

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

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Purpose

- The National health service is one of the largest employers in the world and is estimated to care for one million patients every thirty-six hours in England and Wales (Royal College of Physicians, 2015; Majeed *et al.*, 2020).
- Trusts with higher measures of staff health have been shown to have improved patient outcomes, higher patient satisfaction and reduced staff sickness absences which costs the NHS £1.7bn annually. (Boorman, 2010).
- Improved staff health is therefore of benefit to all involved, however, 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(Majeed *et al.*, 2020).
- Outside of the yearly NHS survey, studies investigating staff health and exercise behaviours are few, with most being cross-sectional surveys aiming to identify statistics and trends (Majeed *et al.*, 2020).
- Therefore, this project aimed to unpack the pragmatic experiences of practicing physiotherapists, and their reflections on how this everyday work impacts upon their capacity to maintain a healthy lifestyle. .

Method

- With full approval from the University Of Cumbria Ethics Panel, participants were recruited using a post to appropriate CSP Networks and on the author's personal Facebook and Instagram accounts.
- Inclusion criteria – chartered physiotherapists who had worked in the NHS for at least a year.
- The first N=10 participants were invited to partake in a semi-structured interview over Microsoft teams.
- The transcripts were created by and downloaded from Microsoft teams and any identifying features were manually redacted as per the ethical mandate.
- Analysis was done using the "Reflexive Thematic analysis" method laid out by Braun and Clarke (2022).

Results

Three main themes were generated from the data:

- 1) "The NHS could do better": While participants identified a range of interventions for staff that had been 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.

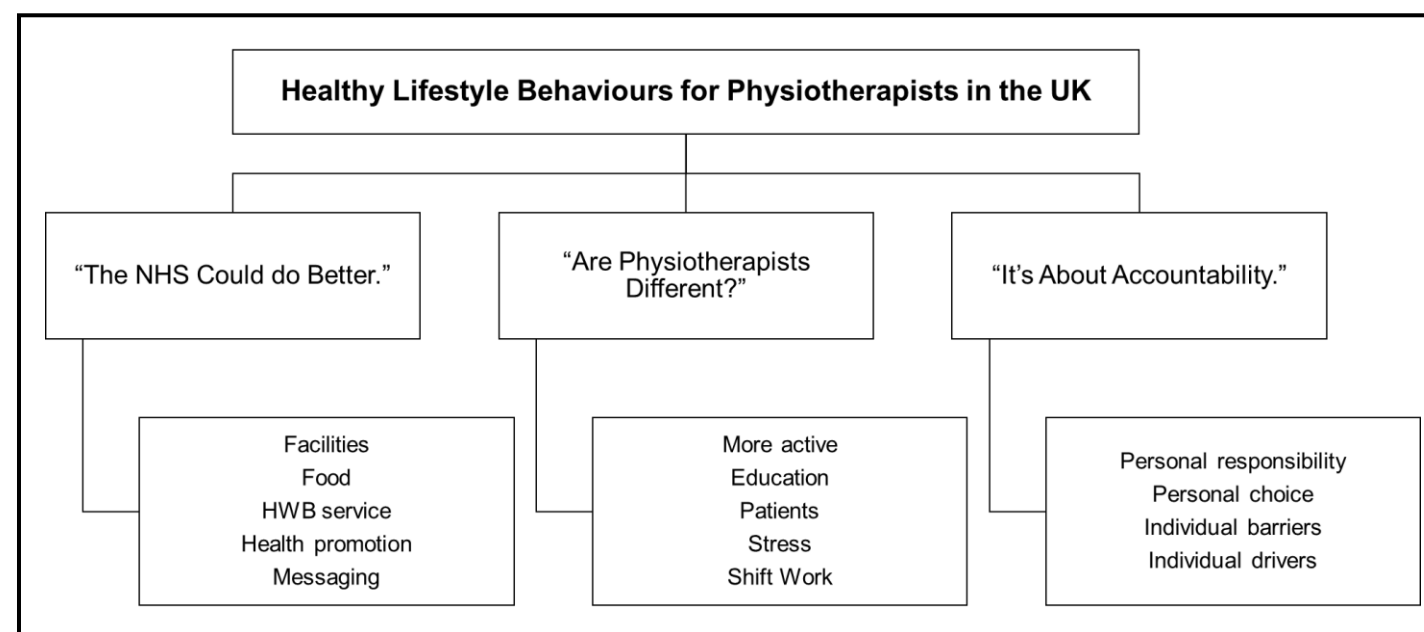


Figure 1 Theme Map

'The hospital, we've got a big canteen, it doesn't have a salad bar... I'm not convinced the healthy option is there'

'I mean it's, as a physio, I'm very 9 to 5ish really. So it's quite structured. Whereas if you're working shifts, I think that's that probably has a big bearing on it'

' They do promote a healthy lifestyle, but it's choice... It's very personal, I don't think it is NHS, I think it's a lifestyle choice'

Conclusion

- Multiple barriers to living a healthy lifestyle were identified. It was found that there is potential for improvements in NHS's HWB services, on-site facilities and healthy food options.
- Physiotherapists reported avoiding common NHS barriers such as shift work, suggesting that HWB therapies should consider the unique work-related obstacles that each profession faces.
- Finally, 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.

Implications

- 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.

References

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