

LETTER TO THE EDITOR

COMMENTS ON “DEVELOPMENT OF THE REHABILITATION PATIENT EXPERIENCES QUESTIONNAIRE”

Sir,

I commend Grotle et al. (1) for their efforts in adapting the Patient Experiences Questionnaire (PEQ) to create an instrument that can be utilized within the rehabilitation setting for rheumatological patients: the Rehabilitation Patient Experiences Questionnaire (Re-PEQ). Patient's perception of the quality of care delivered is frequently an overlooked domain in the evaluation of a healthcare's service delivery, especially for comparative purposes between different healthcare service providers. Often, quality of care is evaluated by patient satisfaction surveys (2) and, commonly, a high level of patient satisfaction does not necessarily indicate that their care needs or expectations were met (3). Patients are willing to make concessions in the quality of the care delivered that they feel are a necessary part of their stay (3). Furthermore, many studies have found patient satisfaction surveys lack a standard approach, are impeded by ceiling effects (4), and do not represent the client's perspective on the fundamentals of a person-centred approach to care (2). Effective evaluation of patient experiences within the healthcare setting is of critical importance if this domain is to influence service structure, development and financial support (2).

Consequently, there has been a growing need to develop specific patient-centred evaluation tools to investigate and assess the provision of good quality patient care. Importantly, this article acknowledges that there are differences in the service delivery between the acute and subacute hospital settings, and therefore the need to tailor the assessment tool to ensure they are investigating issues relevant to the setting in which it is being applied. The Re-PEQ investigates a variety of domains in order to evaluate the patient's experiences in the rehabilitation setting, including rehabilitation care and organization, information and communication, availability of staff and social involvement. Grotle et al. (1) determined these domains in conjunction with health professionals from within the rehabilitation setting and patients on whom the questionnaire was trialled.

The rehabilitation setting is unique in its service delivery; the focus is on regaining function and independence, working towards goal attainment, which should be set in collaboration between the healthcare professionals, patients and their families (4). Consequently, the gold standard for assessment of the quality of care and the patient experience should encompass these areas; however, it would seem unlikely that a single tool will effectively encapsulate all of the factors relevant for a true assessment. While the Re-PEQ explores some of the key elements within the rehabilitation setting, there are other

fundamental domains that also should be addressed. Coyle & Williams (5) developed a tool to evaluate person-centred care in inpatients (Person Centered Inpatient Survey – P-CIS). This survey comprises 5 key domains: personalization, empowerment, information, approachability/availability, and respectfulness. While there is overlap between the P-CIS and the Re-PEQ, both could be enhanced if they combined and adapted their respective differences. Furthermore, central to rehabilitation is goal-setting and the achievement of goals, consequently it would seem reasonable to assume that patient participation in goal-setting and evaluation, such as in the goal attainment scale (GAS) (4), should be included in any patient-focused rehabilitation survey.

In conclusion, the Re-PEQ appears to be a useful tool in evaluating patient's experiences within the rehabilitation setting, and the information obtained via the Re-PEQ may be enhanced when used in conjunction with other evaluation measures, such as the GAS, or by adopting specific domains from the P-CIS, such as empowerment or respectfulness. Patient's evaluation of their experiences is multifactorial and, consequently, it is unlikely that one tool will incorporate all of the factors involved; the Re-PEQ, however, does come very close to achieving this.

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Elizabeth Johnson, BPhys (Hons)
From the Department of Physiotherapy, Royal
Melbourne Hospital, Melbourne, Australia.
E-mail: elizabeth.johnson@mh.org.au