

Person centered and **GOAL** directed rehabilitation

How are we doing in Queensland?



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Contributors

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Background and aims

Goal-setting in rehabilitation is recommended in organisational and professional guidelines. However, goal-setting practices are inconsistent across rehabilitation settings. This study aimed to review goal-setting practices in Queensland rehabilitation services.



Method

An electronic survey was distributed to staff working in adult rehabilitation across Queensland, Australia. The survey was adapted from the work of Lesley Scobbie and colleagues¹. Adaptations to the survey included question reconstruction to improve relevance to a variety of rehabilitation settings and case mixes. The survey covered topics including; priorities for goal-setting, goal related activities, and barriers to implementing goal-setting. The survey was distributed via a snowball sampling method through the Statewide Rehabilitation Clinical Network. All staff working in rehabilitation across Queensland were invited to participate in the survey. Redcap data collection software was used to develop the survey and collect the data. Descriptive statistics were used to analyze the data and open-ended questions underwent inductive thematic analysis by two coders.

References

¹ Scobbie, L., Duncan, E. A., Brady, M. C., & Wyke, S. (2015). Goal-setting practice in services delivering community-based stroke rehabilitation: A United Kingdom (UK) wide survey. *Disabil Rehabil*, 37(14), 1291-1298. doi:10.3109/09638288.2014.961652
² Chan, C. C. H., & Lee, T. M. C. (1997). Validity of the Canadian Occupational Performance Measure. *Occupational Therapy International*, 4(3), 229-247
³ Kiresuk, T. S., R. (1968). Goal attainment scaling: A general method for evaluating community health programs. *Community Mental Health Journal*, 4, 443-453.

