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# **Physio heal thyself? Structure, self and capacity for healthy living among UK physiotherapists**

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## **Abstract**

**Purpose:** While extensive evidence indicates that allied healthcare practitioners (AHPs) in the UK's National Health Service (NHS) are exemplary in their clinical work, there is a further body of research that suggests they do not always lead by example. Contemporary government data indicates that there are surprisingly high rates of obesity, smoking behaviours and alcohol consumption among NHS employees of this order, a generally poor level of water consumption, and inconsistent dietary behaviours and exercise habits. When subjected to detailed scrutiny, however, these data are seen to peak in contexts where short-staffing prevails, and work pressure is particularly high – a fairly consistent state for most contemporary AHPs. Research disaggregating physiotherapists from these overall AHP data remains partial at best. There is little robust evidence to date that specifically indexes how physiotherapists live their healthy (or unhealthy) lives, nor the working contexts that make sense of their particular behaviours. Given the above, this paper reports findings from a study explicitly designed to qualitatively unpack the pragmatic experiences of practicing physiotherapists, and their reflections on how this everyday work impacts upon their capacity to maintain a healthy lifestyle.

**Methods:** With institutional ethical approval (ref: 2511/SMPM/21), N=10 practicing NHS physiotherapists were purposively recruited and each gave an extended online semi-structured interview, which was transcribed in full, and redacted of sensitive details. The collected corpus was then analysed using reflexive thematic analysis.

**Results:** Three major themes emerged from the data. (1) "The NHS could do better": While participants identified a range of interventions for staff that had been introduced (such as free yoga, cycling clubs, health checks etc.) these had been short-term and were broadly viewed as tokenistic. Meanwhile, participants' canteens continued to provide cheap and unhealthy options, and little was done to alleviate inherent work pressures. (2) "Are physiotherapists different?": While some participant emphasised that they were already into fitness and exercise, which to some extent had led them to physiotherapy, others argued that they'd become more active as a consequence of working with their exact kinds of patients. (3) "It's about accountability": All participants emphasised core agency in their fitness or lack thereof, even when identifying barriers to their health. None of the participants felt that their workloads, however high, were prohibitive of physical activity, or at least basic health management. They routinely cited specific examples of how they'd 'found a way' to do active things.

**Conclusions:** While the participants identified various structural and personal barriers to healthy living in their professional roles, a persistent internal locus of control prevailed regarding their own health management. This is not a prevalent matter elsewhere in extant AHP literature, and requires further investigation.

**Impact:** It is important to understand whether physiotherapy attracts those with an internal locus of control in this domain, the work encourages development of one, or both. Participants in this study clearly drew strength and motivation from such a

locus, and a better understanding of the phenomenon might help foster this in future AHPs, physiotherapists and otherwise.