Differences in stakeholder expectations in the outcome of physiotherapy management of acute low back pain

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Abstract

Objective. To compare stakeholder expectations of outcome of physiotherapy management of acute low back pain.

Design. Observational design using interviews and questionnaires.

Setting. Practice/workplace.

Study participants. The study sample was from South Australia. It comprised 74 physiotherapists randomly selected from professional association listings (49.3% response rate), 121 physiotherapy patients (recruited by participating physiotherapists when attending their first physiotherapy treatment for acute low back pain), 21 general practitioners randomly selected from medical practitioner listings in the metropolitan telephone book (36.2% response rate) and 13 third party payers of a total of 16 available insurers in the metropolitan area (82% response rate).

Main outcome measurements. Stakeholders reported expectations of outcome at the end of the first treatment session and at the completion of the episode of care.

Results. There were differences in expectations between stakeholders, as well as between naive and experienced patients. Overall, patients expected symptom relief at the end of the first treatment. Naive patients decided to return for further treatment based on the relationship established with the therapist, whereas experienced patients also expected some advice on their condition during the first contact. Physiotherapists and referrers expected symptom relief and then long-term management strategies to be provided, and third party payers expected cost-efficient management of the condition and patient satisfaction.

Conclusion. Physiotherapists need to address potential imbalance of consumer knowledge and foster a quality partnership with their patients on the first visit to physiotherapy. Patients who are in pain may not derive full value from information provided in an untimely manner.

Keywords: low back pain, outcome, physiotherapy, stakeholders

This paper describes and compares expectations of outcome of ambulatory physiotherapy care for acute low back pain, with respect to four major stakeholder groups in Australia (patients, referrers, physiotherapists and third party payers). Acute low back pain was chosen for investigation because a recent survey of over 12,500 patients of 122 private physiotherapy practices over a 3-month period found that this condition represented approximately 20% of overall caseload [1].

The physiotherapeutic management of acute low back pain can involve a number of different treatment approaches and techniques, and multiple treatment mechanisms are commonly used to obtain the desired outcome, i.e. the closure of an episode of care with minimized symptoms and maximized function. An episode of ambulatory physiotherapy care encompasses all of the physiotherapy treatment sessions provided for one manifestation of one condition [2]. Studies that have tested the efficacy of commonly practised physiotherapeutic treatment approaches for low back pain have been inconclusive in identifying one management approach that is clearly superior in outcome to any other [3–5]. This suggests that at present, the measurement of outcome of
Physiotherapists have traditionally measured the outcome of their intervention in terms of changes in functional capacity or symptomatology [6], and preliminary work has been undertaken to develop a functional clinical indicator for acute low back pain that facilitates performance monitoring [7–11]. However, non-clinician stakeholders are frequently unable to relate to physiotherapeutic outcome measures because of difficulties in understanding terminology and clinical concepts underlying the outcome measurements [12,13]. Sheppard [14] found that patients in particular, value quality of physiotherapy treatment in terms that they understand, but which may not reflect the core attributes of the service they are consuming.

Medical referral of patients to physiotherapy in Australia is a complex area. All registered physiotherapists in Australia can legally provide professional services on a primary contact basis [15]. There is variable involvement of a medical practitioner in the physiotherapy management of a patient with private health insurance, this being more by patient preference and/or physiotherapy recommendation than a statutory requirement of a funding body. Preferred provider arrangements are becoming more common between private physiotherapists and private insurers. Those who opt to purchase private insurance receive partial rebates for their care. The deficit between the fee charged and what is rebated is met by the insurer. The employer is not involved in providing private insurance as occurs in other countries (such as systems in the USA). Public hospital outpatient services generally require patients to have a medical referral largely to regulate physiotherapy caseload, and patients receive care free-of-charge.

Government-based third party insurers (Workers Compensation, Motor Accident Insurance, Veterans’ Affairs etc.) require the involvement of a medical practitioner by legislation, generally for case management. Funding is usually for the total costs of care with no out-of-pocket expenses for the patient.

At the time of publication, private and Governmental insurance organizations in South Australia reimburse private physiotherapists per occasion of service. Funding of public hospital outpatient-based services is by yearly state health commission block grants, calculated on the previous year’s total occasions of service. Such funding arrangements place no overt emphasis on the quality or the outcome of physiotherapy care [2] and provide no incentives for benchmarking or improvements.

