

ORIGINAL PAPER**Agreement between Patients' and Clinical Physiotherapists' Expectations of Care in Public Hospitals in Ibadan, Nigeria****Adesola Christiana Odole, PhD**

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Abstract

Background: Health services are moving towards being customer-driven. Fulfillment of patient's expectation from treatment is increasingly seen as an important area of research and may help clinicians to facilitate recovery in patients.

Objective: This study investigated the agreement level between the patient's and physiotherapist's expectations of care in some Nigerian tertiary health institutions.

Methods: This survey involved 102 patients aged 18 years and above (44 males and 58 females) and 14 physiotherapists aged 23 and above (10 females and 4 males) who saw them at the first visit. Data were collected with a patients' questionnaire (which was self-developed) and physiotherapists' questionnaire which was mirrored from patients' questionnaire. The questionnaires elicited demographic information and expectations of patients and physiotherapists. Data were analyzed using frequencies, percentages, Mann Whitney U and kappa statistics. Level of significance was set at $p < 0.05$.

Results: Patients were aged 49.72 ± 14.14 years and Physiotherapists were aged 30.44 ± 15.58 years. The level of agreement between patients' and physiotherapists' expectations was poor to fair ($K = -0.22 - 0.32$) in 71.9% of expectations that were rated. There was no agreement among 28.1% of the items rated and there was no significant association between age ($p = 0.087$) and sex ($p = 0.156$) of patients and their expectations of physiotherapy care.

Conclusions: Our findings indicate that the agreement between the patient's and physiotherapist's expectations of care is no better than fair. Thus it is important for physiotherapists to make efforts to find out the specific expectations of the patient from physiotherapy management so as to facilitate patient-centered outcomes.

Key Words: Expectations, Patient's expectations, Care, Satisfaction, Physiotherapists' expectations

Introduction

Health services are increasingly tending towards being patient-oriented (Saccket et al., 1997). Patient-oriented approach involves the practitioner and the patient reaching a mutual understanding of the problem as well as goals and priorities for management (Potter et al., 2003). In recent times, patients' expectations of care have been the subject of considerable

research in primary care (Cole et al., 2002). Specifically, in addition to clinical treatments, attention has been shifted to the use of non-specific aspects of treatment, such as patient's attitudes and beliefs, treatment preferences and expectations as well as practitioner's characteristics of manner, attitude and therapeutic style (Foster et al., 2010). Furthermore, issues concerning evaluation of

healthcare have been argued to focus, not only on clinical effectiveness, but also on social acceptability to the consumers (Casserley-Feeney et al., 2008). In addition, healthcare providers increasingly recognize the need for patients to participate in decision-making process about their healthcare in order to reflect the priorities and values of the patient (Peck et al., 2004). Eliciting and incorporating the patient's expectations with the needs of care during treatment will not only positively impact his subsequent health-related behavior but also contribute to a more favorable perception of the whole therapeutic experience (Hills & Kitchen, 2007). The patient's expectation of care has an eventual impact on satisfaction; patients with high expectations might be dissatisfied with optimal care whereas those with low expectations may be satisfied with even deficient care (McKinley et al., 2002).

Grimmer et al, (1999) pointed out that patients choose to attend physiotherapy for a variety of reasons: the most common of these are convenience, reputation, previous good experience and recommendation. They further stated that the decision of the patient to re-attend subsequent treatment sessions is highly due to relief of his symptoms, the physiotherapist's interpersonal skills and ability to impart information. On the other hand, physiotherapists typically measure the outcome of their interventions in terms of changes in functional capacity, improvements in symptomatology and restoration to full activities of daily living (Grimmer et al., 1999). However, these outcome indices may not meet the expectations of the patient (Metcalf, 2005). This study thus investigated the agreement level between the patient's and physiotherapist's expectations of care.

Methods

This cross-sectional survey involved 102 patients (44 males and 58 females) aged 18 years and above, and 14 physiotherapists, aged 23 years and above (10 females and 4 males) who treated the patients on their first visits to physiotherapy outpatient clinic. A self-developed questionnaire was used to elicit the demographic information and expectations of patients while another questionnaire, mirrored from patients' questionnaire was used to elicit the demographic information and expectations of physiotherapists.

Patients and physiotherapists were recruited by a sample of convenience. Ethical approval was sought and obtained from the University of Ibadan/ University College Hospital (UI/UCH) Health Research Ethics Committee. The rationale and procedure for the study was explained to the participants and their informed consents were obtained. Copies of the questionnaires were distributed in pairs, one for the patient and the other for the physiotherapist in charge. The questionnaires for the patient and the physiotherapist were self-administered. The physiotherapist was required to fill out the questionnaire after carrying out normal assessment procedure of history taking, subjective and objective assessment, diagnosis, setting of goals and plan of treatment. This requirement was to allow the physiotherapist to be so acquainted with the patient's condition as to allow him to draw outcome expectations for the patient. Data were presented using descriptive statistics of mean, frequencies and percentages while kappa statistics was used to analyze the agreement level of expectations of participants.

