

# **Patient's participation in clinical practice.**

**A study based on the experiences of six physiotherapists.**

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## **Abstract**

**Purpose:** This study of physiotherapists' perceptions of their practice was carried out in order to explore how they chose to collaborate with their patients in their clinical practice.

**Method:** Six new graduates in physiotherapy were interviewed about their clinical experiences focusing especially on their collaboration with patients. Clinical practice is defined by a theoretical model introduced by The Norwegian Knowledge Centre for Health Services. Patient participation is an important aspect of this model. The focus of the analyses has been to develop descriptions of interactions which can give new knowledge in the form of common characteristics or typical characteristics.

**Results:** Six examples from the interviews are presented in the article. The examples show different ways of promoting patients' participation in clinical practice. How the patient is included in the collaboration process is discussed in more detail in the last part of the article.

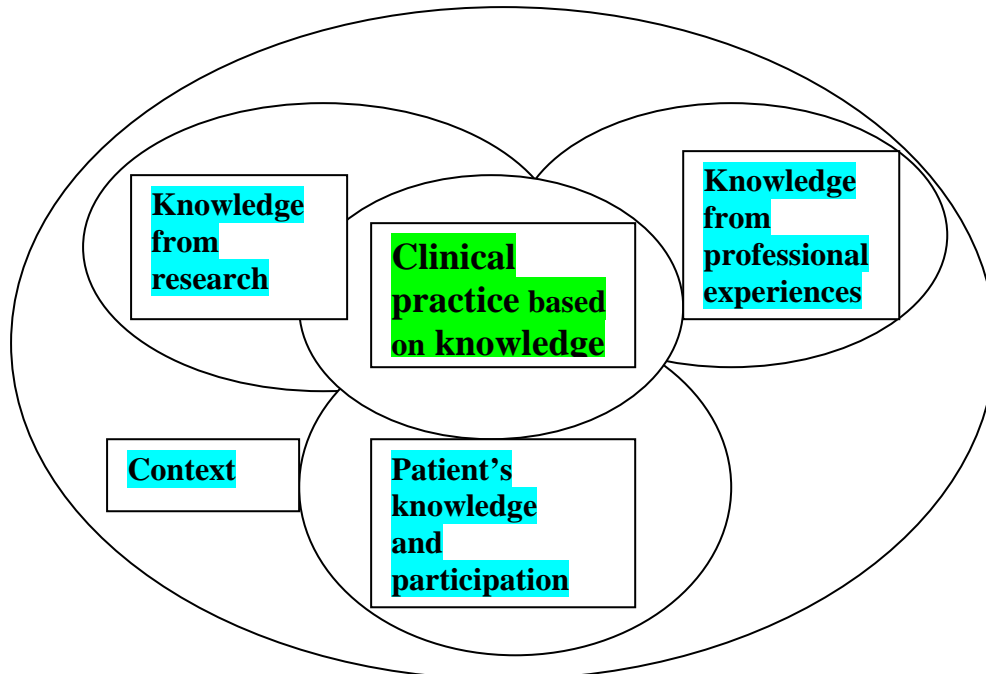
**Conclusion:** The study has put a focus on the collaboration process, and on how physiotherapists can promote a patient's participation in clinical practice. The presented cases illuminate an area of importance for physiotherapists working clinically, and hopefully, they will inspire further studies about patients' participation in clinical practice.

**Keywords:** Collaboration, clinical practice, clinical judgement

## Introduction

This article looks closer into the clinical experiences of physiotherapists and wants to explore how physiotherapists are collaborating with their patients in the physiotherapy sessions.

Evidence-based practice in the clinic is a key concept in health sciences to-day. Clinical practice is based on a combination of knowledge from research, from the practical experiences and judgements of professionals as well as on the patient's knowledge and his participation in the treatment. Clinical practice occurs in a context of the institution, the local society, culture, and family. In this study it is the clinical practice related to physiotherapy and the user knowledge and participation that is the main focus. A model of clinical practice is illustrated in figure 1. This figure shows that evidence-based practice goes on in a context, and that knowledge of the professional and the patient as well as information from research constitute the clinical practice.



