

Association of Paediatric Chartered Physiotherapists COVID-19 Survey Analysis: Moving Forwards

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Introduction

On the 23rd of March 2020, the UK government closed all but essential shops and services and shared the message to “stay at home” (UK Government 2020). The social distance guidance resulted in unprecedented challenges to health and care systems in the UK during this time and since (Kings Fund 2020). The need to keep patients safe became paramount, requiring urgent and radical redesign of services (Rastrick 2020). As key workers, paediatric physiotherapists were at the frontline, experiencing a multitude of changes from remote working, implementation of telehealth to potential redeployment, restructuring of teams alongside changes to usual work processes, work environments and pathways for care. (CSP, Kings Fund). The compelling need for service redesign had significant impacts at a professional level alongside the effects on healthcare workers personal well-being (CSP, Kings Fund). The implications for practice are ongoing with continued uncertainties and changes (NHS England, Rastrick 2020).

The ability to reflect on one’s experiences and actions to engage in a process of continuous learning is an integral aspect of being a physiotherapist (HCPC standards of conduct, performance and ethics). The APCP project group sought to facilitate learning through critical and constructive self-enquiry to help process the radical change that has been enforced upon us both as individuals and as a profession.

By analysing respondents’ comments, a discussion can commence so that knowledge is shared, and collective professional wisdom developed whilst understanding how we can support each other and develop resilience (Tony Ghaye, HCPC 2020). Considering the continued uncertainties and possible future lockdowns, there is a real need to learn and adapt so that we can move forwards personally and with our professional practice in a positive and meaningful way. By including this domain, it was hoped there would be time provided for respondents to carefully consider what has been lost and what could be gained. For this reason, the survey project group identified the “moving on” domain as crucial in offering the APCP members an opportunity for reflection on changes that have influenced their practice following the initial period of the COVID-19 lockdown.

Aim

This paper aims to explore the aspects of change that paediatric physiotherapists would like to retain moving forwards following the initial COVID-19 pandemic in the UK. Open ended questions have been used so that

Respondents experiences of change could be explored. This information will inform the APCP's endeavours to support its members and to be ready for future challenges.

Method Summary

An electronic survey was sent to all APCP members between June 4th and June 17th 2020. A qualitative approach utilising Framework Analysis (Ritchie 2014) has been applied. A detailed methodology of the design, development, delivery and analysis of this electronic survey is reported in the introduction and methodology section of this series. Further consideration of methodological limitations within this project have been detailed in the Introduction and methodology section. This domain of the survey was explored through three key questions. These are presented in Table 1.

Table 1: Survey Question for Moving Forwards Domain	Type of question
1. "What changes/ways of working would you like to retain for future practice"	Open ended
2. "What have you changed/learned that will continue to influence your practice?"	Open ended
3. "Please share any further comments or reflections"	Open ended

Results

472 paediatric physiotherapists completed the APCP COVID-19 survey. 185 of these respondents commented in this final section exploring the changes and reflecting on ways of working that have affected them during this time. These were considered as influential to respondents in the process of moving forwards. The respondents were representative of a variety of UK regions, banding and specialities and employment settings.

Data analysis revealed four key themes which include:

- *Future of digital practice*
- *Formulation of new working models*
- *Leadership*
- *Factors enabling coping with change*

Theme 1) Future of Digital Practice

The use of technology has been found to underpin all facets of the moving forwards domain. The development of digital pathways during the COVID-19 crisis has facilitated service delivery in a time when traditional face to face methods were unavailable.

'I think it has given us a push to enter the 21st century and realise the opportunities that having technology at our disposal means that some part of our work will not go back to "normal" and we will find a new technology-enriched normal' (R424).

Respondents wanted *'to continue to embrace technology and its' benefits'* (R284) but there was acknowledgement of the need for research into patient and clinician satisfaction and outcomes with remote consultations compared with face to face consultations as well as adaptation of skills with virtual appointments. *'Develop better ability to explain to parents how to handle their children as well as show them'* (R444) Changes for patients and clinicians were considered.

'I have learn to work in little chunks with parents, instead of doing an hour session each time, the virtual sessions are not longer than 20 min however the parents are sharing more regularly improvements/changes they are noticing by doing the activities suggested during the virtual session. Parents are becoming more confident about working/playing with their own children' (R390).

'I think there are many potential benefits to telephone and video consultations in paediatric msk care. Much of the current research into remote physiotherapy is based on adult populations. It would be interesting to understand how remote consultation impacts patient and clinician satisfaction and clinical outcomes compared to face to face consultation' (R422).

