



Perceptions of workforce managers about the role and responsibilities of physiotherapists in occupational health rehabilitation: A qualitative study

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ABSTRACT

Introduction: It is imperative that occupational health physiotherapists understand their roles and responsibilities from the perceptions of workforce managers who are responsible for commissioning their services in order to ensure that previously unknown physiotherapy needs can be surfaced and known needs can be improved and refined.

Aim: The aim of the study was therefore to explore the perceptions of workforce managers involved in commissioning occupational health rehabilitation services about the role and responsibilities of physiotherapists providing these services.

Methods: The study incorporated a qualitative framework underpinned by an interpretive construct. Five workforce managers who were involved in the commissioning of occupational health rehabilitation services were interviewed. Data were collected via semi-structured interviews and analyzed using thematic content analysis.

Results: Several themes and sub-categories about the role and responsibilities of occupational health physiotherapy were identified. The findings highlighted the complex nature about the role of physiotherapists providing occupational health rehabilitation services.

Conclusions: In summary, to establish a role for occupational health physiotherapists based solely on clinical skills would fundamentally devalue the role because it became apparent that physiotherapists were perceived as providing a varied role with numerous responsibilities within occupational health rehabilitation services.

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Introduction

Occupational health rehabilitation, also referred to as vocational rehabilitation, is defined by the Department of Work and Pensions in the UK as “a process to overcome the barriers an individual faces when accessing, remaining, or returning to work following injury” [1]. Occupational health physiotherapists are best placed to assist employees who experience work-related problems because of their understanding and application of the bio-psychosocial model of care and a historic use of therapeutic work for occupational injuries [2].

Workforce managers have a direct relationship with an occupational health rehabilitation service because as commissioners of the service they are responsible for detailing the provision and cost of

the service as required for a particular organization [3]. A gap, however, exists in the literature about what workforce managers understand about the role and responsibilities of physiotherapists providing occupational health rehabilitation services and more specifically if physiotherapists are likely to be commissioned as part of the future provision of vocational rehabilitation services [3]. Workforce managers are aware that many employees using the National Health Service (NHS) in the UK are frustrated about the long waiting times for physiotherapy treatment in primary care clinics [4], yet physiotherapists who provide occupational health rehabilitation services are often commissioned as a last resort or as a “safety-net” for organizations in order to provide care for their employees [3].

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The aim of the study was therefore to explore the role and responsibilities of physiotherapists providing occupational health rehabilitation services from the perceptions of workforce managers in order to ensure that previously unknown physiotherapy needs can be surfaced and known needs can be improved and refined. This information can be used to form a collective agreement about the role and responsibilities of physiotherapists providing these services and to ensure that physiotherapy is routinely commissioned as an integral part of it.

Methods

A qualitative framework underpinned by an interpretative construct was used. The qualitative framework permitted for an exploration of the perceptions of workforce managers about the role and responsibilities of physiotherapists providing occupational health service at a rich and in-depth level [5]. The interpretative construct provided guidance about how people make meaning of a particular situation in their natural setting [6]. In this regard, engaging with workforce managers provided new perspectives and insights about the role and responsibilities of physiotherapists providing occupational health rehabilitation services.

Ethical approval was granted from Middlesex University London's Health and Social Care Ethics sub-committee. The sampling process was guided by previous qualitative studies to allow for the selection of only those participants that were considered valuable to the study [7]. Five workforce managers were interviewed using semi-structured interviews at two NHS sites. Workforce managers were recruited in the capacity of their professional roles and therefore there could be no substitution for those that chose not to take part or dropped-out. Workforce managers were excluded if they were unwilling or unable, for any reason, to give their written consent.

