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Co-creating health: ‘who’ and ‘how’ we are with our patients

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Physiotherapy in context

- Despite skills and expertise – we often have more limited impact than we'd like, particularly over time
- Efficacious interventions don't always translate into real world effectiveness
- Physiotherapy is predominantly:
  - a two way process
  - a volitional process
- No matter how good our treatments are, they are unlikely to be effective if people are not engaged

Sometimes - when results are not as expected?

- Shift responsibility to:
  - The client
    - ‘difficult’, ‘unmotivated’, ‘non-compliant’, ‘not ready’
  - Other professionals
    - ‘out of scope’

The problem with this?

- Labelling clients can have an enduring impact
- Dichotomies can be unhelpful - assumption that:
  - responsibility lies within the individual
  - their behaviour is entirely under their control
- Normal psychosocial response seen as in the domain of psychologists
- We may miss the opportunity to critically reflect on our own role

Often more complex than we might think

E.g. motivation

- “The problem of how to motivate the patient who manifests little or no desire is basic to the process of rehabilitation”

(p.296, Garrett & Myers, 1951)

- Therapists:
  - frequently evaluate patients in terms of how motivated they are; and
  - believe that those who are motivated are likely to yield more positive outcomes

(Maclean and Pound, 2000; Maclean et al. 2002)

Motivation as a product of a complex set of circumstances?

Motivation as a personality trait

Motivation as a product of environmental or social influences

Motivation as both internally and externally constructed and/or a product of the interaction between the two

(Maclean and Pound, 2000)

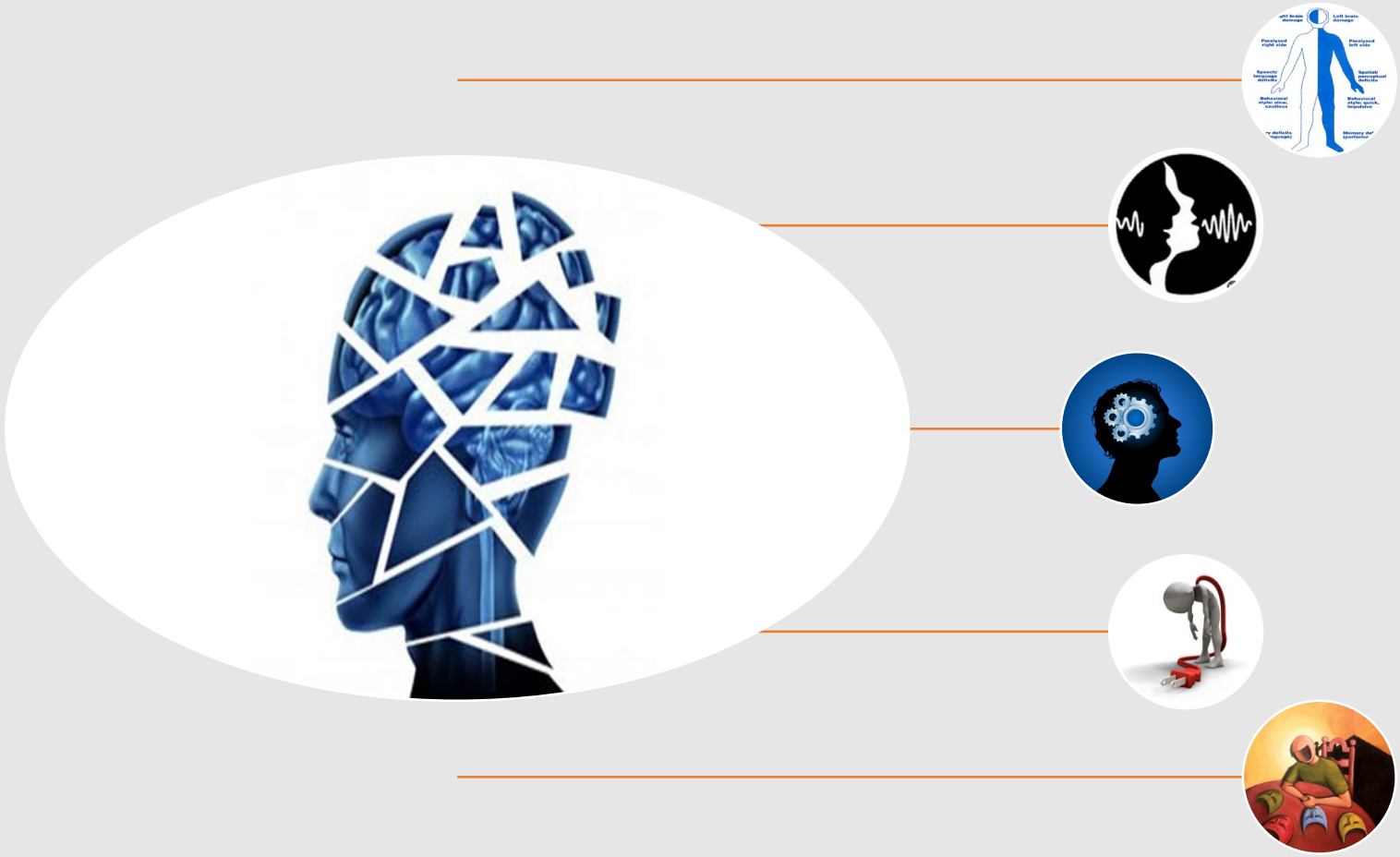
Motivation as a function of impairment?