Two areas of key advantages were reported in the survey, patient-centred benefits, and clinician-centred benefits. Patient-centred benefits were perceived by respondents as providing more choice and flexibility in arranging appointments including the appointment type. *'Some virtual therapy will be useful but giving families the choice will be key!'* (R54).

Improved availability of resources for patients and overall improved connectivity was described. *'we've created lots of online resources that we'll continue to use'*(R426).

"Retain- Zoom meetings and webinars and develop these for learning and as a resource for parents" (R124).

"Connectivity - with families without the need to visit clinic and with colleagues in different settings" (R147).

The second area of identified benefits was clinician-centred. This included technology/digitalisation aimed at improvement of work efficiencies (i.e remote meeting attendance) and ease of access to learning and teaching.

'Video MDT has been useful at time for more people having the ability to attend. It should be considered in the future to include those that cannot attend or for sharing knowledge and skills of other hospitals to come together' (R162).

'Will continue to use video in some instances, to reduce time and travel for family and myself' (R228).

'Can do more by teleconference etc and use this efficiently to work' (R314).

"Using virtual IT tools to aid teaching" R100.

Respondents specifically highlighted the importance of sharing learning. *"Sharing learning is very important to enhance and improve patient/family /child care" (R109).*

"continue with better use of technology, hopefully people will embrace change more readily" (R130).

"Continue to use/ develop use of technologies to support my practice where appropriate" (R 14).

"Use of attend anywhere for some follow up appointments will save time and reduce DNAs. It will also allow attendance at clinics/meetings you would otherwise be unable to join due to travel distance and time" (R104).

The "future of digital practice" theme identified many areas of benefits to clinical practice including sharing of resources, attendance at clinics, reduction in unnecessary travel and improved flexibility in clinic and meeting attendance. These were reported as positive changes to practice by respondents. Appropriate technology resources and support for learning new technology and training patients and their families was identified as a requirement for its successful use.

Theme 2) Formulation of new working models

Rapid changes have occurred to service delivery and working practices in response to COVID-19. Many respondents highlighted the benefits of remote working and use of telehealthcare. Similarly to the previous theme, analysis has shown two areas of key advantages; patient-centred, and clinician-centred. Respondents reported the need for continued review of working practices and considered what aspects of 'pre-COVID-19' models of practice should be retained and the facets of new working practices that have been advantageous for patients and clinicians alike.

The patient-centred benefits included greater patient inclusion in designing future service delivery to achieve improved engagement and to make meaningful patient-centred change.

'I feel we have a duty to listen to the feedback from the children, young people, their families and carers so we are able to understand what works well for them in our new ways of working. I hope

we will be able seize all the new opportunities for delivering our services, supporting our staff and their development in new ways' (R111).

'I think the service we can provide can be more flexible and tailored to the individual after working through this time' (R37).

'Retain flexibility in practice to offer patients a range of consultation opportunities to best suit their needs at any given time' (R338).

At the personal level, the changes to working patterns have been identified as a source of improvement to work-life balance with respondents commenting on the positives of flexible working with reduced travel and increased/better access to improved work environments. *'We can link up with others more easily so travel is less of a barrier' (R65).*

Nearly all respondents felt that remote working and virtual appointments should be considered in conjunction with face to face appointments. *'there is a place for tel/vid reviews but this should be used in the context of f2f and hands on input' (R385).* The vast majority of respondents commented on a desire to continue with flexible working/working from home with positive affects noted for their productivity.

'I would like the opportunity to work from home more. I can access everything I need and it is a quieter environment. To make more regular phone calls to families, combined with face to face appointments. I feel like I have got to know some parents better that usually don't engage as well' (R156).

"Can be more structured within the day & plan in admin tasks better at present" (R226).

Many respondents identified the potential loss of "hands on skills" as a concern.

'there is a place for the use of technology and have great concerns in the correct application for when to be used & therefore might over ride our assessing & hands on skills as physios' (R61).

'There is a place for technology but we lose so much if we just – switch. The ability to guide, assess and build patient rapport will be lost' (R256)

'Still see the need for hands on with new patients and complex patients' (R371)

Respondents were also concerned that the rapid shift to virtual/telehealth will deepen the risk of areas of access inequality.

'We must ensure that we work to maintain equitable service. Many families who have financial difficulties or socially disadvantaged have suffered disproportionately at this time' (R128).

