Patient Prioritization Preferences among Physiotherapy Entry-Level Students: The Importance of Chronic Pain

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ABSTRACT

Purpose: To investigate physiotherapy entry-level students' preferences in prioritizing patients, specifically, patients with chronic pain. **Methods:** After a group discussion, 249 Canadian entry-level physiotherapy students completed a questionnaire that used five distinct scenarios (fictitious patient cases). Respondents were asked to prioritize the patients (P1 = highest priority, P5 = lowest priority). **Results:** Physiotherapy students accorded the highest priority to the patient with chronic pain and the post-surgical patients; the elderly patient and the patient with cognitive impairment were given low priority. **Conclusions:** A diagnosis of chronic pain is given the highest level of priority by physiotherapy students. The literature shows, however, that chronic pain is given the lowest priority in physiotherapy department triage tools. There may be a shift in preferences with respect to patients with chronic pain between the pre-licensure (student) phase and the post-licensure (clinician) phase.

Key Words: resource allocation; health priorities; health resources; triage; outpatients; chronic pain.

RÉSUMÉ

Objectif : Étudier les préférences des étudiants en physiothérapie au niveau débutant sur le plan de l'attribution d'une priorité aux patients, en particulier aux patients vivant avec une douleur chronique. **Méthode :** Après une discussion en groupe, 249 étudiants canadiens en physiothérapie au niveau débutant ont rempli un questionnaire basé sur cinq scénarios distincts (cas de patients fictifs). On a demandé aux répondants d'attribuer une priorité aux patients (P1 = priorité la plus élevée, P5 = priorité la plus basse). **Résultats :** Les étudiants en physiothérapie ont accordé la priorité la plus élevée aux patients vivant avec de la douleur chronique et aux patients qui venaient de subir une intervention chirurgicale. Le patient âgé et le patient qui avait un déficit cognitif ont reçu une priorité plus basse. **Conclusions :** Les étudiants en physiothérapie accordent la plus grande priorité à un diagnostic de douleur chronique. Les publications montrent toutefois que la douleur chronique constitue la priorité la plus basse dans les outils de triage des départements de physiothérapie. Il pourrait y avoir un virage au niveau des préférences entre la période qui précède la pratique (étudiants) et celle qui la suit (clinicien) en ce qui a trait aux patients vivant avec une douleur chronique.

Questions related to resource allocation are important in the Canadian health care system, including in rehabilitation departments. These questions raise issues of fairness and are a source of ethical dilemmas for clinicians and stakeholders.^{1–3} Physiotherapists are routinely involved in making ethically significant decisions, including those relating to service access and usage that emerge from stretched financial and human resources, heightened demand, and increased public expectations.^{4–7} As the Canadian population ages, and life expectancy and the prevalence of chronic diseases increase, the need for physiotherapy will also grow. Faced with limited

human and financial resources, publicly funded physiotherapy outpatient departments in Canada are required to prioritize patients for care. However, the implementation and consequences of these triage strategies are problematic.^{3,8} In physiotherapy departments, several factors influence decisions related to the management of wait lists, but not all factors are equally weighted, nor are they equally justified. These criteria include medical necessity, potential benefit to accrue from treatment, prognosis without treatment, and increased system efficiencies (such as surgery follow-ups), as well as non-medical elements such as social, vocational, and financial

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factors, vulnerability of the patient, cost-effectiveness, and individual merit (such as their status in the community).^{1,8–10} Which criteria should be used to prioritize general access to care (i.e., systemic, physical, or financial)? How should patients with chronic conditions be prioritized relative to more acute cases? A range of important ethical issues is associated with these questions. Evaluating and implementing criteria in a systematic and accountable way is important to decrease the potential for injustice.⁹

