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Original article

Understanding physical activity promotion in physiotherapy practice: A qualitative study

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ABSTRACT

Objective: Physical inactivity is a major public health issue and healthcare professionals are encouraged to promote physical activity during routine patient contacts in order to reduce non-communicable diseases and enhance individuals' quality of life. Little is known about physical activity promotion in physiotherapy practice in the UK. The aim of this study was to better understand physiotherapists' experience of physical activity promotion in clinical practice.

Design: A qualitative study was undertaken comprising 12 telephone interviews with participants using a quota sampling approach. The qualitative data was analysed using a thematic analysis approach and written up according to COREQ guidelines.

Findings: Four themes were identified (1) Current physiotherapy practice (2) Barriers to, and facilitators of physical activity promotion, (3) Exercise or physical activity? and (4) Functional restoration versus general wellbeing.

Conclusions: Physiotherapists use routine clinical contacts to discuss physical activity. However, brief interventions are not consistently used and no common framework to guide physical activity promotion was identified. Approaches appear to be inconsistent and informal and focus largely on short-term restoration of function rather than health promotion. There is scope to improve practice in line with current guidance to maximise potential impact on inactivity.

1. Background

Physical activity (PA) is described as any bodily movement produced by skeletal muscles that requires energy expenditure. Exercise is a subgroup of PA where the activity is planned, structured, repetitive, and aims to improve or maintain one or more components of physical fitness (World Health Organisation, 2017).

The impact of physical inactivity (PI) on health has been extensively documented, it has been described as the biggest public health issue of the 21st century (Blair, 2009) and the fourth largest cause of death worldwide (Kohl et al., 2012). It is postulated that if PI decreased by 25% then more than 1.3 million deaths could be averted every year (Lee et al., 2012).

PI places substantial economic burden on healthcare systems and wider society. Inactive people spend 38% more days in hospital and use significantly more healthcare resources than active people (Sari, 2009). It is estimated that in 2006–7, £0.9 billion of NHS money was spent on PI-related ill health (Scarborough et al., 2011). Hence, there is guidance on how PI be addressed both nationally and internationally (Department of Health, 2011; International Society for Physical Activity and Health, 2016). Within this guidance, health services are acknowledged as a key lever for change and integrating PA promotion into primary healthcare systems has been described as one of the seven "best investments" for reducing physical inactivity (Global Advocacy for Physical Activity IS for PA and H, 2011).

Physiotherapists work extensively with people with long term conditions, a large proportion of whom are either overweight or obese, have multiple comorbid health conditions and are physically inactive (McPhail, 2015). The Making Every Contact Count (MECC) approach supports clinicians to embed prevention (including PA promotion) into routine practice using brief interventions (Public Health England and NHS England HEE, 2016). Physiotherapists have extensive opportunity to promote PA, yet little is known about the extent to which this is integrated into physiotherapy practice. The physiotherapy literature is sparse (Lowe et al., 2016) and evidence from other healthcare professions describes rates of PA promotion as unacceptably low (Lobelo and

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Garcia De Quevedo, 2014).

A recent, national cross-sectional survey of PA promotion in physiotherapy practice generated a preliminary picture reporting that a large proportion of survey respondents routinely delivered brief interventions for PA (Lowe et al., 2017). The purpose of this qualitative study is to build on the survey findings to further develop our understanding of physiotherapists' experience of PA promotion in UK physiotherapy practice.

2. Method

2.1. Theoretical framework

This qualitative study is the final part of a broader programme of research comprising a scoping review, a quantitative survey and this qualitative follow-up. The research paradigm that underpins the programme of research is pragmatism which allows relative theoretical freedom. Quantitative and qualitative strands are not viewed as fundamentally opposed and can be mutually illuminating (Andrew and Halcomb, 2009).

2.2. Ethical approval

Ethical approval was granted by the Faculty Research Ethics Committee at Sheffield Hallam University (Research proposal: 2016-7/HWB-HSC-16).

2.3. Design & setting

This qualitative study used semi-structured, telephone interviews.

