

# Gradniki modela stalnega poklicnega razvoja fizioterapevtov v primarnem zdravstvenem varstvu

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## Povzetek

**Raziskovalno vprašanje (RV):** Kateri so notranji in zunanji gradniki, ki spodbujajo (omogočajo), ali ovirajo stalni poklicni razvoj (SPR) fizioterapevtov v primarnem zdravstvenem varstvu.

**Namen:** Primarno (osnovno) zdravstveno varstvo je prva organizacijska raven zdravstvenega varstva, katere sestavni del je fizioterapija, ki je drugače organizirana kot na sekundarni ali terciarni ravni. Prav ta organiziranost pa vpliva na SPR fizioterapevtov na primarni zdravstveni ravni. SPR je izraz, ki se navadno uporablja za označevanje procesa stalnega izobraževanja in razvoja zdravstvenih delavcev, od končanega izobraževanja za doseg strokovnega naziva do konca poklicnega življenja, z namenom ohranjanja usposobljenosti za opravljanje dejavnosti in povečanja strokovne usposobljenosti in strokovnega znanja. SPR je torej strokovni imperativ vsakega zdravstvenega delavca, tako tudi fizioterapevta, hkrati pa je tudi pogoj za dvig kakovosti zdravstvene oskrbe. Namen pregleda literature bo opredeliti notranje (posameznik in njegovo mikrookolje) in zunanje (zakonodaja, Ministrstvo za zdravje, delodajalci, strokovna združenja) gradnike, ki spodbujajo (omogočajo), ali ovirajo stalni SPR fizioterapevtov v primarnem zdravstvenem varstvu.

**Metoda:** Za pregled literature bo uporabljen integrativni pregled objavljene znanstvene in strokovne literature v podatkovnih bazah PubMed, Medline, Cinhal, Web of Science, ProQuest in Cochrane Library (2012-2022), pa tudi iskanje po izobraževalnih revijah in spletnih straneh fizioterapevtskih strokovnih združenj in zvez. Znanstvene in strokovne literature na temo SPR v fizioterapiji relativno malo, zato bo veliko informacij ekstrapoliranih iz raziskav v medicini, zdravstveni negi in šolstvu. Uporabljeni angleški deskriptorji v različnih kombinacijah bodo: stalni poklicni razvoj, primarno zdravstveno varstvo, fizioterapija, motivatorji, ovire, upravljanje, priložnosti, odgovornosti, zunanji dejavniki in notranji dejavniki. Izbira bo vključevala od študij primerov do randomiziranih kontroliranih raziskav, preglede literature, sistematične preglede, opazovalne vzdolžne in presečne raziskave in dokumente s fizioterapije in drugih zdravstvenih področjih, povezanih z zdravstvom. Vključeni bodo članki v slovenskem in angleškem jeziku.

**Rezultati:** Predstavljena bo zgodovina SPR fizioterapevtov, modeli SPR in razlike med obveznim in prostovoljnim SPR, notranji in zunanji gradniki SPR, ki ga spodbujajo ali ovirajo. Ugotovitve bodo podlaga za sestavo kvantitativne in kvalitativne raziskave o gradnikih SPR fizioterapevtov v primarnem zdravstvenem varstvu Slovenije.

**Organizacija:** Fizioterapevti, ki so vpeti v SPR, imajo več kompetenc, so učinkovitejši in lažje sodelujejo v delovnih skupinah in interdisciplinarnih timih.

**Družba:** Razmišljamo o dveh vidikih. Prvič, da se bolnikom, ki imajo kakovostno fizioterapevtsko obravnavo (le-to zagotavlja SPR), skrajša čas absentizma in zmanjša pojavnost prezentizma, zmanjšajo se posledice bolezni, s tem pa obremenitev zdravstvenega in socialnega sistema. Drugič, da so fizioterapevti del družbe in predvidevamo, da so tisti, ki se stalno poklicno izpopolnjujejo, bolj zadovoljni, s tem pa je zadovoljnejši tudi del družbe.

**Izvirnost:** Širšega pogleda na SPR fizioterapevtov še nimamo. Raziskava bo ponudila aktualen vpogled v zunanje in notranje gradnike, ki spodbujajo ali zavirajo SPR fizioterapevtov. Dobljene podatki bodo osnova za oblikovanje modela SPR v fizioterapevtov v Sloveniji.

