



Perceived physiotherapist empathy in orthopaedic clients at a vocational rehabilitation centre

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Abstract

Purpose: To evaluate the perceived physiotherapist empathy in orthopaedic clients attending a vocational rehabilitation centre in London, United Kingdom (UK).

Methods: A retrospective cohort study design with the use of both open-ended and closed-ended questions. The Consultation and Relational Empathy (CARE) measure was utilised as the data collection tool.

Results: Eighty one respondents completed and returned the survey. The constructs with the highest percentage of empathy were 'being positive' and 'explaining things clearly'. No client reported any dissatisfaction on the CARE measure. On service 'likes' and 'dislikes', most clients were satisfied with the overall service. With regards to the attributes of the service that clients disliked, this mainly included no physiotherapy services provided over the weekend and having difficult conversations.

Conclusion: The results indicated that overall clients perceived the physiotherapist as empathetic to their needs and report satisfaction with the service. Further investment to support the employment of more occupational health physiotherapists at this NHS Trust is recommended.

Keywords: empathy, vocational, physiotherapy, rehabilitation, orthopaedic

1. Introduction

The measurement of empathy has become an essential tool for research and health planning and improves the accountability of healthcare services [1]. The data collected on empathy can help address areas such as poor communication, poor quality of care, inaccessible information, lack of understanding and negative and discriminatory attitudes of healthcare practitioners [2]. For these reasons, the measurement of empathy is vital in planning healthcare services and as a tool to measure healthcare quality, according to the values and expectations of the client.

A critical literature review was unable to identify any research evaluating physiotherapist empathy in orthopaedic clients within a vocational rehabilitation setting [3], compared to a significant amount of research on empathy within the outpatient physiotherapy setting [4-5]. There is an expectation that empathy will be measured as a complimentary aspect to the quality of clinical care associated with delivering a service [6]. Furthermore, the purpose of assessing empathy is to analyse the quality of the physiotherapist encounter from the perspective of the client so that this information can be used for service improvement [1-2].

The purpose of this study was to evaluate the perceived physiotherapist empathy in orthopaedic clients attending a vocational rehabilitation centre in London, United Kingdom (UK). The physiotherapy service is provided by a senior physiotherapist with postgraduate qualifications in vocational rehabilitation. This study will also report on the components of good practice and any problems or issues within the service.

2. Materials and Methods

2.1 Design

A retrospective cohort study design.

2.2 Setting

This study was undertaken at a vocational rehabilitation centre based within a National Health Service (NHS) Trust in London, UK. The vocational physiotherapist manages a wide variety of orthopaedic cases resulting from or impacting on work. The service accepts both self and manager referrals. In the case of manager referrals a fitness for work report is sent to the referring manager, if the client consents. This report would not include any confidential medical information. In addition to the vocational physiotherapy service, the centre consists of consultants, nurses, clinical psychologist and administrative support staff.

2.3 Recruitment and selection of participants

All clients that attended at least one vocational physiotherapy appointment were posted the Consultation and Relational Empathy (CARE) measure questionnaire together with a return envelope by the service administrator. Clients based at all three sites of the NHS Trust were included.

2.4 Data collection instrument

The CARE measure questionnaire was used to collect feedback from clients. It is both a valid and reliable tool to measure client feedback and has been widely used in the UK and internationally [7, 8]. Clients received treatment from only one senior physiotherapist, and therefore there was no concern about feedback differing according to the different therapist involved, or which comments were attributed to the relevant therapist.

2.5 Data handling

Data were coded anonymously and entered onto a Microsoft Excel spread sheet. The data were cleaned and analysed initially by the vocational physiotherapist providing the

service and then double checked by the service manager for bias and errors. The quantitative data were analysed using descriptive statistics and the qualitative data by thematic analysis.

2.6 Ethical considerations

Research governance approval and permission from the relevant authorities was granted prior to commencement of the study. Clients were assured of the voluntary nature of the study, that no incentives were being offered for participation, their responses would remain anonymous and be treated confidentially, and their decision to participate or not would not impact on the care they were currently receiving or any future care they may receive at the centre. This approach was taken to ensure that clients responded honestly and freely.

3. Results

Of the 81/467 clients that returned the survey and included in this evaluation, 59 were female and 22 were male. This represents a response rate of 17.3%. The mean age was calculated to be 53 years. Seventy six clients were at work and 5 were off-sick.

