



Self-efficacy of Patient Centeredness among the Physical Therapists of Sindh, Pakistan

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Authors' contributions

This work was carried out in collaboration among all authors. Authors NB, AAA designed the study, performed the statistical analysis, wrote the protocol and wrote the first draft of the manuscript. Authors AAA, SL and NS managed the analyses of the study. Authors VC and SAHK managed the literature searches. All authors read and approved the final manuscript.

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ABSTRACT

Aim: To assess the self-efficacy of patient centeredness and its implication rates among physical therapists of Sindh, Pakistan.

Study Design: A cross sectional study.

Place and Duration: The Study was conducted from August to December 2017. The data was collected from different hospitals of Sindh, Pakistan, Agha Khan Hospital, Liaquat National Hospital, Jinnah Postgraduate Medical Centre, Rabia moon Hospital, Liaquat University of Medical and Health Sciences, Dow University of Health Sciences, Jijal Mauu Hospital.

Methodology: The Self-Efficacy in Patient Centeredness Questionnaire (SEPCQ-27) consisting of (1-27) scoring key, with total score of 108 was distributed among 377 physical therapists while 305 were filled and returned. The Data was analyzed using statistical package for social sciences (SPSS) version 21.

Results: Most of the participants were from age group of 24-29 years (n=252, 82.6%) and were male (n=194, 63.6%). Most of the participants were having experience of 1-5 years (n=251, 82.3%), working in general hospital setting (n=133, 43.6). The working hours ranges between 4-8

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hours (n=194, 63.6%). Most of the participants reported high degree (n=270, 88.5%) of patient centeredness. Minimum reported score on SEPCQ-27 was 41 while the maximum reported score was 108.

Conclusion: The study concludes that self-efficacy in patient centered care among physiotherapists of Sindh, Pakistan was high. The study also reported that physiotherapists implement patient centered care to higher degrees, It has positive influence on outcomes, patient satisfaction, patient-therapist relation, patients health related quality of life, adherence to treatment and physical and mental wellness.

Keywords: Self-efficacy; patient centeredness; implication rates; physiotherapists; Sindh; Pakistan.

1. INTRODUCTION

Patient centeredness is the core of medicine and defined as attention given to patient that is correspondent and honorable to patient's demand and valuation and followed by patient ethics [1,2]. Patient centered care is described as guardianship conveyance that is regular with the examination, needs and wishes of patient and acquired when physician engage patient in health maintenance argument and commitment [3]. Patient centeredness is an important factor in upgrading the health care system, the empathetic bond between patient and health care providers, health results, and minimizes health expenses [1,3,4]. Patient centeredness is a chief element of health care system, considered to rise environmental, mental and moral sensitivities of patient meetings [5]. It contains three central characteristics: a) To think seriously of patient 'requirements, point of view and single experiences. b) Giving chance to patient to involve in their concern and c) Improvement of client physician connection [6]. Patient-centeredness is associated with giving more preferences to patient perspective [2]. A study suggests that "The ability to communicate; confidence; knowledge and professionalism; an understanding of people and an ability to relate; and transparency of progress and outcome formed a composite picture of patient-centered physiotherapy from the patient's perspective" [7]. The Self-efficacy in patient centered care was defined by Bandura's [8] as, confidence medical student or physician has in his or her ability to apply each specific behavior in a manner so that the patient would perceive it as per its fundamental aim. Things would accordingly be phrased as: "I am confident that I am able to make the patient experience me as (specific behavior covered by the item)". Patient centered care has influential role in physical therapy and reinforces its importance in physical therapy [7]. SEPCQ-27 stands for Self-Efficacy in patient centeredness Questionnaire, is a valuable and

valid measure to assess self-efficacy in patient centered care [6].

This study aims to assess the self-efficacy of patient centeredness among physiotherapist in physiotherapy clinical setups and implementation of patient centered care in Sindh, Pakistan and will help to understand that patient centeredness is a necessary tool in physiotherapy treatment.

