



Research

## Physiotherapists' beliefs and attitudes influence clinical practice in chronic low back pain: a systematic review of quantitative and qualitative studies

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### KEY WORDS

Beliefs and attitudes  
Physical therapy  
Low back pain  
Clinical practice  
Patient-centred care

### ABSTRACT

**Question:** What influence do physiotherapists' beliefs and attitudes about chronic low back pain have on their clinical management of people with chronic low back pain? **Design:** Systematic review with data from quantitative and qualitative studies. Quantitative and qualitative studies were included if they investigated an association between physiotherapists' attitudes and beliefs about chronic low back pain and their clinical management of people with chronic low back pain. **Results:** Five quantitative and five qualitative studies were included. Quantitative studies used measures of treatment orientation and fear avoidance to indicate physiotherapists' beliefs and attitudes about chronic low back pain. Quantitative studies showed that a higher biomedical orientation score (indicating a belief that pain and disability result from a specific structural impairment, and treatment is selected to address that impairment) was associated with: advice to delay return to work, advice to delay return to activity, and a belief that return to work or activity is a threat to the patient. Physiotherapists' fear avoidance scores were positively correlated with: increased certification of sick leave, advice to avoid return to work, and advice to avoid return to normal activity. Qualitative studies revealed two main themes attributed to beliefs and attitudes of physiotherapists who have a relationship to their management of chronic low back pain: treatment orientation and patient factors. **Conclusion:** Both quantitative and qualitative studies showed a relationship between treatment orientation and clinical practice. The inclusion of qualitative studies captured the influence of patient factors in clinical practice in chronic low back pain. There is a need to recognise that both beliefs and attitudes regarding treatment orientation of physiotherapists, and therapist-patient factors need to be considered when introducing new clinical practice models, so that the adoption of new clinical practice is maximised. [Gardner T, Refshauge K, Smith L, McAuley J, Hübscher M, Goodall S (2017) Physiotherapists' beliefs and attitudes influence clinical practice in chronic low back pain: a systematic review of quantitative and qualitative studies. *Journal of Physiotherapy* XX: XX–XX]

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### Introduction

Chronic low back pain is a complex disorder, with multiple physical, psychological and social factors contributing to poorer recovery and prolonged disability.<sup>1–3</sup> Clinical practice guidelines recommend evaluation of biopsychosocial factors when deciding on a patient's management<sup>1–3</sup> because they are important determinants of outcome<sup>2,4,5</sup> and because a biopsychosocial approach is superior to a biomedically focused approach in chronic low back pain.<sup>6</sup> Despite this endorsement by guidelines,<sup>1–3</sup> physiotherapists tend to adhere poorly to this guidance.<sup>7–10</sup>

Physiotherapists have traditionally been at the forefront of the management of chronic low back pain. Training physiotherapists in the management of chronic low back pain focuses on a biomedical

approach, where pain is attributed to a structural or biomechanical deficit and treatment aims to address these factors. However, training physiotherapists in a biopsychosocial approach to chronic low back pain remains limited.<sup>11,12</sup> Physiotherapists, for the most part, tend to approach the management of chronic low back pain on the premise of a biomedical model of disease, with treatment focus on a physical pathology and on addressing the symptoms and physical impairments.<sup>11,12</sup>

The attitudes and beliefs about health and illness held by healthcare professionals are likely to play a key role in the approach they take in treating their patients. According to the theory of planned behaviour, behaviour is determined by the attitudes and beliefs that a person has about the likely consequences of the behaviour.<sup>13</sup> Beliefs have been described as

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'a cognitive process resulting in a concrete cognition of how we think things are'.<sup>14</sup> Attitudes are 'a more complex cognitive state involving beliefs and feelings as well as values and predispositions to act in a certain way'.<sup>14</sup> Defining attitudes and beliefs is difficult, due to the complexity and fluidity of the cognitive processes that underpin them and the influence of environmental and social interaction. This is relevant in chronic low back pain where the individual presentation of a patient and clinical setting can influence the personal attitudes and beliefs of the healthcare professional.<sup>15–17</sup> The patient's expectations, perceived passivity of the patient, and a desire to maintain a therapeutic relationship have been shown to be factors in the choice of practice.<sup>15</sup> Clinical practice is also influenced by the perceived lack of time a clinician has to fully explore the complexities of chronic low back pain.<sup>15</sup> Clinical practice in chronic low back pain is influenced by the patient's pain perception, the patient's psychosocial status, and the degree of consistency between objective measures and behaviour of the patient.<sup>16</sup>

The uncertainty of a definition of attitudes and beliefs is reflected in the difficulty of their measurement. In research, measures of treatment orientation, fear avoidance, and intolerance of uncertainty are utilised to indirectly imply the attitudes and beliefs of healthcare professionals. The most commonly used measure of attitudes and beliefs in physiotherapy research is the Pain Attitudes and Beliefs Scale for Physiotherapists (PABS-PT).<sup>18</sup> The PABS-PT is a validated measure that provides a score of treatment orientation of the healthcare professional.<sup>19</sup> Treatment orientation has been shown to have high correlation with clinical practice, but it is important to ask whether it truly captures the complexity of attitudes and beliefs regarding chronic low back pain.

