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ORIGINAL PRACTICE DEVELOPMENT AND RESEARCH

What matters versus what's the matter – exploring perceptions of person-centred practice in nursing and physiotherapy social media communities: a qualitative study

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Abstract

Background: Person-centred practice is advocated internationally across multiple healthcare contexts and professions. Originating in nursing and medicine, its enactment in physiotherapy requires careful consideration.

Aim: To explore perceptions of person-centred practice within nursing and physiotherapy in online social media communities to gain insight into differences and similarities in how it can be enacted professionally.

Methods: A large, online focus group was undertaken through an international tweetchat within the existing social media communities WeNurses and Physiotalk. Participants were fully informed before participation. Tweets from the tweetchat, which lasted for the planned hour plus an extra 15 minutes, were downloaded via the healthcare social media analytics platform Symplur. Analysis was conducted using an interpretative phenomenological approach, with consideration of group development of insight and meaning. Tweets were analysed if they were from nurses and physiotherapists, related to the research aim and interpretable.

Results: A selected 233 of 504 tweets from 38 nurses and 23 physiotherapists were analysed. Four themes are discussed here: relationship between professionals and patients; perceptions of who holds the power; treating the condition not the person; and impact of organisational demands. Nurses and physiotherapists were seen to share many perceptions of person-centred practice, with the latter demonstrating a focus on informed decision making and education to empower. Discussion also showed that a biomedical approach was often taken by physiotherapists. Patient privacy was highlighted by nurses. Explanatory theory was produced to incorporate the views of physiotherapists alongside established perceptions of person-centred practice from the nursing literature, expanding insights into profession-specific applications.

Conclusions: Perceptions of person-centred practice described by participants were generally supportive of existing frameworks. Insights suggested some physiotherapists might perceive their professional role in a way that is not completely consistent with person-centred practice; this would benefit from further exploration. The importance of education to empower patients within collaborative relationships was emphasised in relation to physiotherapy.

Implications for practice:

- Discussion supported many similarities in the perceptions of person-centred practice between nursing and physiotherapy online communities that resonate with existing frameworks,

including prioritisation of what matters to the person and empowerment through relationship, and the barriers to this resulting from structures and cultures within workplaces
- Participants from both professions emphasised the importance of focusing on the beliefs, values and priorities of the person in development of a collaborative relationship, with shared decision making
- Physiotherapists involved in the tweetchat placed additional emphasis on the need to empower patients through education to enable greater participation in informed and shared decision making
- Tweets suggested there are professional barriers to the enactment of person-centred practice among physiotherapists. Some may focus on the condition rather than the person, and view the professional as expert with greater power in the therapeutic relationship

Keywords: Person-centred practice, nursing, physiotherapy, qualitative, perceptions, social media

Introduction

Ensuring that healthcare is person-centred is an increasing priority internationally, advocated by the World Health Organisation and its global strategy for people-centred and integrated health services (2015), the UK Department of Health's National Service Framework for Older People (2001) and the Scottish Government's 2020 Vision (2013). In the UK, acute hospital trusts have received guidance on providing services aligned with person-centred principles from the National Institute for Health and Care Excellence (2018). It is easy to become lost in the wealth of information around patient-centred practice, person-centred practice and person-centred care. The term person-centred has been chosen over patient-centred because the word patient is associated with the 'patriarchal' model of care, where things are done to, and not with, people (Owen, 2013). McCormack et al. (2010, p 13) define person-centredness as:

> *'An approach to practice established through the formation and fostering of therapeutic relationships between all care providers, people and others significant to them in their lives. It is underpinned by values of respect for persons, individual right to self-determination, mutual respect and understanding. It is enabled by cultures of empowerment that foster continuous approaches to practice development.'*

Leplege et al. (2007) have similar definitions of person-centred principles, stating patients are people and should not be viewed and treated according to disease alone, arguing that their situation, subjective experiences and future goals also need to be considered. McCormack and McCance (2006, 2017) further develop these principles in relation to person-centred practice, including the fostering of person-centred relationships between patients, those people important to them and care providers within supportive cultures. Within person-centred practice, professionals should acknowledge patients as equal partners in the development of their care, putting the person at the centre of the planning, development, implementation and evaluation of care (Victorian Government Department of Human Services, 2006; De Silva, 2014; Royal College of General Practitioners, 2014).

The uptake of person-centred practice is particularly well established in nursing communities (McCormack and McCance, 2006). Kitson et al. (2013) discuss how most related insight comes from nursing, medical and mental health professionals, including the development of various models and theories. Different conceptual models and frameworks have arisen from different contexts but these may not be applicable across all healthcare journeys or professions, including physiotherapy. While models focusing on person-centredness in healthcare initially focused primarily on medical and nursing contexts, and acute settings (Mead and Bower, 2000; Hobbs, 2009), the Person-centred Practice Framework aims to be applicable across healthcare settings (McCormack and McCance, 2017). This was developed from the same authors' 2006 Person-centred Nursing Framework through an iterative process that combined two existing conceptual frameworks. The 2017 framework includes four key constructs: prerequisites; physical/organisational environment; person-centred processes;

and outcomes. Prerequisites are professional attributes that enable person-centred practice, including professional competence, interpersonal skills, commitment, knowing self and having clarity in relation to beliefs and values. The physical and organisational environment in which care is delivered is crucial, requiring systems that are supportive and facilitate an appropriate skill mix, shared decision making, innovation and risk taking, power sharing, and effective staff relationships. Person-centred processes are enabled through prerequisites and environment, including: enabling care that works with the person's beliefs and values, a sympathetic presence, engagement, shared decision making, and holistic care. Outcomes are involvement with and a good experience of care, feelings of wellbeing and a healthful culture. Evidence supports person-centred practice as improving wellbeing and teamworking among care providers, resulting in an improved care experience for patients (Binnie and Titchen, 1999; Pope, 2012). Achieving this complex interplay of systems and person development is challenging, however. A change in mindset of both healthcare professionals and patients is necessary, alongside changes at organisational and strategic levels (Garbett and McCormack, 2002; Richards, 2015).

Evidence suggests person-centred care can be delivered effectively in practice. Results of a recent Cochrane systematic review indicate that when a person-centred approach was compared with usual care, improved physical and psychological health and self-management capability was found in the former (Coulter et al., 2015). However, the challenges of implementation require further research that considers different settings and professions (Harkness, 2005; De Silva, 2014; Harding et al., 2015). The Chartered Society of Physiotherapy (CSP) expects its members to have a person-centred approach (Owen, 2013). Section 3.1 of its Code of Professional Values and Behaviour (2011) expects members to put the needs of service users at the centre of their decision making, while section 4.3 of its Quality Assurance Standards (2012) states that members should provide information to enable service users to participate fully in their own care. These specific points could be argued to align clearly with patient-centred, rather than person-centred practice, focusing more on the quality of patient-clinician interactions (Levinson et al., 2010). While this focus on communication and building trust is extremely important, there is a risk that patient-centred practice concentrates on the person and their condition, without looking beyond this (Ekman et al., 2011). This may, for example, neglect consideration of the values and needs of the person and others important to them. There is an acknowledgement of the wider context of person-centred practice in section 4.2 of the CSP Quality Assurance Standards, which states that members should respect service users as individuals and place them at the centre of service planning and physiotherapy management. The society instructs members to take a person-centred approach to practice and specifies some related aspects, but further guidance on how to achieve this in different practice contexts would be beneficial.

