Original Paper

Digital Health Technology and Physiotherapists' Professional Identity in Norwegian Municipal Care: A Qualitative Study

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Abstract

Background: As the world's population ages and a shortage of health care personnel looms, digital health technologies are proposed as a potential solution. Municipalities in Norway are advised to implement the digital technology of remote patient monitoring (RPM) for supporting the follow-up of patients. Physiotherapists are a key profession for rehabilitation within the municipalities, but are not involved in the testing and implementation of this digital technology.

Objective: This study seeks to explore factors influencing physiotherapists' views and involvement in digital health technologies within municipal rehabilitation services.

Methods: A total of 9 semistructured qualitative interviews were conducted with 7 municipal physiotherapists and 2 municipal health care leaders. The participants were recruited purposively from a large Norwegian municipality implementing RPM through an ongoing project. The interviews were audio-recorded, transcribed, and analyzed using systematic text condensation.

Results: Two main themes were developed: (1) organization and external factors, and (2) the physiotherapist and internal factors. The external factors included collaboration, task shifting, and leadership. The internal factors were connected to the physiotherapist's core competencies, attitudes, and professional identity.

Conclusions: Physiotherapists largely view their competencies in digital health technologies as high, although they are cautious about participating in ongoing RPM projects and do not clearly see their role. There is concern about how digitalization can challenge their professional role and identity. The physiotherapists highlight the therapeutic alliance with patients as a potential concern amid increased digitalization, as well as unwanted task shifting.

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Introduction

Background

The population of older adults is expected to double within the next 20 years, and in Norway, there will be a need for over 180,000 additional workers in health care services in 2060. There is an obvious discrepancy between the number of tasks to be performed in the health care services and the number of people available to do them, and this is described as one of the great challenges for the Norwegian economy in the coming years [1]. The World Health Organization (WHO) projects that the percentage of persons over 60 years of age will increase from 12% to 22 % in the years between 2015 and 2050 [2], and in Norway, the projection is 340,000 more people aged 66 and over within 15 years. The need for health care services tends to increase with older age, and together with challenges to employ in the health care sector, some changes for delivering safe and sound health care services are urgent [3].

To address some of these discrepancies and prepare for the coming years, the Norwegian government has established

several committees, commissions, and projects, such as the Municipal Commission, the Health Reform Committee, and Project X [3-5]. All of these suggest various solutions for bridging the gap between needs and available resources, ranging from smaller, local projects in digital health technologies to larger, intersectoral measures at different levels within primary and specialist health care services. These newer initiatives are based on previous work by the Norwegian government, such as the Health Personnel Commission, which focuses on the increase in the number of older adults and clearly emphasizes the need to realize the benefits of digitalization [6]. Also, the Long-term Perspectives on the Norwegian Economy 2024 highlights digitalization as a key to increasing productivity and considers challenges related to older people at the macro level [1]. One of the challenges in primary health care services in Norway is that the municipalities differ in population, demography, and geography, resulting in the need for context-sensitive solutions. Almost 25% of Norwegians live in the 4 largest cities, and these are also where most younger generations move to pursue education and work, resulting in recruitment challenges in smaller, rural municipalities [7].

With an aging population, we are projected to encounter more people living longer with chronic, noncommunicable diseases and multimorbidity [8]. Diseases expected to increase are chronic heart failure, chronic obstructive pulmonary disease (COPD), and different types of cancer, affecting patients' quality of life, morbidity, and mortality [9]. Conditions like dementia or other cognitive impairments, hearing loss, reduced vision, and/or musculoskeletal pain are also common in older age. Frailty is another geriatric condition associated with several complex health conditions in older people [2,10,11]. These patients are expected to require interprofessional, cross-sectional, and interdepartmental follow-up within health care services. Hospital admissions due to disease exacerbation are likely, with a high risk of readmission within the first 90 days after discharge [12]. We know that hospital admissions impose a socioeconomic cost on society as a whole; both primary care services and the specialist health care system are strained by budget cuts, which can also lead to high levels of patient distress [13].

In Norway, the use of digital health technologies is strongly encouraged by the government [14]. There is a concrete recommendation to implement the digital technology of remote patient monitoring (RPM) by the Norwegian Directorate of Health. This technology is recommended for use for patients who require long-term follow-up from local health care services. RPM is a method to track health data from patients at home and send them directly to the health service provider. The overarching goal is to direct resources toward groups in which exacerbations of illness and hospital admissions can be prevented through structured follow-up, training, and rehabilitation [15]. The effect of these measures could be a more sustainable health care service, but also result in the right help at the right time for the individual by rapid reporting of health measures. During the COVID-19 pandemic, municipalities reported that RPM contributed to more sustainable health care services, with health personnel resources used more effectively. Continuity, overview, and support in decision-making are examples of positive outcomes [16].