E.g. Self-regulation Theory

- Most human behaviour is goal-directed
- People strive towards multiple goals
- Success in achieving desired goals is determined by one's own skill in regulating cognition, emotions and behaviour
- Progress or failure in goal attainment has affective or emotional consequences
- Goal attainment, motivation and affect closely related and will interact

(Siegert, McPherson & Taylor, 2004)

Consider this in the context of stroke



Physiotherapist role

The product of a complex set of circumstances?

A function of impairment?

Patient choice and responsibility?

Fully under control of the individual?

Physiotherapist role

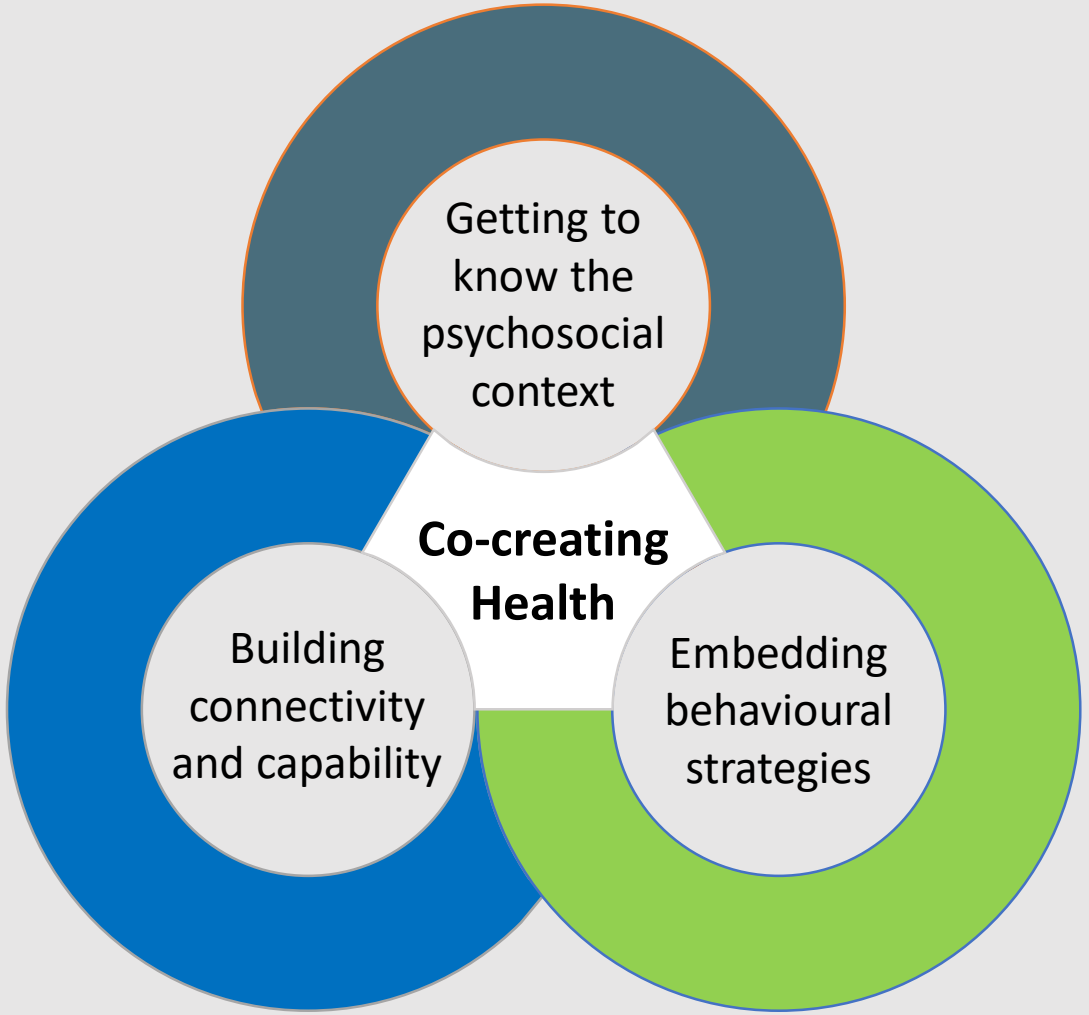
So…

- What then is the role of the physiotherapist in:
  - Creating the context for a motivated and engaged client?
  - Building skill and capability for long-term health and well-being?

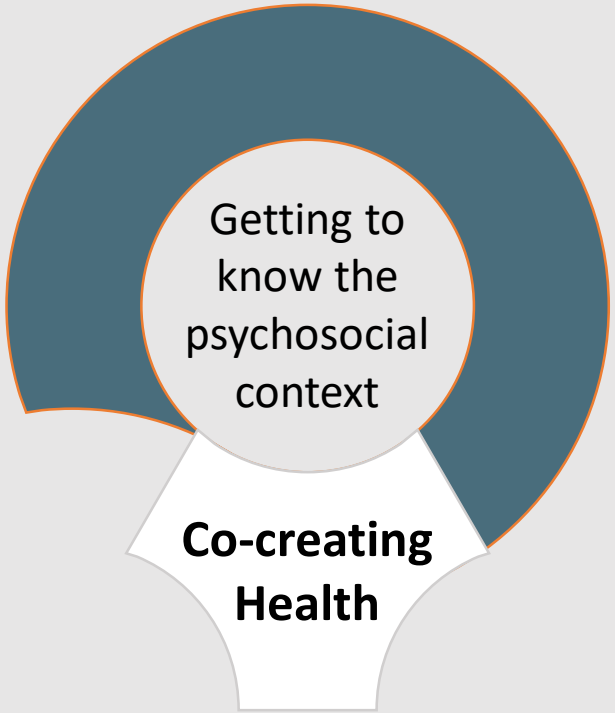
  And in doing so….
  - **Co-creating health and well-being?**

- And what might that mean for practice?

