

Patients value patient-therapist interactions more than the amount or content of therapy during inpatient rehabilitation: a qualitative study

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Question: How do patients receiving inpatient rehabilitation experience physiotherapy and does their experience differ if they receive extra Saturday physiotherapy? **Design:** Qualitative study using in-depth interviews and thematic analysis. Interviews were audio-taped, transcribed, member checked and coded independently by two researchers. Data were triangulated using published quantitative data. **Participants:** Nineteen adults undergoing inpatient rehabilitation for neurological and musculoskeletal impairments who received either usual care (Monday to Friday therapy) or additional Saturday therapy. **Results:** One main theme (personal interactions), and five sub-themes (empathetic and caring physiotherapists, socialisation with other patients, alleviated boredom, changed perceptions of the weekend, and contentment with amount of therapy) emerged from the data. Patients valued interacting with physiotherapists and other patients. Patients were content with the amount of physiotherapy whether or not they had additional Saturday physiotherapy. However, having additional Saturday physiotherapy changed the patients' perceptions of Saturdays; patients who received Saturday physiotherapy viewed Saturday as a day where they would be working towards improving their function, while patients who did not receive Saturday physiotherapy expected to rest on the weekend. **Conclusion:** The patient-therapist interaction was more important to the patient than the amount or content of their physiotherapy, but Saturday therapy changed patients' perceptions of weekends in rehabilitation. [Peiris CL, Taylor NF, Shields N (2012) Patients value patient-therapist interactions more than the amount or content of therapy during inpatient rehabilitation: a qualitative study. *Journal of Physiotherapy* 58: 261–268]

Key words: Physical therapy specialty, Qualitative research, Professional-patient relations

Introduction

During rehabilitation, inpatients spend relatively little time receiving therapy (Bernhardt et al 2004, Thompson and McKinstry 2009). Additional physiotherapy reduces length of stay and improves mobility, activity, and quality of life for people in acute and rehabilitation settings (Peiris et al 2011). Additional physiotherapy services can be provided by health services on the weekends to increase physiotherapy contact, which may reduce length of stay and increase efficiency (Brusco et al 2007). Although providing extra physiotherapy may improve patient outcomes, little is known about how patients feel about receiving or not receiving extra physiotherapy rehabilitation services.

Patient perceptions and attitudes are important because they may influence the outcomes of rehabilitation (Ohman 2005). Therefore, to provide effective rehabilitation, physiotherapists need to be aware of the elements of rehabilitation that are important to their patients (Galvin et al 2009). Previous qualitative research conducted on the experience of physiotherapy in stroke units suggests that patients would often like more physiotherapy than they receive (Galvin et al 2009, Lewinter and Mikkelsen 1995) and that an area of dissatisfaction identified by patients and their carers was the amount of physiotherapy (Wiles

et al 2002). However, these qualitative studies have been limited to the perceptions of patients with stroke and have not investigated whether receiving an increased amount of physiotherapy changes patients' perceptions.

An indication of patient perceptions on increasing the amount of physiotherapy during rehabilitation can be derived from published patient satisfaction surveys. Following stroke, more patients preferred receiving allied health therapy 6 days/week compared to 7 days/week (Ruff et al 1999). After coronary artery bypass graft surgery, more patients preferred receiving physiotherapy 7 days/week compared 5 days/week (van der Peijl et al 2004). However, following

What is already known on this topic: Patient perceptions and attitudes are important because they may influence the outcomes of rehabilitation.

What this study adds: Interactions with the therapist and other patients are valued by inpatients receiving rehabilitation. These factors appear to be more important to patients than the amount of therapy received. Saturday physiotherapy was not only viewed as a positive experience but it changed patients' expectations so that they thought every day was for rehabilitation.

total knee joint replacement, patients were equally satisfied with the standard (once/day) and an augmented (twice/day) physiotherapy service (Lenssen et al 2006). These patient satisfaction surveys are limited because they do not explore the broad range of feelings and experiences that patients report about their rehabilitation (Wain et al 2008). An alternative method of evaluating patient experiences, through in-depth interviews, may provide a more complete understanding of the patient experience of physiotherapy rehabilitation and how this was influenced by the provision of extra physiotherapy sessions. Therefore, the specific research questions were:

1. How do inpatients in a rehabilitation setting experience physiotherapy rehabilitation? and
2. Does their experience differ if they receive additional Saturday physiotherapy services?