The dilemma faced by the physiotherapy profession in striving for stakeholder understanding of, and satisfaction with, physiotherapy services reflects the inherent problems of the health care market in its failure to comply with the competitive market model. Of the five main areas of market failure identified in health care [16–18], the elements that are particularly reflected in the delivery of physiotherapy services are asymmetry of information between consumers and providers, and supply-side imperfections.

Patients often lack the knowledge to assess accurately the technical competence of health providers, and their physical and emotional state can impede judgement [19]. Patients may also be reluctant to disclose what they really feel about a service because of their sense of dependency or prior failures in patient–physician communication [19,20]. Moreover, there exists the potential for asymmetry of information between physiotherapists and other health care professionals, who may be competitors for the same health care dollar but who may not share the same focus or beliefs in the management of the condition.

Supply-side imperfections arise when the service provider manipulates the asymmetry of information to increase the level of care provision. Although the rationale underlying inflated levels of physiotherapy service provision may well be intended to advantage the consumer, there is the danger of over-provision of services and the attendant cost inefficiencies and patient dependencies [18]. In the short term these will advantage the provider financially, but in the long term they may disadvantage the profession by consumer and/or third party scepticism [20].

This paper explores and compares expectations of clinical and non-clinical stakeholders in an attempt to develop outcome measures that can be applied by all.

Method

Several approaches were used to collect information for this study, including in-depth interview, focus groups and questionnaires (administered verbally and written) enabling triangulation of the data. This study had the approval of the Human Research and Ethics Committee of the University of South Australia. All respondents were identified only by code, and no names were recorded.

Subjects

General practitioner referrers

Sixty general practitioners were systematically selected from the suburb listings in the Adelaide, South Australia metropolitan telephone book, where one in 10 practitioners in each suburb was mailed a reply-paid questionnaire. No data were collected from medical specialists (rheumatologists, orthopaedic surgeons etc.) as previous research into referral patterns to Australian physiotherapists did not identify specialists as a significant source of referral of patients with acute low back pain [2] to physiotherapy [7–11,21].

Third party payers

All 16 third party payer organizations (private and Government) with offices listed in the Adelaide metropolitan telephone book were invited to participate in the survey. Structured interviews were conducted by one of the investigators with nominated representatives of the organization (generally the claims manager or personnel/liaison officer).

Physiotherapists and patients

A pilot study was first conducted using a convenience sample of 45 patients and 36 physiotherapists drawn from the same
Stakeholder expectations

Three sites in metropolitan Adelaide. Three of the investigators were involved in this aspect of the study. The pilot study clarified question wording and intent, and assisted in the coding of common responses from physiotherapists and patients, using both written and personal interview forms of question delivery. The pilot study also established validity of questioning and the extent of variability of responses. The pilot study thus informed the development of validated written questionnaires for use by physiotherapists and patients.

Staff at the South Australian Branch of the Australian Physiotherapy Association (APA) then generated a random sample of 150 physiotherapists (approximately 19% of the current membership list). The selection of physiotherapists was by random numbers generated by a dedicated computer program which chose 100 metropolitan Adelaide physiotherapists and 50 South Australian country physiotherapists. They were all sent a letter of explanation, the physiotherapist questionnaire and a reply paid envelope addressed to the investigators. On the returned questionnaire, respondents indicated whether they would participate further in the study by collecting data from their patients.

A batch of 10 patient questionnaires was then sent to each physiotherapist who agreed to collect patient data. A maximum of 10 consecutive patients presenting at these physiotherapists' clinics for acute low back pain during a 3-month period (October–December 1997) were asked by their physiotherapist to complete the questionnaire in the clinic waiting room prior to their first treatment session. Patients were given no assistance when completing the questionnaire, and no further data were collected from patients (i.e. after they had consumed treatment). Patients were included in the study if they had been free of low back pain in the previous 6-week period. Pain could be felt in any region of the back or leg, and no age group, gender, race or functional disability was excluded. The completed patient questionnaires were returned to the investigators by the participating physiotherapists at the end of the 3-month data collection period.

Question content

The content, construct and face validity of the questions asked of the four stakeholder groups was determined from a literature survey, preliminary discussions conducted by the investigators with representatives of each stakeholder group, and the pilot study of patients and physiotherapists. The questionnaire/interview items sought to describe stakeholders' expectations of the outcome of physiotherapy care at time intervals during the episode of care that were meaningful to them. The questions had common themes and intent, although they were worded differently depending on the stakeholder group. Patients were specifically asked about the rationale that would underpin any decision to return for a second treatment session because of the high rate of 'failure to return' patients reported in previous studies of ambulatory physiotherapy [2,7,21]. Examples of the outcome-based questions addressed in this paper are provided in Table 1.

