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### RESEARCH ARTICLE

#### Personal and Professional Relationship between the Physiotherapist and the Patient—Indian Scenario.

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##### Key words:-

Therapists, Patient, communication, preferences, patient centered care

#### Abstract

**Background:** The aim of this research work was to study the personal and professional relationship between the Physiotherapist and the Patient.

**Methods:** A cross sectional survey was employed among working physiotherapists and patients who received physiotherapy with respect to their preferences over a variety of major domains and the knowledge about their relationship in the current day scenario; using a validated questionnaire. Results were depicted using narrations, mode, percentages, graphs and tables.√

**Results:** From the current study 82% of patients said that they think communication is important and 87% of therapists suggested that they communicated well with their patients. Majority of patients wanted to be made to feel comfortable to express their worries and concerns regarding their condition and how it has affected their work, family and social life. About 65% of patients wanted to discuss and agree on the treatment together and 65% of therapists thought so too. Majority of patients also wanted the treatment program to be in accordance with their lifestyle, financial status and cultural background. However it has been observed that the decisions regarding the treatment were made mostly by the therapist alone and 60% of therapists said they encouraged these decisions to be made by themselves. About 53% of patients said they would not like the therapist to have a paternalistic approach and 61% of therapist said that they do have such an approach towards decision making regarding the treatment.

**Conclusion:** Therapists and patients differ in their preferences regarding the important domains highlighted in this study i.e. Communication, problem and decision making, long term management, quality of life, information provision, recent experience and satisfaction.

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#### Introduction:-

This research project commences with an analysis of the relationship between the Physiotherapist and the Patient. It studies the level of patient involvement with the therapist in decision making in the planning and delivery of health care. It also studies the patients comfort with the therapist in expressing his opinion, concerns, doubts, and providing a detailed feedback to the therapist regarding the treatment up to his/her knowledge of it.

The study focuses on the factors that influence the patient's involvement and of their opinion if they would like to be more or less involved along with reasoning.

#### **Rationale of the study:-**

A general observation suggests that clinicians including physiotherapists in India tend to adopt a paternalistic approach to decision making about care, assuming that it is they who should make the key management decisions, though personal experience suggests that some patients may wish to be involved. Very little is known about patient participation in physiotherapy decision making and information provision. In the paternalistic model, it is the clinician who makes all decisions about the patient's health care (Charles, C et al., 1997; Elwyn, G et al., 1999; Auerbach, S, 2001). This model of decision making dominated medical practice until recently (Charles, C et al., 1997; Elwyn, G et al., 1999; Auerbach, S, 2001; Flynn, K et al., 2006; Edwards, A et al., 2009). Paternalism is defined as the intentional overriding of a person's known preferences or actions by another person where the person who overrides justifies the action by the goal of benefiting or avoiding harm to the person whose will is overridden (Nys, T et al., 2007). This is the reason why many clinicians take decisions regarding the patient's condition and treatment without involving them in it. This model has no place for patient preferences and participation in decision making. It also makes the patient hesitant from informing the treating therapist regarding his/her concerns or doubts about his condition and its related effects. The rationale of the study is to recommend a shift in the paternalistic health care approach to a more patient centric approach by comparing the opinions of the therapists and the patients regarding the current scenario and their preferences/opinions about bringing about such a change.

Therapists appear to like to believe they empower the patient as well as encourage them to participate in the treatment along with maintaining a clear line of communication. However, that might not be completely possible in a hospital/clinical setup due to the time restraint, decreased awareness to deal with the patient's personal problems, lack of interest on the therapist's part, language barrier, social class or religious differences (Davis RE et al., 2007). It is important as physiotherapists that we change and adopt this new pattern of patient centric approach for treating as well as communication with our patients because it will help the therapists to form a strong and trustworthy bond with our patients, and hence reduce the communication gap that exists. The aim of the present study was to analyze the concept of patient involvement in physiotherapy, to assess the physiotherapist's attitude, knowledge and communication skills regarding the involvement of patients referred for physiotherapy services and to assess the patient's perspectives regarding similar attributes of their treating physiotherapist; in other words, to observe and analyze personal and professional Relationship between the treating physiotherapist and the patient.

