



Original Article

Patient Satisfaction with Physical Therapy Management: A Single City Cross-Sectional Study

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ABSTRACT

A physiotherapist deals with a variety of conditions individually and as part of Multidisciplinary rehabilitation teams. Patient satisfaction is one of the parameters used to determine the quality and efficacy of treatment given in any healthcare department. **Objectives:** To find out the patients' Satisfaction with Physical Therapy Management. **Methods:** It was an observational study conducted after ethical approval. A convenience sampling technique was used to recruit 320 participants from outpatient departments of different public and private hospitals in Sialkot, Pakistan, based on predefined eligibility criteria. Data were collected using the Med Risk patient satisfaction instrument. SPSS was used to analyze the data, with frequencies and percentages calculated for categorical responses and quantitative variables expressed as mean \pm standard deviation. **Results:** Respondents' characteristics showed that 202 (63.12%) were male and 118 (36.88%) female. Mean age \pm SD of male was 41.82 ± 13.25 and that of female was 38.95 ± 16.55 years. Frequency (percentage) of conditions for which physiotherapy treatment was availed were: 76 (23.74%) for neurology, 107 (33.43%) for orthopedics, 79 (24.68%) for musculoskeletal and 58 (18.12%) others. Overall, 73.71% were satisfied, 10.55% were neutral, and 16.28% were not satisfied. **Conclusions:** A large majority of the participants were found to be satisfied with the physical therapy treatment they received.

INTRODUCTION

Patient satisfaction (PS) is a critical measure of healthcare quality, reflecting patients' perceptions of the services they receive. Various studies highlight the importance of multiple dimensions, such as tangible aspects, reliability, responsiveness, assurance, and empathy, in influencing patient satisfaction levels [1]. Physical therapy is the treatment of disease, disability by using non-surgical and non-pharmacological methods and focusing on the well-being of the patient and providing the patient with a better lifestyle [2]. Patient satisfaction is an outcome which is measured by the physical therapist; the patient may not describe it directly. The satisfaction can be seen by the progress in the patient's condition. The satisfaction

depends on how the therapist interacts with the patient, the therapist's communication skills and how efficiently he will explain the procedure to the patient. The stronger the skills of communicating with the patient, the more positive the outcome [3, 4]. A Physical Therapist deals with the patient in two ways: either by using their communication skills or by utilising their clinical skills. A balance between both leads to an increase in the level of satisfaction of the patient. The services given to the patient from the time of admission to the discharge time in hospitalized patients all have an impact on the satisfaction level [5, 6]. Patients taking physical therapy sessions after the total hip arthroplasty showed a positive response as compared to

those who didn't take sessions. Post op physiotherapy sessions rendered the patients satisfied and improved their quality of life. They returned to functional activities very soon. Manual therapy showed more satisfactory results, with proper manual techniques and time given to the patients, the outcome is more positive, with a high level of satisfaction [7]. Various factors are involved in the satisfaction of the patient. The study showed that the result of satisfaction was changed in male and females. Healthy people showed satisfactory responses compared to the patients who were not healthy. The more the patient adheres to their exercise program, the more satisfactory the patient will be [8]. PS depends on the number of factors. The area where the clinic is situated, the place where the cars are parked, and the clinic setting are factors which are other than clinical factors, and these also have an impact on the patient's satisfaction level. If the area where the clinic is situated is away from the populated area, patients will find it difficult to reach the clinic. The interior of the clinic also attracts the patient, and the wide parking area is a necessity for the patient, which should be fulfilled [9]. PS in physiotherapy is directly dependent on compliance with treatment being prescribed, including the home programme, which is outcome dependent. Good compliance leads towards higher satisfaction levels and better outcomes [10]. It has been recognized that satisfaction with physical therapy is a diverse term, and the questionnaire that is used to measure it must contain at least two components. Many studies contain a three-factor structure. The Chest Physiotherapy Satisfaction survey and Patient Satisfaction with Physical Therapy tools provide information on a factor structure [11]. High expenses of the physiotherapy sessions also increase the expectations of the patients and their caregivers. If the expenses are high, treatment should be up to the mark; otherwise, the satisfactory rate will decrease. Continual treatment should be provided to patients with all the services to increase the patient response towards treatment and to increase the satisfaction rate [12]. A different questionnaire has been designed to find out the satisfaction level of the patient. Questionnaires contained different types of questions, including how the physical therapy was performed, did it provided benefit to the patient, how many times it was consumed to reduce the pain, etc. Out of all, only one most reliable [13]. Although some literature is available regarding patient satisfaction with physical therapy services in specific disease conditions from different parts of the country, an overall estimate of the satisfaction from this region is not reported, and this will contribute to identifying the satisfaction level with physical therapy services. This study aims to find out the patient satisfaction with

physical therapy treatment.

