



## Patients Satisfaction Level About Physiotherapy Service in Different Rehabilitation Center of Dhaka City- A Cross Sectional Survey Based Study

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### ABSTRACT

The satisfaction of patients is one of the most important indicators of the quality of care they receive. Numerous studies have found that patient satisfaction is an important indicator of physiotherapy service quality and overall health care system efficiency. This study aimed to determine the degree of patient satisfaction with the physiotherapy services they receive. The study was conducted in physiotherapy departments of Dhaka's different physiotherapy and rehabilitation center. This current cross sectional study was conducted on 128 participants randomly recruited using the 14-item modified MRPS (Med Risk instrument for measuring satisfaction in physical therapy programs). A five-point Likert scale questionnaire was administered to determine patient satisfaction, and the data was analyzed using SPSS version 29. The mean age of the respondents was  $48 \pm 1.255$ , and about 50% of the respondents received physiotherapy. 62.5% (80/128) of the respondents were married. 29.4% (36/128) of the respondents graduated. Of the respondents, 56.8% (56/128) were service holders. People who were treated with physiotherapy had musculoskeletal conditions in 50% (64/128) and neurological conditions in 28.1% (36/128). Moreover, 21.9% (28/128) have taken an average of 13 to 15 sessions. Half (64/128) of respondents were satisfied with the receptionist. 31.25% of respondents (40/128) reported feeling comfortable in the waiting room environment. 43.80% (56/128) respondents agreed that treatment costs are their responsibility. A total of 41.4% (53/128) respondents were satisfied with the duration of the treatment. A total of 34.4% (44/128) were not satisfied with the explanation of the disease and the treatment. Almost half of those surveyed were satisfied with the treatment provided by the therapist. Nearly 62% (81/288) were satisfied with their relationship with the patient. 56% (71/128) of respondents received home advice from their therapist. A total of 43% (55/128) respondents were completely satisfied. There was a significant relationship between gender and treatment satisfaction ( $p=0.039$ ). Patient satisfaction is more correlated with therapists who treat the patient respectfully ( $r = 0.561$ ) and therapists who listen to the patient's concerns ( $r = 0.563$ ). There was a positive correlation between respondents returning for treatment and therapist treatment ( $r = 0.585$ ). A high level of satisfaction may indicate that patients' expectations of care are low or that the physiotherapy service is of good quality.

Keywords: Satisfaction, Physiotherapy, Rehabilitation, Physiotherapist.

### INTRODUCTION

The level of patient satisfaction is an important indicator of the quality of care received by recipients of health services. Numerous studies have found that patient satisfaction is an important indicator of physiotherapy service quality as well as overall health care system efficiency.<sup>[1]</sup> Physiotherapy is a health profession concerned with human movement and function, and maximizing its potential.<sup>[2]</sup> The goal of physical therapy is to promote early patient recovery and rehabilitation, as well as their independence, autonomy, and quality of life.<sup>[3]</sup> Physical therapy is a discipline within rehabilitation sciences that plays a key role in maintaining health and overcoming impairments (musculoskeletal & neuromuscular).<sup>[4]</sup> Satisfaction is linked to the patient's expectations<sup>[5]</sup> and it changes as the patient's expectations or standards are altered.<sup>[6]</sup> Increasing patient satisfaction requires a shift towards patient centered care.<sup>[7]</sup> Patient satisfaction is only an indirect indicator of a doctor's performance or a hospital's quality. Quality does not remain stagnant. The trend should always be upward. In order to provide better care, one should strive to go above and beyond each and every patient's expectations.<sup>[8]</sup> An enhancement of the profession will result from quality care. A focus on patient satisfaction will contribute to the improvement of health services and physiotherapy profession.<sup>[9]</sup> Patient satisfaction is a multidimensional phenomenon involving patient factors, physiotherapist factors, and other factors.<sup>[10]</sup> A high level of patient satisfaction is also associated with adherence to treatment, better health outcomes, and better quality of life.<sup>[11]</sup> Over the past twenty years, researchers have studied patients' satisfaction with physiotherapy services. All reviewed studies found that physiotherapy services had high levels of satisfaction.<sup>[12]</sup> Physiotherapists' abilities and attitudes, such as skills, knowledge, professionalism, and effective communication, have been correlated with patient satisfaction.<sup>[13]</sup> Another determinant of patient satisfaction is the convenience and