#### **Methodology:-**

Aim of the current research program was to study the personal and professional relationship between the Physiotherapist and the Patient. To study the current day status of the personal and professional relationship between the Physiotherapist and the Patient with respect to information collected via a validated questionnaires for Physiotherapists and patients targeting Communication, Decision making regarding the treatment, Guidance on long term management, Quality of life, Information provision and patient satisfaction. 150 patients that have received physiotherapy and 150 practicing physiotherapists consented to undergo the structured survey over a period of 8 months. Patient perspective of Interpersonal relationship with respect to communication with the treating physiotherapist was assessed on a Likert grading scale. The questions assessed the importance of patient's ability to communicate with the therapist being as important as the treatment itself, whether the patients were comfortable answering questions of an emotional/social nature, patient's ability to express their worries regarding their condition, whether the therapists should help the patients deal with the worries associated with their condition, patient's perspective regarding the therapist seeking their opinion about the problem & show interest in it without interrupting them, knowledge of associated problems linked to their condition and opinion regarding the therapist being friendly and approachable. Similarly, patient perspective of preferences over the problem and decision making regarding the treatment, Patient perspective with respect to long term management, quality of life, recent personal experience with a physiotherapist and satisfaction were all assessed through the questionnaire.

Similarly, Physiotherapist's perspective of interpersonal relationship with respect to communication with the patient, preferences over the problem and decision making regarding the treatment, long term management, preferences for information provision and perspective of recent personal experience with a patient were all assessed through the physiotherapist's questionnaire.

## Results:-

Results were depicted using narrations, mode, percentages, graphs and tables. Patients and therapists preferences over a variety of major domains were observed and the knowledge about their relationship in the current day scenario was studied. Results from both the patient's and Physiotherapist's questionnaire are summarized under.

### 1. Patient's Questionnaire:

At the end of the process of collecting data in the patient's questionnaire mode values were calculated so as to get the cumulative scoring of the scale according to Likert scale. The findings of all the domains are enlisted in the tables (1-6). The results can be summarized as follows:

- The average value of mode for the domain questions related to interpersonal relationship with respect to communication is 2-

We can interpret that maximum number of patients agreed with the statements suggesting that they want to establish better communication with the treating therapist.

- The average value of mode for the domain preferences over the problem and decision making regarding the treatment is 2-

We can interpret that maximum number of patients agreed with the statements suggesting that they want to be active participants in the discussion of the problem and decision making regarding the treatment of their condition.

- The average value of mode for the domain long term management is 2-

We can interpret that maximum number of patients agreed with the statements that it is part of the physiotherapist's role to give patients advice on how to stay healthy in the future; and they want additional advice on long term management of their condition

- The average value of mode for the domain quality of life is 2-

We can interpret that maximum number of patients agreed with the statements suggesting that they should be given a physiotherapy program keeping in mind their lifestyle, financial status and cultural background.

- The average value of mode for the domain perception of recent personal experience with a physiotherapist is 4-  
We can interpret that maximum number of patient's suggested that in their most recent experience with a physiotherapist their level of participation in the decision making was moderate and the final decision was also made mostly by the therapist.

- The average value of mode for the domain satisfaction is 5-

We can interpret that patients suggested that with the current health system their level of satisfaction was moderate. Patients suggested that the level of importance that should be given to their satisfaction levels achieved with the physiotherapy treatment before their discharge should be complete.

### 2. Results for Physiotherapist's Questionnaire

Similar to the results in patient's section; mode values of all the domains in the physiotherapist's questionnaire (tables 7-11) were calculated and the results summarized as follows:

- The average value of mode for the domain questions related to interpersonal relationship with respect to communication is 2-

We can interpret that maximum number of therapists agreed with the statements suggesting that they want to establish better communication with the patient.

- The average value of mode for the domain preferences over the problem and decision making regarding the treatment is 2-

We can interpret that maximum number of therapists agreed with the statements suggesting that they should involve the patient in the discussion of the problem and decision making regarding the treatment.