Results

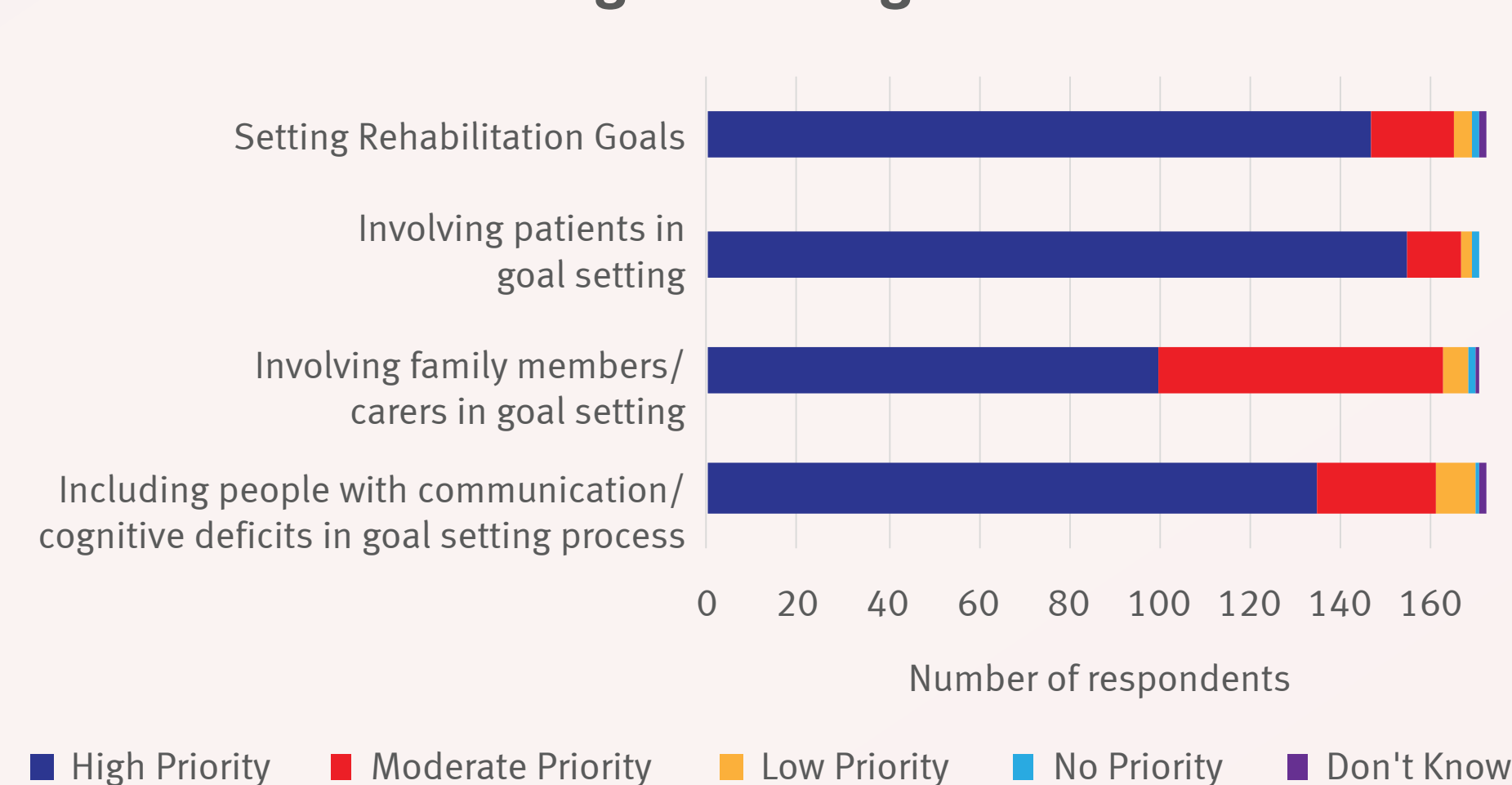
Participants

A total of 181 responses were received of which a total of 174 completed responses were included for analysis. There were 3 incomplete data sets, data from all participants where provided, was included. Responses were received from all hospital and health services across Queensland. The majority of the responses were from inpatient rehabilitation staff (n=90, 51.7 per cent) followed by community rehabilitation staff (n=34, 19.5 per cent), transition service staff (n=16, 9.2 per cent), day therapy staff (n=14, 8 per cent), extended rehabilitation units (n=5, 2.9 per cent) and 19 staff reported being from other facilities (10.9 per cent). Clinicians reported using goal-setting always or most of the time (n=150, 86.2 per cent) with client's attending rehabilitation services, only three respondents (1.7 per cent) stated goal-setting was rarely used.

How goal-setting was undertaken

Goals were set predominantly by individual discipline team members with the patients present (n= 115, 66 per cent). Respondents stated goal-setting was undertaken with the team and the patient together in 39.08 per cent of cases (n=68). The majority of rehabilitation staff stated a high priority for setting rehabilitation goals (n=147, 84.5 per cent) and involving patients in the process (n=155, 89.1 per cent). A high priority was given in consulting family members in the goal-setting process by 57.5 per cent of respondents (n=100). Rehabilitation staff used goal-setting; to establish the rehabilitation program, to ensure patient-centered care, to evaluate outcomes, to improve team communication and as an intervention strategy to increase engagement and support adjustment.

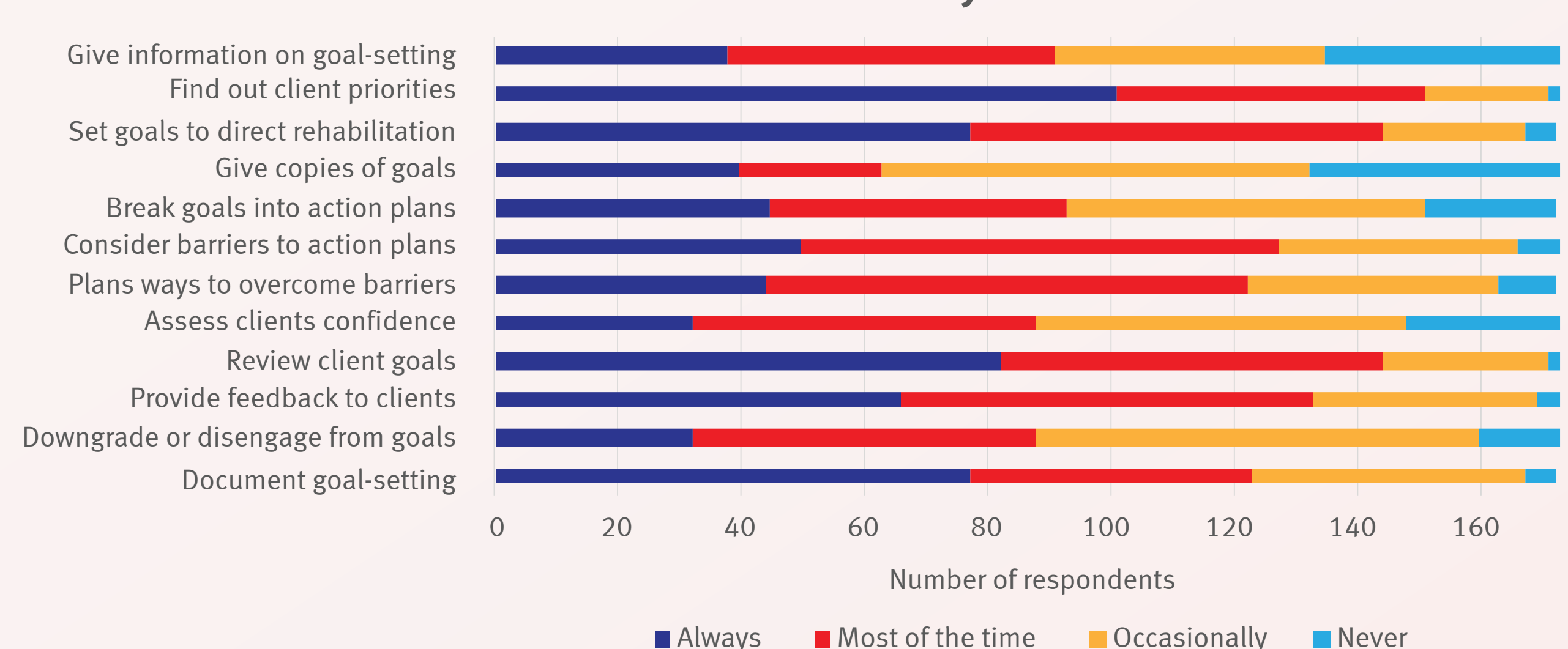
Priorities when goal-setting in rehabilitation



