

did not value the importance of relating with patients. They felt disrupted from their activities when they had to spare time to talk and interact with their patients.

Patients as well as service providers in the current study provided positive responses regarding communication between them. Patients expressed positive response regarding how service providers talked and encouraged them throughout the sessions. The patients' expressions were further affirmed by service providers during the interviews. The workload would sometimes be a hindering factor for service providers to communicate with their patients. However, the findings of the current study are contrary with Darrah et al (2002) results which reported that patients and their families experienced difficulties in communicating with their service providers. Darrah et al (2002) study findings reported that patients felt ignored during service sessions and decision making. When the service providers talked to patients they used complex terminologies that were not understood by patients (Darrah et al 2002). This could positively or negatively impacted by the way service providers relate with patients, which could either hinder or motivate their cooperation during therapy. Therefore, health/rehabilitation providers need to positively influence patients during and after the sessions by relating, caring and listening to them.



5.4 PATIENT PARTICIPATION AND INVOLVEMENT IN REHABILITATION

Concerning this thematic domain, the participants in both the FGD and interviews had positive opinions regarding the patient participation and involvement in rehabilitation. The patients in the FGD reported that their service providers gave them opportunities to give their goals. Service providers also explained the procedures of the treatment. This was confirmed by the service providers in their interviews. Contrary, Wottrich et al (2004) study findings reported that physiotherapists claimed that patients were actively involved in the

physiotherapy sessions while the patients denied their involvement. The participation and involvement of patients in their rehabilitation sessions assist service providers to work at targeting the patient's expectations. Patients are also able to increase their compliance during therapy (Cott, 2002). Contrary, Cott (2002) study findings reported that patients were allowed to participate in the goal setting of their treatment. However, service providers followed their own goals in designing the treatment since their goals did not match those of the patients.

5.4.1 Involvement of families/caregivers in patients' rehabilitation

The involvement and training of family members in the rehabilitation of their family members with disabilities assist them to achieve treatment effects beyond the medical settings and successful long-term outcomes (Yen & Wong, 2007). Concerning this sub-theme, the few participants who attended rehabilitation sessions with their families gave positive responses regarding their families' involvement in rehabilitation. Family members/caregivers were allowed to observe and were taught the different techniques/exercises to help their family members with disabilities at home. Those patients who did not come with their families/caregivers were given a list of exercises to do at home and some gave positive responses regarding the help of their families with home exercises. Similarly, Darrah et al (2002) study findings reported that families were positively influenced by the education and support offered by service providers that assisted them to take care of the patients. However, the findings of Leith et al (2004) are contrary to the aforementioned results. This study that adopted focus group discussions reported that families were not involved in the patients' rehabilitation. This hindered them from helping the patients at home where service providers were not available.

5.5 PROVISION OF INFORMATION

The provision of information is among the greatest component that assists PWDs with information related to their disabilities and services available for them. In the current study, most patients reported positive responses and less reported negative responses regarding the provision of information. Most patients reported that they received most of the information they needed from the service providers. The information provided was well explained. However, some patients reported that there was a need of adequate dissemination of information regarding group exercise sessions. When the patients were asked whether they received information regarding their disability and treatment procedures, they provided positive responses. It was evident that each patient involved in the FGD obtained information regarding their disability and treatment procedures.

In the in-depth interview, the service providers confirmed what the patients had reported regarding the provision of information. Service providers reported that patients were informed of their conditions and the kind of treatment they were to undergo. Patients reported that the service providers gave them forms which informed patients about their conditions and exercises to do at home. These findings are however contrary to the results of other studies (Darrah et al., 2002; Leith et al 2004) which reported that patients were misinformed and lacked the knowledge regarding their disabilities. In Darrah et al (2002) study, patients experienced problems in giving and receiving the information from their service providers. Patients with TBI in South Carolina in the USA reported that, they as well as their medical professionals and service providers lacked the knowledge/information on TBI and its services (Leith et al., 2004). This resulted to delays of service provision, negativity of service providers, decrease in choices of services available and ineligibility for certain important services. If patients lack information regarding their disability, it might lead to lack of

cooperation during therapy sessions and this might lead to certain complications to the patients' outcomes (Parry, 2004).

5.6 STRUCTURE/ORGANIZATION OF REHABILITATION SESSIONS

The main sub-themes that emerged when the participants were asked to comment on how rehabilitation sessions were structured, participants provided their experiences on: frequency of therapy, appointment schedules and in addition to the in-depth interviews was the referral system.

5.6.1 Frequency of therapy

Though some participants in the FGD expressed positive responses regarding the time spent in therapy, some wished for longer sessions during consultation. The patients expressions of increasing the time service providers spend with patients were also confirmed by service providers. However, the inadequacy of the number of service providers would be a barrier in its achievement. These findings are similar with those of Lopopolo (2001) and Wottrich et al., (2004) which reported that patients were concerned with the little time they spent in therapy.

The findings of this study reported that, though the group sessions had its advantages, some patients preferred individual sessions. Though, some patients were encouraged by their mates during the group sessions, some felt they were more actively involved in their therapy during individual sessions. From the perspective of the service providers, the development of group session exercises was one of the ways that eased their workload. Contrary to the findings of the current study, Matsika (2010) reported that persons with physical disabilities in her study preferred group sessions because the individual sessions lasted for a short period. BLRC structured group sessions after the individual sessions were not adequately responding to the

deluge of PWDs that were not corresponding to the facility's capacity in terms of staff and equipment. De la Cornielle (2007) study which explored the experiences of group sessions among patients with stroke reported that, the group sessions did not respond to the patients needs compared to the individual intervention.

5.6.2 Appointment schedules

Despite the lack of sufficient service providers at BLRC, most patients in the current study provided positive responses regarding the scheduling of appointments. Though service providers in the current study stated that they were well organised to schedule and keep the patients' appointments, sometimes they would be hindered by the problem of being understaffed. The findings of the current study are contrary to Morrison et al (2008) results in which both patients and service providers complained on the longer awaiting periods for therapy. Patients were negatively affected by the time they had to wait for the first time slots of therapy. In a study conducted by Tod et al (2002) in South Yorkshire Coalfield locality in the UK, patients also encountered problems of waiting for long to be booked in for therapy. This affected both the patients' health and their satisfaction of the rehabilitation services.

The fact that BLRC offered only physiotherapy and occupational therapy services on a full time basis interrupt the therapy of those patients who wanted to be seen by other services which were offered on a part time basis. For example, if the patient had to be seen by a service that is provided on an individual basis, the current therapy he/she was undergoing could be stopped until he/she is seen by that particular service provider. This influenced the patient negatively to continue with his/her treatment.

5.6.3 Referral system

The referral procedures according to the service providers' responses in the current study were categorised into lack of other rehabilitation components and referrals to tertiary or specialised facilities. Delays in obtaining referrals are a major concern reported in literature that remains unaddressed (Morrison et al., 2008). Service providers in the current study stated that the existing referral system delays negatively affected both the patients' rehabilitation and the service providers' services. Service providers experienced problems that were related to lack of other rehabilitation components like psychologists, social services and this sometimes delayed the therapy for patients. Whereby, if the patient had a psychological problem that needed to be dealt with first, he/she had to stop the therapy to see a psychologist who was working part time at BLRC.

The other challenge expressed by service providers was related to referrals to tertiary or specialised facilities. They stated how the delays in the referral system with these facilities negatively affected both the patient outcomes and the service providers' services. When a patient was referred he/she had to wait till these tertiary or specialised facilities book the patient in.

