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Evaluative language in physiotherapy practice: How does it contribute to the therapeutic relationship?



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ABSTRACT

In physiotherapy, the *therapeutic relationship* – in which a therapist and patient work together to achieve treatment goals – is increasingly seen as the foundation of patient care. How the therapeutic relationship is established and enacted, however, is not well understood. One way to better understand the nature of the relationship is to examine how therapists and patients evaluate and inform each other about the patient's physical capacity, sensation, and emotions. As the patient and therapist's *talk* is the primary means to realise and exchange such evaluations, our focus is on evaluative language used by the therapist and patient in their interactions. The aim of this paper is to examine the language and function of evaluation in physiotherapy consultations.

The study is a discourse analytic one using Appraisal Theory. In Appraisal Theory, language resources that speakers use to construe evaluations such as emotions, judgments of behaviour and aesthetics are expressed as a system. The sub-systems are *AFFECT* (expressing emotion), *JUDGMENT* (assessing behaviour) and *APPRECIATION* (evaluating processes and objects). The data are a convenience sample of 18 consultations from two cultural and therapeutic settings: primary healthcare (Sweden, Australia); and hospital rehabilitation (Australia). The findings show that both patient and therapist utilise all sub-systems of Appraisal; however, use of the sub-systems by the therapist and patient differs functionally. *JUDGMENT* and *APPRECIATION* play a central role in therapists' co-construction of patients' physical history and presenting problem. In contrast, patient *AFFECT* evaluations, mainly to do with emotions about loss of capacity and pain, are generally not followed up by the therapist. The findings suggest that while patients engage with the therapeutic relationship from a clinical and interpersonal perspective, therapists are more narrowly focused on their own clinical tasks. The study findings have implications for understandings of the therapeutic relationship in physiotherapy and can inform teaching.

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1. Introduction

1.1. Evaluative language in co-constructing physical therapy

Physiotherapy is a major healthcare provider with treatment involving the active engagement of both patient and physiotherapist to achieve desired therapeutic outcomes (Poulis, 2007). Physiotherapists assess patients' mobility and capacity. They provide

and facilitate treatment through verbal and physical interaction with patients, activating patients' inherent resources (Broberg and Tyni-Lenné, 2009). During therapy, physiotherapists evaluate patient performance, providing both positive evaluations of patient performance, for example, "lovely", as well as verbally providing corrective feedback on performance errors (Parry, 2005). The manner in which physiotherapists respond to patients' physical performance and the words and phrases they use can have implications for patients' learning and future performance (Martin and Sahlström, 2010) as well as for the relationship between therapist and patient. Patients in turn participate in the interaction with the physiotherapist but not only as recipients of treatment: they can have agency to monitor, inform, and self-evaluate. For example,

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therapists' support of patients' self-management strategies is highly valued and has been shown to be more effective than specific interventions for lower back pain (Balagué et al., 2012). Such support may be visible through the therapists' language choices such as their verbal evaluation of healthy or unhealthy behaviour (Josephson and Bülow, 2014). The language used by both the therapist and patient plays a key role in co-constructing the physiotherapy interaction, the treatment relationship, and the joint achievement of treatment goals, with evaluative language appearing to play an important role to express feedback on performance of exercises, physical capacity, and sensation.

1.2. Approaches to physiotherapy: patient-centred care and the therapeutic relationship

The ways in which language shapes the physiotherapy interaction can be examined in the broader context of contemporary physiotherapy practice and its espoused values including patient-centred care. Key dimensions of patient-centred care are: adopting a biopsychosocial perspective; demonstrating respect for the patient; sharing information, responsibility, power and decision-making; and prioritising the therapeutic relationship (Mead and Bower, 2000). Patient-centred care is accepted and promoted by the physiotherapy profession as being the cornerstone of interactions with patients (e.g. Beeston and Simons, 1996; Harman et al., 2011; Jensen et al., 2000; Pinto et al., 2012; Potter et al., 2003); it is also endorsed by physiotherapy practice guidelines (Broberg and Tyni-Lenné, 2009; APA, 2011; CSP, 2014). A patient-centred approach to care contrasts with a biomechanical approach that is seen to separate mind and body (Thornquist, 1994), potentially limiting the physiotherapist's ability to achieve aspects of patient-centred care (Mudge et al., 2014). In contrast to a patient-centred approach to care, in the medical literature the biomedical approach is considered to be practitioner-centred, with the patient a passive recipient of treatment (Wade and Halligan, 2004).