- The average value of mode for the domain long term management is 2-

We can interpret that maximum number of therapists agreed with the statements suggesting that it is part of a therapist's role to give patients advice on how to stay healthy in the future and long term management of their condition.

- The average value of mode for the domain preferences for information provision is 2-

We can interpret that maximum number of therapists agreed with the statements suggesting that informing patients is an essential part of any physiotherapy management and they shouldn't be given information only when they ask for it.

- The average value of mode for the domain perception of recent personal experience with a patient is 2-

We can interpret that maximum number of therapists suggested that in their most recent experience with a patient, the patient's level of participation in the decision making was little and the final decisions were made mostly by the therapist himself.

### **Discussion:-**

This cross-sectional study is aimed at studying the personal and professional relationship between the physiotherapist and the patient. There exists a difference in the relationship that the therapists and patients want with each other and the relationship that exists in the current day scenario with respect to the personal and professional aspects of it. From the current study 82% of patients said that they think communication is important and 87% of therapists suggested that they communicated well with their patients. Majority of patients wanted to be made to feel comfortable to express their worries and concerns regarding their condition and how it has affected their work, family and social life.

About 65% of patients wanted to discuss and agree on the treatment together and 65% of therapists thought so too. Majority of patients also wanted the treatment program to be in accordance with their lifestyle, financial status and cultural background. However it has been observed that the decisions regarding the treatment were made mostly by the therapist alone and 60% of therapists said they encouraged these decisions to be made by themselves. About 53% of patients said they would not like the therapist to have a paternalistic approach and 61% of therapist said that they do have such an approach towards decision making regarding the treatment. Hence concluding that therapists and patients want to formulate a shared decision regarding the treatment but in a practical setup a paternalistic model of decision making exists on the physiotherapist's part. Therapists showed extreme paternalisms towards aspects like the type of treatment the patient must receive, the frequency of receiving it and choosing the time of discharge. It has been found that a variety of factors influence the therapist's involvement of the patient in decision making and encourage a paternalistic model of decision making in a practical setup such as the time restrain, decreased awareness to deal with the patient's personal problems, lack of interest on the therapist's part, language barrier, social class or religious differences (Davis RE et al., 2007). One of the most commonly noticed and important factor being social class. The role of the patients social class as evaluated by their socioeconomic status/formal education raises important issues: as a stereotype affecting the patient therapist relationship. For example, working class patients are perceived as less educated than middle class thus decreasing the therapists feeling the need to provide information and involve these patients in the problem and decision making process (Skelton AM et al., 1995).

About 62% of patients said that they were moderately satisfied with the current health system and 74% said that complete importance should be given to their satisfaction levels with the treatment they receive for their condition. These statistics convey the message that a change is required in the therapists and patients relationship in a clinical setup and not just in theory to improve the current health care delivery system.

### **Conclusion:-**

Can be put forth in two parts separately, one in context with the Patients and other in context with the Physiotherapists

#### **Patients:-**

**Personal:** From the present study we can interpret that patients suggested that they wanted to improve their personal relationship with the physiotherapist through a clear line of communication. They wanted the therapist to be friendly and approachable. They should be given a physiotherapy program keeping in mind their financial condition, cultural background and on that suit their life style. And they wanted advice on long term management of their condition which they considered to be a part of the physiotherapist's role.

**Professional:** Patients wanted to discuss and agree on what the problem is and what the final treatment should be together with the physiotherapist and would prefer if therapists would not have a paternalistic approach regarding the decision making which they concluded exists in the present scenario of the health care delivery system.

**Recent experience:** From their recent experience patients said that the final decisions regarding the treatment were encouraged and taken mostly by the physiotherapist and their level of participation in the decision making was moderate.

**Satisfaction:** They concluded that with the current health system their satisfaction level was moderate and they wanted more importance to be given to their satisfaction levels achieved with the physiotherapy program.

#### **Physiotherapists:-**

**Personal:** From the present study we can interpret that physiotherapists suggested that they should formulate a good level of interpersonal relationship with their patients through a clear line of communication which they considered to be important. Therapists suggested that they must inform about all possible treatment options to the patient and must keep in mind their financial condition and cultural background while doing so. They said that it is part of the physiotherapist's role to give advice on the long term management of the patient's condition.

