



Original Article

Satisfaction levels of patients with musculoskeletal problems treated with physical therapy modalities: A multi-center study

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ABSTRACT

Objectives: This study aims to assess patients' level of satisfaction with physical therapy modalities from different centers in Türkiye.

Patients and methods: In this cross-sectional study, a "Patient Satisfaction Questionnaire in the Treatment with the Physical Therapy Modalities" was created by the Turkish Society of Physical Medicine and Rehabilitation, the Physical Therapy Modalities Working Group and it was applied to a total of 2,466 patients (847 males, 1,619 females; mean age: 51.8±14.6 years; range, 18 to 90 years) from 13 different hospitals. The participants were selected from patients who were treated in the physical therapy and rehabilitation departments of nine universities and four training and research hospitals for musculoskeletal complaints. The questionnaire included questions assessing demographic data, disease characteristics and level of satisfaction with the treatment program. Consecutive patients that were enrolled in treatment programs for musculoskeletal problems were included in the study.

Results: The cumulative rate of patients who were very satisfied and satisfied with these treatments was 54.1%. The higher the education level, the higher the satisfaction rate was. The satisfaction level of the currently employed was higher than that of retirees. The patients who were most satisfied with physical therapy were those who presented with cervical spinal complaints. The rate of patients who never received physical therapy before was 51.5%, indicating higher satisfaction levels. Outpatient physical therapy patients reported higher satisfaction rates than inpatients. The patients conveyed their satisfaction with the therapist performing the treatment and expressed their intention to choose physical therapy again, if necessary.

Conclusion: Patients express high levels of satisfaction with physical therapy modalities, and they encounter minimal or no issues in practice.

Keywords: Musculoskeletal system, patient satisfaction, physical therapy.

The therapeutic use of physical agents is defined as physical therapy. Each physical therapy agent shows different physiological effects in the living organism. Many of these physiological effects occurring at the

tissue or system level can be identified or observed. However, there is a lack of information in the literature on the clinical efficacy of physical agents in the treatment of various diseases. To express the

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clinical efficacy or ineffectiveness of a treatment method, interpretations are made according to the scientific evidence levels. High level of evidence is based on randomized-controlled trials and their meta-analyses. Interpretation of research with physical modalities may not be accurate due to many multidimensional reasons (such as having too many physical agents, different mechanisms of their action, hundreds of combinations in dose, duration and application methods, their use in a wide variety of diseases). In addition, due to the heterogeneity of the studies, the results of meta-analysis studies with physical methods are often weak, with most concluding that the level of evidence for the physical agent evaluated was low. Little or lack of evidence on the effectiveness of physical therapy modalities in various diseases leads to perception of these practices as ineffective. On the other hand, an important issue is the need to take into account the level of evidence reported based on the expert's opinion. Expert's opinion is based on the experience of a large number of health professionals who are competent in the field. It is often not possible to scientifically interpret the efficacy or ineffectiveness of a single treatment tool alone in conservative treatment management using the combined use of many physical agents and rehabilitative methods. However, the results of treatment satisfaction expressed by the patient, which depends on the general results of conservative treatment management, are decisive in the formation of expert's opinion^[1]

The level of satisfaction stated by the patient after the treatment is used as an indicator that determines the recovery, as well as an indicator that reflects the quality of health services. Patient-centered satisfaction outcomes are an important component in the evaluation of health services and are increasingly being examined to improve intervention and service quality. In the last three decades, research on patient satisfaction in various specialties has increased, but satisfactory studies on physiotherapy are scarce.^[2]

Physical therapy services are different from other medical specialty branch services, and satisfaction studies in this field should be specific to the branch. In addition, many different applications, such as treatment with physical agents, and the evaluation of compliance or satisfaction with these treatment modalities require multidimensional evaluation criteria. To date, various evaluation questionnaires have been developed in this area. The scales used in

the studies are arranged according to the realities of each society. Most of these scales are created by modifications of previously developed patient care satisfaction measures.^[3-10]

In the present study, we aimed to investigate the satisfaction levels of patients with musculoskeletal problems treated with physical therapy agents and to evaluate the relationship between the obtained results and various parameters.

PATIENTS AND METHODS

This cross-sectional study was conducted at Physical Medicine and Rehabilitation Clinics from different hospitals between July 2022 and January 2023. Written informed consent was obtained from each participant. The study protocol was approved by the Ege University Medical Research Ethics Committee (Date: 23.04.2022, No: 22-6.1T/63). The study was conducted in accordance with the principles of the Declaration of Helsinki.

