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# Making Decisions in Musculoskeletal Physiotherapy: A Thematic Integration

**Adlai Hebrew***

*Department of Physical Therapy, University of Applied Health Sciences, Bochum, Germany*

## Abstract

Share decision making (SDM), which has been promoted as a means of increasing healthcare prudence, has been linked to self-efficacy and service user empowerment. Despite the hazy evaluation of its use in musculoskeletal (MSK) physiotherapy, articles indicate the importance of trust and communication. The ENTREQ guidelines served as the basis for the systematic review and thematic synthesis. PRISMA recommendations were used to guide a comprehensive literature search that used the AHMED, CINAHL, MEDLNE, EMBASE, and Cochrane databases from the beginning until October 2021. COREQ was used to evaluate the quality of the articles, in addition to critical discussions. The analysis and synthesis process consisted of five phases: attributes, information coding and the development of instructive topics, scientific topics advancement, coordination, and refinement. The review's objective was to gain a better understanding of the conditions necessary for successful SDM and learn about people's experiences with SDM in MSK physiotherapy. From a total of 1508 studies, nine articles were selected. The four main themes of trust, communication, decision preferences, and decision ability demonstrate that the majority of people want to participate in decision-making. As per the limit and ability model, an individual's ability to take part was worked with by three principal conditions. The public wants to participate in SDM in MSK physiotherapy. For SDM to work, physiotherapists should try to build trust between patients, use two-way communication, and divide power.

**Keywords:** Musculoskeletal physiotherapy • Autonomy • Clinician

## Introduction

To comprehend shared decision making (SDM), fundamental values rather than a consensus-based definition can be utilized. A collaborative relationship between healthcare professionals and those receiving care, including caregivers, has been distinguished by three standards: the realization that both parties can participate in decision-making; Additionally, the care recipient's values and preferences ought to guide the decision-making process, with assistance provided to help them comprehend the options. SDM has long been supported by policymakers as a way to reduce health disparities and facilitate prudent healthcare. In addition to having a positive effect on people's satisfaction with healthcare, SDM may be linked to deeper concepts like self-efficacy, autonomy, and empowerment. Even though SDM research has grown at an exponential rate in recent years, the majority of it focuses on primary care. More research needs to be done on how it can be used outside of physiotherapy, especially in underserved fields like musculoskeletal (MSK) physiotherapy.

The clinician's reputation as an authority figure, as well as the physiotherapist's competence and personality traits, contributed to the development of trust. It has been demonstrated that this phenomenon, which is prevalent throughout healthcare, both helps and hinders SDM. When people trust the clinician, they may be more confident in participating in SDM, but they may also defer making decisions to the expert. The development of mutual trust, in which the individual is encouraged to recognize their own expertise, may eliminate the negative effect that unidirectional trust in the clinician can have on influencing people to delay making decisions. Additionally, well-documented phenomena include the desire to conform to societal standards regarding what constitutes "good" patient behavior and the belief that a healthcare professional knows best. According to studies, people even worry that if they disagree with a doctor, their beliefs will affect the quality of care. However, the current results show that some people resisted a perceived need to conform, indicating dissatisfaction with the traditional patient roles of MSK physiotherapy [1,2].

***Address for Correspondence:** Adlai Hebrew, Department of Physical Therapy, University Of Applied Health Sciences, Bochum, Germany, E-mail: hebrewal@yahoo.com*



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## Literature Review

It is essential to provide information for effective collaboration in order to permit individuals to participate in unfamiliar forums. This review emphasized the need for clinicians to share knowledge in a way that is easy to understand if collaboration is the goal because relevant, understandable information eased people's fears and gave them the power to make decisions. However, providing only one direction of information is not always reliable. Two-way communication, which allowed people to be heard and their preferences to influence decision-making, had broader benefits, according to this review; It not only made SDM simpler, but it also made people happier and increased their trust in one another. Conditions that facilitate individuals' ability to ask questions have been shown to be essential for SDM, and the worked-on nature of care that results from an individual-focused approach has recently been demonstrated. To ensure a positive therapeutic experience and to facilitate SDM, physiotherapists should continue to engage and motivate the general public.

There were a lot of good reasons to let the physiotherapist make decisions. Even though other participants were happy to delegate "minor" decisions, people were more likely to avoid high-risk choices because they were afraid of making the "wrong" decision. On the other hand, a study discovered that "significant decisions" regarding cancer treatments may both encourage and hinder SDM participation. This plans that rather than being solely risk fragile, decision tendency is private and likely considering individual characteristics. Fear of making the wrong choice may also be exacerbated by a person's belief that they lack medical knowledge, particularly in comparison to a clinician. People want the clinician to emphasize their expertise in relation to their preferences, values, and beliefs to counteract this. Additionally, if the decision is delegated to a physiotherapist, the clinician would be held accountable for a potential negative outcome as a result of their fear of making the wrong choice.

The attitude needs to shift toward accepting that decisions are rarely either good or bad because MSK physiotherapy rarely offers treatments that are both 100% successful and free of side effects. Instead, usually, they are the best

option for that person right now. In addition to other healthcare settings, one study found that cultural, social, and economic factors may influence decision preference. It has been demonstrated that the resulting behavior can be altered with the right decision support, despite the fact that these demographics are fixed. Consequently, with the right support, people with SDM can change their attitudes and behaviors regardless of background. In other areas of healthcare, clinicians have been known to present options in a biased manner, and the physiotherapist frequently prevented individuals from participating in SDM. Importantly, unlike in other settings, it may not be the case that MSK physiotherapy patients do not wish to participate in SDM but are unable to do so. Although individuals and physiotherapists have demonstrated that coordinated effort is difficult, dedicated clinicians must work with the sharing of force in order for SDM to occur.

## Discussion

These results indicate that some individuals believed the physiotherapist had an excessive amount of influence over the relationship. As a result, a paternalist, didactic approach was developed, which was not well received and has been demonstrated to prevent SDM participation. This may be due to the doctor's belief that they are responsible for making decisions and representing their patients. According to another study, physiotherapists may avoid using SDM because they assume patients do not want to participate, despite their best intentions. This suggests that people's preferences for participating in decision-making are frequently misinterpreted by physiotherapists. For collaboration to occur, clinician attitudes and actions must change. It is necessary to improve people's capacity to participate in SDM in addition to the physiotherapist sharing power. Due to a lack of knowledge and confidence, the people in this review were unable to challenge the physiotherapist and were unable to assist themselves, which resulted in dependency and disempowerment. It is not the same as not being able to participate because of a lack of knowledge, self-assurance, or an environment that discourages collaboration. This could be as easy as granting individuals explicit permission to participate or as difficult as challenging individual and societal attitudes and behaviours [3-6].

## Conclusion

According to the findings of this review, there are unquestionably conditions that hinder individuals' confidence in their ability to participate in SDM in MSK physiotherapy. 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, people can participate in decision-making. If SDM is the goal, physiotherapists are obligated to address these conditions by employing open and sympathetic communication strategies in addition to strategies aimed at increasing people's activation. Future research ought to concentrate on the most effective application of these strategies in MSK physiotherapy; This could be accomplished by researching existing SDM models or by developing novel approaches that are relevant to the particular relationship and the context.

## Acknowledgement

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## Conflict of Interest

None.

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