One method frequently used to prioritize patients in public physiotherapy departments involves assigning priority categories (e.g., P1–P5).^{11,12} Patients with acute conditions, such as those who have recently had surgery or those who have had repetitive falls, are usually considered high priority (P1), while chronic conditions are often considered the lowest priority (P5).^{11,12} A recent Ontario study found that some outpatient public physiotherapy departments categorically refused patients with chronic conditions.¹² Rynnänen and colleagues found a prioritization paradigm based on medical severity of the disease that is used among physicians and nurses in Finland who tended to prioritize severe diseases such as emphysema while giving lower priority to patients with comorbid dementia.¹³ Another Finnish study found that attitudes with respect to the prioritization of patients differed between clinicians, administrators, politicians, and the general public.¹⁴ Novice and senior physiotherapists also differ in their professional values and patient-care practices; there is a transition process throughout the career whereby physiotherapists acquire skills and knowledge but also shape their values based on the realities of their practices and institutional cultures.^{15,16} Students and newly graduated clinicians could have a different attitude toward patients with chronic pain than more experienced clinicians.

The aim of our study, therefore, was to investigate entry-level physiotherapy students' preferences when setting wait list priorities for outpatients in a home care, community-service context. Specifically, we were interested in preferences regarding patients with chronic pain.

METHODS

We designed a descriptive survey study to investigate participants' preferences regarding prioritization of patients for physiotherapy management. Our sample consisted of 258 students in their second year of a Canadian professional entry-level physiotherapy program who were taking a professional ethics course before their first clinical placement in either 2009, 2010, or 2011. After a semi-structured small-group discussion (with an average of eight participants per group) about the rationale behind prioritizing patients, students individually completed a questionnaire that presented five distinct scenarios and asked respondents to prioritize the following five fictitious patients:

- Patient A is an 87-year-old man who has recently undergone a hip arthroplasty and been discharged home. He refused to be admitted for in-patient rehabilitation services because he is taking care of his wife in their home.
- Patient B is a 103-year-old woman who is at high risk of falling (although she has not yet fallen).
- Patient C is a 57-year-old woman with disabling chronic low back pain who has been on a paid work leave for the past 16 days. She is very anxious and claims that she cannot go to outpatient physiotherapy because the pain is too great.
- Patient D is a 65-year-old man who requires physiotherapy following a hip arthroplasty. He is active. He did not receive outpatient rehabilitation services because they were full.
- Patient E is a 78-year-old woman with cognitive impairment, at risk of falling. The social worker requested an evaluation to determine whether the patient's aides are at risk of injury while assisting her in transfers or on the stairs. The family has private insurance, but they do not want to use it.

The same researcher gave the same scripted instructions through a slide-show presentation and directed the data collection during all 3 years. Data collection took place before students received any formal teaching on practical justice issues, ethical dilemmas in triaging, or ethical management of chronic pain. The case scenarios, which correspond to typical cases seen in outpatient community care, were developed and validated by two experienced physiotherapists working in community home care services in Montreal. The questionnaire presented the clinical scenarios (Patients A–E) and asked one closed-ended question: *You are the only physiotherapist in your community-care setting and you need to prioritize these five patients according to the priority hierarchy P1 to P5; P1 being the highest priority and P5 the lowest priority* (original question in French, translated).

Data were analyzed using Microsoft Excel (Microsoft Corp., Redmond, WA). We compared priority preferences for the five patient scenarios using chi-square analysis, with statistical significance set at $p < 0.01$. The study was approved by the ethics committee of the Université de Montréal.

RESULTS

A total of 249 students filled out the questionnaires, for a response rate of 96.5%. Physiotherapy students accorded the patient with chronic pain (Patient C) the highest priority to receive physiotherapy services (P1) and the postoperative patients (Patients A and D) the next highest priorities (P2 and P3). Of the two postoperative patients with hip arthroplasty, students favoured the patient who was also a caregiver (Patient A) over the active patient (Patient D). Lower priority was given to

Figure 1 Patient prioritization preferences among entry-level physiotherapy students (Priority 1 to 5; P1 being the highest priority and P5 the lowest priority).

Legend:

Patient C: 57yo woman with disabling chronic low back pain on a paid work leave.

Patient A: 87yo man who has recently undergone a hip arthroplasty and been discharged home. He is taking care of his wife.

