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A Thematic Synthesis of Decision Making in Musculoskeletal Physiotherapy

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Abstract

Self-efficacy and service user empowerment have been linked to share decision making (SDM), which has been promoted as a means of increasing healthcare prudence. Although the evaluation of its application in musculoskeletal (MSK) physiotherapy is hazy, articles indicate that trust and communication are essential. Thematic synthesis and systematic review were based on ENTREQ guidelines. From the beginning to October 2021, a comprehensive literature search using the AHMED, CINAHL, MEDLNE, EMBASE and Cochrane databases was guided by PRISMA recommendations. In addition to critical discussions, articles quality was evaluated using COREQ. There were five stages in analysis and synthesis framing concentrate on attributes, coding of information and improvement of enlightening subjects, advancement of scientific topics and coordination and refinement. The purpose of the review was to learn about people's experiences with SDM in MSK physiotherapy and to improve our comprehension of the conditions necessary for successful SDM. Nine articles were selected from a total of 1508 studies. The majority of people want to participate in decision-making, as demonstrated by four main themes trust, communication, decision preferences and decision ability. In accordance with the capacity and capability model, a person's capacity to participate was facilitated by three fundamental conditions. Participation in SDM in MSK physiotherapy is desired by the public. Physiotherapists should try to build trust between patients, use two-way communication and share power in order for SDM to work.

Keywords: Musculoskeletal physiotherapy • Autonomy • Clinician

Introduction

Fundamental values, rather than a consensus-based definition, can be used to understand shared decision making (SDM). Three standards have been distinguished a collaborative relationship between healthcare professionals and those receiving care, including caregivers; the recognition that both parties have a say in the decision-making process; and the values and preferences of the person receiving care should be at the center of the decision-making process, supported by assistance so that they can understand the options that are available. Policymakers have long supported SDM as a means of facilitating prudent healthcare and reducing health disparities. SDM may be connected to deeper concepts like self-efficacy, autonomy and empowerment in addition to having a positive impact on people's satisfaction with healthcare. The majority of SDM research, despite its exponential growth in recent years, focuses on primary care. It is necessary to conduct additional research on its application outside of physiotherapy, particularly in underserved specialties like musculoskeletal (MSK) physiotherapy.

Description

Despite the fact that it is suggested that understanding public views is essential if SDM is to be fully integrated into healthcare, research that has been published in this area frequently focuses on the viewpoints of clinicians or observer perceptions rather than the perspective of patients. SDM may enhance trust, satisfaction and empowerment to participate in decision-making, according to initial research focusing on MSK physiotherapy patients, but these findings are vague and varied. Quantitative methods used in other studies to investigate this phenomenon may misrepresent findings and, consequently, our comprehension of this complex phenomenon. Beyond the comprehension of the initial studies, a systematic review of the available data would provide clarity and the opportunity to identify associations between themes and concepts in a model. According to the authors, there are currently no reviews that have done this. In light of the foregoing, the purpose of this review is to thoroughly investigate and thematically synthesize individuals experiences with SDM in MSK physiotherapy in order to comprehend the conditions required for successful SDM [1].

The physiotherapist's competence and personality traits helped build trust, as did the clinicians reputation as an authority figure. SDM has been demonstrated to be both facilitated and hindered by this phenomenon, which is prevalent throughout healthcare. People's confidence in participating in SDM can increase when they trust the clinician, but it can also cause them to defer making decisions to the expert. The negative effect that unidirectional trust in the clinician can have on influencing people to defer decision-making may be negated by the development of mutual trust, in which the individual is encouraged to recognize their own expertise. In addition, well-documented phenomena include the belief that a healthcare professional knows best and the desire to conform to societal standards regarding what constitutes a "good" patient behavior. People even worry that their beliefs will affect the quality of care if they disagree with a doctor, according to studies. However, the current findings indicate that some individuals resisted a perceived need to conform, suggesting dissatisfaction with MSK physiotherapy's traditional patient roles [2].