A possible framework for co-creating health in physiotherapy



1. The starting point



The psychosocial context

"I was quite conscious in some bizarre way – that my body had failed me because I'd had cancer – and it's one of those things you can't see." (Person w cancer)

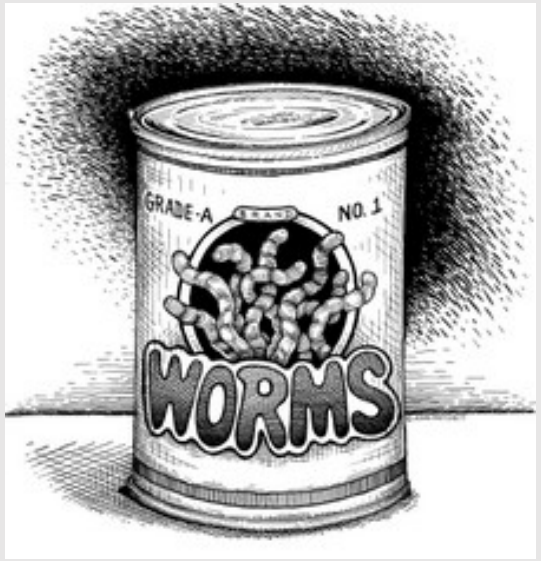
"It's like having a tin can with holes punched in it, no matter how much water you pour into it, it is still pouring out. So even if you pour heaps more water in, it will still pour out, you will never get anywhere." (Person w MS)

"Certainly the dealing with the shock and change and challenge of perhaps…. the highlight for me, in that first 3 weeks anyway, was going through a phase when I truly, really wanted to die. It was a conscious and rational choice. I choose to die, death is the best option." (Person w stroke)

"They want you to feel your pain and embrace your pain etc., etc. I spend my whole life learning how to deal with my pain and live with it as best I can. I do not want to embrace it. It is not my friend!" (Person w chronic pain)

All healthcare encounters are inherently psychosocial

- Emotional response – low mood, helplessness, fear…
- Impact on sense of self and personhood
- Range of contextual factors
- Beliefs, perceptions and expectations about:
  - Injury or illness
  - Treatment
  - Personal Capability
  - Health providers and services



OR

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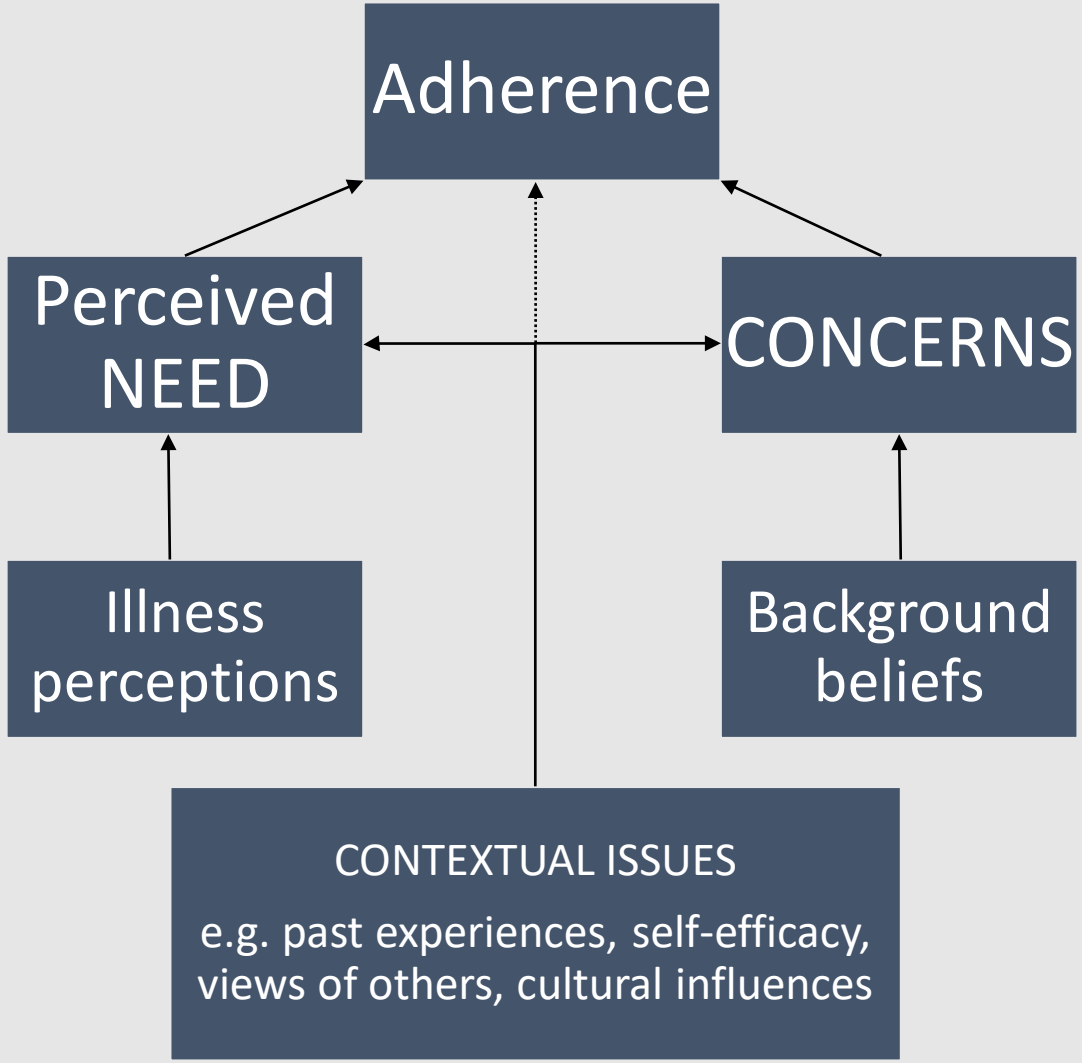
e.g. Necessity Concerns Framework



