



Health & Research Journal

Vol 8, No 1 (2022)

Volume 8 Issue 1 January - March 2022



To cite this article:

Papadopoulos, E. S. (2022). State Hospital Health Care Service: where does physiotherapy stand?. *Health & Research Journal*, *8*(1), 1–3. https://doi.org/10.12681/healthresj.29188

Editorial Article

STATE HOSPITAL HEALTH CARE SERVICE: WHERE DOES PHYSIOTHERAPY STAND?

Physiotherapy is an autonomous, well established health care profession, within the hospital multidisciplinary team. It has a key role in the management and functional rehabilitation of patients, with a wide range of medical, surgical and musculoskeletal conditions. As stated by the World Confederation for Physical Therapy (WCPT):¹ "Physiotherapists are qualified to assess, judge, formulate a diagnosis and prognosis, implement an appropriate intervention and determine the patient outcomes. They apply a broad range of physical therapies such as mobilization, ultrasound, heating, laser therapy and other techniques. According to WHO, "physiotherapy is not a paramedical but an independent profession."² High level of clinical research evidence, establishes the therapeutic efficacy of approved physiotherapy tools and interventions in the management of a wide range of acute and chronic conditions such as orthopaedic, neurological, surgical, cardiorespiratory, rheumatological etc, in order to formulate a clear picture of their patients' disability and plan their treatment approach appropriately, following medical referral. Despite all the above, there are several issues that arise in the public hospital setting and within the multidisciplinary team, when it comes to actual practices and attitudes.

1. Awareness of the physiotherapist's role and distinct tasks

The role of the physiotherapist is not always clear within the multidisciplinary team.³ This may be due to the lack of information provided during undergraduate education of medical and nursing staff. It is surprising that even referring physicians may not always be aware of the nature and effect of specific physiotherapeutic interventions implemented on their own patients. It becomes more obvious during clinical placements and professional practice later on and has grown special attention in the COVID-19 pandemic.⁴

It is encouraging however, that several in-service multidisciplinary postgraduate meetings, courses and case presentations are taking place, where roles and responsibilities of all health care professionals become clearer by all parties, both theoretically and clinically. Familiarizing with each other's role in theory and practice, makes it easier not only to discriminate but also to interrelate tasks and duties and facilitates cooperation in a patient-centered approach for an optimum recovery.

2. Collaboration with multidisciplinary team

Patient care is a holistic process in order to achieve the best possible outcome and this is how it should be approached. Clear definitions of each team-member's role may facilitate optimally shared responsibility for patient care within primary care teams.⁵ However, this is not always achieved in real practice, for several reasons. Lack of regular multidisciplinary meetings to discuss patient's progress and safe discharge plan, inadequate knowledge of each other's tasks, lack of training, egoistic attitudes and conflicts between specialties and lack of an interaction spirit, are some of these reasons. These may create an unpleasant work environment and delay the patient's recovery. As soon as a patient is able to sit out of bed and walk following physiotherapy, this should be adopted throughout the day, regardless if the patient is assisted by nursing, medical or physiotherapy staff. It is therefore very important to inform all parties on the patient's progress in order to accelerate discharge.

3. Barriers in hospital care service

Several barriers hinder the duties of even the most enthusiastic health care professionals. Shortage of staff, inadequate recruitment of new employees, absent or old-unsafe equipment and more importantly work related musculoskeletal disorders comprise some of the commonest issues. Regarding the later, an incidence of 56% acute and chronic injuries among nursing staff, 20,7% in physiotherapists and 48-89% in surgeons of different specialties is reported in the literature.⁶⁻⁸

Physiotherapists are frequent recipients of staff complaints and inquiries in order to offer advice and contribute to the prevention and management of related inquiries. Counselling, first line advice and ergonomic lectures and tutorials are some of the ways that have already been implemented by the physiotherapy department, in the largest Greek hospital.

