

Original article

The use and perceived usefulness of a patient-specific measurement instrument in physiotherapy goal setting. A qualitative study



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A B S T R A C T

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Objectives: Physiotherapists are encouraged to set goals together with their patients to deliver client-centred care. In practice however, this goal-setting process is poorly specified, with limited patient involvement. The Patient-Specific Complaints instrument (PSC) can support the goal-setting process. Despite its being frequently used by Dutch physiotherapists, its actual role in goal setting is unknown. The objective was to examine physiotherapy goal-setting and the use of the PSC within this process, as well as the physiotherapists' perception of the usefulness of the PSC.

Methods: Consultations between physiotherapists and patients were observed and physiotherapists were interviewed. Data were analysed by directed content analysis, using a goal-setting framework as the coding scheme whose phases include: goal negotiation, goal setting, planning, and appraisal and feedback.

Results: The patients' problems were comprehensively explored, with the PSC focussing on activity problems. Goal-setting and planning phases were poorly specified and mainly physiotherapist-led. The physiotherapists appreciated the PSC for patient involvement during goal negotiation and evaluation. Its perceived usefulness for goal setting and planning ranged from useful for tailoring goals to the patient's needs to not useful at all. One major reason to use it was meeting external audit obligations.

Conclusions: There are some discrepancies between how physiotherapists use the PSC and how they perceived its usefulness. Physiotherapists did use the PSC in a goal-setting process, though often as a standalone tool without integration in the whole physiotherapy process, and with limited patient involvement. In this way, its full potential for goal setting is not utilized.

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1. Introduction

Goal setting is important in delivering client-centred care, especially for patients with chronic disorders who often face multiple problems and long-term treatment. Professional standards encourage physiotherapists to set goals together with their patients (de Vries et al., 2014), so patients should be actively engaged in goal setting and therapy planning in order to participate in the treatment and to facilitate self-management (Lenzen et al., 2015). This is

in line with the new definition of health, where patients are encouraged to self-manage their lives (Huber et al., 2011).

Patient participation in general, and goal setting in particular, is considered to improve patients' treatment adherence, motivation, and satisfaction, resulting in better outcomes (Arnetz et al., 2004; Hazard et al., 2009; Ponte-Allan and Giles, 1999). Despite these recommendations and the apparent benefits, goal setting occurs infrequently, with minimal patient involvement (Baker et al., 2001; Leach et al., 2010; Levack et al., 2011; Lloyd et al., 2014; Parry, 2004; Playford et al., 2000; Rosewilliam et al., 2011; Schoeb, 2009).

A structured approach to the goal-setting process appears to have a positive impact on patient participation, and on the health professionals' perceived patient-centeredness, goal orientation and efficiency (Arnetz et al., 2004; Hazard et al., 2009; Holliday et al.,

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2007; Scobbie et al., 2013; Wressle et al., 2002a,b). Such structured approaches or methods can be supported by various tools (Holliday et al., 2007; Rosewilliam et al., 2011; Van De Weyer et al., 2010; Wressle et al., 2002a,b).

A recent literature review identified and proposed several patient-specific instruments to support patient involvement in the goal-setting process (Stevens et al., 2013). Patient-specific or individualized instruments are especially helpful in clarifying the patients' perspective, specifying their individual problems and monitoring these problems during treatment (Donnelly and Carswell, 2002; Hurn et al., 2006). The review by Stevens et al. emphasizes the integration of these instruments as part of the complete goal-setting process rather than as a separate tool to be administered (Stevens et al., 2013). This can make the therapy more goal-orientated and efficient. One of the instruments identified is the Patient-Specific Complaint Instrument (PSC) (Beurskens et al., 1999), which is similar to the Patient Specific Functional Scale (PSFS) (Stratford et al., 1995). The PSC is one of the most frequently used measurement instruments in Dutch community-based physiotherapy practices, and is recommended in 70% of the Dutch physiotherapy guidelines (Swinkels et al., 2011). It is used to clarify the patients' activity problems in order to determine the treatment goals and plan.