Table 1 depicts the results of the closed-ended questions and the frequency of responses. The constructs with the highest percentage of empathy were ‘being positive’ and ‘explaining things clearly’. Table 2 illustrates the findings of the open-ended questions of clients’ experiences with the vocational physiotherapy service. The overall trend reflected that most clients were satisfied with the physiotherapy service.

Table 1: Responses to CARE measure questionnaire

	Poor	Fair	Good	Very Good	Excellent	Does not apply
1. Making you feel at ease	0%	0%	0%	29.6%	70.4%	0%
2. Letting you tell your "story"	0%	0%	9.9%	38.3%	51.8%	0%
3. Really listening	0%	0%	2.5%	23.5%	74.0%	0%
4. Being interested in you as a whole person	0%	0%	13.6%	34.6%	51.8%	0%
5. Fully understanding your concerns	0%	0%	1.2%	28.4%	70.4%	0%
6. Showing care and compassion	0%	0%	9.9%	13.6%	76.5%	0%
7. Being positive	0%	0%	0%	7.4%	92.6%	0%
8. Explaining things clearly	0%	0%	1.2%	11.1%	87.7%	0%
9. Helping you take control	0%	0%	6.2%	38.3%	55.5%	0%
10. Making a plan of action with you	0%	0%	9.9%	25.9%	25.8%	28.4%

Table 2: Thematic representation of orthopaedic clients’ experiences with vocational physiotherapy service

Theme 1: Likes
“Reassured me when I was making progress”
“Encouraged me about my ability”
“Very thorough”
“Direct, has a sense of humour”
“Friendly and very professional”
“Great service”
“Good explanations, can’t thank the physio enough”
“Very understanding, listens to your problem from beginning to end”
Theme 2: Dislikes
“Lack of service on weekends”
“Resented having tough conversations at first but realised it was for my own good”
“Hated being told I need to do my exercises everyday”
“Had to sit at reception for a bit long”

4. Discussion

The purpose of this study was to evaluate the perceived physiotherapist empathy in orthopaedic clients attending a vocational rehabilitation centre in London, UK. The results of the study indicated that overall orthopaedic clients perceived the physiotherapist as empathetic within the vocational physiotherapy service. The constructs of empathy with the highest percentage were ‘being positive’ and ‘explaining things clearly’.

A positive approach to the session by the physiotherapist encourages client empowerment which will help to facilitate the practice of physiotherapy, improve client confidence and satisfaction of health services rendered by physiotherapists [9]. Explaining things clearly is important because communication skills are essential for physiotherapy

practice. It has been shown that clients, especially those with chronic pain problems, are more satisfied with services when therapist communicates adequately [10]. It may seem surprising that nearly a third of clients did not think that ‘making a plan of action’ applied to them, especially in a vocational rehabilitation centre, however, it must be noted that unlike the vocational medical and nursing services which only accepts manager referrals, the physiotherapy service accepts both self-referrals where the focus is on physiotherapeutic treatment, and manager referrals where the focus is on developing a fitness for work plans. It is therefore not unusual for those clients self-referring themselves to the physiotherapy service wanting the intervention geared towards treatment of their symptoms rather than a fitness for work plan.

Interestingly, no client reported any dissatisfaction on the CARE measure. Although a literature search has revealed no comparative data for similar vocational physiotherapy services, this finding is inconsistent with the literature with regards to outpatient physiotherapy services. The components of dissatisfaction with outpatient physiotherapy services, albeit low, are related to the location of the service, distance to get to the facility, and lack of parking [11]. This is of concern because the characteristics of clients attending physiotherapy clinics usually include those with chronic pain and mobility problems, often many living with disability, and being able to access services contributes to their overall care.

On service ‘likes’ and ‘dislikes’, most clients were satisfied with their overall care. Clients reported that they liked to be reassured about their progress, have clear information on their ability, and to be listened to when they raise concerns. There is a wide range of evidence to support the relationship between client satisfaction and the interpersonal and clinical

skills of the physiotherapist [12-14]. Furthermore, client satisfaction has been reported to be higher following a consultation with physiotherapists compared to general medical practitioners [15]. This has largely been attributed to longer contact times physiotherapists spend with their clients compared to medical practitioners [16-18].

With regards to the attributes of the service that clients disliked, this mainly included no physiotherapy services over the weekend and having difficult conversations. Cover for the vocational physiotherapy service at this NHS Trust is provided by only one senior physiotherapist covering 3 sites. At present the physiotherapy service is fully subscribed and inadequately staffed to provide a weekend service for clients. Having a physiotherapy service over the weekend with the current capacity of one senior physiotherapist would mean losing clinic time over the weekday which could impact waiting times. The author argues that further investment in the vocational physiotherapy service is needed to pilot a weekend service and to ascertain the longer term demand for this service. With regards to difficult conversations, vocational physiotherapy consultations involves discussing a client's fitness for work and this can sometimes be a sensitive conversation when the client persists in remaining off work when the opinion of the physiotherapist is that they return to work.