5.7 BUDGET ALLOCATION

The service providers involved in rehabilitation services and service users in South Africa encounter problems with the rehabilitation service delivery due to inadequate funds allocated to these services (DOH, 2000). This has led to inefficient distribution of the limited resources and inadequate response to rehabilitation services with the needs of PWDs. The NRP of South Africa proposes that the budget allocated to rehabilitation services covers: assistive devices, training of disability and rehabilitation personnel, staffing rehabilitation services. As

reported in the in-depth interviews by service providers in the current study, the inadequacy of equipment like assistive devices, the lack of space and service providers, is a result of the inadequate budget allocated to the rehabilitation services at BLRC. These findings are confirmed by the results in the study by Hall and Taylor (2003) which reported that the limited funds allocation, negatively impacted on the quality of rehabilitation service delivery.

The aforementioned problems do not only affect a developing country like South Africa, but also Canada as a developed country which encountered delays in rehabilitation service delivery due to the limited number of rehabilitation personnel compared to the number of patients needing services (Camden et al., 2010). Camden et al (2010) reported that the limited number of rehabilitation personnel was due to the inadequate budget that was allocated to rehabilitation services. In some cases, the national budget allocated to healthcare services is utilized more by tertiary services (often located in urban areas) than PHC services which are mostly located in rural areas (Hall & Taylor, 2003). This might hinder the quality of services provided in rural areas, ultimately affecting PWDs' rehabilitation process and affecting the level of patients' satisfaction and recovery.

5.8 SUMMARY

The existing rehabilitation services at BLRC are fragmented. Its service delivery presents barriers of access to services such as transport, staff and training skills, inadequate equipment like assistive devices and beds. Despite, the aforementioned challenges, BLRC service providers try their best to offer effective services by communicating with patients, providing patients with adequate information and involving them in their rehabilitation.

The findings of this study found that the challenges encountered by patients and service providers are due to a lack of human and material resources allocated to rehabilitation. These

results are also confirmed in different studies (Camden et al., 2010; Hills & Kitchen, 2007). Whereby, Hills and Kitchen (2007) reported that patients were dissatisfied with the health care services due to service providers who offered inadequate assistance to patients because they lacked the capacities. Camden et al (2007) also reported that patients encountered delays in rehabilitation service delivery due to the limited number of rehabilitation personnel. Not only do rehabilitation services in South Africa encounter the challenge of a shortage of service providers but the service providers also lack skills, mostly when working with rural communities (DOH, 2000).

The next chapter, chapter six, presents the summary, conclusions, limitations, significance of the study and recommendations of the study.



CHAPTER SIX

SUMMARY, CONCLUSION, LIMITATIONS, SIGNIFICANCE OF THE STUDY AND RECOMMENDATIONS

6.0 INTRODUCTION

The final chapter concludes the study by providing a summary of the current study, the conclusion highlights the major issues of the study and the limitations of the study are provided. Finally the significance of the study are outlined and the recommendations emerging from the study are proposed.

6.1 SUMMARY OF THE STUDY

The purpose of the study was to explore the patients' experiences and those of the service providers' regarding the rehabilitation services at BLRC since information in this area is lacking. Using the qualitative means of data collection, the study explored the patients and service providers' experiences regarding specific aspects of rehabilitation services as indicated in the objectives of the study. Eleven participants with physical disabilities who received rehabilitation services at BLRC in 2009 were selected for the FGD and three key informants among the service providers were selected for the in-depth interviews.

The FGD and interview transcripts were thematically analyzed. The data was coded into pre-determined themes that included: service providers' knowledge, accessibility of services, interaction of patients and service providers, patient participation and involvement in rehabilitation, provision of information and the structure of rehabilitation sessions.

The findings of this study revealed that persons with physical disabilities accessing rehabilitation services at BLRC experienced different challenges that included: inaccessible transport, inadequate services which were influenced by a lack of resources. Service providers indicated that the shortage of service providers and lack of skills training were some of the challenges that they encountered. Though, the facility had such challenges of inadequate service providers, they invested time to interact with patients, provided patients with information related to their disability and treatment procedures. Patients were also involved in their own rehabilitation.

6.2 CONCLUSION

The study findings provide insights into the views, ideas and needs of the patients and their service providers regarding the rehabilitation services offered at BLRC. Considering that there has been information related to persons with physical disabilities' experiences in other CHCs except BLRC in the Western Cape Province (Matsika, 2010) and stroke patients' experiences only in BLRC (De La Cornillere, 2007). The current study provides experiences of persons with other physical disabilities with stroke inclusive and those of the service providers offering rehabilitation services at BLRC.

Despite the study indicating positive responses regarding rehabilitation services reported by participants, service providers reported that the rehabilitation services at BLRC needed an extensive improvement in the services provided. These include; addressing the problem of inadequate service providers, skills training and equipment like beds and assistive devices. Rehabilitation services and policies need a paradigm shift in addressing the needs that arose in this study.

The study highlights the problem of a lack of transport for patients that was raised in both the FGD and interviews. This problem was mostly raised by the patients since they were the ones directly affected. As evident in this study, service providers needed to improve their knowledge and skills on certain disability related issues. The inadequacy in the number of service providers is a burden that has hindered opportunities for service providers to attend further courses and trainings. The few chances that service providers have to attend different courses are self-sponsored. They need the management of BLRC to sponsor any courses and workshops available for them. Due to a shortage of service providers at BLRC, the rehabilitation sessions are not provided at a frequency that is satisfactory to both patients and service providers. Addressing the inadequacy of service providers could be one of the ways of increasing the effectiveness of services delivered at BLRC.

Though service providers were challenged with the shortage of service providers, they provided patients with the information related to their disabilities and treatment. Service providers also invested time to interact with patients. However, service providers lacked time to relate with patients due to the workload that did not correspond to the service providers' capacity. Service providers explained to the patients the procedures of the treatment prior to therapy and gave patients opportunities to participate in their own rehabilitation. Patients who came to the facility with their families, provided positive responses regarding their families involvement in their rehabilitation sessions. This was also affirmed by their service providers. Though, group sessions were beneficial to patients, some preferred individual sessions because they felt more actively involved than in group sessions. The service providers and some patients raised their concerns regarding the delays of referral systems with tertiary or specialised facilities. Some patients also expressed the need for follow-up after rehabilitation.

The findings of the study indicate that the inadequate service is likely a product of delayed services, inadequate rehabilitation sessions and inadequate skills training among service providers. The results can be used to guide the development of rehabilitation services offered at BLRC by addressing the problems that include: the inadequacy of service providers and their skills training, and transport issues among patients. Therefore this study concludes that the aforementioned issues need to be addressed by the health care systems, policy makers and the management of BLRC. Addressing issues like transport will increase the patients' attendance to rehabilitation sessions. If the problem of the shortage of service providers is addressed, the rehabilitation sessions with patients will increase and service providers will more easily attend courses and workshops available for them.