Method

Design

Qualitative research methods using in-depth interviews were chosen as they provide a means of exploring the experience of additional Saturday physiotherapy in rehabilitation from the perspective of the patients.

Participants

Participants were recruited from a 60-bed inpatient rehabilitation centre that is the main rehabilitation centre in a health service providing services for more than 800 000 people in metropolitan and outer metropolitan areas. A mixed sample of patients was chosen to reflect the diversity of patients in public rehabilitation settings. From a health service perspective, rehabilitation centres usually treat patients with a variety of conditions, therefore the opinions of patients with different diagnoses were sought. To gain an in-depth understanding of patient experiences, which relies on individuals who are able to provide rich accounts of their

experiences, a purposive sampling technique was used to select both men and women who had a variety of different diagnoses. Patients were included if they were inpatients in the rehabilitation centre, enrolled in a randomised controlled trial investigating the effects of additional Saturday rehabilitation services, randomly allocated to receive either usual care physiotherapy from Monday to Friday (5 days/week) or from Monday to Saturday (6 days/week) (Taylor et al 2010), and had been admitted for at least 9 days (to ensure they had been in the centre for at least two Saturdays). Exclusion criteria included a diagnosis of receptive or expressive dysphasia and cognitive impairment as patients with these conditions may have found it difficult to participate in an in-depth interview. Potentially eligible patients were approached in person by a clinician who was not involved in delivery of their rehabilitation.

Data collection

In-depth interviews were used for data collection as they are considered the most suitable way of generating rich data about experiences by allowing individuals to tell their stories in detail (Kvale 2007). A pre-interview (Paterson and Bramadat 1992) was conducted with each patient at their bedside one day prior to their recorded in-depth interview to capture the patient's interest in and commitment to the research project. During the pre-interview patients were informed of the aims of the research and were told the topic areas (Table 1) that they would be asked about so that they could prepare for the interview. The audio-recorded, in-depth interviews were conducted in a meeting room in the rehabilitation centre. Experience of physiotherapy rehabilitation was investigated by asking questions in relation to general feelings, likes and dislikes and comments on the amount of physiotherapy they received. An interview schedule (see Table 1) was used as a flexible guide to ensure all topics of interest were covered while allowing patients to tell their own stories in the order that they preferred.

Table 1. In-depth interview questions.

Topic area Aim	Sample questions
Physiotherapy rehabilitation	
Participants to discuss their overall view of physiotherapy	<ul style="list-style-type: none"> • In your own words, can you please tell me about your experience of physiotherapy? • What did you like about physiotherapy? What didn't you like about physiotherapy? • What changes/progress have you made during your time here? • Is there anything you would like to change about your physiotherapy rehabilitation here?
Amount of physiotherapy	
Participants to describe whether they feel they get enough therapy	<ul style="list-style-type: none"> • What did you think about the amount of physiotherapy you received? • What did you think of the extra physiotherapy (or not receiving the extra physiotherapy) on Saturdays?
Saturdays in rehabilitation	
Participants to discuss their experiences of Saturdays in-depth	<ul style="list-style-type: none"> • What did you think about the Saturday physiotherapy? • What did you like about the Saturday physiotherapy/not getting Saturday physiotherapy? • What didn't you like about Saturday physiotherapy/not getting Saturday physiotherapy?
Participants who received Saturday therapy to discuss their experiences of the service	<ul style="list-style-type: none"> • What did you think about going/not going to the gym on the weekend? • What did you feel about having a different therapist on the weekend? • Is there anything else you would like to share about your experience of physiotherapy or Saturday physiotherapy? • Did getting/not getting physiotherapy on Saturday make any differences to what you would normally do on Saturday?

