Patients’ Views on Goal Setting in Rheumatology Rehabilitation

L.B. Jensen¹, T. Mehlenborg Kristiansen², L. Ovens², J. Primdahl²,³,⁴. ¹Haderslev municipality. Haderslev, ²King Christian X’s Hospital for Rheumatic Diseases, Graasten, ³Hospital of Southern Jutland, Aabenraa, ⁴Institute for Regional Health Research, University of Southern Denmark, Odense, Denmark

Background: Patient-centered goals are important for successful rehabilitation because they focus on the direction and process of rehabilitation. Scarce knowledge exists about goalsetting in rheumatology rehabilitation.

Objectives: To explore views on the goalsetting process in rehabilitation during admission among health professionals (HPs), patients with rheumatic diseases and their relatives.

Methods: Two focus group interviews, with 11 HPs (physiotherapists, occupational therapists and nursing staff) were conducted as well as eight individual interviews with patients. Relatives participated in two of the patient interviews. The analysis of the transcribed interviews focused on meaning condensation. (Kvale, Brinkmann, 2014)

Results: The analysis resulted in three overarching themes. The first theme focused on the many aspects of communication before and during the goalsetting process. The HPs expressed that the patients need to be well-informed. Several of the patients expressed the need for information about what the hospital can provide to ease the goalsetting process for them. The HPs pointed out the need for a uniform approach and to be able to communicate with the patients in a clear and understandable way. Some of the patients' experienced unclear communication, as some were not sure what the long-term goal was until halfway through the actual admission. The second theme was considerations regarding goals. The HPs considered patient-centered goals to be important, and patients also expressed that the goals should reflect what they prioritized to work with during the admission. HPs considered goals to be measurable. They saw it as a requirement that they should demonstrate that goals were reached, although this was sometimes difficult to demonstrate. Some of the patients expressed a need to be able to relate to and understand the goal in order to see themselves work towards it during admission. The HPs also pointed out that the patients had to take ownership of the goals. The last theme was the role of the goalsetting process. Both the HPs and the patients expected the HPs to have a guiding role in the goalsetting process. The HPs found that patients needed to participate actively in the goalsetting process to reach a patient-centered goal. Both the HPs, patients and relatives believed that participation of a relative in the goalsetting process was positive since they could complement on what the patients said.

Conclusions: The goal-setting process is complex, and several aspects need to be looked into in order to achieve successful patient-centered goals. Clear communication and an overall agreement on the content and importance of the goals is important. Each stakeholder has their role to play in the goalsetting process; the patients need to take an active role, relatives complement the patients views and the HPs guide the goalsetting process.

References:

Disclosure of Interest: None declared