6.3 LIMITATIONS OF THE STUDY

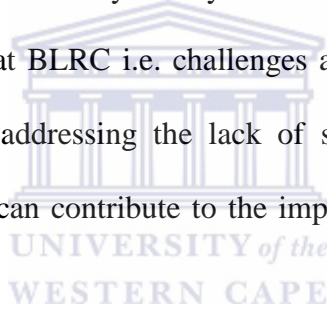
1. The study adopted the FGD to gather the data related to the patients experiences regarding the rehabilitation services. The discussions could not thus be conducted in the patients' homes but at the facility which was the only place they all agreed to meet. However, this environment curtailed the freedom to speak freely, it might have hindered the patients from expressing the negative perceptions they had, fearing to be heard by their service providers. The freedom to express an opinion might have been curtailed among patients themselves, fearing to express the negative issues that would have been reported to the service providers and this limited the depth of information. In-depth interviews to exploring patients' experiences must be done where they feel free to express themselves without fear of being heard by the other parties.
2. The targeted selection of the participants among patients excluded some of the disabilities like those with speaking and hearing disabilities, possibly because the

researcher did not consider these disabilities to have experienced problems during the course of their rehabilitation sessions. For this reason that the current study information is limited to be generalised.

3. Due to the fact that the study findings were based on qualitative means of data collection, the findings cannot be representative among all persons with physical disabilities attending BLCHC and a clear distinction was not made between people attending BLRC with impairments verses those with disabilities.
4. The fact that the study was conducted in two different languages i.e. English and Afrikaans might have affected some original expressions. The translations or the interviews and discussion processes might have been negatively affected, despite the researcher hiring professional translators.
5. The service providers might not have provided all the negatively perceived issues, due to the fact that BLRC consists of a few service providers. They might have developed the feeling that the data might be easily tracked back to them, despite the researcher assuring them of their anonymity in the report of the study and in any publication papers.
6. The fact that the participants had received rehabilitation services at BLRC in 2009 might have limited the depth of the information provided. Recall bias could affect the results due to the fact that some of the patients might have forgotten some of the issues that were being discussed that they might have experienced which could have been important for the study.

6.4 SIGNIFICANCE OF THE STUDY

The results of this study are important not only to the service providers and the management of the facility but also the future researchers and policy makers. The current study informs the management of the facility how patients and service providers perceive the rehabilitation services provided at BLRC. It is anticipated that the results of this study could be used to inform the rehabilitation management of the facility as to whether their expectations about the services were achieved. The results of this study could assist service providers to adapt their services if needed. The results of this study could be of significance to the professionals and staff when planning, developing and implementing rehabilitation services and programmes for PWDs. The current study finally informs the Department of Health about rehabilitation services delivered at BLRC i.e. challenges and needs for patients and service providers. The interventions in addressing the lack of service providers, equipment and transport issues among patients, can contribute to the improvement of rehabilitation service delivery at BLRC.

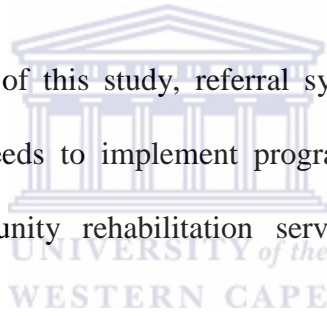


6.5 RECOMMENDATIONS

The following recommendations are made based on the findings of the study:

1. The findings of the study indicate that the government sectors in South Africa need to develop public transport systems that are accessible and affordable to PWDs to assist them in attending rehabilitation sessions and also in their daily lives. In addition the public transport such as taxis, trains, buses should be adjusted making them accessible to PWDs and ensuring that the public is educated and are aware of disability. This will allow them to be able to advocate for and help the PWDs integrate in the community.

2. There is a need for health policy makers to improve means of ensuring that rehabilitation facilities and service providers are adequately equipped with equipment and the staff needed to provide services that will effectively and efficiently satisfy the needs of patients. Patient's sessions and interaction with service providers would increase since the workload of service providers would be reduced.
3. The health policy makers should develop programmes that allow service providers to access training courses that will develop their skills. The facility management can ensure that the rehabilitation professionals and staff are provided opportunities to attend these training courses that increase their awareness and competency on a variety of disability and rehabilitation issues.
4. According to the results of this study, referral systems were also a problem. The Department of Health needs to implement programmes that facilitate the referral systems between community rehabilitation services and those of tertiary and specialised institutions.



REFERENCES

- Al-Abdulwahab, S. S., & Al-Gain, S. I. (2003). Attitudes of Saudi Arabian health care professionals towards people with physical disabilities. *Asia Pacific Disability Rehabilitation Journal*, 14(1), 63-70.
- Anderson, C., Mhurchu, C. N., Brown, P. M., & Crater, K. (2000). Stroke rehabilitation services to accelerate hospital discharge and provide home-based care. *Pharmacoeconomics*, 20(8), 537-552.
- Armstrong, J., & Ager, A. (2005). Physiotherapy in Afghanistan: an analysis of current challenges. *Disability & Rehabilitation*, 28(5), 315-322.
- Barton, R. (1999). Psychosocial rehabilitation services in community support systems: A review for outcomes and policy recommendations. *Psychiatric Services*, 50(4), 525-534.
- Baxi, M. V. (2004). Rehabilitation in developing countries. *Canadian Medical Association Journal*, 170(6), 930-931.
- Beatty, P. W., Hagglund, K. J., Neri, M. T., Dhont, K. R., Clark, M. J., & Hilton, S. A. (2003). Access to health care services among people with chronic or disabling conditions: patterns and predictors. *Arch Phys Med Rehab*, 84, 1417-1425.
- Bhatia, S., & Joseph, B. (2001). Rehabilitation of cerebral palsy in a developing country: the need for comprehensive assessment. *Paediatric Rehabilitation*, 4(2), 83-86.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101.

Burry, T. (2005). Developmental articles primary health care and community based rehabilitation: Implications for physical therapy. *Asia Pacific Disability Rehabilitation Journal*, 16(2), 29-61.

Camden, C., Swaine, B., Tetreault, S., & Brodeur, M. M. (2010). Reorganizing rehabilitation services to improve accessibility: do we sacrifice quality. *BMC Health Services Research*, 10(227), 1-37.

Cardol, M., De Jong, B. A., & Ward, C. D. (2002). On autonomy and participation in rehabilitation. *Disability and Rehabilitation*, 24, 970-974.

Cott, A. C. (2004). Client-centred rehabilitation: Client perspectives. *Disability and Rehabilitation*, 26(24), 1411-1422.

Cott, A. C., Teare, G., McGilton, K. S., & Lineker, S. (2006) Reliability and construct validity of the client-centred questionnaire. *Disability and Rehabilitation*, 28(22), 1387-1597.

Cowles, D. L., Kiecker, P., & Little, M. W. (2002). Using key informants as a foundation for e-retailing theory development. *Journal of Business Research*, 55(8), 629-636.

Creswell, W. J. (2002). Research design, Qualitative, Quantitative and mixed approaches. University of Nebraska, Lincoln. Second Edition.

Crisp, R. (2000). A qualitative study of the perceptions of individuals with disabilities concerning health and rehabilitation professionals. *Disability & Society*, 15(2), 355-367.

Crisp, R. (2002). A counselling framework for understanding individual experiences of socially constructed disability, *Disability Studies Quarterly*, 22(3), 20-32.