For this cross-sectional study, a "Patient Satisfaction Questionnaire in the Treatment with the Physical Therapy Modalities" was created by the Turkish Society of Physical Medicine and Rehabilitation, the Physical Therapy Modalities Working Group and it was applied to a total of 2,466 patients (847 males, 1,619 females; mean age: 51.8 ± 14.6 years; range, 18 to 90 years) from 13 different hospitals. The participants were selected from patients who were treated in the physical therapy and rehabilitation departments of nine universities and four training and research hospitals for musculoskeletal complaints. Patients unable to read or write and patients with cognitive dysfunction were excluded from the study.

Prior to the start of the study, pilot copies of the questionnaire were sent to nine of the study centers for its content validity. Nine physiatrists-educators who were experienced in questionnaire design assessed the questionnaire to ascertain its content validity. Adjustments were carried out according to their recommendations. The questionnaire was, then, tested by a group of pilot patients to ensure that the items were clear and were easily understandable by the patients. The items in the questionnaire were clearly understood and no modifications were made to the final version.

The questionnaire consisted of questions regarding demographic data, type of disorder the patient was receiving treatment and assessment

of satisfaction with the treatment and therapist. Demographic data included age, sex, education level, employment status and marital status. Second part of the questionnaire included questions regarding the reason for the current treatment program, ICD code (filled out by the physician), whether they were prescribed exercise, the season they received the treatment, whether they were inpatient or outpatient. Their commitment to the exercise program was questioned as a separate item. Location of the patient's complaints were recorded as upper extremity, lower extremity, cervical spine, lumbar spine and other. The last section consisted of questions assessing the general level of satisfaction with the program, level of satisfaction with the therapist, reasons for satisfaction/dissatisfaction with the therapist, and whether there were any complications related to the therapy. The degree of recovery of the patients was also evaluated according to the physician. The satisfaction level of the patients was questioned in three dimensions as physical therapy application, therapist, and willingness for repetition of physical therapy, if necessary.

The degree of satisfaction with the physical therapy was questioned as the degree of improvement of the patients' complaints at the end of the treatment period. The satisfaction rating of the patients with the physical therapy modalities was made as follows. 1=Very satisfied (Complaints passed), 2=Satisfied, most of their complaints (>70%) are gone, 3=Somewhat satisfied (Complaints decreased by half), 4=Neither satisfied nor dissatisfied (It helped a little), 5=Dissatisfied (symptoms did not improve), 6=Very dissatisfied.

The patients were asked whether they were satisfied with the therapist. As the reason for satisfaction the following items were presented: They were friendly, they took care of me, they waited next to me, they were kind and courteous, and all of the above. Likewise, if the patient was not satisfied with the therapist the following choices were given; they were sullen, they did not pay attention to me, they connected the device and left, they were rude, and all of the above.

Statistical analysis

Statistical analysis was performed using the IBM SPSS version 20.0 software (IBM Corp., Armonk, NY, USA). Descriptive data were expressed in mean \pm standard deviation (SD), median (min-max) or number and frequency, where applicable. Cross tables were created to define and compare the

variation of categorical data, while the chi-square test was utilized to assess for statistical significance. Non-parametric Spearman correlation analysis was used to assess the correlation of different parameters with each other. A p value of <0.05 was considered statistically significant.

RESULTS

A total of 2,466 patients were included in the study. Demographic characteristics and descriptive data of the patients are presented in Table 1. Data containing the satisfaction statements of the patients about the physical therapy modalities applied to the patients are presented in Table 2.

There was no significant relationship between age and patient satisfaction with treatment with physical modalities ($r=0.258$, $p=0.328$). Men were more satisfied with physical therapy applications than women ($p=0.041$); while 29.3% of men were very satisfied, this rate was 24.2% for women. The ratio of satisfied men was 30.2%, while the ratio of women was 27%. As the level of education increased, satisfaction also increased. Sixty-four of the patients who were university or higher educated were very satisfied and satisfied with the treatment with physical agents, which also showed a positive correlation ($r=0.51$, $p=0.031$). The correlation analysis is presented in Table 3. Among the patients who received physical therapy, 28.9% of active working patients and 24.4% of retired patients were very satisfied with the applications. A total of 28.4% of working patients and 27.9% of retired patients stated that most of their complaints have disappeared (satisfied) ($p=0.045$).