Theme 3) Leadership

The analysis has shown that the roles of leaders are crucial and strongly shape the perceptions of team support in this domain. Leadership and the perception of support emerged in analysis of the “Role” domain of this survey series also (See “Role” domain). *‘We were aware of a lot of possible plans being made but these weren’t shared with us which led to rumours and speculation’ (R420).*

Furthermore, the lack of clear communication from leaders has been commented on as a factor contributing to emotional wellbeing. *‘I think some of the anxiety we had at the start could have been mitigated by better communication from those higher ups’ (R420).*

Conversely staff appreciation from team leaders was found to result in *‘better working relationships with parents and colleagues with a common purpose of keeping everyone safe from COVID’ (R17).*

Respondents commented on employer qualities that they hoped to see going forwards

‘Employer flexibility and appreciation of its staff’ (R198). ‘Recognise individuals strengths...and allow them to use them when possible/ share with others. Support one another to allow colleagues to work to the best of their abilities and be most productive’ (R338).

Theme 4) Factors enabling coping with change

Respondents shared the personal effects of working during this crisis with reflections and advice on how to cope with change in the future. This included acknowledgement of the need for time to process what has happened.

‘I feel we will need a time to debrief after all this and process what has happened. The changes have been exhausting and unlike many friends outside of healthcare we often haven’t had time to stop and recoup. We must reflect and learn’ (R340).

The term “team” featured in comments where positive experiences were described. *‘This has been an exceptionally stressful time but I am proud of the team i work with and my own family at home and of myself. I am more resilient than I thought’ (R200).*

‘The importance of having a supportive team around you has been paramount, we have all had times where we have been upset/stressed/worried but we have come together- be that in the form of a virtual coffee and catch up or doing online exercise classes together in the evening outside of work. I am lucky as I have a lovely team, but have worked in difficult teams in the past and know that my COVID-19 experience would have been a lot more stressful if I did not have the support of my team’ (R237).

Respondents commented on flexibility and openness to change. This was similarly reported in the wellbeing domain of this series. *'Things will not be the same moving forwards so will need to be much more adaptable and open to change in developing different ways of working'* (R 14). *'willing to give things a go'* (R17). *'Collaboration and being flexible'* (R235).

Characteristics like kindness and tolerance were considered as helpful in adapting to change. Respondents imparted advice to implement these qualities. *'Be kind, understanding, tolerant...and those around you will respond in a similar way'* (R338).

'Re-evaluation of priorities. previously worked very hard putting pressure on myself to manage a lot in a day' R228

'Continue to challenge and push boundaries....' (R65)

Limitations

39% (n=185) of respondents answered the moving forwards domain questions. The comparatively low number of responses may be related to the length of the questionnaire although it was validated and piloted or to respondents' readiness to comment. It seems that the latter could be possible as the survey was implemented in the first few months of national lockdown. This limitation was identified by some respondents. *'There might be other positives but I'm currently in the middle of a crisis so perhaps not quite ready to analyse everything'* (R260). *'I feel we will need a time to debrief after all this and process what has happened'* (R340).

Discussion

The four key themes identified during analysis represent the ways in which change could be facilitated with resultant positive practice transformation for patients and clinicians. The analysis highlights the concurrent clinician considerations and patient centred variables within the four themes. The identified linkages between managing self, working with others, reflection and learning in the context of rapid organisational and personal change is reflected in the Peoples Plan 2020 (Haines 2020). Leaders ability to influence clinician experiences which in turn allows services to be adapted to meet the needs of their patients effectively has been brought to the fore. Through inclusive and compassionate work environments, teams can be supported to deliver services that clinicians and patients aspire towards (See figure 1). The importance of retaining flexibility in practice has been identified in the analysis of this domain.

The COVID-19 pandemic is ongoing, thus investigating respondents' reflections at this time is complex. The concepts of reflection-in-action as compared with reflection-on-action (Donald Schön's, Van Manen) and also reflection-for-action (Killion and Todnem 1991; Grushka et al. 2005) are useful to consider how and in what ways reflection is used. Reflection can lead to a change in the practitioner's view of self, values, and beliefs (Donaghy 2000). It is this self-concept, values and beliefs alongside experiences that lead to professional identity. The respondent's comments in this domain of the survey have provided insight into their personal

reflective practice and the challenges and opportunities of these unprecedented times. Many changes were borne out of necessity and now that we are in the moving on period from the initial lockdown, we can consider how changes can be facilitated.

