ORIGINAL RESEARCH

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PERSPECTIVES ON PATIENT CENTERED CARE: A SURVEY OF GHANAIAN PHYSIOTHERAPISTS

[1]Ahenkorah Josephine

[2]Snowdon Nicola

ABSTRACT

Background: Implementation of patient-centered care (PCC) in health-care has been shown to improve safety, trust, health outcomes and adherence. There is however a dearth of literature on perspectives around PCC with specific regard to physiotherapy. This study aimed at investigating the perspectives of Ghanaian physiotherapists on patient-centered care in relation to its meaning, attitude and limitations.

Methods: A questionnaire design was used. A questionnaire comprising both closed and open-ended questions was used to collect data from Ghanaian physiotherapists via post and e-mail. A response rate of 60% was recorded. Data was analyzed using descriptive statistics and framework analysis.

Results: Majority (97%) of physiotherapists indicated practicing a PCC approach is important. Nine (9) themes arose regarding the meaning of PCC. Superficial understanding was present across most respondents. Misinterpretation of the meaning of PCC was also recorded from few respondents. Communication and education were the perceived most important and practiced PCC approaches. The least practiced approaches were determining number of treatment by patient preferences and departmental standards and administering patient preferred treatment choice. Twelve (12) themes arose from the limitations to PCC. The greatest limitation to PCC was found to be poor therapist-to-patient ratio.

Conclusion: Ghanaian physiotherapists perceive PCC to be an important approach. Well known aspects of PCC are practiced and aspects regarding consideration of patient preferences are not practiced. The Ghanaian physiotherapist-patient experience is largely paternalistic. An increased awareness and understanding of PCC might translate into better implementation of PCC.

Keywords: Patient-centered care, physiotherapists, meaning, attitude, limitation.

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CORRESPONDING AUTHOR

[1]Ahenkorah Josephine

Department of physiotherapy,
Komfo Anokye Teaching Hospital,
P. O. Box, 1934,
Kumasi, Ghana.

[2]Faculty of Health and Well-being,
Department of Physiotherapy,
Sheffield Hallam University,
Broomhall Road, Sheffield, S10 2BP,
United Kingdom.

INTRODUCTION

Patient centered care (PCC) is a growing concept that has been adopted and prioritized by several countries to better the health-care experience of the patient by making a move from a paternalistic approach that sees the patient as a passive recipient to an approach that involves an equal partnership between patient and clinician, thus seeing the patient as an active partner.[1, 2] In simple terms, patient centered care is defined as putting the patient in the centre, understanding perspectives of patients in making decisions about patient's care, empowering patients and carers and therefore, delivering services that reflect patient's needs [3, 4]. Considering patient preferences is deemed the most consistent dimension present in most PCC definitions.[5] A patient-centered approach is known to increase patient satisfaction, safety, trust, adherence, and health outcomes [6, 7] and reduce patient complaints and possible litigation.[8] PCC is deemed an aspect of quality of care.[9] Yet, some health-care experiences continue to remain organizational or provider or task centric.[10, 11]

Some authors argue that the concept of patient-centered care still remains unclear as such different professions and cultures attribute different meanings to it.[3, 12, 13] Some studies have been carried out in the area of physiotherapy to explore patient's views on what they consider a patient-centered experience should entail. Common themes such as "communication", "information sharing and education", "knowledge and professionalism" and "organization or process of care" have emerged in all studies,[4, 14, 15] with communication perceived as the most important.[15] Other themes include "confidence", "transparency of process" "individual care" and "outcome [4]". Due to the culturally sensitive nature of this concept, direct application of themes to different countries may be inappropriate. It is worth mentioning that similar themes emerged from patient satisfaction studies and patient-centered care studies thus buttressing the relationship between patient-centered care and patient satisfaction.[16] Waiting time has been consistently found in patient satisfaction surveys conducted in African countries to be an important determinant of patient satisfaction.[17,18,19,20]