Some questions differed depending on whether the patient received Saturday physiotherapy. The same researcher (CP), who was not involved in the patient's rehabilitation, conducted all interviews and pre-interviews.

Data analysis

All recorded data from the interviews were transcribed verbatim. The transcribed interviews and the researchers' initial interpretation of the emerging themes (eg, physiotherapists were friendly) were then given to the patients to check for accuracy. Member checking helps to ensure that both the transcript and the researchers' interpretations are an accurate representation of the patient's experience (Liamputtong 2009). If patients did not agree with the transcripts or interpretation they were given the opportunity to amend them. Once the transcripts were returned to the researchers, all patients were assigned an ID number and transcripts were de-identified to ensure anonymity.

Data collection and data analysis occurred almost simultaneously to help with sampling and refining tentative categories. After member checking of transcripts and initial themes was completed by patients, the transcripts were then read in their entirety by two researchers who examined the data line-by-line and independently assigned codes (eg, personal interactions, motivation, and boredom) to sections of text. The next step was to look at connections and comparisons between codes to develop themes and sub-themes. After codes were assigned and themes were identified independently, the researchers met to discuss these until consensus was reached. If consensus was unable to be reached a third researcher was available to help resolve any discrepancies. The researchers then decided on a main theme and re-read the transcripts to selectively search for data related to the identified themes (selective coding). When the final list of themes was agreed, the transcripts were then re-read to ensure no participant perspectives had been overlooked during coding and thematic development. The penultimate step was to find links and relationships between the themes and the final step was the formulation of theory.

To achieve methodological rigour, rich accounts of the population (for transferability) and research method (for dependability) were recorded. Purposive sampling techniques and the presentation of multiple viewpoints held by patients were used to increase credibility. Documentation of coherent links between collected data and generated themes (using verbatim quotations from the patients as evidence) and member checking (to validate the transcripts and researchers' interpretation) were completed for confirmability. The research process was documented in detail and preserved so that an audit trail was possible. Finally, the results of the qualitative analysis were triangulated against quantitative results from a independent group of patients ($n = 105$) from the same setting who were enrolled in the same randomised controlled trial of providing additional Saturday rehabilitation (Peiris et al 2012).

As researchers cannot avoid taking their own experiences with them into the research process (Johnson and Waterfield 2004) brief summaries of the researcher's backgrounds are provided to enhance reflexivity. The principal researcher (CP) was a physiotherapist at the rehabilitation centre and was not involved in the treatment of the patients. The other researchers (NT and NS) were physiotherapists, worked at an affiliated university, and had experience in qualitative research.

Results

Participants

Nineteen of the 20 patients invited to participate took part in the study, 11 of whom received the extra Saturday therapy. One participant could not take part in the study as she was discharged home prior to the scheduled interview. The mean age of the participants was 77 years (range 60–92). Sixteen participants were women, 14 had an orthopaedic condition (most commonly total hip replacement) and five had a neurological condition (most commonly stroke) (see Table 2). All participants had experienced at least two Saturdays at the rehabilitation centre. The average length of stay in the rehabilitation centre at the time of interview was 27 days (range 14–78). All participants agreed with their transcripts and the researchers' interpretation of emerging themes so only one round of member-checking was completed.

Physiotherapists

Nine physiotherapists (5 women), median age 25 years (IQR 24 to 32) were involved in the care of the interviewed patients. Five of these were junior physiotherapists (aged 21–25 years with one month to two years of professional experience) and four were senior physiotherapists (aged 27–51 years with 4–28 years of professional experience). The physiotherapists had been working in their profession for a median of 2.5 years (IQR 1.8 to 8) and had worked at the rehabilitation centre for a median of 1 year (IQR 0.5 to 3.3).