There are no person-centred practice frameworks developed by or specifically for physiotherapists and Mudge et al. (2014) suggest that in physiotherapy contexts the core principles are at an early stage of implementation, with a need for further research. Clearly this is an area of thinking that has concerned nursing more than physiotherapy, and a lack of interprofessional learning and discussion may have contributed to this. Exploring nurses' and physiotherapists' perceptions of person-centred practice in an interprofessional discussion could offer valuable insights and learning to both. A focus on people's perceptions is important – Dijksterhuis and Bargh (2001, p 3) argue that 'perception is for doing. It is our best action guidance and control device'. Understanding perceptions gives insight into how people are likely to behave. This could, therefore, give an indication of how existing models may be enacted within physiotherapy and whether further clarification and development are needed.

Considering the international drivers of person-centred practice (WHO, 2015; Scottish Government, 2013), it is valuable to consider study designs that enable global perspectives to be sought – a difficult proposition without substantial funding. An accessible means to achieve this could be through the use of social media, which enables connections between people and communities internationally. Unsurprisingly, its role in research is rapidly growing. One social media platform that can facilitate international discussion is Twitter – one of the most popular microblogging platforms (Vicari, 2017).

Social media platforms offer a wide reach; Twitter has been proven to be an invaluable tool for extending professional reach, offering a forum for preplanned discussions and information sharing between peers (British Journal of Occupational Therapy and #OTalk, 2016). People communicate through tweets – short statements of up to 140 characters in length that can provide links to further, more in-depth content and may be 'retweeted' by other users who wish to promote or share the statement and/or links. (It should be noted that Twitter has doubled the permitted length of tweets to 280 characters since this research was conducted.) Content is categorised and collated by the use of hashtags, allowing users to follow subjects of interest and contribute to discussions (Bolderston et al., 2018). Therefore a label starting with # is included in a tweet to indicate the topic or group of interest, enabling interested to search for tweets containing the same hashtag – for example, #WeNurses or #WeMDT.

Twitter is a forum that enables freedom of expression, giving rise to valuable qualitative data surrounding people's perceptions and opinions. By its nature, it is an appropriate platform for collecting such data, as users' tweets often express how they think and feel about a certain topic (La Rosa, 2013). Live Twitter events called tweetchats have been useful in discussions on specific healthcare topics, such as patient and practitioner experiences (Hewis, 2015; Richardson et al., 2016; Bolderston et al., 2018) as well as during global health events (Lazard et al., 2015; Young et al., 2017). A tweetchat is usually moderated and focused around a general topic. People can also make use of 'TweetDeck' which is a social media dashboard that allows users to keep track of tweets on a specific subject or by specific people. Therefore a preplanned, synchronous tweetchat via Twitter presents an opportunity for an international focus group discussion.

The aim of this study is to explore perceptions of person-centred practice within nursing and physiotherapy online social media communities and to develop insights into how it can be enacted in different professional contexts, particularly physiotherapy. This study also adds to the body of knowledge in relation to methods for conducting a preplanned tweetchat and for analysing the resulting data.

Methods

Qualitative methods were selected as appropriate to gain insight into the thoughts, feelings and opinions of participants, allowing an understanding of the meaning that people attribute to their experiences (Sutton and Austin, 2015). This article argues this gives an indication of perception, interpreting this as 'awareness that is interpreted in different ways' (English Oxford Living Dictionaries, 2018). A phenomenological approach was taken to focus on diverse socially constructed perceptions and understanding of person-centred practice through analysis of the words of participants. Within this approach, this study aimed to reflect on and be transparent about the authors' own perspectives where possible, accepting the researcher's role in meaning making but prioritised the representation of the thoughts of participants in order to increase credibility (Grbich, 1999; Lopez and Willis, 2004). Data collection was conducted through a large, online focus group in the form of a preplanned tweetchat via Twitter. It is important to note that the understanding of phenomena being explored is therefore influenced by the dynamic discussion both with the leader of the focus group and between participants (Palmer et al., 2010). The interpretative phenomenological analysis approach was selected as a framework for considering the data, which allows researchers to gain insights into the lived experiences of participants following the interpretation of first-hand accounts and explore how they make sense of this (Smith, 1996; Smith et al., 2009).

Study context

The research team consisted of an initial collaboration of researchers with a primary interest in person-centred practice (BM, SD, CB) and use of social media in the development of professions (JT). The different expertise represented enabled consideration of an important topic in a novel way: exploring perspectives relating to person-centred practice in a large online focus group via a preplanned tweetchat. Exploration of how to apply interpretative phenomenological analysis to data collected

through this tweetchat was developed with a group of undergraduate physiotherapy students in their final-year projects (AW, CE, VM, RS, KS). They collaboratively engaged in development of novel analysis methods under supervision (CB) and with feedback from the wider team. This collaboration was highly constructive and benefited from positive engagement within the wider research team and from the WeNurses and Physiotalk international online communities.

Participants

The initial research team obtained ethical approval for the study from the relevant higher education institution. The team took the view that when planning a prospective exploration of people's views, they should be appropriately informed in advance and given the opportunity to consider participation carefully.

The WeNurses and Physiotalk online communities were given information about the proposed tweetchat and its research purpose two weeks in advance through their websites and repeated tweets. On their websites, information was also provided in relation to the topic and questions, following the usual style before each fortnightly tweetchat run by the online communities, with optional preparatory reading and notice of the questions that would be posed during the discussion. In the research study information, people were told how their tweets would be analysed and that they could email after the chat to ask for any of their tweets to be withheld from analysis. All were made aware that taking part implied consent to participate in the research and a clear statement to that effect was posted on the WeNurses and Physiotalk websites.

Procedure

On the 16th February 2017 a tweetchat was conducted with the WeNurses and Physiotalk online communities as a large, international focus group that used a semi-structured topic guide which focused on perceptions of person-centred practice, using the hashtags #Physiotalk, #WeNurses, #WeMDT. Participants were asked to introduce themselves at the start, and to state whether their contribution was from the perspective of a nurse, physiotherapist or other. The pre-study information, as well as the full transcript of the chat are available on the WeCommunities website at: wecommunities.org/tweet-chats/chat-details/29.

The chat lasted one hour and was conducted in English between 20:00 and 21:00 (GMT), with an additional allowance of 15 minutes at the end to receive all contributions to the conversation. The chat was hosted by BM using five questions provided in advance as a focus, with subsequent questions guided by the participants' responses. JT also supported the chat as 'sweepers' – people in a primarily administrative role, moderating the discussion by reminding participants of questions, the time remaining and the need to use the appropriate hashtag. Where people had not used the hashtag, the 'sweepers' retweeted them so they would be included in the discussion. They also monitored the ethical conduct of the discussion, ready to intervene if the nature of tweets became unconstructive, although no intervention was needed. At the start of the tweetchat people were asked to introduce themselves and indicate whether they would call themselves a nurse, a physiotherapist, a service user, or anything else. Subsequently the key questions for the tweetchat were:

- What do you think person-centred practice is?
- Do you feel that this is something nurses/physiotherapists do?
- Do you feel anything gets in the way of person-centred practice?
- Do you feel anything makes it easier?
- How do we protect the personhood of persons in our practice?