It is undoubtedly important to explore views of patients on PCC, however, it is equally imperative to find out the meanings, attitude and limitations related to patient-centered care from the physiotherapists perspective to allow for an exploration of whether patient and physiotherapists views match since a mismatch of views could mar implementation of the concept as patients might be unsatisfied. Also, bringing to light possible barriers encountered during fulfillment of dimensions of PCC, could help in better implementation of the concept. Barriers identified by health-workers to PCC include already existing paternalistic approach, financial constraints, inadequate staff, space, and equipment and low morale, lack of understanding of patient on their role and condition, lack of agreement between therapist and client, aphasia, unrealistic expectations, time constraints and cultural differences.[21,22] Another study indicated that physiotherapists solely relied on their clinical reasoning to make treatment choices, hence a likelihood to exclude patients due to confidence in theoretical knowledge[23]. This could arguably not be detrimental, however the approach used could turn the clinical experience into a patient-centered one. This research therefore aimed at investigating Ghanaian physiotherapists' perspectives on patient-centered care in relation to its meaning, attitudes and limitations.

METHODOLOGY

Research Design

The study was carried out using a questionnaire design. A cross - sectional survey of Ghanaian physiotherapists was conducted. Data collection and analysis were done using a mixed method approach, due to presence of open and closed-ended questions. A self- administered questionnaire, written in English language was used to collect the data via email and post. Two modes of data collection, post and e-mail, were chosen in an attempt to maximize response rate.

The Study Population and Inclusion and Exclusion criteria

All physiotherapists currently practicing in Ghana and registered under the Ghana Physiotherapy Association (GPA) were included targeted for this research. Since participation in the study was voluntary, physiotherapists who were unwilling to participate were excluded from the study. Retired and intern physiotherapists were also excluded from the study since some experience with working with patients was needed and retired physiotherapists might not be abreast with current working standards.

Recruitment and Data Collection

E-mail and postal addresses of all physiotherapists were made available to the primary researcher after permission was sought and granted from the Ghana Physiotherapy Association. A participant information sheet explaining the details of the research, together with the research questionnaire

were sent by e-mail to all physiotherapists in Ghana. They were informed that they could request for a postal questionnaire if preferred and were informed of the duration and number of reminders intended to be sent if no response was received. They were informed that returning the questionnaire filled will be assumed as participant giving consent.

Physiotherapists who did not respond to the e-mail invitation/questionnaire were sent an email reminder after five (5) days. Non-respondents were sent a postal reminder and questionnaire after a further three (3) days following the email reminder so as to cover for physiotherapists were not regular e-mail users. A pre-paid post envelope was added to posted questionnaires for return of questionnaires. Overall, 73 physiotherapists filled and sent the questionnaires back, 53 responded through e-mails and 20 by post.

Instrument

A three-part questionnaire was designed and used as the data collection tool due to absence of an already validated questionnaire. It comprised of both open-ended and closed-ended questions. The closed-ended questions were derived from thorough search of the literature around PCC. Open-ended questions were included to allow for physiotherapists to articulate their personal views on the topic.

Part 1 of the questionnaire solicited demographic characteristics of participants.

Part 2 was used to assess the meaning of PCC as perceived by Ghanaian physiotherapists and attitude towards PCC. Themes derived by patients from previous studies on what should constitute a PCC experience were listed and to every attitude, respondents were asked to indicate how important it was and how frequently they practiced each using likert scales. An open-ended question was added to solicit any other attitude employed by physiotherapist that they felt constituted a PCC approach.

Part 3 was used to investigate perceived limitations by the physiotherapists. Areas of the physiotherapy experience were listed and respondents asked to list limitations encountered in implementing PCC in these areas.

Pilot Study

Prior to the data collection, a pilot study was conducted using four (4) Ghanaian physiotherapists and radiographers studying at Sheffield Hallam University since these groups of people were comparable to the targeted study population. The questionnaires were administered through email for the pilot study. Participants' comments were asked for and received. The pilot indicated that it took approximately 10 to 15 minutes to complete and send the questionnaire. Data derived was excluded from the final analysis.

