

What value does the MPOC-SP have for physiotherapists working with children?

Focus group results about family centred care.

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Introduction

Physiotherapists working with children do not work in isolation and are a valuable part of the interdisciplinary team. Achieving high standards of health care provision with children with a disability requires a focus on Family Centred Care (FCC). This has been defined as a philosophy of care where families are supported in their decision-making roles in an equal partnership with professionals (King et al, 1995). A Cochrane review by Shields et al. (2006) has suggested that FCC should ensure that care is planned around the whole family and not just the individual child. This review highlighted the impact of the financial and emotional costs to families when a child is hospitalized. Such costs in caring for a child with a disability in the community have not been identified but a considerable part of this burden falls on the family. Carter (2008) suggests that to work in a family-centred approach is seen as 'intrinsically good' and yet challenges us to consider whether it actually works in practice. The National Service Framework for children and young people with disabilities and complex health needs recommends minimum standards and information-giving is one of the most valued services by parents of children with a disability (Department of Health, Department of Education and Skills, 2004; McConachie and Logan, 2003). In Wales, the National Service Framework for Children, Young People and Maternity Services has set standards relating to quality of care which provide a basis for good practice (Wales Assembly Government, 2004). Services are advocated to be child and family centred, with provision of clear and accurate information to empower them to make informed choices. Standards also include enabling the child and family to be active partners in goal setting.

Aim

Research question: 'How 'Family- Centred' do staff and parents perceive their work with disabled children and young people?'
Objectives:

1. To determine staff self-evaluation of family-centred care by completing the questionnaire MPOC-SP.
2. To explore staff views on their own family-centred care through discussion in a focus group, using the themes from the MPOC-SP.
3. To explore parental views of family-centred provision for their disabled child by interview individually or in a focus group.
4. To identify any areas where further staff training could improve their family-centred service provision.

Method

This study utilized a mixed methodology. The Measure of the Processes of Care for Service Providers (MPOC-SP) is a sensitive, valid and reliable questionnaire. Purposive non-random sampling was used to recruit study participants. Staff were approached by letter and invited to take part in a focus group in their area. These staff then gave out information letters to parents whose child was receiving a service. Twenty nine staff (11 physiotherapists = 38%) and ten parents volunteered. Quantitative data was gathered from administration of this questionnaire with staff. A series of interviews and focus groups based around the themes from the questionnaire were also conducted with staff and parents of disabled children. These were recorded with a Dictaphone and transcribed verbatim.

Results

The questionnaire data were analyzed with SPSS 16 for descriptive statistics. The questionnaire is scored on a Likert scale from 1-7 with 1 being the lowest and 7 the highest score staff could award themselves based on their own perception of their performance.

Table 1:

Scale	Mean (SD)
Respect	5.74 (0.82)
Communicating	4.9655 (1.59)
General Information	4.3448 (1.17)
Sensitivity	5.3586 (0.99)

As shown in Table 1 the mean of 'interpersonal sensitivity' was 5.35 and 'respect' 5.74 compared to 'providing general information' 4.34 and 'communicating' 4.96, being slightly lower in staff self perception. Staff commented on the value of the MPOC-SP questionnaire as a self-reflective tool.

Interview and focus group data were analyzed using an editing approach based upon the template of the themes from the MPOC-SP. This generated new themes and subthemes which are shown in Table 2. Staff described how they adapted their service to meet parental needs and empowered and enabled parents despite receiving no formal training in family centred care.

Table 2: Themes of the focus groups and interviews

Themes	Subthemes
MPOC-SP Questionnaire	†Staff self-evaluation
Interpersonal sensitivity	‡Valued staff attributes; †challenges to
and respect	achieve; ‡unhelpful staff behaviours
Information-giving	†Modelling; verbal, †demonstration; †feedback; written, photo, video, goal-setting; ‡timing
Staff development	†KSF, support, training, and service evaluation
Parental style	†Expectations and issues
Quality of life	‡Wider family; siblings; ‡future planning, respite, financial, and coping strategies; social opportunities; ‡ethical dilemmas
Team around the child	Multidisciplinary team-working, key worker
Child protection	†Working in partnership in child's best interests

Key: †Staff only; ‡parents only
Abbreviation: KSF: Knowledge and Skills Framework.

Parent's spoke highly of staff input and described the attributes they most valued (see Figure 1). Some parental feedback suggested that there needed to be a clearer complaints procedure.

Figure 1



Some parents felt there were clear goals, even if not always written down, but staff recognized that for some parents the process of goal setting was overwhelming and they worked towards enabling them to become active partners in this.

Physiotherapist: "But what it (MPOC-SP questionnaire) was asking was do we involve the families and that's something we are quite critical of ourselves at the moment because to make it work you want to have the families setting the goals as you're more likely to achieve them but when you come across a family that is unable to set goals and therefore you're doing it for them....."

Discussion

The descriptive statistics gave a limited perspective. The MPOC-SP questionnaire highlighted areas of good practice and challenged staff in other areas, some found it a useful reflective tool. The richer qualitative data gave more meaning to the practice of FCC. The role of an advocate was recognized by both staff and parents as valuable. The attributes suggested by staff and parents give some insight into the criteria one might use to select staff to work in disabled children's services. Both testify that the quality of staff does make a difference for the child and family, so in line with Aiming High for Disabled Children, some investment in training could provide an opportunity to further develop FCC (Department of Health, 2008). Whilst staff reported they did not consider they needed training in family-centred practice some aspects of care giving could be explored by discussing examples of good and poor practice in a workshop format.

Conclusion

This was a pilot study and the results should be treated with caution. The MPOC-SP has value for practitioners as a self-reflective tool. The majority of parents considered they were treated as equal partners in the decision making processes and this should continue. To increase our understanding of Family Centred Care this topic could be explored by a closer ethnographic study in this context.

Implications: Physiotherapists working with families with children with a disability need to evaluate their practice in terms of family centred care. Investigation of the influence of focused Family Centred Care training on parental experiences is warranted.

Publications

Pickering DM and Busse ME (2010) An audit of disabled children's services – what value is MPOC-SP? Clinical Audit (2) 13–22
Pickering DM and Busse ME (2010) Disabled children's services: how do we measure family-centred care? Journal of Child Health Care 14(2) 200–207

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