The Quality of counseling evaluated by acute patients in Physical Medicine and Rehabilitation units at hospital

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Introduction
Short stays in Physical Medicine and Rehabilitation units have reduced the time available for counseling, and structural changes within the health care system are creating challenges in the implementation of high-quality counseling.

Purpose
This cross-sectional study describe the quality of counseling provided for acute patients by a physical and occupational therapist and a podiatrist in three Physical Medicine and Rehabilitation units.

Methods
• Data were collected in the spring of 2012.
• Convenience sample of patients (n=408), treated in wards and outpatient clinics in Physical Medicine and Rehabilitation units at one university hospital in Finland.
• Data were collected using The Quality of Counseling Instrument (CQI) (© Kääriäinen 2007). Instrument included four main area: Content of counseling, Implementation of counseling, Benefit of counseling, and Counseling methods and materials
• The data was analyzed using descriptive statistics, principal component analysis and χ²-test.

Results

<table>
<thead>
<tr>
<th>Background Information</th>
<th>n</th>
<th>%</th>
<th>More (range)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex (n=408)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>250</td>
<td>61.5</td>
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<tr>
<td>Male</td>
<td>144</td>
<td>35.0</td>
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<tr>
<td>Education (n=336)</td>
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<td>Secondary education</td>
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<tr>
<td>Vocational education</td>
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<tr>
<td>Bachelor's degree</td>
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<tr>
<td>Master's degree</td>
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<td>4.1</td>
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<tr>
<td>Other</td>
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<td>2.0</td>
<td></td>
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<tr>
<td>Duration of disease (n=424)</td>
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<td></td>
<td>3 day (4-37 day)</td>
</tr>
<tr>
<td>1. Patient-admission</td>
<td>328</td>
<td>77.0</td>
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</tr>
<tr>
<td>2. Emergency visit</td>
<td>102</td>
<td>22.9</td>
<td></td>
</tr>
<tr>
<td>Age (n=408)</td>
<td></td>
<td></td>
<td>55 year (16-86 year)</td>
</tr>
</tbody>
</table>

Table 1. Background information of participants.

The principal component analysis identified:
Content of patient counseling included three sum variables named knowledge of disease and its effect on daily life, knowledge of follow-up and knowledge of rehabilitation.

Implementation of counseling included four sum variables named, planned counseling, patient-centered counseling, interaction and atmosphere of counseling and practical counseling.

Benefit of counseling identified one sum variable: knowledge of rehabilitation and its impact on patients life.

Counseling method and materials identified two variables: counsellors knowledge and skills, counseling methods.

Results

• Almost half of patients (48%) were dissatisfied with the quality of counseling in terms of knowledge of how the disease affected their daily lives.
• Women under 50 years of age were more dissatisfied on this basis than those over 50 years (p<=0.000) of age and men (p=0.003).
• However, most of the patients (77%) regarded the counseling provided as part of follow up rehabilitation as adequate.
• Most patients (92%) also believed that the rehabilitation counseling provided was sufficient.
• Implementation of counseling was planned (80%) evaluated by patients
• The atmosphere and interaction (93%) between the patient and therapist was good.
• 53% of the patients were of the view that counseling was not patient-centered.
• The Patients (99%) were satisfied with the counseling method and materials such as the counselor knowledge and skills of the staff, and the methods used in counseling (88%).
• The counseling had increased the patients' knowledge of rehabilitation and its impact on their lives.

Discussion & Conclusions
In general, acute patients were satisfied with the quality of counseling. More attention should be paid to patient-centered counseling and ensuring that knowledge of the disease’s impact on the patient’s daily life is sufficient.

Implications
The results can be used in the development of counseling provided by rehabilitation staff for acute patients in Hospitals.

References


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