They said that informing patients is an essential part of any physiotherapy program and should not be done only when the patient asks for it.

**Professional:** They suggested that it is important for the physiotherapist and the patient to discuss and agree on what the problem is and what the treatment should be together along with treating the patient as an equal. Therapists however suggested that they alone should decide the type and frequency of the treatment and the time of discharge or when the treatment should be stopped. They agreed that in the present scenario of the health care delivery system physiotherapists do have a paternalistic approach regarding the decision making of the treatments to be given.

**Recent experience:** From their recent personal experience they said that the patient's participation level in the decision making was little and the final decision was encouraged and made mostly by the physiotherapist himself/herself.

#### **Recommendation:-**

From the collected data and above discussion and results it can be concluded that a paternalistic model of decision making dominates the medical and health care practice today. In a paternalistic model it is the clinician who makes all decisions about the patient's health care. In the current day scenario where the patient and the therapist want to and should establish a satisfactory level of personal and professional relationship, there exists no place for such a model.

A patient centered care model is the one that needs to be adopted by the health care professionals today. The IOM (Institute of Medicine) defines patient-centered care as: "Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions."<sup>4</sup> In this model the patient's satisfaction is given the highest possible priority during their treatment.

The eight dimensions of patient centered care include:

- Patient preferences
- Emotional support
- Physical comfort
- Information and education
- Continuity and transition
- Coordination of care
- Access to care
- Family and friends (Eight Dimensions of Patient-Centered care, 2016).

**Patient preferences:** Involving patients in problem and decision making regarding the treatment and giving their preferences priority.

**Emotional support:** Providing the patient with emotional support during the treatment of their condition and comforting them regarding their worries and concerns.

**Physical comfort:** This includes pain management, activities of daily living and environmental modifications.

**Information and education:** Information on the problem, treatment, clinical status, progress and prognosis, self-care, health promotion.

**Continuity and transition:** Patients often express considerable anxiety about their ability to care for themselves after discharge. Meeting patient needs in this area requires the medical staff to provide understandable and detailed information regarding medications, physical limitations. Coordinate and plan ongoing treatment and services after discharge. Information regarding access to health care services should be shared with the patients.

Coordination of care: Patients report feeling vulnerable and powerless in the face of illness. Proper coordination of care can ease those feelings.

Access to care: Access to hospitals, clinics, physicians, hospital transportation and services.

Family and friends: Family education regarding the condition and their involvement in the decision making and implementation of the treatment.

Similarly, there are many such models which are put forth by various authors (Ende, J et al., 1989; Makoul, G et al., 2006; Edwards, A et al., 2009; Moumjid, N et al; 2007), following are widely cited and used:

1) The Model of Informed Choice (Braddock et al., 1997; Braddock, C et al., 1999).

2) The Model of Informed Shared Decision Making (ISDM) (Towle, A. and Godolphin, W 1999; Towle, A et al., 2006).

3) The Model of Shared Decision Making (SDM) (Elwyn, G et al., 1999; Elwyn, G et al., 2000).

4) The Integrated Model of SDM (Makoul, G. and Clayman, L 2006).

**Table 1:-** Patient perspective of Interpersonal relationship w.r.t communication with the treating physiotherapist

Domain	Questions	Total no of responses n=150	1 (Strongly Agree)	2 (Agree)	3 (Neither)	4 (Disagree)	5 (Strongly Disagree)	Mode	Domain Mode
Questions related to interpersonal relationship with respect to communication	Ability to communicate with the therapist is as important as the treatment itself	150	27(18%)	123(82%)	0	0	0	2	2
	Being comfortable answering questions of an emotional/social nature	150	4(3%)	110(73%)	3(2%)	32(21%)	1(1%)	2	
	Ability to express my worries regarding my condition	150	36(24%)	113(75%)	1(1%)	0	0	2	
	Therapist's duty to help patients deal with the worries associated with their	150	45(30%)	105(70%)	0	0	0	2	

condition								
Wanting the therapist to listen to my opinion about the problem & show interest in it	150	47(31%)	101(67%)	2(1%)	0	0	2	
Wanting the therapist to listen to me with interest without interrupting me	150	78(52%)	71(47%)	1(1%)	0	0	1	
The knowledge of associated problems linked to my condition is very personal to me	150	2(1%)	9(6%)	13(9%)	103(69%)	23(15%)	4	
Therapist should be friendly and approachable	150	57(38%)	93(62%)	0	0	0	2	

