

Physiotherapists' engagement in work ability and return to work issues of patients with musculoskeletal disorders. A cross-sectional survey in Norway

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Abstract

Background: Work and health are a national priority in Norway, and leading health authorities call for treatment approaches that incorporate these perspectives. We have little knowledge of how physiotherapists in private practice integrate the work perspective during the treatment of patients with musculoskeletal disorders. Thus, the purpose of this study was to gain more insight into the way physiotherapists in Norway integrate the aspect of work.

Methods: In 2021, all 2650 privately practising members of the Norwegian Physiotherapist Association received a web-based survey that was answered by 514 physiotherapists. The survey included questions about treatment approaches, competencies, and collaboration with other health professionals in the context of promoting work participation.

Results: 91% of the physiotherapists reported that they play an important role in assessing work ability. 75% were confident in assessing the patients' work ability, while 25% stated that they have little or some competence. 49% of the physiotherapists often contacted the general practitioner (GP) to discuss patients' ability to work, and 19% were often contacted by the GP. Only 14% stated that they were invited to participate in dialogue meetings with the Norwegian Labour and Welfare Administration. 28% of the physiotherapists reported that insufficient knowledge about social security issues was an obstacle in promoting the patient's work participation. The physiotherapists believed that increased use of standardised assessment tools, better knowledge of social security issues, and closer collaboration with other professionals may strengthen their role in promoting work participation.

Discussion and Conclusion: Although physiotherapists promote work participation when treating patients on sick leave, limited communication with the stakeholders, and inadequate knowledge of social security issues pose an obstacle. To strengthen the physiotherapist's role in the return-to-work facilitation, work and health should become a separate subject in basic and advanced education programmes for physiotherapists.

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KEYWORDS

musculoskeletal diseases, physiotherapists, primary health care, return to work, work ability

1 | INTRODUCTION

Work participation is beneficial to many people's health, and a key element for good living conditions in our society (Black, 2008; Van der Noordt et al., 2014; Waddell & Burton, 2006). Sick leave, on the other hand, can lead to personal strain and considerable costs for health services and society (Black, 2008; Statens arbeidsmiljøinstitutt (STAMI), 2018). Consequently, there is broad agreement among the health authorities, employers and labour organisations in Norway to promote work participation (Helsedirektoratet and arbeids- og velferdsdirektoratet, 2019; Regjeringen, 2019). A new strategy for professionals in the field intends to include work as a priority topic for persons of working age in all contact with health services (Helsedirektoratet and arbeids- og velferdsdirektoratet, 2021). To succeed with return-to-work (RTW) for persons on sick leave, the Norwegian Directorate of Health and the Norwegian Labour and Welfare Administration (NAV) emphasise the need for coordinated and synchronous services between health personnel and NAV (Helsedirektoratet and arbeids- og velferdsdirektoratet, 2021).

Several studies show that collaboration with employers is also important for returning persons on sick leave to work (Eftedal et al., 2017; Grant et al., 2019). With a share of 33%, musculoskeletal (MSK) disorders account for the greatest health loss and percentage of sick leave in Norway (NAV, 2022). The possibility of helping the individual return to work is best in the early phase of sickness absence (Van Duijn et al., 2010; Wynne-Jones et al., 2014), and the intervention initiated within the first 6–12 weeks of sick leave has been recommended (Aasdahl & Fimland, 2020; Cancelliere et al., 2016; Van Duijn et al., 2010). Physiotherapists are among the occupational groups most involved in the treatment of patients with MSK disorders, and many patients consult a physiotherapist in the early stage of sick leave. Today, patients with MSK disorders can contact a privately practising physiotherapist directly without referral from a physician, and manual physical therapists can certify sick leave as well as refer patients to occupational rehabilitation for such disorders. Moreover, the health policy barometer indicates that physiotherapists are reported to be the most important professional group in the work to reduce sickness absence due to MSK disorders (Kantar, 2019). However, a recently published qualitative study shows that physiotherapists experience limited interdisciplinary collaboration and feel uncertain about their role and responsibility in relation to RTW facilitation (Ask et al., 2022).

There is limited knowledge about how physiotherapists in private practice deal with the aspect of work in treating patients on sick leave for MSK disorders. The purpose of this study was therefore to gain a broader overview of how physiotherapists in Norway integrate the aspect of work in examining and treating patients with MSK disorders, how they interact with other professionals, and how they perceive their own role and competence in the field.

