Adopting a Standardised Goniometry Guideline in a Hospital Outpatient Hand Therapy Clinic: exploring therapist attitudes and perceptions

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Introduction / Background

Goniometry is widely used in hand therapy practice to assess and document joint range of motion (Figure 1). Variation in assessment technique and documentation style affects inter-rater reliability with implications for patient outcomes and clinic efficiencies. A quality improvement project was undertaken in the JHC outpatient hand therapy clinic to address these concerns; however the main outcome, a clinic guideline, was implemented with limited success. This evaluation aimed to explore therapist attitudes and perceptions which may have impacted successful implementation.



Figure 1. Types of goniometers

Methods

A formative evaluation phase included four therapists and a process evaluation involved six therapists (Figure 2). Staffing changes resulted in two groups – Group 1 (original staff) and Group 2 (new staff). Qualitative methodology using semi-structured interviews and thematic analysis was used to explore therapist perceptions and attitudes towards a standardised clinic guideline for goniometry assessment and documentation.

Results

Similar themes were identified by therapists in both groups as enablers (inter-rater reliability education, evaluation and expectation setting) and barriers (time and equipment). Group 1 (original staff) therapists also identified therapist engagement and patient clinical implications as enabling factors, as well as a belief in the benefit and importance of the guideline, whereas Group 2 (new staff) therapists identified issues related to the evidence base and habitual tendencies as barriers. Group 2 therapists identified a likelihood to deviate from a standardised protocol due to patient-related factors such as pain, oedema or goniometer positioning issues. Perceptions and attitudes appeared to be influenced by involvement and contribution to the guideline development.

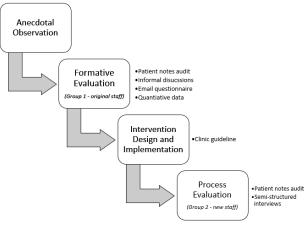


Figure 2. Evaluation and project sequence

Conclusions

All therapists recognised the importance of a standardised guideline in a multi-therapist clinic for improving inter-rater reliability and the potential impact on patient outcomes. Differences in therapist attitudes appeared related to their involvement in the formative evaluation and intervention design. Therapist engagement is vital in successful implementation of a new process, as are clear expectations regarding adoption and regular feedback.

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