Despite the promotion of patient-centredness, there is minimal empirical research to inform whether patient-centred concepts are achieved in physiotherapy practice. Early work by Thornquist (1994) investigating how physiotherapists relate to and examine patients identified a dualistic frame of reference in which therapists' prioritised their biomechanical frame of reference over the patient's experiences and perceptions, suggesting both a discrepancy and lack of alignment between therapist and patient concerns. Thornquist points out that the different frames of references in her findings resonate with Mishler's 'voice of medicine' of the therapist and that of the 'lifeworld' of the patient (Mishler, 1984). A recent paper argues that the physiotherapist perspective of patient-centred care and what this means in clinical practice is not well understood (Cruz et al., 2012). Eisenberg (2012) argues for an alternative approach in which the physiotherapist in conjunction with the patient looks beyond the therapist role to "let go of assumptions about what is 'best'" (page 445). Such an approach would allow the therapist and patient to explore meaningful options even if the outcomes diverge from typical rehabilitation goals and assumptions of 'good' outcomes. This could shift the balance toward a more equitable interaction in which the patient's perspective is more deeply incorporated (Eisenberg, 2012).

The therapeutic relationship has been considered as a non-specific element, facilitating other components in patient-centred care (Sidani and Fox, 2014). Sidani and Fox describe this element as a relationship in which trust and nurturing is foundational, respect is mutual, and information that will guide the planning, implementation and evaluation of care is exchanged by both parties. Mutual respect is interpreted as meaning that patients

respect the professional's expertise, and that healthcare professionals are open to and respectful of patients' knowledge and experiences. To enact these elements of the therapeutic relationship, healthcare professionals need competent communication skills, including a capacity to explore patients' concerns and preferences (Sidani and Fox, 2014). The term *therapeutic* is commonly associated with an outcome, that is, an intervention that influences the patient in a certain direction, and that this direction has a meaning for the patient's understanding or recovery. A review article of the therapeutic relationship in physiotherapy points out that some aspects are well addressed in the themes of congruence, partnership, and physiotherapists' roles and responsibility but poorly addressed in the themes of communication, and personalised therapy and other relational aspects (Besley et al., 2011). In this paper, we conceptualise the therapeutic relationship as contributing to patient-centred care in accordance with Sidani and Fox (2014) and concur that how therapy is personalised and the relational aspects played out warrants further investigation. Further, as with patient-centred care, there appears to be limited empirical evidence as to whether and how these concepts are achieved in physiotherapy practice.

One way to gain insights into the therapeutic relationship in physiotherapy and how it is enacted is through the lens of language. Examining how interactants use language to navigate relational aspects such as mutual respect for each other's expertise, and engagement with patient preferences and experiences can inform not only the relationship construct but also provide evidence of gaps between the espoused approach and practice. This paper's aim is to examine how therapists and patients evaluate aspects such as physical capacity, sensation, and emotions within the physiotherapy consultation. We refer to these aspects overarchingly as evaluation, after Martin and White (2005), and examine evaluative language as its expression in the therapeutic interaction.

Our research question is: How is evaluation used by therapists and patients in physiotherapy consultations? We also investigate the alignment of evaluations used by therapists and patients; that is, whether there was agreement about the appraisal and whether there was uptake or acknowledgement of an appraisal by the listener (patient or therapist). This latter focus builds on Thornquist's observation (1994) of the discrepancy between the therapists' and patients' frame of reference.

1.3. Methodological framework

The ways in which therapists and patients use evaluation in physiotherapy consultations is examined using Appraisal Theory (for example, Martin, 2000; White, 2004; Martin and White, 2005). Appraisal Theory is a form of discourse analysis that has developed within systemic functional linguistics in order to examine and explain the ways in which speakers and writers express reactions such as attitudes and emotions, both positive and negative. In Halliday's systemic functional linguist (SFL) theory (for example, Halliday, 1978) an underlying principle is that of choice, with language viewed as a system of meaning potential organised to make three main types of meanings: experiential meanings (representational), textual meanings (how content is organised), and interpersonal meanings (roles and relationships). Appraisal theory extended the model of interpersonal meanings to express as a system the enormous amount of lexical and grammatical choices that speakers use to construe evaluations such as emotions and attitudes, judgments of behaviour and aesthetics (Martin and White, 2005). The system refers to a set of options that are available to the speaker to express meanings (and the linguistic means of expressing them) that are typically used in particular contexts (Martin, 2000). The sub-systems are AFFECT (language resources for

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