DATA ANALYSIS

Descriptive statistics were computed from collected data using Microsoft Excel. No inferential statistics was conducted since data collected did not show any possibilities of positive differences or relationships. Open-ended questions were analyzed using framework analysis, as framework analysis offered a systematic approach through its clearly defined five distinct processes (Familiarization, Identifying a thematic framework, Indexing, Charting and Mapping and Interpretation).[24]

Familiarization was done by carefully reading and re-reading all responses derived from all open-ended questions. For the process of identifying a thematic framework, both a deductive and inductive approach was used. Open-coding was also used. By the end of this process, twelve themes had been identified for meaning of PCC, sixteen for limitations and five for other PCC approaches, which was finally merged to nine, twelve and two themes respectively. Peer corroboration was done to enhance trustworthiness. Indexing was then done by assigning a number or alphabet to each theme and these alphabets and numbers were assigned to each participant's response according to what theme the response given fell under. Charting was also done as the data was arranged according to meaning, limitation and other attitudes. Mapping and interpretation was done by comparing sub-themes and themes arising to respondents answers and looking for association between themes.

Ethical Considerations

A proposal was submitted to the Dissertation Management Group at Sheffield Hallam University for ethical approval. Data collection was commenced upon approval.

Protection of anonymity when using e-mails is a challenge [25], however, at the data analysis stage, all data was anonymised. With questionnaires sent by post, anonymity was ensured by number-coding questionnaires and participants.[26] All filled questionnaires were securely kept in a site file. Soft-copies of data were securely stored on the researcher's laptop and a back-up hard-drive.

RESULTS

SECTION ONE: DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

Out of 121 physiotherapists contacted, 73 physiotherapists returned the questionnaires filled, representing a 60% response rate. Table 1 shows the distribution of demographic characteristics of participants.

Table 1: Demographic distributions

	FREQUENCY	PERCENT
Gender of physiotherapists		
Female	39	53
Male	34	47
Total	73	100
Years of Experience of physiotherapist		
≤ 5	53	73
6-10	16	22
> 10	4	5
Total	73	100
Highest educational qualification		
Bsc	62	85
Diploma	0	0
Msc	10	14
Doctorate	1	1
Total	73	100
Work area of physiotherapist		
Regional hospital	9	12
Teaching hospital	47	64
District hospital	8	11
Sports center	1	2
Private clinic	5	7
Work setting not indicated	3	4
Total	73	100.0

SECTION 2: MEANING AND ATTITUDE TOWARDS PATIENT CENTERED CARE

Meaning of PCC

Table 2 shows themes and sub-themes arising from what PCC means according to respondents. Generally, all respondents had a superficial understanding of PCC. However there were some misinterpretations (Paternalistic approach- Sub-theme VIIa). In all, nine (9) themes arose, with active patient and family participation being the most common theme (63%). Figure 1 shows the percentage distribution of the breadth of themes covered by each respondent. Majority of the respondents (60%) gave only one dimension with regards to what PCC meant to them. Twenty eight percent (28%) and six percent (6%) of the respondents indicated two and three themes respectively in table 3.

FIGURE 1: Meaning of PCC: Percentage Distribution of Breadth of Dimensions Covered

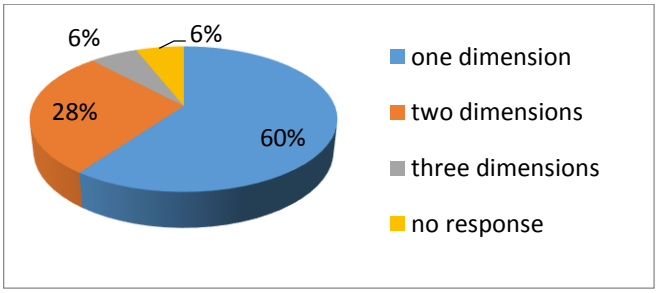


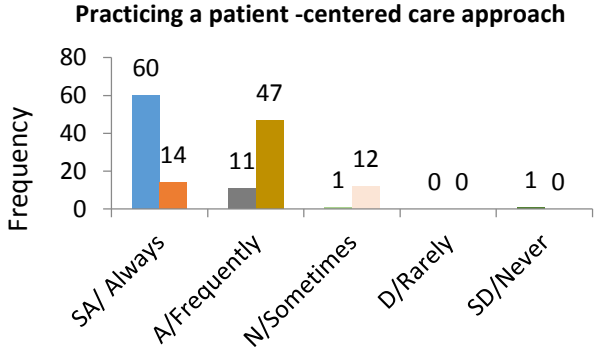
TABLE 2: Meaning of Patient-Centered Care

