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ORIGINAL RESEARCH

Physical therapists familiarity and beliefs about health services utilization and health seeking behaviour

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KEYWORDS

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Survey

Abstract

Background: Physical therapists' familiarity, perceptions, and beliefs about health services utilization (HSU) and health seeking behaviour (HSB) have not been previously assessed.

Objectives: The purposes of this study were to identify physical therapists' characteristics related to familiarity of health services utilization (HSU) and health seeking behaviour (HSB), and to assess what HSB factors providers felt were related to HSU.

Methods: We administered a survey based on the Andersen behavioural model of HSU to physical therapists using social media campaigns and email between March and June of 2017. In addition to descriptive statistics, we performed binomial logistic regression analysis. We asked respondents to rate familiarity with HSU and HSB and collected additional characteristic variables.

Results: Physical therapists are more familiar with HSU than HSB. Those who are familiar with either construct tend to be those who assess for HSU, use HSU for a prognosis, and believe that HSB is measurable. Physical therapists rated need and enabling factors as having more influence on HSU than predisposing and health belief factors.

Conclusion: Physical therapists are generally familiar with HSU and HSB; however, there appears to be a disconnect between what is familiar, what is perceived to be important, and what can be assessed for both HSU and HSB.

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Background

Despite efforts to the contrary, healthcare costs in all nations continue to rise.¹ In 2016, healthcare costs outpaced inflation rates by nearly twofold with the highest increases in Latin America, the Middle East and Africa, and Asia.¹ In the United States, the growth rate of healthcare costs exceed that of annual income.² Cost increases have been associated with several complex factors. One factor, known as “medicalization”, has received increased attention by public policy makers.^{3,4} Medicalization is the supposition that human conditions and problems can be defined and treated as medical conditions. This supposition has led to excessive use of diagnostic, preventative, and treatment options for a plethora of biological and behavioural disorders, many of which are not self-evidently medical.⁵ The process of providing potentially too much medical attention to those who do not need it is called *over-medicalization*.³

Only recently has the patient been identified as a potential collaborator in the complex problem of over-medicalization.⁶ Patients may demand services for unnecessary care, which leads to increases in health services utilization (HSU). HSU is defined as the quantity of health care services used (often measured by costs and visits).⁷ HSU rates are mediated by a number of factors, including patients’ health seeking behaviours (HSB). HSB is the individual’s behaviour pattern that helps to explain HSU. Two ends of the spectrum exist for HSB: (1) those that need more care than they receive and (2) those that receive more care than they need. The former has been studied extensively focusing on those that need care, but do not receive it.^{8–11} This is especially true in countries where access to care is limited. The latter end of the HSB spectrum are those that frequent the health system despite a relatively lower actual need for the provided health service. HSB is a complex phenomenon that has been studied extensively by Andersen.^{12,13} HSBs are thought to be mediated by predisposing factors (e.g., age, sex, cultural, ethnic, and social factors), enabling factors (e.g., financial, organizational, and access to care), and need factors (e.g., one’s views and experiences).

Healthcare providers that manage nonspecific conditions (e.g., low back and neck pain) with psychosocial influences are faced with higher risks of over-medicalizing patients because of uncertainty in diagnosis leading to extensive use of imaging and treatment strategies.¹⁴ In physical rehabilitation settings, the episode of total care or HSU (number of visits or length of service) is frequently determined by mutual provider/patient/payer decisions, and is rarely based on evidence or objective findings. Whereas HSU has been studied extensively in physical rehabilitation management of chronic musculoskeletal conditions,^{15–20} the behavioural component, i.e. HSB, has received much less attention, including assessment of healthcare provider familiarity, beliefs, and perceptions of the constructs. While the reasons for limited research on the emerging construct are unknown, it has been studied extensively in other conditions, especially mental health.¹³ We targeted physical therapists because they commonly care for patients as elective healthcare practitioners; and practitioners in elective settings more often deal with non-specific biomedical and behavioural musculoskeletal conditions, facing higher risks

of over-medicalizing patients. Increasingly, physical therapists are responsible for managing patients through the evolving healthcare systems, which requires an understanding of the factors that influence HSU.²¹ We hypothesize that the majority of these providers are unfamiliar with both concepts. Therefore, the purposes of this study were threefold: (1) to survey autonomous physical rehabilitation providers’ familiarity and beliefs about HSU and HSB, (2) to identify provider characteristics related to familiarity of HSU and HSB, and (3) to assess what predisposing, enabling, and need factors these providers felt were related to HSU.

Methods

Participants

This study was a cross sectional survey design and was granted approval by the Rocky Mountain University (170311-05, Provo, UT, USA) and Duke University (Pro00081564, Durham, NC, USA) Institutional Review Boards. The survey was offered only in English. Participants were physical therapists recruited through social media and email between March through May of 2017. The use of social media for the recruitment of subjects has been shown to be an effective strategy.^{22–24} For social media, clinicians with large Twitter® or Facebook® connections were requested, twice, to post a link to the survey using a standardized statement about the study purpose. Physical therapists from all countries were eligible to respond. For the email solicitation, two listserv outlets were targeted: the Orthopaedic Section of the American Physical Therapy Association (APTA), and the American Academy of Manual Physical Therapy (AAOMPT). The listserv email was delivered one time each. Consent was embedded in the electronic survey.

Questionnaire development and structure

Qualtrics Software (Provo, UT) was used to develop the survey that was based on concepts used for surveying familiarity, beliefs, and perceptions.²⁵ No previously validated surveys were available that measured familiarity, beliefs, and perceptions about HSU and HSB. Therefore, the survey used in this study was reviewed by practicing US Physical Therapists board certified in orthopaedics, along with researchers with expertise in survey development. The survey was piloted among clinicians of varying backgrounds to assess readability, clarity, and time to complete, and modified based on these assessments. Modifications made were primarily grammatical and user interface based.

The three purposes of the study were framed around the behavioural model proposed by Andersen and served as the foundational constructs for survey.^{13,26} Andersen has proposed that HSU is influenced by predisposing, enabling, and need factors as well as health beliefs.¹² Predisposing factors include demographic and social factors. Political and cultural influences are accounted for in the predisposing category. The enabling category includes factors associated with access or barriers to care. Some examples of access to care factors are ability to pay for services and proximity to providers. Need factors are influenced by both the

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