The researcher approached each participant individually about recruitment to the study, rather than via senior management, in order to ensure that there were no power relationships influencing the recruitment process that could be perceived as coercion and to uphold the principles of voluntary participation. Each participant was interviewed in a confidential area onsite. Written consent was provided prior to the interview being conducted and interviews were audiotape recorded to permit data

analysis at a later point. A flexible, semi-structured interview schedule allowed for fundamental lines of enquiry to be pursued with each participant, but flexible enough to allow participants to freely expand on questions, in order to encourage a spontaneous, free-flowing adaptable dialog [8].

Interviewers were transcribe independently by the researcher and then transcribed by another researcher who was not involved in the study in order to ensure accuracy of the transcription. The transcriptions were then compared and any differences in transcription were discussed until a consensus was reached. Thematic content analysis was used to analyze the data. Content analysis is the process of identifying, coding, and categorizing the primary patterns of data [8]. Research trustworthiness was established through: (1) triangulation of data sources where participants were interviewed across two NHS sites; (2) member checking where participants reviewed their interview transcripts, but no modifications to the transcripts were made by any participant; (3) an audit trail in order to show the process of the emergence of the data; and (4) external peer debriefing sessions to ensure that the researcher reflected on the views of the participants, rather than their own preferences [9].

Results

Participants discussed several components about the role and responsibilities of physiotherapists providing occupational health rehabilitation services. A list of the themes and sub-categories that emerged from the study is presented in Table 1.

Theme 1: Agent to organization and client

The six sub-categories under this theme are: (1) balancing clinical and organizational needs; (2) enhancing the influence of occupational health; (3) employer needs assessment; (4) organizational analysis and development; (5) linking staff needs to

Table 1. List of themes and subcategories.

Themes	Subcategories
Theme 1: Agent to organization and client	Balancing clinical and organizational needs Enhancing the influence of occupational health Employer needs assessment Organizational analysis and development Linking staff needs to the organization Promotion of occupational health within the organization
Theme 2: Impartial approach	Sympathetic and impartial approach Client education and communication

the organization; and (6) promotion of occupational health within the organization.

Balancing clinical and organizational needs

Workforce managers interpreted the role of occupational health physiotherapy as complex and dual in nature, which involved a balancing act between meeting clinical needs and working within the boundaries of organizational needs. Occupational health physiotherapists were seen as professionals with a higher level of knowledge and clinical reasoning ability compared to primary care physiotherapists. However, there was a concern about embedding physiotherapists in occupational health departments because of the perceived professional isolation, and the general consensus was that a physiotherapist in such a role would have to prove their skills and abilities within an occupational health team and be capable of working independently, with minimal support from a traditional physiotherapy department:

“Occupational health physios need to work in such a way that they can do their clinical work and understand what the organization wants and needs. Too often, physios adapt a primary care contact role right from the start, and this does not always get the backing of the doctors. They need to work in consultation with the team and understand the pressures of the organization.” (Manager 3)

“Physios in occupational health must have a certain level of skills and competency because the work also involves getting staff back to work. There needs to be an understanding from the beginning how the system works and be able to help staff get back to work and recommend to the referring managers how to support them. Physios cannot only treat the pain.” (Manager 2)

The future role of occupational health physiotherapy was seen to be embedded into the occupational health team while also promoting organizational values. The consensus was that a process needs to be in place to allow for a role that incorporates professional autonomy as well as collaboration within the multidisciplinary team and organization:

“A process could be put in place so that the physiotherapist can work with the other professions in the occupational health team and can screen their cases and decide which ones are suitable for them and which ones are not ... also, if the physio can access some of the cases sooner, they can inform the organization about what the client is capable of, where something does not appear to be right or if the client is not progressing.” (Manager 4)

The success of establishing the dual role of occupational health physiotherapists was not only dependent on the strong collaboration with different members of the team, but a central issue was the need for the physiotherapist to facilitate a smooth transition into the department:

“We will look for a physio that has a broad knowledge base, someone who has integrity, but is also easy going and can fit into the team.” (Manager 3)

“We definitely need someone who is flexible, who can challenge the consultants decisions and confident enough to make recommendations to the organization, even when the manager may disagree with you.” (Manager 4)

