

## PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	Person-Centered rehabilitation – what exactly does it mean? Protocol for a scoping review with thematic analysis towards framing the concept and practice of person-centered rehabilitation.
<b>AUTHORS</b>	Jesus, Tiago; Bright, Felicity; Kayes, Nicola; Cott, Cheryl

### VERSION 1 - REVIEW

<b>REVIEWER</b>	Dr Amanda McNaughton MRINZ Medical Research Institute of New Zealand Wellington New Zealand
<b>REVIEW RETURNED</b>	16-Apr-2016

<b>GENERAL COMMENTS</b>	<p>It was a pleasure to review this paper. This is an important area of enquiry. The recent published systematic review (Scholl et al 2014) and its integrative model of patient-centeredness helps define some of the important features of this concept. However I agree with the authors of this submitted protocol, that it does not specifically apply to the process of physical rehabilitation. The proposed method is sound, and likely to uncover diverse sources of information. The a priori exclusion criteria are all reasonable. Have they considered the impact of the evolution and development of the concept of patient/person centeredness over recent years? This may well confound the proposed analysis. The authors might consider separating analysis by year(s) of publication. There are no ethical issues. Proofreading: Line 317 peeR-reviewed, Line 349 'approaches to research' or just research, Line 373 to 376 simplify 'towards ensuring', and 'the achieving', 474 at= in, 475 or =and</p>
-------------------------	---

<b>REVIEWER</b>	Claudia Claes Belgium Ghent University/University College
<b>REVIEW RETURNED</b>	17-Apr-2016

<b>GENERAL COMMENTS</b>	<p>The manuscript addresses an important and relevant topic in the field. It's well written and the structure is clear.</p> <p>My main critical concern is as follows:</p> <p>Although the authors repeatedly underpin the importance of the concept of 'person-centeredness, and make reference to the vague</p>
-------------------------	---

	<p>and sensitizing notion this far, they do not discuss the theoretical framework they start from.</p> <p>On p 6, the authors argue for the need of an improved conceptual clarification. They make reference to a systematic review that was performed in order to build an integrative framework of patient-centered healthcare, that framework is not sensitive enough to the nuances of different health care fields. My question is why ?</p> <p>The authors argue (for different reasons )that they do not want to start from a conceptual framework, because they want to generate the conceptual format from the thematic analysis that will be performed. What is missing (in my opinion,) is that no criteria are given to what is meant by 'conceptualisation'. It would be useful to clarify what kind of elements should be found to talk about conceptualisation (in general), without making pre assumptions about the conceptualisation itself on person centeredness. I think the authors should elaborate on that on p 11 (identifying the research question)</p> <p>The chosen methodology is described in general terms and does not relate to the specific research question. Any research topic could be analysed according the different steps that are described. I miss some in-depth analysis.</p>
--	--

#### VERSION 1 – AUTHOR RESPONSE

	<b>Authors commentary</b>	<b>What has changed in revised manuscript</b>
<b>Reviewer # 1</b>		
<p>“It was a pleasure to review this paper.”</p> <p>“This is an important area of enquiry.”</p>	<p>We are grateful for these comments</p>	<p>Not applicable.</p>
<p>“The recent published systematic review (Scholl et al 2014) and its integrative model of patient-centeredness helps define some of the important features of this concept. However I agree with the authors of this submitted protocol, that it does not specifically apply to the process of physical rehabilitation.”</p>	<p>We are very happy about this comment since it is the very foundation about the need for this work.</p>	<p>Not applicable.</p>
<p>“The proposed method is</p>	<p>Again, we are pleased about the</p>	<p>Not applicable.</p>