accessibility of physiotherapy facilities, such as location, parking, wait times, and administrative procedures<sup>[14]</sup>. Furthermore, patient satisfaction may be determined by sociodemographic factors, such as gender, age, education, and psychosocial factors<sup>[15]</sup>. Provide measures, accessibility and convenience, financial aspect, physical setting and environment of care, and expectations are evaluated<sup>[16]</sup>. Studies have shown a variety of factors that influence patient satisfaction with physiotherapy care. The cost of care, patient therapist interaction, time spent in treatment, and technical skills all influence the level of patient satisfaction in physiotherapy practice and care<sup>[17]</sup>. Other factors such as demonstrating confidence, respecting patients' privacy, answering questions, respecting patients' autonomy, and politeness were also reported as major factors<sup>[18]</sup>.

### Methodology & Materials:

One point in time, a cross sectional survey was conducted among patients of Dhaka City's physiotherapy and rehabilitation centers. A random sample of 128 respondents was selected according to the inclusion and exclusion criteria. In order to collect the data, pretested, modified, semi structured questionnaires were used. SPSS version 29 and Microsoft Excel were used to analyze data.

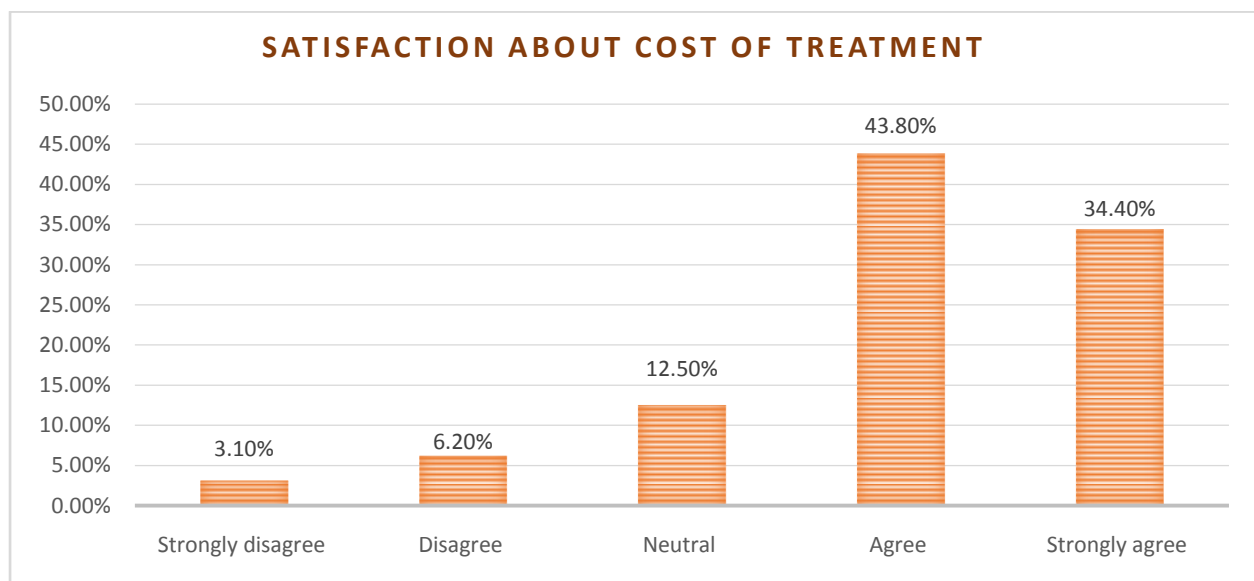
### Data Analysis and Interpretation:

We concealed the questionnaires collected to exclude incomplete participants that met the exclusion criteria as well as participants that did not meet the inclusion criteria. Microsoft Excel was used to enter data before SPSS was used to analyze it.

