

No One-Size-Fits-All: A Qualitative Study of Patient Experience in Inpatient Rehabilitation

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This study sought to understand the lived experiences of patients who underwent inpatient rehabilitation and identify the key factors perceived as influencing this experience. This was a Qualitative phenomenological study that involved in-depth interviews with 13 patients ranging from 21 to 84 years of age. The patients presented with neurological and musculoskeletal conditions. The inclusion criteria included being 18 years old or older, scoring 14 or greater on the Brief Interview for Mental Status (BIMS), without psychiatric or language disorders, and being discharged home after at least one week of therapy. Participants completed one-to-one, in-depth, semi-structured phone interviews following discharge home. Transcribed interviews were analyzed using the matic analysis and a constant comparative approach. The overarching theme, 'no one size fits all' was discovered. Five subthemes emerged representing the key factors perceived as influencing patient experience: (1) staff are drivers of experience, (2) loved ones make it better, (3) engagement in meaningful occupations, (4) time is of the essence, and (5) meaningful progress. Experience is unique to each individual and is influenced by psychosocial factors. Findings highlight the importance of person-centered care. Rehabilitation is a difficult time for patients not solely because of their physical impairments, but also because of psychosocial challenges. Findings echo the assumptions of the Person-environment-occupation (PEO) model. Interactions that are congruent with personal, environmental, and occupational factors have a positive influence on the overall patient experience, while interactions that are disharmonious can have a negative influence. Occupational therapy is well-positioned to address both physical and psychosocial factors to improve patient experiences. Policies should consider whole-person care as opposed to solely physical health as a meaningful outcome.

References

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