- Darrah, J., Magil-Evans, J., & Adkins, R. (2002). How well are we doing? Families of adolescents or young adults with cerebral palsy share their perceptions of service delivery. *Disability and Rehabilitation*, 24(10), 542-549.
- De la Cornillere, W. L. (2007). Participants' experiences of the Bishop Lavis Rehabilitation Centre stroke group. Unpublished Master's Thesis. Centre for Rehabilitation Studies. University of Stellenbosch. South Africa.
- Dejong, G., Palsbo, S. E., Beatty, P. W., Jones, G. C., Kroll, T., & Neri, M. T. (2002). The organization and financing of health services for persons with disabilities. *The Milbank Quarterly*, 80(2), 261-301.
- De Vos, A. S. (2002). Research at grass roots for the social sciences and Human Service professionals. (2nd ed). Pretoria. Van Schaik.
- Eccleston, Z., & Eccleston, C. (2004). Interdisciplinary management of adolescent chronic pain: developing the role of physiotherapy. *Physiotherapy*, 90, 77-81.
- Eva, G., & Wee, B. (2010). Rehabilitation in end-of-life management. *Supportive and Palliative Care*, 4(3), 158-162.
- Evans, P. J., Zinkin, P., Harpham, T., & Chaudury, G. (2001). Evaluation of medical rehabilitation in community based rehabilitation. *Social Science & Medicine*, 53, 333-348.
- Gabow, P., Eisert, S., & Wright, R. (2003). Denver health: A model of integration of a public hospital and community health centres. *Annals for Internal Medicine*, 138(2), 143-149.
- Golafshani, N. (2003). Understanding Reliability and Validity in Qualitative Research. *The Qualitative Report*, 8(4), 597-607.

Graneheim, U. H., & Lundman, B. (2004). Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today*, 24(2), 105-112.

Hall, J. J., & Taylor, R. (2003). Health for all beyond 2000: the demise of the Alma-Ata Declaration and primary health care in developing countries. *Medical Journal of Australia*, 178, 17-20.

Hammell, K., & Carpenter, C. (2000). Using qualitative research. A practical introduction for occupational and physical therapist. Churchill, Livingstone.

Hills, R., & Kitchen, S. (2007). Toward a theory of patient satisfaction with physiotherapy: Exploring the concept of satisfaction. *Physiotherapy Theory and Practice*, 23(5), 243-254.

Helander, E. (1999). Prejudice and Dignity-An Introduction to Community Based Rehabilitation. New York: United Nations Division of Public Affairs.

Hwang, K., Johnston, M., Tulskey, D., Wood, K., Dyson-Hudson, T., & Komaroff. (2008). Access and coordination of health care services for people with disabilities. *Journal of Disability Policy Studies*, 20, 28-34.

Jones, R. (2002). Pulmonary rehabilitation. *British Medical Journal*, 57(5), 468-470.

Kaplan, A. (1999). The Development of Capacity. UN Non-Government Liaison Service (NGLS). Palais des Nations. CH-1211 Geneva 10. Switzerland.

Kendall, E., Buys, N., & Larner, J. (2000). Community-based service delivery in rehabilitation: The promise and the paradox. *Disability and Rehabilitation*, 22(10), 435-445.

Kenny, D. T. (1998). The role of rehabilitation provider in occupational rehabilitation: providing for whom: Part 2 perceptions of stakeholders. *Australian Journal of Rehabilitation Counselling*, 4(2), 111-122.

Kiehofner, G. (2002). Model of human occupation. Theory and application (3rd ed.).

Kroll, T., & Neri, M. T. (2003). Experiences with care co-ordination among people with cerebral palsy, multiple sclerosis and spinal cord injury. *Disability and Rehabilitation*, 25(29), 1106-1114.

Kroll, T., Jones, G. C., Kehn, M., & Neri, M. T. (2006). Barriers and strategies affecting the utilisation of primary preventive services for people with physical disabilities: A qualitative inquiry. *Health and Social Care in the Community*, 14, 284-293.

Krueger, R. A., & Casey, M. A. (2000). Focus group: A practical guide for applied research (3rd edition). Thousand Oaks, California: Sage.

Leavitt, R. (1995). The development of rehabilitation services and suggestions for public policy in developing nations. *Paediatric Physical Therapy*, 7, 112-118.

Leith, H. L., Phillips, L., & Sample, P. L. (2004). Exploring the service needs and experiences of persons with Traumatic Head Injury (TBI) and their families: the South Carolina experiences. *Brain Injury*, 18(12), 1191-1208.

Lincoln, Y. S., & Guba, E. G. (1985). Naturalistic inquiry. Beverly Hills, CA: Sage Publications, Inc.

Lopopolo, R. B. (2001). Development of professional role behaviours survey (PROBES). *Physical Therapy*, 7, 1317-1327.

Maart, S., Eide, A. H., Jelsma J., Loeb, M. E., & Toni, M. Ka. (2007). Environmental barriers experienced by urban and rural disabled people in South Africa. *Disability and Society*, 22(4), 357-369.

Marshal, C., & Rossman, G. B. (1995). *Designing qualitative researcher*. Newbury Park: Sage publications.

Martensson, L., & Dahllin-Ivanoff, S. (2006). Experiences of a primary health care rehabilitation programme. A focus group study of persons with chronic pain. *Disability and Rehabilitation*, 28(16), 985-995.

Matsika, C. K. (2010). Persons with physical disabilities' experiences of rehabilitation services at Community Health Centres in Cape Town Metro Health District. Unpublished Master's Thesis. Physiotherapy Department. The University of the Western Cape.

McNeal, M. A. L., Carrothers, L., & Premo, B. (2002). Providing primary health care for persons with disabilities: A survey of California physicians. Centre for Disability Issues and the Health Professionals. 1-16.

Mead, N., & Bower, P. (2000). Patient-centeredness: a conceptual framework and review of the empirical literature. *Social Science and Medicine*, 51, 1087-1110.

Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis*. 2nd edition. Thousand Oaks, CA: Sage publications.

Mont, D. (2007). Measuring disability prevalence. Social Protection. The World Bank. No.0706.

Morrison, E. H., George, V., & Mosqueda, L. (2008). Primary care for adults with physical disabilities: perceptions from consumers and provider focus groups. *Family Medicine*, 40(9), 645-651.

Neri, M. T., & Kroll, T. (2002). Understanding the consequences of access barriers to health care: experiences of adults with disabilities. *Disability and Rehabilitation*, 25(2), 85-96.

Office of the Deputy President. (1997). White Paper on an Integrated National Disability Strategy, Government of South Africa, Pretoria.

Parle, M., Maguire, P., & Heaven, C. (1997). The development of a training model to improve health professionals' skills, self efficacy and outcome expectancies when communicating with cancer patients. *Social Science & Medicine*, 44(2), 231-240.

Parry, H. R. (2004). Communication during goal-setting in physiotherapy treatment sessions. *Clinical Rehabilitation*, 18, 668-682.

Rimmer, J. H., Riley, B., Wang, E., Rauworth, A., & Jurkowski, J. (2004). Physical activity participation among person with disabilities. Barriers and facilitators. *American Journal of Preventive Medicine*, 26(5), 419-425.

Saetermoe, C. L., Gomez, J., Bamaca, M., & Gallardo, C. (2004). A qualitative inquiry of caregivers of adolescents with severe disabilities in Guatemala city. *Disability and Rehabilitation*, 26(10), 1032-1047.

Salbach, N. M., Veinot, P., Rappolt, S., Bayley, M., Burnett, D., Judd, M., & Jaglal, S. B. (2009). Physical therapists' experiences updating the clinical management of walking rehabilitation after stroke: A qualitative study. *Physical Therapy Journal*, 89(6), 556-568.

Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Journal for Education for Information*, 22, 63-75.

Skinner, D. (2007). Qualitative methodology: an introduction. In Joubert, G & Ehrlich (Eds.). *Epidemiology: a research manual for South Africa*. Cape Town, South Africa: Oxford University Press (pp. 318-327).

Statistics South Africa. (2005). Prevalence of disability in South Africa. Census 2001. Report no. 03-02-44 (2001). Pretoria: Statistics South Africa.

