Integrating Physiotherapists into Primary Health Care Organizations: The Physiotherapists' Perspective

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ABSTRACT

Purpose: This study's purpose was to gain insight into physiotherapists' perspectives on the perceived barriers and facilitators of integrating physiotherapists into primary health care (PHC) teams. ***Method:*** A qualitative descriptive approach consisting of semi-structured face-to-face or telephone interviews was used. Interviews were audio recorded, transcribed verbatim, and checked by the interviewers to ensure trustworthiness. Data were analyzed using Braun and Clarke's six steps to thematic analysis. ***Results:*** Eight participants were interviewed, representing physiotherapists from diverse demographics and geographical regions in Ontario. Common themes discussed were the orientation process, their experiences of integrating the physiotherapist's role into the organization, programme development compared with one-to-one care, the characteristics of the physiotherapist and the interdisciplinary team, and the resources available in the organization. Our key findings of influential factors for integration were (1) the diversity and novelty of new physiotherapists' role, (2) team members' understanding of the physiotherapists' role, and (3) physiotherapists' actions and values regarding PHC. ***Conclusions:*** The integration process is affected by factors ranging from individual to system levels. The integration of physiotherapists into PHC would be enhanced by a greater understanding of the role of physiotherapy in PHC by physiotherapists, other health care professionals, and system planners.

Key Words: interdisciplinary health team; physical therapy; primary health care.

RÉSUMÉ

Objectif : mieux comprendre les points de vue des physiothérapeutes sur les obstacles et les incitatifs perçus à leur intégration aux équipes de première ligne (ÉPL). ***Méthodologie :*** les chercheurs ont privilégié une démarche descriptive et qualitative sous forme d'entrevues semi-structurées en personne ou par téléphone. Les entrevues ont été enregistrées, transcrites textuellement, puis vérifiées par les intervieweurs pour en garantir la fiabilité. Les chercheurs ont analysé les données selon les six étapes de l'analyse thématique de Braun et Clarke. ***Résultats :*** huit physiothérapeutes ont passé l'entrevue, représentant diverses régions démographiques et géographiques de l'Ontario. Ils ont abordé des thèmes communs : le processus d'orientation, leurs expériences d'intégration du rôle de physiothérapeute à l'organisation, l'élaboration d'un programme par rapport aux soins individuels, les caractéristiques du physiothérapeute et de l'équipe interdisciplinaire et les ressources offertes dans l'organisation. Il en est ressorti des observations fondamentales sur les principaux vecteurs d'intégration : 1) la diversité et la nouveauté de ce rôle du physiothérapeute, 2) la compréhension qu'ont les membres de l'équipe du rôle du physiothérapeute et 3) les mesures et les valeurs des physiothérapeutes envers les ÉPL. ***Conclusions :*** Le processus d'intégration est influencé par une variation entre les facteurs individuels et systémiques. L'intégration des physiothérapeutes aux ÉPL s'améliorerait si les physiothérapeutes, les autres professionnels de la santé et les planificateurs des systèmes comprenaient mieux le rôle de la physiothérapie au sein de ces équipes.

As health care systems attempt to meet the needs of populations living longer and with more complex health needs, and with health service delivery being shifted to the community, there has been an increasing emphasis on primary health care (PHC). Whereas *primary care* typically refers to first-level contact with physician-based services, PHC is an approach to health care that moves beyond traditional primary care to address health concerns at an early stage, emphasize health promotion and illness prevention through health and wellness programmes, and ensure that individuals receive accessible health and social services in their community.[1,2] A strong

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foundation for PHC is fundamental to a sustainable health care system, helping to lower the country's mortality rate, address health inequities, increase individuals' quality of life, decrease the rate of comorbidity, and lower the financial burden of treating chronic conditions.[1,3–6]

PHC requires a multidisciplinary approach, integrating different types of health care professionals (HCPs), such as physicians, nurse practitioners, pharmacists, dieticians, social workers, and rehabilitation professionals.[7] Incorporating these HCPs into PHC may require a change in or expansion of roles and methods of service delivery.