4. Role of Physiotherapy in the COVID-19 pandemic

One of the most important contributions of physiotherapy is in patients with COVID-19 and this is already well documented in the literature as very beneficial in the respiratory treatment and physical rehabilitation of COVID-19 patients. Physiotherapists are involved in the front line health care team, from patient admission in ICU or the COVID ward, until discharge from hospital and the rehabilitation phase.⁹ This is due to the reported long-covid syndrome complications in the cardiorespiratory and musculoskeletal systems.¹⁰

This vital contribution further establishes the physiotherapist's role as a silent but an efficient member of the multidisciplinary team. It is admirable however, to highlight the tighter multidisciplinary bond in the COVID pandemic clinical circumstances, with increased reflexes between all members of staff in order to face reality and overcome all obstacles. This should be the torch of future interpersonal health care professionals' relations.

5. The Physiotherapy Department

As mentioned above, physiotherapy covers almost all clinics within the hospital. One of the main problems within the state hospital is the absence of an autonomous, structured physiotherapy department with a distinct operational role in collaboration with all other sectors. This creates significant dysfunction at the decision making process with an officially headless "physiotherapy office", as referred. As a consequence, physiotherapy service is depended upon central management decisions and has inadequate initiative, flexibility and questioned future orientations.

An organized department, with synchronous equipment, therapeutic and mobilization facilities, adequate staff with equal opportunities, will automatically create the appropriate circumstances of a clear role, a much more efficient service and a broader recognition.

In conclusion, it can be stated that physiotherapy has a crucial role in the multidisciplinary health care team, within the state hospital. However, reduced awareness of its role, confused duties allocation, the burnout syndrome, increased clinical work load and inadequate rest time, may hinder cooperation between specialties. Management of these issues, can be accomplished through mutual respect and a good spirit of cooperation. Sharing knowledge, experience and controlled skill mix changes⁵ is the way to interlink with fellow health care professionals, under very difficult circumstances and

achieve an efficient hospital health care delivery service.

References

- 1. World Confederation for Physical Therapy:, Description of physical therapy, Policy statement, 2019 www.world.physio
- 2. Classification of health workforce statistics, World Health Organization, 2010, Geneva <u>www.who.int/hrh/statistics/workforce_statistics</u>
- Bolarinde S, Omoniyi O, Joseph E. Awareness and Knowledge about the Roles of Physiotherapy in Healthcare among 3. Clinical and Non Clinical Staff. Journal of Clinical Cases & Reports, 2021;4:S10: 6-16. https://doi.org/10.46619/joccr.2021.S10-1002.
- Pedersini P, Villafañe JH, Corbellini C, et al. COVID-19 Pandemic: A Physiotherapy Update. Electron J Gen Med 2021; 18(1):em264. <u>https://doi.org/10.29333/ejgm/8574</u>.
- 5. Freund T, Everett C, Griffiths P, et al. Skill mix, roles and remuneration in the primary care workforce: who are the healthcare professionals in the primary care teams across the world? Int J Nurs Stud 2015; 52(3):727-43. DOI: 10.1016/j.ijnurstu.2014.11.2014. Epub.
- Olkowski BF, Stolfi AM. Safe patient handling perceptions and practices: a survey of acute care physical therapists. Phys Ther 2014;94(5):682-95. DOI: 10.2522/ptj.20120539. Epub 2014 Feb 27. PMID: 24578520.
- Choi, S.D. and Brings, K. Work-Related Musculoskeletal Risks Associated with Nurses and Nursing Assistants Handling Overweight and Obese Patients: A Literature Review. Work 2016;53:439-448. <u>https://doi.org/10.3233/WOR-152222</u>
- Epstein S, Sparer EH, Tran BN, et al. Prevalence of Work-Related Musculoskeletal Disorders Among Surgeons and Interventionalists: A Systematic Review and Meta-analysis. JAMA Surg 2018;153(2):e174947. DOI:10.1001/jamasurg.2017.4947.
- 9. Capitelli L, Antonio Prisco, Dario Cuomo. Early physiotherapy improves outcomes in Acute Respiratory Distress Syndrome in Covid-19 pneumonia, European Respiratory Journal 2021;58: (suppl 65) PA3169; DOI: 10.1183/13993003.
- 10. Aiyegbusi O, Hughes S, Turner G, Symptoms, complications and management of long COVID: a review, Journal of the Royal Society of Medicine; 2021;114(9):428–442. DOI: 10.1177/01410768211032850.

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