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**Title: The use of inpatient goal planning in a regional burns centre: a thematic analysis  
of staff and patient experiences**

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Declarations of interest:

None

## Abstract

Background: Rehabilitation from a burn or related injury can be a lengthy and painful process.

Objectives: The present study explored the experiences of staff and patients of inpatient goal planning used on a rehabilitation ward within a regional burns centre.

Design: A qualitative study using semi-structured interviews.

Setting: Patients and staff were recruited from The Welsh Centre for Burns and Plastic Surgery, Morriston Hospital, Swansea, South Wales, UK.

Participants: Twelve participants were recruited and interviewed in two phases. Phase one included six staff members who had been involved in delivering goal planning sessions and phase two included six former inpatients who had participated in goal planning during their rehabilitation in hospital.

Results: Three main themes were identified for staff: benefits for patients and families, process and structure and challenges of the process. For patients, the three main themes identified were: role of goal planning in rehabilitation, tailoring the programme around the patient and encountering challenges.

Conclusions: Findings from the narratives of staff and patients suggest the use of goal planning in inpatient recovery and rehabilitation in a burns centre is very beneficial. Although there were challenges reported, this investigation yields potential for goal planning to be a successful rehabilitation strategy.

**Keywords:** burn injury, burns, burn rehabilitation, goal planning, goal setting.

**Abbreviations:** SDM, shared decision making; TBSA, total body surface area; MDT, multidisciplinary team.

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## Introduction

Having a patient-centred approach to care in physical health settings is well recognised as important in contemporary practice, to combine the individual's experiential needs with the clinician's professional guidance to foster shared decision-making [1]. Shared decision making (SDM) is a core concept for healthcare and is based on the recognition of the patient as the expert in their own body, symptoms, and personal limits [1,2]. The World Health Organisation International Classification of Functioning, Disability and Health Model (ICF) [3] emphasises the need to consider all aspects of a person's condition in healthcare settings including body functions and structures, activities and participation, and contextual factors (environmental and personal). This conceptual framework could facilitate communication using SDM to describe functioning and enhance needs assessments through a patient-centred approach [4,5]. This would allow the patient to take an active role in treatment choices during rehabilitation, focussing on the aspects of their condition most pertinent to themselves at that time, promoting empowerment and potentially improving quality of life [6,7].

As part of SDM, health professionals consider patient priorities and incorporate them into a manageable recovery plan [7] often using strategies such as goal planning. Originally a tool used in the workplace, goal planning is being increasingly implemented within inpatient rehabilitation settings, using a patient-centred approach from setting targets designed around the patient's personal life to increase motivation [6,8]. The strategy involves multi-disciplinary meetings with patients, staff, and carers or 'significant others' to collaboratively recommended and discuss rehabilitation goals, rather than imposing them [8]. This technique importantly provides patients with an environment where their personal preferences can be voiced to encourage their active participation and control over their rehabilitation, which can ultimately increase treatment compliance [9,10,11,12].

Goal planning has previously shown promise as an effective tool for rehabilitation amongst patients with spinal cord injuries, where individuals have been negatively impacted socially, psychologically, and physically [13]. Similarly to these injuries, recovering from a burn can involve a difficult and often lifelong rehabilitation process [14] with patients facing significant psychological and physical challenges requiring multi-disciplinary team involvement. When addressing the psychological needs of burn-injured patients, there is limited evidence suggesting that goal planning could be a successful tool for rehabilitation

[14,15,16,17]. Goal planning with burns patients could increase motivation, lead to better formulation of long-term goals, and promote independence [15,16]. In a randomized controlled trial comparing standard outpatient care to an extra support service within a burns' unit, patients were offered a package including individualized goal planning [15], which was reportedly helpful, and participants appreciated the process of setting/attaining targets.