<p>sound, and likely to uncover diverse sources of information. The a priori exclusion criteria are all reasonable.”</p>	<p>comments. It is always hard to set exclusion criteria for a review covering such a wide range of the literature on such an ill-defined topic. We are happy the reviewer has found all of them reasonable.</p>	
<p>“Have they considered the impact of the evolution and development of the concept of patient/person centeredness over recent years? This may well confound the proposed analysis. The authors might consider separating analysis by year(s) of publication.”</p>	<p>This raised an interesting point for us. We had not explicitly considered how the variable ‘time’ (with respect to year(s) of publication) would be dealt with in this project.</p> <p>We agree that both the conceptualization and then the practice of person-centered rehabilitation may have evolved over time meaning this variable ‘time of publication’ may play a (confounding) role.</p> <p>After discussion, we believe we may best consider the influence of this variable at the analytical stage. Our edits in the manuscript reflect that reasoning (see them in the next column).</p>	<p>In the lines 409-417 – resubmitted manuscript (tracked changes), we address that content.</p> <p><i>“Finally, we may end up excluding studies with the oldest publication dates - and thereby their extracted content - from the final analytical process toward building the intended framework. It is quite possible that both the concept and the practice of person-centered rehabilitation have evolved over time. If so, we prefer to build the intended framework based upon the more contemporary understanding and practices of person-centeredness rehabilitation. While this may confound the analysis, the particular instances in which this occurs can be better determined at the analytical stage. As such, we will not exclude references based on publication dates a priori, but may do so within the analytic process.”</i></p>

		<p>That is then complemented in the lines 424-427 – resubmitted manuscript (tracked changes)</p> <p><i>“Additional secondary analytical processes might be triggered by elements or sources excluded from our main analysis (i.e. toward building the intended framework). This may well include, for example, an analysis of how the literature, conceptualization and practices around the ideal of a person-centered rehabilitation have evolved over time.”</i></p>
<p>“Proofreading: Line 317 peer-reviewed, Line 349 ‘approaches to research’ or just research, Line 373 to 376 simplify ‘towards ensuring’, and ‘the achieving’, 474 at= in, 475 or =and”</p>	<p>Thank you, we have made the necessary changes.</p>	<p>Within the resubmitted manuscript (tracked changes), the resultant changes are made in the following lines:</p> <ul style="list-style-type: none"> <li>• 356</li> <li>• 388</li> <li>• The content was fully reframed – see lines 417-424</li> <li>• 541</li> <li>• 542</li> </ul>
<b>Reviewer # 2</b>		
<p>“The manuscript addresses an important and relevant topic in the field. It’s well written and the structure is clear.”</p>	<p>We are glad about this commentary.</p>	<p>Not applicable</p>

<p>“My main critical concern is as follows: Although the authors repeatedly underpin the importance of the concept of ‘person-centeredness, and make reference to the vague and sensitizing notion this far, they do not discuss the theoretical framework they start from. On p 6, the authors argue for the need of an improved conceptual clarification. They make reference to a systematic review that was performed in order to build an integrative framework of patient-centered healthcare, that framework is not sensitive enough to the nuances of different health care fields. My question is why?”</p>	<p>Thank you. We agree we could have been more specific in the introduction about the rationale for why it is likely that a conceptual framework for broader healthcare may not translate directly to rehabilitation and why there is a need for a specific framework of person-centeredness for rehabilitation. We have amended the relevant section, providing more specificity now in both that description and argument (please see the resultant changes in the next column).</p>	<p>Within the lines 152-176 – resubmitted manuscript (tracked changes), we now add content that address this question:  <i>“This review focuses on person-centeredness in the rehabilitation of people with physical impairments (including cognitive, communication, emotional or neuro-behavioral impairments or manifestations associated or secondary to a physical injury or disease). Such rehabilitation aims to foster the prevention, recovery or compensation of people’s functioning, instead of curing any underlying disease.<sup>23</sup> Accordingly, the meaning and practice of person-centeredness may have some unique particularities in rehabilitation contexts. For example, rehabilitation requires active participation in rehabilitation care activities on the part of the individual client, rather than just adherence to medication prescriptions and/or participation in decision making.<sup>24</sup> Such participation can be challenged by the presence of cognitive/communication</i></p>
--	--	--