Training and rehabilitation are important strategies for preventing hospital admissions for some patient groups [15], and in most municipalities in Norway, exercise and rehabilitation are delivered with the guidance of a physiotherapist. Physical activity and exercise can improve functioning and reduce symptom burden in heart failure, COPD, and other conditions. Physiotherapy is often recommended alongside digital health technologies, but despite rapid technological advancement, the adoption rate of digital health technologies in physiotherapy has been low [17]. Physiotherapists are included in some recent studies on digital health technologies [18,19], but there is a knowledge gap regarding their potential role in RPM, which is now implemented across the country. Since RPM is increasingly used within municipalities, this could potentially be an opportunity for the digitalization of some rehabilitation services involving physiotherapists. Within RPM, both nurses' and patients' perspectives have been highlighted thus far [20-22], while research involving physiotherapists is often related to other forms of monitoring, for example, the implementation of social technologies and monitoring of health conditions related to rheumatology [17,23,24].

The municipality where this study takes place is implementing the digital technology of RPM step by step across its districts, with project funding from the Directorate of Health [14]. As of June 2026, RPM is available as a service in every district in the municipality [25,26]. Not every district has its own patient follow-up center, and the background of this study is a joint follow-up center serving 5 districts. One district employs the service coordinator and is responsible for office space, while the other districts employ nurses who perform daily follow-ups with patients. The personnel involved are nurses with prior experience with welfare technologies. This project is hereafter referred to as the "current RPM-project." The entry point for this study was curiosity about whether physiotherapy could be included in RPM implementation to support rehabilitation and sustainable rehabilitation services for the patient group that uses RPM.

Research Aim and Question

The aim of this study is to identify factors influencing Norwegian municipal physiotherapists' views of digital health technologies and their perceived roles in the implementation and use of digital technologies within municipal health care. The research question is as follows: "Which factors influence physiotherapists' views on digital health technologies within municipal health care?

Methods

Study Design and Rationale

A qualitative study design with semistructured interviews was chosen to gather information about experiences, views, and perceptions of digital health technologies among

physiotherapists and leaders working in rehabilitation in a municipality implementing RPM. Only nurses are involved in the RPM implementation, but they are all part of the same rehabilitation team. The leaders are not physiotherapists but were added to the participant group to provide contextual triangulation. This method provides data describing the experiences, personal views, and perceptions of the interviewed group. The COREQ (Consolidated Criteria for Reporting Qualitative Research) checklist was used for this study [27].

Recruitment and Participants

The participants in this qualitative study were purposively sampled from 4 of 5 districts in the study municipality implementing the digital technology RPM through a publicly funded project. A total of 2 leaders and 7 physiotherapists were recruited. The leaders were picked after discussion with an advisor for digitalization consulted in December 2025, based on their role in the implementation of the municipal RPM project. An invitation email with information about the background of the project was sent to 4 of 5 municipality districts for the recruitment of physiotherapists. The fifth district was excluded because the first author works there. The researchers had no relationship with the participants. Two of the physiotherapists were specifically suggested by a welfare technology consultant from one of the districts and were contacted directly. The recruitment process took place from November 2025 to January 2026. Inclusion criteria were being either a physiotherapist or a leader in the relevant district. For leaders, an additional inclusion criterion was being involved in the ongoing RPM project. The exclusion criteria were not working in the defined district or not having the defined role as either a physiotherapist or a leader.

A total of 7 physiotherapists (5 men and 2 women) and 2 leaders (both women) in the age range of 25 to 45 years were included in the study. The leaders were nurses and had further education in both leadership and health care technologies. One of the participating physiotherapists is a master's student in health sciences, and another is enrolled in continuing education within health technology. The physiotherapists have, to some extent, experience with welfare technology or other digital projects, but none are directly involved in the municipality's current RPM project. The study did not have any dropouts.

Semistructured Interviews

A total of 2 interview guides were developed: 1 targeting physiotherapists and 1 targeting leaders (Multimedia Appendix 1). The interview guides were developed through discussion within the author team based on the aim of the study and the research question. Both interview guides were reviewed by 3 physiotherapists experienced with welfare technology, mainly to get feedback on the topics of the interview guide. They particularly pointed to the need for an open starting question about digital follow-up and advised providing some context to the questions. A trial interview was conducted with a physiotherapist from the specialist health care services, mainly to receive feedback on the interview form and how the questions and context were described. None of these physiotherapists was included in the study. This preliminary work helped revise the questions, particularly by clarifying some aspects of digital health technology, and establish a connection to the discipline of physiotherapy. The trial interview identified some practical factors for the interview situation, such as equipment use, timing, and question clarity.

