

Patient perceptions of ICU physiotherapy: ‘Your body needs to go somewhere to be recharged ...’

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Background. Patient satisfaction is an essential concept to consider for the improvement of quality care in healthcare centres and hospitals and has been linked to increased patient compliance with treatment plans, better patient safety and improved clinical outcomes.

Objective. As part of a before-and-after clinical trial aimed to investigate the implementation of an evidence-based and -validated physiotherapy protocol within a surgical intensive care unit (ICU), we decided to include the patient perception of physiotherapy received in the intervention unit.

Method. A nested, exploratory, descriptive, qualitative study design was adopted. Purposively selected adult patients discharged from ICU during the implementation phase of the trial were interviewed.

Results. Eighteen patients (10 male) with a median age of 44 years and median ICU length of stay (LOS) of six days were included. Three themes and nine categories emerged: (i) linking therapy to clinical outcome (patient expectations and understanding; physiotherapy activities and the implication of mobilisation; physiotherapy benefits and progression); (ii) the importance of developing a trusting relationship (physiotherapy value; safety; continuity of care); and (iii) communication (satisfaction; interactions and patient perception and experience of physiotherapy).

Conclusion. While confirming barriers to early mobility, patients perceived participation in mobility activities as a marked jolt in their journey to recovery following a critical incident. Effective communication and preservation of trust between physiotherapist and patient are essential for understanding expectations and can facilitate improved outcomes. Clinicians can use the information when managing critically ill patients. Including patient-reported outcomes to measure physiotherapy interventions used in the ICU is feasible and can inform the development of such outcomes.

Keywords. Patient satisfaction, perception, intensive care, ICU, physiotherapy, South Africa.

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Contribution of the study

The study highlights the feasibility and importance of the use of patient-reported outcomes to measure physiotherapy interventions and informs the development of patient reported outcomes and the importance of patient centred physiotherapy care in the ICU setting.

Patient satisfaction is an essential concept to consider for the improvement of quality care^[1,2] in healthcare centres and hospitals^[2,3] and has been linked to increased patient compliance with treatment plans, better patient safety and improved clinical outcomes.^[4,5] Furthermore, patient preferences, opinions and perceptions are fundamental to evidence-based practice (EBP).^[6,7] Providing individualised patient care is based on integrating current best knowledge with patient preferences.^[6,7] There is much that can be learnt from knowing what patients expect, find helpful during their recovery and consider valuable.^[8] Dinglas *et al.*^[9] argued for the importance of moving beyond isolated therapeutic effectiveness studies focusing on survival, to focusing on optimising patient-centred clinical service provided in the ICU.^[9]

The intensive care unit (ICU) environment has been described as a stressful and overwhelming setting for patients^[10] and their families. According to Cutler *et al.*,^[10] a critical illness and consequent admission

into an ICU is a substantial event in a patient's life.^[10] Despite patient satisfaction becoming increasingly important for both patients^[11] and healthcare institutions,^[3] it is rarely measured within the critical care setting. While most researchers have engaged with patients after hospital discharge,^[12-14] changes in clinical practice including daily interruption of sedation and prioritising early mobilisation,^[15-18] may afford hospitalised patients with a clearer recall regarding their ICU experience.

Physiotherapists form an integral part of the multidisciplinary team involved in the management of ICU patients.^[19] Physiotherapy care in the ICU has been linked to early independence at hospital discharge,^[20] improved functional outcome and reduction in ICU and hospital length of stay,^[21] as well as a decrease in the incidence of ICU-acquired weakness (ICU-AW), and an increased number of ventilator-free days.^[22,23] The variety of outcomes which have been reported for physiotherapy intervention in ICU are in part related to the variation in physiotherapy practice.^[24] It has been argued that it is the obligation of

the physiotherapy profession not only to find methods to measure the value of the physiotherapy service in the ICU environment, but also to describe the quality of this service.^[25] Stiller and Wiles^[13] argued for the inclusion of patient satisfaction and perception of physiotherapy care received in ICU as a way to improve the quality of care received.^[13] The importance of exploring patient perception and satisfaction regarding the care received in understanding and improving the quality of care received, is also recognised by other stakeholders in the ICU.^[26,27]

As part of a before-and-after clinical trial aimed to investigate the implementation of an evidence-based and -validated physiotherapy protocol within a surgical ICU, we decided to include the patient perception of the physiotherapy received in the intervention unit. The physiotherapy protocol consisted of five algorithms.^[28,29] These were developed to aid physiotherapists in making 'evidence-based clinical decisions'^[29] involving both rehabilitation strategies (including early physiotherapy mobilisation) and respiratory management when treating ICU patients.^[30,31] The use of evidence-based treatments and protocols may contribute to improving ICU care quality because they would be 'consistent with current professional knowledge'^[29] for which patient perception may provide valuable information. The aim of this article is therefore to describe patient perceptions and satisfaction regarding the physiotherapy services and care received during their stay in a surgical ICU.

