DR ANDREI AGIUS ANASTASI, MS FRANCESCA VELLA

Bridging Perspectives -

Rehabilitation Expectations Among Healthcare Professionals and the General Public

ABSTRACT

This study explores the perspectives of healthcare professionals and the public on current rehabilitation services and expectations for future improvements in Malta. Conducted as part of the "Just 3 Things" campaign, participants responded to three open-ended questions related to rehabilitation via an online questionnaire. A mixed-methods analysis revealed shared expectations for holistic, patient-centred care, as well as distinct priorities between the two groups. Findings highlight the need for modern infrastructure, improved access, emotional support, and the integration of more advanced technologies. These insights can inform policies and optimise service design that better aligns with the needs of all stakeholders.

INTRODUCTION

Rehabilitation is an essential pillar of healthcare, focused on enabling individuals to regain or improve function and reintegrate into daily life following injury, illness, or disability. This has more recently been highlighted by the 2023 World Health Assembly's resolution "Strengthening Rehabilitation in Health Systems," which calls for stronger integration of rehabilitation services within health systems and increased investment worldwide.[1]

In Malta, rehabilitation services have developed over the past two decades. Initially centred at Zammit Clapp Hospital under geriatric leadership, along with spinal rehabilitation at Boffa Hospital, services moved to Karin Grech Rehabilitation Hospital (KGRH) in 2007, where the first dedicated Physical and Rehabilitation Medicine (PRM) ward was established, led by a physiatrist, working alongside geriatric specialists across seven other wards. Over the years, the service has expanded to include two PRM wards - each with 30 beds - supported by two new PRM consultants and two higher specialist trainees in PRM, catering to patients of all ages with a range of conditions such as stroke, spinal cord injuries, amputations, and orthopaedic trauma.

Over the past few years, the Maltese Society of Physical and Rehabilitation Medicine (MSPRM) has played an active role in advocating for increased awareness and the need for development of rehabilitation services in Malta. The "Just 3 Things" campaign[2] is one such initiative, designed to collect grassroots feedback from both professionals and the general public. This study forms part of that initiative and aims to identify shared and divergent expectations for rehabilitation services in Malta.

METHODOLOGY

An online questionnaire was distributed to healthcare professionals and members of the general public after seeking approval from the ethics and data protection officers of Karin Grech Rehabilitation Hospital. This was done by emailing all Karin Grech Rehabilitation Hospital employees, through posts on social media of the Maltese Society of Physical and Rehabilitation Medicine (MSPRM), emails to other association

members such as the Geriatric Medicine Society Malta, and finally by distributing a physical questionnaire or QR code to all inpatients admitted at the time in the two PRM wards. The questionnaire included demographic questions covering age, occupation, and experience with rehabilitation (if any), along with three open-ended questions regarding expectations for current services, future improvements, and desired changes:

1. **What do you expect from rehabilitation services?**
2. **What ideas do you have for improving the current national rehabilitation services?**
3. **What would you want out of our future rehabilitation services?**

A link to the online questionnaire was also sent to all KGRH employees through their official email. The online questionnaire was also shared on the MSPRM webpage and social media, and other communication groups such as the PRM WhatsApp group. Flyers with the link and QR code were also printed and shared with patients and relatives on the two PRM wards at KGRH, along with those attending outpatients services in Saint Luke's Hospital.

Data from the online questionnaire were subsequently downloaded and analysed, extracting common themes and stratifying these according to whether responders were healthcare professionals or not.

RESULTS

A total of 50 responses were received:

- 34 (68%) from healthcare professionals, including nurses (31%), occupational therapists (16%), physiotherapists (13%), doctors (9%), pharmacists (3%) and others (13%).
- 16 (32%) from non-healthcare respondents.

The key themes extracted through a comparative analysis of all questionnaires can be categorised into eight main groups, as shown in Table 1.

HEALTHCARE PROFESSIONALS AND GENERAL PUBLIC RESPONDERS SHOWED A BROAD CONSENSUS REGARDING THE NEED FOR INVESTMENT IN REHABILITATION

Most of the themes had common alignment, with similar responses, between healthcare workers and general public respondents. For example, the idea that "Rehabilitation should be team-led, where all professions contribute equally", expressed by healthcare workers, was similar to the general public response of "[expecting] to be taken care of by a full team who knows my needs." Other themes had a somewhat different perspective on a similar topic, such as the wish "to invest in tech like Viral Reality and better IT systems" expressed by healthcare workers when compared to the general public's wish for "More equipment [which] would make therapy less boring and more helpful."

Other themes showed divergence in focus, such as those questions relating to infrastructure, where healthcare professionals expressed that "Each ward should have a gym [and] more equipment", while general public responses focused more on their concern that "The hospital looks like it's stuck in the 1980s … it doesn't give hope." This was echoed by the patients' need "to feel supported after everything I've been through" when compared to the less emphatic priority of "psychological care [to] be integrated to improve outcomes" expressed by healthcare workers.

Healthcare professionals and general public responders showed a broad consensus regarding the need for investment in rehabilitation, although healthcare professionals focused on the need for "more conferences, in-house lectures, and case-sharing." On the other hand, the general public felt that "we need more awareness and better links with employment and education."