Enabling patient autonomy over care in small, achievable steps is central to the success of goal planning [16], and goals should be individually tailored around the needs of each patient and their injuries. To do this, the patient and their family should be involved, with agreed targets being displayed clearly in the patient's room for all to view [17]. Participant interviews with patients regarding their post-burn experiences have described progressing in stages from small steps such as sitting up in bed, to more challenging goals [16], progressively supporting self-efficacy to return to pre-burn activities. Social events for burn-injured adolescents have also indicated that goal setting forms part of a successful programme for improving psychosocial functioning, wellbeing, and fostering personal growth [18]. Moreover, the greater length of time spent by adolescents engaging in these events and activities improved rehabilitation outcomes [18].

Although existing research is promising, there is limited evidence exploring the different perceptions surrounding goal setting practices [19] with even less focussing on evaluating the subjective experiences and processes of goal setting within an inpatient burn setting. To our knowledge, there is no existing qualitative literature combining both staff and patient perspectives on the effectiveness of goal planning as a burn injury rehabilitation strategy within the United Kingdom. This is an important avenue to explore to determine whether goal planning could be usefully incorporated into the care pathway as a suitable intervention to assist with the recovery of patients with burns and related injuries.

The present study aimed to address the gap in literature by employing a service evaluation of the current goal planning process used in the Welsh Centre for Burns, Morriston Hospital, South Wales. The Welsh centre is a regional service covering South Wales and the South West of England. For the period of 2017-2019 when this study took place, the average annual patient figures were reported at a total of 1058 referrals (adult and paediatric) to the burn's centre, which included 268 inpatient admissions. The current study aimed to qualitatively

examine the strengths, challenges, and possible areas of improvement in goal planning through utilising qualitative methodology and inductive thematic analysis [20,21].

## Materials and Methods

### *Study Design*

To explore goal planning from staff and patient perspectives, a qualitative research design was adopted using semi-structured interviews. This approach was chosen to inform current practice from gaining in-depth insights into patients' lived experiences of the phenomenon, as there is a growing body of qualitative literature focussing on health conditions including burn injuries [22,23,24] and staff caring for burns patients [25]. The interviews in this study covered the key elements of goal planning, views on administration, positives, and challenges of the process, along with other aspects participants wanted to discuss.

### *Ethical Approval*

The study was submitted for approval by the Research and Development Department within Swansea Bay University Health Board Trust and ratified as a service evaluation.

### *Participants*

Participants were recruited using convenience sampling from the Welsh Centre for Burns. The sample included a total of twelve participants (females n=7, males n=5) who all identified as White British). Staff consisted of six female multidisciplinary team members: two occupational therapists; two physiotherapists; one nurse/ward manager and one clinical psychologist. See Table 1, for staff sample characteristics. All staff had been involved in delivering goal planning sessions to patients within the burns centre. To be considered for inclusion, staff must have delivered over 10 goal planning sessions and, as a sample, must be representative of a multidisciplinary role to ensure a variety of perspectives could be compared to the narratives of patients.

**[INSERT TABLE 1 HERE]**

Patients were six former inpatients (female n=1, male n=5) who all identified as White British (m age = 56 years). See Table 2, for patient sample characteristics. Four individuals had burn injuries with a total body surface area (TBSA) range of 30-65% and a length of stay in the burns centre ranging from 79-120 days. One individual experienced an extensive de-

gloving injury involving an entire limb (stay of 76 days) and another had necrotising fasciitis to their forearm and hand, gangrene to bilateral hands and forefeet leading to amputations of digits and bilateral transmetatarsal (stay of 43 days). To be considered for inclusion, patients must have received three or more inpatient goal planning sessions, those who were physically unwell or encountering significant psychological distress at the time of the study were excluded. A total of eight former inpatients were considered suitable to participate and were formally invited by the researchers: two declined and six opted in. The average length of time from discharge to interview was 491 days (range 188-892 days).

**[INSERT TABLE 2 HERE]**

### *Data Collection*

The study took place over a three-year period and was divided into two phases. Five assistant psychologists were involved in the study (CH, LT, MM, OH, LJ). The assistant psychologists had not worked clinically with any patients interviewed. The sample size for the study was based on guidelines for qualitative interviews by Braun and Clarke and considered adequate for thematic analysis [20,21]. The sample was split into two groups of six to represent two small projects (staff and patients) and combined for a total of twelve participants in a medium-sized project.