In retrospect, it might have been better to phrase questions two to three in a more open-ended manner. However, on analysis it was apparent that participants responded as if they had in fact been open ended.

Data management and analysis

The Tweetchat responses were collated into a transcript via symplur.com and entered into an ExCel database, with each tweet numbered in turn to enable auditability during analysis. At this point, tweets were highlighted in relation to whether they were posted by someone identifying (at the start of the chat or on their public profile) as a nurse, a physiotherapist or other. Tweets were included if they were relevant to the chat topic and posted by people identifying themselves as a nurse or a physiotherapist. While interesting, tweets by service users and other professionals were not analysed for this article. Further reasons for excluding tweets are summarised in table 1.

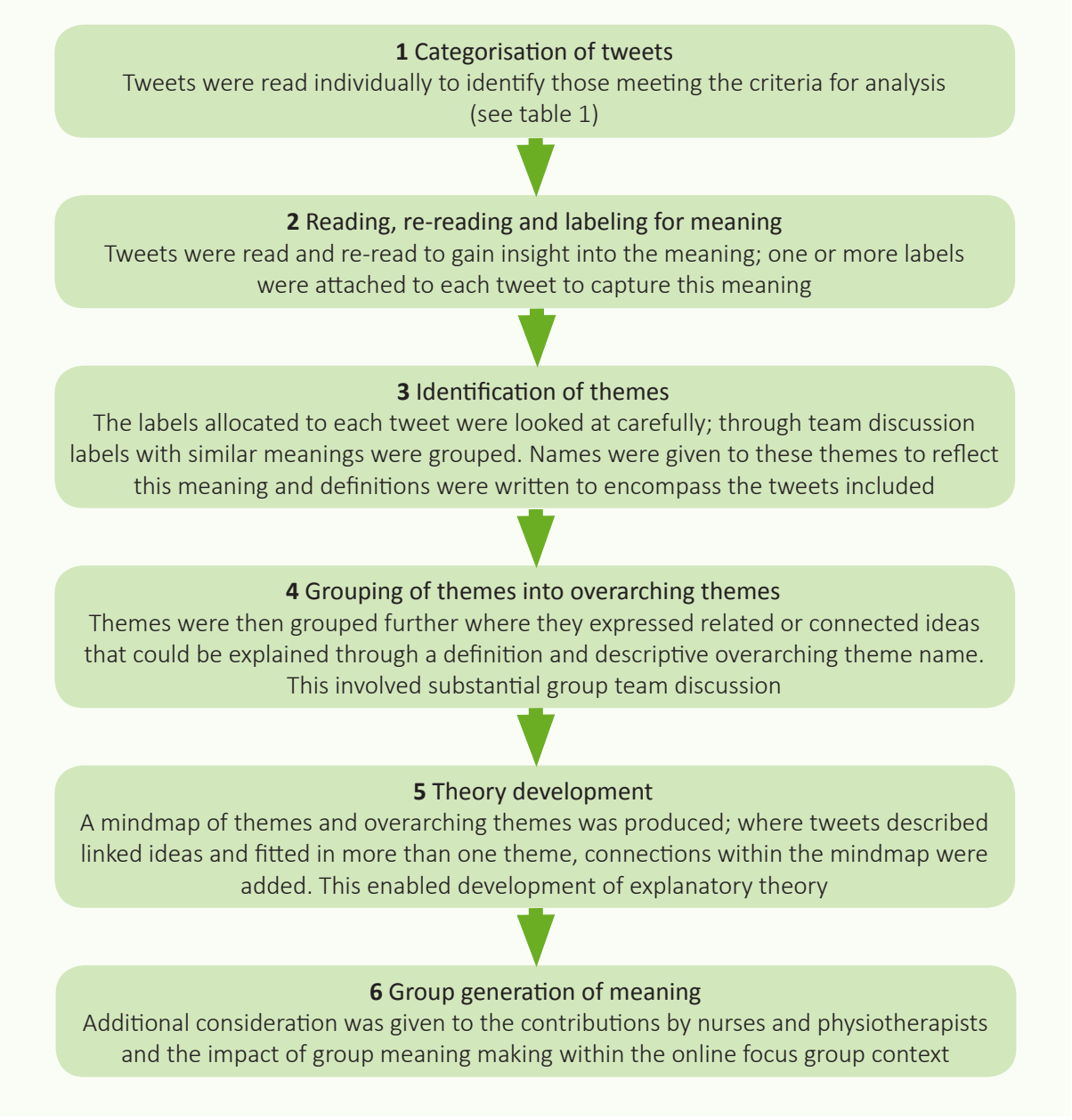
Table 1: Inclusion and exclusion criteria for tweets

Type of tweet	**Definition and justification**	**Count**
Inclusion criteria		
Relevant	Tweets that related to the chat topic and topic guide	238
Exclusion criteria		
Retweets	Forwarding/reposting of a tweet by another user. As the meaning and purpose of retweeting was not clear, these were not analysed	93
Self-referential	Tweets that endorsed the tweetchat hashtag and called on others to participate	40
Irrelevant	Tweets that were more social in purpose and did not relate to the chat topic were not analysed	71
Linking out	Tweets providing links to other resources for further research by participants; the purpose and content of this material would have been complex to analyse so they were excluded	7
Duplicate	Tweets that appeared to have been posted more than once in error	7
Introductory and signing out	Some tweets included only comments relating to participants introducing themselves at the start of the chat or indicating that they were leaving the chat	12

Analysis was conducted using the interpretative phenomenological analysis framework, with the five key analysts aiming to understand what participants' views were from their words in the short, 140-character tweets. Prior to the tweetchat one team member (CB) felt some scepticism about the potential to convey meaning, or to connect ideas, in a single tweet. It became apparent that people who participate regularly in such chats develop a very concise writing style and use abbreviations to conserve characters. Interpretative phenomenological analysis is both descriptive and interpretative, and exploits the principles of ideography to provide an in-depth analysis of each participant (Pietkiewicz and Smith, 2014). The researchers' goal was to understand the participants' experiences empathetically while also critically evaluating the underlying meaning of the response. It should be noted that when using interpretative phenomenological analysis in a group context, it is important to consider interactive aspects of the data, with the likelihood that perceptions and views may develop and evolve through the course of the discussion (Philips et al., 2016). There is increasing application of interpretative phenomenological analysis to focus groups as this enables exploration of a broad range of views; this is particularly relevant where participants are already used to discussing their experiences in a group, which is the case for the WeNurses and Physiotalk online communities (Earle et al., 2005; Sternheim et al., 2010). This does necessitate an additional level of analysis relating to the context in which meaning was negotiated, through looking at the interactions within the group as well as individual experiences.