Results

One hundred and two out of 150 copies of the patient questionnaire that were administered were filled out properly and returned, giving a response rate of 68%. The mean age of the patients was 49.72 ± 14.14 years. Most (74.5%) of the patients were married and only 16% had post-graduate degrees. Majority (68.6%) of the respondents were employed. Also, the mean age of the physiotherapists was 30.44 ± 15.58 years. Almost half (48%) of the physiotherapists had 2-5 years of clinical experience with only 3.9% having more than 21 years of clinical experience.

Patients and physiotherapists that participated in this study agreed on 71.9% (23 out of 32 items) of the expectations rated. The agreed-upon items included 'the physiotherapists should understand the patient's feelings', 'the physiotherapist should listen to everything the patient has to say', 'understand how the illness affects the patient's life', 'ask patient's opinion before making decisions' and 'that patient ought to have relief of symptoms within 5 treatment sessions'.

Patients and physiotherapists did not agree on 28.1% (9 out of 32 items) of the expectations rated (Table 1) which included 'the

physiotherapist is expected to prescribe medicine', 'the decisions about patient care are to be taken by the physiotherapist alone', 'the patient is to be completely cured of the ailment' and 'the physiotherapist is expected to visit the patient if he/she is unable to come for appointment'. Of the 71.9% agreed-upon items, negative kappa values ($K = -1.0-0.0$) were

observed in 47.8% indicating poor level of agreement (Table 2) while 43.5% of the items had positive kappa values of 0.0-0.20 indicating slight level of agreement (Table 3). The remaining items (8.7%) had positive kappa values between 0.21-0.39, indicating fair level of agreement (Table 4).

Table 1: Frequency Distribution of Patients and Physiotherapists Expectations with no Agreement

Expectation	Patient		Physiotherapist	
	Agree n (%)	Disagree n (%)	Agree n (%)	Disagree n (%)
1. Physiotherapists are expected to prescribe medications to patients.	90 (88.2)	12 (11.7)	8 (7.8)	94 (92.2)
2. Decisions about patients' care are to be taken by the physiotherapist alone.	57 (55.9)	45 (44.1)	4 (3.9)	98 (96.1)
3. The patients are expected to be completely cured of their ailment.	95 (93.1)	7 (6.9)	18 (17.6)	84 (82.4)
4. Patients expect physiotherapists to visit them whenever they are unable to come for treatment.	73 (71.6)	29 (28.4)	6 (5.8)	96 (94.2)
5. Patients are expected to be able to access the physiotherapist by phone.	90(90)	10 (10)	38 (37.3)	64(62.7)
6.patients expect physiotherapists to be concerned about the cost of treatment	81 (79.4)	21 (20.5)	46 (45.1)	56 (54.9)
7.Patients expect not to be sent back when they come late for treatment.	84 (84)	16 (16)	26 (25.5)	76 (74.5)
8.Patients expect to be able to chose a convenient treatment time.	71 (64.6)	31 (30.4)	26 (25.5)	76 (74.5)
9.Physiotherapists are expected to be familiar with patients' record before they come in for treatment.	92 (90.2)	10 (9.8)	26 (25.5)	76 (74.5)

Table 2: Kappa Test of Patient' and Physiotherapist' Expectations with Poor Level of Agreement

Expectations	K	p-value
1. Physiotherapists are expected to explain everything to their patients.	-0.034	0.638
2. Patients expect the Physiotherapist to advise them.	-0.072	0.461
3. Physiotherapists are expected to ask for patients' opinions before making decisions	-0.059	0.477
4. Physiotherapists are expected to discuss the purpose of treatment and investigations with patients in detail.	-0.081	0.400
5. Physiotherapists are expected to tell their patients all they need to know about their illness.	-0.019	0.71
6. Physiotherapists are expected to help the patients' relatives in support them	-0.109	0.242
7. Physiotherapists are expected to help patients deal with emotional problems relate to their illness	-0.033	0.068
8. Physiotherapists are expected to patiently listen to learn about the state of the patient's illnesses at revisits	-0.063	0.528
9. Patients are expected not to wait long in the waiting room whenever they have appointments.	-0.140	0.156
10 Patients expect that the PT and other healthcare professionals should not give them contradictory information.	-0.033	0.675
11. Patients expect the physiotherapists to understand how the condition affects their lives.	-0.041	0.666

Table 3: Kappa Test of the Patient's and Physiotherapist's Expectations with Slight Agreement