Main Theme

Personal interactions: The rehabilitation experience was reported as a new and foreign experience to most of the patients interviewed. Patients appeared to focus on what was familiar to them, that is, the personal attributes of those they interacted with and the subsequent interactions that occurred and not the content or outcomes of physiotherapy rehabilitation. Patients seemed to associate physiotherapy with two main factors: personal attributes of their physiotherapists, and interaction with staff and other patients during physiotherapy. When questioned about the amount of therapy they received (including Saturday therapy), patients' responses were linked to their feeling towards the personal attributes of their physiotherapists. Therefore personal interactions with therapists and other patients was our main theme and all sub-themes related back to personal interactions in some way (see Box 1).

Box 1. Main theme and sub-themes for patients' experience of physiotherapy rehabilitation and Saturday physiotherapy.

Personal interactions

Empathetic and caring physiotherapists

- Encouraging and motivational
- Made physiotherapy a positive experience

Socialisation with other patients

- Motivational

Alleviated boredom

- Friendly physiotherapists and patients
- Saturday physiotherapy broke the monotony of the weekend

Changed perceptions of weekends in rehabilitation

- An extension of weekdays in rehabilitation

Contentment with amount of therapy

- Therapist knows best

Table 2. Patient characteristics.

Participant number	Sex	Age	Diagnoses	Group allocation	LOS at time of interview (days)
1	F	73	Guillain-Barre Syndrome	M-F	45
2	F	82	# surgical neck of humerus	M-F	33
3	F	67	THR	M-F	14
4	F	75	Stroke	M-F	78
5	M	87	TKR	M-F	19
6	F	76	Hip fracture	M-F	15
7	F	81	Lower limb weakness	M-F	15
8	F	83	THR	M-F	22
9	F	92	# femur and # olecranon	M-S	15
10	F	76	# tibial plateau	M-S	26
11	F	78	Stroke	M-S	21
12	F	74	Hip fracture	M-S	36
13	F	87	below knee amputation	M-S	28
14	M	74	THR	M-S	14
15	M	64	Stroke	M-S	46
16	F	72	TKR	M-S	14
17	F	60	TKR	M-S	14
18	F	79	THR	M-S	16
19	F	76	# ankle	M-S	38

LOS = length of stay, F = female, M = male, # = fracture, THR = total hip replacement, TKR = total knee replacement, M-F = Monday to Friday, M-S = Monday to Saturday

Sub-themes

Patients valued empathic and caring physiotherapists.

Patients expressed positive attitudes towards their physiotherapists. They reported that their physiotherapists were friendly, knowledgeable, and compassionate:

So kind and professional, and caring, and they definitely know what they're doing. (P18)

The physios, they are lovely, they help you and are always friendly. (P19)

They understand your problem – which a lot don't understand it. These people understand your problem and they help you when you can't do it. (P3)

Patients also said their physiotherapists were a source of motivation:

Their morale and their energy towards patients is fantastic ... They really are on your side and they really do want you to get better and, you know, power on! (P17)

and described having therapy with them as a positive experience:

When I came back I always felt much better. And that's why I always looked forward to each session – I really did! (P9)

Socialisation with other patients during therapy was motivational. Patients said that they welcomed the social

component of their physiotherapy rehabilitation. They talked about sharing the rehabilitation experience with other patients in the gym environment, and felt that it made the whole experience more enjoyable:

You make friends very quickly in the gym. (P17)

And I think mixing with all the people helps you recover a lot quicker. (P10)

Patients reported that they valued the encouragement that other patients provided during therapy:

We encourage each other, and pat each other on the back. (P17)

We talk about everything and they're encouraging. They say 'You've done a good job today' or 'You're doing better', things like that. (P8)

Socialising with and receiving encouragement from the other patients was perceived to create a motivational atmosphere in the gym:

You might think 'Oh, I'd rather have a little doze' (laughs) but then you get down amongst everything and you come to life'. (P18)