The analysis process is summarised in Figure 1. This process was carried out by an analysis team, which required a great deal of transparent and tracked communication. Early stages of reading and re-reading, with labelling of ideas within each tweet, were carried out individually and then discussed. Theme development was undertaken through group discussion, and then these themes were applied to the full transcript by all analysts. Each analyst kept a reflexive journal throughout the process, which helped them to keep analysing their views in relation to the study and the ideas emerging from the data, and to recognise the impacts that they were or might be having. This increased credibility in the analysis: communication between analysts was deeper and meaning making more collaborative and transparent. All meetings of the analysis team, as well as meetings with the more experienced researcher (CB), were voice-recorded to ensure all members had ongoing access to decisions, insights, and discussions. The research team also showed the analysis results to the tweetchat host (BM), to gain further perspectives on the analysis and enhance dependability and credibility.

Figure 1: Flowchart describing qualitative data analysis process



Results

A total of 79 participants engaged in the tweetchat, generating 504 tweets, 223 of which met the inclusion criteria for analysis. Of the participants, 38 were nurses and they contributed 86 of the included tweets, while 23 physiotherapists generated 137. Analysis generated four overarching themes that related clearly to the research aim and are presented here. These were:

1. Relationship between professional and patient
2. Perceptions of who holds the power
3. Treating the condition not the person
4. Impacts of organisational demands in healthcare delivery

These overarching themes are explained in turn, with their subthemes, with inclusion of tweets that provide both evidence and illustration. The linkages between themes are then explored, with development of explanatory theory.

Overarching theme 1: relationship between professional and patient

Tweets within this theme represented the greatest volume of material and there was a similar quantity of tweets from both professions. Participants identified what they perceived as core values and priorities underpinning person-centred practice, grouped as themes in table 2. Throughout the tweetchat emphasis was placed on developing the relationship, with collaboration between both parties described as key to enabling the professional to learn what matters to the person and ensure these priorities are respected. One participant tweeted: *'It's about teasing out what matters to pt, goals, motivators, desires, driving forces, strengths and what they need support with.'* Another emphasised *'placing the individual at the centre of care and working together 2 create goals'.*

Facilitating the person to lead their own care through making informed decisions was also prioritised; one participant stated that professionals have an important role in: *'empowering the patient to make informed decisions about their health'.* Another advocated *'ensuring the individual has all wishes and values respected and also involvement and decisions are fully agreed'.*

At least one participant from each profession expressed an opinion that fell into each subtheme. Physiotherapists were more vocal in relation to informed decision making, education to empower and shared priorities. Tweets that related to a respect for privacy and the patients' values and beliefs were posted more by nurses.

Table 2: Overarching theme 1 – relationship between professional and patient

Definition: *this theme discussed the therapeutic relationship and collaboration to identify a person's needs while upholding their wishes*

Subthemes and descriptions	Nurse tweet numbers	Physiotherapist tweet numbers
1.1 Collaboration Having shared priorities and making decisions together, including family if the person wishes 1.2 Finding out what matters to the person Knowing, being aware, learning about their values and personal outcomes, and helping the person make decisions based on what matters to them and considering all aspects of their care 1.3 Informed decision making Educating and empowering the person to make their choices then seeking feedback regarding these choices 1.4 Person-led practice Putting the person at the centre of care with the practitioner assisting them in their goals 1.5 Respect Having respect for the person and their privacy	31, 39, 43, 46, 60, 65, 67, 72, 86, 93, 120, 138, 152, 158, 209, 230, 299, 317, 321, 349, 355, 390, 403, 404, 432	38, 41, 51, 58, 66, 70, 78, 81, 101, 107, 111, 117, 139, 141, 147, 164, 168, 174, 175, 185, 196, 208, 238, 243, 253, 257, 277, 310, 316, 330, 347, 352, 376, 380, 392, 394, 449, 458, 478

Overarching theme 2: perceptions of who holds the power

This overarching theme emerged as participants vocalised their feelings on where 'power' and ultimately decision making lie within healthcare, and the aspects that may affect who has this power. Tweets from physiotherapists were more prevalent in this discussion. Five subthemes emerged from the perceptions of participants on the involvement of patients in their own care and what may aid or hinder this (see table 3).

There were some tweets that had nuances of the professional as the expert and having the control – for example, referring to ensuring that the patient is *'on board with treatment',* and *'allowing them to take control'.* There was discussion around the difficulty that professionals can have with negotiation of this relationship: *'Choice has so many connotations with power and we are bad at giving away our power.'*

One participant indicated that patients may lack the confidence to 'take power' and another felt that expectations of patients also make a big difference. For example, a participant tweeted that for some patients *'their individual choice is that someone else makes a decision for them'.* This showed clear linkages to Theme 1, as empowerment through information and education were advocated, as one participant tweeted: *'Education +. Can give patients all the choices in the world but doesn't mean much if they don't know what it means. #informeddescisionmaking.'*

This overarching theme raised a challenging area of practice, about the influence of power on person-centred care and a tension between initial expectations of both professional and patient. Negotiation and potentially empowerment are required to enable any re-evaluation of these expectations and increase confidence to facilitate engagement in the decision-making process.

Table 3: Overarching theme 2 – perceptions of who holds the power

Definition: *this theme discussed where the dynamics of power lies between the person and the practitioner, and the perspectives of who holds this power*		
Subthemes and descriptions	Nurse tweet numbers	Physiotherapist tweet numbers
2.1 Choices Having the freedom to make choices throughout the journey 2.2 Person on board/compliance/adherence Practitioner deciding the treatment plan and convincing the person to engage 2.3 Locus of power and control Who has the power to make the choices and who provides the choices 2.4 Level of engagement How involved persons want to be in their care 2.5 Patient expectations Persons either expect to make decisions themselves or expect the practitioner to make the decisions for them	61, 70, 76, 106	51, 55, 66, 78, 82, 96, 102, 107,139, 196, 214, 255, 263, 270, 367, 368, 453, 458, 471

Overarching theme 3: treating the condition not the person

This overarching theme is made up of four themes and was more of a focus for discussion among physiotherapists. It described a scenario where practice was more practitioner led, with more of a focus on 'what's the matter,' suggesting a priority placed on the person's specific reason for seeking support, or their condition. One participant described a self-reflective process in response to a patient's comment: *'Thought I was very p-c with my care until pt told me no one asked him what he wanted, often assume home is the goal.'*

A further dimension of this overarching theme related to overprotection of the person through practitioner-led strategies, possibly due to being risk-averse through focusing too much on the condition.

This was viewed as having potential to encourage dependence, *'taking so much independence away w this'* and '*(we) want to protect, but become so risk averse that we actually harm'.* This links with the previous overarching theme in relation to the power dynamic, as it highlights possible damage from the professional holding too much power in the therapeutic relationship, which could discourage self-management: *'Very easy to disable through too much doing.'*

Table 4: Overarching theme 3 – treating the condition not the person

Definition: *this theme highlighted the divide between patient- and person-centred practice and how practitioners currently practice*		
Subthemes and descriptions	Nurse tweet numbers	Physiotherapist tweet numbers
3.1 Focusing on what's the matter Looking at the condition, rather than the person 3.2 Healthcare plans Having individualised and tailored plans based on a selection of pre-existing treatment options 3.3 Practitioner-led practice Practitioner decides what is best for the person 3.4 Overprotection Practitioner taking away the person's independence by doing everything for them, leading to lack of self-management	69, 106, 385, 401, 403, 451	51, 81, 94, 119, 128, 143, 147, 255, 271, 378, 424, 425, 434, 446, 466, 471, 504

Overarching theme 4: impacts of organisational demands in healthcare delivery

This overarching theme delved into the perceptions of how person-centred care is currently being delivered in practice, with the focus on how the NHS structure can be a barrier or facilitator.