The interviews were conducted by ASS, who is a physiotherapist and was a master's student at the time when the interviews were conducted. The interviews were audio-recorded and transcribed. All but one of the interviews were conducted in person, and the participants largely chose the time and location. Only the interviewer and the informant were present during the interviews. The last interview was conducted via video chat on Teams, with only audio being recorded. The interviews ranged from 37 to 55 minutes. No repeat interviews were conducted. The author recorded reflexive field notes after each interview and added additional thoughts to these notes after reading through the transcriptions. Whisper Autotext (University of Oslo) [28] was used for transcription and subsequently reviewed manually by the first author. Transcripts were not returned to participants.

The research team consisted of 1 physiotherapist (ASS) and 1 physiologist and health scientist (MNA). Both are women under 50 years of age. The interest in the topic came from experiences within municipal health services and a curiosity about why physiotherapists are not more involved in the municipal implementation of digital technologies. Based on the author team's competence in identifying gaps in care provision and care needs, particularly among older adults, this was seen as a relevant and timely question.

Analysis

The study is rooted in a phenomenological-hermeneutic approach to explore and understand a phenomenon as experienced by the participants. Phenomenology is described as having the potential to enhance professional practice and inform programs and policies to promote positive change [29]. Hermeneutic phenomenology emphasizes intersubjectivity in qualitative research and enables the researcher to interpret experience based on their own knowledge [30]. Being familiar with several aspects of both the municipal health care system and the working conditions of physiotherapists in the same municipality adds a dual perspective to the study and provides background for reflections beyond a single side of the challenge. The balance between professional identity and the complexity of health care systems is valuable for promoting future change. It is important to note that findings from such a study cannot be generalized; rather, the researchers analyze the meaning and experiences of the participants.

Malterud systematic text condensation (STC) was chosen as the analytical method for this study, as it is considered a suitable method for a phenomenological-hermeneutic approach [31]. ASS was primarily responsible for each step, in close discussions with MNA. ASS and MNA revised the analysis. As described by Malterud [32], STC is considered applicable to individual semistructured interviews.

STC [31] includes four steps: (1) total impression: establish an overview of the data through reading all the material and developing preliminary themes, (2) identifying and sorting meaning units—from themes to codes: find and organize meaning units considered relevant to the research question, (3) condensation—from code to meaning: establishing subthemes are established and treated as the unit for analysis, and reducing the content into an artificial quotation, (4) synthesizing—from condensation to descriptions and concepts: presenting a new description of the categories.

Declaration on the Use of AI

AI, in the form of large language models like ChatGPT (GPT-5.2 Instant and GPT-5.3 Instant; OpenAI), GPT UiO (GPT-5.1 Thinking; University of Oslo), and Grammarly (Grammarly, Inc), has been used for language-related purposes in this paper. ChatGPT was used for translation between languages, for example, for the simple translation of words and phrases while writing. Larger parts of the translation, for example, translating Norwegian quotes into English to be presented in the results, were done with GPT UiO. Grammarly has been connected to the document, and suggestions for improving the language have been provided and used.

Ethical Considerations

The study was evaluated and approved by Sikt, the Norwegian Agency for Shared Services in Education and Research, with reference number 122780. All participants received written information about the study by email and signed written consent. The participants were informed that consent could be withdrawn at any time without negative consequences for them. To ensure confidentiality, participants were anonymized and referred to by codes. Data were stored in accordance with the applicable General Data Protection Regulation (GDPR) and institutional regulations.

Results

Development of Themes and Subthemes

Through analysis of data from the semistructured interviews, 2 main themes were developed to answer the research question "Which factors influence physiotherapists' views on digital health technologies within municipal health care?": (1) organization and external factors, and (2) the physiotherapist and internal factors. These are distinct yet connected themes that influenced physiotherapists' views on digital health technologies within municipal care. For each theme, 2 subthemes were defined, including, but not limited to, leadership, therapeutic alliance, and intersectoral collaboration. As stated in the methods section, the results were analyzed in four steps, following Malterud STC. For an overview of the themes and subthemes, see Table 1.

Table 1. Schematic overview of the themes, subthemes, and short descriptions of the content.