2 | METHODS

2.1 | Study design

We conducted a cross-sectional web-based survey of physiotherapists working in private practice. Data were collected using the survey instrument SurveyXact 8.2 by Ramboll.

2.2 | Participants and recruitment

The participants were recruited through the Norwegian Physiotherapist Association (NPA). Approximately 70% of physiotherapists in private practice in Norway are members of NPA, and all of them were invited to participate in the survey between October and November 2021.

The subgroup 'manual physical therapists' was of particular interest as they are certified to report sick due to MSK disorders up to 12 weeks.

The web-based survey was anonymous and was sent out with two reminders 14 days apart. The study was approved by the Norwegian Centre for Research Data (NSD) (reference 912202).

2.3 | The questionnaire

The questionnaire consisted of 15 main questions and 21 sub-questions, as well as one open-ended question about physiotherapists' experiences regarding work and health.

The questionnaire was based on the results from a quality study (Ask et al., 2022) and developed by researchers (physiotherapists) at the Western Norway University of Applied Sciences, all with broad experience from the clinical field. A user representative from private practice also contributed with valuable feed-back in the project group. Questions were formulated and included in the questionnaire when consensus between all members was reached. Questions were asked about (i) how physiotherapists assess patient's work ability, (ii) their competence and confidence in their own role, (iii) their collaboration with other health professionals and work and welfare authorities, (iv) what kind of initiatives they take to help patients return to work and (v) what obstacles they encountered in their work with patients on sick leave due to MSK disorders (see Box 1 and Supplementary Material S1). Each question had a Likert scale with 5 or 6 response alternatives: from a 'very little extent' to a 'very large extent', or from 'never' to 'always'. Three questions had response options that were adapted to our research purpose. The open-ended question dealt with the way in which physiotherapists as professional health providers can contribute to promoting patient's work participation (see Supplementary Material S1). Background data included

responders' gender, years of experience, if they are manual physical therapists licenced to certify sickness leave and if they practice in urban or rural areas.

Content validity of the questionnaire was assessed following guidelines from the COSMIN Methodology for Evaluating Content Validity (Terwee et al., 2018) using individual cognitive interviews (Wills & Artino, 2013) of 10 physiotherapists working in private practice and with varying professional backgrounds, ages, and genders. The physiotherapists gave feedback on the relevance, comprehensiveness, and comprehensibility of the questionnaire. Content validity was considered satisfactory.

BOX 1 Questionnaire: The main closed ended questions posed to physiotherapists.

Do you ask patients about their work requirements and work environment?

How do you assess your patient's work ability?

How do you view your own role in assessing the patient's work ability?

Is your competence recognised by your collaborating actors?

How confident do you feel in that role?

To what extent do you have the competence to assess whether a patient can or cannot work?

Who do you mainly collaborate with when assessing the patient's work ability and to what extent?

How often do you contact a patient's GP in connection with the assessment of a patient's work ability?

How often does a GP contact you in connection with a patient's work ability?

How often do you participate in dialogue meetings with other health professionals and social security representatives about your patient's work situation?

Which measures do you use in your treatment to get patients back to work, and to what extent?

Do you face obstacles in connection with patients' work-related issues and if so, what kind of obstacles?

2.4 | Analysis

Descriptive statistics were used to calculate the percentage of the three collapsed response categories ([1] never, rarely, sometimes [2] often, and [3] very often, always). The correlation between responses from manual physical therapists and from the other physiotherapists was analysed using cross-tabulations and chi-squared tests. Data were analysed using the Statistical Package for the Social Sciences (SPSS) version 27 (IBM SPSS, Chicago, IL, USA).

The qualitative data gathered from the open-ended question was analysed independently by two of the authors using thematic analyses (Braun & Clarke, 2006). They used a five-step process. (1) Familiarisation, getting an overview of the data; (2) Coding, finding a label assigned to a piece of the data (for instance, communication, employees); (3) Generating themes, identifying patterns or themes in the codes (for example: Communication with stakeholders); (4) Reviewing themes, if the themes fit the data, (5) Finalise themes (for instance: The physiotherapist's role and competence). The two authors compared and discussed their findings and subsequently presented them to the whole project group. Creditability and trustworthiness of the findings was ensured by consensus within the whole group.

3 | RESULTS

Of 2650 physiotherapists in private practice receiving the questionnaire, 514 (19.3%) responded. 83 respondents (16.1%) did not fill out the questionnaire completely, leaving 10.5% of the total number of questions unanswered. The open-ended question was answered by 298 (58%) of the respondents.