Enhancing the influence of occupational health

The presence of physiotherapists in occupational health departments could help illuminate what a modern occupational health team structure should resemble and help enhance the influence of occupational health departments in the organization:

“I think having a modern department, like what was proposed in Boorman’s Report, is so really important. My view is that physios are an important addition to an occupational health department, not just because they are good with their treatment and interventions, but they also help promote the work that we do in the organization.” (Manager 2)

Employer needs assessment

Occupational health physiotherapists were viewed as being able to examine injury patterns of those who were injured and make appropriate recommendations on what strategies are needed to be in place to address the trends within the organization:

“The physios here look at the patterns of injuries. This is very beneficial because they can map where all the injuries are taking place so they can provide targeted interventions. This definitely helps with proactive management of injury and the organization and clients love this. I think this is an important area for physios to further develop.” (Manager 4)

“One important thing physios are good at is going out there, seeing what’s actually needed to make a difference.” (Manager 3)

Organizational analysis and development

Occupational health physiotherapists were viewed as a professional group engaging in organizational analysis and development:

“There is a trend in the NHS to restructure services, and occupational health services are no different. This involves analyzing the organizational setting in terms of change, culture, decision making and development ... and this is where physiotherapists can help to facilitate new ideas.” (Manager 3)

“To develop occupational health services, we need to have physiotherapists that not only perform their clinical duties but also calculate the return on investment for the organization with their services. We need physios who can identify the needs of the organization and make developments, like new ways of working, and cut costs.” (Manager 1)

“I think there is a need for physiotherapists in occupational health departments to perform some sort of analysis within the organization at an early stage to help identify actual performance issues and where processes need to be developed.” (Manager 2)

Linking staff needs to the organization

Workforce managers perceived a breakdown of communication between the organization and employees. This was in spite of the fact that workforce managers felt that they had made progress towards creating links between the two. Workforce managers recognized that occupational health physiotherapists played a role in linking the needs of staff and the organization:

“Creating links between our staff and the organization is crucial to manage staff-related problems. We have done lots of work to make staff feel more supported, but there has always been this breakdown in communication. I feel staff sometimes think we are the enemy trying to make their lives difficult. The physiotherapist spends a lot of time with staff, compared to the doctor or nurse, and that puts them in a prime position to understand and get to know the staff member much more intimately. That’s why I think physiotherapists can appropriately and efficiently link staff problems with the resources in the organization.” (Manager 1)

“I suppose physios could help facilitate feedback to the organization. It’s good to have a system in place so that written feedback is made to the organization. But I do think physios are good at achieving better continuity of care, and driving their ideas back to the organization. I suppose this helps initiate change, which is quite hard in the NHS.” (Manager 2)

Promotion of occupational health physiotherapy within the organization

Workforce managers felt that occupational health physiotherapists had a responsibility to promote their services and liaise with different stakeholders in the organization:

“I feel it is important for the occupational health physiotherapist to establish and maintain an effective rapport with decision makers in the organization. If they don’t do it, then nobody else will.” (Manager 1)

“I guess it would be up to the physio to say what they can do and promote it to everyone.” (Manager 2)

Theme 2: Impartial approach

The two sub-categories under this theme are: (1) sympathetic and impartial approach and (2) client education and communication.

Sympathetic and impartial approach

Workforce managers also perceived the role of occupational health physiotherapists as being sympathetic and impartial to staff problems by reducing their anxieties and fears of attending an occupational health department:

“One of the scary things we hear from staff about attending an occupational health department is that they are going to be told off for missing work. But the main advantage with physios is that they have a deeper understanding of the problem and can provide more positive information without taking sides.” (Manager 3)

“I see physiotherapists as those who should give staff a boost in terms of how they are feeling, and maybe reassure them about their work situation.” (Manager 4)

Client education and communication

Workforce managers felt that occupational health physiotherapists should provide clients with detailed information about their condition and the available treatment options and not make decisions for them:

“I would expect the physiotherapist to provide relevant information to clients, and this would surely help they feel much better.” (Manager 2)

“Physiotherapists should be able to advise and guide clients on the different treatments available. It’s nice for the physio to tell staff all these things, you know, about what is available out there for

them to choose and not make the decisions for them.” (Manager 4)

Discussion

This study sought to clarify the role and responsibilities of physiotherapists in occupational health rehabilitation from the perceptions of workforce managers. The semi-structured interviews were designed in a way that all participants were asked similar questions while allowing for more in-depth probing to cover a wide range of topics about physiotherapists providing occupational health rehabilitation services. Several components about the role and responsibilities of occupational health physiotherapy were identified of which some components of the role have not been previously articulated. These components include maintaining an impartial approach and balancing clinical and organizational needs which not been documented elsewhere [2].

The comprehensive insight into the role and responsibilities of physiotherapists providing occupational health rehabilitation services appears to be performed at two levels. First, at a micro-level, where the physiotherapist provide employees with high standards of direct care and expertise within a centered-care approach, which is consistent with previous research [10] and second, at a macro-level, where the physiotherapist provides an organizational role, such as dealing with occupational health rehabilitation challenges and providing an organizational analysis and service development role.

Some aspects of the role and responsibilities provided by physiotherapists appear to have developed incrementally in line with the needs of the occupational health rehabilitation service, such as assisting managers undertake service needs assessment and organizational analysis and development. It may be preferable that physiotherapists working in the field of occupational health rehabilitation have processes in place to support and develop their role and responsibilities within the specific parameters of the organization and professional practice.

It is recommended that the components for the role and responsibilities identified in this study provide a basis on which the performance of a physiotherapist providing occupational health rehabilitation services may be audited. Whilst workforce managers may not be able to fully describe the role and responsibilities of an occupational health rehabilitative physiotherapist, the findings of the

study have identified the multifaceted and changing nature of the role and responsibilities of a physiotherapist within this setting. To this extend, to establish the role and responsibilities for physiotherapists providing occupational health rehabilitation services based solely on clinical skills would fundamentally devalue the role.

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Conflict of Interest

There are no conflicts of interest to declare.

References

- [1] Department of Work and Pensions. Building capacity for work: a UK framework for vocational rehabilitation. Department of Work and Pensions, London, UK, 2004.
- [2] Chetty L. A critical review of physiotherapy as a clinical service in occupational health departments. *Workplace Health Saf* 2014; 62(9):389–94.
- [3] Phillips CJ, Phillips R, Main CJ, Watson PJ, Davies S, Farr A, et al. The cost effectiveness of NHS physiotherapy support for occupational health (OH) services. *BMC Musculoskelet Disord* 2012; 13:29–39.
- [4] Watson PJ, Bowey J, Purcell-Jones G, Gales T. General practitioner sickness absence certification for low back pain is not directly associated with beliefs about back pain. *Eur J Pain* 2008; 12:314–20.
- [5] Irvine HJ, Gaffikin M. Getting in, getting on and getting out: reflections on a qualitative research project. *Account Audit Accoun* 2006; 19(1):115–45.
- [6] Angen M. Evaluating interpretive inquiry: reviewing the validity debate and opening the dialogue. *Qual Health Res* 2000; 10(3):378–95.
- [7] Bernard HR. *Research methods in anthropology: qualitative and quantitative methods*. 3rd edition, AltaMira Press, Walnut Creek, CA, 2002.
- [8] Patton MQ. *Qualitative research and evaluation methods*. 3rd edition, Sage, London, UK, 2002.
- [9] Shenton AK. Strategies for ensuring trustworthiness in qualitative research projects. *Educ Inform* 2004; 22:63–75.
- [10] Addley K, Burke C, McQuillan P. Impact of a direct access occupational physiotherapy treatment service. *Occup Med* 2010; 60:651–3.