Method

Study design

A nested exploratory, descriptive, qualitative study design using an interpretive research paradigm and phenomenological approach was used.^[32]

Setting

The study was held in a level 1,^[33] 14-bed surgical ICU at a tertiary institution in the Western Cape province of South Africa. The physiotherapy responsibility for this unit is rotated every three months, and one physiotherapist is responsible for the unit at a time. The unit physiotherapist is not exclusively allocated because they also cover ward duties. After-hours service is provided by all therapists on a rotational basis. In addition, two Western Cape universities make use of this unit as an academic platform for clinical rotations of final-year physiotherapy students.

Participants

All adult patients discharged from the experimental surgical ICU during the implementation phase of the before-and-after clinical trial were eligible for inclusion in the study. Maximum variation purposeful sampling was used. The following criteria were used to purposefully select participants: age, home language, education level, employment status, severity of illness level (APACHE II), admission diagnosis (elective/emergency surgery or trauma), ICU length of stay and mechanical ventilation. Patients were excluded from the study if they were: (i) <18 years old; (ii) unable to communicate in English, Xhosa or Afrikaans; (iii) unco-operative; (iv) had no memory of the ICU or physiotherapy; or (v) presented with a reduced level of consciousness^[19] determined and aided by the use of the Glasgow Coma Scale (GCS) and reduced co-operation and cognitive impairments as assessed by the adequacy score (SQ5).^[15,19,34] The primary investigator (PI) visited the ICU daily to compile lists of patients discharged from the unit, followed them up in the wards and assessed them within 3 - 5 days of ICU discharge for inclusion into the study.

Patients available for inclusion provided informed written consent, after which an interview date and time was arranged with the patient within a 3 - 5-day period of ICU discharge.

Data collection instrument

A discussion schedule including semi-structured questions was developed by the PI (MvN) based on data from a scoping review^[35] on how patient perception and satisfaction with critical care was measured. The questions in the discussion schedule explored the patients' experiences and perceptions of the physiotherapy care received in the ICU. In addition, patients' understanding of the role of physiotherapy and their understanding of the satisfaction with physiotherapy care were also explored. The discussion schedule was piloted prior to use to ensure saliency.

Data collection

The PI (MvN) conducted individual semi-structured interviews of varying length (25 - 60 minutes) using the discussion schedule. Interview length depended largely on the quality of the interview and the patient's ability to participate. The PI (MvN) was an independent physiotherapist not affiliated to the physiotherapy department of the selected institution nor involved in any of the patient treatments nor related to any patient, thus limiting bias. All interviews were audiotaped and transcribed verbatim by independent professionals. A Xhosa translator was present for four of the interviews. Throughout the data collection process, the PI (MvN) in conjunction with two of the co-authors confirmed and summarised the data obtained during interviews to verify the PI's understanding. The PI (MvN) kept a field journal during the data collection process for reflection, documentation of research decisions and bias identification.

Data capturing and analysis

Quantitative data collected regarding patient characteristics were captured and analysed in Excel using descriptive statistics and presented as frequencies. Interpretive phenomenological analysis was completed by the PI after the transcripts were cleared and checked against the audiotapes for accuracy. All non-English quotes were translated into English. Data were analysed inductively by the PI (MvN) in collaboration with two of the co-authors (FK & SH) according to interpretive content analysis principles using a systematic process to summarise and categorise the data and then generate the subcategories, categories and themes.^[36]

Quality criteria

Trustworthiness in this study was achieved by dense description of the methods used, checking the audiotaped data with those of the originally transcribed interviews and availability of the latter for audit, peer review of the transcripts and peer examination of the findings. Multiple steps were employed to ensure credibility of the data collected and the study process. In the first week of interviews, an observer was present in addition to the audiotape recorder. This facilitated feedback from the observer regarding the interview technique and quality, allowing further reflection and development for the interviews that followed, as well as growing confidence in the quality of the data collected. Furthermore, trustworthiness was ensured through a dense description of the analysis process and member checking, whereby all patients were contacted telephonically and invited to participate in the member-checking contact session to ensure truth-value (credibility) of the data collected. Fourteen patients (78%) were willing to participate in member checking,

of which six were completed telephonically. The audiotaped interviews, the transcriptions and available observer notes as well as the PI's field journal assisted with reflection on the study process and facilitated the recognition of bias.

