

Role of Physiotherapists in Mental Health: Attitudes towards Disorders or Disorder of Attitudes?

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Abstract

Healthcare professionals' attitudes determine their knowledge and behavior towards evaluation and treatment of people living with psychiatric disorders. Physiotherapists (PTs) are an essential part of a multidisciplinary rehabilitation team to provide holistic care in the mental health perspective along a symptom control- quality of life continuum. This review article summarizes the findings from research studies on attitudes of PTs towards psychiatric disorders from an evidence-informed perspective through a preliminary search of PubMed database. Findings from four assessment studies and two treatment studies on attitudes among PTs were descriptively summarized to provide an evidence-informed implication for education and practice.

Keywords: Mental Health; Attitudes of Physiotherapists.

Introduction

Patient-centered care is vital in developing the healthy therapeutic relationship in a multidisciplinary biopsychosocial framework of healthcare in physical therapy (PT) [1]. Attitude may be an important measure of potential for giving patient-centered care. Adequate knowledge, positive attitude, and willingness to provide services are important factors in rendering competent and compassionate care to

patients with psychiatric disorders. Physiotherapists (PTs) are an essential part of a multidisciplinary neuropsychiatric rehabilitation team to provide holistic care along a symptom control- quality of life continuum [2].

This short report aims to summarize the findings from research studies on attitudes of PTs towards psychiatric disorders from an evidence-informed perspective through a preliminary search of PubMed database.

Main Findings

Assessment of Attitudes

Staples and Killian [3] developed an instrument to measure attitudes and beliefs of how 495 physical therapist (PT) practitioners towards people with a dementia by describing its factor structure. The study found that 11 out of 12 items reflected how the severity of a diagnosis of Alzheimer's Disease (AD) (early, middle, and late) impacts attitudes of people in physical therapy practices. Three factors- professional competence, resources, and conscientiousness were also identified to detect probable therapeutic nihilism.

Edwards et al [4] performed an electronic survey of 1402 UK neurophysiotherapists to explore their attitudes towards patients with functional motor symptoms (FMS). The study reported mixed findings; most PTs saw patients with FMS, and 25% reported that these patients made up over 10% of their workload. They were moderately interested in treating these patients and they ranked it 6/10 but reported having low knowledge. Most of them appreciated huge scope for PT and also felt poorly supported by referring neurologists and by inadequate service structures.

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Stubbs et al [5] surveyed 64 final year PT students to assess the exposure to violent and aggressive behavior among patients, and their attitudes and confidence in dealing with such behavior using Management of Aggression and Violence Attitude Scale. Although half of respondents had at least one exposure in their clinical placement, majority of them reported lack of confidence in dealing with such situations. The study findings indicated a need to inculcate training in such aspects into PT curriculum.

Vermeltfoort et al [6] examined the attitudes of 1255 scholars pursuing Masters Degree in Occupational Therapy (MScOT) and Physical Therapy (MScPT) toward adults with intellectual disability (ID) using an online survey. With only 17.9% response rate, the study reported that 96.0% of respondents felt "quite" or "very willing" to deliver rehabilitation to adults with ID; however, 50.7% of respondents felt "not at all prepared" or "a little prepared" to interact with this population in a clinical setting. Of those who felt unprepared, 75.4% reported it to be due to inadequate knowledge".

Treatment of Attitudes

Ross et al [7] assessed 49 doctors of Physical Therapy (DPT) students before and after completion of a course that addressed communication skills and psychosocial aspects of care using Patient-Practitioner Orientation Scale (PPOS) and the Tasks of Medicine Scale (TOMS). There were statistically significant differences in students' attitudes toward patient-centered care after the educational experience on the PPOS and the TOMS, which were supported by students' written responses.

Probst and Peuskens [8] compared the attitudes of 219 physiotherapy students towards psychiatry with 112 students without a biomedical background, and also evaluated the effect of a 65-hour course on psychiatric rehabilitation on PT students' attitudes. Overall moderately positive attitudes with small difference between-groups were reported in the study, with female students having more positive attitude towards psychiatry than their male peers. Whilst prior experience with mental illness was associated with more positive attitudes, completion of a psychiatry course led to increase in positive attitudes.

Discussion

Our short report found only limited number of studies in this context and this insufficient evidence together with limited focus on such an important

healthcare issue is an urgent need from a public health perspective in India. The study findings are important in the light of knowledge that poor attitude could exclude the application of the principles of logic and scientific methods to the practice of physiotherapy, and could result in fragmented care, with a potentially negative impact on treatment outcome and patient satisfaction in an era of practice autonomy [9].

Previous studies reported relationship between patients' demographic characteristics and depression among those who received PT versus who did not [10]. Another previous survey evaluating attitudes on nurses reported inadequacies and bias towards biomedical rather than behavioral orientation towards chronic pain [11]. PT research emphasized use of psychosocial approaches such as transactional analysis [12], theory of planned behavior [13], use and misuse of placebo/nocebo [14] and also under-reporting of studies on attitudes in palliative care literature [15].

With PTs leading from the front, to think-out-of-the-box [16] in identification of non-organic pain and cognitive-affective mechanisms [17] in operation of symptom presentations, the reviewed studies and this review's findings warrant a comprehensive psychosocial education interventions targeting inter professional education in order to prevent negative attitudes which may lead to therapeutic nihilism against people with psychiatric disorders.

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