

Questionnaire of Expectations Patient-Physiotherapist (QEPP)

Abstract

The construction of the Patient-Physiotherapist Expectations Questionnaire was meant to create a tool for physical therapists to help meet the expectations of patients. To be able to work effectively, to achieve results beneficial to the patient. The holistic model of treatment was taken into account, where an essential element of recovery are psychological factors.

Key words: expectations, understanding, information, relations

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Introduction

The care of palliative patient is performed by the whole team. It consists of doctors, nurses, psychologists and physiotherapists. There is a priest — a spiritual person. Each of these individuals helps the patient and works on his comfort. Somatic side is dealt with by doctors, nurses are implementing the procedures to reduce pain, a psychologist takes care of the mental side through various forms of therapy, for both the patient and his family. But the important role in the care of palliative patient is also played by a physiotherapist. A physical therapist works closely with the doctor (to have more information on the somatic state), psychologist (to have more information about the mental state).

The task of the physiotherapist (in hospice) is to improve the patient's condition. By improving is understood not only the ability to recover the physical fitness — the patient is activated not only in the somatic aspect; the patient begins to understand and to see the meaning of his own life, he knows that he becomes active; working on it (if possible) might give him the chance to be more independent and decrease the burden put on his loved ones. A very common phenomenon in well-conducted physical


therapy is reducing the patient's depressive state. Physiotherapist in the palliative care ward has a huge impact on the sense of security, peace, positive view of the surrounding reality.

In palliative care the physiotherapist informs the patient about the plan of therapy in the context of possibilities, explains the patient the role of specific tasks (exercises). The patient begins to be aware of one's real possibilities. He knows how to work on, understands why and is aware of the consequences of the recommended tasks.

Physiotherapist profession requires, in addition to excellent technical background, knowledge of the condition of the patient, as well as the ability of contact with the patient and understanding what the patient expects from a physiotherapist. Modern medicine assumes that the biomedical model is insufficient for us to be able to understand the behavior of the patient, explain the process of forecasting health and recovery — which is very important — to understand the expectations of the patient.

It was assumed that the individual, reporting to for advice, is in some area of his life (psychosomatic) dysfunctional. An important element of cooperation between the treating and treated is the

Address for correspondence: Dr Elżbieta Trylińska-Tekielska
 Wyższa Szkoła Rehabilitacji
 ul. Obozowa 20, 01–161 Warszawa
 tel.: 602 647 316
 e-mail: etek@poczta.onet.pl

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understanding of mutual expectations, a clear definition of options to help (the availability of specific expertise, specific tools). Physiotherapist for the first time seeing the patient knows the somatic disease, but does not know the psyche, personality, needs. This is an impediment, and may reduce the effectiveness of aid. Health psychology broadens the biomedical paradigm with the scope of the psychological aspects, including it in the same range of positive medicine (people learning how to preserve health, protect it, develop), as opposed to restorative medicine, dealing with only sick or so preventive medicine (threat).

The individual is considered in the context of the system (family, community, nation). It is also taken into account not only an external event, environmental, but internal forces (emotions, perception, behavior). Contemporary view and opinions broaden the range of activities of people supporting the patient. For this purpose an attempt was made to construct a tool that will help physiotherapists and the patient clearly define expectations for how to proceed and realize that internal factors are most important.

The questionnaire is a research tool that is used to investigate specified (by author) variables. The object of the study (the design of the questionnaire) were patients' expectations for treatment, dealing with him. Theoretical assumptions were based on a holistic model of treatment, where it is taken into account not only the patient's specific ailment, but the whole of the factors affecting him/her (environment, family system, relationships with others). Considerable importance is attached to how the patient subjectively sees his illness and what hopes, expectations his/her associates with people who take part in this process.

The aim of research is to obtain the best possible information about what the patient expects so by finding this out physiotherapist could conform to certain standards — get the better effect of treatment. The questionnaire is intended for patients visiting a physiotherapist and requiring treatment. Patient-Physiotherapist Expectations Questionnaire (QEPP) consists of 12 statements. Each of the statements concerns issues related to the current health condition. While designing the questionnaire patient's expectations factors were taken into account, namely: understanding, explanation, support, complete information.

Understanding is conceived as an understanding of patient's intentions, sensing his/her dysfunction problems, not to interfere too much in the personal

Table 1. Key to answers of Questionnaire QEPP

Variable	Number of statement
Understanding problems (U)	2, 8, 9
Support (S)	4, 5, 6, 7, 11
Informing (I)	1, 3, 10, 12

life of the patient. Support refers to empathic approach to patient's problems, regardless of the status and condition, to promote his enthusiasm, stimulate positive action, beneficial to his health. Information is providing information in accordance with knowledge of the disease, about forecasting, a cure.