Interviews lasted approximately one hour, were audio recorded and guided by flexible, open-ended questions about the goal planning process with tailored prompts for each group. All staff were interviewed face to face in the first phase of the study after being verbally invited by CH, with those expressing interest given study information sheets and consent forms before agreeing a date for interview. All staff interviews were held in a private room in the burns' centre, led by CH.

In the second phase, former inpatients were invited for interview by LT and MM. Patients who met inclusion criteria were contacted over the phone by a clinician known to them and the study was outlined. Interested patients were sent study information sheets and consent forms and had the opportunity to ask questions and opt-in or out before a date for interview was agreed with the assistant psychologist (not known to them). Patients had a choice of venue for the interview, with three choosing to be interviewed at home; two patients chose to be interviewed in a private room in the burns centre; and one patient chose to be interviewed

over the telephone. A debrief sheet was provided to every participant after their interview, summarising the study and providing contact information.

### *Data Analysis*

Data was analysed using thematic analysis [20,21]. This approach was chosen for this study as the methodology is suited to examining health-related subjects such as burn injuries [23,25] and is designed to elucidate novel insights [21]. Data from interviews were transcribed verbatim from the audio recordings. The data was then analysed systematically across all twelve datasets, and divided into themes and subthemes by LT. The coherence of themes was corroborated and checked back to the raw data by a further two researchers, OH and LJ, who checked the codes and thematic map used to group and summarise themes. OH, and LJ divided the data into two separate datasets of staff and patients and independently reviewed the accuracy of labelling. To uphold methodological rigour, saturation was observed during the entirety of the project [26,27].

## Results

Thematic analysis revealed three major themes and eleven subthemes from staff narratives, relating to their experience of delivering goal planning sessions to injured patients in the burns centre (see Figure 1 for staff themes and subthemes). Similarly, three major themes and nine subthemes were identified from patients' narratives, relating to how they felt about participating in goal planning sessions (see Figure 2 for patient themes and subthemes). The themes and subthemes for staff and patients are discussed in detail, with supporting quotes from participant interviews.

### Staff

## **[INSERT FIGURE 1 HERE]**

As seen in Figure 1, three main themes were identified from staff interviews, including (1) benefits for patients and families, (2) process and structure and (3) challenges of the process. These main themes were further divided into subthemes as described below.

### Benefits for Patients and Families



- Patient-Centred

Participants described the benefit of the patient-centred approach of goal planning, which places the patient at the centre of their care, providing them with an understanding of their treatment:

*“We have to be client centred and all that we do has to be for the patient’s best interest.” (Staff 3).*

*“The positive is it’s almost the patient centeredness of the whole process isn’t it, so if someone’s going to be here for a long time, that they really have a good understanding of what their. . .treatment is.” (Staff 5).*

It was felt this patient-centred approach gave patients more control regarding the direction of their treatment and what goals they wanted to place focus on. By being more involved in their care, patients gained a sense of empowerment:

*“They can. . .steer how they want to go with that, what they want to focus on, whilst giving them lots of encouragement.” (Staff 6).*

*“It’s been really beneficial for the patients, for them they’ve been much more involved in their care and they feel more empowered.” (Staff 1).*

- Communication

Participants appeared to value the communicative component of goal planning, as they felt it allowed patients to feel involved in their care. Discussing goals, as well as topics not related to the goal planning process was beneficial in forming rapport with the patients and gaining their trust:

*“I feel like the communication really helps with the patient because it makes them feel more involved in their care.” (Staff 1).*

*“We’ll have the goal planning meeting but also kind of spark a conversation that maybe is a little bit off-topic and that helps you to get more of a rapport with the patient who is then keen to trust you and hopefully open up with you.” (Staff 2).*

- Collaborative approach

The collaboration between staff, patients, and relatives of the patient was described as important, with benefits including increased patient and relative involvement in the care and ensuring patients felt listened to:

*“So sometimes then by getting the family on board, it’s the accumulative approach which is working.” (Staff 2).*

*“I think that the patients feel, as well, that they’re being listened to and the relatives . . . feel really involved”. (Staff 6).*

### Process and Structure

#### - MDT Involvement

The role of the Multi-Disciplinary Team (MDT) in goal planning was frequently discussed, with staff describing the collaborative approach taken to help patients develop and achieve their goals. This implied that a full team effort is required to facilitate effective goal planning sessions:

*“Coming together as an MDT to meet with the patients on their terms at their level and go from there, find out exactly where they feel they’re at, what their concerns are, what their worries are, what their goals and expectations are and how we can facilitate that.” (Staff 6).*

*“It has to be looked at as a holistic, full, multidisciplinary team perspective.” (Staff 4).*

#### - Administration and Displaying Goals

The administrative process involved in goal planning was described by staff. This included documenting each session, updating medical notes, and structuring goals into long-term and short-term being key to the administration of goal planning:

*“After that’s done we have to write it up in our therapy notes as well. . .it’s important that they also get put in the medical notes so that the doctors are informed.” (Staff 1).*

*“On the paperwork it has the main goal and how to achieve that main goal, with the sub-goals and. . .the week-to-week goals.” (Staff 2).*

Once goals were planned and structured, staff reported how they were displayed on the wall of the patient’s room to make them easily accessible for patients, staff, and relatives to view.

This display of goals enabled relatives to learn more about the patient's care and weekly achievements:

*"We found that by sticking the goals up on the wall in the patient's room the family would go in and be interested in what they are achieving week to week." (Staff 2).*

*"I do think it's a strength that [goal planning forms] then goes on the wall, so that staff, the patients and relatives can see." (Staff 5).*

- Realistic and Achievable Goals

Staff reported the importance of setting small, achievable targets in the goal planning process. Goals were broken down and reviewed frequently to ensure that they were realistic in terms of the timeframe set:

*"It really breaks it down into sort of bite-size chunks and we just work through it very simply and that's probably the best part of goal planning. . .we value the small goals as much as we value the big goals – that they are important too." (Staff 6).*

*"We review it frequently enough to realise if we're being realistic. . .we can look at the goal and tweak it or make it a two-week goal or three-week goal instead." (Staff 2).*

- Discharge Planning

Staff described that returning home was often an overarching goal for patients to work towards. Staff and patients communicated to form a discharge plan and patients were facilitated to reach this goal:

*"Communication really helps and again, even when it comes to the basic discharge planning we're all on the same page." (Staff 1).*

*"There is a main goal and obviously a lot of the time in hospital the main goal is to get home." (Staff 3).*

### Challenges of the Process

- Patient Engagement and Mood

Patient disengagement appeared to be particularly challenging in achieving some planned goals. Staff discussed how some patients had not chosen to participate in the goal planning sessions, which created challenges:

*“It can be particularly challenging when the patient is not keen to engage in it.” (Staff 1).*

*“The patients need to be engaging and they need to be willing to engage and we had some very challenging patients that haven’t all wanted to be involved.” (Staff 6).*

The mood of the patient may have created challenges to motivation and engagement during the goal planning sessions. For example, a lack of sense of achievement may have led to low mood, and this low mood may have reinforced such feelings of underachievement:

*“The patient can often become quite low in mood because they feel they’re not going to achieve.” (Staff 5).*

*“They felt that they underachieved that week but because of low mood or affect.” (Staff 4).*

#### - Time Management

Time management was identified as a challenging aspect of goal planning, with staff explaining that their busy schedules impacted their ability to ensure all patient goals were reviewed. Additionally, a difficulty arose when there were multiple patients requiring goal planning sessions in one day, as this may have meant that staff were unable to perform their other duties due to the time taken to deliver goal planning:

*“The timing element sometimes when you’re really, really busy and you’ve got patients that need goal planning, it gets difficult to make sure everybody gets around to getting proper goal planning review.” (Staff 4).*

*“Managing the time around it can be quite tricky so if its busy on the ward, some goal planning sessions for patients can take half an hour, forty minutes or so, depending on how involved they are in the process. . .so if we’ve got ten patients on the ward and five of them need goal planning then it sometimes takes the whole day.” (Staff 1).*

#### - Structure of Sessions

Some staff also felt that the structure of goal planning sessions did not suit all patients, as some patients favoured a more flexible approach. For example, being moved to a different ward may have created difficulties for patients as it may have interrupted or changed the schedule of their goal planning sessions.