Themes and subthemes	Description
Organization and external factors	
Collaboration and task shifting	Professional roles, stakeholders, specialists, and primary health care services
Leadership and context	Communication, knowledge, involvement, and context
The physiotherapist and internal factors	
Attitudes and professional identity	Flexibility, roles, and base of knowledge
Core competencies	Patient-therapist relation, adherence, technological, and clinical skills

Organization: External Factors

The different ways districts organize their physiotherapy services play a significant role in how physiotherapists experience the current RPM project and in their opportunities to engage with other digital health technologies. Organization and collaboration can be seen as external factors that affect physiotherapists' involvement. The theme is divided into 2 subthemes: collaboration and task shifting, and leadership and context.

Collaboration and Task Shifting

The physiotherapists and leaders interviewed are all clear about the importance of strong collaboration across health care services. To achieve well-functioning digital health care services, collaboration extends to both internal and external partners across different health care professions and sectors.

> *Something I can point out is that collaboration is crucial in these types of services. Including interprofessional collaboration within the district and cooperation with specialists, health care services, and the patients' general practitioner.* [Leader 2]

Regarding the current organization of the RPM project, differences in district economies, skills and capabilities, and internal organization are noted as factors that can hinder collaboration. The physiotherapists are not sure that all the different collaborators in RPM view them as natural partners in the project.

> *I suspect this is partly because other cooperative partners or leaders do not view physiotherapists as a part of that follow-up.* [Physiotherapist 1]

The interviewed leaders and physiotherapists agree that a smooth working relationship between primary health care

services and specialist health care services is vital to ensure safe care for patients, and they highlight the benefits for patients of receiving the same information from health care professionals in hospitals and at home. Collaboration is important both between different professionals and among physiotherapists in different roles. In the current RPM project, stakeholders include hospitals, primary care physicians, and home nursing services where the physiotherapists are employed. As physiotherapists in primary health care services tend to be generalists, they rely on guidance from physiotherapists in specialist health care services when needed. They believe this can help patients increase their knowledge of their health and condition.

> *When we, as physiotherapists, can communicate with confidence, I think that confidence is passed on to the patients. They hear the same information at the hospital and at home, which is quite reinforcing.* [Physiotherapist 6]

The topic of task shifting is considered relevant to several physiotherapists, but responses vary by organization and by their place in the interprofessional team. Several physiotherapists are unsure about the extent of their role within RPM. Based on their knowledge of RPM, they view both patient education, training, and the registration and follow-up of vital signs as the responsibility of nurses.

> *After all, we physiotherapists are not the ones responsible for ensuring that the registrations are acted upon or that the patient understands how to use the equipment.* [Physiotherapist 3]

Although this is a common view among physiotherapists, some argue that anyone could be responsible for ensuring that measurements fall within the set reference ranges. It is noted that physiotherapists rarely record vital signs in primary health care settings, but there may be opportunities to incorporate nonmedical measurements that are considered more relevant to physiotherapists into RPM systems.

> *Remote patient monitoring with the measurements you mention, as it is today, may have some limitations for us in our current role.* [Physiotherapist 4]

Leadership and Context

Physiotherapists and leaders agree that leadership is vital to embedding and implementing new services, tools, or methods within health care.

> *You know the leaders play a very crucial role in ensuring the new service is well anchored.* [Leader 2].

The interviewed leaders note that securing management support for including health care personnel who do not share a joint leader has been challenging in the RPM project. This seems related to interdepartmental collaboration, since the project includes personnel from districts, general practitioners' offices, and hospitals. Some physiotherapists are organized into teams with different leaders who provide them with different information regarding RPM. They state that this affects how they view their opportunities for involvement in both the current and future projects. The physiotherapists express insecurity about how well their leaders understand the discipline of physiotherapy and feel that this hinders their inclusion and, in the long run, excludes their contributions as an important part of the health care services that support patients. Some physiotherapists explain that they have tried to drive change at their workplace and have been met with little engagement and enthusiasm from leaders. When this happens, the physiotherapists feel like giving up on their efforts. One leader added that a good leader should be able to engage their employees and foster a sense of meaning in their daily tasks. From the physiotherapists' perspective, leadership engagement was sometimes perceived as insufficient.

> *Obviously, we should take the initiative to drive change ourselves. But I feel that when you've tried to make changes before, and management has shut them down, you eventually don't have the energy to keep going. I know several people want stronger engagement from the leaders.* [Physiotherapist 2]

There are different views on the possibilities that the RPM project status brings. One leader sees it as an opportunity to bring together several professional disciplines and to apply for funding in the process.

> *Our digital home monitoring initiatives are still in the project phase. I think now is a great time to involve more people.* [Leader 2]

On the other hand, there are some concerns and a desire not to scale up the project too soon, due to the fear that too many unknowns will kill the project before implementation.