Physiotherapists work across the health care system, including in hospitals, schools, private clinics, home care, long-term care facilities, and PHC organizations. However, their integration into PHC has been limited, and the demand for their services far outstrips their availability in PHC organizations.[4] This gap is highlighted by a shift from treatment-focused care to preventive care, the growth in the number of elderly individuals living with chronic conditions, and the associated demands on the health care system.[4,7,8]

In a PHC team, physiotherapists can assume several roles: they can work one-on-one with patients with musculoskeletal and neurological conditions; provide fall prevention training; and educate patients and caregivers about preventing and managing chronic disease.[9] In addition, physiotherapists in PHC teams also play an important role in group-based programmes, which focus on preventing and managing chronic conditions and on promoting health and wellness within the community.[9] Despite the broad potential impact of integrating these physiotherapist roles into PHC, to our knowledge little has been published on the factors influencing the integration of physiotherapists into PHC teams from the physiotherapists' perspective.

In Ontario, recent policy changes have expanded the role of physiotherapists in PHC and increased the extent of their integration into PHC organizations across the province. The government has promoted this by removing the policy barriers that limited hiring physiotherapists in some types of PHC organizations and by allocating funds to implement programme-based physiotherapist positions in these organizations.[9] These changes have encouraged an increase in the number of physiotherapists in PHC teams, and it has given researchers a unique opportunity to study how well these physiotherapists are being integrated into inter-professional teams in PHC organizations.

BACKGROUND AND LITERATURE REVIEW

PHC organizations in Ontario include Family Health Teams (FHTs), Nurse Practitioner–Led Clinics (NPLCs), Community Health Centres (CHCs), and Aboriginal Health Access Centres (AHACs).[9] These different types of organization vary in their history, structure, and specific mandate, but all offer PHC to patients and communities through services and programming provided by inter-professional teams. PHC organizations aim to contribute to a more accessible and patient-oriented system and overcome inherent barriers in the fee-for-service models.[11]

Before November 2014, only a small number of physiotherapists in Ontario worked in PHC organizations (CHCs and AHACs).[9,12] For instance, a survey conducted by the Ontario Physiotherapy Association (OPA) in 2011 identified only 13 of 73 CHCs across the province that provided physiotherapist services.[13] Physiotherapists were paid through these organizations' global budgets.[14] Although the Ontario Ministry of Health and Long Term Care (MOHLTC) included physiotherapy (PT) as one of the professions to be incorporated into FHTs, its 2005 policy decision to delist PT services meant that no FHT organization was successful in receiving funding when it applied for these positions.[7]

Recent years have seen significant advances in the integration of physiotherapists into PHC organizations in Ontario.[9] In April 2013, the MOHLTC announced provincewide changes to publicly funded PT; these included removing policy barriers to allow funded physiotherapist positions in PHC organizations and calling for applications for programme-based PT in PHC.[9] In November 2014, 25 lead PHC organizations were notified that their applications for programme-based PT services were successful,[9,15,16] and they received funding for 38.3 full-time equivalent (FTE) permanent physiotherapist positions.[16]

Four models for incorporating PT into PHC have been described in the literature.[7] Two with the most relevance to this study are (1) the integration model, in which physiotherapists can be directly employed and provide services in a PHC organization, and (2) the consultative model, in which physiotherapists can be employed and provide services outside the PHC organization (e.g., in a private clinic or outpatient clinic) and act as resources for primary care physicians. Research examining potential models for incorporating PT into PHC in Ontario has found that before the recent funding changes, the majority of clinic-based physiotherapists fit into the consultative model; most had little interaction with primary care beyond receiving patient referrals from PHC organizations.[7] The new MOHLTC funding allocation allowed the integrative model to be developed and expanded.