Horne and Weinman (1999)

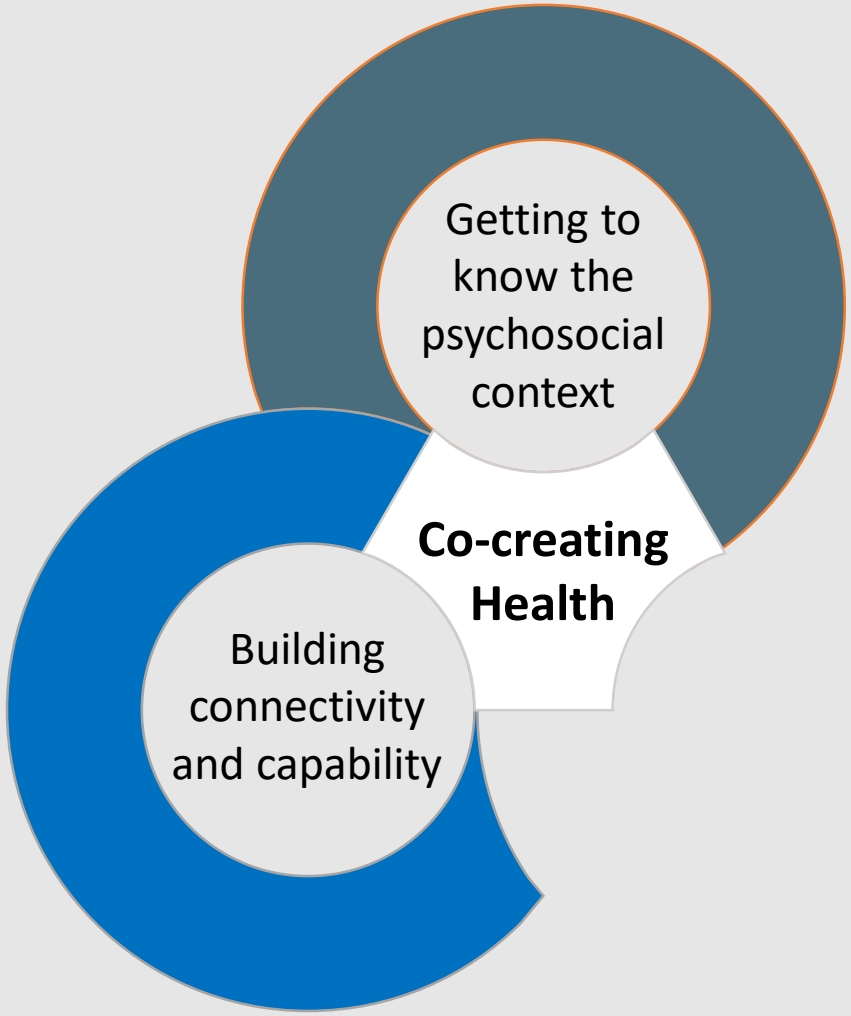
Physical activity engagement

Necessity beliefs	Concerns
Necessary for…	Concerns about…
Managing symptoms and treatment-related side effects Preventing recurrence Establishing a sense of normality Emotional health Re-engaging in meaningful activities	Safety Harm, re-injury or exacerbation Fatigue Self-image

So…

- Whether you attend to it or not, the psychosocial context will inevitably impact on your treatment success
- Seeking to understand the psychosocial context can:
  - Help the patient see that you care about their unique context, needs and preferences
  - Inform treatment decisions
  - Allow you to explicitly manage expectations
  - Ensure more appropriate referral

2. Laying the foundations



The Relationship Between Working Alliance and Rehabilitation Outcomes

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The Therapeutic A
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Paulo H. Ferreira, Manuela L. Ferreira,
Kathryn M. Refshauge, Jane Latimer, R

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Person Centred Research Centr

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[Ferreira PH, Ferreira ML, Maher CG, et al. The therapeutic alliance between clinicians and patients predicts outcome in chronic low back pain. *Phys Ther.* 2013;93:470–478.]

The Influence of the Therapist-Patient Relationship on Treatment Outcome in Physical Rehabilitation: A Systematic Review

Amanda M. Hall, Paulo H. Ferreira, Christopher G. Maher, Jane Latimer, Manuela L. Ferreira

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ACRM AMERICAN CONGRESS OF REHABILITATION MEDICINE

Archives of Physical Medicine and Rehabilitation

journal homepage: www.archives-pmr.org

Archives of Physical Medicine and Rehabilitation 2016;97:1979-93

REVIEW ARTICLE (META-ANALYSIS)

Therapeutic Alliances in Stroke Rehabilitation: A Meta-Ethnography

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Abstract

Objective: To synthesize qualitative studies exploring patients' and professionals' perspectives and experiences of developing and maintaining therapeutic alliances in stroke rehabilitation.

