions for the study, thereby not skewing the results.

Research design and conduct

The principal researcher approached each participant individually about recruitment to the study, rather than senior management influencing any recruitment processes, in order to uphold the principles of voluntary participation.

The researcher interviewed the staff in a confidential area on-site. Informed consent was provided and interviews were audio-recorded to permit data analysis at a later point. A flexible, semi-structured interview schedule meant that fundamental lines of enquiry were pursued with each participant, but spontaneous, conversational wording of questions encouraged a free-flowing, adaptable dialogue [10,11].

Examples of the interview questions are presented in Table A (see online supplementary material).

Data interpretation and trustworthiness

Interviews were transcribed professionally. An iterative data analysis process involved three core phases of reflection and interpretation (Fig. A, see online supplementary material) [12,13]. Research trustworthiness was built using well-established techniques for ascertaining data saturation through coding, peer debriefing and two external 'coders' of data. Dependability within the expanded research team was demonstrated through inter-rater reliability of coding, showing that themes were also evident to others [14,15]. Participants reviewed their interview transcripts, but no modifications to the transcripts were made by any participants.

Results

Participants discussed several components of emergency department physiotherapy, including emergency system challenges, encouraging evidence-based practice in the emergency department, educating emergency department patients, early intervention in the emergency department, clinical competencies of physiotherapy and holistic approaches to care. Three key findings were explored in more detail: clinical skill base of physiotherapists, balancing professional autonomy with collaboration, and preserving the professional 'self'.

Clinical skills of physiotherapists

All participants valued the ability of emergency department physiotherapists to provide a comprehensive musculoskeletal service, and saw this as a core competency. Doctors and nurses felt that the depth of musculoskeletal knowledge of physiotherapists could be most useful in the early assessment and intervention of acute musculoskeletal conditions, relieving staff to tend to more urgent cases:

'... I would see it having a role in the acute muscular, or musculoskeletal type things, particularly sporting related injuries. So I think that would be my image of where it would fit in best...' (Doctor 1)

'... all the musculoskeletal issues that we get through fast track and stuff like that, it's really good to have the physio there and they can organise services and get them on track and stuff in the community, which we don't necessarily have time to or we don't have those contacts' (Nurse 1)

Emergency department physiotherapists frequently assessed spinal conditions and peripheral joint problems, and provided very early treatment at the point of emergency department presentation. However, they felt that their generalist skill base and lateral thinking abilities were more valuable. The emergency department physiotherapists were

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