Both nursing and physiotherapy participants voiced their opinions on the impact of the work environment on delivery of person-centred practice. These comments were clustered into four subthemes (see table 5). These suggested that structures and cultures within and between services impact substantially on person-centred healthcare. When considering the structure of the service, people discussed the impacts of insufficient staff and time, as well as resulting routines: *'It is so difficult in a hospital, hard with staffing pressure not to have a regimented routine',* and *'time is a big factor'.* Others also commented on the culture of the service: *'PCC a product of wider culture of the organisation, surely? Staff motivated and empowered to improve care will result in focus on pt'* and '*PC care should frame everything from individual Rx choices for each pt, through to operational decisions by management*'.

The issue of continuity in care provision between services was described by another participant: *'Term "patient" indicative of start and stop of care, person has more of a flow and leads us to think beyond the walls of the hospital.'* The need for NHS-wide change was described by one participant, who questioned *'how balance is achieved in a pathway/outcome/efficiency/quality driven NHS',* and another who advocated the need for *'a political process of co-producing change'* that filtered through to more operational levels of service design and delivery. These themes and the illustrative quotations support the idea that professionals require person-centred cultures and systems to enable them to enact person-centred values in their daily practice.

Table 5: Overarching theme 4 – impacts of organisational demands in healthcare delivery

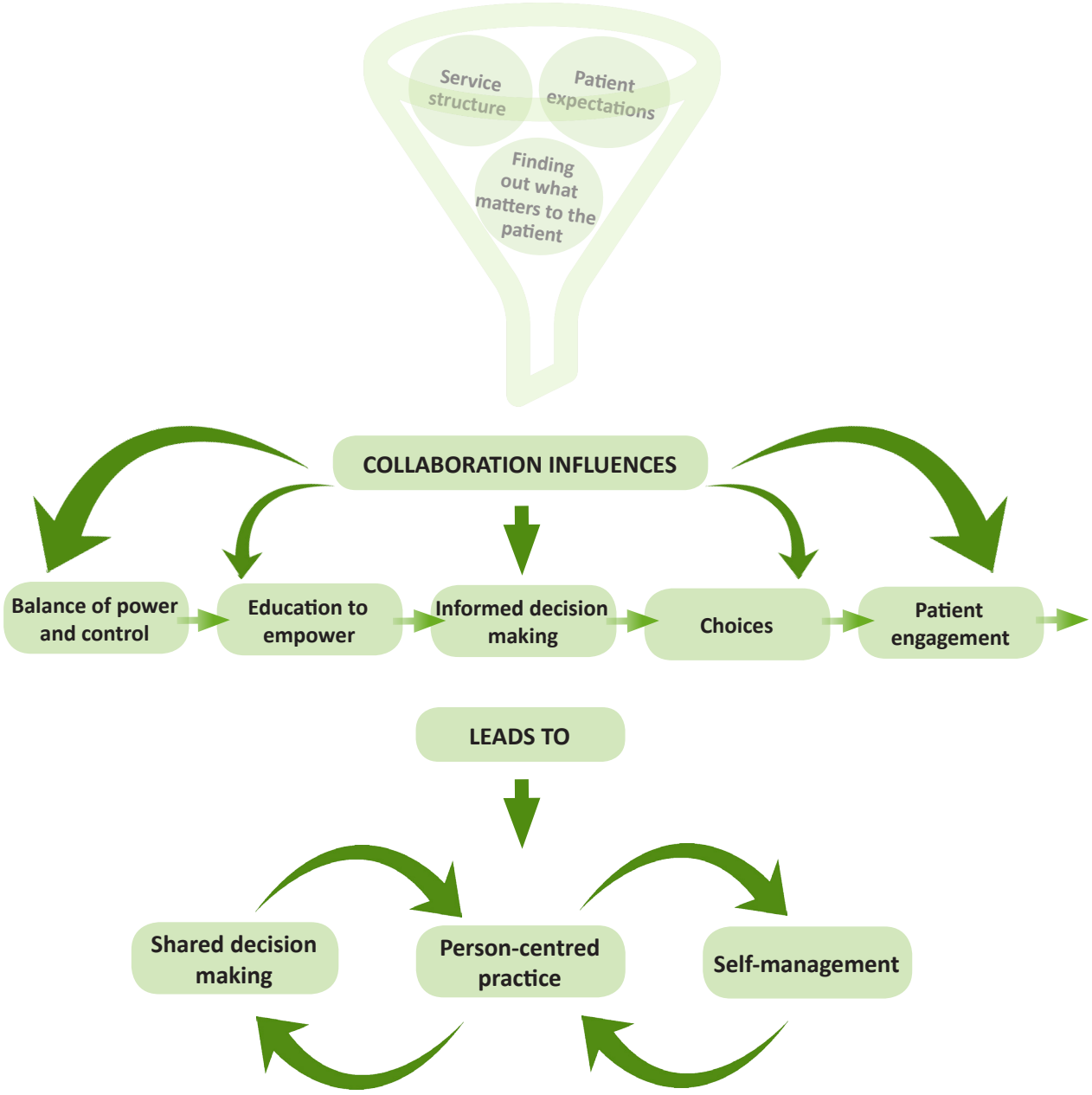
Definition: *this theme emerged from discussion within the tweetchat around the pressures impacting on professionals' ability to deliver person-centred care*

Subthemes and descriptions	Nurse tweet numbers	Physiotherapist tweet numbers
4.1 Continuation of care Maintaining the standard of care in transition between hospital and community 4.2 Service structure The impact of the structure of the NHS on delivering person-centred parctice, and working together by way of co-production to improve this 4.3 Time to care Allocation of time per patient and number of patients on caseload 4.4 Patient-centred culture, shift from top down Organisational shift needed towards a person-centred culture	58, 67, 76, 86, 100, 122, 148, 209, 262	82, 92, 94, 107, 119, 207, 238, 243, 253, 302, 393, 408

Development of explanatory theory

The four themes outlined above show the perceptions of nurses and physiotherapists in relation to person-centred care. There were clear interactions between themes, particularly between the first and second. Between the participants, descriptions indicated that a focus on what matters to the person seeking care, alongside negotiation to address their expectations of therapeutic relationships, will influence the quality of collaboration in that relationship. This is key to a positive journey where power is shared, the person feels empowered and informed to collaborate in decision making and choices, affecting engagement. This positive scenario was described as supporting shared decision making and self-management as part of person-centred practice. It was also clear through participants' contributions that this positive scenario requires the professional to focus on the person rather than the condition (theme 3) and service culture, and structures that support time, staffing, flexibility and continuity. These interlinkages were summarised in a diagram, presented in figure 2, which is intended to help develop insights into key aspects of person-centred practice, particularly when considering physiotherapy practice.

Figure 2: Explanatory theory relating to perceptions of person-centred practice among nurses and physiotherapists



Discussion

This study used a novel approach to gaining insight into nurses' and physiotherapists' perceptions of person-centred practice, a topic that has received little attention in the physiotherapy literature. Analysis of the discussion has provided useful information about how people in two online communities view the topic and where differences in interpretation lie. As previously stated, the person-centred practice frameworks that currently exist come mainly from the nursing field. The results of this study provide a collaborative, multidisciplinary approach to develop insights into how it could be enacted in similar and different ways within physiotherapy contexts.