Ethical considerations

The project was registered with the institutional review board (Ethics Approval Number S15/04/094). Institutional approval to conduct the research was also given. All aspects pertaining to ethical conduct during the study were adhered to. Participation was voluntary and withdrawal was without consequence. Written informed consent was obtained before data collection and anonymity and confidentiality were maintained through the use of alphabetical coding. All data were stored on a password-protected computer to ensure the PI had exclusive access.

Results

Forty-nine patients were screened for eligibility (Fig. 1). Eighteen patients were included in the study, of whom 10 were male (Table 1). The median age of the patients was 44 years, with the majority being between 30 and 60 years of age. The median ICU LOS was six days, and nine (50%) and four (22%) patients were admitted for emergency surgery and trauma, respectively (Table 1). Neither ventilator days nor frequency of mobilisation were documented.

Patients were followed up once discharged from surgical ICU to the wards (N=49).

Themes

Nine categories emerged from the data, which were summarised into three themes, namely linking therapy to clinical outcome, communication and personal relationship, and are supported by verbatim quotes from the transcribed data. The verbatim quotes are labelled using a unique participant code and are numbered consecutively, starting from one across the categories per theme.

Theme 1. Linking therapy to clinical outcome

Category 1: Expectations and understanding

There was widespread diversity in patients' expectations and understanding of physiotherapy in the ICU. Physiotherapy was reportedly understood to be more for musculoskeletal injuries, gait re-education, returning to previous functional levels, and not necessarily for treatment of the lungs (Table 2, quotes 1, 2). Patients who had not experienced physiotherapy prior to their ICU admission did not know what to expect in the session, and thus their first experience of physiotherapy was described as strange and even shocking. Expectations of physiotherapy treatment was further influenced by the patient's condition and expectations of the ICU environment (Table 2, quote 3) as well as the patient's understanding and communication. Both communication and understanding acted as bridging factors to link the patient's expectations with the comprehension of physiotherapy (Table 2, quote 4). One patient, a healthcare worker, reported physiotherapy was for everybody, regardless of having different injuries in the ICU and that what they saw the physiotherapist do in the ICU would definitely affect how they did their work, being a healthcare worker (Table 2, quote 5).

Category 2: Physiotherapy activities and implications of mobilisation

Patients described multiple activities completed during physiotherapy in the ICU. Activities included chest physiotherapy, breathing

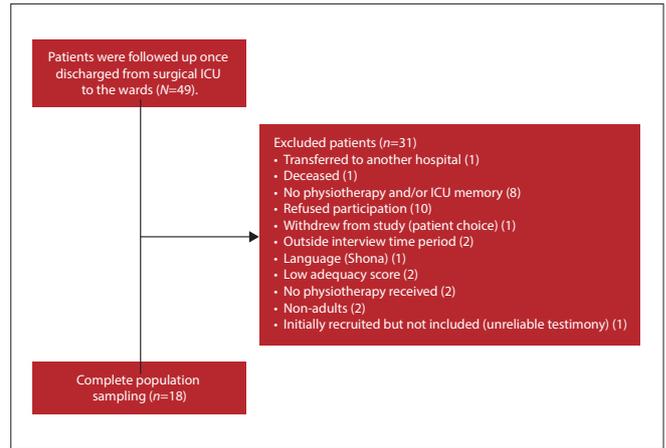


Fig. 1. Flow diagram depicting patient selection.

Table 1. Patient characteristics

Characteristic	n
Age (years)	
18 - 30	2
31 - 45	7
46 - 60	6
61 - 70	2
>70	1
Home language	
English	5
Afrikaans	7
Xhosa	6
Education level	
Tertiary education	5
Secondary education	11
Primary education	2
Employment status	
Employed	8
Unemployed	7
Pensioner	2
Disability grant	1
Severity of Illness (APACHE II score)	
≤5	5
6 - 10	4
11 - 15	3
16 - 20	3
>20	0
Not provided	3
Diagnosis	
Elective surgery	5
Emergency surgery	9
Trauma	4
ICU length of stay (LOS) in days	
≤5	8
6 - 10	7
11 - 15	0
16 - 20	1
>20	2

exercises, limb movement and activity as well as mobilisation. Most patients also described using a 'PEP bottle' and breathing exercises that some felt assisted their breathing and rib pain (Table 2, quotes 6 - 8). Those patients who mobilised did so in bed, relocated to the chair or progressed into standing or walking in the ICU, largely with

Table 2. Theme 1 and Categories 1 - 3 with verbatim quotes 1 - 21**Theme 1. Linking therapy to clinical outcome**