The literature has identified many benefits of incorporating physiotherapists into PHC organizations, including enhanced chronic disease management,[17] decreased wait times for consulting a physiotherapist,[12,17,18] fewer inappropriate referrals to specialists,[19] decreased unnecessary diagnostic testing,[17] increased patient satisfaction,[17,18] cost-effectiveness, and increased quality of life for patients.[17–19] Previous studies in PHC indicated that physicians and nurse practitioners valued the integration of physiotherapists into their teams and that PT was the most requested rehabilitation service.[11,12,20]

Little research has looked into the process of integrating PT into PHC, but some studies have examined

the integration of other HCPs, including occupational therapists, nurse practitioners, and pharmacists.[21–24] These studies have identified various barriers to integrating new HCPs into PHC teams at individual, organizational, and health system levels.[25]

Individual-level barriers include team members' lack of understanding about the role of a new HCP, the HCP's unfamiliarity with the roles of other team members, inadequate physician support for the HCP, and the HCP's perception of the professional hierarchy in the team.[25,26] At the organization level, barriers include insufficient leadership in encouraging inter-professional collaboration, insufficient time for the inter-professional team to communicate, a lack of appropriate facilities and equipment,[22,25] and challenges in acquiring physicians' patient records.[25] System-level barriers include inadequate inter-professional education and training, resulting in lower quality and effectiveness of collaboration, and a lack of appropriate evaluations to inform change.[25,27]

Facilitators of integration identified in the literature include the qualities of both the inter-professional team (HCPs and managerial staff) and the newly integrated professional. As a new member in a team, it is advantageous to possess leadership qualities, to be able to determine the needs and priorities of the team and patients, and to educate other HCPs about one's role.[24–26] For example, studies demonstrated that having strong communication with physicians is beneficial because they are often responsible for referring patients to other HCPs.[21] Also, studies of the integration of occupational therapists and pharmacists reported that integration was facilitated by recognizing the diversity of one's role in the team, including caring for patients of varying ages and health conditions.[21,22]

Team members facilitated integration by supporting new members,[21] clearly defining their roles and responsibilities,[22,24,26] and developing and maintaining professional relationships with them in formal meetings and informal gatherings.[23,28] Managers can help encourage an understanding of a new team member's role and provide opportunities for inter-professional exchange.[23,24,26]

In this study, we aimed to explore the experiences of integrating physiotherapists into PHC organizations from the physiotherapists' perspective. Our objectives were twofold: to (1) describe physiotherapists' experiences with their integration and (2) identify the facilitators and challenges they perceived regarding integration. Knowing the perceived barriers, facilitators, and management strategies for successful integration are critical to creating an informed framework for assisting future integration initiatives.

METHODS

Study design

We used a qualitative descriptive method[29] consisting of semi-structured face-to-face or telephone interviews with physiotherapists to explore their experiences of integrating into PHC organizations. This research was approved by the University of Toronto's Health Sciences Research Ethics Board.

Participants

Participants included were physiotherapists who had been hired into one of the positions funded by the Ontario MOHLTC since November 2014 and who had worked in the PHC organization for at least 1 month. Physiotherapists were excluded if they had worked in a PHC organization under a different funding model before November 2014 (e.g., a CHC) or were not directly employed by a PHC organization (e.g., were contracted by a private PT clinic).

Recruitment

The study was conducted by student researchers from the University of Toronto in partnership with the OPA. Co-investigators from the OPA (AS and KEM) provided them with a list of non-identifiable FTE positions in PHC organizations in Ontario. Using this list, they created an FTE sampling category chart to identify potential participants representing both CHCs and FHTs–NPLCs and several Local Health Integration Networks (LHINs); the different PHC settings enabled us to identify diverse experiences. Individuals from AHACs were not sampled because none met the inclusion criteria at the time of this research. FHTs and NPLCs were combined into one category because only 0.4 FTE positions from one NPLC organization met the inclusion criteria.

The student research team provided the OPA with the list of FTE sampling categories from which to recruit participants. Recruitment e-mails including a consent letter and eligibility survey were sent out by an OPA staff person who was not directly associated with the research. Physiotherapists interested in participating contacted the student researchers directly, and the researchers then responded to schedule an interview. The OPA co-investigators were not aware of which physiotherapists contacted the researchers or agreed to participate.