> *But at times I also feel it's getting a bit too much. To prevent the project from being completely stifled, you just have to start somewhere. There are already many unanswered questions.* [Leader 1]

The physiotherapists have some knowledge of RPM as an existing system in other districts or municipalities, but have no experience with the project phase, as they have not been included. As one of the physiotherapists states, implementation within existing systems may seem simple, but ultimately the knowledge and adaptations may not be well known or transferable across professions.

The Physiotherapist: Internal Factors

Physiotherapists' Roles and Technological Interests

The other main finding on factors influencing physiotherapists' views on digital health technologies concerns internal factors related to the physiotherapists themselves. These

factors are linked to the physiotherapists' perceptions of their roles, core competencies, and technological interests. Most physiotherapists have a strong sense of their role in primary care services. They acknowledge their role as therapists for patients, highlight their core competencies in physical activity and treatment courses, and, finally, their knowledge of technological development.

Attitudes and Professional Identity

The interviewed physiotherapists have different views on how flexible and open to new methods they are as a profession. One argues that physiotherapists are viewed as a generally flexible group. The same physiotherapist also mentions that she sometimes needs clear instructions to complete tasks or procedures, particularly when integrating new technological systems into daily practice. Another question is whether physiotherapists are lagging behind in technological development.

> *I think, maybe we are a bit slow* [Physiotherapist 5]

The inclusion of physiotherapists in projects depends on their willingness to express interest and include themselves, as 1 participant states. On the other hand, physiotherapists at 1 workplace currently lack the energy to engage in projects.

> *At a strictly practical level, it's about being included, or showing interest in being included, and saying we can contribute here*. [Physiotherapist 4]

> *There isn't much spare capacity amongst the physiotherapists*. [Physiotherapist 2]

To achieve the right level of inclusion in these digital projects, physiotherapists must demonstrate the range of measures they can implement in a patient's home and highlight why that is valuable for the service. When digital tools are implemented in health care services, it is important to physiotherapists that the tools have a purpose, are relevant, and are not used "just because." One physiotherapist says he cannot think of a patient who would have received a better course of treatment or a better outcome if RPM had been part of the process.

> *It is more like. Maybe not everybody has the greatest interest, but from my perspective, I can't think of one patient whose rehabilitation trajectory would be better. If we had used remote patient monitoring or digital follow-up*. [Physiotherapist 5]

One of the interviewed leaders states that they believe the interest in the development and use of technology varies within the profession. The physiotherapists claim to have relevant competencies in both welfare technology and assistive aids, which should be transferable to RPM.

> *First, I think we already have considerable expertise in welfare technology and other assistive aids, which could prove to be highly relevant for RPM as well*. [Physiotherapist 2]

On the other hand, 1 physiotherapist states that it might be necessary to expand the definition of RPM and clarify what could be included in this term to make the inclusion of physiotherapists as natural as that of nurses.

Core Competence

The physiotherapists largely agree that their general education and knowledge are highly relevant for treating the diagnoses included in RPM. Patients with heart conditions, lung disease, diabetes, and cancer often receive physiotherapy as a part of their treatment, unrelated to their possible follow-up with RPM. The importance of physical activity and exercise for patients with these diagnoses is well established, and physiotherapists agree that RPM can be useful for the follow-up of physical activity, as it enables feedback within the system. The physiotherapists recognize this as a part of their core competency, and this is where they see possibilities for RPM. "Physical activity is treatment for all these diagnoses." (Physiotherapist 2).

One physiotherapist also notes that physical activity in health promotion is relevant to everyone, not just those with a specific diagnosis.

> *You don't even need a diagnosis to realize that physical activity is an important part of your health*. [Physiotherapist 4]

Combining this with the physiotherapists' competence in early intervention and prevention, they believe they have a body of knowledge that can serve as a resource for digital follow-up systems. One physiotherapist explains how she could use the existing RPM system to possibly prevent hospital admission for patients in her low-threshold exercise group with COPD. Most patients in this group receive little follow-up from primary health care services, but RPM may be useful for providing sustainable care for these patients.

The physiotherapists have mixed feelings regarding how digital tools will affect the therapeutic alliance between them and their patients. Several physiotherapists are clear in their responses about the importance of building a trusting relationship with their patients to achieve the best possible outcome in rehabilitation or treatment, and question whether this is doable in RPM. They do not have the knowledge to establish the therapeutic relationship within digital health technologies.