Categories	Verbatim quotes
Category 1: Expectations and understanding	1. MM5: The purpose of all of this [physiotherapy] is to get me out and back on my feet ... so that I can be the same person that I was.
	2. SF3: And of course, once the op is finished ... You need physiotherapy to be able to get the muscles going again ... You see? It's got to be going. Otherwise ... it's like a battery. Car battery. If it's flat or if it's down ... you can't use it. You have to send it somewhere to be recharged. Am I right?... You can compare that with physiotherapy ... Your body needs to go somewhere to be recharged.
	3. BA1: No. In ICU I was expecting to sle-, lie on the bed, totally. So I can wake up when I go. Not to ... step out and sit on the chair. It was like, I was expecting to sleep ... the whole day ... So ... I thought I would lie, all the day. So, when they, put me in the chair I thought that they were not doing their job because I feel sick. But they took me in the chair. How can a sick person be able to sit? It was like that.
	4. KT16: ... once I understood what the physio is gonna do for me ... it was just positive from there.
	5. KT16: Number one, physio is for everybody. Every sick person. Especially like I said, I saw in ICU, we all had different injuries and they were catering to every person's need ... From being sick and laying in the bed. I know what it is now ... When I treat somebody this time round, I think it – it will definitely impact on my work that I do.
Category 2: Physiotherapy activities and implications of mobilisation	6. DS23: They make me blow that bottle so they say I must blow that bottle so ... Ever since now they learn me how to blow that bottle now. ... there's no pain any more in my ribs.
	7. GS7: They also taught me how to cough ... to cough as well. Yes ... How to cough that all the phlegm can always ... the phlegm can come out.
	8. JR24: They helped me out of the bed ... and let me sit upright. Cushion behind my back, like ... a stiff cushion ... Lifted arms. Deep breathing ... Moving legs ... Feet ... That's that.
	9. BA1: I hate to sit in the chair ... Because I was very tired and everything.
	10. BA1: Sometimes I would refuse. They say why? I'm tired, I can't sit. Sometimes say I'm dizzy. I can't sit on the chair. They would say okay. It's fine. We'll put you two hours. And then we'll come back and then we'll put you back. And then I said Thank you. Yes, they do understand. Saying, okay. Maybe, in the morning we will put you two or one hour. Then we'll come later.
	11. WM14: It was also nice ... Because, it was when I felt here it begins. The recovery ... Yes, it made me feel, you know, I begin.
	12. KC18: It was almost to say a big joy. It's almost like a relief ... compared to lying in the bed. It's that moment that I came into the chair, that I felt I was almost like a person that now ... could move ... because I sat upright. Do you understand? It is a, it was more of a relief, than just lying in the bed.
	13. KT16: [Sitting in the chair] you felt like you could see what they were talking about, you could finally do what they said you could do.
	14. VNA11: Ja. I was just glad to get out. [Laughs] Ja. I wanted to get away from all the tubes and [laughs] get up and go.
	15. SF3: Little bit wobbly, yes ... Head spinning ... I sta- still have ... drugs in me that needs to come out. You understand?
	16. SF3: ... they give you some kind of ... painkillers, morphine and all that stuff. Right? Now, this stuff, plays havoc with your mind.
	17. PB6: No I was on quite a lot [of lines] ... So couldn't actually move around really.
	18. VNA11: As soon as the tubes were off, I was up.
Category 3: Benefits and progression	19. KT16: ... when [I] was physically upright, sitting in the chair for the first time. That made a huge difference. [It] takes you from the bed, everything you've learned mentally, and bring it now into the chair ... [It's a] different mindset. [It's] a different scenario in terms of how you have pictured it. Because, you can actually do the things now, and you understand more, as to what they were talking about. Once you sitting in there and you can physically do the things that you can do.
	20. VNA11: ... she's doing something to help me, you know? She's ... gonna help me, help myself, you know? And so. [She] showed me how to do things a diff-, a little bit different, make it a bit easier.
	21. MM5: So it helped me a lot as a person as well, not just to rely on the physio. To try do the exercises on my own...

the assistance of physiotherapists. Patients described mobilisation as a difficult component of the care, mainly because of pain, tiredness and dizziness (Table 2, quotes 9, 10). However, patients found mobilisation to be a positive experience and the beginning of their recovery (Table 2, quotes 11 - 14). The effects of medication affected patients' memories and their postoperative state of mind and thus their co-operation with physiotherapy (Table 2, quotes 15, 16). Specifically, during mobilisation, preparation of the area and the physiotherapists carrying lines and drips were facilitators of physiotherapy (Table 2, quotes 17, 18).

