

Patient-centredness: a conceptual framework for musculoskeletal physiotherapy

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Background

The centrality of the patient to health care has been increasingly recognised both politically and professionally. Patient-centred care (PCC) has become synonymous with high-quality care and a number of studies have reinforced patient's desire for, and the positive impact of the approach¹. Although the concept emerged over 30 years ago, it is still not clear what it is, upon what theories it is based, or how to measure it². Physiotherapists have been urged to explore PCC in relation to their practice³.

Purpose

The aims of this study were:

- To explore musculoskeletal physiotherapists' perceptions of PCC in relation to the physiotherapeutic management of low back pain.
- To construct a theory of PCC based on Grounded Theory methodology.

Methods

Participants

Initially purposive sampling was used to select participants. Subsequent sampling was theoretical whereby analysis of the data informed the sample selection. Nine musculoskeletal physiotherapists agreed to participate in the study.

Procedure

Individual semi-structured interviews were used as the method of data collection. The interviews were audio taped and transcribed verbatim.

Analysis

Analysis consisted of a process of open, axial and selective coding⁴ resulting in a substantive theory with a core category and three sub-categories.

Findings and discussion

The findings suggest that PCC is a dynamic process of Engaging the patient in a working alliance (Figure 1); a collaborative relationship in which the patient and physiotherapist reach agreement regarding the goals of management and how to achieve them. Three interactions were identified as integral to the success of the process: interpreting the problem, reconciling perspectives and developing a therapeutic alliance. It was evident that engaging patients with low back pain is not always straightforward but associated with a number of issues.

This was particularly apparent in relation to incorporating the patient's perspective into the decision-making process. Drawing on a number of different disciplines and philosophies Engaging the patient is proposed to be underpinned by three main concepts: complex responsive process of relating⁵; counselling

theory⁶ and strategic action⁷. Together with the findings they form a composite theory of PCC in musculoskeletal physiotherapy practice (Figure 2). Whilst a number of factors at a macro level serve to constrain the process, it is facilitated by micro factors such as effective communication skills, professional experience and local support.

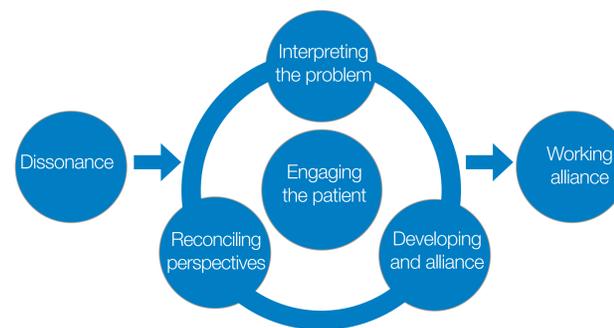


Figure 1: The process of Engaging the patient

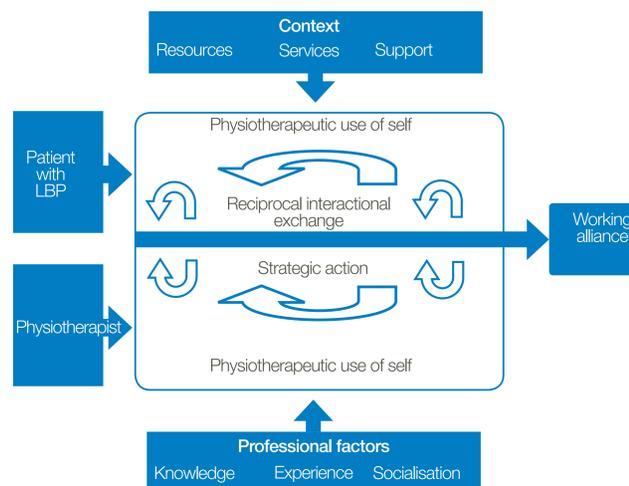


Figure 2: Theoretical conceptualisation of Engaging the patient

Conclusion and recommendations

PCC in the physiotherapeutic management of low back pain is conceptualised as a process of Engaging the patient. It is a multi-faceted concept that raises a number of issues for physiotherapists. The proposed model may serve to heighten awareness of the interactional processes adopted by physiotherapists, inform the development of interventions and form the basis for further research.

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References

1. Stewart, M. (2001). Towards a global definition of patient centred care. *British Medical Journal*, 322, 444-445.
2. Epstein, R., Franks, P., Fiscella, K., Shields, C., Meldrum, S. Kravitz, R., Duberstein, P., (2005). Measuring patient-centred communication in patient-physician consultations: theoretical and practical issues. *Social Science and Medicine*, 61, 1516-1528.
3. Blackledge, C. (2005). *Patient-Centred Care: The Bespoke Approach* London: Frontline, Chartered Society of Physiotherapy
4. Strauss, A., & Corbin, J. (1998). *Basic of Qualitative Research, Techniques and Procedures for Developing Grounded Theory* (2nd ed.). Thousand Oaks Sage
5. Suchman, A. (2005). A new theoretical foundation for relationship-centred care. *Complex Responsive Processes of Reasoning Journal of General Internal Medicine*, 21(S40-44).
6. Rowan, J., & Jacobs, M. (2002). *The Therapist's Use of Self*. Buckingham: University Open Press.
7. Grenhalgh, T., Robb, N., & Scambler, G. (2006). Communicative and strategic action in interpreted consultations in primary health care: A Habermasian perspective. *Social Science and Medicine*, 63, 1170-1187.