A model of clinical practice from the Norwegian Knowledge Centre for Health Service<sup>1</sup>

The physiotherapist uses professional judgement in the treatment of the patient. According to Blaaka, making a judgement is to “distinguish the essential factors in the situation from the less important ones in order to find the best way of acting”.<sup>2</sup> When judging clinically the therapist combines her skills, practical experiences and theoretical and professional knowledge, including research, in order to meet the needs and problems of the patients. In a clinical practice the physiotherapist collaborates with the patient in order to provide them with opportunities to participate actively in the process of finding a common goal and of developing a plan or programme to reach the goal. Arnietz<sup>3</sup> has found that collaboration with the patient leads to improved function. The question of interest in this study is to see how these informants collaborate with their patients and how they describe the collaboration.

Some physiotherapists have been concerned with how newly educated physiotherapists think and act in the clinic. Abrandt Dahlgren<sup>4</sup> has shown that students in their third year of studying physiotherapy are able to see what the patients need and to use their clinical skills in an adequate way. Bergland and Øien<sup>5</sup> have focused upon the clinical experiences of the students. They concluded that the clinical reasoning of the students is developed through the collaboration between the patient and the therapist. Edwards et al. have put their focus on the way physiotherapists think and collaborate.<sup>6</sup> They claim that physiotherapists are able to set goals with their patients and nurture a collaborative approach in working towards those goals.

## **Method**

The purpose of qualitative methods is to give new knowledge in the form of descriptions, concepts or theoretical models. Descriptions are given in the form of common characteristics or typical characteristics (Malterud<sup>7</sup>). Interview as a method is used to get access to people's experiences, expectations, motives and attitudes. We can then learn more about what they

think, and why they act in different ways (Malterud<sup>7</sup>). The results of this study are presented as descriptions that are commonly met by physiotherapists.

Six new graduates, two men and four women, were interviewed about their clinical judgement one year after they had ended their bachelor studies. They volunteered to the study and were given written information about the project before they accepted and gave their informed consent. The Ethics Committee was consulted and wrote that this study did not need an ethical approval. The informants were interviewed at their working places, at the home of the informant and at the office of the interviewer. Before the interview every informant was asked to choose three patients that they have been treating for a longer period of time. In the interview they described more thoroughly their patients' problems and how they acted as physiotherapists during the treatment process. They focused on the examination, on the treatment and on how they collaborated with their patients about the goal and the plan of treatment. The total material consisted of eighteen cases. Seven of these cases were stories about adults, four men and three women, with neurological and musculoskeletal problems. Six of the cases focused on children, four boys and two girls, with developmental – and neurological problems. The last five cases were stories about elderly patients with circulatory - and neurological problems, three men and two women.

The interviews were transcribed from a tape recorder. The informants had the opportunity to comment on the written transcriptions of the interviews thus ensuring trustworthiness of the findings. The analyses followed the main themes from the interviews and have become the categories of the analyses. The steps of analyses recommended by Kvaale<sup>8</sup> were followed: The first analyses of the transcriptions are on text level. The main categories of the text level are: The informant's description of the patients and their problems and the informant's

description of the collaboration with the patient. The collaboration category consists of three smaller categories: the collaboration about the goal, the plan and the working process.

Figure 2: Example from the analyses of one case from the interviews.

Category 1 and 2 are on text level

1. The informant's description of the patients and their problems,	2. The informant's description of the collaboration with the patient about:
<p>Positive, clever woman, 80 years old.</p> <p>Pain in neck and shoulders and reduced balance.</p>	<p><u>The goal:</u> The patient and the therapist agreed to reduce the pain and improve the balance.</p> <p>The patient wanted to walk outdoors without using a crutch.</p> <p><u>The plan or program:</u> Stretching and massage of the neck muscles. Balance exercises.</p> <p><u>The process:</u> The patient was active in the treatment sessions and she did her exercises at home.</p> <p>She often gave the physiotherapist a hug at the end of the treatment</p>

The second step in this form of analysis is on common sense level. On the common sense level the typical characteristics of this case are presented in the third category which is focusing on patient participation by looking at the collaboration about the goal and plan during the treatment.

Category 3 is on a common sense level:

3. Patient participation is developed and promoted by:
<p><u>Goal:</u> Accepting patient point of view when setting the goal (walk without a crutch)</p> <p><u>Plan and process:</u> Active collaboration based on mutual sympathy.</p>

## **Results**

Due to the length of this article six cases from the total material of eighteen are presented, one case from each of the informants. The selected cases illustrate how these informants have collaborate with their patients, and how reflected they are as physiotherapists in their clinical judgement. The patients in these cases are two young adults, one middle aged woman and three children. The headings in the presentations draw attention to how participation and active involvement of the patient can be developed and promoted.