Category 3: Benefits and progression

The general experience among patients was that participation in physiotherapy was beneficial, which they verified through physical improvements and progression in their abilities. Among the improvements were 'feeling stronger and better', particularly regarding mobilisation, and returning to 'normal', as well as improved coughing ability and decreased pain. Patients reported that physiotherapists 'built them up' and encouraged them. One patient described a mind shift that occurred once she had mobilised out of the bed. She described it as being able to see what she was capable

Table 3. Theme 2 and Categories 4 - 6 with verbatim quotes 1 - 11**Theme 2. Development of a relationship**

Categories	Verbatim quotes
Category 4: Physiotherapy value	<ol style="list-style-type: none"> KT16: ... it's always good to know, there's other people besides the doctors and the nurses that are caring for you. It's really good to know, okay, physio is here, 'cause the physio is here to see that you get home. Physio is here to see that you also get home. Just, just not the doctors, just not the nurses. There's somebody else that's actually also here, that's here to see you get home. MM5: If it wasn't for them ... maybe I couldn't make it... DS23: I feel very good, because while they were helping me, they did, I did know how to walk, now I can at least get out of bed, do some things I didn't know. Because if they didn't help me, they didn't do nothing in physio, I wouldn't even be here, maybe walk. MM5: They play a big role to each and every one of those patients here. WM14: You know, I'll tell you one thing, but it's something they should never ever take away ... from the ICU ... because those people's work is precious ... because that's how I felt. I am through it.
Category 5: Safety	<ol style="list-style-type: none"> KT16: Just by the exercise and by speaking to me every day. Ya, you know, it's just that reassurance, don't worry, it's gonna be fine, we're here to help you, we're here to ensure your safety, we're here to, we not gonna do anything to harm you or anything like that, you know. ES8: Because ... they held you ... and didn't let you fall ... I can say, I didn't have any fears ... was very good ... very safe. Very. WM14: Because I had trust in them ... It let me feel, you know, that I would get over the bridge, it was then like that ... Look your relationship with them ... Because I felt my relationship with them is good. SF3: Now did you know, that if you look at fear and pain. Fear one side, pain the other side ... If you ... have fear in your heart, it makes the pain worse. Am I right?
Category 6: Continuity of care	<ol style="list-style-type: none"> MSJ 20: And I just hope that I stay continue with the girl ... [with] their group. PA4: They change now, then they change after that, they do some-, they did something that [I] was not, like, comfortable to do, like to sit on the bed.

of and what the physiotherapist had been explaining to her (Table 2, quotes 19 - 21).

Theme 2. Development of a relationship

Category 4: Physiotherapy value

Patients experienced value in physiotherapy while in the ICU, reporting the same goal of returning them home (Table 3, quote 1). Physiotherapy was described as a precious and much-needed service, without which patients felt they might not have survived or recovered as quickly (Table 3, quotes 2, 3). Patients perceived physiotherapy in the ICU as worthwhile, making them 'feel better and stronger'. It was a service that patients felt should 'never' be removed from the hospital, as physiotherapists have a role to play in helping patients (Table 3, quotes 4, 5).

Category 5: Safety

Falling was a repeated concern and patients specifically reported not falling owing to assistance and support received by physiotherapists, thus feeling safe during sessions. Providing calm and comfortable circumstances is essential for making patients feel safe during physiotherapy (Table 3, quotes 6 - 8). An overall sense of safety during physiotherapy was perceived. The physiotherapists' professionalism, reassurance and communication including aiding patients in knowing what to expect during physiotherapy, made patients feel comfortable and safe, thus building a trusting relationship with the physiotherapists (Table 3, quotes 6 - 8). One patient described the importance of ensuring a feeling of safety, explaining that fear and pain were directly linked. He further said that pain would be less exaggerated or reduced, to a certain extent, if fear were managed and so in turn link reassurance and communication and build a trusting relationship between physiotherapist and patient, creating a sense of safety during the session (Table 3, quote 9).

Category 6: Continuity of care

Through continuity of care, a relationship and a manner of communication is developed between physiotherapist and patient. Patients felt that having the same physiotherapist throughout their care helped them to identify the physiotherapist and build a relationship with them. Some felt uncomfortable or upset at having different physiotherapists daily, as continuity of care ensures that the physiotherapist has knowledge of how far the patient has progressed and can manage continued care appropriately (Table 3, quotes 10, 11).

Theme 3. Communication

Communication was noted to be central to the way in which patients understood and interpreted their experience and, ultimately, it influenced their interactions with physiotherapists and satisfaction with the service (Fig. 2).