METHODS

This observational study was conducted from September 2020 to March 2021, after ethical approval by the institutional ethics review board of Sialkot College of Physical Therapy, with Ref No: IRB-SCPT-DPT-118-2020. The WHO calculator was applied to estimate the sample size using the Cochrane formula; $n = Z^2(1-a/2).(P).(1-P)/d^2$. $Z=1.96$ at 95% confidence Interval, $P=85.25\% = 0.8525$ [14], $d=0.04$ and $n= 302+5\%$ (drop out) =317. At least 317 participants were required to achieve the required precision. Data were collected from adult Patients and parents of children and adolescents who were getting physical therapy treatment from different private and government hospitals in Sialkot through the Med-Risk questionnaire instrument [15]. Medrisk Instrument for satisfaction with physical therapy (MRPS) is a 12-item questionnaire with a 5-point Likert scale; out of 12, 1-3 questions are about external factors, 4-10 about internal factors, and 11-12 are global measures of satisfaction. Only outdoor patients who had at least attended five treatment sessions over a period of the last four weeks were included. Response for children and those who could not submit their opinion, their caregivers filled out the questionnaire. Indoor patients, those with cognitive or behaviour problems or psychological disorders and those who were not getting physiotherapy treatment were excluded. A written informed consent document was signed by all the participants. The responses of participants for items of MRPS were expressed in terms of frequencies and percentages, while age was expressed as mean \pm standard deviation, using SPSS version 20.

RESULTS

Respondents' characteristics showed that 202 (63.12%) were male and 118 (36.88%) female. Mean age \pm SD of male was 41.82 ± 13.25 and that of female was 38.95 ± 16.55 years. Frequency (percentage) of conditions for which physiotherapy treatment was availed was: 76 (23.74%) for neurology, 107 (33.43%) for orthopaedics, 79 (24.68%) for musculoskeletal and 58 (18.12%) others and the average number of visits was 6 (Table 1).

Table 1: Demographic Details of the Participants (n=320)

Variables	Mean \pm SD or Frequency (%) or Average		
	Public	Private	Total
Age (Years)			
Male	41.42 \pm 13.80	42.22 \pm 12.70	41.82 \pm 13.25
Female	39.61 \pm 17.20	38.79 \pm 16.30	38.95 \pm 16.55
Gender			
Male	72 (22.5%)	130 (40.62%)	202 (63.12%)
Female	83 (25.93%)	35 (10.93%)	118 (36.88%)

Condition Suffering			
Neurology	37(11.56%)	39(12.18%)	76(23.74%)
Orthopedic	59(18.43%)	48(15%)	107(33.43%)
Musculoskeletal	38(11.87%)	41(12.81%)	79(24.68%)
Others	21(6.56%)	37(11.56%)	58(18.12%)
Average No. of Visits	6.3	5.7	6

The Findings show the responses to the individual items of Med-Risk Instrument: 17.5% strongly agreed that their therapist thoroughly explained the treatment they received, 66.0% agreed, 10.0% showed a neutral reaction, 5.5% disagreed, 1% strongly disagreed. Almost a quarter of participants (26.5%) strongly agreed that they will return to the office for future services, 62.0% agreed, 8.5% were neutral, 2.5% disagreed, 5% strongly disagreed. About 20% strongly agreed that their therapist answered all their questions, 64% agreed, 9.0% were neutral, 6.0% disagreed, and 1.0% strongly disagreed. A total of 29.0% strongly agreed that their therapist advised ways to avoid future problems, 57.0% agreed, 8.5% were neutral, 5.0% disagreed, 5% strongly disagreed. Did the therapist treat you respectfully? (29.5%) strongly agreed, (66%) agreed, (3%) neither agree nor disagree, (1.5%) disagreed. In terms of overall quality satisfaction, (61.5%) agreed, (27%) strongly agreed and (8%) neither agree nor disagree, and (3.5%) disagree. Did the therapist give detailed instructions regarding home? (31.5%) strongly agree, (54.5) agree, (9%) neither agree nor disagree, (5.5%) disagree. Response to: Was the office used up-to-date equipment (17.5%) strongly agree, (60.5%) agree, (15.5%) neither agree nor disagree, (6.5%) disagreed. About the cleanliness of the office and its facilities, (17.5%) strongly agreed, (67.5%) agreed, (8.5%) neither agreed nor disagreed, (6.5%) disagreed. Did the therapist listen to your concerns? (4.5%) strongly agreed, (8%) agreed, (8%) neither agree nor disagree, (67%) disagree, (12.5%) strongly disagreed. Was the therapist assistant respectful? (18.5%) strongly agreed, (68.5%) agreed, (18%) neither agreed nor disagreed, (3.5%) disagreed, (0.5%) strongly disagreed. Responses to the items of the MRPS questionnaire are given (Table 2).