Physiotherapy alleviated boredom. Patients commented that they found being in rehabilitation a bit boring (P14) and that the interactions that occurred during physiotherapy helped to alleviate the boredom:

It's lovely. They're all friendly, they all want to talk, which passes the time. (P8)

The gym environment, possibly facilitated by the physiotherapists, encouraged social interaction. Although patients stated that they enjoyed interacting with other patients in the gym, they did not appear to do this on the wards:

Really, I don't mix up with anybody. Except the persons in the gym. Make a lot of friends there. (P5)

When reflecting on their weekends without physiotherapy sessions, patients commented:

It does get boring. (P8)

All you do is eat and sleep. (P1)

Physiotherapy on Saturdays was seen as a break from the monotony of the wards over the weekend and patients felt that it provided purpose to their day and eased their boredom:

Oh, well, it's a great idea really, because you do get a little bored just sitting around up there. (P18)

I find it's a break from the monotony – from being sitting in a chair all day long. (P19)

Saturday therapy changed patients' perceptions of rehabilitation on the weekend. Patients who received Monday to Saturday therapy perceived Saturday as an extension of their weekday rehabilitation and it was *just another physio day* (P12). Patients reported that they liked Saturday physiotherapy sessions for the same reasons they liked weekday physiotherapy sessions: interaction with therapists, socialisation with other patients and motivation to participate. In addition, they also reported that there wasn't a break in therapy:

Oh, I think it kept the flow, I really do. I think after two days off the muscles would be back flopping everywhere and so forth. (P11)

Because you could stiffen up I guess if there's nothing in between. (P18)

Because if you have two days not doing any physio, you know, I think you slow up again and you forget about what you're supposed to be doing. (P16)

For patients who received Monday to Saturday physiotherapy, the interactions that occurred on Saturdays appeared to create an expectation that physiotherapy should be part of every day in rehabilitation, which seemed to help patients accept and embrace the additional physiotherapy.

Patients who received Monday to Friday physiotherapy reported different perceptions of what the weekends were for. They did not feel like Saturday was a typical rehabilitation day:

Um, I think in our minds, Saturday and Sunday are days that you just don't do things like that. (P7)

Instead patients reported they would be entertaining visitors or doing sedentary activities on the weekend:

I have visitors and that's important too. (P4)

Um, sleep. (P1)

Ah, precious little you could say (laughs). (P7)

Oh, watch television, that's it. (P5)

These patients said they were concerned that they would not get enough rest if they received additional physiotherapy:

That's enough for me at the moment. I couldn't cope with any more because I get so very tired. (P4)

This was in contrast to patients who did receive physiotherapy on Saturdays who reported that they got enough rest already:

Plenty of rest (laughs). Too much rest (laughs). (P13)

You get plenty of rest. Plenty of it! (P19)

Contentment with the amount of physiotherapy; after all, therapist knows best! Most patients had not given much thought to the amount of physiotherapy they received but when asked they responded that they were content with the amount of physiotherapy provided regardless of whether or not they received Saturday physiotherapy:

As far as I'm concerned that physio was very adequate and just what I needed. (P13)

They appeared not to associate the amount of therapy they received with their progress, and reported that they trusted their physiotherapists to choose how much therapy they needed:

But they know. They know how much. (P5)

I think they did it to what they really knew we should be having. (P9)

However, there were some patients who received Monday to Friday physiotherapy who would have preferred to receive more physiotherapy:

I was a bit disappointed. I would like to have had (physiotherapy) on the weekend. (P8)

I sometimes think it could be a bit more. (P7)

Patients who received Monday to Saturday physiotherapy reported that more therapy would be even more beneficial to their progress (and would help reduce boredom):

I tend to assume that the more I get the better. (P15)

Well, it sounds as though I'm being greedy, but I'd choose twice a day. Because it gets me moving and it's good for my leg. The more I use it, the better it feels. (P9)

I'd sooner do seven days rather than, you know, 'cause as I'm saying, Sundays, what do you do? (P14)

Perhaps this was because they had an expectation that every day in rehabilitation should involve physiotherapy.