**Omejitve/nadaljnje raziskovanje:** Raziskava bo usmerjena le na fizioterapevte, zato bo v prihodnje dobro nadaljevati tudi za druge zdravstvene delavce in oblikovati enoten model SPR.

**Ključne besede:** stalni poklicni razvoj, motivacija, fizioterapevti, učenje, primarno zdravstveno varstvo, model.

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**Branka Slakan Jakovljević** je univerzitetna diplomirana organizatorica dela ter višja fizioterapevtka s specializacijo iz manualne terapije. Kot fizioterapevtka in manualna terapevtka je zaposlena v Medimanus, d. o. o., kjer opravlja tudi funkcijo direktorice podjetja. Dvajset let sodeluje s Strokovnim združenjem fizioterapevtov Slovenije. Pod njihovim okriljem izvaja avtorske učne delavnice, namenjene izpopolnjevanju fizioterapevtov v praksi, ki so del SPR fizioterapevtov v Sloveniji. Je doktorska študentka na Fakulteti za organizacijske študije v Novem mestu.

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# Building blocks of the continuous professional development model for physical therapists in primary care settings

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## Abstract

**Research Question (RV):** What are the internal and external building blocks that promote (enable) or hinder continuing professional development (CPD) of primary care physical therapists.

**Purpose:** primary (basic) health care is the first organizational level of health care, which includes physiotherapy, which is organized differently from secondary or tertiary levels. this organization influences the CPD of physiotherapists at the primary health care level. CPD is a term commonly used to describe the process of continuing education and development of health professionals, from completed education to achieve a professional title to the end of professional life, in order to maintain competency and increase professional skills and expertise. CPD is therefore a professional imperative of every healthcare professional, including a physiotherapist, and at the same time a condition for raising the quality of healthcare. The purpose of the literature review will be to identify internal (individual and his microenvironment) and external (legislation, Ministry of Health, employers, professional associations) building blocks that promote (enable) or hinder the permanent CPD of physiotherapists.

**Method:** An integrative review of published scientific and professional literature in PubMed, Medline, Cinhal, Web of Science, ProQuest and Cochrane Library databases (2012-2022) will be used for narrative literature review, as well as searches of educational journals and websites of physiotherapeutic professional associations and alliances. There is relatively little scientific and professional literature on CPD in physiotherapy, so much information will be extrapolated from research in medicine, nursing, and education. The English descriptors used in different combinations will be continuous professional development, physiotherapy, motivators, barriers, management, opportunities, responsibilities, external factors and internal factors. The selection will include from case studies to randomized controlled trials, literature reviews, systematic reviews, observational longitudinal and cross-sectional studies, and papers from physiotherapy and other health-related health fields. Articles in Slovene and English will be included.

**Results:** The history of CPD of physiotherapists, models of CPD, and the differences between mandatory and voluntary CPD, internal and external building blocks of CPD that promote or hinder it will be presented. The findings will be the basis for the composition of quantitative and qualitative research on the building blocks of CPD physiotherapists in primary health care in Slovenia.

**Organization:** Physiotherapists who are involved in CPD have more competencies, are more efficient and easier to participate in working groups and interdisciplinary teams.

**Society:** We consider two aspects. First, that patients who receive quality physiotherapy treatment (this is provided by CPD) shorten the time of absenteeism and reduce the incidence of presenteeism, reducing the consequences of the disease, thus burdening the health and social system. Secondly, that physiotherapists are a part of society and we assume that those who are constantly developing professionally are more satisfied and therefore the part of society is more satisfied.

**Originality:** We do not yet have a more comprehensive view of the CPD of primary care physiotherapists. This research will provide current insights into the external and internal building blocks that promote or inhibit CPD. The data obtained will provide the basis for shaping the CPD model among primary care physiotherapists in Slovenia.

**Limitations / further research:** The research focuses only on physiotherapists, so it would be good to continue it in the future for other health professions and create a unified model for CPD.

**Key words:** continuous professional development, motivation, physiotherapists, learning, primary care, model.

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