Respondents consisted mostly of physiotherapists with more than 10 years of experience and with a municipal practice contract. Manual physical therapists licenced to certify sickness leave to patients accounted for 12.1% (Table 1).

3.1 | Physiotherapists' assessment of work ability

Eighty eight % of the physiotherapists state that they often or very often enquire about the patient's work situation, work requirements, and working environment, while 12% rarely or never do so. Clinical testing of mobility, muscle strength and coordination is used by 87% to assess work ability. On the other hand, 88% report that they rarely or never use standardised functional testing and questionnaires.

TABLE 1 Information about gender, speciality and work experience of participating physiotherapists ($n = 514$).

Variables	n (%)
Women	335 (65.0)
Experience as a physiotherapist	
0–10 years	67 (13.0)
11–20 years	138 (26.8)
More than 20 years	309 (60.2)
Manual therapists licenced to certify sickness leave	62 (12.1)
Other physiotherapists	452 (87.3)
Practising in urban areas	331 (64.6)
Practising in rural areas	183 (35.4)

3.2 | Physiotherapists' self-assessed competence

91% of the physiotherapists report that they play an important role in assessing the patients' work ability. 40% state that they are completely confident in their own role and have a great deal of competence in the field, while 35% state that they are fairly confident and have sufficient competence. However, 25% report that they have little or only some competence in the field.

3.3 | Physiotherapists' collaboration with other professionals

Important collaborators in connection with patients' sickness absence are the patient's general practitioner (GP) (91%), NAV (59%), and the patient's employer (58%). However, contact with GPs is sporadic: 49% of the physiotherapists report that they often contact the patient's GP, while 19% report that the GP contacts them to discuss the patient's work ability. Only 14% of the physiotherapists report that they are invited to participate in dialogue meetings with NAV to follow up the person on sick leave.

3.4 | Measures that physiotherapists use to promote work participation

The vast majority of physiotherapists (95%) explain the nature of the symptoms to the patient and discuss various possibilities to adapt the workload to the symptoms. As many as 69% propose measures in the workplace. Most physiotherapists (82%) focus on pain management, while 66% instruct functional tasks such as lifting and sitting positions. 54% of the physiotherapists design a concrete graded RTW plan in collaboration with the patient. Almost half of the respondents (47%) frequently recommend reducing the patient's workload for a period of time.

3.5 | Perceived obstacles to assessing patient's work ability

28% of the physiotherapists report that insufficient knowledge about social security issues is a major obstacle in assessing work ability. Approximately the same percentage (30%) report inadequate consulting fees as a limitation, while 19% state that time pressure is an impeding factor.

3.6 | Manual physical therapists

A subgroup analysis compared the responses of manual physical therapists with those of the other physiotherapists. On the whole, the two groups responded similarly, but there was a statistically

significant difference between the groups in that manual physical therapists more often used questionnaires to assess work ability ($p < 0.01$), more often designed a plan to return to work in collaboration with the patient ($p = 0.03$) and had less focus on pain relief ($p < 0.01$).

Manual physical therapists report a higher degree of self-assessed competence in the area ($p = 0.03$) but indicate only slightly more confidence in their own role as other physiotherapists. Furthermore, manual physical therapists more rarely contact the patient's GP to discuss the patient's work ability ($p = 0.03$).

3.7 | Qualitative data collected from the open-ended question

The analysis of the open-ended question revealed two topics: (1) the physiotherapist's role and competence and (2) The need for closer interdisciplinary collaboration.

3.7.1 | The physiotherapist's role and competence

The physiotherapists state that they intend to stimulate work participation through pain education, reassurance, and physical training. They further emphasise that the patient does not need to be pain-free before returning to work, and that it is important to motivate patients to participate in work. Several underline the importance of a holistic approach including physical, cognitive, working environment and psychological aspects to assess who may or may not be ready for RTW.

The physiotherapists further emphasise the need for more knowledge about sickness absence, especially about social security issues, either in the form of continuing education courses or as part of basic education. Physiotherapists also point out the need for standardised tools to assess function in relation to work requirements. Several describe uncertainty about what is expected of them in connection with the patients' sickness absence.

3.7.2 | The need for closer interdisciplinary collaboration

Physiotherapists are calling for better collaboration with physicians, NAV, and the workplace.