The questionnaire should be completed by the patient before the visit with a physiotherapist. Contains instructions. Each statement is attributed with the scale of 1 to 5:

- 5 — definitely yes;
- 4 — yes;
- 3 — rather yes;
- 2 — does not matter;
- 1 — no.

The respondent should answer all questions, under conditions allowing the filling. Duration about 10 minutes.

The questionnaire responses are scored. Replies received 5 points — definitely yes, 4 points — as well as 3 points — rather yes. Lack of decisiveness — 2 points and 0 points for negative responses.

Statement concerning the variables shown in Table 1

Each variable is evaluated separately.

For the variable "understanding of the problems" (U) the maximum number of points for positive ratings is 15-12-9 and 6-3 for negative ratings.

For the variable "support" (S) the maximum number of points for positive ratings is 25-20-15 and 10-5 for the negative.

For the variable "information" (I) the maximum number of points scored is 20-16-12 for a positive evaluation, and 8-4 for negative ratings.

The higher the score, the greater the patient's "need" for variables.

The questionnaire is a useful tool for physiotherapists. Based on the results, they can not only make contact immediately with the patient, but above all they can know what is expected of them. Physiotherapist can immediately see the patient's subjective perception of their disease (dysfunction) and the ability or lack of it when dealing with so much stress.

Table 2. Points obtained in QEPP — the higher the score, the higher the expectation of receiving help

	Very big	Big	Rather big	Doesn't matter	Not needed
Understanding (U)	15	20	9	6	3
Support (S)	25	20	15	10	5
Informing (I)	20	16	12	8	4

Analysis of reliability (test No. 1)

Reliability analysis was conducted using Cronbach Alpha method. The value of statistics counted for the questionnaire QEPP was Alpha = 0.642. It is worth noting, that one of the positions (Question 9) reduces quite clearly Cronbach's alpha coefficient, we could think about removing the item from the analyzed tools. The strongest correlation with the result of the general sub-scale was observed in case of question No. 11 (r = 0.48).

Analysis of reliability (test No. 2)

Reliability analysis was conducted using Cronbach Alpha method. The value of statistics counted for the questionnaire QEPP was Alpha = 0.706. It is worth nothing just as in the case of measurement reliability in Study 1, that also for this measurement question 9 quite clearly lowers Cronbach alpha coefficient, which gives another condition for the removal of the question from the questionnaire. The strongest correlation with the result of the general sub-scale was observed in case of question No. 11 (r = 0.57).

Test-Retest Analysis

Test retest analysis showed significant positive correlations with all the questions forming QEPP questionnaire. This result means that the respondents in both measurements, filled the questionnaire with similar choices, which undoubtedly proves the coherence of the analyzed tools over time. The highest correlations were observed in case of questions 5, 7, 8, 10, 11 (in each case, the correlation $r > 0.50$). Correlations with the lowest strength were found for questions 1, 2, 3, 4, 9, 12 (in each case, the correlation $r < 0.04$).

Based on the obtained results it can be concluded that the Patient-Physiotherapist Expectations Questionnaire can be applied in practice. Only question No. 9 was removed from the questionnaire (QEPP), which, according to mathematical statistics (Alpha Cronbach's coefficient) did not obtain proper statistical correlation (r = 0.04 test, retest r = 0.02). Physiotherapist after using this tool can objectively assess patient's expectations, improve the comfort of the sense of psychological well-being of a patient as well as increase the effectiveness of their efforts.

Table 3. Reliability coefficient for the individual questions of the questionnaire study 1

	Co-relation of positions total	Alfa Conbacha after removing the position
Question 1	0.21	0.63
Question 2	0.39	0.61
Question 3	0.43	0.60
Question 4	0.28	0.62
Question 5	0.30	0.62
Question 6	0.32	0.62
Question 7	0.23	0.64
Question 8	0.40	0.60
Question 9	0.04	0.69
Question 10	0.31	0.63
Question 11	0.48	0.58
Question 12	0.41	0.61

Table 4. Reliability coefficient for the individual questions of the questionnaire study 2

	Co-relation of positions total	Alfa Conbacha after removing the position
Question 1	0.35	0.69
Question 2	0.49	0.68
Question 3	0.55	0.66
Question 4	0.17	0.71
Question 5	0.44	0.67
Question 6	0.48	0.67
Question 7	0.29	0.71
Question 8	0.42	0.68
Question 9	0.02	0.75
Question 10	0.50	0.68
Question 11	0.57	0.65
Question 12	0.37	0.69