### *Showing respect and acceptance in the process of collaboration*

A patient, diagnosed as hyperactive, had severe muscle pain in his arms. He wanted to get physiotherapy to achieve relief of this pain. At first the patient and the physiotherapist disagreed about the plan/program. However, during the treatment process the patient said that he felt respected by the physiotherapist who listened to his point of view. He changed his mind about training principles and accepted a new program to improve his blood circulation.

I think he feels that I am listening to him; we are having a good conversation, and that seems just as important as the exercises I am giving him. He now has less pain in his neck and shoulders, and he feels no more pricking pain in his little fingers.

### *Accepting the patient's wish of coping with the studies*

A 50 year old woman wanted physiotherapy. She had headache and pain in the shoulders and the neck. She was part time student and part time working with a business of her own. The patient was very motivated to continue her studies, and the physiotherapist decided to help her to cope with all the different tasks without getting too stressed. Their goal was to reduce the pain by massage, stretching exercises and a small exercise program.

She told me that she strongly wanted to take her exams at school unless I

recommended her to quit school in order to get less stressed. I told her that we could start this treatment and try to help her cope with the stress, since she so intensely wanted to continue her studies.

#### *Development from different expectations to an agreement of collaboration*

A young man had hurt his hand in an accident at his job. In the beginning of the process the physiotherapist and the patient thought differently about their contributions to the collaboration. The patient expressed that it was the job of the physiotherapist to cure his hand. After several discussions he agreed to work more actively by himself and do some training at home. As the function of his hand improved, he got more courage and took responsibility for the exercises.

He was the kind of guy who thought it was my job was to cure his hand. But as the shock from the trauma diminished, he accepted a change to his way of thinking and did exercises at home. What I remember most was not the training itself, but all the discussions we had to go through.

#### *Accepting the worries of a mother*

The physiotherapist treated a little boy with several motor, social and mental health problems. The present goal was to make him jump and run more easily in order to be able to play with children at his own age. He improved during this treatment. Though the treatment had ended, his mother was worried and went on contacting the physiotherapist about problems related to the boy. He accepting her worries and listened to her, but managed to make her understand that he could not engage himself in the all problems she had with the boy in the school and in the Health and Social services.

She uses me, and it is difficult to stop her, but it is impossible for me to engage in

all the problems she is presenting. On the other hand I think it is right to give her some support, especially since I am going to treat her boy later on if he is still slow in his motor development.

*To promote quality of life by playing activities*

A three year old girl with cerebral palsy and spastic legs had started physiotherapy. The goal of treatment was to learn to stand and walk. The girl and the physiotherapist were playing in different ways while she was given stretching and standing exercises. The physiotherapist reflected upon the role of treatment in the life of a child with chronic problems.

We play when we do the exercises. We throw a ball or read a book to get the focus away from the stretching exercises. We also play during the standing exercises, and when we stimulate movement such as creeping and climbing. I think this is a little kid that needs to be protected from too much treatment . The focus must be more on playing since she will probably have to do some exercises during most of her life.

*Accepting the wishes and motivation of the child*

The informant treated a young boy with Calves- Leg- Perthes. The boy was tired of physiotherapy and of all the restrictions that stopped him from running and jumping. He wanted to play football and compete with other children. The physiotherapist developed a program in which all the activities were carried out as if it was a competition. The boy seemed happier and the level of conflict diminished. The function of his hip improved, and he avoided surgery.

He was very active, and it was difficult to stop him from running. We tried to do most of the treatment as if it was a competition. This way of training was very motivating for him. It was difficult to make him understand that he had to wait till his hip had



improved before he could join different football activities

## **Discussion**

The third step in the analyses of Kvaale<sup>8</sup> is to discuss the material more theoretically. I have chosen to heading the results under the heading:

### **Why focus on the collaboration with the patient when discussing the quality of the clinical judgement**

Many complaints from the patients in the health and social services are about the quality of relationship with the clinicians. The patients express that they often feel that their opinions are not taken into consideration. The ethical guidelines of the Norwegian Physiotherapy Association say that the treatment shall build upon the patient's right to participate, and the treatment should be evaluated together with the patient.<sup>9</sup> It is possible that many conflicts may have been solved at an earlier stage, if the clinicians had put enough attention to the collaboration with the patient, for example by focusing more on the active participation of the patient in the treatment process. Clinicians may consider this collaboration as time-consuming. On the other hand conflicts are also time-consuming, and the outcome of unresolved conflicts is not satisfactory either for the patient or the therapist.