2.4. Sampling

Respondents from the previous survey (all UK physiotherapists with current patient contact) were asked if they consented to future contact from the research team. Those who agreed were emailed with an invitation to participate (including participant information sheet and consent form). A purposive, quota sampling method was used to ensure that key groups were represented (Robinson, 2014). Survey data was used to identify high promoting respondents and low promoting respondents (based on self-report). Approximately 40 physiotherapists were emailed (10 at a time to avoid over-recruitment). No one refused although some did not respond to emails. The first 6 from each quota to respond were interviewed (see flowchart in Supplementary file 1). Sampling ceased after 12 interviews when there was consensus that theoretical saturation had occurred.

2.5. Data collection

An interview guide was developed based on the key survey findings, this was pilot tested by AL in one face to face, semi-structured interview with a physiotherapist from the high-promoting category. It was then subject to peer review by CL and SM and was refined and agreed (see appendix 1). Following this, 12 individual telephone interviews were conducted by AL and recorded using an encrypted digital recording device with a telephone adaptor. The duration of the interviews was approximately 45 min.

2.6. Data analysis

Audio files were transcribed, checked for accuracy and imported into Quirkos (2017), qualitative data was analysed using the following 6-stage thematic approach detailed in Table 1 (Braun and Clarke, 2006).

An inductive approach was taken in that codes and themes developed from the data without an existing framework. Initial coding was performed on 2 transcripts within Quirkos by AL, these were then independently coded by CL and SM. This process was discussed and the process was refined. AL coded the remaining 10 transcripts and these were reviewed collectively by AL, CL and SM. Candidate themes were reviewed and refined by AL, SM and CL and final themes were agreed by all. Detailed information on the analysis process was recorded in an audit document. Findings were written up in line with reporting guidelines for qualitative research (Tong et al., 2007).

3. Findings

Characteristics of the 12 participants can be seen in Table 2.

A number of themes developed, including semantic themes which were directly linked to the quantitative findings, these involve “the surface or semantic appearance” of data (Braun and Clarke, 2006).

Additionally, a higher order of latent themes which represent overarching concepts, patterns and assumptions. Latent themes move away from description to interpretation and a wider framework of meanings and connotations (Javadi and Zarea, 2016).

Four themes can be seen in Fig. 1 and are described below;

1. Current physiotherapy practice.
2. Barriers to, and facilitators of PA promotion.
3. Exercise or physical activity?
4. Functional restoration versus general well-being.

3.1. Theme 1: current physiotherapy practice

This theme responds to many of the key issues that arose from the survey findings. It describes features of current practice and elucidates survey findings. As the most semantic of the 4 themes, data is represented literally and does not go beyond surface meaning within this theme.

Participants described how they discuss PA in routine practice and referred to the existing assessment framework common across many areas of physiotherapy. They described how they integrate questions about PA into the subjective assessment and specifically into the social history. It was described as an “automated” part of the assessment and participants explained that the framework was a useful prompt to elicit information from patients on PA particularly in relation to hobbies and employment.

> *“well it makes up part of the subjective assessment that I go through. I'll always specifically ask someone as part of the social history if they have any sport or exercise interests or any physical activity hobbies.” P3*

Participants described their approach in general terms emphasising how they grade, tailor and personalise their approach to PA promotion.

The importance of good communication skills and an ability to connect with patients was consistent in the data, participants conveyed a sense that personalisation and empathy were central to their approach. Their role in educating patients came through strongly as a means of supporting self-management. The importance of building confidence and managing fear were highlighted as important factors.

> *“It's starting off at a level that's appropriate for them without making it scary really. Then from there, because you've got to build….. if they go out of the room thinking I'm weak and I don't do this and they haven't listened to me, you won't get anywhere really. It's trying to show them what they can do to start with and how making small changes throughout the day can make a big difference and then building from there as best they can. It can take quite a long time, but certainly it's about the everyday changes.”* P5

Participants had difficulty characterising their actual approach, the terms brief advice, brief intervention, cognitive behavioural therapy, motivational interviewing and MECC were used but confusion was expressed over some of the terminology.