



Perceptions of physiotherapists about their role in health promotion at an acute hospital: a qualitative study

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Abstract

Objective To investigate the perceptions of physiotherapists about their role in health promotion in an acute inpatient setting.

Design Qualitative design using focus groups within a constructivist framework. Focus groups were recorded, transcribed verbatim and analysed using a constant comparative method.

Setting An acute National Health Service (NHS) hospital trust.

Participants Three focus groups were conducted with a total of 22 physiotherapists who were recruited purposively from the medical and surgical unit of the study hospital.

Findings Participants generally perceived health promotion to be within their scope of practice, particularly in relation to the promotion of physical activity and smoking cessation. Whilst some facilitators to engaging in health promotion were discussed, a large number of barriers to routine engagement in health promotion were identified. These included time constraints, the focus of acute settings on discharge, and scepticism of effectiveness.

Conclusion Pre- and postregistration physiotherapy education as well as mandatory training in NHS trusts should be reviewed to equip the workforce to engage in this crucial area of health care.

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Keywords: Health promotion; Public health; Physiotherapy; Secondary care

Introduction

Health promotion is universally regarded in the literature as crucial in tackling lifestyle conditions [1–3]. It is defined by the World Health Organization as ‘a process of enabling people to increase control over and to improve their health’ [4].

Lifestyle conditions are diseases that have behaviours such as smoking, poor diet and physical inactivity as key contributing factors. They include cardiovascular disease, diabetes and cancer, and have become the leading cause of morbidity and premature death in the UK [5]. This epidemic of lifestyle conditions has led to a shift in healthcare priorities from tackling

infectious diseases to the contemporary focus on lifestyle conditions [6–8].

In order to embed health promotion into National Health Service (NHS) practice, ‘Making Every Contact Count’ [8] is being implemented nationally. Under this policy, every contact that the NHS workforce makes with the public, including hospital inpatients, is viewed as an opportunity to screen and offer brief interventions on behaviours that contribute to lifestyle conditions, regardless of the purpose of the contact or the practitioner’s speciality [9].

The role of secondary care in health promotion has been debated keenly in the literature. Traditionally, health promotion has been situated in primary care with the ‘rush culture’ of hospitals cited as a key barrier to health promotion [10]. However, with growing pressure on health services to focus on wellness [8,11], recent policy has put increasing emphasis on the delivery of health promotion within hospitals [12].

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There is a concerted argument in the physiotherapy literature to focus the profession towards health promotion [1,13–15]. It is asserted that physiotherapy is in a pre-eminent position to integrate health promotion into practice due to its established commitment to health through non-invasive interventions, as well as practice patterns that afford relatively frequent and prolonged patient contact.

Whilst health promotion relating to physical activity is acknowledged as the most congruous for physiotherapists, there have been calls for the profession to diversify its engagements in health promotion to areas including smoking cessation, alcohol moderation, nutritional counselling and sleep hygiene [1,16]. This signals a move away from the traditional scope of practice of physiotherapists, and it is unclear whether members feel equipped.

Despite the profession's advantageous attributes for health promotion, evidence has emerged suggesting that engagement in health promotion is disappointing [17,18]. It is poorly understood why the profession's aspirations in relation to health promotion are yet to be fully translated into practice. To the authors' knowledge, the only published qualitative study exploring the perceptions of practising physiotherapists about their role in health promotion examined physiotherapists in the USA working with older people [19]. The participants regarded health promotion as important; however, key barriers to embedding health promotion into practice were identified. This study provided useful insights, but was limited by its small sample size, with one focus group containing only two participants. All participants were women, thus limiting the transferability of the findings.

Further research is required urgently to explore the perceptions of physiotherapists about their role in health promotion, particularly in secondary care. A greater understanding of the barriers to engaging in health promotion will facilitate participation of the profession in this practice as required by UK policy [9], thus enabling physiotherapy to play its part in meeting the challenges of health care in the 21st Century. As such, this study aimed to explore the perceptions of physiotherapists about their role in health promotion in an acute hospital.

Methods

Design

The study design was informed by a constructivist guiding methodology, based on the seminal work of Lincoln and Guba [20]. This study aimed to understand the multiple realities and perceptions of participants, and the inevitable influence of the primary researcher on the research process is acknowledged. As such, constructivism was considered to be the most appropriate methodology to address the research question.

Table 1

Inclusion criteria.

Inclusion criteria	Rationale
Qualified physiotherapist	Topic relevant to their scope of practice
Employed within the medical and surgical unit	Diverse range of inpatient clinical settings
In post for at least 2 months	Comprehensive understanding of clinical setting

Ethical considerations

Ethical approval for the study was gained from the relevant university research and ethics committee, as well as the local NHS Research and Development Department. There was a conscious effort to avoid blurring the boundary of the primary researcher's dual role as colleague and researcher. Examples of this included avoiding attempts to influence recruitment of potential participants outside of the recruitment process, and only including data gathered during the focus groups in the analysis, thus excluding incidental data for which formal consent had not been negotiated.

Participants

Participants were recruited from the physiotherapy medical and surgical unit of an acute NHS hospital where the primary researcher was employed as a physiotherapist. Purposive sampling ensured that participants from a variety of grades and clinical areas were recruited.

Once gatekeeper consent was obtained, all 29 physiotherapists who met the inclusion criteria (Table 1) were contacted by email, inviting them to respond if they wished to participate in the study. Twenty-two participants were recruited and provided written informed consent.

Data collection

Three focus groups were conducted: one with five Band 5 physiotherapists, one with eight Band 6 physiotherapists, and one with nine Bands 7 and 8 physiotherapists. This enabled the groups to be small enough for everyone to contribute, yet large enough to share diverse opinions across the whole group. Participants were divided by seniority to avoid hierarchy within groups which could lead to inhibition of participants [21]. All focus groups were held during the working day in a hospital seminar room.

The focus groups were facilitated by the primary researcher using a topic guide (see online supplementary material) that drew on themes identified from the existing literature. Each focus group lasted between 60 and 90 minutes, and was audio-recorded and transcribed verbatim.

Analysis

Data were analysed using the constant comparative method [20]. Consistent with constructivist methodology, the

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