In order to allow people to participate in unfamiliar forums, it is essential to provide information for effective collaboration. The need for clinicians to share knowledge in an accessible manner if collaboration is the goal was emphasized in this review because appropriate, understandable information allayed people's fears and empowered them to make decisions. However, only providing information in one direction is not 100% reliable. This review found that there were broader benefits to two-way communication, which allowed

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people to be heard and their preferences to influence decision-making; Not only did it make SDM easier, but it also made people happier and made people trust each other more. Worked on nature of care coming about because of an individual focused approach has been recently confirmed and conditions that help individuals to pose inquiries have been demonstrated to be vital for SDM. In general, physiotherapists ought to keep involving and activating the general public, not only to facilitate SDM but also to guarantee a positive therapeutic experience [3].

There were numerous reasons to wish to delegate decision-making to the physiotherapist. Despite the fact that other participants were happy to delegate "minor" decisions, fear of making the "wrong" decision was mentioned, suggesting that people are more likely to avoid high-risk choices. In contrast, a study found that "significant decisions" regarding cancer treatments may both hinder and encourage SDM participation. This intends that as opposed to being exclusively risk delicate, choice inclination is private and probable in view of individual qualities. A person's perception that they lack medical knowledge, especially when compared to a clinician, may also contribute to their fear of making the wrong choice. To counteract this, individuals require the clinician to highlight their expertise in relation to their preferences, values and beliefs. Additionally, if the decision is deferred to a physiotherapist, the clinician would be responsible for a potentially negative outcome because of their fear of making the wrong choice.

Since MSK physiotherapy rarely offers treatments that are both 100% successful and free of side effects, the attitude need to shift toward accepting that decisions are rarely either good or bad. Instead, they are usually the best choice for that person at that moment. According to one study, cultural, social and economic factors may influence decision preference, which is also reflected in other healthcare settings. Although these demographics are fixed, it has been demonstrated that the resulting behavior can be changed with the right decision support. As a result, individuals with SDM can change their attitudes and behaviours, regardless of background, with the right support. The physiotherapist frequently prevented individuals from participating in SDM and clinicians have been known to present options in a biased manner elsewhere in healthcare. Importantly, it may not be true that MSK physiotherapy patients do not want to participate in SDM but cannot, as is the case in other settings. While coordinated effort has been demonstrated to be trying among individuals and physiotherapists, for SDM to happen, devoted clinicians need to work with the sharing of force [4].

These results show that some people thought the physiotherapist had too much control over the relationship. This led to a didactic, paternalist approach that was not well received and has been shown to prevent SDM participation. This could be because the doctor sees themselves as the one making the decisions and representing their patients. Another study found that, despite their best intentions, physiotherapists may avoid using SDM because they assume patients do not want to participate. This indicates that physiotherapists frequently misinterpret people's preferences for involvement in decision-making. A shift in clinician attitudes and actions is required for collaboration to take place. In addition to the physiotherapist sharing power, people's capacity to participate in SDM must be strengthened. People in this review were unable to challenge the physiotherapist and were unable to assist themselves as a result of a lack of knowledge and confidence, which led to dependency and disempowerment. Not wanting to participate is not the same as being unable to participate due to a lack of information, confidence, or a setting that discourages collaboration. This could be as straightforward as giving people explicit permission to participate or as complicated as challenging individual and societal attitudes and behaviours [5].

Conclusion

The findings of this review show that there are clearly conditions that affect people's ability to participate in SDM in MSK physiotherapy and their confidence in doing so. People are able to participate in decision-making when there is mutual trust, two-way communication that makes it easier to share information and lets people hear each other and power sharing within the relationship. Physiotherapists have a responsibility to address these conditions if SDM is the objective, employing open and empathic communication techniques in addition to approaches aimed at increasing people's activation. The best way to use these strategies in MSK physiotherapy should be the focus of future research; this could be done by looking into established SDM models or by coming up with new methods that relate to the particular relationship and the context.

Acknowledgement

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Conflict of Interest

None.

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