Healthcare professionals' attitudes and beliefs have been shown to influence adherence to guidelines for low back pain, such that a healthcare professional with a biomedical treatment orientation and high fear avoidance beliefs is more likely to show poor adherence.<sup>20</sup> Other factors associated with poor adherence to chronic low back pain guidelines include: lack of knowledge; lack of concordance between the biomedical approach and guidelines; and a belief of the healthcare professional that they are poorly trained and under-prepared to adopt a biopsychosocial approach.<sup>8,21</sup> The attitudes and beliefs of a healthcare professional affect patients' attitudes and beliefs, and health outcomes.<sup>20</sup>

Existing studies have largely focused on the attitudes and beliefs of general practitioners or a combination of healthcare professionals.<sup>20,22</sup> There is less clarity about the influence of physiotherapists' attitudes and beliefs regarding chronic low back pain on their approaches to treatment of chronic low back pain. Considering that each profession has differing training, practice and treatment goals, it is difficult to assume that general results can be applied to all groups.

Physiotherapists remain at the forefront of chronic low back pain treatment and so it is imperative to have a clear understanding of their attitudes and beliefs. An understanding of these attitudes and beliefs, and possible barriers, will enable more effective implementation of existing guidelines and new treatment models, as well as effective education of physiotherapists about chronic low back pain.<sup>8</sup>

This systematic review aimed to synthesise the existing literature to determine the effect of physiotherapists' beliefs and attitudes about chronic low back pain on clinical practice decisions in the management of people with chronic low back pain. A synthesis of both quantitative and qualitative studies was chosen to provide both a measure of association and a richer understanding of the association with the inclusion of qualitative studies.

Therefore, the research question for this systematic review was:

What influence do physiotherapists' beliefs and attitudes about chronic low back pain have on their clinical management of people with chronic low back pain?

### Box 1. Inclusion criteria.

#### Design

- Cross-sectional studies
- Qualitative studies

#### Participants

- Physiotherapists with experience in treating people with chronic low back pain

#### Outcome measures

- Attitudes and beliefs about chronic low back pain
- Clinical management of chronic low back pain

## Method

### Identification and selection of trials

#### Data sources and search strategy

This systematic review was conducted and reported in accordance with the PRISMA statement.<sup>23</sup> Electronic searches of Medline, EMBASE, CINAHL, PsychINFO, PubMed and Cochrane Library were conducted from January 1995 to February 2016. Hand searches for relevant articles were also conducted on bibliographies of identified articles and systematic reviews. The search strategy was developed in consultation with a medical librarian, and used a combination of keywords and MeSH terms (detailed search strategies are presented in Appendix 1 on the eAddenda). The search strategies had three main components: terms for *attitudes and/or beliefs*; terms for *healthcare professional, physical therapist and/or physiotherapist*; and terms for *chronic low back pain*.

#### Study selection and eligibility criteria

Quantitative and qualitative studies were included if they investigated an association between physiotherapists' attitudes/beliefs about chronic low back pain and their clinical management of people with chronic low back pain. The inclusion criteria are presented in Box 1. No limit was placed on the measurements used for physiotherapists' attitudes and beliefs or clinical practice. Studies were excluded if: they were published in a non-English language; they were published before January 1995, in order to capture the timeframe in which current clinical practice guidelines were developed; the study primarily focused on acute or subacute low back pain; or they primarily investigated the association between physiotherapists' attitudes and beliefs and patients' attitudes and beliefs, outcome expectations, patient satisfaction and treatment outcomes.

Two reviewers independently reviewed the titles and abstracts of the studies retrieved by the search against the eligibility criteria. Full papers were retrieved for evaluation if the paper fulfilled the inclusion criteria, if eligibility was unclear based on the abstract content, or if no abstract was available.

### Data extraction and analysis

#### Quality

Studies meeting the eligibility criteria were assessed for methodological quality. The quality of the quantitative studies was assessed using a checklist compiled from quality scores for observational studies.<sup>24</sup> The individual criteria that comprised the checklist are presented in Table 1. The quality of qualitative studies were assessed using the Critical Appraisal Skills Programme checklist, as used in a systematic review by Fullen et al<sup>25</sup> and is recommended by the Cochrane Collaboration qualitative methods group.<sup>26</sup> The individual criteria that comprise this checklist are presented in Table 2. No formal system for interpreting either checklist was available; therefore, for the purpose of this review, a rating system was devised based on one previously used in another review.<sup>25</sup> If > 60% of the criteria on the checklist were met, the

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