Triangulation with quantitative data

Most of the qualitative findings of the current study converge with the quantitative results from an independent group of patients receiving Saturday therapy in the same setting (Peiris et al 2012) (Table 3). Quantitative results confirmed

Table 3. Triangulation of the qualitative findings with the quantitative findings from Peiris et al (2012).

Theme	Qualitative findings	Quantitative findings	Triangulation
Motivation during therapy	Patients reported that therapists and other patients provided encouragement and motivation to be active in the gym during physiotherapy.	Despite spending only 4% of their time in therapy, 35% of the steps patients took were taken during therapy. Patients who received M–S therapy took more than twice as many steps on Saturdays than patients who received M–F therapy, mean difference 428 steps (95% CI 184 to 673), and spent 50% more time in upright activities, mean difference 0.5 hours (95% CI 0.1 to 0.9).	Convergent
Sedentary activity outside of therapy	Patients reported boredom and participating in sedentary activities when not receiving therapy.	All patients were least active on Sundays (when no therapy was provided) when they took 141 fewer steps (95% CI 67 to 214) compared to weekdays.	Convergent
Changed perceptions of weekends in rehabilitation	Patients who received M–S therapy felt that the weekends were as important as weekdays for rehabilitation.	As well as being more active on Saturdays, patients who received M–S therapy took an extra 253 steps (95% CI –7 to 514) and spent an extra 0.4 hours (95% CI 0.1 to 0.9) upright on Sunday when no therapy was provided compared to patients who received M–F therapy.	Convergent
	Patients who received M–F therapy felt the weekends were important for resting.	Patients who received M–F therapy were least active on the weekends.	Convergent
	Patients who received M–F therapy feared they wouldn't get enough rest if they had additional therapy on Saturday.	Patients spent a mean of 22.9 hours (SD 1.0) sitting or lying down each day.	Divergent

M–S = Monday to Saturday, M–F = Monday to Friday, CI = confidence interval, SD = standard deviation

that patients who reported being motivated during therapy were more physically active during therapy and that patients were sedentary outside of therapy and did indeed get 'plenty of rest'. The changed perceptions of the weekend that patients in this study reported converge with results from the quantitative study where patients who received Saturday therapy were more active on both Saturdays and on Sundays (when they did not receive any therapy) compared to those who received Monday to Friday therapy.

Discussion

Personal interaction with their physiotherapists and other patients in the gym was the main reason that participants described positive experiences of physiotherapy rehabilitation. In agreement with previous research conducted in a neurological rehabilitation setting (Wain et al 2008), daily interactions with staff and other patients were viewed as pleasurable experiences for the participants and were considered important to their recovery. Participants reported valuing the attributes of their physiotherapists more than the amount or content of the physiotherapy they received. This finding is consistent with a previous study in a private practice setting, which identified communication ability and other personal attributes of physiotherapy staff as more important than the content or outcome of treatment (Potter et al 2003). The results of our study reinforce the importance of personal interactions in the patients' experience of physiotherapy treatment in rehabilitation suggesting that development of communication skills may be important for physiotherapists who work in rehabilitation.

In contrast to previous research in stroke (Galvin et al 2009, Lewinter and Mikkelsen 1995, Wiles et al 2002) most participants in this study reported contentment with

the amount of physiotherapy they received regardless of whether they received physiotherapy on Saturday. Our study included participants with a variety of conditions requiring physiotherapy and who may have different views. Patients with orthopaedic conditions, for example, may not want more physiotherapy if their condition is associated with pain as they recover from injury or surgery. In our study, however, participants with stroke did not differ in their views when compared to participants with orthopaedic or other conditions. Participants with stroke were mostly happy with the amount of therapy and equally as likely to want more physiotherapy as patients with orthopaedic or other conditions. Another possible reason that results differ is that participants in our study were still receiving physiotherapy at the time the interviews were conducted and were not reflecting back after therapy had finished.