Category 7: Satisfaction

While patients had different definitions for satisfaction, most equated it to completed and well-handled work, physiotherapy without pain, and goal-orientated service (Table 4, quotes 1, 2). Patients also commented that satisfaction is influenced by the manner with which they were treated and their happiness with the treatment outcomes. Patients reported that the understanding and listening skills of the physiotherapists, as well as their professionalism and attitude towards both the patients and their work, were reasons for satisfaction (Table 4, quotes 3 - 5). The following seven characteristics displayed by physiotherapists added to patients' perception of satisfaction with the service: (i) preparation for the session; (ii) goal setting; (iii) reaching goals; (iv) patience; (v) time spent with patients; (vi) the demonstration of competence; and (vii) attitude and approach to patients. Patients described trust, reassurance, physical assistance, support during sessions, and the building of relationships as being assisting in their satisfaction level (Table 4, quotes 1 - 5). On the

Table 4. Theme 3 and Categories 7 - 9 with verbatim quotes 1 - 21**Theme 3. Communication**

Categories	Verbatim quotes
Category 7: Satisfaction	<p>1. KC18: I was very satisfied with their co-operation, and what they actually did. Because I think there is a reason for everything ... There is work for everything. And what they did, I feel one hundred percent satisfied with everything they did for me.</p> <p>2. KT16: Because I learned a lot and the bottom line is, the goal was reached, the service that I got was excellent. But most importantly, the goal was reached. The goal was for me to get, was to be mobilised from that bed to the chair.</p> <p>3. VNA11: Just her attitude, you know? Ja, her attitude towards me, towards the patients. The way she handled me. You know? Physically. Talking to me, all of that.</p> <p>4. VNA11: Attitude determines your altitude ... How far, how you get things done ... Depends on yourself.</p> <p>5. DS23: The way they were holding [me], communicate with [me], make [me] do exercise. That's why [I've said I am] satisfied with them.</p> <p>6. VNA11: I think if her attitude was not so ... you know, cheerful or nice ... If she was a bit, maybe had a bad day or something, then that wouldn't have made it so great.</p> <p>7. KT16: So if you look untidy and you don't look the part or your hair's untidy, or you swearing, it's not gonna work by me. You work, you working in a hospital environment, the sisters are neatly dressed, the doctors are neatly dressed, I expect the same from the physio.</p> <p>8. SF3: ... that is also something that I would suggest, you know? Give the patient time to come by their fullest, full senses. It's no use giving them physiotherapy and the poor guy is zonked out [on] pain and tablets, he doesn't even know what's going on around him.</p>
Category 8: Interactions	<p>9. KT16: ... then they send somebody over and then she spoke to me, and she introduced herself. She said to me the importance of physio and I said, okay, I will give it a try.</p> <p>10. MSJ20: So it was so painful ... and I wanted to give up ... I wanted to tell the doctor, No. If you cannot put me asleep and do me this, I won't do this anymore ... But she keep on correcting me ... Telling me that others have gone through this.</p> <p>11. MSJ20: We speak like friends ... we communicate like friends ... we take each other like friends. We take each other that we can handle each other about this.</p> <p>12. KT16: Oh, it was difficult... and then after a while the pipes came out. And I could ... speak to her, one on one ... Look, there was no other way for me to communicate with her. And she knew that, therefore she knew, she brought the book and pen every day so that I could in case, like, before we started she'd ask me if I would like to ask a couple of questions or if I wanna write something down, is there something that I wanna know about yesterday? So she would give me that opportunity ... So before we started, for me to do it ... Well, that was terrible. Communication for me was ... I hated it. But at that point it was the best way of communication. But the thing is the message got across, the point got across, and I could understand whatever ...</p> <p>13. WM14: Many times I did not understand properly, because then, you know if your short of breath and you ... can't get a good breath in, then it was as if I misunderstood her ... And then she would say, Aunty, come let's start from the beginning again.</p> <p>14. KT16: Cause, you know, she didn't force me to do anything. She came down to my level, and she spoke to me in the tone that I could understand.</p> <p>15. KC18: I was not really prepared for it, but as the physio explained to me, what is, what the reasons are and why she does it. And then I gave my body to work with, to go with the physio.</p> <p>16. KC18: Because she spoke in my mother tongue, I understood very, very well.</p> <p>17. PA4: Then ... she came back, like the next day ... wanted to do physio again. And I refuse. And the others coming, try. I refuse ... I was so sick and tired.</p> <p>18. PA4: The thing was because she left [me] unattended. This is the only thing. Not ... because [I] standing because [I] was trying to stand but she left [me] ... and [I] couldn't climb back in the bed ... She did explain what she's gonna do. But she didn't ex... she didn't tell [me] that she's gonna leave. This is the only thing.</p> <p>19. DS23: It was because they were working together. Because there were two or three, they were working as a team, so one will say do this, and then other one will agree. And then they will help each other with lifting [me] and then exercise with [me]. So. That's why [I] said they do have the knowledge of what they were doing.</p>
Category 9: Patient perception and experience of physiotherapy	<p>20. KT16: Just that I had a wonderful experience.</p> <p>21. BA1: Like [I] had to sit on the chair. [I] felt like, they don't care about [me]. They were like, it takes long even they put [me] on the chair. It's like they put [me] too long. But at the end it did help [me]. [I] didn't understand that. But at the end it did ... [I] was little bit ...</p>