> *I believe that the relationship and trust we build with our patients greatly affect how well our services work. I'm curious about how that would be affected by remote monitoring or digital follow-up*. [Physiotherapist 1]

The physiotherapists state that they appreciate the opportunity to work closely with patients in person, not just digitally. On the other hand, some treatment trajectories are difficult to complete, primarily because of uncertainty about

whether patients can keep up their training without support from health care services. In this context, physiotherapists see an opportunity to increase the use of digitalization.

> *And perhaps that kind of remote patient monitoring could, to some extent, complement rather than replace the human contact and relational value. It might replace the parts of the follow-up that tend to drag on.* [Physiotherapist 1]

The most sought-after technological system for physiotherapists appears to be one that provides feedback to patients who are prescribed a home exercise program. They view this possibility as a way to help patients take greater accountability for their health and ensure they can make sound decisions independently. This way of working is regarded as meaningful, and the physiotherapists believe it to be sustainable for the service, as it would not be overly time-consuming.

> *It may not take that much time to be an effective and meaningful part of something like that.* [Physiotherapist 4]

One physiotherapist states that including a feedback system in RPM would be beneficial for patients in the long term, as they are at risk of deterioration in their condition or of hospital admission.

> *Firstly, I believe that remote patient monitoring benefits the patients the most. After all, they are the ones who have to live with the illness, or get worried if they periodically experience respiratory distress.* [Physiotherapist 3]

Discussion

Principal Finding

The aim of the study was to identify factors influencing physiotherapists' views on digital health technologies within municipal care. The background is the defined need to use digital technology within health care services and the lack of physiotherapist involvement in the implementation of RPM within Norwegian municipalities. This might be a missed opportunity to facilitate sustainable rehabilitation services in the years to come. In this study, we therefore interviewed physiotherapists and leaders of the rehabilitation teams implementing RPM. Factors influencing the participants' views include attitudes toward task shifting and their own professional roles, leadership and involvement, collaboration with specialist health care services, and interprofessional collaboration in the participants' own workplaces.

The experience with digital technology will vary both in society and within the physiotherapy community [33] and this diversity within the profession was mentioned by one of the participating leaders in this study as a possible barrier to including physiotherapists in the implementation of the RPM project. The Norwegian Physiotherapist Association has recently included digitalization in its health policy program and states that physiotherapists must have knowledge of various digital health technologies and, to some extent, be able to assist their patients with this matter [34]. The physiotherapists in this study viewed their competence, education, and knowledge as relevant to the patients who might receive digital health follow-up, including RPM. The physiotherapists were reluctant to check vital signs through RPM, which they considered to be a job for the nurses. It is reasonable, then, to note that physiotherapists working in specialist health care services, especially those working with patients with heart conditions or lung disease, use vital signs in their daily patient monitoring. The use of vital signs is also on the rise among physiotherapists working in rehabilitation within specialist health care services, for example with stroke patients [35,36]. The perspective that vital signs are not a physiotherapist's responsibility in primary health care services can therefore be questioned. For patients suffering from diagnoses like heart failure, lung disease, cancer, and diabetes, measures for increased physical activity and/or exercise are expected to be offered by physiotherapists in home-based health care. Supported by strategy documents and literature, the participants point out that physiotherapists are experts in movement and exercise and they have pathological competence, which is relevant for promoting, prescribing, and managing physical activity and exercise interventions as part of disease preventing interventions [37,38]. These findings suggest that physiotherapists' perceptions of whether digital technologies align with their professional roles and responsibilities might influence their willingness to engage with such technologies more than their own perceptions of their own competence.

Task shifting, with the aim of better use of health care resources, is an ongoing topic of discussion within the Norwegian health care system and also includes physiotherapists. In recent years, the role of physiotherapists in orthopedic outpatient clinics in Norwegian hospitals has changed. Task shifting, in which physiotherapists undertake both preoperative and postoperative follow-ups instead of orthopedic surgeons, has reduced waiting lists and is highlighted as a positive shift in specialist health care services [39]. These tasks are considered to be in line with the physiotherapist's core competencies and have been well perceived by the profession. In 2018, direct access to physiotherapists working in private practice in Norway was introduced, and a 2024 study found that this reduced the strain on general practitioners by 10% [23]. In a French study, such a model was found to be favorable to both parties [40]. Another task-shifting strategy involving physiotherapists relieving nurses and other care personnel of their tasks has also been suggested. This type of shift is rarely spoken of in positive terms by physiotherapists, and often, task shifting toward nursing and care tasks is blocked by physiotherapists' unions [41]. The participants in this study discuss task shifting with some caution, and they are particularly reluctant to take on tasks, such as the measurement of vital signs, that are perceived as a nursing job within the municipal care.