Table 1. Summary of Key Themes: Comparison Between Healthcare Professionals and General Public.

	Theme	Healthcare Professionals	General Public	Comparative Analysis
1	Holistic, Multidisciplinary Care	Stressed the importance of equal contribution from all MDT and the inclusion of underrepresented professionals such as social workers and psychologists.	Focused on visible collaboration and the overall sense of being cared for by a cohesive team.	**Convergent opinion** - Both groups emphasized the need for a team-based, interdisciplinary approach to rehabilitation that addresses not only physical but also emotional, social, and functional dimensions.
2	Patient-Centred & Individualised Care	Highlighted structured goal-setting, empowerment, and case conferencing.	Described the desire for empathy, attention, and the feeling of being "seen."	**Convergent opinion** - Strong alignment in advocating for personalized rehabilitation plans that respect the patient's goals, autonomy, and dignity.
3	Accessibility & Continuity	Discussed systemic challenges, such as staffing limitations and poor interdepartmental coordination.	Focused more on practical accessibility (e.g. transportation, easy appointment scheduling).	**Convergent opinion** - Both groups cited issues with fragmented services and long wait times, along with the need for community outreach and telerehabilitation
4	Facilities & Environment	Critiqued outdated equipment and lack of space, especially in gym areas.	Described the current facilities as demoralizing and compared them unfavourably to hospitals abroad.	**Divergent focus** - Both groups acknowledged the inadequacy of current infrastructure, but the public was more emotionally affected by the environment.
5	Workforce & Training	Emphasized the need for more staff, longer service hours, and continuous training, including international exposure.	Less focus placed on staff development, though respondents expressed appreciation for professionalism and competence.	**Divergent focus** - predominantly a healthcare worker concern
6	Emotional & Psychological Support	Mentioned the need for psychological services, but less frequently than the general public responders	Expressed the need for emotional reassurance and trauma recovery.	**Divergent focus** - Emotional security and mental health support were more commonly emphasized by the general public, especially among those with direct experience (patients rather than relatives).
7	Innovation & Technology	Advocated for tools like VR and digital record-keeping to enhance therapy and coordination.	Emphasized how modern tools can make therapy more interesting and effective.	**Convergent ideas** - Both groups supported the introduction of advanced technologies, though professionals focused on clinical efficiency, while the public valued patient engagement.
8	Future Vision	Called for more research, training, and interprofessional learning	Advocated for public awareness, better integration with education/ employment services	**Convergent ideas** - Both groups highlighted the importance of expanding services, educating the public, and advocating for the role of rehabilitation.

DISCUSSION

This study reveals significant convergence between healthcare professionals and the public in advocating for holistic, patient-centred care and increased investment in rehabilitation services. Stakeholders from various settings strongly align with the WHO Rehabilitation 2030 initiative,[1] supporting integrated, well-funded rehabilitation services and emphasizing workforce development and governance.[3,4,5]

However, notable divergences also emerged. Healthcare professionals prioritized systemic improvements, such as staffing, infrastructure, and service delivery models, reflecting broader challenges in healthcare systems, such as resource limitations and workforce gaps.[6] In contrast, the public focused more on emotional support, care coordination, and the physical environment of healthcare settings. This study highlights that patients value relational aspects of care, such as communication and emotional reassurance, nearly as much as clinical outcomes.[7,8]

The integration of emotional support and mental health services is vital to bridging the gap between the priorities of healthcare professionals and the public. While healthcare professionals acknowledged the importance of psychological support, it was not as central to their priorities, underscoring the need for a greater focus on mental health services and emotional well-being in rehabilitation care.[9]

Accessibility emerged as a shared concern, though perceived differently. Professionals often focused on systemic issues like capacity and workforce, while patients identified immediate logistical barriers and scheduling challenges.[10,11] These discrepancies align with other studies, suggesting that system planners often overlook the practical challenges faced by patients.[12,13] Strengthening outpatient services and incorporating solutions like telerehabilitation could help address these barriers.[14]

Both patients and healthcare professionals expressed optimism about the role of technology in enhancing engagement and improving efficiency. This aligns with growing evidence supporting the use of digital tools and telerehabilitation in rehabilitation.[15,16] Additionally, both groups showed interest in

MALTA IS WELL-POSITIONED TO ADVANCE REHABILITATION AS A CENTRAL AND DYNAMIC COMPONENT OF ITS HEALTHCARE SYSTEM

long-term strategies, including public education, cross-sector collaboration, and sustained investment, which could help address barriers and facilitate the integration of technology in rehabilitation care.[17]

This study had a number of limitations worth noting. First, the sample size was relatively small (n = 50), which limits the statistical power and generalizability of the findings. However, the study did successfully include key stakeholders in the current rehabilitation system, as well as a number of patients actively undergoing rehabilitation. Second, the inclusion of detailed demographic information - while helpful for context - may have compromised respondent anonymity. This could have influenced the candor of some responses, particularly among identifiable participants. Despite these limitations, the study conveys an important message: Malta's plans for a new dedicated rehabilitation hospital represent a valuable opportunity to better align services with both clinical goals and patient-centred priorities. Actively involving healthcare professionals and the public in the planning and design process could help establish Malta as a leader in inclusive and progressive rehabilitation care models.