They wish that GPs would involve them more often and contact them at an earlier stage in the patients' sickness absence period. Sending reports and case summaries to GPs is an important part of this collaboration process. Although electronic contact via the national digital healthcare network (Norsk Helsenett) has significantly facilitated collaboration with GPs in a busy working day, some physiotherapists experience collaboration to be one-sided when they fail to receive feedback on their requests.

Several physiotherapists state that collaboration with NAV is almost non-existent. They find that NAV shows little interest in their assessment of work ability and does not recognise their expertise.

Some physiotherapists call for better opportunities to collaborate with employers and visit the patient's workplace to assess special needs. Good collaborative models are needed. In addition, several physiotherapists emphasise that they are responsible themselves to highlight their expertise and take initiatives for collaboration with other stakeholders.

4 | DISCUSSION

The study reveals considerable variation in how physiotherapists in private practice weigh the work perspective in treating patients on sick leave for MSK disorders. Most of the physiotherapists take the work perspective into account. The majority report confident in assessing work ability and regard their competence in the field to be adequate, but a quarter of them express that they have only some competences in the field. A substantial part reports a lack of knowledge of standardised assessment tools and social security issues. Collaboration with other stakeholders is considered important, but interaction and communication are sporadic and inadequate.

4.1 | The physiotherapists' role and competence

Most of the physiotherapists in this study reported that they play an important role in assessing patients' work ability and include the work perspective in meeting patients on sick leave. This is in line with health policy guidelines that emphasise the focus on the work aspect in all encounters between persons of working age and health services (Helsedirektoratet and arbeids- og velferdsdirektoratet, 2021). These findings are also consistent with a qualitative study in which physiotherapists in private practice state that they enquire about the patient's work situation and consider themselves an important professional group in promoting work participation (Ask et al., 2022). There were, however, some physiotherapists in our study who responded that they rarely or never enquire about the patient's work situation. Although the reason for this does not emerge from the survey, the open-ended question revealed that the physiotherapists are uncertain about their role and responsibility in helping patients return to work, which may have contributed to a passive role concerning patient's work situation.

In the qualitative data, several physiotherapists described the lack of competence about social security issues and underlined the need for standardised tools to assess function in relation to work requirements. They suggested that these topics ought to be more emphasised as part of basic education but should also be offered in the form of continuing education courses for physiotherapists. This is in accordance with health policy recommendations (Helsedirektoratet and arbeids- og velferdsdirektoratet, 2021) that aim to strengthen competence in the field of work and health as part of

healthcare studies. The Norwegian Physiotherapist Association (NFF) specifically states that physiotherapists shall include a work perspective in their treatment of patients and must therefore be familiar with relevant regulations in the field (Norsk Fysioterapeutforbund (NFF). ARBEID OG HELSE, 2019; Norsk Fysioterapeutforbund (NFF), 2019).

4.2 | Manual physical therapists' role and competence

We found important differences between manual physical therapists and physiotherapists. Manual physical therapists tend more often to make a graded RTW plan with their patients, are less focused on pain relief as an aim for treatment and use more often standardised questionnaires in their assessment of workability. Furthermore, they feel more competent and indicate more knowledge of social security issues. This is not surprising, as manual physical therapists have 5 ECTS in social security medicine in their master program and have the right to certify sick leave up to 12 weeks. These findings indicate that further education about social security medicine may improve the role of physiotherapists in RTW facilitation.

4.3 | Collaboration with GPs and NAV

The physiotherapists reported limited collaboration with GPs and NAV, a fact that has also been pointed out in other studies (Aanesen et al., 2021; Ask et al., 2022; Toye et al., 2016). The physiotherapists in Norway have not a defined role in the sickness absence management, apart from the manual therapists who can certify sick leave. The workplace is defined as the main arena for sickness absence management, and routinely, the GP can be invited to a dialogue meeting with the NAV, employer, and patient. There is also an opportunity for the physiotherapists to attend such meetings, but they report that they are rarely invited. On the other hand, several physiotherapists answering the open-ended question highlighted their responsibility to inform other stakeholders about their competence and initiatives to facilitate RTW. Waddell et al. (2008) emphasise the need to involve various health professionals who have specific skills and expertise to promote RTW. Physiotherapists, in general, have a thorough understanding of MSK disorders and solid expertise in assessing physical function and can be important contributors and partners in this connection. Several Norwegian directorates (Helsedirektoratet and arbeids- og velferdsdirektoratet, 2021) have clearly signalled the need for the development and implementation of collaborative models to stimulate closer collaboration to facilitate RTW. One example of a collaborative model that has been tested to strengthen the collaboration between GPs and physiotherapists is the 'focal point model' (Knutepunktmodellen) (Woodhouse, 2019). The model involves courses for GPs and physiotherapists to promote appropriate activity for patients with complex disorders, including those on sick leave.