Table 1 Examples of the stakeholder questions addressed in this study

| Patient’s questions: | What outcomes do you expect today at the end of the first treatment?  
| | What personal guidelines will you use to decide whether you will return for a second treatment here?  
| Physiotherapist’s questions: | When you treat a patient with acute low back pain, what are your expectations at the end of the first treatment?  
| | What are your expectations of your patients’ outcome when they are discharged from physiotherapy?  
| Referrers’ question: | Please describe your expectations of physiotherapy management of this patient.  
| Third Party Payer’s questions: | What is your expectation of physiotherapy treatment for your clients?  
| | What do you see as indicators of good or poor quality services?  

Time frame of investigation

Responses from the stakeholders were collated using a time line that represented two points in the episode of care: the end of the first treatment session and the end of the episode of care. Stakeholder answers were analysed in the constant comparative manner as described by Eisenhardt [22]. Patients and physiotherapists were able to contribute data at both points in the timeline because of their personal and clinical involvement in the case. Referrers could generally contribute data at the end of the episode of care because of their clinical referral, monitoring and/or case management role, and third party payers could generally contribute information only after cessation of the episode of care, in post hoc review of case expenditure. The different stakeholder time frames for decision making and evaluation are summarized in Figure 1.

Results

Response rates

Completed questionnaires were received from 21 general practitioners, representing a 36.2% response rate. No information was available on non-respondents, nor about their patterns of physiotherapy referral.

Interviews were held with representatives of 13 third party payer organizations (representing 81% of the organizations approached). The non-respondents included one Government insurance body and two private insurance companies.

Seventy-four physiotherapists returned the mailed physiotherapist questionnaire (a response rate of 49.3%), and it was
Table 2  Responses regarding previous management of low back pain

<table>
<thead>
<tr>
<th>Management</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>No management</td>
<td>43%</td>
</tr>
<tr>
<td>General practitioner</td>
<td>39%</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>31%</td>
</tr>
<tr>
<td>Chiropractic</td>
<td>28%</td>
</tr>
<tr>
<td>Specialist</td>
<td>9%</td>
</tr>
<tr>
<td>Masseur</td>
<td>4%</td>
</tr>
<tr>
<td>Reflexologist</td>
<td>2%</td>
</tr>
<tr>
<td>Acupuncturist</td>
<td>1%</td>
</tr>
<tr>
<td>Admission to hospital</td>
<td>1%</td>
</tr>
</tbody>
</table>

completed by 61 of them (40.6% of the total number surveyed). The 13 physiotherapists who returned an incomplete questionnaire cited various reasons for non-participation, such as practice types which did not commonly treat low back pain, currently not-practising through personal situations (such as maternity leave) and/or workplace constraints. All 61 physiotherapists who completed a questionnaire indicated that they were currently practising in largely musculoskeletal-based practices. All responding therapists were at least 2 years post-graduation, but no information was requested on their experience in musculoskeletal clinical practice in that time.

Twenty-nine of the 74 respondents (39.2%) further agreed to collect information from patients, comprising 19 metropolitan and 10 country therapists. This sample comprised two hospital outpatient-based therapists and 27 private practitioners. At the end of the 3-month collection period data were received on 121 patients from 24 of these 29 practices, comprising 16 metropolitan and eight country therapists (representing two hospital outpatient-based therapists and 22 private practitioners).

General practitioner responses

Sixty-seven per cent of general practitioners cited physiotherapy as their second most frequent choice of management of acute low back pain. Medication was the most common first choice. Of those general practitioners who regularly referred patients with low back pain to physiotherapy, the three most common reasons for preferring physiotherapy were that it provided good short-term relief (100% of respondents), provided long-term education (50% of respondents) and taught self management (42.8% of respondents).

General practitioners who referred patients to physiotherapy largely expected consensus between physiotherapist and patient to determine treatment outcomes and to regulate the number of treatment sessions in the episode. Referrers anticipated that substantial symptom/functional improvement would coincide with discharge from care, and that the physiotherapist and patient would, between them, determine when the requisite level of improvement had been reached.