*“Flexibility works for some people and I think that some people like the structure and format and some people don’t work with it at all.” (Staff 4).*

*“Once they leave Powys ward they go to a different ward and I think some patients have found it quite difficult that they don’t have the same weekly development when they go elsewhere.” (Staff 6).*

## Patients

### **[INSERT FIGURE 2 HERE]**

As seen in Figure 2, three main themes were identified from patient interviews, including (1) role of goal planning in rehabilitation (2) tailoring the programme around the patient (3) encountering challenges. These main themes were further divided into subthemes as described below.

#### Role of Goal Planning in Rehabilitation

##### - Patient Empowerment

Patient narratives revealed the valuable approach of placing the person at the centre of the goal planning process, so they felt involved and informed about their rehabilitation process and listened to by members of staff. This approach of working collaboratively around the patient promoted a sense of empowerment and shared decision making when planning their goals, encouraging control in their recovery:

*“Goal planning puts the person. . . at the centre of what’s going on. . .it turns it around, so the consultant is working alongside me. . .not the consultant saying and this hierarchy where I’m at the bottom. . .it totally reverses that. . .I think that’s a really good thing to do.” (Patient 1).*

*“They did take notice of everything I said. . .it was a conversation between the two of us.” (Patient 5).*

##### - Promoting Independence

The process of successfully participating in goal-planning exercises and being able to meet set targets was reported by patients to increase confidence and promote independence, as patients were able to achieve their aims. Patients described how having goals helped them to begin to start to do things for themselves again after sustaining a burn injury, such as being more mobile and doing things with less assistance:

*“My sort of goal was about kind of getting, to be the best sort of most mobile version of me that I could.” (Patient 2).*

*“In the start, I was a bit low because I couldn’t walk. . .but gradually by them giving me a goal. . .the next week was to try and walk, I couldn’t use my arms, I couldn’t feed myself, they were feeding me, so I had goals like that. . .your goals for next week, it will be to try and feed myself.” (Patient 5).*

*“To give you independence again and. . .motivate you. . .to do things yes for yourself.” (Patient 5).*

- Sense of Motivation from Achievements

The process of goal planning increased motivation in patients, since setting targets gave them aims. Patients described not wanting to let themselves or the staff down, showing a sense of responsibility in the process which helped improve overall mood and boosted confidence, which was important to successful rehabilitation:

*“It was very motivational for sure. . .I did not want to let them down. . .let myself down. . .I am very thankful for setting goals because it is my interest in doing these things.” (Patient 3).*

*“There were goals to achieve. . .the fact that I think I achieved them every time and then give you a bit of a boost to feel. . .that I had achieved each goal as it went along.” (Patient 6).*

- Feeling Supported: MDT Encouragement

The involvement of an MDT in goal planning sessions was seen as valuable to the patients. The involvement of different staff members appeared to instil a sense of teamwork, making the patients feel well supported and part of a group, including their family, all working towards shared aims:

*“My individual time with those people. . .separate from other patients. . .even that small. . .was actually. . .a really big thing.” (Patient 2).*

*“It was really good to have people around me. . .discussing things. . .rather than seeing them more individually. . .you had the physio there and. . .the occupational therapists and [psychologist] and [my] sister sometimes. . .I find it beneficial having them all together.” (Patient 3).*

The positive outcome of MDT involvement in goal planning was clear from patient narratives, who reflected on their time in hospital and felt their treatment had been successful from the staff's dedication and commitment to supporting them to achieve their aims:

*"I am very grateful for all the help that they gave me in there, they got me well back from, well the end, the very end of life to where I am today. . .very grateful." (Patient 5).*

*"It's an excellent team very involved. Like a premiership team they are, one of the best, never come across anything like that in my life." (Patient 4).*

### Tailoring the Programme to the Patient

#### - Progressing in Realistic Steps

Patients acknowledged the importance of having their goals set out in small, achievable steps. This was described as important to ensure targets were attainable and manageable enough to not overwhelm patients, or create a sense of disillusionment with the process if goals were too hard:

*"Having smaller steps in between was great...being able to go to the toilet myself because I had been bed-bound. . .and of course the week after then that would change, it's a case of right, 'they've got to sit in the chair now'. . .you might not do it straight away, but that's what we're going to work on. . .it was always rolling forward and gathering momentum. . .those small steps make that large outcome possible." (Patient 1).*

*"By breaking it down, even if you then think that's such a tiny step towards it but then I could just not. . .focus on the end goal, but it's like this is what we're trying to do this week, or these few weeks." (Patient 2).*

*"They knew that I progressed quite well since I. . .first came in and in the operation. . .it was made clear that some goals would have to be put back. . .I might have to take a step back...before recovering again." (Patient 3).*

Along with setting goals based on what is physically achievable for the patient, setting realistic time frames was also mentioned by patients as being important to the process, allowing the suitable amount of time needed to work towards their aims at an agreed and realistic pace, without feeling pressured:

*“Sometimes. . .it just couldn’t, wasn’t appropriate for that week, for various reasons you know it was too early. . .or other reasons. . .but. . .you kind of had it as a reminder to discuss at the next session. . .kind of work out what’s the best way forward with it in the following week.” (Patient 2).*

#### - Visual Reminders of Personalised Targets

Patients highlighted the importance of being able to see their agreed targets by having their goals printed out on laminated sheets and clearly displayed in their room. This acted as a visual reminder of their aims for the week or month ahead:

*“I had laminated sheets, so I think she’d be writing it up during the meeting, on the it’s like a proforma, and then that would be laminated, and then that was on, stuck on the wall.” (Patient 2).*

Having their goals displayed reminded patients what they were working towards, and allowed them to focus on their rehabilitation:

*“They were visible all the time. . .if they wouldn’t have ended up there I probably wouldn’t have noticed them, would’ve forgot about them.” (Patient 3).*

As a result of the goals being visible in hospital room, patients described how they could also be seen by visiting family and friends, who could look at what the goals for the week were and encourage the patient to achieve them. From this, goal planning involved not only the patient and staff but also the patient’s external support network, who could become part of the process from seeing the goals displayed on visits:

*“It was written in a way that I could understand, my family could understand, and everybody that came into the room could understand. So the people that weren’t part of that process could come in and look at the goal planning and think “right” this is what [they are] trying to achieve this week, this is what we need to help him with, I thought that was fabulous, really good.” (Patient 1).*

#### - Working Towards Discharge

Having the main goal of aiming for discharge was discussed by patients, who were all working towards the common, final goal of being successfully rehabilitated and well enough to return home and integrate back into their communities:



*“They always asked me ‘what is your main goal?’ I said yes, I want to go home. . . I want to try and get home.” (Patient 5).*

*“Well yes, everything the whole goals were all set to you going home. That was the whole thing.” (Patient 6).*

### Encountering Challenges

- Level of Challenge: Too Hard vs. Too Easy

Although the goals were designed around the individual patient and their injuries, one patient felt that the agreed targets were not physically challenging enough and were too simple for their abilities:

*“The goal planning was a bit too easy and it wasn’t very challenging to be honest with you. . . I thought it was very easy, and not very challenging anyhow.” (Patient 4).*

However, other patients felt that the goals could alternatively be too challenging to achieve as a result of being in too much pain, and felt that the process was disadvantageous from being injured and finding it uncomfortable moving around:

*“Some of the expectations. . . they wanna push really hard because they know my body’s in a state of shut down. . . the amount of pain I was in was counterproductive of to getting up and doing these things. . . there was compromise on both sides, I couldn’t physically sit in a chair for the amount of time they wanted.” (Patient 1).*

*“They did try and lift the bar. . . which sometimes I found a bit tough.” (Patient 5).*

- Adjusting to the Hospital Environment

Patients reflected on the difficulties of adjusting to the hospital environment after being admitted, including changes to their lifestyle and physical and psychological wellbeing. They felt that it was important to consider these difficulties during goal planning sessions:

*“A lot of it is still a bit of daze about the time I spent in here. I still quite don’t know exactly the timeline of what happened.” (Patient 3).*

*“I was lying dormant there and I was thinking ‘what am I doing here? What am I doing?’” (Patient 6).*

Patients described how being treated in the hospital environment for a significant length of time affected their mood and energy levels, as a result of adapting from active lifestyles to being an inpatient and having to adjust to the difference in circumstances:

*“I guess being in hospital for that length of time. . .I was starting to get a bit, institutionalised.” (Patient 2).*

Having the task of goal planning was reported by patients to help them adjust to the hospital environment through giving them something to focus on:

*“I may have been become a little lethargic in there, well there you are, you’ve had this accident. . .before I was quite active and now I was just left there in the hospital, it did help to motivate me to. . .get going again.” (Patient 5).*

### Discussion

The aims of the present study were to explore the experiences of goal planning within a burns inpatient setting. The findings from thematic analysis offer new insights into the effectiveness of the strategy and is the first study to our knowledge exploring perspectives of both patients and staff, allowing an in-depth understanding of goal planning in burns settings.

Staff discussed the benefits of using goal planning as a rehabilitation strategy for patients and their families. These included adopting a patient-centred approach to care with communication between the patient, staff members and their family, which promoted empowerment and placed the person in control of their recovery. A similar narrative was reported from patients, who felt that being at the centre of the process allowed them to be treated as an equal party in their rehabilitation. Two-fold, this promoted a sense of achievement and increased patient’s motivation from boosting independence when they achieved their goals. These benefits are consistent with previous research into other methods involving patients in their own care, such as patient reported outcome measures (PROMS) [28] which similarly to goal planning, notes the importance of collaboration between the patient and staff in routine clinical practice [6,8,9,28].

The MDT was important to the concept of goal planning and was mentioned by patients as a source of support; being motivated by staff from different professional groups all working in the shared effort to help the patient recover from their injury. This was similar in staff reports,

describing working as a team to promote successful rehabilitation. Thus, the MDT enabled a collaborative approach to the planning of realistic goals and numerous aspects of the patient's recovery, including their psychological wellbeing [8].

There was a common narrative between staff and patients of having the final goal of being discharged from inpatient care and reintegrated back into the community after treatment finished. This was important, as patients all had the same goal to return home, so staff were able to effectively share the same target and facilitate their aim. In reaching this end goal, staff and patients described the importance of goals being realistic, and broken down into achievable and reasonable time frames. This finding is consistent with previous studies, whereby goals are built up in terms of challenge [16]. This gradual approach may improve the self-efficacy of patients throughout their rehabilitation which could potentially continue after their discharge. Staff also explained how notetaking of sessions organised into long/short-term aims allowed colleagues to be kept updated on the patient's care plan, with visual aids seen as an effective motivator by staff and patients. Displaying goals on the wall allowed patients to easily access and remind themselves of their goals, along with their family having the opportunity to observe progress, supporting previous research suggesting that effective goal planning involves the display of goals and the involvement family [15].

The findings from this study highlight how goal planning adopts a patient-centred approach to rehabilitation, with regards to how involved patients are when setting goals. Despite this, challenges were acknowledged. Staff described working hard to ensure the patient was involved in their treatment plan, however, one patient did not feel the goals were challenging enough, whilst another felt that their goals were too challenging. Similar findings have been reported in previous studies, and it has been suggested that patients may not always fully understand the barriers of their physical impairments, so could feel that the goals being set are not appropriate [6,7,11,29]. Adjusting to altered physical boundaries could cause emotional distress, so great care must be taken when establishing targets, and the patient must be empowered to cope with difficult emotion when goal achievement becomes challenging to alleviate barriers to progress [11]. Previous criticisms of goal planning have also included the process not always prioritising the patient's opinions and goals being modified by staff at the dissent of the patient [19]. This must be acknowledged by staff to help the patient identify/set attainable goals [6,11].