This study is limited in that the generalisations of the findings should be applied with caution, since the findings are specific to one NHS Trust in London, UK. Furthermore, the response rate was low. However, this study contributed immensely to the literature by serving as a baseline to highlight constructs of empathy and satisfaction of orthopaedic clients with the physiotherapist within a vocational physiotherapy service.

5. Conclusion

The findings of this study suggest that orthopaedic clients attending the vocational physiotherapy service within a London NHS Trust perceived the physiotherapist as empathetic to their needs and report satisfaction with the service. However, clients reported that they wanted a weekend service and, therefore, it is recommended that further investment to support the employment of more vocational physiotherapists at this NHS Trust is warranted.

6. Acknowledgment

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7. References

- Suchman AL, Markakis K, Beckman HB, Frankel R. A model of empathic communication in the medical interview. *JAMA*, 1997; 277:678-682.
- Attree M. Patients' and relatives' experiences and perspectives of 'good' and 'not so good' quality care. *J Adv Nurs*, 2001; 33:456-466
- Chetty L. The role of physiotherapy in occupational health rehabilitation: a review of the literature. *Indian J Physiother Occup Ther*, 2013; 7:118-122
- Odebiyi DO, Aiyejusunle CB, Ojo TS, Tella BA. Comparison of patient's satisfaction with physiotherapy care in private and public hospitals. *J Niger Soci Physio*, 2009; 17:23-29
- Daniel OJ. Patient satisfaction with health services at the out-patient department of a tertiary hospital in Nigeria. *Niger J Clini Med*. 2013; 5:1-6.
- Rose M, Bjorner JB, Becker J, Fries JF, Ware JE. Evaluation of a preliminary physical function item bank supported the expected advantages of the Patient-Reported Outcomes Measurement Information Systems (PROMIS). *J Clin Epidemiol*. 2008; 61:17-33
- Mercer SW, Murphy DJ. Validity and reliability of the CARE Measure in secondary care. *Clinical Governance: An International Journal*, 2008; 13:261-283.
- Mercer SW, Watt GCM, Maxwell M, Heaney DH. The development and preliminary validation of the Consultation and Relational Empathy (CARE) Measure: an empathy-based consultation process measure. *Family Practice*. 2004; 21(6):699-705
- Akpotor ME, Johnson EA. Client empowerment: A concept analysis. *International Journal of Caring Sciences*. 2018; 11(2):743-750.
- Opsommer E, Schoeb V. Tell me about your troubles': Description of patient-physiotherapist interaction during initial encounters. *Physiother Res Int*. 2014; 19(4):205-221
- Polluste K, Kalda R, Lember M. Evaluation of primary health care reform in Estonia from patient's perspective: acceptability and satisfaction. *Croat Med J*, 2004; 45:582-587
- Odebiyi DO, Aiyejusunle CB, Ojo TS, Tella BA. Comparison of patient's satisfaction with physiotherapy care in private and public hospitals. *J Niger Soci Physio*, 2009; 17:23-29.
- Daniel OJ. Patient satisfaction with health services at the out-patient department of a tertiary hospital in Nigeria. *Niger J Clini Med*, 2013; 5:1-6
- Rubin HR, Gandek B, Rogers WH, Kosinski M, McHorney CA, Ware JF. *et al.* Patient's rating of outpatient visits in different practice settings: results from the medical outcome study. *JAMA*, 1993; 270:835-840
- Seibert JH, Brian JS, Maaske BL. Assessing patient satisfaction across the continuum of ambulatory care: a re-evaluation and validation of care specific surveys. *J Ambul Care Mana*. 1999; 22:9-26
- Monnin D, Perneger TV. Scale to measure patient satisfaction with physical therapy. *Phys Ther*, 2002; 82:682-691
- Nasaruddin MM, Aniza I, Norfaridah AR, Sulha A. Assessing the service quality of physiotherapy services: a cross sectional study at teaching hospitals in Klang Valley, Malaysia. *Mal J Pub Health Med*, 2013; 13:27-37.
- Zapka JG, Palmer RH, Hargraves JL, Nerenz D, Frazier HS, Warner CK. *et al.* Relationship of patient satisfaction with experience of system performance and health status. *J Ambul Care Manage*, 1995; 18:73-83.