4.4 | Collaboration with workplace

More than half of the physiotherapists in our study designed a concrete graded RTW plan in collaboration with the patient and proposed measures in the workplace. Further, the qualitative data showed that several of them wanted to contribute to workplace assessments. This can be advantageous for the employers who may lack information about how an employee's state of health affects their ability to work. Grant (Grant et al., 2019) emphasises that collaboration between the therapists, the person on sick leave and their employer is essential in finding ways to deal with pain in the work situation and to adapt the workplace.

Evidence suggests that a low intensity workplace-based intervention is an appropriate first option, especially for workers in the early stage of sick leave (Venning et al., 2021). An example is the Study of Work And Pain (SWAP) trial in the United Kingdom (Sowden et al., 2019; Wynne-Jones et al., 2018), where they conducted a low intensity vocational advice intervention aimed at workers with MSK disorders, either struggling at work or on sick leave for less than 6 months. This was a stepped-care approach delivered by physiotherapists. The intervention reduced sickness absence and costs for society (Sowden et al., 2019).

Although studies point out the important role physiotherapists may have in the facilitation of RTW (Sowden et al., 2019; Venning et al., 2021; Woodhouse, 2019), a previous study has shown that physiotherapists tend to make little contact with employers (Ask et al., 2022). Another study showed that physiotherapists did not feel comfortable contacting the employer despite participating in a study which entailed facilitating collaboration between relevant actors (Aanesen et al., 2021). To be more involved in the facilitation of RTW, the physiotherapists should be more proactive in relation to employers and other stakeholders.

4.5 | Strengths and limitations

We were able to invite all 2650 NFF members to participate in the study, which constitute approximately 70% of the total number of physiotherapists in private practice in Norway. Likert scale questions gave us general and broad information on how physiotherapists deal with work ability and work participation when treating patients with MSK disorders. In addition, we included one open-ended question asking the physiotherapists to reflect on how and in what manner they may contribute to facilitate work participation. This open-ended question allowed us a comparison with responses to the Likert scale questions to get a more balanced account of physiotherapists' practice and perspectives.

Our study also has limitations. The response rate was low, only 19.3%, but comparable with a similar web-based survey among Norwegian general practitioners (Johnsen et al., 2020). The low response rate may have compromised the representativity and generalisability of the study. Even so, both genders were well represented, with different work experiences and from different parts of the country.

However, female physiotherapists were somewhat underrepresented (53% in our sample vs. 65% in Norway) as were manual physical therapists (12.1% in our sample vs. 15.6% in Norway). Based on the total number of responses and the distribution of participants, we believe that the sample was appropriate to illuminate our research questions. The sample size calculation was not considered necessary since all physiotherapists in the target group were invited to participate, and we intended to describe only the population, and not test any hypothesis. There is reason to believe that the sample generally consists of dedicated physiotherapists, and it is possible that our findings do not reflect ordinary practice among Norwegian physiotherapists. The presence of social desirability bias cannot be ruled out.

5 | CONCLUSION

The majority of the physiotherapists in the present study promoted work participation when treating patients on sick leave for MSK disorders. However, interdisciplinary collaboration with GPs, NAV, and the workplace is limited. A lack of knowledge about assessment tools and social security issues as well as financial limitations within the tariff system seem to be obstacles in the RTW facilitation.

6 | IMPLICATION FOR PHYSIOTHERAPY PRACTICE

Work and health should become a separate subject in relevant basic and advanced education programmes for physiotherapists. Furthermore, the implementation of good collaborative models should be prioritised.

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CONFLICT OF INTEREST STATEMENT

The authors declare no conflicts of interest.

DATA AVAILABILITY STATEMENT

We are submitting our work as an Original Article (Full paper). Each of the authors has read and agreed with the content in the final manuscript. The material within has not been and will not be submitted for publication elsewhere except as an abstract. If necessary, raw data from the survey will be available.

ETHICS STATEMENT

The study was submitted to and approved by the Norwegian Centre for Research Data (NSD) (reference 912202).

PARTICIPANTS (PHYSIOTHERAPISTS) CONSENT STATEMENT

An introduction to the survey explained that the information was treated confidentially and that the survey was anonymised, and the response could not be traced back to them. They consented to the survey by answering the questionnaire.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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