

EDITORIAL

RESEARCH INTO PHYSIOTHERAPY

Physiotherapists in this country have become more aware of their responsibility for organisation of the services to the public (patient care and education) as well as of the image they project to the public and their colleagues in the health care professions. This has resulted in setting up courses in management and marketing of physiotherapy. At present an investigation by a PR firm is being undertaken to clarify some of these issues and to give guidelines for further action or study.

A series of articles in *Physiotherapy* highlights aspects of Physiotherapy Organisation being investigated by the Health Services Organisation Research Unit (HSORU) at Brunel University, Uxbridge, Middlesex. The research method used is to investigate an organisational problem or a symptom of such a problem in collaboration with the client presenting the problem. The client is in control as regards confidentiality and pace, but is also motivated and has detailed knowledge of the situation (Øvretveit *et al.* 1981).

Organisation of physiotherapy services affects patient care and the profession itself, and most problems such as high staff turnover and resource constraints can be improved by changing the organisational design. Once the problem and related issues are clarified, organisational solutions can be created. The advantages and disadvantages, as well as the possibility of implementing such solutions, are then examined. This can form a resource for others with the same or similar problems.

HSORU was involved in analysing the distribution of responsibility, such as superior-subordinate relationships, appointment of staff, allocation of resources, assigning work and appraising quality of work from 1966-1969. At that time the consultant-therapist relationship was a prescribing one, which involved determining priorities of service, but **not** assigning work to a specific therapist or direct judgement on such work.

From 1971-1974, professional growth led to full professional status and moved to self-management. Three main issues, namely the role of consultants in physical medicine, the work of hospital and group superintendents and the relationship between administrators and senior therapists, were investigated by HSORU. Various conflicts were highlighted.

Since 1974 the expected level of professional work (patient treatment), different levels of work and weights of responsibility were clarified and an organisational structure to reflect this was developed. Three work strata, namely helpers and students, basic professional work (three grades) and managerial work (some superintendents) were identified and a fourth stratum for possibly District Therapists was suggested. The organisational relationship between doctors and therapists was formulated and questioned prescription in view of new treatments, increased skill and higher standard of education of therapists. A new concept was needed to allow consultants overall responsibility

for patient treatment and therapists responsibility for self-management.

Early in 1980 the whole profession became involved and "high level" organisational problems investigated led to organisational changes and a sound base for the development of the profession.

A second article describing physiotherapists as bureaucrats (Kinston and Øvretveit, 1981) defines terms to be used in describing physiotherapy organisation. The **role** of a physiotherapist is described in terms of expectations. In private practice the role is more individual, since the therapist's skills are made available directly to the public and he makes his own decisions. In public service the role is also an **office**, created by another person, and the individual view and official view of the role may be mismatched. It was felt this role should be defined so as to balance the needs of patients, other health professionals, the profession and individual therapists.

Bureaucracy could be defined as a large-scale, complex organisation and therapists working in public service are thus bureaucrats. Bureaucracy can facilitate or obstruct function and this influences patient treatment, which in this instance is an expression of bureaucratic function. Health Authorities could be responsive to guidance from the profession, who should be responsible for organisational problems unique to it.

It is difficult to describe work and work responsibilities in organisation, rather than activities or tasks, but organisational structure should be based on **work to be done**. A great problem could be the elevation of status over work, which leads to preoccupation with career progression — prestige, rights, privileges, rank and pay — resulting in structures which prevent, inhibit, discourage or interfere with work, rather than a structure which facilitates functioning in the role with increased efficiency and effectiveness. Rather, education should recruit people of the right calibre, create realistic expectations and furnish appropriate training.

The authors conclude that **informal organisation** is often a precursor of, and depends on, a substructure of **formal organisation**. However, it is better that matters such as division of work, work content of roles, authority for decisions, relationships between different levels, accountability, pay, rules and procedures (clinical autonomy) are defined and made public. The structure should be realistic, with acceptable limits, so that power can be channelled constructively.

References

Kinston, W. and Øvretveit, J. (1981). The physiotherapist as a bureaucrat. *Physiother.* 67, 168-170.
 Øvretveit, J, Tolliday, H. and Kinston, W. (1981). Research into the organisation of physiotherapy. *Physiother.*, 67, 110-113.

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