**Table: 01- Distribution of respondents by the satisfaction about Cost of treatment (n=128)**

Satisfaction about cost of treatment	Frequency	Percentage
Strongly disagree	4	3.10%
Disagree	8	6.20%
Neutral	16	12.5%
Agree	56	43.80%
Strongly agree	44	34.40%
<b>Total</b>	<b>128</b>	<b>100.0%</b>
<b>Mean ± SD</b>	<b>4.0±1.0</b>	

The table-1: publicized that the meansatisfaction cost of treatment were (4.0±1.0). It was found that 4(3.1%), 8(6.2%), 1(12.50%), 56(43.80%) & 44(34.40%) of the respondent's belonged to respectively strongly disagree, disagree, neutral, agree & strongly agree.

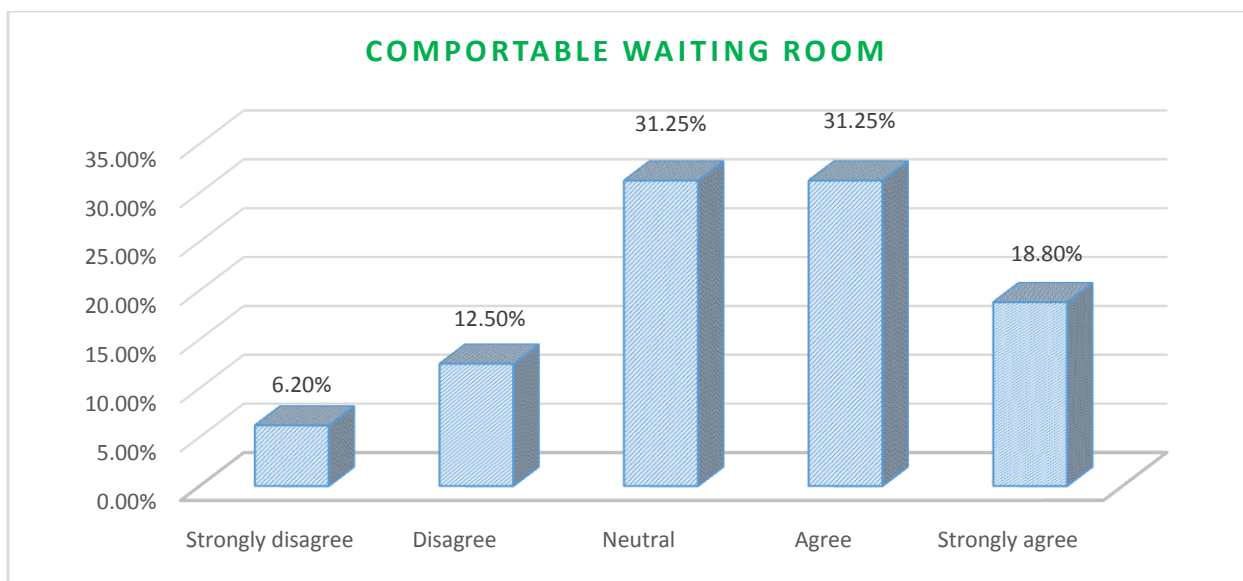


**Figure -1. Shows the percentage of satisfaction about cost of treatment.**

**Table-2: Distribution of respondents by the comfortable waiting room(n=128)**

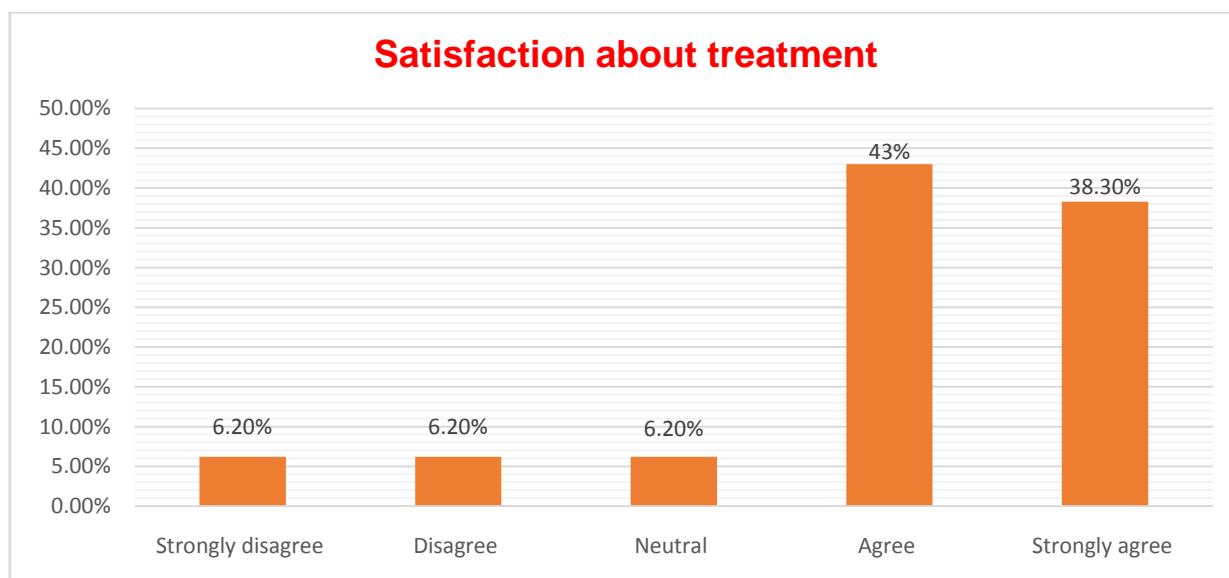
Waiting room is comfortable	Frequency	Percentage
Strongly disagree	8	6.20%
Disagree	16	12.5%
Neutral	40	31.25%
Agree	40	31.25%
Strongly agree	24	18.8%
Total	128	100.0%
Mean $\pm$ SD	3.44 $\pm$ 1.120	

The table-2: shown that the mean of comfortable waiting room were (3.44 $\pm$ 1.120). It was found that 8(6.20%), 16(12.5%), 40(31.25%), 40(31.25%) & 24(18.8%) of the respondent's belonged to respectively strongly disagree, disagree, neutral, agree & strongly agree.

**Fig-02. Displays the percentage of satisfaction about waiting room.****Table-3: Distribution of respondents by satisfaction about treatment (n=128).**

Satisfaction about treatment	Frequency	Percentage
Strongly disagree	8	6.2%
Disagree	8	6.2%
Neutral	8	6.2%
Agree	55	43%
Strongly agree	49	38.3%
Total	128	100.0%