Insurers/third party payer responses

Few of the insurers/third party payers interviewed for this study had overt expectations of physiotherapy management other than it did not incur large expense. There was no difference between responses from Government and private insurance organizations. The most common response was that the physiotherapy episode would have a positive outcome, i.e. ('fix') the patient at the cheapest cost (mentioned by 40% organizations). Time spent with the patient, and treatment provided with the best intention for the patient, were mentioned by 35% organizations, and 22% of the organizations specifically felt that they should have no expectations of outcome, this being a private arrangement between patient and therapist. Numerous and varied quality indicators were used by third party payers, and most organizations employed several. They included customer satisfaction and clinical efficacy (each mentioned by 38% organizations), cost efficiency and few treatments (each mentioned by 23% organizations), and clean facilities, courteous and helpful staff, patient fully consulted about the treatment plan, physiotherapist up-to-date and active in continuing education.
out-of-hours treatment available and time spent with patient (each mentioned by 7% of respondents).

**Physiotherapist responses**

The most commonly reported physiotherapist expectation at the end of the first treatment session was that symptoms would be decreased (reported by 90.5% of respondents) and that a diagnosis would be determined (reported by 87% of respondents). At the end of the episode of care, physiotherapists had common expectations that patients would have returned to pre-injury state (91%), and that long-term management strategies would have been implemented (57% of respondents). Physiotherapists were asked about areas where patient and therapist expectations may not coincide. The three most common responses were that patients expect a complete cure (93% of respondents), patients expect to attend for treatment only once (91% of respondents) and patients rarely commit the time, effort and responsibility to effect and maintain improvement (89% of respondents). There was no difference in response between country and city therapists, or between hospital and private therapists.

**Patient responses**

The patient sample comprised approximately equal numbers of men and women (53.5% male, 46.5% female). There was a wide age range (15–84 years) with a mean male age of 41.8 years (SD 14.3) and a mean female age of 43.9 years (SD 18.2). Patients chose to attend their physiotherapy clinic for a variety of reasons, the most common of which were convenience, reputation, previous good experience and/or recommendation. Twenty-two per cent of patients were naïve attenders at physiotherapy (that is, they had not attended physiotherapy previously for any problem). The remaining 78% were previous attenders, either for low back pain (62%) or for other conditions (38%). Over the total patient sample, only five patients had not previously suffered low back pain, and thus the majority of patients not only had prior experience of the condition, but had experienced multiple methods of management, the most common of which was ‘do nothing’. Previous low back pain management is listed for interest in Table 2, where the denominator is the total number of responses (n = 246).

**Expectations at the end of the first treatment session**

The data showed clear differences between the naïve attenders and the patients who had previously experienced physiotherapy management for low back pain. There was no difference in expectation however, if the patient was naïve, or had previously attended physiotherapy for a condition other than a back problem. Thus previous experience of physiotherapy management for low back pain appeared to be important in defining expectations of outcome of the management of subsequent back problems. Stratification of the data by age, gender, level of income and metropolitan or country location did not identify significant differences in response types or rates.

### Table 3 Most common patient expectations of outcome at the end of the first occasion of service

<table>
<thead>
<tr>
<th>Responses</th>
<th>Naïve attenders (%)</th>
<th>Previous attenders (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some pain relief</td>
<td>45.5</td>
<td>74.3</td>
</tr>
<tr>
<td>Completely cured</td>
<td>23</td>
<td>3.8</td>
</tr>
<tr>
<td>Advice</td>
<td>8</td>
<td>19</td>
</tr>
<tr>
<td>Know cause of problem</td>
<td>1</td>
<td>16</td>
</tr>
</tbody>
</table>

By the end of the first treatment session both the naïve and the previous physiotherapy attenders reported an expectation of symptom relief. However, beyond this, there were marked differences in expectation, with significantly more of the group with previous experience of physiotherapy expecting advice and explanation than the naïve group. The three most common patient expectations of outcome by the end of the first treatment are reported in Table 3 per strata of attenders.

### Guidelines regarding return for second and subsequent treatments

Responses regarding the decision to re-attend for second and subsequent treatment sessions highlighted the importance to patients of symptom relief, and also of the physiotherapists’ interpersonal skills and ability to impart information. This suggests that patients have multilevel and possibly covert needs (where the expectation of symptom relief is underscored by the relationship developed between the patient and the physiotherapist). That expectations of a quality relationship with the therapist were not mentioned in response to the question regarding outcome of the first treatment supports the covert requirement of a quality interpersonal relationship, not considered until after the conclusion of the first treatment session. Quality interpersonal relationships were described by patients in various ways, including courteous treatment by therapist and staff in the clinic, the belief that the physiotherapist listened to the patient, being valued by the therapist and being included in the decision-making process. The most common patient responses per strata are reported in Table 4.