It could be argued that some form of task shifting will help ensure a more sustainable health care service in Norway,

but the implementation framework might be of concern. A Danish study showed that when task shifting is implemented, health care professionals fear losing their professional identity [42]. That study took place in a rehabilitation center setting, but some aspects that seem transferable to this study include the distribution of roles and responsibilities, and professional boundaries. Successful task shifting is defined as a dynamic process in which learning and adapting as a team contribute to better patient care [42]. Regarding RPM and other digital technologies discussed in this study, participants are, as discussed above, somewhat unsure or passive about the possibility of learning the procedures typically performed by nurses. Another interpretation might be that their reluctance to shift to this type of task stems from a lack of knowledge about the method and difficulty in connecting it to the physiotherapist's core competency. When presented with suggestions for how physiotherapists could engage with and apply their knowledge in RPM specifically related to disease prevention and health promotion, the participants mostly agreed or appeared to understand the relevance. One interpretation of this is that there might be a lack of competence in digital health technologies that reduces the opportunities that physiotherapists in this study perceive.

The participants in this study have mixed opinions about how physiotherapists' attitudes affect their involvement in technological development. As one states, physiotherapists can be viewed as a flexible group in general, but another informant wonders whether they can be, or be perceived as, "slow" regarding the digitalization of their services. A survey conducted by the Norwegian Directorate of Health [18] found that physiotherapists and manual therapists used digital technologies more often than other health care personnel, and they are among those with the highest expectations for technology, yet tend to be less satisfied with the tools and solutions. In addition, physiotherapists employed by the municipality, as the participants in this study are, tend to be more positive about the potential advantages of digital health technology, for example, improved access and reduced travel for patients, according to Martinsen et al [17]. The lack of clear evidence regarding positive outcomes, improved treatment quality, and reduced costs is noted, and as in our study, many physiotherapists are concerned about the quality of care provided through digital technology [43]. Similarly, it has been stated that health care personnel have more confidence in their own skills and expect the technology to be unreliable [44]. The findings of this study indicate that the physiotherapists view themselves as competent with digital technologies, but they still do not discuss the advantages of this type of follow-up very much, and they view the implementation of RPM as too narrow to include them.

The physiotherapists in this study wish for remote technology for giving and receiving feedback on home exercise programs, viewing this as relevant to their core competencies and professional identity. Interestingly, they are not aware that RPM systems can support this. Patients check their vital signs and complete individualized questionnaires about their symptoms and daily status, including activity and exercise if needed. Still, the effect of digital exercise follow-up is not clear and must be rigorously evaluated, including for RPM. A Danish study recently reported that using an app as a guide for exercise and pain relief did not reduce the number of patients seeking treatment from a physiotherapist or chiropractor, but instead served as a supplement to these treatments [45]. Time spent directly with patients is highly valued by physiotherapists, and one of their concerns about increased digitalization is the reduced opportunity to build a therapeutic relationship with patients. The health care personnel report [18] found that 9 out of 10 physiotherapists stated that their latest patient contact could not be replaced by a digital service [33].

Collaboration was highlighted as an important aspect of the successful implementation of digital health technologies. Almost all participants in the study discussed the role of interprofessional collaboration in their own workplace, and some also discussed collaboration with physiotherapists in specialist health care services. As an example, this collaboration between levels of care is vital for patients with COPD, and COPD is one of the diagnoses for which RPM is recommended [16,46]. When the diagnosis was mentioned in this study, several participants shared their experiences with collaborative approaches for these patients. Still, Wikman et al [46] found that physiotherapists viewed their role within the COPD team as unclear to other team members, and another study [47] reported that nurses and physicians noted a lack of knowledge about physiotherapists' contributions to rehabilitation in older patients. These results seem transferable to the statements from this study's participants. One of the leaders clearly acknowledges the importance of collaboration in implementing and ensuring the success of RPM, yet the physiotherapists state that they are unsure whether their collaborative partners understand the potential for physiotherapists to be a natural part of such a technological team. The importance of this horizontal collaboration within the municipality has been highlighted and linked to the increasing transfer of tasks from hospitals and rehabilitation services to primary health care services [48]. As this study is based in a large municipality and among health care professionals in home care services, the results are similar to previous findings, indicating that nurses in smaller municipalities or in short-term care units experience more positive collaboration with physio- and occupational therapists than in other settings [48].