Although the PSC is extensively used, there has so far been no empirical study on how it is actually used in routine practice, and how it is perceived to support the goal-setting process. In order to improve goal setting in physiotherapy, we wanted to gain insight into the physiotherapy goal-setting process and whether physiotherapists perceive the PSC as useful within this process. To this end, the following questions were formulated: 1. How is the goal-setting process performed in physiotherapy, and how is the PSC used within this process? 2. What is the usefulness of the PSC for goal setting as perceived by the physiotherapists?

2. Methods

2.1. Design

The study was carried out in the natural setting of routine physiotherapy practice, using a descriptive qualitative study design (Kahlke and Hon, 2014) based on observations from physiotherapy consultations and interviews with physiotherapists.

2.2. Theoretical orientation

We based our study on the goal-setting and action-planning practice framework (G-AP framework) (Scobbie et al., 2011) and the stepwise process of the PSC (Beurskens et al., 1996, 1999). The G-AP framework describes a cyclic process of goal setting comprising several phases. The essential intervention elements in each phase are as follows. [1] Goal negotiation: patients are encouraged to appraise their current situation and to identify the main problems they want to address. [2] Goal setting: the identified problems are specified into treatment goals. Goal attributes should be specific, and not too easy to achieve, yet not so difficult as to present an impossible challenge to the patient. Patients should be involved in goal setting, which means that goals should be set and agreed upon by the patient and the health professional. [3] Planning: an action plan details 'what' has to be done, 'how', 'where' and 'when'. [4] Appraisal and Feedback: the performance is appraised and progress is measured.

The Patient Specific Complaints (PSC) (Beurskens et al., 1996, 1999) is a stepwise instrument for selecting and evaluating patient's main problems. In step one, the physiotherapist identifies which of the patient's daily activities are difficult to perform. A list

of activities can be provided to support recall. Steps two and three involve prioritizing the activities and scoring them on a Numeric Rating Scale (NRS) (0 = easy to perform, 10 = impossible to perform). The patient's PSC activities can support the setting of personal treatment goals. The PSC can be reassessed during the treatment programme, according to the physiotherapist's clinical judgement, but this should at least be done at the end of the treatment programme. To combine the strength of both the framework and the PSC in goal setting, a previous review proposed to integrate the PSC steps into the G-AP framework (Fig. 1) (Stevens et al., 2013).

2.3. Setting and participants

The study was conducted in physiotherapy practices in community-based healthcare in the Netherlands. The practices were recruited from the database of internship supervisors from the School for Physiotherapy at Zuyd University of Applied Science, Heerlen, the Netherlands. Twenty practices were purposively sampled: they had to use the PSC and treat adults with chronic conditions. They were approached by email and contacted by phone after one week. Seventeen practices agreed to participate, and twelve of them were able to select patients who met the inclusion criteria during the research period (Fig. 2).

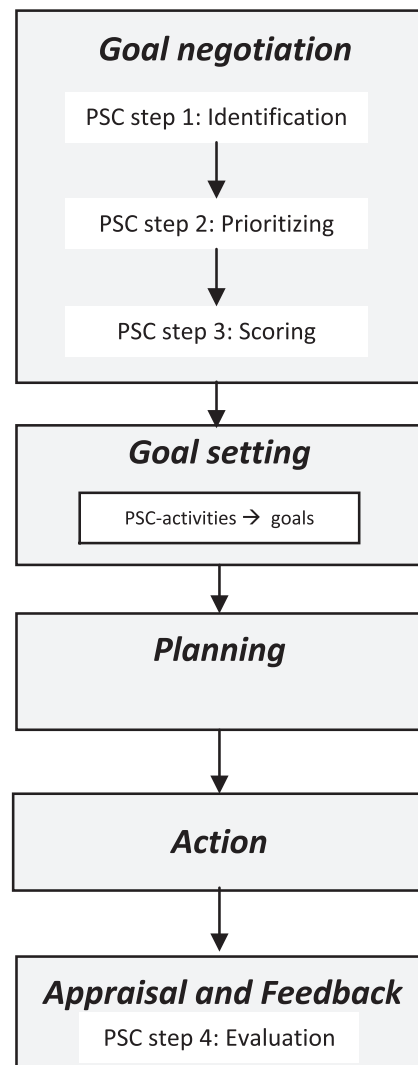


Fig. 1. G-AP framework with the integrated steps of the PSC.

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