

# eHealth Interventions to Support Self-Management:







Marie Kelly<sup>a,b</sup>, Brona Fullen<sup>c</sup>, Denis Martin<sup>d</sup>, Colin Bradley<sup>e</sup>, Joseph G. McVeigh<sup>a</sup>

<sup>a</sup>Discipline of Physiotherapy, School of Clinical Therapies, College of Medicine and Health, University College Cork, Ireland bDepartment of Physiotherapy, Mercy University Hospital, Cork, Ireland; <sup>c</sup>School of Public Health, Physiotherapy and Sports Science, University College Dublin, Dublin, Ireland; dSchool of Health and Life Sciences, Teesside University, Middlesbrough, UK; Department of General Practice, University College Cork, Cork, Ireland

#### Introduction:

There is increasing interest in the potential role of eHealth interventions to support self-management in people with musculoskeletal disorders (MSDs). The COVID-19 pandemic appears to have been a significant catalyst for the implementation of eHealth modalities into routine practice, providing a unique opportunity for real-world evaluation of this underutilized method of delivering physiotherapy.

# **Objectives:**

To explore the perceptions of eHealth-mediated supported self-management from the perspective of people with MSDs and musculoskeletal (MSK) physiotherapists

#### **Methods:**

A qualitative interpretive descriptive study utilising semistructured telephone interviews was conducted within musculoskeletal physiotherapy services (public and private) in the Republic of Ireland. Interviews were audio-recorded and transcribed verbatim. Transcripts were analysed using reflexive thematic analysis.

R	esu	ilts:
	CDU	

\*Multiple answers possible

Results:			
Table 1: Participant demographics – $MSK$ Physiotherapists ( $n = 13$ )			
Gender (male/female)	7 male / 6 female		
Age range (mean)	26 - 42 (35)		
Years qualified range (mean)	4 – 19 (12)		
Work grade	Senior (n = 7); Clinical Specialist (n = 4) Private practitioner (n = 2)		
Workplace setting*	Public hospital (n = 10); Private practice (n = 3); Primary care (n = 1)		
Geographical location	Urban $(n = 11)/ \text{Rural } (n = 2)$		
Experience of using eHealth	Pre COVID-19 (n = 7) / Since COVID-19 (n = 6)		

Table 2: Participant demograp	$hics-People\ with\ MSD\ (n=13)$		
Gender (male/female)	4 male / 9 female		
Age range (mean)	24 - 77 (58)		
Location of physio*	Private practice (n = 8); Public hospital (n=4) Private hospital (n = 3); Primary care (n = 1)		
Geographical location	Urban $(n = 6)$ / Rural $(n = 7)$		
Higher degree/professional qualification	Yes $(n = 11) / No (n = 2)$		
Employment status	Retired (n = 5); Full time employment (n = 5) Unable to work due to sickness/disability (n = 2); Student (n = 1)		
Site of musculoskeletal problem	Lower limb (n = 5); Multiple (n = 3) Other (n = 3); Upper limb (n = 2)		
Duration of symptoms	< 1 month (n = 2); 1 – 3 months (n = 3) $4 - 6$ months (n = 1); 1 – 2 years (n = 1) $3 - 4$ years (n = 4); > 4 years (n = 2)		
Experience of eHealth within Physiotherapy	Yes $(n = 8)/No (n = 5)$		
*Multiple answers possible			

Therapeutic relationship

**Figure 1:** Themes and Subthemes

Expectations

# Theme 2: eHealth as a facilitator of self-management support

Theme 1: Flexibility within a blended care model

Theme 3: Technology: Getting it right

User experience

Infrastructure and resource

## **Sample Quotations:**

Flexibility within a blended care model  $\rightarrow$  eHealth for follow-

"everyone would need a physical assessment at the very start" (PMSD-

### Flexibility within a blended care model $\rightarrow$ Flexibility is very important

'make provision for those that just don't want it and aren't interested in it... I would hate to feel that patients...aren't getting as good a quality service because they don't want that." (PT-7)

### eHealth as a facilitator of self-management support -> eHealth can help support self-management

"to be able to get reminders or prompt or support when you fall off the waggon ....eHealth is the perfect solution to help people stay on track' (PT-3)

#### Technology: Getting it right $\rightarrow$ User involvement is essential

"broadband is not as good as it should be.... it can be very frustrating." (PMSD-J)

"It's an extra three or four steps that you have to do for each patient. So, it's a little bit more

#### Conclusions

- Broad acceptability for facilitating follow-up self-management support
- Highlights the importance of continued user involvement in the design process

#### Acknowledgements

Ethical approval was obtained from the Clinical Research Ethics Committee of the Cork Teaching Hospitals.

The authors wish to thank all those that participated in the study and acknowledge the financial support received from the ISCP.

#### **Contact Details**

Marie Kelly, Lecturer and PhD Candidate, UCC @kelly kellym19 Email: <u>mkelly@ucc.ie</u>.