Expectations	K	p
1. Physiotherapists are expected to listen to whatever the patient has to say.	0.056	0.470
2. Physiotherapists are expected to understand how the illness affects the patient's life.	0.016	0.961
3. Physiotherapists are expected to consider patient's schedule in giving appointments.	0.008	0.929
4. Patients are expected to be relieved of their symptoms within 5 treatment sessions.	0.151	0.127
5. Physiotherapists are expected to discuss treatment, investigations and referrals patients want.	0.021	0.832
6. Physiotherapists are expected to make their patients feel free to discuss their problems with them.	0.010	0.980
7. The treatment given by the physiotherapist to the patients should help them perform their ADLs.	0.102	0.997
8. Physiotherapists are expected to guarantee the confidentiality of the information given to them by patients.	0.012	0.915
9. Physiotherapists are expected to give patients written information about consultation time and phone number.	0.022	0.780
10 Patients are expected to be able to see the same physiotherapist each time they come for their treatment.	0.082	0.382

Table 4: Kappa Test of the Patient's and Physiotherapist's Expectations with Fair Agreement

Expectation	K	p
1. Physiotherapists are expected to understand the patient's feelings	0.243	0.006**
2. Physiotherapists are expected to involve other health-care professionals in management of their conditions	0.211	0.025**

** = Significant at $p < 0.05$

Discussion

The main objective of this study was to investigate the agreement level between the patient's and physiotherapist's expectations of care in a some Nigerian tertiary health institutions. The finding for the ratio of physiotherapist to patient is similar to that (1:9) from a previous Nigerian study (Obembe et al., 2008). This finding is a reflection of

physiotherapists' workload in Nigeria. Furthermore, a Malaysian study reported a similar workload ratio (1:15) (Nor et al., 2011). Contrarily, the ratio found in this study is higher than the expected workload per day for Nigerian physiotherapists (1:4) as stipulated by the NSP.

About 71% of the patients and physiotherapists agreed in their expectations of treatment, especially, on certain non-specific aspects of

treatment. These non-clinical factors, according to Foster et al. (2010), have been found to be helpful in fostering improvement when combined with clinical expectations of treatments. This is also in accordance with the reports of Anthony et al. (2009), that the patient's preferences and expectations about healthcare services usually stems from a desire for information or psychosocial support. Coulter (2005) claims that patients prefer primary care providers who not only have sound up-to-date clinical knowledge and skills but are also good communicators, interested in and sympathetic to their conditions, involve them in decision-making process and give them sufficient time and attention. The findings in this study suggest the need for physiotherapists to take the patient's personal experiences and need for psychosocial supports into account in provision of care. Furthermore, the findings in this study that 'restore to full activities of daily living' was the most important expectation of patients during physiotherapy care with 'total cure' appear to be contrary to the findings in some previous studies that patients seek more non-clinical intervention when they come in for physiotherapy management (Clemence & Seamark, 2003; Coulter, 2005; Peck et al., 2004).

The findings suggest that patients in this environment are not only concerned about being restored to their pre-illness state of health but are also concerned about receiving psychosocial support from the attending physiotherapists. Next important expectation of physiotherapy for the patients in this study is 'caring attitude/understand feelings', which is in accordance with the observation made by Anthony et al. (2009) that patient's preferences for care seeking and their expectations about healthcare usually stem from both the desire for information or psychosocial support. Thus these findings suggest that psychosocial support is an important reason patients seek physiotherapy management.

About 28% of the items rated by the participants of this study showed no agreement. The finding of sharp disagreement in the expectations of the patient and the physiotherapist regarding prescription medications may be due to the fact that patients have yet to know the scope and limits of physiotherapy practice in terms of drug prescription. It may also be that patients often

have unrealistic expectations from physiotherapy (Clemence & Seamark, 2003). Indeed, Grimmer et al. (1999) concluded that physiotherapists need to address potential imbalance of consumer knowledge and foster a quality partnership with their patients on the first visit. This is particularly important in view of the fact that patients tend to value quality of treatment in the term they understand, but which may not reflect the core attribute of the services they receive (Grimmer et al., 1999). Thus there is need for relevant patient education when they go for physiotherapy management.

The findings in this study have implications for care of patients for physiotherapy care. Firstly, physiotherapists need to always provide psychosocial supports for their patients, in addition to the clinical aspects of care, if they are to render holistic services to the patient. For example, it is the physiotherapist's responsibility to identify any interpersonal situation that may with delivery of safe, quality care give the desired physiotherapy outcomes (Physiotherapy Alberta, 2007). Secondly, a respectful exchange of views between the patient and the physiotherapist may provide both parties with new information which leads to a better understanding of the situation (Physiotherapy Alberta, 2007). This cordial relation will give the two parties better insight into the situation at hand and thereby forestall possibility of unrealistic expectation on part of the patient, and acting to diminish the patient's trust on the part of the physiotherapist. Failure to ensure the patient-physiotherapist balance in information may lead to attrition of patients seeking physiotherapy services.

Conclusion

The data in this study indicate that the agreement between the patient's and physiotherapist's expectations of care is no better than fair and that patients tend to have unrealistic expectation from physiotherapy. It is thus important for physiotherapists to make efforts to find out the specific expectations of the patient from physiotherapy management so as to facilitate patient-centered outcomes and identify the need for education.

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