Stetler, C. B., McQueen, L., Demakis, J., & Mittman, B. S. (2008). An organisational framework and strategic implementation for system-level change to enhance research-based practice: *QUERI series Implementation Science*, 3(30).

Stubbs, S. (1999). Engaging with difference: soul searching for a methodology in disability and development. *Disability and Development*. London: Disability Press.

The Department of Health, Western Cape (2002). Comprehensive Service Plan (CSP) for Implementation of Health Care 2010. Western Cape Province.

The Department of Health. (2000). Rehabilitation For All. National Rehabilitation Policy. Pretoria: South African Government Printers.

Tod, A. M., Lacey, A. E., & McNeill, F. (2002). "I'm still waiting.....": barriers to accessing cardiac rehabilitation services. *Journal of Advanced Nursing*, 40(4), 421-431.

United Nations (2007). From Exclusion to Equity. Realizing the rights of persons with disabilities. Handbook for Parliamentarians on the Convention on the Rights of Persons with Disabilities and its Optional Protocol.

United Nations Population Information Network. (2006). Database of International Statistical Activities. Retrieved on 21 September, 2010 from

http://unece.unog.ch/disa/archive/disa.element_details.asp.

Velema, J. P., & Cornielje, H. (2003). Reflect before you act: providing structure to the evaluation of rehabilitation programmes. *Disability and Rehabilitation*, 25(22), 1252-1264.

Veltman, A., Stewart, D. E., Tardif, G. S., & Branigan, M. (2001). Perceptions of primary healthcare services among persons with physical disabilities: Part 2 Quality Issues. *Medscape General Medicine*, 6(3), 2-19.

Wazakili, M., Mpofu, R., & Devlieger, P. (2006). Experiences and Perceptions of Sexuality and HIV/AIDS among Young People with Disabilities in South African Township: A Case Study. *Sexuality and Disability*, 24, 77-80.

Woo, J., Chan, S. Y., Sum, C. M. W., Wong, E., & Chui, M. P. Y. (2008). In patient stroke rehabilitation efficiency: Influence of organisation of service delivery and staff numbers. *BMC Health Services Research*, 8(86), 1-7.

World Confederation for Physical Therapy. (2003). Primary health care and community based rehabilitation. An overview of WCPT's work and plan of action. 15th General meeting papers, Agenda Item 10.5. London: World Confederation for Physical Therapy.

World Health Organization (1978). Report of the international conference on primary health care, Alma-Ata. USSR, 6-12. Geneva.

World Health Organization (2001). International Classification of Functioning, Disability and Health. World Health Organization. Switzerland: Geneva. Retrieved on 23 June, 2010 from <http://www3.who.int/icf/icftemplate.cfm>.

World Health Organisation (2006). Disability and rehabilitation WHO Action plan 2006-2011. Retrieved on August 18, 2010 from

http://www.who.int/disabilities/publications/dar_action_plan_2006to2011.pdf

Wottrich, A. W., Stenstrom, C. H., Engardt, M., Tham, K., & Koch, L. V. (2004). Characteristics of physiotherapy sessions from the patient's and therapist's perspective. *Disability & Rehabilitation*, 26(20), 1198-1205.

Wressle, E., Eeg-Olofsson, A. M., Marcusson, J., & Henriksson, C. (2002). Improved client participation in the rehabilitation process using client-centeredness goal formulation structure. *Journal of Rehabilitation Medicine*, 34, 5-11.

Yen, H. L., & Wong, J. T. Y. (2007). Rehabilitation for traumatic head injury in children and adolescents. *Annals Academy of Medicine Singapore*, 36, 62-66.

Zimmerman, M. A., & Warschausky, S. (1998). Empowerment theory for rehabilitation research: Conceptual and methodological issue. *Rehabilitation Psychology*, 43, 3-16.



APPENDIX A

12/10/2010 15:04 0214839895

FINANCE

PAGE 02/02



Verwysing
Reference 19/18/RP 33(e)/2010

Isalathiso

Navrae
Enquiries Dr A Dearham
Imibuzo

Telefoon
Telephone 021 483 4193

P O Box 19063

Tygerberg
7505

Departement van Gesondheid
Department of Health
iSebe lezeMpilo

FAX: - 021 931 9835

Dear Prof M deVilliers
Ms G Mji
Ms S Statham
Ms S Gcaza
Ms A Rhoda
Masters student Anne Kumurenzi

RE: The description of the organisational framework of rehabilitation service delivery in an out-patient rehabilitation centre in the Western Cape.

Thank you for submitting your proposal to undertake the above-mentioned study. We are pleased to inform you that the department has granted you approval for your research. Please contact the following people to assist you with access to:

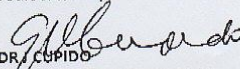
Bishop Lavis Rehabilitation Centre Ms. R. Carelse Tel: (021) - 9345060

Kindly ensure that the following are adhered to:

1. Arrangements can be made with managers, providing that normal activities at requested facilities are not interrupted.
2. Researchers, in accessing provincial health facilities, are expressing consent to provide the department with an electronic copy of the final report within six months of completion of research. This can be submitted to the provincial Research Co-ordinator (healthres@pawc.gov.za).
3. The reference number above should be quoted in all future correspondence.

We look forward to hearing from you.

Yours sincerely


DR. L. CUPIDO
DEPUTY-DIRECTOR GENERAL
DISTRICT HEALTH SERVICES AND PROGRAMMES

DATE: 9/10/2010

CC DR L BITALO DIRECTOR: NORTHERN/TYGERBERG SUBSTRUCTURES

Page 1 of 2

Dorpstraat 4
Postbus 2060
KAAPSTAD
8000

4 Dorp Street
PO Box 2060
CAPE TOWN
8000

APPENDIX B

**OFFICE OF THE DEAN
DEPARTMENT OF RESEARCH
DEVELOPMENT**

Private Bag X17, Bellville 7535
South Africa
Telegraph: UNIBELL
Telephone: +27 21 959-2948/2949
Fax: +27 21 959-3170
Website: www.uwc.ac.za

24 March 2010


To Whom It May Concern

I hereby certify that the Senate Research Committee of the University of the Western Cape has approved the methodology and the ethics of the following research project by:
Ms A Kumerenzi (Physiotherapy)

Research Project: The description of the organizational framework of rehabilitation service delivery in an out-patient rehabilitation centre in the Western Cape

Registration no: 10/1/22


UNIVERSITY of the
WESTERN CAPE


Peter Syster
Manager: Research Development Office
University of the Western Cape



UNIVERSITY of the
WESTERN CAPE

A place of quality, a place to grow, from hope to action through knowledge

APPENDIX C



DEPARTMENT of HEALTH

Provincial Government of the Western Cape

METRO DISTRICT HEALTH SERVICES

Bishop Lavis CDC
tel: +27 21 934 6050; +27 21 934 6051
fax: +27 21 934 4143; +27 21 934 6127
Lavis drive, Bishop Lavis, Cape Town, 7490

REFERENCE: BISHOP LAVIS CDC

ENQUIRIES: Ms R. Carelse

Date : 21/04/2011

Responding to your request to do Research at Rehabilitation Department Bishop Lavis CHC

This is to confirm Ms. A Kumerenzi has permission to conduct research at Bishop Lavis CHC.

Research topic: Rehabilitation services of persons with disabilities: Experiences of patients and service providers in a rehabilitation centre in the Western Cape Province.


