

Relevant patient perceptions and experiences for evaluating quality of interaction with physiotherapists during outpatient rehabilitation: a qualitative study

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Abstract

Objective To identify elements of the physiotherapist–patient interaction considered by patients when they evaluate the quality of care in outpatient rehabilitation settings.

Design A qualitative study with nine focus groups. Two researchers conducted the focus groups, and a topic guide with predetermined questions was used. Each group discussion was audiotaped, transcribed verbatim and analyzed thematically according to a modified grounded theory approach.

Setting Three postacute ambulatory centers in Barcelona, Madrid and Seville (Spain).

Participants Fifty-seven adults undergoing outpatient rehabilitation for musculoskeletal conditions/injuries.

Results Patients based their evaluations of quality of care on their assessment of physiotherapists' willingness to provide information and education, technical expertise and interpersonal manners (eg. respect, emotional support and sensitivity changes in the patient's status). Both positive and negative aspects of the physiotherapist–patient interaction emerged under all these themes, except for friendly and respectful communication.

Conclusion This study identified which elements of the physiotherapist–patient interaction are considered by patients when evaluating the quality of care in rehabilitation outpatient settings. Further research should work to develop self-report questionnaires about patients' experiences of the physiotherapist–patient interaction in rehabilitation services to provide empirical and quantitative evidence.

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Introduction

In health and rehabilitation care literature, there is relatively broad agreement on the need for a patient-centered approach in service delivery [1–4]. Therefore, efforts have been made to determine aspects of care relevant for patient-centered care, and several self-report questionnaires have

been created to measure them [5–7]. Often, these questionnaires focus on the aspects related to interpersonal interactions that take place during service delivery. However, recent studies have indicated that not all aspects of delivery of care are predictive of patients' overall evaluations of the quality of care, such as satisfaction or perceived service quality [8].

Capturing what matters to patients when they evaluate their health care is increasingly recognized as essential in quality assessment and improvement efforts [9,10]. Attempts have been made to determine the features of patient care that are likely to influence patient satisfaction in rehabilitation

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services [11–13], but little advance has been made regarding what matters to patients when they evaluate their perceived service quality.

This article explores the physiotherapist–patient interaction and patients' perceptions of service quality in outpatient rehabilitation settings in Spain. As an outpatient rehabilitation setting consists of alert patients (i.e. patients are not sedated and usually participate actively in their treatment), and programs typically last for multiple weeks with one session per day, and include manual therapy, exercise and instruction, patients and therapists need to interact continually and modifications may need to be made to the program [11]. Therefore, the physiotherapist–patient relationship is at the heart of the overall perception of service quality, as rehabilitation services always require interpersonal interactions which occur over a prolonged period of time [14,15].

Service quality has been widely conceptualized in marketing, yet it has not been fully studied in rehabilitation services. In part, this conceptualization recognizes that the interaction elements influencing service quality perceptions can be classified into three groups: attitude, behaviors and/or expertise of the service personnel [16]. Although these elements or their importance can vary across contexts, there is no consensus regarding the content of these elements in rehabilitation services.

The purpose of this study was to identify elements of the physiotherapist–patient interaction that are considered by the patient when evaluating the quality of care in outpatient rehabilitation settings.

Methods

Design

The qualitative design involved focus groups because group interaction can trigger responses and build insights that may not arise during individual interviews [17]. Focus groups have been used previously to identify experiences related to perceptions of overall quality [16].

Setting and participants

This study included subjects who were receiving postacute rehabilitation services from a healthcare provider network in Spain, in a total of three centers located in Barcelona, Madrid and Seville. They were all public interdisciplinary outpatient rehabilitation centers with similar organizational and professional characteristics.

The subjects were included if they were aged 18 years or older, had musculoskeletal disorders (i.e. fractures, joint replacements, orthopedic surgery), and had received more than 10 sessions of physiotherapy. Subjects were excluded if they were non-Spanish speaking or had communication impairments.

Recruitment

The study was approved by the Committee of Ethics and Research of the University of Murcia. The recruitment process took place in February and March 2007. Subjects were identified in each ambulatory center using a list of patients referred to rehabilitation care. In total, 95 patients were eligible for participation in this study.

Purposive sampling was used to include subjects with varying ages, genders, and clinical conditions. This allowed for the selection of participants who could best provide insight into specific and personal experiences about the issues being examined, rather than obtaining a representative sample as would be sought in quantitative research [18].

The size of each group was sufficiently large to create discussion but not so large as to prohibit some members from being able to share their insights within the available time. It is generally considered that an adequate group size is between four and 12 participants, with the optimal size being between six and eight individuals so that subgroups are not formed [19]. Although the authors were aware that the final sample size was dependent on the saturation of information, 62 subjects were selected initially, which enabled creation of between seven and 10 focus groups. In the authors' experience, the content of group discussions becomes repetitive and no new information is acquired when nearing the point of "enough" about six to eight focus group encounters [20,21].

In each center, a research assistant handed an invitation letter to selected subjects and confirmed their willingness to participate. This letter contained an explanatory statement, date and place of meeting. The letter was not signed by a physiotherapist in order to limit the possibility of subjects feeling intimidated about participating. When several patients declined to participate, new patients with similar characteristics were invited in order to create a group with at least four members. Subjects were asked to confirm their attendance 2 to 3 days before the relevant focus group.

Data collection

Two researchers conducted the focus groups: one moderator (MEDBA) and one assistant (FMM). A topic guide that contained predetermined questions was used, and this was created from a literature review (Table 1). Additional questions were included as themes emerged from the initial focus groups. Group discussions were audiotaped for data collection.

The focus group interviews started with a brief introduction, presenting the aim of the study, how the information would be used and asking permission to audiotape the interview. All participants gave their consent, and agreed to the request to keep the discussion confidential. Participants were encouraged to discuss their opinions, rather than find consensus. Focus groups were conducted until data saturation was reached. Thematic saturation was reached when no new

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