**Table 2:-**Patient perspective of preferences over the problem and decision making regarding the treatment

Domain	Questions	Total no of responses n=150	1 (Strongly Agree)	2 (Agree)	3 (Neither)	4 (Disagree)	5 (Strongly Disagree)	Mode	Domain Mode
Preferences Over The Problem And Decision Making Regarding The Treatment	Therapists should clearly explain what the problem is	150	70(47%)	75(50%)	5(3%)	0	0	2	2
	Therapist & patient should discuss & agree on what the problem is together	150	34(23%)	112(75%)	4(3%)	0	0	2	
	Therapists should explain clearly what should be done along with all the possible option	150	50(33%)	99(66%)	1(1%)	0	0	2	
	Therapists should be interested in what I think about the treatment	150	17(11%)	120(80%)	7(5%)	6(4%)	0	2	
	Wanting to feel understood by the physiotherapist	150	63(42%)	85(57%)	1(1%)	1(1%)	0	2	
	Wanting the therapist to treat me as an equal	150	73(49%)	77(51%)	0	0	0	2	
	Wanting the therapist	150	22(15%)	97(65%)	3(2%)	28(19%)	0	2	



& patients to discuss and agree on the treatment together								
Therapists alone should decide on the treatment without discussion	150	0	20(13%)	3(2%)	66(44%)	61(41%)	4	
I should be made to understand about my condition keeping in mind my level of education	150	47(31%)	81(54%)	4(3%)	4(3%)	14(9%)	2	
I would not like the therapist to have a paternalistic approach towards decision making rgd. my treatment	150	49(33%)	79(53%)	19(13%)	3(2%)	0	2	
I should constantly be updated about the progression or regression of my condition	150	75(50%)	75(50%)	0	0	0	2	
I should be given knowledge about the duration of my treatment & what I should expect at the end	150	92(61%)	58(39%)	0	0	0	1	

**Table 3:-Patient perspective w.r.t long term management**

Domain	Questions	Total no of responses n=150	1 (Strongly Agree)	2 (Agree)	3 (Neither)	4 (Disagree)	5 (Strongly Disagree)	Mode	Domain Mode
Long Term Management	I want additional advice on what I can or cannot do to prevent the progression of my condition	150	70(47%)	79(53%)	1(1%)	0	0	2	2
	It is part of the physiotherapists role to give patients advice on how to stay healthy in the future	150	37(25%)	111(74%)	2(1%)	0	0	2	

**Table 4:-Patient perspective with respect to quality of life**

Domain	Questions	Total no of responses n=150	1 (Strongly Agree)	2 (Agree)	3 (Neither)	4 (Disagree)	5 (Strongly Disagree)	Mode	Domain Mode
Quality Of Life	I should be made comfortable to express how my problem has affected my work,family, social life	150	43(29%)	106(71%)	1(1%)	0	0	2	2
	I should be given a physiotherapy program that suits my lifestyle	150	21(14%)	85(57%)	4(3%)	33(22%)	7(5%)	2	
	I should be given a	150	58(39%)	67(45%)	21(14%)	4(3%)	0	2	

physiotherapy program that is chosen keeping in mind my financial status									
The therapist should consider my cultural background while deciding the treatment program	150	34(23%)	68(45%)	10(7%)	35(23%)		3(2%)	2	