Participants in our study said they were happy to let their physiotherapists decide how much therapy they received and reported that they trusted their therapists as experts and had faith that they would do what was best for them. This may be indicative of our sample of older adults who are of the generation who simply believe that 'doctor knows best' (Hovenga and Kidd 2010) in contrast to younger patients who may be less accepting of authority.

Some participants who received Monday to Friday therapy were happy with the amount of physiotherapy because they feared they would not be able to cope with any more due to fatigue. Participants who received Saturday physiotherapy were more likely to advocate for even more intensive therapy, possibly due to the fact that they knew they could manage the additional physiotherapy without negative consequences and they had different expectations of what weekends in rehabilitation should comprise. Quantitative

data from an independent group of patients in the same setting (Peiris et al 2012) found those who received extra Saturday therapy were more active over the entire weekend (including Sunday when no therapy was received) than those who did not receive Saturday therapy. This supports the notion that patients who received Monday to Friday physiotherapy felt it was important to rest on the weekend while those who received extra Saturday therapy had the expectation to keep working on their rehabilitation goals throughout the weekend.

Boredom is a common complaint in hospitalised adults (Clissett 2001) and it emerged as a sub-theme in how the participants experienced physiotherapy. Quantitative results (Peiris et al 2012) confirmed that patients were most active during therapy (where patients reported that interacting with others was enjoyable and motivational) and were sedentary outside of therapy (where patients reported boredom). Additional Saturday physiotherapy extended therapy time and helped ease boredom on the weekend. Following cardiovascular surgery patients reported higher satisfaction levels when receiving weekend physiotherapy as they felt they had more time to communicate with their therapists (van der Peijl et al 2004). Participants reported liking additional weekend physiotherapy for all the same reasons they liked regular weekday physiotherapy; it eased boredom and enabled interaction with therapists and other patients.

Participants who received Saturday physiotherapy enjoyed it, engaged actively in it, and had changed perceptions of what weekends were for in rehabilitation so that they felt they should be actively participating in rehabilitation over the weekend. Results from associated quantitative data indicate that Saturday therapy increased physical activity levels (Peiris et al 2012). Providing additional Saturday physiotherapy in a mixed rehabilitation setting may also reduce length of stay (Brusco et al 2007). These positive results for the patient and the health service provide support for the provision of Saturday physiotherapy in rehabilitation centres if resources allow. Clinicians cannot conclude that their patients are getting enough therapy simply because they are 'satisfied' because satisfaction is a result of interactions, trust, and a lack of expectations during rehabilitation. Clinicians can, however, be assured that their patients will be happy and more active and may get home sooner if Saturday physiotherapy is provided.

This study's qualitative findings are not necessarily generalisable (Wiles et al 2002). Situations are experienced differently depending on who is experiencing them. Therefore the findings of this study are specific to the patients who were interviewed. However purposive sampling was undertaken to include a diverse population, recruitment continued to saturation, and accurate accounts of the population have been provided to enhance transferability of the findings to similar patient groups. Although quantitative data used for triangulation was obtained from an independent group of patients in the same setting, it was in agreement with the qualitative data in this study indicating a degree of transferability.

Obtaining the perspectives of patients experiencing inpatient rehabilitation is a valuable way of evaluating physiotherapy services. The results of this study suggest that personal interactions with the therapist and other

patients are important contributors to the patient experience of rehabilitation. These factors appear to be more important to patients than the amount of therapy received. Saturday physiotherapy was not only viewed as a positive experience but it changed patients' expectations so that they thought every day was for rehabilitation. ■

Ethics: Eastern Health and La Trobe University Ethics Committees approved this study. All participants gave written informed consent before data collection began.

Competing interests: The authors declare no conflict of interest related to this work.