Clear leadership and a supportive context are other factors for successful collaboration, and in this study, participants shared experiences with front-line leadership lacking knowledge of physiotherapists' core competencies and professional identity. A Canadian study found that some physiotherapists were displeased with their leaders' advocacy for physiotherapy in the political arena, citing a lack of understanding of the profession's scope and value. The physiotherapists experienced limited opportunities for professional advancement because many leadership positions exclude physiotherapists by requiring a nurse-centric skill set [49]. Another study addresses the same issue and highlights how the scarcity of leaders with a physiotherapy background results in a reduced influence of physiotherapists

in decision-making areas [50]. As stated by physiotherapists in this study, they experience a lack of enthusiasm and engagement from their leaders when they suggest new strategies and measures for their service. Ferrrando-Margeli et al [50] indicate that the ability to lead change and development is highly valued by physiotherapists as a leadership skill.

The findings in this study indicate a tension between physiotherapists' desire to maintain clearly defined professional boundaries and the need for greater interprofessional role flexibility in the development of digitally supported municipal health care services. There seems to be a "negative loop" whereby physiotherapists in municipal care might not be included in new digital developments due to a lack of understanding of their competence but, on the other hand, they do not get involved due to a lack of understanding of what digital technology can offer and a fear of losing or changing their professional identity.

Strengths and Limitations of the Study

The participants represent different districts within a large municipality in Norway, and it should be noted that this municipality has a quite different organizational structure from other municipalities in Norway. The districts themselves are organized differently in terms of their services, and although this could mean less transferability in general, it is considered a strength because of the diversity and range it brings to this study. It is important to note that this study has identified factors influencing physiotherapists' views on digital health technologies when they were not involved in the ongoing implementation of RPM within the municipality. The participants did not provide feedback on the findings. It can be added that most recent studies involving physiotherapists and digital health technologies are quantitative, whereas this study distinguishes itself by being qualitative.

The data are based on a limited number of participants, but the data are considered rich and sufficient for providing clinical and research environments with valuable information and discussions. The participants are quite young, and we lack the views of older practitioners. They could potentially have broadened perspectives on digital technology and professional roles. RPM was the entry point for this study, but the semistructured interviews were designed to facilitate a broader discussion of digital health technologies. The study aimed to understand why physiotherapists were underrepresented as participants in the RPM project and was sampled with that in mind. However, if broader responses regarding the specific method of RPM are desired, interviewing physiotherapists from municipalities where the method is well established and implemented in daily practice would be relevant. There is no relationship between the physiotherapists and the leaders in this study. Responses from the leaders should be considered more general or based on prior experience, whereas the statements from the physiotherapists relate to their current workplaces.

Conclusions and Implications

This study explored factors influencing physiotherapists' views on digital health technologies within the context of municipal implementation of RPM. The findings suggest that particularly organizational and professional factors shape physiotherapists' views and potential engagement with digital health technologies. The participants perceived themselves as digitally competent and acknowledged the potential of such technologies, but uncertainty remained regarding the role of physiotherapy within digitally enabled services. There were particular concerns related to the therapeutic alliance, professional boundaries, and task shifting, which seemed to influence how participants evaluated the relevance of digital health technologies, and particularly, RPM to their practice. An important aspect and finding of this study is what we understand as a fear of losing professional identity when digital technologies are implemented and tasks and responsibilities could possibly shift within the municipal health system. This might hinder physiotherapists from becoming involved in digital developments. Developing sustainable health care services may require a reconsideration of how digital technologies enable new models of collaboration and task distribution. To realize the potential contribution of physiotherapists within these models, implementation strategies could benefit from addressing both organizational structures and professional perspectives.

Generative AI Use

AI, in the form of large language models like ChatGPT (GPT-5.2 Instant and GPT-5.3 Instant; OpenAI), GPT UiO (GPT-5.1 Thinking; University of Oslo), and Grammarly (Grammarly, Inc), has been used for language-related purposes in this paper. ChatGPT was used for translation between languages, for example, for the simple translation of words and phrases while writing. Larger parts of the translation, for example, translating Norwegian quotes into English to be presented in the results, were done with GPT UiO. Grammarly has been connected to the document, and suggestions for improving the language have been provided and used.

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Data Availability

The datasets generated during the current study are available from the corresponding author on reasonable request.

Authors' Contributions

ASS and MNA designed the study. ASS collected the data. ASS and MNA analyzed the data, but ASS was the primary analyst. ASS drafted the paper. ASS and MNA wrote the final version of the paper.

Conflicts of Interest

None declared.

Multimedia Appendix 1

Interview guide.
[DOCX File (Microsoft Word File), 26 KB-Multimedia Appendix 1]

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Abbreviations

COPD: chronic obstructive pulmonary disease
COREQ: Consolidated Criteria for Reporting Qualitative Research
GDPR: General Data Protection Regulation
RPM: remote patient monitoring
STC: systematic text condensation
WHO: World Health Organization

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