2. MATERIALS AND METHODS

2.1 Study Design and Setting

A cross sectional study was conducted from August to December 2017. The data was collected from different hospitals of Sindh, Pakistan Agha Khan Hospital Karachi, Liaquat National Hospital Karachi, Jinnah Postgraduate Medical Centre Karachi, Rabia moon Hospital Karachi, Liaquat University of Medical and Health Sciences, Jamshoro, Dow University of Health Sciences Karachi, Jijal Mauu Hospital, Hyderabad.

2.2 Sampling

Convenient non-probability sampling technique was used among 377 physical therapists, included from above mentioned hospitals of Sindh who were agreed to participate in study. Among 377 physical therapist 305 returned filled questionnaires, so the response rate was 81%. Physical therapist both male and females, who have at least experience of one year in clinical setting and are willing to participate are included in study while physical therapist having experience of less than one year, working only in academics and administration, and researchers were excluded from study.

2.3 Data Collection Tool

The Self-Efficacy in Patient Centeredness Questionnaire (SEPCQ) was used in study. The Self-Efficacy in patient centeredness

Questionnaire (SEPCQ)” consist of (1-27) scoring key, with total score of 108.

Scoring system is as follow:

- I. Questions [1,4,5,9,10,14,17,20,23,24] are exploring the patient perspective= (0-40 score).
- II. Questions [2,6,7,11,12,15,18,21,25,26] are sharing information and power= (0-40 score).
- III. Questions [3,8,13,16,19,22,27] are dealing with communicative challenges= (0-28 score).

2.4 Data Collection Procedure

As Self-Efficacy in Patient Centeredness Questionnaire (SEPCQ) is self administrative questionnaire, Physical therapists were asked to complete the questionnaire on spot.

2.5 Data Analysis Procedure

Data was analyzed using statistical package for social sciences (SPSS) version 21 and presented in frequency and percentages for categorial variables, mean values and standard deviations were presented for categorial variables.

3. RESULTS

In results the Age, gender, work experience, setting, average working hours of participants and SEPCQ-27 items are presented

Table 1. Demographic characteristics of participants

Demographics	Frequency <i>n=305</i>	Percentage
Age		
24-29years	252	82.6
30-35 years	31	10.2
36-41 years	15	4.9
42-48 years	6	2.0
49 and above years	1	0.3
Gender		
Male	194	63.6
Female	111	36.4

3.1 Demographic Characteristics of Participants

Table 1 displays demographic characteristics of participants. Most of the participants belongs

from age group of 24-29 years (n=252, 82.6%). Most of the participants were male (n=194, 63.6%).

Table 2. Represents work experience, setting and average working hours of participants

Variable	Frequency <i>n= 305</i>	Percentage
Years of experience		
1-5 years	251	82.3
5.1-10 years	42	13.8
10.1-15 years	11	3.6
more than 15 years	1	0.3
Work setting		
Rehabilitation Hospital	130	42.6
General Hospital	133	43.6
Clinical	39	12.8
Home Based	3	1.0
Average working hours		
4-8 hours	194	63.6
8.1-12 hours	91	29.8
12.1-16 hours	18	5.9
More than 16 hours	2	0.7

3.2 Represents Work Experience Setting and Average Working Hours of Participants

Table 2 displays work experience, setting and average working hours of participants. Most of the participants were having experience of 1-5 years (n=251, 82.3%), while most were working in general hospital setting (n=133, 43.6). most of the participants works for 4-8 hours (n=194, 63.6%).