**Table 5:-Patient perspective of recent personal experience with a physiotherapist**

Domain	Questions	Total no of responses n=150	1	2	3	4	5	Mode	Domain Mode
			(Me alone)	(Me mostly)	(Me and the therapist equally)	(Mostly by my therapist)	(My therapist alone)		
Perception Of Recent Personal Experience With A Physiotherapist	My physiotherapist encouraged decisions about the management of my condition to be made by	150	0	1(1%)	54(36%)	72(48%)	23(15%)	4	4
	The final decisions were made by	150	0	0	31(21%)	62(41%)	57(38%)	4	
			(Not at all)	(Very Little)	(Little)	(Moderate)	(Complete)		
	In your most recent experience with the therapist how much did you	150	20(13%)	43(29%)	32(21%)	48(32%)	7(5%)	4	

	participate in the decision making								
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**Table 6:-Patient perspective with respect to satisfaction**

Domain	Questions	Total no of responses n=150	1 (Not at all)	2 (Very Little)	3 (Little )	4 (Moderate)	5 (Complete)	Mode	Domain Mode
Satisfaction	With the current health system I was satisfied completely( with their treatment towards my problem)	150	0	18(12%)	26(17%)	93(62%)	13(9%)	4	5
	Importance should be given to my satisfaction levels achieved with the physiotherapy treatment	150	1(1%)	1(1%)	5(3%)	32(21%)	111(74%)	5	

**Observations for Physiotherapist’s Questionnaire:**

**Table 7: Physiotherapist perspective of Interpersonal relationship w.r.t communication with the patient**

Domain	Questions	Total no of responses n=150	1 (Strongly Agree)	2 (Agree)	3 (Neither)	4 (Disagree)	5 (Strongly Disagree)	Mode	Domain Mode
	Ability to communicate effectively with my patients.	150	18(12%)	131(87%)	1(1%)	0	0	2	2

Questions Related To Interpersonal Relationship With Respect To Communication	Comfort level in asking patient's questions of a psychosocial nature	150	2(1%)	130(87%)	1(1%)	17(11%)	0	2
	Ability to deal with the patients worries about their problem.	150	21(14%)	94(63%)	10(7%)	25(17%)	0	2
	Ability to listen to everything that the patient has to say about their problem	150	59(39%)	87(58%)	4(3%)	0	0	2
	Being interested in what the patient thinks the problem is	150	37(25%)	107(71%)	6(4%)	0	0	2
	Being interested in how the problem affects my patients life	150	39(26%)	102(68%)	3(2%)	5(3%)	1(1%)	2
	How the problem affects the patient's life has nothing to do with the therapist	150	1(1%)	15(10%)	7(5%)	92(61%)	35(23%)	4

	Ability to be friendly and approachable	150	85(57%)	64(43%)	1(1%)	0	0	1	
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**Table 8:-**Physiotherapist perspective of preferences over the problem and decision making regarding the treatment

Domain	Questions	Total no of responses n=150	1	2	3	4	5	Mode	Domain Mode
			(Strongly Agree)	(Agree)	(Neither)	(Disagree)	(Strongly Disagree)		
Preferences Over The Problem And Decision Making Regarding The Treatment	Being interested in what the patient wants to know	150	79(53%)	68(45%)	3(2%)	0	0	1	2
	Understanding patients main reason for coming to physiotherapy	150	106(71%)	44(29%)	0	0	0	1	
	Ability to explain clearly what the patients problem is	150	95(63%)	50(33%)	5(3%)	0	0	1	
	Ability to discuss and agree on what the problem is with the patient	150	25(17%)	112(75%)	8(5%)	5(3%)	0	2	
	Ability to explain clearly what should be done	150	67(45%)	83(55%)	0	0	0	2	
	Being interested in what the patient wants done for the problem	150	7(5%)	91(61%)	31(21%)	19(13%)	2(1%)	2	
	Being	150	15(10%)	77(51)	29(19)	27(18)	2(1%)	2	