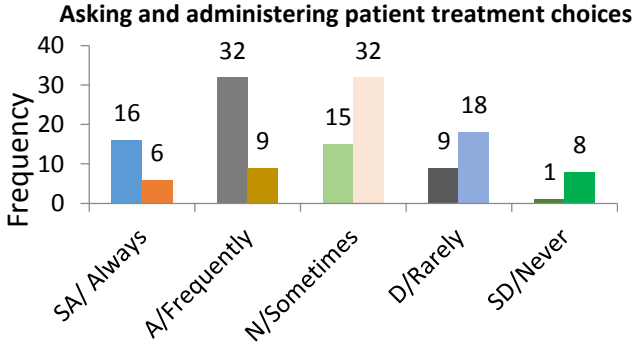
	Themes	Sub-themes	Example quotes	(%)
I	Active patient and family participation	Patient Participation in: Decision making Goal setting Treatment option Number of treatment sessions b. Considering patients' needs, values, preferences and feasible expectations.	a. "Actively involving patients and their families in decisions concerning therapy". b. "Providing care that is respectful and responsive to individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions. c. "Involving patients in therapeutic planning and treatment".	63
II	Placing patient in the centre	a. Giving patients priority	a. "Placing the patient at the centre of management…" b. "Giving patients maximum priority in health-care delivery".	30
III	Patient Satisfaction		a. "It also means that patient's satisfaction during health care delivery are considered as a priority".	3
IV	Patient education		a. "…this should however be based on ample patient education".	3
V	Creating a friendly atmosphere	a. Listening b. Empathy	a. "…and creating a friendly atmosphere for treatment".	3
VI	Holistic Management		a. "Caring for a patient and taking into consideration his or her complete wellbeing ie. Physical, emotional, mental and social wellbeing".	12
VII	Individualized Care	a. Individualized treatment b. Individualized goals	a. "Individualizing treatment protocols to meet patient needs".	16
VIII	Using clinical reasoning	a. Paternalistic care b. Therapist knowledge and experience	a. "…tailoring treatment towards patient specific recovery goals as discovered through your assessment and examinations carried out on the patient".	3
IX	Quality treatment		a. "Approach of care of the patient by ensuring improved quality treatment to optimize the wellbeing of the patient".	3

Attitude towards PCC: Perceived Importance and Reported Behaviours

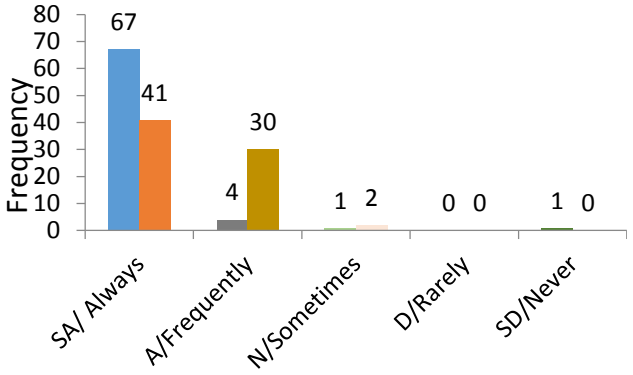
Figure 2 gives 10 bar charts and 1 pie chart looking at the level of match or disparity between perceived importance of comments relating to practicing PCC and the frequency of practicing them by physiotherapists. Overall, majority of the respondents (97%) agreed that practicing a PCC approach was important. Education of patients and communication were the perceived most important (72,71 respectively) and most practiced approaches (72,71 respectively). Most respondents disagreed to determining number of treatment sessions by departmental standards (46), basing discharge on physiotherapist's judgement alone (42) and determining number of treatment sessions by patient's preference (36). Determining number of treatment sessions based on patient's preference was the least practiced approach (44) (Figure 2).