A maximum of three reminder e-mails were sent to potential participants within 3 weeks. In the first round of recruitment, one physiotherapist from each FTE sampling category was targeted, for a total of nine individuals. Additional e-mails were sent out each week until a sufficient sample size was achieved (the goal was 8–12 participants). All 24 potential participants were contacted.

Data collection

Semi-structured face-to-face or telephone interviews were conducted by two student researchers independently (each interviewed half the participants) to maximize internal reliability. The questions in the interview guide were designed to address the research objectives (see Table 1). Written field notes and audio recordings of the interviews were collected with the participants' consent:

Table 1 Research Objectives and Interview Questions

Research objective	Interview questions
Learn about a physiotherapist's experience with the process of integrating into a PHC organization.	"Can you please me tell me what interested you about working for a primary health care organization?"
	"Describe your experience with joining the primary health care organization from the time you were hired until now, including orientation."
Identify facilitators of and barriers to integrating physiotherapists into a PHC organization.	"Reflecting on the time you've been working here so far, what made it easier for you to establish your role as a physiotherapist within this organization?"
	"What made it more difficult or challenging for you to establish your role as a physiotherapist within this organization?"
Identify strategies used by PHC organizations and physiotherapists to enhance integration and mitigate barriers.	"What are some of the strategies that you employed to address the barriers/challenges with your integration?"
	"What are some of the strategies that the organization has employed to address the barriers/challenges with your integration?"
Request recommendations to support the future integration of physiotherapists into PHC care teams.	"What advice would you give to other organizations implementing this role ([physiotherapist] in primary health care organizations) and to other physiotherapists coming into a position like yours?"

PHC = primary health care.

In-person interviewees signed a consent form, and telephone interviewees were read the form and provided verbal consent. Each interview took place at a time and location convenient for the participant and lasted 30–60 minutes. Audio recordings were saved on an encrypted USB drive.

Data analysis

The interviews were transcribed verbatim by the three other student researchers and stored in password-protected files; the interviewers verbally explained their field notes to the transcribers. Participant data were de-identified and referred to by a numeric code, and the transcriptions were checked for accuracy by the original interviewer. The data were categorized and coded using Braun and Clarke's[30] six steps to thematic analysis: (1) familiarizing ourselves with the data, (2) generating initial codes, (3) searching for themes, (4) reviewing the themes, (5) defining and naming the themes, and (6) producing the report.[25]

An example of how the categories were developed is as follows: The category "characteristics of the physiotherapists" was created from the codes "communication," "education," "establishing physiotherapists' role," and so forth. These codes reflected the similarity of actions taken by the physiotherapists or the individual characteristics of the physiotherapists.

Coding was completed using NVivo, version 10.0 (QSR International, Victoria, Doncaster, Australia) by student researcher pairs (designated transcriber and interviewer). To enhance rigor, the first interview was coded collectively by all the student researchers, and a coding scheme was created as a team. The senior author (CAC) performed a quality check of the coding scheme, which was then modified on the basis of her feedback. After all the interviews were coded, the student researchers collectively formulated the themes. They discussed their analysis of the codes and themes with the OPA co-investigators but determined the content of final results themselves. At no time did the OPA co-investigators have access to the audio recordings or the transcripts.

RESULTS

Of the 24 potential participants, 11 contacted the student researchers. Three potential participants did not respond to book an interview after three follow-up e-mails, so they were excluded from the study. The 8 participants who were interviewed represented diverse LHINs (Central, Central East, Hamilton Niagara Haldimand Brant, Mississauga Halton, North Simcoe Muskoka, and Toronto Central). Half were female and half were from FHTs, as opposed to CHCs. Seven worked in an urban setting.

The main issue discussed by the participants was the challenges they encountered in establishing their role in the PHC team. Three main themes were identified from the data: (1) the perceived diversity and novelty of the new physiotherapists' role, (2) other team members' understanding of the physiotherapists' role, and (3) the physiotherapists' actions and expressed values regarding PHC.