There was a lot of discussion of the need to prioritise what matters to the patient as core to person-centred practice. When looking further into this, it appeared that nurses were more vocal about the importance of values and beliefs, while physiotherapists were frequently concerned what could be considered 'operational' aspects of empowering persons to engage with decision making through

information and education. Physiotherapists also tweeted frequently about who has the power in decision making, and the influences on this. There was concern that some persons do not want to engage in decision making and that there may be links between this and empowerment. Another finding from physiotherapy tweets related to the possibility that a focus on the health condition, rather than on the person, may still prevail for some professionals, and that this may contribute to the complexities around power and inhibit the development of positive, collaborative relationships that support engagement in care and self-management. The importance of organisational culture and systems was also emphasised by both nurses and physiotherapists.

It is interesting that the theme accounting for the most tweets in the online discussion related to a focus on what matters to the person seeking care. Dewing and McCormack (2016) suggest that one of the main challenges to the implementation of person-centred practice across various healthcare settings is that person-centredness is often presented as difficult to define and so is often not defined or incompletely and poorly defined. They assert that it often ends up being defined by one or more of its more popular and appealing attributes such as 'working with what matters to the patient'. Clearly this is the concept that participants most related to in the tweetchat. It was interesting, however, that an area discussed more by physiotherapists suggested that some do not find the idea of focusing on the person easy to enact in practice. Historically, physiotherapists used a biomedical model of healthcare, with a tendency to see intervention as correcting abnormalities and the healthcare provider as expert. This may still have a strong influence when considering the power dynamics of therapeutic relationships (Nicholls and Gibson, 2010; Nicholls and Holmes, 2012). There has long been a tendency to fragment the body into systems and compare its functions against clinical norms (Marcum, 2004). Nicholls and Gibson (2010) argue that the historical need to establish physiotherapy as a legitimate profession resulted in a reduction of the complexities of health and illness to a fine set of biological principles, with a focus on evaluation of treatment using physical outcome measures (Mudge et al., 2014). Along with this comes a clear or subtle prioritisation of the physiotherapist's expert knowledge over the patient's perspective, with use of terminology such as compliance and adherence. These are not terms that lend themselves to person-centred practice, suggesting the aim of gaining the patient's agreement with the professional's plan. This theme shed light on continuing influences on how physiotherapists currently practice, supported by other literature (Rosewilliams et al., 2011; Gibson and Teachman, 2012; Schmitt et al., 2012). This contradiction between some physiotherapists' espoused values and their authentic lived values may be explained by lack of deep understanding of person-centred values for some, and cultural or structural barriers for others.

In this study's explanatory theory, the links that emerged from the data suggest that a less person-centred perspective may have negative impacts on the development of trusting, constructive and collaborative relationships in which persons are empowered and engaged in their care. This has important implications for facilitation of self-management, which is required in many physiotherapy settings and interactions. Existing models and frameworks have frequently focused on medical or nursing professions, in acute or sub-acute contexts (Mead and Bower, 2000; Hobbs, 2009; Morgan and Yoder, 2012). Consequently, they may not have identified some of the important aspects of care that relate to support for people with long-term conditions, for example, which are frequently important in physiotherapy services.

There are several principles and ideas emerging from the tweetchat that are consistent with existing frameworks. A conceptual framework published since this analysis was completed addresses the foundational principles needed to achieve person-centred practice (Santana et al., 2018). This framework is based on existing literature and aims to guide healthcare systems and organisations to provide person-centred practice in various healthcare settings. The framework consists of three domains: structure, process and outcomes. Although physiotherapy-specific literature will not have informed this framework, it has some key similarities with these results, such as developing a person-centred culture from an organisational level, the importance of communication and collaboration,

and engaging persons in their care. Our results also have particular resonance with domains of the Person-centred Practice Framework developed by McCormack and McCance (2017). These include the care environment and person-centred processes, where engagement, shared decision making, working with patients' values, supportive organisational systems and the sharing of power are all key.

It appears that there are consistencies between current perceptions of person-centred practice in an online physiotherapy community and existing frameworks (McCormack and McCance, 2017; Santana et al., 2018). Insights from the tweetchat highlight professional barriers to enactment of person-centred practice among physiotherapists that are influenced by the historical emphasis on a biomechanical approach. There is also an emphasis on education to empower, which helps to illuminate the process of facilitating engagement in shared and informed decision making. Bench et al. (2011) and Deacon (2012) found persons wanted education and information as a key part of their physiotherapy treatment and interventions. Lewis and Pignone (2009) found that in order to empower persons to be effective advocates for their own health, it is imperative they have adequate information and understanding about their health conditions. Providing information appropriately is crucial to informed decision making, and health literacy must be carefully considered in this. Education is an important aspect of physiotherapy roles and the way in which this is enacted may be person-centred when focused on the person, their priorities and on empowering them within a collaborative therapeutic relationship.

It is important to consider how best to use these insights; one approach might be to use this article's explanatory theory as a stage towards development of a physiotherapy-specific framework. Kitson et al. (2013) conducted a narrative review of literature from health policy, medicine and nursing literature that related to person-centred practice and found that while similar sources were used, professional groups emphasised different elements that may hinder implementation. A better approach might be to use this thinking to elaborate on existing frameworks and explore how the principles that aim to be applicable across settings may be enacted within each setting. This may be a necessary process for all healthcare teams, contributing to a conscious exploration and development of culture change.

When considering the credibility of these study findings, it is important to consider that participants were all active in online social media communities. While this brought the potential for a valuable international dimension, most participants appeared to be based in the UK according to their public user profiles. They represented a wide range of healthcare settings, from acute hospitals to community and home settings, as well as an extensive range of practice experience. As the focus group occurred online in a public forum, some participants may have been cautious in expressing their thoughts. Some tweets were also quite hard to understand or interpret because of the 140-character limit. The focus group was large, and the rapid progression of the discussion sometimes made it difficult to follow conversations happening within the chat. During the tweetchat the conversation changed numerous times due to the number of participants responding 'live' and the preset question guide. The position of one of the research team as 'host' with expert knowledge of the topic is an important contextual consideration, allowing questions to be posed to progress the discussion and extend the depth of participants' thinking. The administrative 'sweepers' on the other hand did not play a specific role in developing the discussion. The analysis team made good use of individual writing and group discussions to ensure reflexivity, enhancing the credibility and thereby the rigour of the findings.

Conclusion

Nurses and physiotherapists both play a major role in healthcare delivery, and this study offers valuable insights into how person-centred practice is perceived by both professions. There are similarities and differences in its day-to-day implementation and both feel more could be done in this respect, including changes in attitudes to create person-centred cultures within healthcare. While the study found the concept of person-centred practice to be important and relevant to professionals, there remains a struggle within the healthcare social media communities represented over its definition and translation into practice – more so in physiotherapy. Integrated and interprofessional working could

facilitate this, but only if professionals can articulate what they believe person-centred practice to be and come to common understandings within service transformation that enable such values-based discussion and professional development.