Stratification of the data by country and city practice location, or by private or hospital practice type did not identify significant differences in response.

### Discussion

This study found important differences in stakeholder expectations of the outcome of physiotherapy management for acute low back pain, particularly within the patient cohort (naïve attenders at physiotherapy, and those who had previously attended for their back problem) and between patients...
and physiotherapists. The study provides insights into differences in stakeholder expectations that will support further and more detailed research into the area.

The authors acknowledge potential positive response biases in the samples, particularly in view of the low response rate. The responding medical practitioners may have been more familiar with physiotherapy services and more comfortable with referring patients, than non-responding medical practitioners. Likewise, the responding physiotherapists may reflect those with an elevated commitment to improving the quality of their practice than non-responding therapists. In this sense, the patient sample drawn from the responding practices may have had an enhanced awareness of quality physiotherapy care, with expectations that were different from those of patients from other (not represented) practices. However, these potential biases do not detract from the findings of the study, as any enhanced awareness of quality service provision by the responding stakeholders increases the power of truly detecting differences in stakeholder expectations.

There was no evidence of differences in response from within the physiotherapy or patient sample with respect to practice location (country and city), or practice type (hospital and private practice). The small number of responding public hospital outpatient practitioners constrained detailed comparison of private and hospital practice data; however, the authors have confidence in the consistency of the findings. A previous large long-term study by one of the authors also found few differences in physiotherapy service delivery or its outcome, when comparing hospital and private practices based in the country and the city on a data set of over 5000 physiotherapy patients [21,23].

The study highlighted the responsibility vested in the physiotherapist by patient, referrer and third party payer for cost-efficient, effective and valued treatment. Recognizing and addressing stakeholders’ expectations may well hold a key to the continued success of the profession in the delivery of health care whose quality is valued by all [12,13]. Differences in expectations encompass: market failure issues of imbalance in knowledge and supply-side imperfections, issues of the quality of interpersonal relationships between therapists and patients, and the readiness to accept, and act on, imparted knowledge.

This study highlights how aspects of market failure can constrain the successful delivery of physiotherapy services [16–18]. Redressing imbalance in knowledge would appear to be a particularly important issue for physiotherapists when dealing with each stakeholder group. Expectations that information about diagnosis, treatment process, outcome and long-term management would be communicated by the therapist was emphasized by the experienced patient group, referers and third party payers. On the other hand, education by physiotherapists of naïve patients regarding what to expect of the treatment process and outcome appears to be important in addressing a real imbalance of knowledge, and raising patients’ expectations of quality physiotherapy service delivery.

This study found that the referrer and third party stakeholders expected that the length and nature of an episode of care should largely be determined by patients and physiotherapists, and that its outcome would be measured by quality indicators of cost–benefit and patient satisfaction. Thus, recognition by physiotherapists of the potential for supply-side imperfections would appear to be essential in meeting referer and third party payer expectations of quality service delivery and outcome, and ensuring that ongoing confidence can be placed by these stakeholders in physiotherapists’ ability to monitor and control their levels of service delivery [24].

This study found that a desire for an improvement in symptoms was the driving force in the patient’s decision to attend physiotherapy, and achieving it (or a promise of it) underpinned the decision to return for subsequent treatment. This finding is consistent with current professional directions to develop tangible functional indicators of quality outcome that can be used to monitor service delivery from the therapists’ and patients’ perspective [6,9–11]. However, in this study, patients made decisions based on the success of outcome of the first treatment session, and the future benefits of consuming subsequent physiotherapy care not solely on the basis of improvement of symptoms. They also valued the relationship established with, and confidence engendered by, the therapist. The difference between naïve and experienced patients suggested that previous experience of physiotherapy management for low back pain was a major determinant of expectations of outcome. For instance, apart from the speedy relief of symptoms, first time (naïve) attenders had few clear expectations of process or outcome, and appeared to leave the treatment decisions to the physiotherapist. In contrast with this, more experienced patients expected advice regarding management, which suggested that they desired to be part of the decision making and treatment process. Failure to address the patient/therapist imbalance in information at this level may well lead to attrition of patients with previous physiotherapy experience to physiotherapy businesses. It may also lead to the loss of referrals because general practitioners expected exchange of information on long-term management, and lack of third party payer confidence in the individual therapists’ commitment to quality service delivery. Moreover, the lack of expectations of treatment outcome expressed by the naïve patient may lead to