Data Sources: A systematic literature search was conducted using the following electronic databases: PsycINFO, CINAHL, Embase, MEDLINE, Allied and Complementary Medicine Database, Applied Social Sciences Index and Abstracts, and ComDisDome from inception to May 2014. This was supplemented by hand searching, reference tracking, generic web searching, and e-mail contact with experts.

Study Selection: Qualitative peer reviewed articles reporting experiences or perceptions of the patient or professional in relation to therapeutic alliance construction and maintenance in stroke rehabilitation were selected for inclusion. After a process of exclusion, 17 publications were included in the synthesis.

Data Extraction: All text identified in the results and discussion sections of the selected studies were extracted verbatim for analysis in a qualitative software program. Studies were critically appraised independently by 2 reviewers.

Data Synthesis: Articles were synthesized using a technique of meta-ethnography. Four overarching themes emerged from the process of reciprocal translation: (1) the professional-patient relationship: degree of connectedness; (2) asymmetrical contributions; (3) the process of collaboration: finding the middle ground; and (4) system drivers.

Conclusions: The findings from the meta-ethnography suggest that the balance of power between the patient and professional is asymmetrically distributed in the construction of the alliance. However, given that none of the studies included in the review addressed therapeutic alliance as a

Increasing evidence that…

- Patients and practitioners perceive therapeutic relationship to be important

  (e.g. Stenmar & Nordholm, 1994; Fadyl et al., 2010)

- Better therapeutic relationship = better outcome
  - E.g. global perceived effect of treatment, pain, physical function, patient satisfaction, depression, general health status

    (Hall et al., 2010; Kayes & McPherson, 2012; Ferreira et al., 2013; Babatunde et al., 2017)

‘Connectivity’ central to engagement

“It’s a relationship really and creating that trust, and the feeling valued as a person, that your point of view is important and that the person [therapist] wants to work with you to achieve what you need to do”
(Person w stroke)

What matters most in the therapeutic relationship?

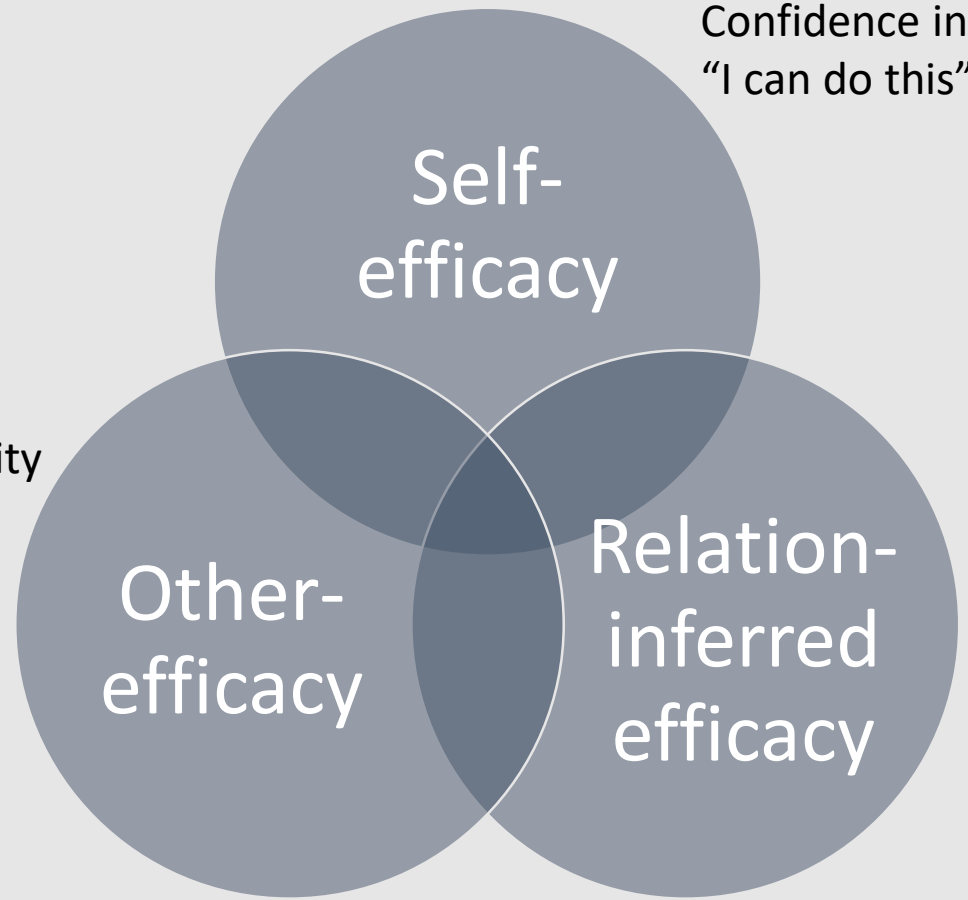
"I think you've got to trust that they know what they're doing, that they care about what they are doing, that they are going to do it to the best of their ability, that they've got your best interest at heart"
(Person w SCI)

“She tends to make you believe in yourself a lot more than you normally would”

“I think the therapist and their listening and their flexibility in being able to work with me… if I wasn’t quite feeling there or involved, they had the ability to change it. And that I understood what was required of me in what they were saying. And caring. They have a lot of energy and positive feedback and that spurred me on. This isn’t bad at all. I can do this. If they’re positive in their energy and the material they give me, and it’s not the same thing every day […] so I think it’s, the therapists’ attitude and skills that helped me through and persist.” (Person w SCI)

A tripartite efficacy perspective?