R. Carelse
Facility manager
Bishop Lavis CDC



UNIVERSITY of the
WESTERN CAPE

T

APPENDIX D

Interview guide for patients

Please tell me any problems you might have encountered getting access to the rehabilitation services at Bishop Lavis Rehabilitation Centre?

Probes

- Transport
- Within the facility (therapy rooms/ space, toilets)

Tell me about your relationship with the service providers here at Bishop Lavis Rehabilitation Centre? Do the service providers offer time to interact with you as patients?

Probes

- Respect and love patients
- Communication (language used)



Were you allowed to get involved in your rehabilitation?

Probes

- Setting goals with patients
- Explaining the procedures to patients
- Take part in your treatment sessions.

Who came with their families for therapy? Were your families involved in your rehabilitation sessions?

Did the service providers allow and provide time for you to ask questions about issues you needed to know?

Probes:

- Disability
- Treatment

Tell me more about any information you were given?

Do you think they answered your questions adequately?

Do you think your service providers always knew what your problems were and knew what treatment to give you?

Tell me about the rehabilitation sessions provided to you?

Probes:

- Appointment schedules



What else can you tell me about your rehabilitation at Bishop Lavis Rehabilitation Centre?

Probes

- What do you think should be improved

Do you think there are some topics that we did not cover that you needed to be covered as relates to rehabilitation services?

APPENDIX E

Onderhoudgids vir pasiente


Vertel my van enige probleme wat u al teekom het om toegang te kry tot die rehabilitasie dienste by die Bishop Lavis Rehabilitasie Sentrum.

Kyk na:

- Vervoer
- Binne die fasiliteit (terapie kamers/spasie, toilette,)

Vertel my van die verhouding wat U het met die diensverskaffers hier by Bishop Lavis Rehabilitasie Sentrum, bied die diensverskaffers tyd vir interaksie met U as pasiente?

Kyk na:

- 
- Respek en liefde teenoor pasiente
 - Kommunikasie (taalgebruik)

Was U toegelaat om betrokke te wees by U rehabilitasie?

Kyk na:

- Doele wat gestel word vir U as pasiente
- Verduideliking van prosedure aan U as pasiente
- Deelname aan jul behandeling sessies

Wie het met hul families gekom vir behandeling? Was jul families betrokke by jul rehabilitasie sessies?

Het die diensverskaffers tyd voorsien en toegelaat dat u vrae kon vra oor dinge wat U wou weet?

Kyk na:

- Gebrek
- Behandeling

Vertel my meer oor die inligting wat aan U verskaf was. Dink U hul het U vrae toepaslik beantwoord?

Dink U, u diensverskaffers het te alle tye geweet wat die problem was en het hul geweet hoe om dit te behandel?

Vertel my van die rehabilitasie sessies wat verskaf was aan U.

Kyk na:

- Afspraak skedules



Wat anders kan U my vertel van u rehabilitasie hier by Bishop Lavis Rehabilitasie Sentrum?

Kyk na:

- Wat dink U moet verbeter word?

Dink U daar is enige aspekte wat ons nie gedek het nie, aangaande die rehabilitasie dienste?

APPENDIX F

Interview guide for Service Provider

Please tell me about the accessibility of services here at this facility in terms of rehabilitation services.

Probes:

- Service providers
- Equipments
- Transport for patients
- Within the facility (therapy rooms/ space, toilets, lamps availability)

Tell me about your relationship with your patients, do you interact with your patients?

Probes:

- Respect and love patients
- Communication (language used)

Are your patients allowed to get involved and actively participate in their rehabilitation?

Probes:

- Setting goals with patients
- Explaining the procedures to patients
- Take part in their treatment sessions.

Do patients come with their families for therapy? Are their Families allowed to get involved in the patient's rehabilitation sessions?

Regarding the provision of information, do you think your patients are adequately informed of any information they seek or need to know from you?

Probes:

- Their disability
- Treatment

Tell me more about any other information that is given to patients.

Tell me how the rehabilitation sessions here at Bishop Lavis Rehabilitation Centre are structure or organised?



Probes:

- Appointment schedules
- The referral system

Do you think the rehabilitation services your offer here are adequate to all the patients that access the facility?

Tell me about the general budget allocated to this facility services and programs.

Probes:

- For equipments
- For training skills

Do you think you are well equipped and skilled enough to treat any type of disability?

What are your needs in order to provide the best services for the persons with disabilities in your catchment area?

Are you satisfied with the services you provide and do you think the patients are satisfied?

Do you think there are some topics that we did not cover that you needed to be covered as relates to rehabilitation services?



APPENDIX G

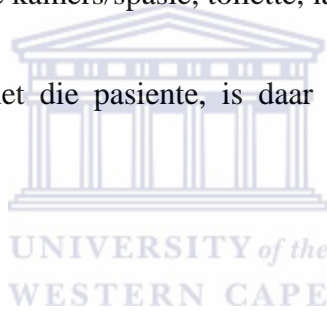
Onderhoudgids vir Diensverskaffer

Vertel my van die toeganklikheid van dienste hier by die fasiliteit in terme van rehabilitasie dienste.

Kyk na:

- Diensverskaffers
- Toerusting
- Vervoer vir pasiente
- Binne die fasiliteit (terapie kamers/spasie, toilette, lampe beskikbaarheid)

Vertel my van U verhouding met die pasiente, is daar enige interaksie tussen U en die pasiente?



Kyk na:

- Respek en liefde teenoor pasiente
- Kommunikasie (taalgebruik)

Word U pasiente toegelaat om betrokke en aktief deel te neem aan hul rehabilitasie?

Kyk na:

- Doele wat gestel word vir die pasiente
- Verduideliking van prosedure aan die pasiente
- Deelname aan hul behandeling sessies.

Kom pasiente met familieledede na die behandeling sessies? Word die familieledede toegelaat om betrokke te wees by die pasient se behandeling sessies?

Aangaande die verskaffing van informasie, dink U die pasiente word toepaslik ingelig oor enige informasie wat hul nodig sou hê?

Kyk na:

- Hul gebrek
- Behandeling

Vertel my meer van die informasie wat deurgegee word aan die pasiente.

Vertel my hoe die rehabilitasie sessies hier by Bishop Lavis Rehabilitasie Sentrum georganiseer en gestruktureer is.



Kyk na:

- Afspraak skedules
- Die verwysings sisteem

Dink U die rehabilitasie dienste wat aangebied word is toepaslik vir al die pasiente wat toegang het tot die fasiliteit?

Vertel my van die algemene begroting geallokeer aan hierdie fasiliteitsprogramme en dienste.

Kyk na:

- Vir toerusting
- Vir opleidingsvaardighede

Dink U, u is goed genoeg toegerus en opgelei om enige tipe gebrekke te kan behandel?

Wat het U nodig om die beste moontlike dienste te lewer aan mense met gebrekke in U area?

Is U tevrede met die dienste wat gelever word en dink U die pasiente is tevrede?

Dink U daar is enige aspekte wat ons nie gedek het nie, ten opsigte van die rehabilitasie dienste?



APPENDIX H



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959, Fax: 27 21-959

E-mail:

CONSENT FORM

Title of Research Project: Rehabilitation services of persons with disabilities: Experiences of persons with physical disabilities and service providers in a rehabilitation centre in the Western Cape.



The study has been described to me in language that I understand and I freely and voluntarily agree to participate. My questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way.

Participant's name..... **Witness' name**.....

Participant's signature..... **Witness' signature**.....

Date.....