3.3 SEPCQ-27 Items

Table 3 displays SEPCQ-27. Most of participants make their patient feel that they are interested in knowing what they think and record medical history to a high degree (n=134, 43.9%) (n=131, 43.0%) respectively. Most of the participants accepts to a high degree (n=131, 43.0%) that there is no longer curative treatment for patient. Most of the participants make the patient feel that they have time to listen and to recognize patient’s thoughts and feelings to a very high degree (n= 138, 45.2%) (n=151, 49.5%)

Table 3. Represents SEPCQ-27 items

S.NO	Variables	Frequency N=305 Percentage			
		Very low degree	Moderate degree	High degree	Very high degree
1	Make the patient feel that I am genuinely interested in knowing what he/she thinks about his/her situation"	16 (5.2)	73 (23.9)	134 (43.9)	82 (26.9)
2	Record medical history	11 (3.6)	44 (14.4)	131 (43.0)	119 (39.0)
3	Accept when there is no longer curative treatment for the patient	18 (5.9)	39 (12.8)	141 (46.2)	107 (35.1)
4	Make the patient feel that I have time to listen	7 (2.3)	45 (14.8)	115 (37.7)	138 (45.2)
5	Recognize the patient's thoughts and feelings.	6 (2.0)	29 (9.5)	119 (39.0)	151 (49.5)
6	Reach agreement with the patient about the treatment plan to be implemented.	14 (4.6)	44 (14.4)	123 (40.3)	124 (40.7)
7	Advise and support the patient in making decisions about his/her treatment.	10 (3.3)	34 (11.1)	128 (42.0)	133 (43.6)
8	Be aware of when my own feelings affect my communication with the patient.	10 (3.3)	32 (10.5)	133 (43.6)	130 (42.6)
9	Be aware of when the patient is scared or concerned.	11 (3.6)	33 (10.8)	132 (43.3)	129 (42.3)
10	Ensure that the patient makes his/her decisions on an informed basis.	19 (6.2)	39 (12.8)	122 (40.0)	125 (41.0)
11	Explain the diagnosis and treatment plan to the patient so that he/she understands.	7 (2.3)	41 (13.4)	121 (39.7)	136 (44.6)
12	Deal with my own emotional reactions when the situation is difficult for me.	35 (11.5)	55 (18.0)	101 (33.1)	114 (37.4)
13	Treat the patient in a caring manner.	9 (3.0)	27 (8.9)	126 (41.3)	143 (46.9)
14	Explain things so that the patient feels well-informed.	3 (1.0)	31 (10.2)	122 (40.0)	149 (48.9)
15	To maintain the relationship with the patient when he/she is angry.	17 (5.6)	42 (13.8)	101 (33.1)	145 (47.5)
16	Make the patient experience me as empathetic.	22 (7.2)	65(21.3)	131 (43.0)	87 (28.5)
17	Inform the patient about the expected side effects, so the patient understands them.	9 (3.0)	56 (18.4)	127 (41.6)	113 (37.0)
18	To stay focused on what is best for the patient if there is a professional disagreement about the diagnosis and treatment.	13 (4.3)	40 (13.1)	137 (44.9)	115 (37.7)
19	Make the patient feel that he/she can talk with me about confidential, personal issues.	13 (4.3)	36 (11.8)	117 (38.4)	139 (45.6)
20	Explain how the treatment works or is expected to work.	10 (3.3)	21 (6.9)	147 (48.2)	127 (41.6)
21	Avoid letting myself be influenced by preconceptions about the patient.	16 (5.2)	49 (16.1)	118 (38.7)	122 (40.0)

S.NO	Variables	Frequency N=305 Percentage			
		Very low degree	Moderate degree	High degree	Very high degree
22	Show a genuine interest in the patient and his/her situation.	11 (3.6)	27 (8.9)	123 (40.3)	122 (40.0)
23	Focus on compassion, care, and symptomatic treatment when there is no curative treatment.	14 (4.6)	29 (9.5)	122 (40.0)	140 (45.9)
24	Explain how the treatment is likely to affect the patient's condition, so that the patient understands.	5 (1.6)	33 (10.8)	113 (37.0)	154 (50.5)
25	Explain the treatment procedures, so that the patient understands them.	7 (2.3)	37 (12.1)	134 (43.9)	127 (41.6)
26	Separate my personal views from my approach in the professional situation.	7 (2.3)	26 (8.5)	99 (32.5)	173 (56.7)
27	Exploring the patient perspective	1 (0.3)	28 (9.2)	276 (90.5)	-
28	Sharing information and power	1 (0.3)	26 (8.5)	278 (91.1)	-
29	Dealing with communicative challenges	2 (0.7)	54 (17.7)	249 (81.6)	-