Mean $\pm$ SD	4.13 $\pm$ 0.857	

The table-3: discovered that the meansatisfaction about treatment were (4.13 $\pm$ 0.857). It was found that 8(6.2%), 8(6.2%), 8(6.20%), 16(12.5%), 55(43%) & 49(38.3%) of the respondent's belonged to strongly disagree, disagree, neutral, agree & strongly agree respectively.



**Fig-03.** Displays the percentage of satisfaction about treatment.

**Table-4:** Pearson's correlation coefficient of the external factors to each of two globalmeasures of satisfaction.

S.no	External Factors	Overall satisfaction		Would return		N
		R	Sig.	R	Sig.	
1	The office receptionist is courteous.	0.799	0.00	0.919	0.00	128
2	The registration process is appropriate	0.631	0.00	0.796	0.00	128
3	The waiting area is comfortable	0.741	0.00	0.883	0.00	128
4	The office and its facilities were clean	0.722	0.00	0.927	0.00	128
5	Cost of treatment is liable	0.851	0.00	0.915	0.00	128

**Table-5:** Pearson's correlation coefficient of the internal factors to each of global measures of satisfaction

S.no	Internal Factors	Overall satisfaction		Would return		N
		R	Sig.	R	Sig.	
1	My therapist spends enough time with me	0.774	0.00	0.861	0.00	128
2	My therapist thoroughly explains the treatment I receive	0.751	0.00	0.950	0.00	128
3	My therapist treats me respectfully	0.561	0.00	0.585	0.00	128
4	My therapist listen to my concern	0.563	0.00	0.722	0.00	128
5	My therapist answers all my questions	0.757	0.00	0.980	0.00	128
6	My therapist advices me ways to avoid future problem	0.639	0.00	0.806	0.00	128
7	My therapist gives me detailed instructions regarding my home program.	0.568	0.00	0.820	0.00	128