Diversity and novelty of the new physiotherapists' role

Participants described several ways in which the diversity and novelty of their new role presented challenges to establishing it, including shifting from one-to-one treatment to group-based programmes and taking on administrative duties.

Participants discussed programme development as an important aspect of their new role; they described creating group-based programmes with a focus on managing

and preventing chronic conditions and educating their patients. Patients were often members of the community living with chronic conditions such as chronic obstructive pulmonary disease, diabetes, and arthritis. The majority of participants described having challenges with programme development and implementation, including being uncertain about how to initiate them and the lengthy process of implementing them. For example, one reported,

> Finally had a meeting with the programs people last week so it took two and a half months … to actually meet with them to start something up. … I have a follow-up meeting with them tomorrow about getting me involved a bit … but that's just been kind of … floating around.

Various participants said that they were uncertain about their role because they were the first physiotherapist in the organization. One stated, "I actually had a hard time in figuring out what to do because even the family health team lead doesn't know, because they have no physio experience."

Participants also mentioned the fact that taking on an administrative role such as managing wait lists and setting up the workspace, in addition to managing their caseloads, was a challenge. As one said,

> There's always been a waitlist and there will continue to be a waitlist. So, it's been like figuring out how to deal with that and figuring out how frequently can I see patients … how am I going to manage the waitlist, how am I going to prioritize given that I have all these referrals.

The administrative role also involved ordering equipment and setting up the PT work space. Some physiotherapists reported that there was a lack of appropriate equipment available to them when they took on the position because the equipment had been ordered before they arrived. One participant indicated, "The new physios didn't have so much of a chance to input on the purchasing. So, we're kind of having to take a step back right now, and start from ground zero." Other physiotherapists reported that the organization had been able to wait for them to arrive before ordering equipment so that they could order what they needed. One participant described the experience as "almost like I have to start up the clinic on my own."

A few participants stated that the demands of these administrative roles constrained the number of patients they could see. One noted that extra funding for administrative support would have been beneficial.

Other team members' understanding of the physiotherapists' role in primary health care

Many participants described a positive atmosphere and introduction to other team members when they joined the PHC organization. Although they believed that this orientation gave them an opportunity to be introduced to the team, they still thought that the other team members did not fully understand the role of the physiotherapist in PHC. These participants stated that differing expectations of their role in the organization made their integration a challenge. Although all participants expected that their role would be a mix of programme-based (i.e., a group of patients to one physiotherapist) and one-to-one (one patient to one physiotherapist) interventions, their own expectations about the proportion of time dedicated to programme versus one-to-one interventions differed from those of the other team members. "When I came into the role I thought that there would be a lot more program development. … I didn't anticipate doing more than 50% maximum one-on-one, and it has been closer to 75%–80%." Another participant reported that other team members had different expectations about the focus of the PT treatment.

> I think that definitely [other HCPs] don't see physio as maybe playing a preventive role in some chronic diseases, they think everything is very condition-specific. There's definitely some … perception out there that [treating] musculoskeletal [conditions is] all we do.

Several participants expressed the fact that one hindrance to establishing a PT programme was the tendency for other team members to focus on PT for specific areas of the body instead of chronic conditions; as a result, they had received inappropriate referrals. One said that "the biggest challenge that we've had is generating the right referrals."

The majority of physiotherapists felt that successful collaboration with other HCPs was a facilitator of integration. Working on a team allowed them to exchange ideas with the other members, educate the other HCPs about the physiotherapist's role, and thus encourage more appropriate referrals and more comprehensive patient care. For example, one participant stated,

> I really tried to use my other teammates. We are lucky to have health promoters and dieticians, and social work, and diabetes team, lots of nurses … It's been really nice to try and bounce ideas off of some of the health promoters, and some of the other staff and work together and see what are the programs we need.

Although the physiotherapists generally stated that multidisciplinary team members aided their integration, some found the lack of intra-professional support from other physiotherapists challenging. For example, one participant who had previously worked in a private clinic experienced initial difficulty being the sole physiotherapist. "I'm so used to … having other practitioners at [my] disposal to refer things to. [I'm] getting used to being the one doing everything, which has changed the style of what I do."