other hand, authoritative or poor attitude, poor presentation and untidiness, the possibility of falling during mobilisation, no assistance and no support during activities, and failure to meet established goals were all aspects described by patients as factors that could decrease satisfaction (Table 4, quotes 6, 7). The aforementioned affected their willingness to participate in therapy sessions.

Category 8: Interactions

Patients felt the communication to be good, commenting that interactions between patient and physiotherapist were encouraging and motivational (Table 4, quotes 9, 10). Communication was generally friendly and filled with jokes and laughing, enabling the development of a relationship, a friendship, and thus influencing how patients

felt in their sessions (Table 4, quote 11). But communication was not always easy; one patient in particular experienced difficulties due to being intubated and ventilated. Another had difficulties with breathing and was thus distracted, which led to a lack of understanding when the physiotherapist spoke to her (Table 4, quotes 12, 13). Explanations and repeated instructions helped patients to understand what was expected of them. Instructions and communication delivered in a language and tone that the patients could understand further facilitated co-operation (Table 4, quotes 14 - 16). In contrast, when communication was not clear, it resulted in miscommunication that caused loss of trust and refusal of further treatment (Table 4, quotes 17, 18). The importance of non-verbal communication was evident from patients' observations of the interaction between multidisciplinary team (MDT) members. The presence of teamwork between disciplines and among physiotherapists themselves helped to confirm the presence of knowledge and communication (Table 4, quote 19).

Category 9: Patient perception and experience of physiotherapy

Patients perceived physiotherapy in the ICU favourably. They used words such as 'good', 'wonderful', 'excellent' and 'happy' when describing their experience and perception of physiotherapy in the ICU. However, some patients found the experience difficult as communication was not always easy. Their understanding, their expectations and their previous experiences influenced patients' perceptions of physiotherapy (Table 4, quotes 20, 21).

Discussion

Patients offered valuable insight into the factors that influenced their experiences of physiotherapy in the ICU environment. The importance of communication, the development of a trusting relationship and the connections with outcomes emerged as the three themes within which patients experienced the physiotherapy care they received.

While early mobility of critically-ill patients is reported as feasible and safe, the data in this article are the first in which patients verbalised their perception of the pivotal role that early mobility played on their road to recovery. The importance for patients to link an intervention to an outcome that is important to them, has been described within the post-discharge environment.^[9] Listening to our patients could facilitate patient-centered care within the critical care context. It is interesting to note that patients identified the same patient-related mobilisation barriers previously documented, namely pain; drips, lines and catheters; and medication. However, their perception of how these barriers can be overcome provides additional information for clinicians working in this environment. The importance of communication, and the development of a trusting relationship, are central to managing barriers.

In the critical care environment, effective communication plays a crucial role in ensuring patient safety and the co-ordination of care among healthcare providers.^[37] Our data focussed on physiotherapy care and highlight that communication integrates and influences multiple aspects of physiotherapy care (Fig. 2). Communication affected how the patients understood the care they received and how they felt during mobilisation. Among other aspects, communication also empowered patients through education and shared knowledge, and influenced satisfaction. Communication is a component of care that can easily be overlooked and/or rushed in a busy environment such as the ICU and where most patients have previously been sedated. As is evident in this study, communication has a substantial impact on the