	interested in what treatment the patient wants			%)	%)	%)			
	Ability to really understand the patient	150	40(27%)	107(71%)	3(2%)	0	0	2	
	Being able to treat the patient as an equal	150	87(58%)	57(38%)	6(4%)	0	0	1	
	Ability to discuss and agree on the treatment together with the patient	150	16(11%)	98(65%)	16(11%)	20(13%)	0	2	
	Deciding alone on the treatment without discussion	150	1(1%)	28(19%)	23(15%)	93(62%)	5(3%)	4	
	Preference that patients should make final decision about their treatment after considering my opinion	150	11(7%)	100(67%)	22(15%)	17(11%)	0	2	
	Therapists deciding alone on what type of treatment patients should receive in the physiotherapy department	150	33(22%)	111(74%)	2(1%)	4(3%)	0	2	
	Deciding alone how frequently the patient	150	76(51%)	74(49%)	0	0	0	1	

should receive physiotherapy								
Deciding alone when the patient needs to be discharged or needs to stop taking treatment	150	71(47%)	77(51%)	2(1%)	0	0	2	
Being able to make the patient understand what his clinical condition is keeping in mind his level of education	150	33(22%)	116(77%)	1(1%)	0	0	2	
Recommending a treatment program to a patient keeping in mind his financial condition	150	35(23%)	88(59%)	10(7%)	17(11%)	0	2	
Recommending a treatment program to a patient considering their cultural background	150	42(28%)	75(50%)	21(14%)	12(8%)	0	2	
Physiotherapists have a paternalistic approach towards decision making regarding the patient treatment	150	43(29%)	91(61%)	13(9%)	3(2%)	0	2	

**Table 9:-**Physiotherapist perspective w.r.t long term management



Domain	Questions	Total no of responses n=150	1 (Strongly Agree)	2 (Agree)	3 (Neither)	4 (Disagree)	5 (Strongly Disagree)	Mode	Domain Mode
Long Term Management	Part of the therapists role is to give the patient advice on how to stay healthy in the future	150	59(39%)	91(61%)	0	0	0	2	2
	The patients future health is their business and has nothing to do with the therapist	150	7(5%)	12(8%)	98(65%)	33(22%)	0	3	
	Advising the patient on what they can/can not do to reduce the progress of their condition	150	72(48%)	77(51%)	1(1%)	0	0	2	

Table 10:-Physiotherapist perspective of preferences for information provision

Domain	Questions	Total no of responses n=150	1	2	3	4	5	Mode	Domain Mode
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			(Strongly Agree)	(Agree)	(Neither)	(Disagree)	(Strongly Disagree)		
Preferences For Information Provision	Giving patients information only when they ask for it	150	2(1%)	6(4%)	13(9%)	97(65%)	32(21%)	4	2
	Informing patients is an essential part of any physiotherapy management	150	67(45%)	83(55%)	0	0	0	2	
	Constantly updating the patient about the progression/regression of his condition	150	49(33%)	99(66%)	1(1%)	1(1%)	0	2	
	Explaining the purpose of any physiotherapy treatment or clinical examination that will be applied	150	75(50%)	72(48%)	2(1%)	1(1%)	0	1	
	When there is more than one method to treat the problem ,informing the patient about each	150	44(29%)	93(62%)	8(5%)	5(3%)	0	2	
	Importance of the patients to know all adverse effects of any physiotherapy intervention used for the treatment	150	43(29%)	103(69%)	3(2%)	1(1%)	0	2	
	Informing patients regarding the duration of their treatment & what they can expect at the end	150	33(22%)	114(76%)	2(1%)	1(1%)	0	2	

**Table 11:-**Physiotherapist perspective of recent personal experience with a patient

Domain	Questions	Total no of responses n=150	1 (Not at all)	2 (Very Little)	3 (Little)	4 (Moderate)	5 (Complete)	Mode	Domain Mode
Perception Of Recent Personal Experience With A Patient	Recent experience of how much the patient participated in the decision making?	150	18(12%)	45(30%)	51(34%)	35(23%)	1(1%)	3	2
			(Me alone)	(Me mostly)	(Me and the patient equally)	(Mostly by my patient)	(My patient alone)		
	Encouraging decisions about the treatment of the patient's condition to be made by	150	13(9%)	90(60%)	46(31%)	1(1%)	0	2	
	The final decisions to be made by	150	41(27%)	65(43%)	44(29%)	0	0	2	

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