An increased awareness of the influence of existing theoretical knowledge within physiotherapy practice, together with a desire to enhance therapeutic relationships, may help to support critical reflection and facilitate implementation. There is more work to be done at individual, organisational and strategic levels, and continuing programmes of culture change are necessary. Further research is needed to explore and develop person-centred practice in different physiotherapy settings and to explore the experiences and views of persons seeking care and those important to them, and their interactions with the wider organisational and cultural contexts within which physiotherapists work.

References

Bench, S., Day, T. and Griffiths, P. (2011) Involving users in the development of effective critical care discharge information: a focus group study. *American Journal of Critical Care.* Vol. 20. No. 6. pp 443-452. https://doi.org/10.4037/ajcc2011829.

Binnie, A. and Titchen, A. (1999) *Freedom to Practice*. Oxford: Butterworth-Heinemann.

BJOT and #OTALK. (2016) Social media: creating communities of research and practice. *British Journal of Occupational Therapy*. Vol. 79. No. 4. pp 195-196. https://doi.org/10.1177/0308022616631551.

Bolderston, A., Watson, J., Woznitza, N., Westerink, A., Di Prospero, L., Currie, G., Beardmore, C. and Hewis, J. (2018) Twitter journal clubs and continuing professional development: an analysis of a #MedRadJClub tweetchat. *Radiography*. Vol. 24. No. 1. pp 3-8. https://doi.org/10.1016/j.radi.2017.09.005.

Chartered Society of Physiotherapy (2011) *Code of Members' Professional Values and Behaviour* Retrieved from: tinyurl.com/CSP-code. (Last accessed 29th June 2018).

Chartered Society of Physiotherapy (2012) *Quality Assurance Standards for Physiotherapy Service Delivery.* Retrieved from: tinyurl.com/CSP-standards. (Last accessed 29th June 2018).

Coulter, A., Entwistle, V., Eccles, A., Ryan, S., Shepperd, S. and Perera, R. (2015) Personalised care planning for adults with chronic or long-term health conditions. *Cochrane Database for Systematic Reviews*. No. 3. https://doi.org/10.1002/14651858.CD010523.pub2.

Deacon, K. (2012) Rebuilding life after ICU: a qualitative study of the patients' perspective. *Intensive and Critical Care Nursing.* Vol. 28. No. 2. pp 114-122. https://doi.org/10.1016/j.iccn.2011.11.008.

De Silva, D. (2014) *Helping Measure Person-centred Care*. London: The Health Foundation. Retrieved from: tinyurl.com/desilva-measure-pcc. (Last accessed 29th June 2018).

Department of Health (2001) *National Health Services Framework for Older People.* London: Department of Health. Retrieved from: tinyurl.com/NHS-older-people. (Last Accessed 3rd July 2018).

Dewing, J. and McCormack, B. (2016) Editorial: tell me, how do you define person-centredness? *Journal of Clinical Nursing*. Vol. 26. Nos. 17-18. pp 2509-2510. https://doi.org/10.1111/jocn.13681.

Dijksterhuis, A. and Bargh, J. (2001) The perception-behavior expressway: automatic effects of social perception on social behavior. *Advances in Experimental Social Psychology.* Vol. 33. pp 1-40. https://doi.org/10.1016/S0065-2601(01)80003-4.

Earle, E., Davies, H., Greenfield, D., Ross, R. and Eiser, C. (2005) Follow-up care for childhood cancer survivors: a focus group analysis. *European Journal of Cancer.* Vol. 41. No. 18. pp 2882-2886. https://doi.org/10.1016/j.ejca.2005.08.028.

Ekman, I., Swedberg, K., Taft, C., Lindseth, A., Norberg, A., Brink, E., Carlsson, J., Dahlin-Ivanoff, S., Johansson, I., Kjellgren, K., Liden, E., Öhlen, J., Olsson, L., Rosen, H., Rydmark, M. and Sunnerhagen, K. (2011) Person-centred care – ready for prime time. *European Journal of Cardiovascular Nursing*. Vol. 10. No. 4. pp 248-251. https://doi.org/10.1016/j.ejcnurse.2011.06.008.

English Oxford Living Dictionaries (2018) Oxford: OUP. Retrieved from: tinyurl.com/OUP-perception. (Last accessed 18th September 2018).

Garbett, R. and McCormack, B. (2002) A concept analysis of practice development. *Nursing Times Research*. Vol. 7. No. 2. pp 87-100. https://doi.org/10.1177/136140960200700203.

Gibson, B and Teachman, G. (2012) Critical approaches in physical therapy research: investigating the symbolic value of walking. *Physiotherapy Theory Practice.* Vol. 28. No. 6. pp 474-484. https://doi.org/10.3109/09593985.2012.676936.

Grbich, C. (1999) *Qualitative Research in Health: An Introduction*. London: Sage.

Harding, E., Wait, S. and Scrutton, J. (2015) *The State of Play in Person-centred Care: Pragmatic Review of How Person-centred Care Is Defined, Applied and Measured, Featuring Selected Key Contributors and Case Studies Across the Field*. London: The Health Foundation. pp 1-140. Retrieved from: tinyurl.com/HF-define-pcp. (Last accessed 18th September 2018).

Harkness, J. (2005) *What Is Person-centred Healthcare? A Review of Definitions and Principles.* London: International Alliance of Patients' Organisations. Retrieved from: tinyurl.com/IAPO-pc-healthcare. (Last accessed 18th September 2018).

Hewis, J. (2015) Do MRI patients tweet? Thematic analysis of patient tweets about their MRI experience. *Journal of Medical Imaging and Radiation Sciences*. Vol. 46. No. 4. pp 396-402. https://doi.org/10.1016/j.jmir.2015.08.003.

Hobbs, J. (2009) A dimensional analysis of patient-centered care. *Nursing Research*. Vol. 58. No. 1. pp 52-62. https://doi.org/10.1097/NNR.0b013e31818c3e79.

Kitson, A., Marshall, A., Bassett, K. and Zeitz, K. (2013) What are the core elements of patient-centred care? A narrative review and synthesis of the literature from health policy, medicine and nursing. *Journal of Advanced Nursing.* Vol. 69. No. 1. pp 4-15. https://doi.org/10.1111/j.1365-2648.2012.06064.x.

La Rosa, A. (2013) *Harvesting the Twittersphere: Qualitative Research Methods Using Twitter.* New York: Pace University. Retrieved from: tinyurl.com/larosa-twitter. (Last accessed 29th June 2018).

Leplege, A., Gzil, F., Cammelli, M., Lefeve, C., Pachood, B. and Ville, I. (2007) Person-centredness: conceptual and historical perspectives. *Disability Rehabilitation.* Vol. 29. No. 20. pp 1555-1556. https://doi.org/10.1080/09638280701618661.

Levinson, W., Lesser, C. and Epstein, R. (2010) Developing physician communication skills for patient-centred care. *Health Affairs*. Vol. 29. No. 7 pp 1310-1318. https://doi.org/10.1377/hlthaff.2009.0450.

Lewis, C. and Pignone, M. (2009) Promoting informed decision-making in a primary care practice by implementing decision aids. *North Carolina Medical Journal*. Vol. 70. No. 2. pp 136-139. Retrieved from: tinyurl.com/lewis-decision-making (Last accessed 29th June 2018).