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## DISCUSSION

The purpose of this cross-sectional study was to evaluate patient satisfaction with physiotherapy services in different physiotherapy and rehabilitation centers in Dhaka. As patient satisfaction has been used worldwide to measure the quality of services provided to the public, we attempted to use a valid questionnaire to identify patients' opinions about important measures of physiotherapy services that might be helpful to improve those services, as well as the health care system in Bangladesh. The mean age of the respondents was  $48 \pm 1.255$  same value was found by another author<sup>[19]</sup>. The majority of respondents (62.5%, 80/128) were married, similar to what was reported in Kenya<sup>[20]</sup>. This study's mean  $\pm$  SD of the gender of respondent was  $(1.50 \pm 0.50)$ , indicating both males and females are similarly (50%) conducted with physiotherapy services. Most of the respondents (28%, n=38) came from a graduate educational background. In terms of occupational status, the number of employed was 43.8% (56/128) and the number of housewife was 31.2% (40/128). People who were referred to physiotherapy had musculoskeletal conditions in 50% (64/128) and neurological conditions in 28.1% (36/128) of the cases. For the external factor, the mean  $\pm$  SD ranged from  $(3.44 \pm 1.120)$  to  $(4.41 \pm 0.750)$ , which indicates that in our study most of the patients were either agree or strongly agree with these and few were uncertain. As a result of these variables, registration process appropriateness had the highest mean  $(4.41 \pm 0.75)$ , indicating that most patients strongly agreed with it. In a similar study, Dharti N. Hingarajia<sup>[21]</sup> reported similar findings. The registration process appropriateness showed the highest mean. Within the external factor, satisfaction about waiting areas had the lowest mean  $\pm$  SD of  $(3.44 \pm 1.120)$ , which was strongly associated with gender ( $p \leq 0.005$ ). It was very significantly associated with gender ( $p=0.001$ ) that the mean satisfaction about receptionists was  $(4.06 \pm 0.831)$  81% satisfied. As a result, the mean levels of satisfaction were  $(3.72 \pm 1.040)$ ,  $(4.0 \pm 1.0)$ ,  $(4.14 \pm 0.870)$ ,  $(4.44 \pm 0.610)$ , &  $(4.34 \pm 0.890)$  respectively with satisfaction about the office and its facilities, cost of treatment, duration of treatment, & satisfaction about treatment with respect. In our study, the mean and standard deviation of the internal factor ranged from  $(3.72 \pm 1.120)$  to  $(4.56 \pm 0.750)$ , which indicates that most of the patients were either agreeable or very agreeable towards these, while few were uncertain. The majority of the respondents  $(4.56 \pm 0.750)$  agreed or strongly agreed that the therapist should give detailed instructions regarding the patient's home program. Within the internal factor, satisfaction about treatment explanation had the lowest (mean  $\pm$  SD) of  $(3.72 \pm 1.120)$ . A patient survey revealed that 28.1% were strongly agree, 34.4% were neutral, 12.5% disagreed, and 3.1% were strongly disagreed. Additionally, the height level of mean satisfaction about treatment with respect was  $(4.44 \pm 0.610)$ , and it was associated with the gender of the respondent ( $p < 0.001$ ). The mean satisfaction with therapist listening to respondent concerns was  $(4.50 \pm 0.71)$  and the p value with gender was (0.000), which indicates that there is an expressive relationship between them. Both global measures show a high mean value of which "overall satisfaction"  $(4.13 \pm 0.857)$  is more strongly agreed than "would return in the future"  $(3.88 \pm 1.000)$ . Overall satisfaction was significantly related to gender ( $p < 0.039$ ) and ( $r=0.12$ ).

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## CONCLUSION & RECOMMENDATION

As patients are more focused on the outcome of treatment, a high level of satisfaction is reported, and such an assessment should be an ongoing process for hospitals to improve services continuously. Patient satisfaction with physiotherapy treatment is an increasingly important patient centered outcome overlooked in healthcare research that uses non-validated instrument tools. Such measurement is essential for improving services, and it will add to the sparse literature on the subject worldwide.

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## COMPLIANCE WITH ETHICAL STANDARDS

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### DISCLOSURE OF CONFLICT OF INTEREST.

All authors contributed to the development of the study concept, the creation of the study materials, and the interpretation of the results. All authors worked together to collect and analyze the data and write the manuscript. By reading and approving the final version of the manuscript, all authors reached a consensus about the order in which the authors should be listed.

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