Table 2: Responses to Items of the Med-Risk Instrument

Individual items of MRPS instrument	SD 1	D 2	N 3	A 4	SA 5
The office receptionist is courteous.	15%	3%	11%	11%	60%
The registration process is appropriate.	8%	12%	5%	8%	67%
The waiting area is comfortable.	5%	5%	19%	51%	20%
My therapist did not spend enough time with me.	15%	9%	13%	36.5%	26.5%
My therapist thoroughly explains the treatment I receive.	1%	5.5%	10.0%	66%	17.5%
My therapist treats me respectfully.	0%	1.5%	3%	66%	29.5%

My therapist does not listen to my concerns.	12.5%	67%	8%	8%	4.5%
My therapist answers all my questions.	1%	6%	9.0%	64%	20%
My therapist advises me on ways to avoid future problems.	5%	5%	8%	53%	29%
My therapist gives me detailed instructions regarding my home program.	3%	5%	11%	21%	60%
Overall, I am completely satisfied with the services I receive from my therapist.	5%	3%	21%	11%	60%
I would return to this office for future services or care.	0.5%	2.5%	8.5%	62%	26.5%
	5.91%	10.37%	10.55%	38.13%	35.04%
Overall satisfaction	16.28		10.55%	73.71%	

SD: Strongly disagree, D: Disagree, N: Neutral, A: Agree, SA: Strongly agree

DISCUSSION

The current study aimed to find the patient satisfaction with physical therapy treatment in a sample of 320 participants using the Med-risk instrument. The Physical therapist deals with the patient, either by using his communication skills or by applying clinical skills. A balance between both skills leads towards an increase in the level of satisfaction of the patient. The services given to the patient from the time of admission to the discharge time all have an impact on the satisfaction level [4]. The result of our study shows identical results that the more the patient is satisfied with the services, like giving proper treatment and advice for the future and answering all questions, will lead towards more satisfaction. Higher expenses of the physiotherapy sessions also increase the expectations of the patients and their caregivers. If the expenses are kept high, treatment should also be up to the mark; otherwise, the patient satisfaction will decline. Continual treatment should be provided to patients with all the services to increase the patient response towards treatment and to increase the satisfaction [14]. The result of our study showed that patients who were treated with the reasonable treatment fee were greatly satisfied with the treatment, along with the proper treatment services and respectful behaviour of the therapist. Different questionnaires have been designed to find out the satisfaction level of the patient. Questionnaires contained different types of questions, including how the physical therapy was performed, did it provided benefit to the patient, how many times it was consumed to reduce the pain, etc. Out of all, only one questionnaire was selected, which was the most reliable [15]. Our study also included various questions regarding physical therapy services, which showed the satisfaction of the patients. Questions include how much the patient is satisfied with the

reasonable fee, physiotherapy services, advice by the therapist and behaviour of the therapist. Nadeem *et al.* reported a higher satisfaction level in patients getting treatment at private hospitals in Sialkot, and regarding the behaviour of the treating physiotherapist, the fact may be attributed to the inclusion of participants with at least matriculation and adult age groups. They have not included responses of parents of patients below 18 years and those above 40 years; the fact lies that most of the chronic and debilitating conditions affect persons of the older age group [16]. Our results differ in the sense that we included parents of children below 18 years, and participants from only OPD settings were included. Bukhari *et al.* found that patients getting physiotherapy services from government facilities in twin cities in Pakistan were satisfied [17], but the results can't be generalized as there was no comparison group and a convenience small sample size was considered, while the current study included participants from both public and private hospitals with a comparatively larger sample. Patient satisfaction was higher in those who spent more time with their physiotherapist, in the public hospitals' OPD in Lahore [18]. The doctors' attitude, competency, performance, and openness are the characteristics of patient satisfaction in the healthcare setting. Doctor's market value and patient's perception of expectation, his demographic and personality, are all determinants of the patient's satisfaction. Patient compliance, clinical results, loyalty, and recommendations were the results of patient satisfaction [19]. A hospital's internal Third-Party Administrator (TPA) department is essential to provide patients with effortless services. It identifies the elements related to a hospital's internal TPA department that control a patient's overall hospital loyalty for obtaining future medical care through private health insurance. Two distinguishable categories, "Physical evidence" and "Professionalism," accounted for 57% of the variance in the total. These two distinguishable elements have had a major and favourable impact on sponsored patients' loyalty to the hospital [20].

CONCLUSIONS

A large majority of the participants were found to be satisfied with the physical therapy treatment they received. Furthermore, clinical skills are not the only factor which contributes to the satisfaction of the patient. There are various indicators of patients' satisfaction which, as a whole, satisfy the patient which including a reasonable fee, how the therapists explain the treatment to the patient, what guidelines and advice they provide for future and how respectfully they treated the patient. All these factors increase the overall satisfaction score of the patient.

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Authors Contribution

Conceptualization: WP, MAA

Methodology: WP, MAA, AJ, AN, AS

Formal analysis: WP

Writing review and editing: AJ, PK, AN, AS

All authors have read and agreed to the published version of the manuscript.

Conflicts of Interest

The authors declare no conflict of interest.

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