Lopez, K. and Willis, D. (2004) Descriptive versus interpretive phenomenology: their contributions to nursing knowledge. *Qualitative Health Research.* Vol. 14. No. 5. pp 726-735. https://doi.org/10.1177/1049732304263638.

Marcum, J. (2004) Biomechanical and phenomenological models of the body, the meaning of illness and quality of care. *Medicine, Health Care and Philosophy*. Vol. 7. No. 3. pp 311-320. https://doi.org/10.1007/s11019-004-9033-0.

McCormack, B. and McCance, T. (2006) Development of a framework for person-centred nursing. *Journal of Advanced Nursing*. Vol. 56. No. 5. pp 472-479. https://doi.org/10.1111/j.1365-2648.2006.04042.x.

McCormack, B. and McCance, T. (2017) (Eds.) *Person-centred Practice in Nursing and Healthcare: Theory and Practice.* (2nd edition). Chichester, UK: Wiley-Blackwell.

McCormack, B., Dewing, J., Breslin, L., Tobin, C., Manning, M., Coyne-Nevin, A., Kennedy, K. and Peelo-Kilroe, L. (2010) *The Implementation of a Model of Person-centred Practice in Older Person Settings. Final Report*. Dublin: Health Services Executive.

Mead, N. and Bower, P. (2000) Patient-centredness: a conceptual framework and review of the empirical literature. *Social Science and Medicine.* Vol. 51. No. 7. pp 1087-1110. https://doi.org/10.1016/S0277-9536(00)00098-8.

Morgan, S. and Yoder, L. (2012) A concept analysis of person-centred care. *Journal of Holistic Nursing*. Vol. 30. No. 1. pp 6-15. https://doi.org/10.1177/0898010111412189.

Mudge, S., Stretton, C. and Kayes, N. (2014) Are physiotherapists comfortable with person-centred practice: an ethnographic insight. *Disability and Rehabilitation.* Vol. 36. No. 6. pp 457-463. https://doi.org/10.3109/09638288.2013.797515.

National Institute for Health and Care Excellence (2018) *Dementia: Assessment, Management and Support for People Living with Dementia and their Families.* UK: National Institute for Health and Care Excellence. Retrieved from: nice.org.uk/ng97. (Last accessed 18th September 2018).

Nicholls, D. and Gibson, B. (2010) The body and physiotherapy. *Physiotherapy Theory Practice*. Vol. 26. No. 8. pp 497-509. https://doi.org/10.3109/09593981003710316.

Nicholls, D. and Holmes, D. (2012) Discipline, desire, and transgression in physiotherapy practice. *Physiotherapy Theory Practice*. Vol. 28. No. 6. pp 454-462. https://doi.org/10.3109/09593985.2012.676940.

Owen, G. (2013) How can you ensure the needs of patients are put at the centre of your practice? *Frontline Magazine.* January. Vol. 19. No. 2. Retrieved from: tinyurl.com/frontline-patient-needs. (Last accessed 18th September 2018).

Palmer, M., Larkin, M., de Visser, R. and Fadden, G. (2010) Developing an interpretative phenomenological approach to focus group data. *Qualitative Research in Psychology*. Vol. 7. No. 2. pp 99-121. https://doi.org/10.1080/14780880802513194.

Pietkiewicz, I. and Smith, J. (2014) A practical guide to using interpretative phenomenological analysis in qualitative research psychology. *Psychological Journal.* Vol. 20. No. 1. pp 7-14. https://doi.org/10.14691/CPPJ.20.1.7.

Pope, T. (2012) How person-centred care can improve nurses' attitudes to hospitalised older patients. *Nursing Older People*. Vol. 24. No. 1. pp 32-36. https://doi.org/10.7748/nop2012.02.24.1.32.c8901.

Richards, T. (2015) Time to deliver person-centered care. *BMJ.* Vol. 350:h530. https://doi.org/10.1136/bmj.h530.

Richardson, J., Grose, J., Nelmes, P., Parra, G. and Linares, M. (2016) Tweet if you want to be sustainable: a thematic analysis of a Twitter chat to discuss sustainability in nurse education. *Journal of Advanced Nursing*. Vol. 72. No. 5. pp 1086-1096. https://doi.org/10.1111/jan.12900.

Rosewilliam, S., Roskell, C. and Pandyan, A. (2011) A systematic review and synthesis of the quantitative and qualitative evidence behind patient-centred goal setting in stroke rehabilitation. *Clinical Rehabilitation.* Vol. 25. No. 6. pp 501-514. https://doi.org/10.1177/0269215510394467.

Royal College of General Practitioners (2014) *An Inquiry into Patient Centred Care in the 21st Century: Implications for General Practice and Primary Care*. London: RCGP. Retrieved from: tinyurl.com/RCGP-pcc. (Last accessed 18th September 2018).

Santana, M., Manalili, K., Jolley, R., Zelinsky, S., Quan, H. and Lu, M. (2018) How to practice person-centred care: a conceptual framework. *Health Expectations*. Vol. 21. No. 2. pp 429-440. https://doi.org/10.1111/hex.12640.

Schmitt, J., Akroyd, K., Burke, L., Skaalvik, M. and Harty, M. (2012) Perceptions of physiotherapy students of a person-centred approach in rehabilitation. *International Journal of Therapy Rehabilitation.* Vol. 19. No. 1. pp 23-30. https://doi.org/10.12968/IJTR.2012.19.1.23.

Scottish Government (2013) *Everyone Matters: 2020 Workforce Vision*. Scotland. Retrieved from: tinyurl.com/scot-vision. (Last accessed 29th June 2018).

Smith, J. (1996) Beyond the divide between cognition and discourse: using interpretative phenomenological analysis in health psychology. *Psychology and Health*. Vol. 11. No. 2. pp 261-271. https://doi.org/10.1080/08870449608400256.

Smith, J., Flowers, P. and Larkin, M. (2009) *Interpretative Phenomenological Analysis: Theory, Method and Research.* London: Sage.

Sternheim, L., Konstantellou, A., Startup, H. and Schmidt, U. (2010) What does uncertainty mean to women with anorexia nervosa? An interpretative phenomenological analysis. *European Eating Disorders Review.* Vol. 19. No. 1. pp 12-24. https://doi.org/10.1002/erv.1029.

Sutton. J. and Austin, Z. (2015) Qualitative research: data collection, analysis, and management. *Canadian Journal of Hospital Pharmacy.* Vol. 68. No. 3. pp 226-231. Retrieved from: tinyurl.com/sutton-qualitative. (Last accessed 19th September 2018).

Vicari, S. (2017) Twitter and non-elites: interpreting power dynamics in the life story of the (#)BRCA Twitter stream. *Social Media + Society*. Vol. 3. No. 3. https://doi.org/10.1177/2056305117733224.

Victorian Government Department of Human Services (2006) *What Is Person-centred Health Care? A Literature Review.* Melbourne: Victorian Government Department of Human Services. Retrieved from: tinyurl.com/victoria-pc-healthcare (Last accessed 19th September 2018).

World Health Organization (2015) *WHO Global Strategy on People-centred and Integrated Health Services*. Retrieved from: tinyurl.com/WHO-pcc-strategy. (Last accessed 29th June 2018).

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