Confidence in ones own ability
"I can do this"



Confidence in therapists ability
"I have a great therapist"

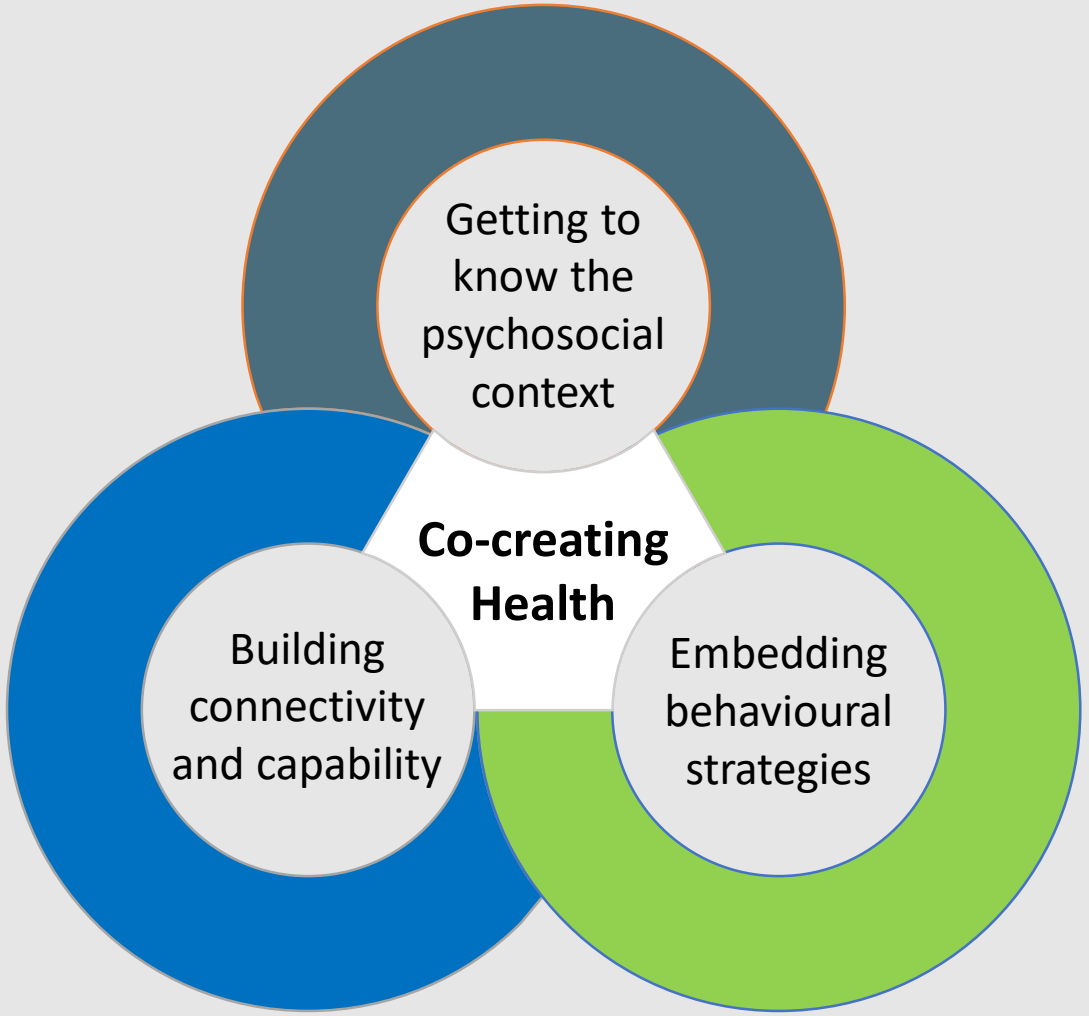
Appraisal re: how confident the therapist is in their ability
"I think my therapist really believes in me"

Lent & Lopez (2002); Jackson et al. (2012)

So…

- Highlights the interdependent nature of the relationship between patient and physiotherapist
- Reciprocal relationship between connectivity and perceived capability
- Consistent with evidence e.g.
  - Engagement as co-constructed (Bright et al., 2017)
  - Relational autonomy (Ells et al., 2011)

3. Building the bridge



Behaviour change – a core skill?

- Physiotherapy is predominantly a volitional process where patients need to ‘do’ something
  - Turn up to appointments
  - Follow recommendations
  - Follow a home-based exercise programme
  - Manage their symptoms (e.g. fatigue, pain)
  - Engage in health-promoting behaviours

