

Determinants of implementation behaviour - What mediated improved physiotherapist confidence, attitudes and beliefs towards management of low back pain during implementation of the BetterBack model of care?

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Abstract

I. STUDY DESIGN

Prospective cohort before and after sub-study within a hybrid type 2 trial.

II. OBJECTIVE

To investigate mediators of improved physiotherapist's confidence, attitudes and beliefs towards management of low back pain after a multifaceted implementation strategy for the BetterBack[®] model of care (MOC).

III. SUMMARY OF BACKGROUND DATA

In Sweden, the BetterBack[®] MOC was developed based on organisational needs to improve confidence, attitudes and beliefs in delivering best practice primary care and improve outcomes for patients with low back pain.

IV. METHODS, RESULTS, CONCLUSIONS

116 physiotherapists participated in a 2-day workshop. Directly afterwards, physiotherapists completed the Determinants of Implementation Behaviour Questionnaire (DIBQ) with transition scales assessing expectations in their future application of the MOC. After MOC volition, physiotherapists completed the DIBQ before 2-hour follow-up workshops at 3 months and 12 months. Practitioner Confidence Scale (PCS) was completed before and after the initial workshop and at 3 and 12 months. Pain Attitude and Beliefs Scale (PABS-PT) was completed before the initial workshop and at 3 and 12 months.

The MEMORE SPSS macro was used for data analysis. PCS improvement after the initial workshop is mediated by positive expectations in the DIBQ capability domain. After 3 months, PCS improvement was mediated by positive DIBQ behavioural regulation domain. After 12 months, PCS improvement was mediated by positive DIBQ organisational domain. Furthermore, Lower PABS-PT biomedical orientation and higher PABS-PT biopsychosocial orientation is mediated by positive social influence DIBQ domain.

The initial 2-day workshop builds physiotherapist's expectations in their capacity to deliver the MOC which improves confidence in managing patients with LBP. Maintained confidence in the early volition phase requires a clear plan on how and when to apply the MOC while long-term sustainability requires maintained organisational support. Implementation strategies focused on maintaining positive social influences in the long-term improves physiotherapist's pain attitudes and beliefs.