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study coordinator:

Study Coordinator's Name: Prof. Anthea Rhoda

University of the Western Cape

Private Bag X17, Belville 7535

Telephone: (021)959-2543

Fax: (021)959-1217

Email: arhoda@uwc.ca.za



APPENDIX I



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959, Fax: 27 21-959

E-mail:

TOESTEMMINGSVORM

Titel van Navorsingsprojek: Rehabilitasie dienste vir persone met gestremdhede: Ervaringe van persone met getremdhede en diensverskaffers in 'n rehabilitasie sentrum in die Wes-Kaap.



Die studie was aan my beskryf in 'n taal wat ek verstaan en ek gee hiermee vrywilliglik toestemming tot deelname aan die studie. My vrae van die studie was beantwoord tot my bevrediging. Ek verstaan dat my identiteit nie bekend gemaak sal word nie en dat ek kan onttrek aan die studie op enige tydstip sonder om enige rede te verskaf en dat my onttrekking geen negatiewe impak op my sal het nie.

Naam van deelnemer: _____

Getuie: _____

Handtekening van deelnemer: _____

Datum: _____

Indien u enige vrae aangaande hierdie studie het of enige probleme wat u ervaar het wil
aanmeld kan u die studie koördineerder kontak:

Studie Koördineerder: Prof. Anthea Rhoda

Universiteit van Wes-Kaapland

Privaat sak X17, Belville 7535

Telefoon: (021)959-2543

Fax: (021)959-1217

Email: arhoda@uwc.ca.za



APPENDIX J



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959, Fax: 27 21-959

E-mail:

INFORMATION SHEET FOR PATIENTS

PROJECT TITLE: Rehabilitation services of persons with disabilities: Experiences of persons with physical disabilities and service providers in a rehabilitation centre in the Western Cape.

What is this study about?

This is a research project being conducted by Kumurenzi Anne at the University of the Western Cape. We are inviting you to participate in this research project because you are one of the persons with disability that attended out-patient programmes at the Bishop Lavis Rehabilitation Centre.

The **Aim** of this research is to explore the persons with physical disabilities and service providers' experiences regarding the rehabilitation services at Bishop Lavis Rehabilitation Centre.

What will I be asked to do if I agree to participate?

You will be asked to participate in a focus group discussion that will take place at a time and place that is convenient for you. The other people who will be participating in the focus group discussion will be the researcher and the research assistant.

Would my participation in this study be kept confidential?

We intend to do our best to keep the information given confidential. All tapes and transcripts will be stored safely in the researcher's locked cupboard and will be discarded when the research is completed. There will not be any exposure of your name in writing a report or article on this research project.

What are the risks of this research?

There are no known risks associated with this research project.

What are the benefits of this research?

This research project is intending not to help you personally but the results of this study may help to explore the experiences of patients and their service providers regarding the rehabilitation services at Bishop Lavis Rehabilitation Centre. And through these experiences, we anticipate that other people like patients, service providers etc may benefit from this study if, the recommendations of this study are implemented in improving the capacity of Bishop Lavis Rehabilitation Centre in rendering rehabilitation services. Hence, providing services that are accessible, equitable and effective.

Do I have to be in this research or may I stop participating at any time?

Your participation in this research project is entirely voluntary, you can choose not to participate at all. You can withdraw at anytime. You will not be penalized or lose any benefits for which you qualify after you have decided not to participate in this study or if you stop participating at any time.

Is any assistance available if I am negatively affected by this research?

Should the questioning during the discussion affect you in anyway, you would be referred to an appropriate health care professional available at Bishop Lavis Community Health Centre.

What if I have questions?

This research is being conducted by Kumurenzi Anne, Department of physiotherapy at the University of the Western Cape. If any question arises during and after the discussions of this research project, feel free to contact:

Kumurenzi Anne

University of the Western Cape

Department of physiotherapy

Private bag X79

Bellville 7535



Tel: +277182825523

Email address: 2971184@uwc.ac.za.

As a research participant, should you have a question or any other problem that you experienced related to this research project, please feel free to contact:

The head of physiotherapy department:

Professor Julie Phillips

The dean of the Faculty of Community and Health Sciences

Professor Rati Mpfu

University of the Western Cape

Private bag X79

Bellville 7535



APPENDIX K



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959, Fax: 27 21-959

E-mail:

INFORMASIE BLAD VIR PASIENTE

Titel van Navorsingsprojek: Rehabilitasie dienste vir persone met gestremdhede: Ervaringe van persone met getremdhede en diensverskaffers in 'n rehabilitasie sentrum in die Wes-Kaap

Waaroor gaan die studie?

Dit is 'n navorsingsprojek wat uitgevoer word deur Anne Kumurenzi 'n student verbonde aan die Universiteit van Wes-Kaapland. Ons nooi u om deel te neem aan hierdie navorsingsprojek omdat u rehabilitasie dienste ontvang het by die Bishop-Lavis Gesondheids dag sentrum.

Doel van die studie?

Om te ondersoek die persepsies van persone met gestremdhede en diensverskaffers rakende rehabilitasie diensverskaffing by Bishop-Lavis sentrum.

Wat sal van my verwag word om te doen as ek instem om deel te wees:

U sal gevra word om 'n sessie met die navorser en die assistent by die sentrum by te woon waar die navorser 'n fokus-groep bespreking sal hou om u ervaring rakende rehabilitasie te ondersoek.

Sal u deelname aan die studie vertroulik wees?

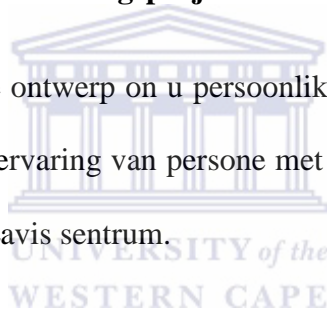
Ons sal ons bes doen om te verseker dat u persoonlike inligting vertroulik bly. Alle informasie wat ingesamel word, gaan in 'n geslote argiefkas gestoor word om u privaatheid verder te beskerm. Die diensverskaffer of enige ongemagtigde party sal nie instaat wees om toegang tot die inligting te verkry nie. U identiteit sal tot die maksimum mate beskerm word wanneer daar artikels of verslae geskryf word.

Wat is die risiko's van hierdie navorsingsprojek?

Daar is geen bekende risiko's wat verband hou met hierdie navorsingsprojek.

Wat is die voordele van hierdie navorsingsprojek?

Hierdie navorsingsprojek was nie ontwerp om u persoonlik te help nie, maar die resultate sal die navorser inlig aangaande die ervaring van persone met gestremdhede en diensverskaffers rakende rehabilitasie by Bishop-Lavis sentrum.



Moet ek deel wees van hierdie navorsingsprojek en mag ek enige tyd onttrek?

U deelname in hierdie navorsingsprojek is vrywillig. U mag kies om nie deel te wees van die projek nie. Deelnemers mag ter enigetyd gedurende die projek onttrek met geen negatiewe effekte op u nie.

Is enige hulp beskikbaar vir my as ek op 'n negatiewe manier ge affekteer word?

Daar is geen direkte risiko's geassosieer met deelname aan die navorsingsprojek nie. U sal wel na 'n gekwalifiseerde gesondheidswerker gestuur word as u emosioneel of oorweldig voel oor vrae wat beantwoord moet word of take wat nie uitgevoer kan word nie.

Wat as ek vrae het?

