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# Barriers and Facilitators to Implementing Shared Decision Making in Musculoskeletal Physiotherapy

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University of Plymouth

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## Barriers and Facilitators to Implementing Shared Decision Making in Musculoskeletal Physiotherapy

Sophie Williams<sup>1</sup>

<sup>1</sup>Specialist Musculoskeletal Physiotherapist. Cornwall Partnership NHS Foundation Trust, BODMIN, PL31 2QN, UK.

Email: [sophie.williams128@nhs.net](mailto:sophie.williams128@nhs.net)

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### Background

Shared Decision Making (SDM) is the process by which health professionals, patients and their caregivers collaborate to make decisions about a patient's health through discussing the options, the positive and negative aspects of the options, considering the person's values, preferences, and circumstances (Hoffmann *et al.*, 2021, Légaré *et al.*, 2018). National surveys show that over 30% of primary care patients would like to be more involved in healthcare decisions (NICE, 2021), and despite considerable policy support, adoption into practice has been slow (Joseph-Williams *et al.*, 2017). The National Institute for Health and Care Excellence (NICE) recognises the importance of promoting SDM, with the most recent guidelines recommending ways to embed SDM in organisational culture and practices. Training clinicians in how to deliver SDM is being implemented across a variety of healthcare providers locally, including the Musculoskeletal (MSK) Physiotherapy setting, however changes to traditional practice are often met with barriers.

### Review of the evidence

A systematic search of CINAHL and PubMed databases was carried out using the terms 'Physiotherapy' and 'Shared Decision Making'. Boolean logic was used to refine the search and abstracts and titles were screened for relevance, which yielded a systematic review that aimed to explore people's experiences of SDM in MSK Physiotherapy (Grenfell and Soundy, 2022). Nine articles were appraised from this review, these identified a key theme; that service users want to be involved in decision making. They also highlighted barriers to this process, including lack of opportunity, confidence, and capability on the service user's part and further impacted on by the attitudes and behaviours of the Physiotherapist.

Consequently, a further systematic search of CINAHL and PubMed was carried out using the terms 'Shared Decision Making', 'Barriers' and 'Facilitators'. Although this returned numerous systematic reviews examining the barriers and facilitators to implementation of SDM, there was no study specific to the MSK Physiotherapy setting. This reaffirms the

need to evaluate successful implementation of SDM in the MSK Physiotherapy setting (Grenfell and Soundy, 2022).

## Project plan

This project aims to evaluate the implementation of SDM in MSK Physiotherapy with stakeholders identified as practicing MSK Physiotherapists in the South West of England. Service evaluation data will be collected on the perceptions of the barriers and facilitators to implementing SDM in clinical practice. In addition, a review of clinical documentation will be carried out to assess evidencing of the SDM process. This project is underpinned by the JBI Evidence Implementation Model (Porritt, et al., 2020), with the aim to create a training module to support sustained behaviour change and standardise a way of evidencing the use of SDM.

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