FIGURE 2: Comparison of Perceived Importance of PCC and Therapists Reported Behaviour

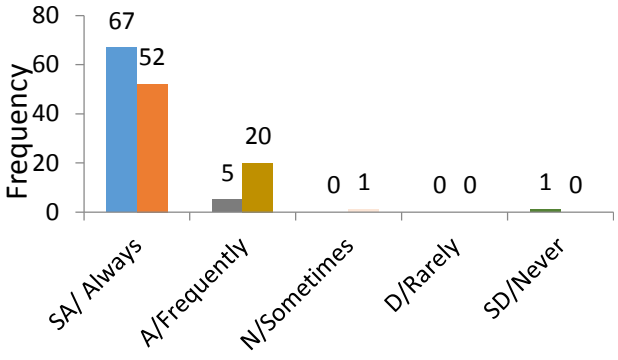




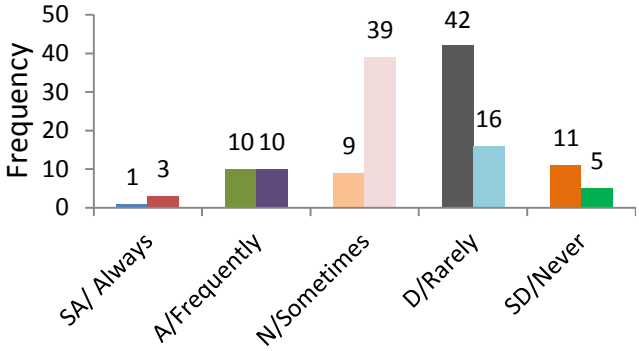
Communication with patients



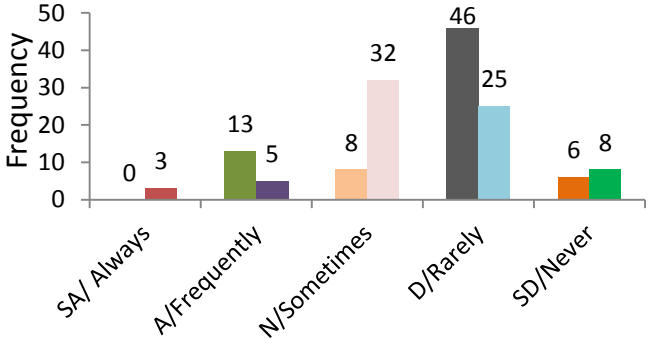
Education of patients and information sharing



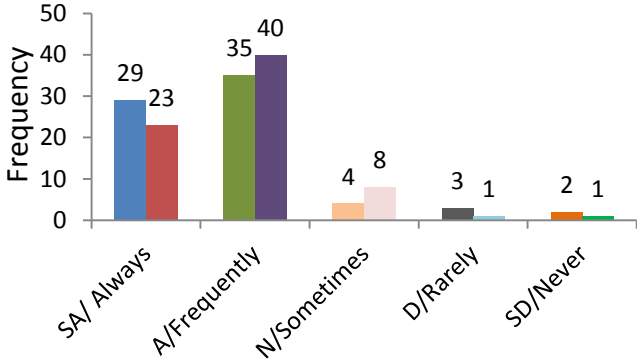
Basing discharge of patients on physiotherapist



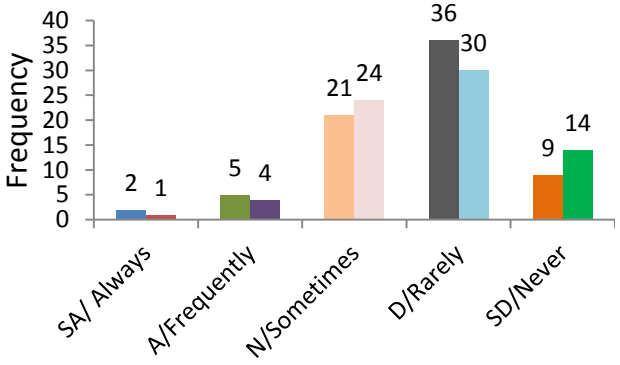
Number of treatment sessions determined by departmental standards