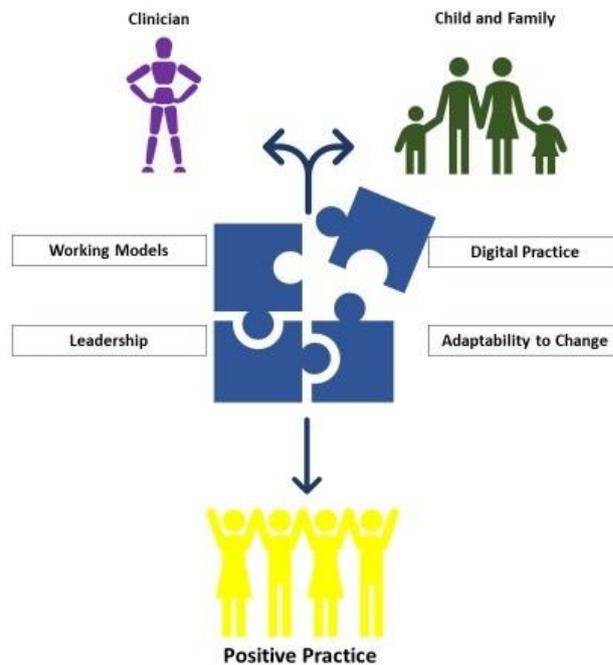


Figure 1. Variables affecting change during COVID-19 lockdown

The importance of the leadership role is clear in this domain. Leaders need simple methods to help people to work together as productively as possible to make progress in a time when rapid change is required (Kings Fund, 2017). 'Experience-based co-design' is a concept of bringing healthcare professionals together with service users to improve quality of care through service re-design and reconfiguration of traditional roles with a partnership approach to co-design services and care pathways (Donetto et al 2015). The usual challenges of experience-based co-design have potentially been mitigated by the COVID-19 pandemic as there was already a change between service users and service providers with a new common goal to keep people safe and an acceptance that services could not continue as they usually would. This shared vision and common purpose to reduce the spread of COVID-19 can be utilised at this time.

The method of appreciative inquiry for promoting transformational change by focusing on affirmation, appreciation and positive dialogue is a participatory approach that could be implemented with experience-based co-design (Trajkovskti et al, 2013). Analysis in this domain supports the shift to create positive dialogue. Respondents presented a clear want for supportive, communicative, and positive encouragement from leaders. This has also been identified in the NHS Peoples Care Plan 2020.

The known complexity of healthcare systems needs to be acknowledged by healthcare professionals working within them (Braithwaite 2018, Rastrick 2020). Effective change requires factoring the idiosyncratic nature

of services rather than applying a linear improvement approach (Braithwaite 2018, NHS Peoples Plan 2020). The concept of formulating new working models has been driven to the forefront of all physiotherapists practice and has been recognised at a strategic level by the NHS Peoples care plan 2020. By using existing resources including tools like appreciative inquiry, experience based codesign and developing future strategies we could support paediatric physiotherapists and our patients. The Kings Fund have developed resources with a devoted theme of “working differently” (<https://www.kingsfund.org.uk/publications/covid-19-road-renewal-health-and-care>). Appropriate technology is integral to the successful implementation of this alongside enhanced learning around technology applications and use (NHS England 2019 A Digital Framework for Allied Health Professionals).

Conclusion

Our future practice can be enhanced by reflecting and recognising the knowledge that we have learnt from the initial period of national lockdown. The ability to change our working practices and care pathways will require collaboration with clinicians and patients whilst having the support of our leaders and support within our teams. We can move forwards from the initial effects of this crisis and prepare for future challenges by utilising our experiences to inform our future work. As a respondent succinctly summarised ‘*We need to plan for this again so not to forget what we’ve learned, what worked well, or not so well*’ (R34).

Priorities for further consideration following analysis of this domain are presented below:

1.	To advance paediatric physiotherapists skills in assessing and treating patients in a virtual context so that the varied needs of patients can be facilitated with a range of consultation options.
2.	To explore patient, parent and clinician engagement and satisfaction with virtual appointments compared to face to face appointments and to review outcomes of both virtual and face to face appointment types.
3.	To support retention of continued flexibility in working models for clinicians alongside developing leadership roles where staff appreciation is valued.
4.	To endeavour to have inclusive and compassionate work environments where each team member is valued and supported with particular attention to the importance of each individual’s wellbeing. To work on developing processes where clinicians are involved in service design and delivery with meaningful collaboration with leaders.

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