Physiotherapists' actions and values regarding primary health care

Participants identified several actions and values regarding PHC that were important for integration, including physiotherapists' skill sets and individual characteristics.

When asked what steps physiotherapists could take to improve the process of integration, the majority of participants emphasized the importance of strong communication, management skills, taking initiative, and advocating for the physiotherapist's role in the team. For example, communication was important for addressing incorrect referrals, establishing trust with the manager, and educating other team members about the role. As one participant put it,

> One occasion when the doctor kind of suggested, "Oh, maybe you should be doing more one-to-one and less groups," and I was really able to sort of brush that off and say, "No, I think it's actually more efficient and appropriate for me to be delivering these group programs because ... one-to-one can be effective, but group can be extremely, really effective as well."

Some participants identified the characteristics of physiotherapists that were beneficial in developing their new role: risk taking, creativity, and flexibility. As one said,

> Your biggest barrier is your own creativity ... you have to kind of be someone who is willing to go with the flow at times and be really innovative at times. If you want to see something done, you have to do the work yourself.

In addition, physiotherapists' personal values and knowledge of PHC were facilitators of integration. When asked what motivated them to work in PHC, various participants responded that their previous experience in the private and hospital sectors provided a contrast that allowed them to appreciate the importance of PHC. They emphasized the value of a health care model that focused on preventive rather than reactive care. As one stated,

> I think everyone realizes that there is some inefficiency in the system and we need to make changes now before things go bankrupt ... we can play a pivotal role and an influential role in providing that prevention piece because [doctors' and nurses'] models are very reactive-medicine based.

Participants also valued the ability to provide broad access to PT in the community. One participant expressed it this way: "I think there is something about the universality of working in a community health center and being able to see all patients, regardless of insurance or income."

Another participant elaborated on the importance of increasing access through PHC to support the aging and immigrant population. She thought that, collectively, these incentives to work in PHC satisfied her drive to help others and outweighed the lower salary offered in the PHC environment than in other health care settings.

> The pay is quite a bit less, and so the salary is something to consider.... If you're planning on starting a family, then you won't have those certain benefits that you would get in the hospital for sure, or the higher pay that you get in private health care.... You're certainly not doing this position for the money, you're doing it for the experience, you're doing it to really make a difference in people's lives.

DISCUSSION

This study aimed to explore the experiences of physiotherapists newly integrated into PHC organizations that had received funding from the MOHLTC for programme-based PT roles in November 2014. Although existing studies have examined the integration of other HCP roles into PHC organizations,[28–31] to our knowledge our study is the first to explore integration from the perspective of the physiotherapists themselves.

Specifically, we explored the participants' experiences, focusing on the perceived facilitators of and challenges to integration. We found that the most influential factors for integration were (1) the diversity and novelty of the new physiotherapists' role, (2) other team members' understanding of the physiotherapists' role, and (3) physiotherapists' actions and values regarding PHC.

Our first key finding complemented previous research by highlighting the diverse nature of the new role as a challenge to physiotherapists' integration.[22,31,32] This diversity was reflected in a range of duties (administrative, clinical, programme-based interventions) as well as management of different patient populations (of varying age, socioeconomic background, and health conditions). The majority of participants perceived balancing the diversity of duties to be a challenge, especially those duties (particularly administrative ones) that limited the time available for patient care.