Table 5. Significance correlation factors — Test-Retest Analysis

		test-retest
Question 1	Correlation	0.27
	Significance	0.04
Question 2	Correlation	0.30
	Significance	0.02
Question 3	Correlation	0.34
	Significance	0.01
Question 4	Correlation	0.37
	Significance	0.00
Question 5	Correlation	0.52
	Significance	0.00
Question 6	Correlation	0.47
	Significance	0.00
Question 7	Correlation	0.52
	Significance	0.00
Question 8	Correlation	0.59
	Significance	0.00
Question 9	Correlation	0.37
	Significance	0.00
Question 10	Correlation	0.54
	Significance	0.00
Question 11	Correlation	0.56
	Significance	0.00
Question 12	Correlation	0.36
	Significance	0.00

Discussion

The existing literature on patient-doctor relationship (patient - the person in charge of the therapy) you can find little information on patient's expectations. Literature focuses on the issue of how the doctor should provide information on the disease (especially the diagnosis which is life threatening) to a patient and his family, and how he should carry out such difficult conversation. There are also no studies on the patient's expectations in relation to the supervisor-person in charge of the therapy. The purpose of this study was to design a questionnaire on patient's relationship with the physiotherapist and physiotherapist's relationship with the patient.

Efforts were made to create a tool thanks to which both patient and physiotherapist in a relatively short time (the test takes 5 minutes) will know what awaits them. Patients, in the most convenient way for them, determine their expectations. From

surveys conducted for palliative care patients arose three options that are important. Information (applies strictly to rehabilitative aspect of disease), psychological support concerning the emotions and understanding (empathic attitude towards the patient).

Therefore, an attempt to create a tool (questionnaire type) that would help and facilitate the physiotherapist to relatively easily and quickly find out what the patient expects and what may affect the more effective cooperation and improvement.

Conclusion

Based on the reliability and validity of the patient's expectations Questionnaire, physical therapist can state that the questionnaire is a secondary instrument thanks to which both sides (patient, physiotherapist) obtain information about the expectations, information, and understanding. This allows the effective and mutually beneficial collaboration. Out of previous studies on the subject of palliative patient - physiotherapist relationship it is worth mentioning surveys carried out in a hospice ward of Caritas AW in Warsaw in 2010/2011. Surveys related to palliative patients' expectations towards physiotherapists and physiotherapists' expectations in relation to these patients. (G. Skowski, 2010). Analysis of psychological needs, cherished values, palliative patients' mental condition (E. Tekielska, D. Wysocka 2011; P. Gidzinski 2011) and an interesting paper on the sexual needs of palliative patients (case studies) in context (E. Tekielska, P. Gala 2011)

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ANNEX

Questionnaire of Expectations Patient-Physiotherapist (QEPP)

Date: Gender: F/M Age:

The following scale is placed below each statement:

1	2	3	4	5
No	Indifferently	Rather yes	Yes	Definitely yes

Mark which number concerns You (circle the right number)

1. I expect the physiotherapist to explain in detail what my disease is

1	2	3	4	5
No	Indifferently	Rather yes	Yes	Definitely yes

2. I expect the physiotherapist to understand my problems connected to the dysfunction

1	2	3	4	5
No	Indifferently	Rather yes	Yes	Definitely yes

3. I expect the physiotherapist to want to talk to me about performed exercises

1	2	3	4	5
No	Indifferently	Rather yes	Yes	Definitely yes

4. I expect the physiotherapist to make decisions according to the type of preformed treatments

1	2	3	4	5
No	Indifferently	Rather yes	Yes	Definitely yes

5. I expect the physiotherapist to stimulate me to systematic and decent exercising

1	2	3	4	5
No	Indifferently	Rather yes	Yes	Definitely yes

6. I expect the physiotherapist to guide me

1	2	3	4	5
No	Indifferently	Rather yes	Yes	Definitely yes

7. I expect the physiotherapist to give me choice according to which exercises I do

1	2	3	4	5
No	Indifferently	Rather yes	Yes	Definitely yes

8. I expect the physiotherapist to trust me

1	2	3	4	5
No	Indifferently	Rather yes	Yes	Definitely yes

9. I expect the physiotherapist not to get involved in my personal life and have knowledge about my problems

1	2	3	4	5
No	Indifferently	Rather yes	Yes	Definitely yes

10. I expect the physiotherapist to tell me exactly how to do each exercise

1	2	3	4	5
No	Indifferently	Rather yes	Yes	Definitely yes

11. I expect the physiotherapist to support me

1	2	3	4	5
No	Indifferently	Rather yes	Yes	Definitely yes

12. I expect the physiotherapist to monitor and inform me of the positive or negative effects of exercises conducted

1	2	3	4	5
No	Indifferently	Rather yes	Yes	Definitely yes

Answer Key

Understanding Problems (U) 2, 8, 9
 Support (S) 4, 5, 6, 7, 11
 Informing (I) 1, 3, 10, 12

5												
4												
3												
5												
1												
	2	8	9	4	5	6	7	11	1	3	10	12
	Understanding (U)			Support (S)					Informing (I)			