Die navorsing word onderneem deur Anne Kumurenzi wat verbonde is aan die Universiteit van Wes-Kaapland. Indien u enige vrae oor die studie self het, kan u Anne Kumurenzi kontak by: of selfoon: 071 8285523

e-pos: 2971184@uwc.ac.za

Indien u enige vrae het in verband met die studie en u regte as deelnemer, of as u enige probleme wil rapporteer, kontak asseblief :

die Hoof van die Fisioterapie:

Prof. Julie Phillips

(e-pos: jphillips@uwc.ac.za)

Die Hoof van die Gemeenskap en Gesondheid Wetenskap Fakulteit :

Prof. Ratie Mpofu (e-mail: mpofu@uwc.ac.za)

Universiteit van Wes-Kaapland



Privaat Sak X17

Bellville 7535

APPENDIX L



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959, Fax: 27 21-959

E-mail:

INFORMATION SHEET FOR SERVICE PROVIDERS

PROJECT TITLE: Rehabilitation services of persons with disabilities: Experiences of patients and service providers in a rehabilitation centre in the Western Cape.

What is this study about?

This is a research project being conducted by Anne Kumurenzi at the University of the Western Cape. We are inviting you to participate in this research project because you are one of the staff providing rehabilitation services to patients at Bishop Lavis Rehabilitation Centre in the Western Cape.

The **Aim** of this research is to explore the persons with physical disabilities and service providers' experiences regarding the rehabilitation services at Bishop Lavis Rehabilitation Centre.

What will I be asked to do if I agree to participate?

You will be asked to participate in an in-depth interview that will take place at Bishop Lavis Rehabilitation Centre, where you are working currently in your convenient time.

Would my participation in this study be kept confidential?

We intend to do our best to keep the information given confidential. In order to protect your confidentiality. All tapes and transcripts will be stored safely in the researcher's locked cupboard and will be discarded when the research is completed. There will not be any exposure of your name in writing a report or article on this research project.

What are the risks of this research?

There are no known risks associated with this research project.

What are the benefits of this research?

This research project is intending not to help you personally but the results of this study may help to explore the experiences of patients and their service providers regarding the rehabilitation services at Bishop Lavis Rehabilitation Centre. And through these experiences, we anticipate that other people like patients, service providers etc may benefit from this study if, the recommendations of this study are implemented in improving the capacity of Bishop Lavis Rehabilitation Centre in rendering rehabilitation services. Hence, providing services that are accessible, equitable and effective.

Do I have to be in this research or may I stop participating at any time?

Your participation in this research project is entirely voluntary, you can choose not to participate at all. You can withdraw at anytime. You will not be penalized or lose any benefits of which you are qualified after you have decided not to participate in this study or if you stop participating at any time.

Is any assistance available if I am negatively affected by this research?

Should the questioning during the in-depth interviews affect you in anyway, you would be referred to an appropriate health care professional available at Bishop Lavis Community Health Centre.

What if I have questions?

This research is being conducted by Anne Kumurenzi, Department of physiotherapy at the University of the Western Cape. If any question arises during and after the in-depth interview of this research project, feel free to contact:

Anne Kumurenzi

University of the Western Cape

Department of physiotherapy

Private bag X79

Bellville 7535

Tel: +277182825523

Email address: 2971184@uwc.ac.za



As a research participant, should you have a question or any other problem that you experienced related to this research project, please feel free to contact:

The head of physiotherapy department:

Professor Julie Phillips

The dean of the Faculty of Community and Health Sciences

Professor Rati Mporfu

University of the Western Cape

Private bag X79

Bellville 7535



APPENDIX M



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959, Fax: 27 21-959

E-mail:

INFORMASIE BLAD VIR DIENSVERSKAFFERS

Titel van Navorsingsprojek: Rehabilitasie dienste vir persone met gestremdhede: Ervaringe van persone met getremdhede en diensverskaffers in 'n rehabilitasie sentrum in die Wes-Kaap

Waaroor gaan die studie?

Dit is 'n navorsingsprojek wat uitgevoer word deur Anne Kumurenzi'n student verbonde aan die Universiteit van Wes-Kaapland. Ons nooi u om deel te neem aan hierdie navorsingsprojek omdat u deel vorm van die rehabilitasie personeel by Bishop-Lavis Gesondheids dag sentrum.

Doel van die studie?

Om te ondersoek die persepsies van persone met gestremdhede en diesverskaffers rakende rehabilitasie diensverskaffing by Bishop-Lavis sentrum.

Wat sal van my verwag word om te doen as ek instem om deel te wees:

U sal gevra word om 'n sessie met die navorser en die assistent by die sentrum by te woon waar die navorser 'n fokus-groep bespreking sal hou om u ervaring rakende rehabilitasie verskaffing te ondersoek.

Sal u deelname aan die studie vertroulik wees?

Ons sal ons bes doen om te verseker dat u persoonlike inligting vertroulik bly. Alle informasie wat ingesamel word, gaan in 'n geslote argiefkas gestoor word om u privaatheid verder te beskerm. Die diensverskaffer of enige ongemagtigde party sal nie instaat wees om toegang tot die inligting te verkry nie. U identiteit sal tot die maksimum mate beskerm word wanneer daar artikels of verslae geskryf word.

Wat is die risiko's van hierdie navorsingsprojek?

Daar is geen bekende risiko's wat verband hou met hierdie navorsingsprojek.

Wat is die voordele van hierdie navorsingsprojek?

Hierdie navorsingsprojek was nie ontwerp om u persoonlik te help nie, maar die resultate sal die navorser inlig aangaande die ervaring van persone met gestremdhede en diensverskaffers rakende rehabilitasie by Bishop-Lavis sentrum. Sodoende kan die stappe geneem word om veranderinge te maak, as nodig.

Moet ek deel wees van hierdie navorsingsprojek en mag ek enige tyd onttrek?

U deelname in hierdie navorsingsprojek is vrywillig. U mag kies om nie deel te wees van die projek nie. Deelnemers mag ter enigetyd gedurende die projek onttrek met geen negatiewe effekte op u nie.

Is enige hulp beskikbaar vir my as ek op 'n negatiewe manier ge affekteer word?

Daar is geen direkte risiko's geassosieer met deelname aan die navorsingsprojek nie. U sal wel na 'n gekwalifiseerde gesondheidswerker gestuur word as u emosioneel of oorweldig voel oor vrae wat beantwoord moet word of take wat nie uitgevoer kan word nie.

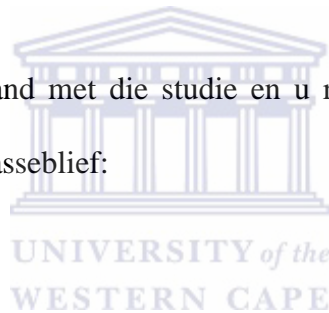
Wat as ek vrae het?

Die navorsing word onderneem deur Anne Kumurenzi wat verbonde is aan die Universiteit van Wes-Kaapland. Indien u enige vrae oor die studie self het, kan u Anne Kumurenzi kontak by: of selfoon: 071 8285523

e-pos: 2971184@uwc.ac.za

Indien u enige vrae het in verband met die studie en u regte as deelnemer, of as u enige probleme wil rapporteer, kontak asseblief:

die Hoof van die Fisioterapie:



Prof. Julie Phillips (e-pos: jphillips@uwc.ac.za)

Die Hoof van die Gemeenskap en Gesondheid Wetenskap Fakulteit :

Prof. Ratie Mpofu (e-mail: mpofu@uwc.ac.za)

Universiteit van Wes-Kaapland

Privaat Sak X17

Belville 7535