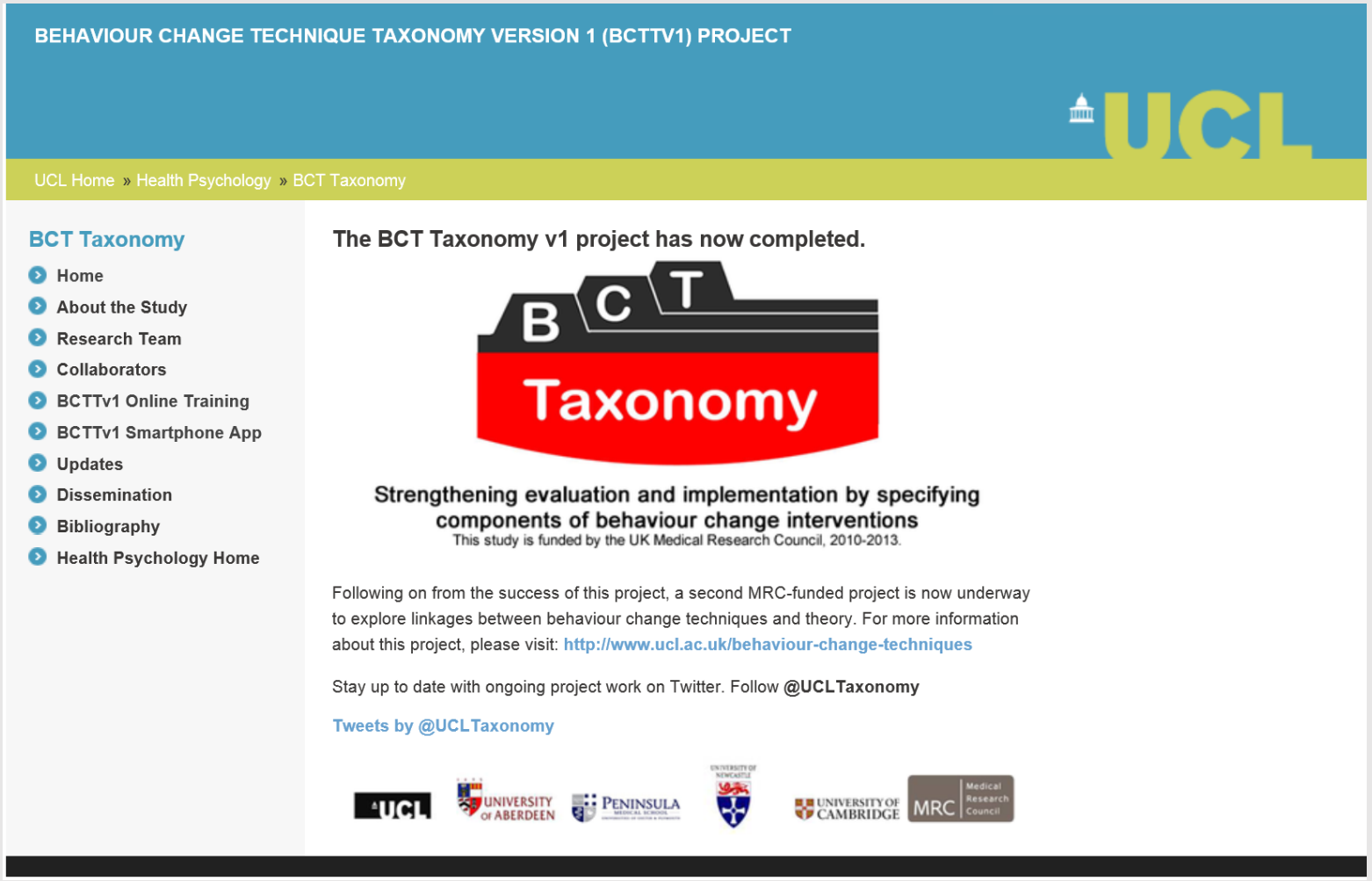
- But, rates of non-adherence, in musculoskeletal physiotherapy for example, are as high as 70%

(McLean et al., 2010)

But…

- What do we know about behaviour and behaviour change?
- To what extent to we integrate behaviour change techniques into routine practice?

Behaviour Change Taxonomy



https://www.ucl.ac.uk/health-psychology/bcttaxonomy

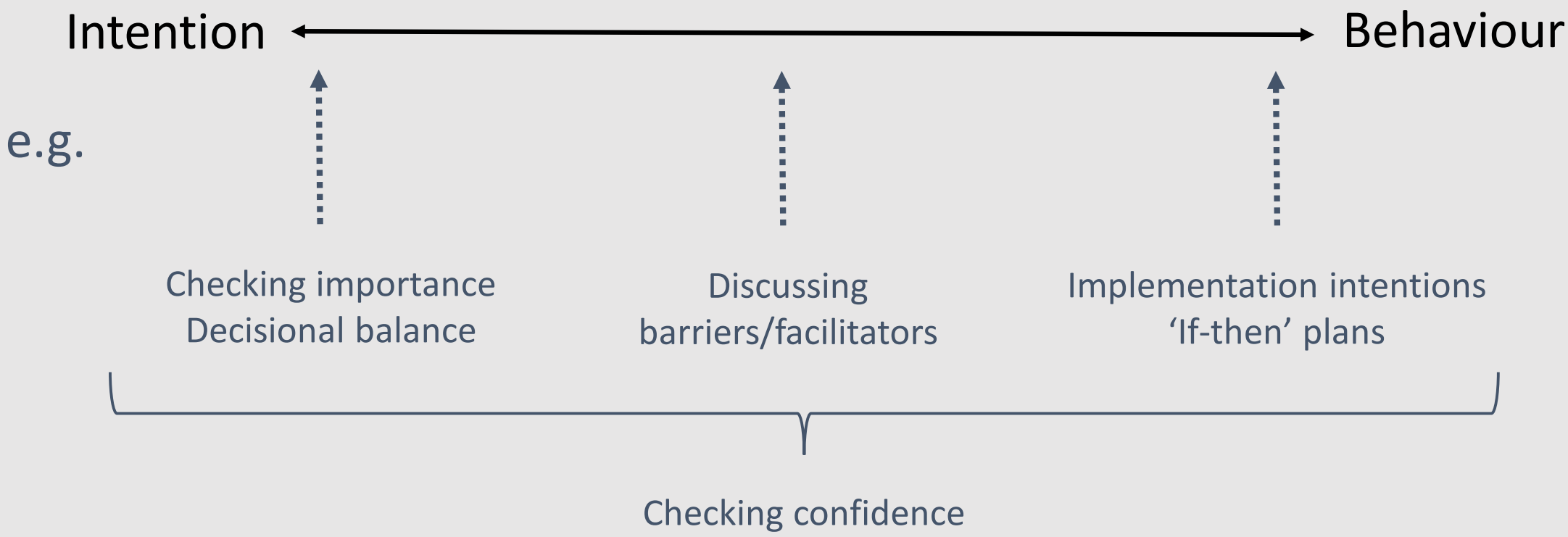
So, you do this already - more often than you might think…

- But, could you be more:
  - Explicit?
  - Effective?
  - Targeted?