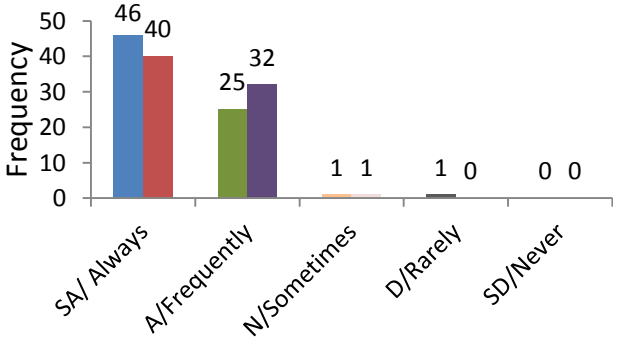
Number of treatment sessions determined by patient's condition



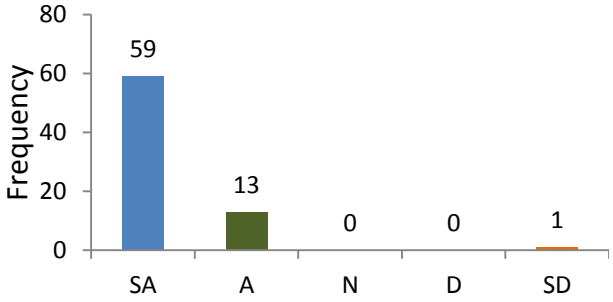
Number of treatment sessions determined by patient's preference

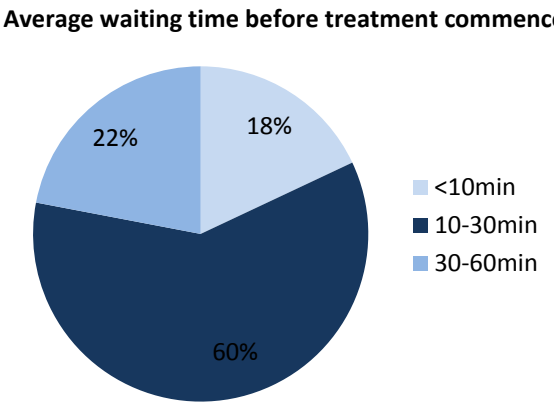


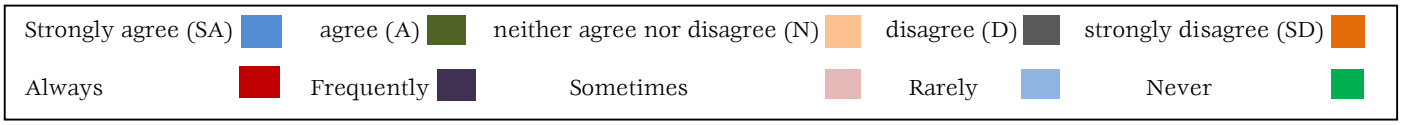
Showing empathy and creating a friendly atmosphere during treatment sessions



Decreased patient waiting time at clinic area is important







Limitations to PCC

Tables 4.1, 4.2 and 4.3 show themes arising from perceived limitations to use of PCC. In all, 12 themes arose from the study. Seven themes were patient-related (Table 4.1), three themes were therapist-related (Table 4.2), and two themes were organization/departmental-related (Table 4.3). Poor therapist-to-patient ratio, (27%), was the commonest followed by language barrier (16%) (Tables 4.1, 4.2, 4.3).Effective communication and education was the most predominant area of practice affected as this area was limited mostly by 5 themes (Tables 4.1 and 4.2).

Table 4.1: Patient-Related Factors

Themes	Sub-themes	Area of practice affected predominantly	Example quotes	%
Patient Attitude	a. Unwillingness and unenthusiasm b. Lack of corporation c. Non-adherence d. "You are the expert syndrome"	Goal setting	a. "Patient willingness and enthusiasm" b. "Most patients are not interested in giving their opinions concerning treatment, preferring to leave all decisions in the hands of the therapist as they consider them knowledgeable professionals".	13
Literacy Level	a. Illiteracy	Effective communication and education	"High illiteracy level"	8
Unrealistic Choices	a. Unrealistic goals b. Unrealistic treatment options c. Lack of consensus between physiotherapist and patient	Goal setting	a. "…they just want to be treated and restored to "normal" states even after explaining that it is impossible looking at the prevailing conditions and facts available to you after the assessment".	6
Ignorance	a. Lack of knowledge b. Lack of understanding	Effective communication and education Goal setting	a. "A person with little or no idea of his or her condition". b. "Lack of understanding from patient as to which is the best treatment option from them".	3
Language Barrier		Effective communication and education	a. "Language barrier (lack of local vocabularies/images for anatomical descriptions) to effectively communicate to the patient".	16
Poor Receptive Ability	a. Cognitive impairment b. Unavailability of care-givers.	Effective communication and education	a. "If patient has poor receptive ability due to a cognitive impairment".	2
Financial constraints		Treatment procedure	a. "Poverty".	6