		<p><i>impairment which can require particular forms of support from the practitioner.<sup>24</sup> Clients commonly engage with a multidisciplinary team; enacting person-centered practice may present particular challenges in this context.<sup>25</sup> Further, family involvement is a common priority within rehabilitation services where at times such that the 'client' may be the client with the impairment plus their family.<sup>23,24,26</sup> Finally, rehabilitation occurs across the care continuum (e.g. in inpatient, outpatient, community settings), and over a long period of time.<sup>23</sup> So, people's needs may change along the way, and require changes in how practitioners and services work, for instance moving from reducing impairment to compensating for a loss of function or even for the development of any new capacity or function, beyond those actually lost. All of this indicates there is a need to focus on the concept and practice of person-centered practice in rehabilitation specifically; a generalist model of person/patient-centered</i></p>
--	--	---

		<p><i>healthcare may be not applicable to the rehabilitation of people with physical impairments.”</i></p>
<p>The authors argue (for different reasons) that they do not want to start from a conceptual framework, because they want to generate the conceptual format from the thematic analysis that will be performed. What is missing (in my opinion,) is that no criteria are given to what is meant by ‘conceptualisation’. It would be useful to clarify what kind of elements should be found to talk about conceptualisation (in general), without making pre assumptions about the conceptualisation itself on person centeredness. I think the authors should elaborate on that on p 11 (identifying the research question)</p>	<p>Thank you. We have added clarification as per the recommendation of the reviewer. We have also made several minor edits throughout the paper (all of them tracked) to reinforce and clarify which outputs we seek to obtain.</p>	<p>In the lines 284-294 – resubmitted manuscript (tracked changes), we now clearly address the raised issue:</p> <p><i>“Informed by Morse’s discussion on concept analysis,<sup>60</sup> we use the term ‘concept’ to refer to the key attributes, preconditions or expected outcomes of person-centered rehabilitation,<sup>61</sup> asking what does it take to provide person-centered rehabilitation and what might result from this? The outputs of this scoping review will elucidate how the attributes of person-centered rehabilitation relate to each other and the surrounding elements (i.e. any preconditions, outcomes). The term ‘practice’ refers to how the underlying concept is, or can be, operationalized and translated into concrete, observable and hopefully replicable behaviors in the practice of the rehabilitation service delivery and clinical practice. In short, as well as</i></p>

		<p><i>clarifying the concept, we aim to present a framework of person-centered rehabilitation that can be actionable in practice.”</i></p>
<p>“The chosen methodology is described in general terms and does not relate to the specific research question. Any research topic could be analysed according the different steps that are described. I miss some in-depth analysis.”</p>	<p>Thank you. We have added additional detail. We hope our changes are able to address the comment made.</p>	<p>In the lines 457-463 – resubmitted manuscript (tracked changes), we address that question.</p> <p><i>“The qualitative framework about the concept and practice of person-centered rehabilitation will be constructed in two subsequent stages: 1) define the key attributes, preconditions and likely outcomes within the concept of person-centered rehabilitation, including how all these elements relate with one another; 2) describe how those elements are translated into actual practice by any concrete, potentially replicable behaviors. An inductive ‘thematic analysis’ is the method used for the analytical process of both those steps.”</i></p> <p>In the lines 469-472 – resubmitted manuscript (tracked changes), we further complement:</p>

		<p><i>“These features are important for building the intended framework, given that we are interested not only in defining which elements pertain to the concept of person-centered rehabilitation, but also how they relate with each other, and finally how they can be translated into practice.”<sup>72</sup></i></p>
--	--	---

**VERSION 2 – REVIEW**

<b>REVIEWER</b>	Claudia Claes University college Ghent/Ghent University
<b>REVIEW RETURNED</b>	20-Jun-2016

<b>GENERAL COMMENTS</b>	All comments are addressed well. Nice work
-------------------------	--