patient's perception and, ultimately, their participation. Ashworth^[38] reported that communication and information are vital for human beings to feel comfortable, especially people in a strange environment. Effective communication in the ICU, an arguably strange environment, will comfort patients and influence their overall perception of care. Several studies conducted in the critical care setting have reported positively on communication as a component of care with regard to informed consent,^[39-41] verbal information,^[41] explanations prior to treatment and the use of alternative methods of communication.^[42] While healthcare practitioners often use non-verbal communication to observe patients' pain levels and ability to participate, our data highlight that patients also observe their environment and the people who interact with them.^[43] Patients' ability to notice non-verbal communication within the environment was surprising and novel. The interaction of multidisciplinary team members and of physiotherapists with other patients were two examples of non-verbal cues mentioned by patients, as influencing their perceptions of care and willingness to comply with treatment. Clinicians should be mindful of the impact that communication has on the patients' co-operation with treatment and building the physiotherapist-patient relationship, so increasing trust and patient satisfaction with care. The third theme that emerged from our data was the patient's perception that trust and the individual relationship with a therapist affected their participation in physiotherapy sessions and their health outcome from the ICU. The importance of a trusting relationship in patients' perception of the quality of the care they have received has been well documented.^[44] Whether the relationship can improve health outcomes, as patients perceived in our study, is less clear.^[45,46] The difficulty for healthcare practitioners working in the critical care environment of developing trusting relationships has been acknowledged.^[47] Our data highlight the importance for physiotherapists to gain the trust of their patients in ICU to facilitate patient participation in early mobility activities. Whether that will improve patient outcomes needs investigation.

Our data confirm the feasibility of engaging with patients around the care they received while critically ill. The potential increase in availability of patient perceptions regarding care in the ICU could assist in evaluating and ensuring ICU care quality. Physiotherapists could use

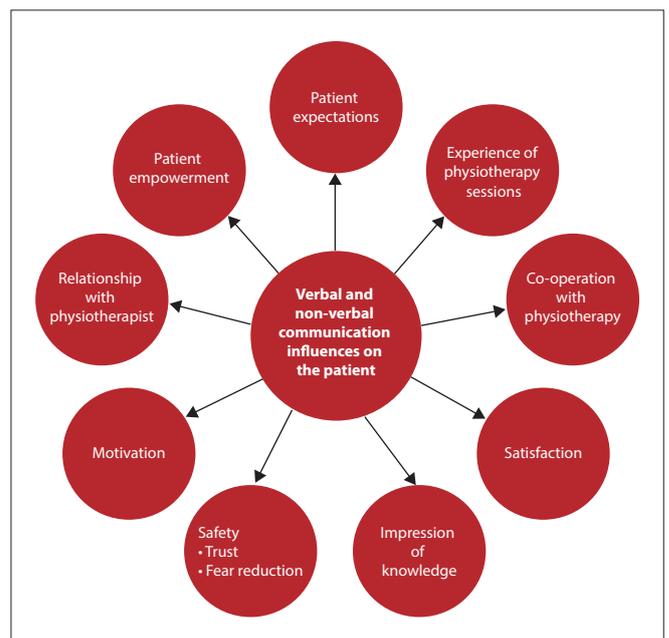


Fig. 2. Diagram depicting communication-influenced aspects

patient satisfaction and perceptions not only to understand the patient's ICU experience, but also to identify potential areas for improvement. Patients are the consumers of care, and their opinions regarding this should be of concern to healthcare providers.^[48] Furthermore, patients are the primary elements in the assessment of service quality.^[49,50] With such measures, clinicians and healthcare providers can be empowered to provide and monitor patient-centred care with outcomes tailored to what patients desire. The development of patient-reported outcomes could facilitate patient-centred care in the critical care environment.

Study limitations

The data included in this article must be read with caution as they emanate from one centre and one surgical unit and therefore cannot be generalised. However, the credibility of the data is confirmed by the patient selection, the unit structure and the process of data collection. The maximum variation sampling technique we used to select participants resulted in a diverse sample of patients with varying personal and contextual experiences, and enabled a large pooling of differing perceptions and opinions regarding physiotherapy in the ICU. Multiple physiotherapists provided physiotherapy services over the period of data collection, which also included final-year physiotherapy students from two universities. The data therefore reflect physiotherapy services provided by multiple persons and not a single encounter. Finally, data were collected until data saturation, with no new concepts emerging.

Conclusion

Satisfaction with physiotherapy in the ICU is multifactorial. Patients perceived clear communication, the building of a trusting relationship and the focus on outcome as the components which influenced their perception of the physiotherapy service they received in the ICU. While confirming barriers to early mobility, patients perceived participation in mobility activities as a 'jolt' in their journey to recovery following a critical incident. Physiotherapists can now use this information when delivering their service. Moving forward, it is feasible and important to include patient-reported outcomes to measure physiotherapy interventions in the ICU. These data can be used to inform the development of such outcomes.

Declaration. The views and opinions expressed in this article are those of the authors and do not necessarily reflect the official policy or position of any affiliated agency of the authors. The data that support the findings of our study are available on reasonable request from the corresponding author. The data are not publicly available because of restrictions; for example, their containing information that could compromise the privacy of research participants.

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