Table 4.2: Therapist-Related Factors

Themes	Sub-themes	Area of practice affected predominantly	Example quotes	%
Poor therapist-to-patient ratio	a. Lack of treatment continuity by same therapist b. High patient turnout	Prompt treatment	a. "Patients do not have specific therapists" b. "Poor therapist-to-patient ratio".	27
Lack of time		Effective communication and education	a. "Only have 30min with a patient at a time, so don't have the luxury of time to sometimes do that".	11
Therapist Attitude	a. Paternalistic care	Prompt treatment Treatment procedure	a. "Unless prescribed treatments are ineffective or uncomfortable for the patient, I as a therapist determine the treatment to administer".	2

Table 4.3: Organization-Related Factors

Themes	Sub-themes	Area of practice affected predominantly	Example quotes	(%)
Limited Resources and Facilities	a. Lack of adequate funding b. Limited treatment areas and equipment c. Limited number of physiotherapy facilities d. Access to physiotherapy facilities e. Long waiting time	Treatment procedure	a. "Unavailability of certain treatment modalities". b. "Limited resources or equipment available". c. "Availability of patient(...if he/she has to travel very long distances to my treatment facility, which is unfortunately the only physiotherapy centre in the whole of the Western Region)"	14
Organizational/ Departmental Rules	a. Fixed number of treatment sessions covered by government insurance b. Lack of effective appointment system c. Bureaucracy	Prompt treatment	a. "Limitations stipulated within the National Health Insurance Authority (the NHIA pays for only a limited number of Physiotherapy treatment sessions for specified conditions". b. "Lack of appointment system" c. "Records section sometimes delay clients at waiting area"	7

11% reported that nothing limited them in various processes of practicing patient-centered care

DISCUSSION

Meaning of PCC

Although there was an indication of a general understanding of the term, patient-centered care, this understanding was shallow and narrow across respondents. PCC is however known to be a broad concept that requires interplay of a lot of factors to make its implementation a success [2].

Themes emerging from this study on the meaning of PCC agree with some models, [27] and institutions that have sought to define the dimensions of PCC. Misinterpretation of what PCC means was however eminent as paternalistic care was indicated by few respondents to mean a PCC approach, although, paternalistic care is the direct opposite of PCC. [4] The use of clinical reasoning or expertise as an aspect of PCC is consistent with findings from a study that sought views of physiotherapists on PCC [23] and theories around PCC.[27] The tendency of however over-relying on this arm of PCC could sometimes direct the management process towards a paternalistic one as confidence in the therapist's expertise might over-ride the aspect of considering and involving the opinions and of patients.[23] Importance therefore lies in a constant recognition of the patient as an active partner.[2] Empowerment of patients in order to equip them with right information to make informed judgments with regards to their care is one of the main aspects of PCC.[28] There was however no specific mention of patient empowerment by any of the respondents. For patient education to serve its purpose in PCC, it should be geared towards empowering rather than simply educating to inform.[29]

Attitude towards PCC

Majority of respondents in this study indicated education and communication as the most

important and practiced PCC approaches. This conforms to findings from most studies that sought the views of physiotherapy patients on what they wanted a PCC approach to entail. Communication was found by these studies, to be the most important approach patients deemed necessary for PCC. [4, 14, 15] However, whether the education and communication is geared towards empowering patients, remains questionable once again, since the least practiced approaches from this study included determining number of treatment sessions based on patient's preference and administering treatment directed by patient choice. This could be an indication of lack of empowerment that translates into lack of confidence in patient's choices or the presence of an already existing paternalistic approach which defines the therapists as having the final say, or perhaps a lack of awareness and deep understanding of the concept, PCC. This study showed less waiting time was perceived to be important by most respondents. However, only 18% of respondents indicated that they treated patients almost as soon as they arrived (<10minutes). Since waiting time was the one consistent determinant of patient satisfaction across Ghanaian and African literature looking at patient satisfaction with health-care delivery, aiming at prompt treatment is necessary, as this greatly defined a satisfied patient experience. [17, 18, 19, 20]