The second key factor influencing their integration was other HCPs' understanding of the physiotherapist's role in PHC. Many participants saw a discrepancy between their understanding of their role and the understanding of the other team members. For instance, other team members often thought that physiotherapists delivered services through one-to-one care focused primarily on musculoskeletal rehabilitation, rather than preventing and managing chronic, complex conditions. This traditional view conflicted with the intent behind the funding initiative and the participants' expectations of developing and implementing group-based programmes. As a result, the limited awareness of the physiotherapist's role sometimes led to inappropriate referrals, a lack of referrals of appropriate patients, or both. Therefore, clarifying the role among all team members can be an important factor in supporting the effective integration of a physiotherapist into a programme-based model of care. This aligns with previous research that has reported the importance of strong leadership in role clarification in facilitating the integration of a new HCP into a PHC team.[22,23,25,32]

The third key influencing factor was physiotherapists' actions and interactions with team members, which were

beneficial in overcoming some of the challenges noted earlier. The first step in developing programmes was often clarifying their role. This involved taking initiative, advocating for the effectiveness of PT in programme-based care, and educating the team about the contribution of PT to preventing and managing chronic conditions. Participants identified taking a proactive approach to communication and role development as a key component of their integration.

Participants' responses also suggested that a physiotherapist's personal belief in the benefits of PHC was a strong facilitator of successful integration. The participants appreciated the preventive versus reactive health care model and the opportunity to increase access to care for more individuals living in the community. Their perceptions of the health care system structure, the needs of a growing population, and the barriers to access highlighted how they valued the role of physiotherapists in PHC.

The results of this study highlight the impact of role misunderstanding as a central challenge to integration, thereby demonstrating the importance of role clarification. The orientation to their PHC organization, which many described as a positive experience because it allowed them to meet other team members, is an important time for new physiotherapists and other HPCs in the hiring organizations to educate each other about their role. PHC resources that prepare organizations and physiotherapists for the integration process can also be helpful; these include the OPA,[34] Association of Family Health Teams in Ontario,[35] and promotions at the LHIN level.

Education about physiotherapists' role in PHC is also delivered by academic institutions. For example, inter-professional education in graduate health care programmes promotes collaboration and understanding among different professions,[23,31] and it is therefore an excellent opportunity to inform other HCPs of this role, thereby enhancing future integration initiatives.

This study had several potential limitations, which we attempted to address through our methods. First, there was the potential that our interview questions would not address our objectives. To mitigate this limitation, a semi-structured interview guide was developed, with questions designed to address our objectives, and a quality check of our codes was conducted by the entire team, including the senior author. Another potential limitation was a lack of diversity among the participants. To address this, we sampled to ensure that we recruited from different LHINs and represented CHCs and FHTs–NPLCs equally. Although more participants were recruited from urban settings, this reflects the greater ratio of urban organizations that had received funding. Third, participants may have felt obliged to participate because of the involvement of the provincial professional association (OPA). This limitation was addressed by ensuring that participants understood that the OPA co-investigators were not aware of which potential participants had contacted the student researchers and subsequently chosen to participate. Furthermore, the OPA co-investigators did not have access to the raw data, only to the summary of the analysis.

We examined the experiences of physiotherapists integrating into PHC organizations soon after they were hired, and future research may want to examine this process several months, or even years, later. This would allow us to learn about changes that might be occurring in the integration process as more physiotherapists fill these positions and programmes become more common. In addition, future studies could examine the process of integrating physiotherapists from the perspective of other team members and patients.

CONCLUSION

This study provides insight into the facilitators and challenges perceived by physiotherapists as they integrated into their new roles in PHC organizations in Ontario. The successful integration of a new health professional group into existing PHC teams can enhance patient care and access to care. Future expansion of funding for PT or other professions should consider support for inter-professional education, training, and other integration initiatives aligned with the themes identified in this research.

KEY MESSAGES

What is already known about this topic

Previous research has examined the integration of other health care professionals into primary health care (PHC) organizations. Although some studies have focused on the integration of physiotherapists into PHC, to our knowledge no other study has examined the integration process from the perspective of the physiotherapists themselves.

What this study adds

Our study provides an insight into what physiotherapists perceive as the facilitators and challenges of integrating into PHC organizations in Ontario after the Ministry of Health and Long Term Care's funding initiative. It highlights several factors that influenced the integration process, including (1) the diversity and novelty of the new physiotherapists' role, (2) other team members' understanding of the physiotherapists' role, and (3) physiotherapists' actions and values regarding PHC.

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