CONCLUSION

There is substantial alignment between healthcare professionals and the public in envisioning the future of rehabilitation in Malta: person-centred, emotionally supportive, and accessible care delivered in modern, well-resourced settings. Bridging the gap between system-level and experiential priorities will be key to future progress. Grounded in both local insight and international frameworks such as the WHO *Rehabilitation 2030* agenda, Malta is well-positioned to advance rehabilitation as a central and dynamic component of its healthcare system.

ACKNOWLEDGEMENTS

The authors would like to show their great appreciation to the executive committee of the Maltese Society of Physical and Rehabilitation Medicine (Jean Pierre Bugeja, Christa Vella, Mark Vella, Stefano La Maestra, Dorianne Cauchi and Matthew Zammit) who were instrumental in the design and distribution of the "Just 3 Things" campaign, as well as the founding members of MSPRM, previously known as the Maltese PRM Association also led by a physiatrist, along with all staff, patients and relatives of patients residing within Karin Grech Hospital or visiting Saint Luke's Hospital who participated in the survey.

REFERENCES

1. World Health Organization. Resolution: *Strengthening rehabilitation in health systems*; 2023 [Internet]. Available from: https://apps.who.int/gb/ebwha/pdf_files/EB152/B152(10)-en.pdf
2. Maltese Society of Physical and Rehabilitation Medicine. *Just 3 Things Campaign*. [Online] Available at: https://msprm.org.mt/#just-3-things Maart R, Mji G, Morris LD, et al. The rehabilitation landscape in a low-to-middle-income country: stakeholder perspectives and policy implications—a qualitative study. *Inquiry* 2024;61:469580241230916.
3. Neill R, Shawar Y, Ashraf L, et al. Prioritizing rehabilitation in low- and middle-income country national health systems: a qualitative thematic synthesis and development of a policy framework. *Int J Equity Health* 2023;22(1):122.
4. Watkins K, Levack W, Rathore FA, et al. What would 'upscaling' involve? A qualitative study of international variation in stroke rehabilitation. *BMC Health Serv Res* 2021;21(1):312.
5. Goldman AJ, Jones ON, Malina BL, et al. Rural needs and gaps in stroke rehabilitation: results of statewide healthcare provider and patient survey. *Arch Phys Med Rehabil* 2022;103(8):1551–1560
6. Desveaux L, Goldstein R, Mathur S, et al. Barriers to physical activity following rehabilitation: perspectives of older adults with chronic disease. *J Aging Phys Act* 2016;24(2):223–233.
7. Hughes A, Burridge J, Demain S, et al. Translation of evidence-based assistive technologies into stroke rehabilitation: users' perceptions of the barriers and opportunities. *BMC Health Serv Res* 2014;14:124.
8. Nation L, Spence N, Parker S, et al. Implementing introductory training in trauma-informed care into mental health rehabilitation services: a mixed methods evaluation. *Front Psychiatry* 2022;13:951160.
9. Hasan M, Anusaksathien K, Narattharaksa K, et al. Factors relating to the expectations and perceptions of post-stroke outpatients in the rehabilitation services of Bangladesh. *Int J Stat Med Res* 2022;11(2):134–142.
10. Medina-Mirapeix F, Oliveira-Sousa S, Sobral-Ferreira M, et al. Continuity of rehabilitation services in post-acute care from the ambulatory outpatients' perspective: a qualitative study. *J Rehabil Med* 2011;43(1):58–64.
11. Cooke M, Thackray S. Differences between community professional and patient perceptions of chronic obstructive pulmonary disease treatment outcomes: a qualitative study. *J Clin Nurs* 2012;21(1–2):132–140.
12. Westby M, Backman C. Patient and health professional views on rehabilitation practices and outcomes following total hip and knee arthroplasty for osteoarthritis: a focus group study. *BMC Health Serv Res* 2010;10:119.
13. Tousignant M, Boissy P, Moffet H, et al. Patients' satisfaction of healthcare services and perception with in-home telerehabilitation and physiotherapists' satisfaction toward technology for post-knee arthroplasty: an embedded study in a randomized trial. *Telemed J E Health* 2011;17(5):376–382.
14. Brouns B, Meesters J, Wentink M, et al. Why the uptake of eRehabilitation programs in stroke care is so difficult—a focus group study in the Netherlands. *Implement Sci* 2018;13(1):133.
15. Miller AE, Holleran CL, Bland MD, et al. Perspectives of Key Stakeholders on Integrating Wearable Sensor Technology into Rehabilitation Care: A Mixed-Methods Analysis. medRxiv [Preprint]. 2024 Nov 29:2024.11.25.24317911.
16. Zanatta F, Giardini A, Pierobon A, et al. systematic review on the usability of robotic and virtual reality devices in neuromotor rehabilitation: patients' and healthcare professionals' perspective. *BMC Health Serv Res* 2022;22(1):478.