Limitations to PCC

The greatest limitation to the practice of PCC was found to be poor-therapist-to-patient ratio. This concurs with barriers stated by health-workers in other studies.[11, 13, 21] Language barriers were also found to be a common limitation to PCC. A study also indicates that practicing PCC among limited-proficient English speaking groups limits patient-centered communication.[30] Limited physiotherapy facilities and resources was also a common limitation mentioned by respondents. PCC however has some of its dimensions stipulated in the Ghanaian patient charter. Within such limitations as reported by respondents, it is questionable if governmental and organizational policies have been well considered to enable the Ghanaian therapist carry out his/her national responsibility of fulfilling these aspects of PCC firmly entrenched in the country's patient charter.[31] Another important finding from this study was that, although, education and communication were the most practiced PCC approaches, these processes were the most affected by the limitations indicated by respondents. This could be an indication that aspects that are imparted to physiotherapists as essential components of the physiotherapy process are practiced even in the presence of limitations, therefore aspects that are least practiced could be due to limited awareness of its positive impact on the physiotherapy-patient experience.

Strengths and Limitations of the Study

The strength of this study lies in the construction of a well-tailored questionnaire for data collection. A pilot study was also done, and face validity of the questionnaire assessed.

A pure qualitative methodology could have however, been considered to explore unadulterated views of physiotherapists since a study of this nature has not been conducted in any African country. Another limitation was the response rate of 60% recorded in this study, which might limit the generalizability of this study. Test-retest reliability could have been carried out to further strengthen the validation process of the questionnaire.

Implications for Practice

To facilitate a wider understanding and implementation of PCC in clinical practice, PCC should be included in the undergraduate physiotherapy curriculum since study findings suggest that greater understanding translates into utilization even in the presence of limitations.

The limitation of language barrier could be tackled with the use of professional or ad hoc interpreters (family, care-givers or bilingual colleagues).[30] The use of pictures for education and explanation of scientific terms could also be employed.[32] High-patient-to-physiotherapists ratio pose the greatest limitation as recorded in this study. However within the boundaries of this limitation, some measures could be taken to improve the quality of treatment and overall patient-physiotherapy experience. Self-management and advice have been found to be as effective as routine physiotherapy management in the management of back pain.[33] Therefore within the limitations of low physiotherapists-patients ratio, self-management and advice could be selectively used for patients who literature have indicated benefit from such, in order to reduce patients visits and contact while still gaining remarkable and sustainable improvements in patient's condition.

Future research

The perceptions of physiotherapy patients on PCC could be sought through semi-structured interviews, since such a study has not been conducted in Ghana or any other African country. A study considering the opinions of physiotherapy

educators in Ghana on the inclusion of PCC in the undergraduate physiotherapy curriculum could be undertaken.

CONCLUSION

Patient-centered care is perceived as an important concept by Ghanaian physiotherapists. The physiotherapist-patient experience in Ghana is largely paternalistic, as active involvement of patients in important aspects of their care lacks. Attitude towards PCC among Ghanaian physiotherapists is mixed as some dimensions of PCC recorded positive attitude in terms of perceived importance and reported utilization, and others recorded negative and inconclusive attitudes. The culture of patient communication and education is well embraced and practiced by Ghanaian physiotherapists even in the presence of numerous limitations, but the practice of patient empowerment is limited. Greatest limitations among Ghanaian physiotherapists to PCC are poor therapist-to-patient ratio, limited facilities and resources and language barrier. With increased awareness and understanding of PCC, Ghanaian physiotherapists might better implement it since well-known and valued professional practices are practiced even in the presence of numerous limitations. A drive from a paternalistic approach towards a PCC approach should be given a better consideration by the health-care system of Ghana due to its proven positive impact.

ABBREVIATIONS

PCC- Patient-centred care.

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