Table 4. Represents self-efficacy of participant in patient centeredness

Variables	Frequency n=305 percentage		Mean	Standard deviation	SEPCQ-27 scoring	
	Moderate (37-72)	High (73-108)			Minimum score	maximum score
Self-efficacy in patient centeredness	35 (11.5)	270 (88.5)	87.72	13.097	41	108

respectively. Most of the participants reported that they reach agreement with the patient about the treatment plan to be implemented to a very high degree (n=124, 40.7%). To a very high degree (n=133, 43.6) most of the participants reported that they advise and support the patient in making decisions about his/her treatment. (n=133, 43.6%) are aware of their own feelings that affect communication with the patient to a high degree. Most of the participants were aware when the patient is scared or concerned to a high degree (n=132, 43.3). Most of the participants to a very high degree ensures patient to makes his/her decisions on an informed basis (n=125, 41.0%) and explain diagnosis and treatment plans to make patient understand (n=136, 44.6%). Most of the participants reported that they deal with their own emotional reactions when the situation is difficult for them and treat patients in a caring manner to a very high degree (n=114, 37.4%) (n=143, 46.9%) respectively. Most of the participants reported that they Explain things to patient to make them feel well-informed and maintain their relationship with the patient when they are angry to a very high

degree (n=149, 48.9%) (n=145, 47.5) respectively. Most of the participants make the patient experience them as empathetic to a high degree (n=131, 43.0%). Most of participants reported that they, to a high degree, inform patient about the expected side effects, to make them understand (n=127, 41.6%), stay focused on what is best for the patient if there is a professional disagreement about the diagnosis and treatment (n=137, 44.9%) and explain how the treatment works or is expected to work (n=147, 48.2%). Most of the participants reported that they Make the patient feel that he/she can talk with them about confidential, personal issues (n=139, 45.6%) and avoid letting their selves be influenced by preconceptions about the patient (n=122, 40.0%) to a very high degree. Most of the participants shows high degree of genuine interest in the patient and his/her situation (n=123, 40.3%). Most of the participants reported that they Focus on compassion, care, and symptomatic treatment, when there is no curative treatment (n=140, 45.9%) to a very high degree. Most of them reported that they explain how the treatment is likely to affect the patient's condition

to a very high degree (n=154, 50.5%) while many of them explain the treatment procedures to a high degree (n=127, 41.6%) to make patient understand. Most of the participants reported that they separate their personal views from their approach in the professional situation to a very high degree (n=173, 56.7%). Many of them reported that they Explore the patient perspective (n=276, 90.5%), Share information and power (n=278, 91.1%) and deals with communicative challenges 249 (81.6) to a higher degree.

3.4 Self-efficacy in Patient Centeredness

Table 4 displays self-efficacy of participants in patient centeredness. Most of the participants reported high degree (n=270, 88.5%) of patient centeredness. Mean value of 87.72 were reported. Standard deviation of 13.097 were reported for self-efficacy in patient centeredness. Minimum reported score on SEPCQ-27 was 41 while the maximum reported score was 108. Self-efficacy in patient centered care among physiotherapists of Sindh, Pakistan was high.