### Table 4 The most common reasons for returning for second and subsequent treatment

<table>
<thead>
<tr>
<th>Responses</th>
<th>Naïve attenders (%)</th>
<th>Previous attenders (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good response to treatment</td>
<td>21</td>
<td>34.6</td>
</tr>
<tr>
<td>Attitude of physiotherapist</td>
<td>19</td>
<td>0</td>
</tr>
<tr>
<td>Have to attend (referrer gave no choice)</td>
<td>18</td>
<td>5</td>
</tr>
<tr>
<td>Physiotherapists’ advice</td>
<td>9</td>
<td>19.2</td>
</tr>
<tr>
<td>Communication with physiotherapist</td>
<td>0</td>
<td>18</td>
</tr>
</tbody>
</table>

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inflation of the level of service delivery when the physiotherapist makes sole decisions regarding the number of treatment sessions within the episode of care. Inflated levels of service provision will fail to meet the cost-efficiency expectations of third party payers and referrers.

Establishing an interpersonal relationship with their patients was not identified by physiotherapists as an expected outcome of the episode of care, but it was a major issue in patients’ satisfaction with, and continued use of, the service. The varied features used by patients to describe quality interpersonal relationships suggest that patients judge the physiotherapy service as much on professional expertise as personal relationship levels. This supports findings of Beaton [12] and Sheppard [14] who found that patients use terms and context familiar to them to evaluate health service quality. Thus, physiotherapists need to recognize the importance of their personal relationships with their patients and ensure that patient expectations are tangibly met to ensure repeat business.

The most obvious difference in expectations between physiotherapists and patients was that by the end of the first occasion of service, physiotherapists expected to address long-term management strategies, while patients were primarily interested in symptom relief. This suggested that when the initial treatment process was not oriented towards symptom relief, or when information was imparted too quickly (such as addressing long-term management strategies in the first treatment session), this may act as a disincentive to patients seeking further treatment. This was particularly evident in the situation where attending a physiotherapist was a new experience to the patient. These findings concur with health promotion research that suggests that consciousness-raising is as important in imparting health education as actual knowledge exchange [25]. Thus, the timing of knowledge exchange is an important element in quality service delivery.

**Conclusion**

The findings of this study highlight the responsibility of the physiotherapist in meeting stakeholder expectations. The first treatment session provides a unique window of opportunity in which to address multilevel patient-oriented tasks:

- establish a relationship with the patient that patients trust and value;
- determine and interpret the patient’s expectations;
- match these to a physiotherapy management plan that provides a cost-efficient outcome suitable to both parties;
- ensure that sufficient information has been exchanged such that the patient becomes an active participant in their care, and understands the need for further treatment sessions (if required);
- impart the required amount of information for the patient to effectively manage the condition in a time-efficient and sensitive manner.

These findings underpin the importance of the agency role played by physiotherapists in addressing imbalance of consumer knowledge and determining appropriate levels of service delivery, as well as their role as health educators. Patients dissatisfied after the first treatment session with their therapist’s interpersonal skills and the level of symptom relief they obtain, and who are confronted with long-term management strategies before they are ready to heed them, may well not return for further treatment. They therefore may well not consume further physiotherapy services, thus representing a loss in revenue for the individual therapist and the loss of community-based support for the profession.

These results have important implications for clinical practice and the education of physiotherapy students. They particularly highlight the role that therapists play in determining, interpreting, assuming responsibility for, and acting on, patients’ expectations. The optimal episode of care provided for acute low back pain, or indeed for any other diagnosis, has never been clearly defined by physiotherapists. Depending on the type of management provided, patients may need to attend for several treatment sessions in order to maximize symptom relief and to learn to prevent future occurrences. If patients fail to be convinced of the need to attend physiotherapy more than once (either on lack of symptom relief, or on the basis of the relationship established with the therapist), attendance for one visit only (and thus the consumption of an incomplete episode of care) suggests the opportunity for less than desirable outcomes.

This study highlights the needs for more in-depth study of patient attitudes, knowledge and expectations in order to explore the reasons underpinning failure to return after one treatment session. The continuation of the physiotherapy profession is dependent on retaining and improving relationships with all stakeholders, and understanding and addressing aspects of these relationship in order to maximize and consolidate physiotherapy influence in the marketplace.

**Acknowledgments**

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