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References

- Bernhardt J, Dewey H, Thrift A, Donnan G (2004) Inactive and alone: physical activity within the first 14 days of acute stroke unit care. *Stroke* 35: 1005–1009.
- Brusco NK, Shields N, Taylor NF, Paratz J (2007) A Saturday physiotherapy service may decrease length of stay in patients undergoing rehabilitation in hospital: a randomised controlled trial. *Australian Journal of Physiotherapy* 53: 75–81.
- Clissett P (2001) The effect of recreational activities on older people's rehabilitation. *Nursing Standard* 15: 39–42.
- Galvin R, Cusack T, Stokes E (2009) Physiotherapy after stroke in Ireland: a qualitative insight into the patients' and physiotherapists' experience. *International Journal of Rehabilitation Research* 32: 238–244.
- Hovenga EJS, Kidd ML (Eds) (2010) Health informatics: an overview. Amsterdam: IOS Press BV.
- Johnson R, Waterfield J (2004) Making words count: the value of qualitative research. *Physiotherapy Research International* 9: 121–131.
- Kvale S (2007) Doing interviews. London: Sage.
- Lenssen AF, Crijns YH, Waltje EM, van Steyn MJ, Geesink RJ, van den Brandt PA, et al (2006) Efficiency of immediate postoperative inpatient physical therapy following total knee arthroplasty: an RCT. *BMC Musculoskeletal Disorders* 7: 71.
- Lewinter M, Mikkelsen S (1995) Patients' experience of rehabilitation after stroke. *Disability & Rehabilitation* 17: 3–9.
- Liamputtong P (2009) Qualitative research methods (3rd edn). Hong Kong: Oxford University Press.
- Ohman A (2005) Qualitative methodology for rehabilitation research. *Journal of Rehabilitation Medicine* 37: 273–280.
- Paterson B, Bramadat I (1992) Use of the preinterview in oral history. *Qualitative Health Research* 2: 99–115.
- Peiris CL, Taylor NF, Shields N (2011) Extra physical therapy reduces patient length of stay and improves functional outcomes and quality of life in people with acute or subacute conditions: a systematic review. *Archives of Physical Medicine & Rehabilitation* 92: 1490–1500.
- Peiris CL, Taylor NF, Shields N (2012) Additional Saturday allied health services increase habitual physical activity among patients receiving inpatient rehabilitation for lower limb orthopedic conditions: a randomized controlled trial. *Archives of Physical Medicine & Rehabilitation* 93: 1365–1370.
- Potter M, Gordon S, Hamer P (2003) The physiotherapy experience in private practice: the patients' perspective. *Australian Journal of Physiotherapy* 49: 195–202.

- Ruff RM, Yarnell S, Marinos JM (1999) Are stroke patients discharged sooner if in-patient rehabilitation services are provided seven v six days per week? *American Journal of Physical Medicine & Rehabilitation* 78: 143–146.
- Taylor NF, Brusco NK, Watts JJ, Shields N, Peiris C, Sullivan N, et al (2010) A study protocol of a randomised controlled trial incorporating a health economic analysis to investigate if additional allied health services for rehabilitation reduce length of stay without compromising patient outcomes. *BMC Health Services Research* 10: 308–314.
- Thompson R, McKinstry W (2009) How do rehabilitation patients spend their days? An investigation into the effect of a group therapy programme on time use. *New Zealand Journal of Physiotherapy* 37: 122–126.
- van der Peijl ID, Vliet Vlieland TP, Versteegh MI, Lok JJ, Munneke M, Dion RA (2004) Exercise therapy after coronary artery bypass graft surgery: a randomized comparison of a high and low frequency exercise therapy program. *Annals of Thoracic Surgery* 77: 1535–1541.
- Wain HR, Kneebone II, Billings J (2008) Patient experience of neurologic rehabilitation: a qualitative investigation. *Archives of Physical Medicine & Rehabilitation* 89: 1366–1371.
- Wiles R, Ashburn A, Payne S, Murphy C (2002) Patients' expectations of recovery following stroke: a qualitative study. *Disability & Rehabilitation* 24: 841–850.