Understanding behaviour

- At least two key processes in behaviour change
  - Motivational – establishing the intention to change
  - Volitional – translating intentions into action
- We all have good intentions – some of mine…
  - I'm going to exercise more
  - I'm going to manage my work-life balance better
- BUT often a gap between what we intend to do, and what we actually
  - The Intention-Behaviour Gap

Depending where the person is at – it can require a different approach

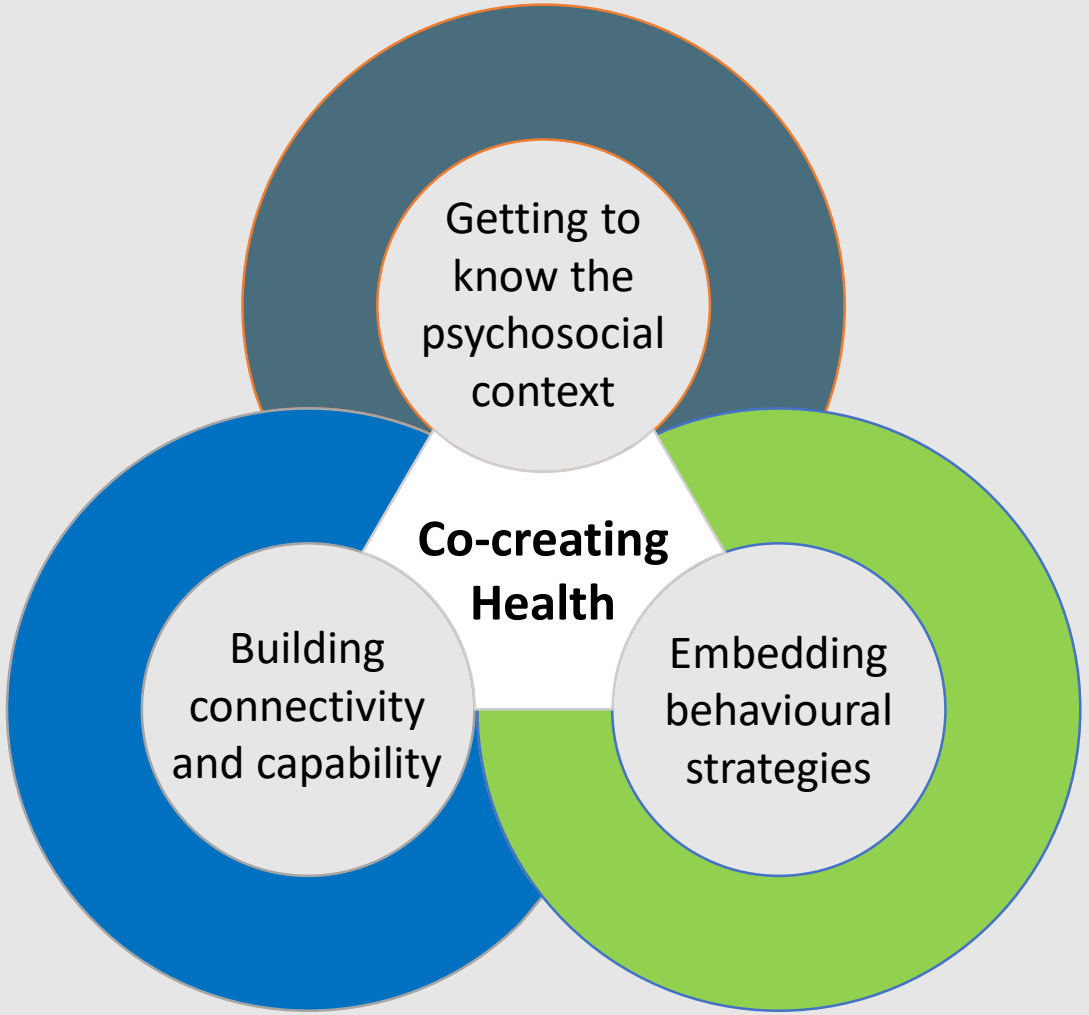


Embedding into practice

“I think it’s had a big impact. I can see with my patients […] I have noticed a big change and when people come back in […] they actually are getting better.”

“[…] It’s kind of exciting. It’s nice to think, the biggest thing for me is to make a difference for people, that’s the satisfaction I get from my job and that’s why we do it […] all those little things like being able to incorporate that and actually be working to something that that patient actually wants, feels like I am helping them. It feels satisfying to me.”

Co-creating health in physiotherapy



Some final words

- While *what we do* is important, *who we are* and *how we work* with our clients may be critical
  - Relying only on disciplinary skills and competence is rarely sufficient
- *Co-creating health* highlights the importance of valuing other core skills and processes e.g.
  - Therapeutic relationship
  - Goal planning
  - Behaviour change
- More explicit emphasis on these core skills has the potential to optimise the impact of physiotherapy

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