Patient D: 65yo man who requires physiotherapy following a hip arthroplasty. He is active.

Patient B: 103yo woman who is at risk of falling.

Patient E: 78yo woman with cognitive impairments, at risk of falling.

the patients who were elderly (Patient B, P4) and cognitively impaired (Patient E, P5). Chi-square analysis revealed statistically significant differences among patient scenarios with respect to their priority category ($\chi^2_{16} = 931.0$, $p < 0.01$). The results are presented in Figure 1.

DISCUSSION

Students in our study prioritized a patient diagnosed with chronic pain over all other scenarios, whereas the literature shows that chronic pain is accorded the lowest priority by physiotherapy department triage tools.^{11,12} Chronic pain is a complex condition, usually involving bio-psychosocial factors, that cannot be attributed to structural dysfunction alone;¹⁷ this complexity can bias clinicians against people with chronic pain. Often clinicians seek to treat patients who are easier to manage

and respond more rapidly to treatment.¹⁸ Furthermore, clinicians sometimes question the severity of chronic pain;¹⁸ this bias is directly proportional to the intensity of pain reported, such that a patient experiencing severe suffering may create more diagnostic uncertainty among clinicians,¹⁸ thus minimizing the clinician's perception of the pain itself and of its consequences.¹⁸ In a study of physiotherapy and occupational therapy students, assessments of pain intensity using nonverbal cues (Facial Action Coding System) were more accurate when the pain was of low intensity.^{18,19} This tendency to underestimate pain when gauging facial expressions may indicate a gap in the recognition of and sensitivity to high-intensity chronic pain. Intuitively, one would expect experienced therapists to show greater ability in judging the intensity of pain reported by patients, but studies

suggest the opposite: experience seems to predispose clinicians to discredit their patients' pain¹⁸ or to underestimate its intensity relative to patients' self-reports.^{18,20} In a study by Prchakin and colleagues, therapists with experience in treating patients with shoulder pain underestimated the level of pain compared to students without experience.²¹

Our study methodology has some limitations. We did not control other characteristics of the fictitious patients, such as age or gender; this information was included to maintain the reality and credibility of the scenarios, but it may have introduced confounding factors. Clinical judgment is vulnerable to various non-clinical biases, including patient characteristics such as socio-economic status, race, and gender,^{18,20,22} as well as the clinician's work experience.¹⁸ Moreover, the study design did not include an exploration of the rationale behind students' prioritization preferences.

CONCLUSION

Physiotherapy students in this study accorded the highest priority for physiotherapy care to a patient diagnosed with chronic pain. Many biases can lead clinicians to discredit chronic pain, which in turn can affect access to care for these patients. The literature shows that chronic pain is given the lowest priority by physiotherapy department triage tools. This disparity is perpetuated when triage policies for physiotherapy care favour patients with acute diseases over those with chronic conditions. There may be a shift in preferences toward patients with chronic pain between the theoretical (student) phase and the practical (clinician) phase. This study lays a foundation for future studies in this field, notably exploration of triage preferences among practising physiotherapists and evaluation of triage tools currently in use. Ultimately, evidence-based triage will have a positive impact on patient outcomes; that is, ensuring that patients are seen in a timely fashion should optimize outcomes and prevent complications. The Canadian Pain Summit recently developed a National Pain Strategy to try to address the gaps in pain management and minimize its burden on the many Canadians living with pain and on their families, stating that "the management of chronic pain is critical for good health and quality of life" and that "it's time for Canadians to rise up against pain."²³ Physiotherapists must take an active role as care providers for Canadians. It is time for physiotherapists to question their triaging paradigm and ensure that they are prioritizing patients based on evidence and not on bias.

KEY MESSAGES

What is already known on this topic

A frequent method of prioritizing patients in public clinical settings is to assign priority categories (e.g., P1–P5). Patients with acute conditions, such as those who

have recently had surgery or repeated falls, are usually considered high priority (P1), while those with chronic conditions are often assigned the lowest priority (P5).

What this study adds

Chronic pain is accorded the highest priority level (P1) by physiotherapy entry-level students.

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