Although some patients may be willing to actively participate in goal planning, not all patients may feel the same [6] with more 'passive' patients being happy for clinicians to set goals for them [30]. This was reflected in the current study, as staff described how patient engagement/mood created challenges, with regards to motivation and participating to achieve goals [30]. Potential difficulties could also arise in communication between the patient and staff, as goal-planning assumes that the patient can articulate clearly, when this may not always be possible [7, 29]. Patients also described the difficulties in adjusting to the hospital setting itself, which must be taken into consideration when designing a rehabilitation programme. The significant and often distressing change in patients' circumstances and adapting to the stresses of a clinical environment could influence mood, and impact on willingness to participate in goal planning sessions.

Although the goal planning strategy was well-received overall, staff reported that time management was an issue when having multiple patients requiring goal planning reviews. This highlights the importance of adequate resources and staffing allocated to the strategy if it is to be used effectively within hospital settings as an efficient intervention. The challenges in time-management may have altered the structure of goal planning sessions which patients may have found difficult, as staff described how some patients were more flexible to changes in weekly scheduling compared to others.

Based on these findings, it could be that additional staff training may be needed if goal planning is a viable strategy for incorporation into the care and rehabilitation pathway for patients with burn injuries. For example, staff working on a burns' unit are reportedly less confident in providing psychological advice when compared to giving physical rehabilitation assistance, but they have shown improvements with resource packs and dedicated training days [31,32].

To date, the present study is the first to examine goal planning from the perspectives of patients and staff in an inpatient setting in the UK. The interviewed patients were all former inpatients who had been discharged from the burns' unit within the last three years, providing a valid reflection of how goal planning has been used over time. Along with this, collecting data from the staff MDT ensured that a range of professional views about the effectiveness of goal planning in burn injuries could be considered. Data were also analysed by three independent researchers, which reduced risk of bias and ensured findings were empirically robust.

There are several limitations to this study which must be acknowledged. The study focussed on a single MDT within one hospital, which may have prohibited staff from freely expressing negative views through concerns about being identified. Therefore, the findings are only reflective of a single hospital centre, which may limit generalisations in application to other centres delivering goal planning programmes. The limitation of generalisation also extends to the sex and ethnicity of participants involved, as the sample of the staff were all female and identified as White/British. Additionally, the research only represents the experiences of a small subgroup of patients undergoing rehabilitation, so further investigations may be necessary to draw concrete conclusions. Despite these challenges, this study infers that goal planning was overall a positive experience for both staff and patients.

### Conclusions

The present study yields valuable information on the use of goal planning in the rehabilitation of patients with burns and related injuries/conditions, which enhances the current understandings of the strategy to aid recovery. This is important for the growing body of literature on burn injury rehabilitation, as focussing on subjective patient and staff perspectives and analysing service gaps is valuable to improve current treatments and long-term health outcomes in burns. If goal planning is as successful as suggested in this study, it may help equip patients with the necessary level of self-efficacy and confidence to regain functioning after sustaining a burn or related injury.

Although potential barriers were reported by some participants, with refinements, the approach could be tailored to better suit health service time restraints and acknowledgment of the significant adjustments that patients are undergoing at the early stages of their rehabilitation. Future research could usefully explore goal planning in burns and related injuries across different hospital settings, to determine whether the successful integration of the technique is consistent across treatment centres.

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### Table Legends

Table 1	Staff sample characteristics.
Table 2	Patient sample characteristics.

### Figure Legends

Figure 1 Main themes and subthemes from staff interviews.

Figure 2 Main themes and subthemes from patient interviews.