4. DISCUSSION

The current study discloses that self-efficacy in patient centered care was high among physiotherapists of Sindh Pakistan and they implement patient centered care to the higher degrees. This study in line with previous studies such as: Study conducted by Keren Michael et al, stated that Students in clinical years had more positive attitudes toward PCC and empathy, and higher communication self-efficacy. Females had more positive attitudes toward PCC, communication, and empathy [9]. The association between communication self-efficacy and PCC attitudes was completely mediated by communication and empathy attitudes. Klea D. Bertakis conducted a study in California [10] reported higher average amount of patient-centered care recorded in visits throughout the 1-year study period, leading to decreased utilization of health care services and lower total annual charges. Lila J. Finney Rutten reported high degree of patient centered care in those with chronic illnesses which were positively and significantly associated with health self-efficacy [11]. A study conducted by Ana M. Grilo et al., in Portugal also reported high degrees of patient centeredness among nursing students [12]. A study conducted by Karin S. Samsson in Sweden [13] reported patients' perceptions of quality of care in a physiotherapist-led orthopedic triage and suggested high implication of patient

centered care by physiotherapists. Ashley L. Dockens also reported that patient centeredness is highly preferred by allied health students and professionals [14].

Over the years, a growing body of research has explored the positive influence of patient-centeredness on patient outcomes, health maintenance, physical and psychological wellness and understanding of patient's condition [15-17]. The communication have positive effects on patient's health but also upgrade the effectiveness of care [16]. Patient understand their physician more when they are allowed to involve directly in a medical conversation [15]. Patient centeredness upgrades the excellence of patient care and plays an important role in health maintenance and its quality [18,19]. Previous study suggested that patient centered care has influential role in physical therapy and reinforces its importance in physical therapy [7]. In accordance with our existing knowledge patient centered care is beneficial to patient and to therapists in different ways, this opinion is supported by studies such as: Systematic review by Cheryl Rathert MDW et al at Columbia in year 2012, stated mixed relationship between outcomes and PCC, he suggested that some studies found significant relationship between clinical outcomes and patient centered care while other have found no such relationship. He also reported that patient centered care has positive influence on patient satisfaction and self-management [20]. Studies conducted by M Stewart et al, Lewin et al and S H Kaplan SG et al in London, Neraj K Arora in USA, and Ronald M Epstein new York stated that patient centered care has positive impact on adherence to treatment, management of chronic conditions, quality of life and health outcomes [16,21-24]. Study conducted by Sanne Jannick Kuipers et al., in Netherlands reported that patient centered care and co-creation of care has positive impact on patient satisfaction with care and on wellbeing and outcomes of multi-morbidity in primary care settings [25]. Furthermore patient centered care plays a positive role in conditions where mobility is threatened by sarcopenia, chronic illnesses or acute physical or social events reported by studies [26-28]. Nienke M. de Vries et al, conducted a study in Netherlands, which states that patient centered care is effective in enhancing moderate intensity of physical activity and reduces frailty in older adults with mobility problems, he also reported that patient centered care has lower costs, higher benefits, and fewer incidents [29]. Study by Martin o kidd conducted

in New Zealand, suggests that Patient centered care has influential role in physical therapy and reinforces its importance in physical therapy [7].

5. CONCLUSION

The study concludes that self-efficacy in patient centered care among physiotherapists of Sindh, Pakistan was high. The study also reported that physiotherapists implement patient centered care to higher degrees. It has positive influence on outcomes, patient satisfaction, patient therapist relation, quality of life, adherence to treatment and physical and mental wellness.

6. RECOMMENDATIONS

It is recommended that students in health care departments as well as health care professionals should be taught effective communication and Patient centered care, to make them efficient enough to implement this approach in practice we also suggest that patients should be included in every decision regarding their health and should be well informed about their condition.

CONSENT AND ETHICAL CONSIDERATION

As the approval was taken from Ethical Review Committee of Isra University Karachi, Pakistan and for data collection prior permission was taken from participants. Informed consent was taken from the participants prior to the data collection that their participation is voluntary, information of their responses will be kept confidential and they can leave the study anytime they want.

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COMPETING INTERESTS

Authors have declared that no competing interests exist.

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