In the presented cases the physiotherapists have made an effort to include the patients in the treatment process in different ways. The patient in the first case emphasized a willingness to change his opinion and act differently when he experienced that he was treated with respect. Mutual respect is an important aspect in the collaboration process. Haaland<sup>10</sup> has written that the clinicians as well as the patient need to feel some accept and respect, otherwise their inspiration will diminish, and the collaboration process will suffer.

In the second example the patient had a strong motivation to keep on studying though she felt stressed and had aching pain in her neck and shoulders. The physiotherapist focused on helping the patient to cope. He started the treatment based on the patient's wish to continue the inspiring but stressful studies. Bae<sup>11</sup> has been concerned with the collaboration process, and especially with how the therapist can help the patient develop self confidence. It is difficult for a patient to grow more self confident and be active in his own rehabilitation process, if the therapist does not listen to him and respect his knowledge. In the third case a main part of the treatment focused on discussions and disagreements about role expectations. Bae<sup>11</sup> writes that in a healthy relationship some agreements as well as disagreements are accepted. Some disputes are considered necessary in order to develop a new perspective. The professional as well as the patient must try to find strategies to solve these disagreements in a positive way instead of letting them develop into unresolved conflicts. The relationship between helpers and help seekers will always have some asymmetrical aspects, and the professionals have to take a greater responsibility than the patient in order to cope with these conflicts and promote health and function.

The context is an important concept in clinical knowledge based practice. The family is part of the patient's context and need to be included when physical treatment is given to a child. In the fourth example the patient's mother begged for support from the physiotherapist. On one hand the physiotherapist wanted to help her to cope with the situation, on the other hand he knew she was upset, and he did not wish to say anything that could start a conflict with other professionals in the health and social system. The ethical guidelines recommend the physiotherapist to try to avoid being actively involved in the conflicts of the patient and to be cautious when giving advice.<sup>7</sup> On the other hand these guidelines tell the physiotherapist to

let the consideration for the patient have the first priority, and to let the consideration for the colleagues in the health and social services come second.. This is a situation many clinicians have to deal with, to find a balance between setting some limits for their engagement, and at the same time give sufficient support to the child's care giver without being involved in the conflicts of the care giver and child. It is difficult to continue to treat the child in new sessions if this situation is not handled in a proper way.

In the fifth example the physiotherapist reflected upon how physiotherapy could interfere with the child's quality of life. Noess<sup>12</sup> thinks that quality of life is a subjective concept and that it is difficult to give a common definition of this concept. The physiotherapist thought that intensive physical treatment carried out for years could be a threat to the child's quality of life. He incorporated the exercises into the girl's ordinary playing activities in order to make the situation as normal as possible for the child. He thought that the girl had to be protected from too much treatment, and he wanted her to live as normal a life as possible. On the other hand, there are therapists who think that the child should have as much training as possible (for example, intensive programs for children with brain damages), in order to function as normally as possible in the society. It is difficult for a physiotherapist to know what is best, especially when a child is involved. After all, quality of life is a subjective concept and the parent's and the child's points of view are of great importance when deciding the intensity of the treatment.

In the sixth example the child wanted to play with other children and especially participate in football competitions. The whole program of the physiotherapist was designed as a playful competition in order to motivate the child and help him to enjoy the treatment sessions. This

way of treating the children focuses especially on how they can be engaged and actively participate in the program..

**Conclusion:**

This study has put focus on the collaboration process as an important aspect of the clinical judgement, and on how physiotherapists can use their knowledge in order to promote a patient's participation in clinical practice. The presented examples are more or less typical for situations physiotherapists can meet in their clinical practice and may be of interest for many physiotherapists. A study such as this only provides a snapshot of the work of some physiotherapists. Further research is needed to identify and promote excellence in practice with regard to patient participation in their health promotion.

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