Goal related activities

Respondents reported consistently giving clients information about goal-setting in 52.3 per cent of survey responses (n=91) however, only 36.2 per cent (n=63) of staff reported consistently (always or most of the time) giving copies of goals to clients. The Canadian Occupational Performance Measure (COPM)² or Goal Attainment Scaling (GAS)³ was used regularly by 23 per cent of respondents (n=40) whilst 34.5 per cent of respondents (n=61) stated no particular tool was used when goal-setting.

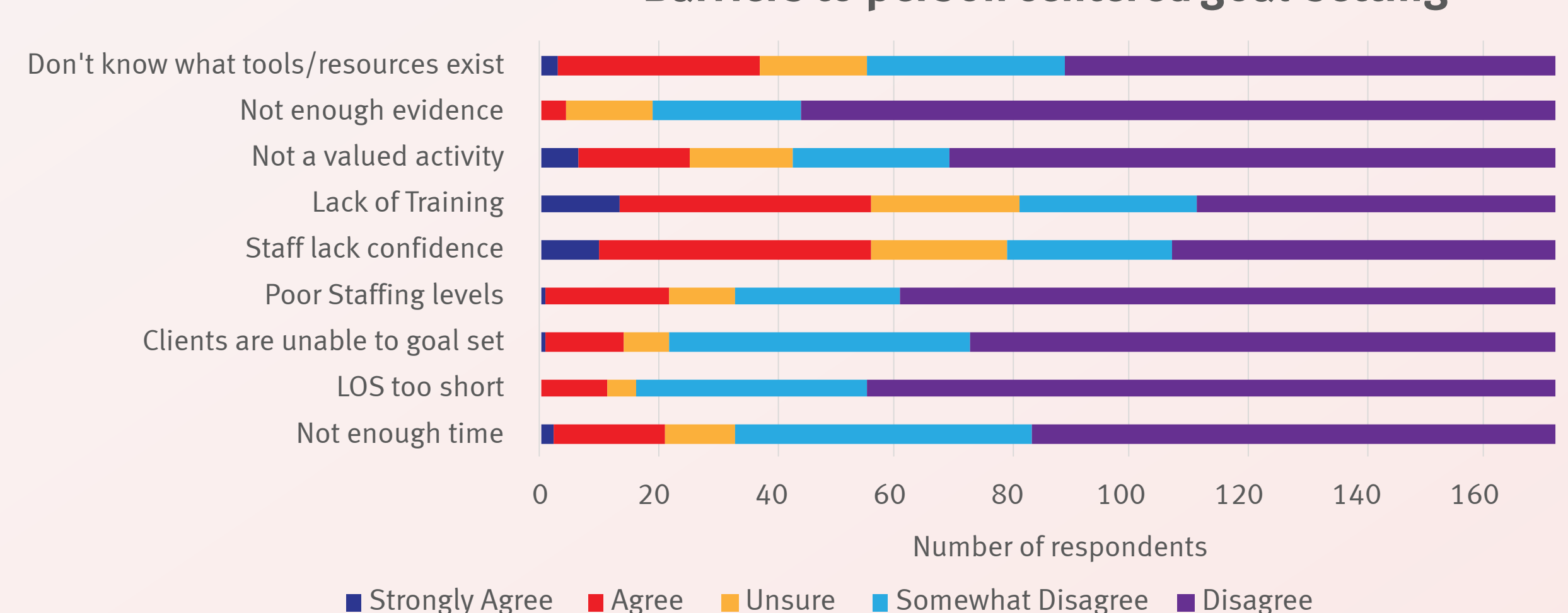
Goal related activities undertaken by rehabilitation staff



Barriers and enablers to goal-setting

Barriers to implementing goal-setting included; lack of training and staff confidence in goal setting and lack of knowledge of what tools or resources should be used. Client factors and a lack of coordinated interdisciplinary processes to support goal-setting and differing team member values were also seen as barriers. Staff identified enablers to goal-setting practices including a joint team philosophy for goal-setting (n=90, 51.7 per cent) and organizational support (n=86, 49.4 per cent).

Barriers to person centered goal-setting



Conclusion

Rehabilitation staff prioritised goal-setting practices with clients but did not consistently report conducting activities that demonstrate this in practice. Further contextual analysis of goal related activities and barriers to implementing goal-setting is needed to develop and implement tailored strategies to improve client engagement in goal-setting and rehabilitation team action planning.