According to results of this study, single and divorced participants were more satisfied with physical therapy modalities ($p=0.042$). Patients treated for cervical spinal complaints are the most satisfied (30.1%) and satisfied (36.5%) patient group. Of the patients who did not have physical therapy before, 30.3% were very satisfied, 26.6% were satisfied, and the sum of the two was 56.9%, indicating statistical significance ($p=0.019$). A total of 33.5% of the patients who had physical therapy from a different region before were satisfied, and 29.8% were somewhat satisfied ($p=0.044$). Outpatients were more satisfied than inpatients. Of the outpatients, 25.9% were very satisfied and 29% were somewhat satisfied, compared to 26.2% and 22% for inpatients, respectively ($p=0.038$). A total of 29.6% of the group who regularly performed the given exercises were

TABLE 1
Demographic and disease characteristics of participants

	n	%	Mean±SD	Min-Max
Age (year)			51.8±14.6	18-90
Sex				
Male	847	34.3		
Female	1,619	65.7		
Education level				
No formal education	162	6.6		
Primary and secondary education	1,629	66.0		
Graduate and postgraduate education	675	27.4		
Employment status				
Actively working	1,152	46.7		
Retired	1,314	53.3		
Marital status				
Single	336	13.6		
Married	1,892	76.7		
Widowed	224	9.1		
Divorced/separated	14	0.6		
The presenting problem of the patients				
Upper extremity	382	15.5		
Lower extremity	461	18.7		
Cervical spinal	509	20.6		
Lumbar spinal	911	36.9		
Other	203	8.3		
Previously treated with physical agent				
No	1269	51.5		
Yes (same region)	609	24.7		
Yes (different region)	588	23.8		
Outpatient/inpatient	2,153/313	87.3/12.7		
Prescribed exercises				
No	166	6.7		
Yes	2,300	93.3		
Season of application				
Spring	506	20.5		
Summer	832	33.8		
Autumn	590	23.9		
Winter	538	21.8		

SD: Standard deviation.

very satisfied with the physical therapy modalities and 30.5% were satisfied ($p=0.045$). In addition, those who received treatment in the fall stated that they were more satisfied with the treatment ($p=0.029$).

No problems were encountered in the treatment with physical therapy modalities in 90.2% of the participants. Reported problems were pain (6.4%), itching, burning sensation (2.7%) and burning (0.7%). In the physician's evaluation made at the end of the session, the rate of patients who were worse was only 1.4%. The majority of the patients (73.6%) ticked the "all" option, which included all of the options about

why they were satisfied with the therapist, including the options of smiling, interested in the patients, waiting next to the patients, being kind. Except "all" the highest of the options marked only one was "being engaged with the patients" with 11.4%. A total of 440 (17.8%) patients were dissatisfied with the therapist, as they were sullen, disinterested, rude, and left the patient alone during treatment sessions.

DISCUSSION

In the present study, we investigated the satisfaction levels of patients with musculoskeletal problems treated with physical therapy agents and

TABLE 2 The data containing the satisfaction statements of the patients about the physical therapy modalities applied to the patients (n=2,466)		
	n	%
Patient satisfaction		
Very satisfied	640	26.0
Satisfied	693	28.1
Somewhat satisfied	580	23.5
Neither satisfied nor dissatisfied	415	16.8
Dissatisfied	27	5.2
Very dissatisfied	11	0.4
Would prefer treatment with physical therapy modalities again in the future		
Definitely yes	1,347	54.6
Yes	901	36.5
Maybe	182	7.4
No	31	1.3
Never	5	0.2
Problem with application		
No	2,224	90.2
Itching	67	2.7
Burn	17	0.7
Pain	158	6.4
Satisfied with the therapist		
Satisfied	1,869	75.8
Neutral	157	6.4
Dissatisfied	440	17.8

TABLE 3 Correlation analyses between parameters				
r/p	Age	Number of sessions	Education level	Level of satisfaction
Age	1			
Number of sessions	0.13/0.078	1		
Education level	-1.8/0.762	0.17/0.943	1	
Level of satisfaction	0.25/0.328	0.25/0.062	0.51/0.031*	1
* p<0.05; r: Correlation coefficient, Spearman correlation analysis.				

examined the relationship between the obtained results and various parameters. The results of the study show that the patients were largely satisfied with the treatment with physical therapy modalities, and they encountered little or no problems in practice 77.6% of patients were very satisfied, satisfied or somewhat satisfied with the treatment, which is quite good. Such a high level of satisfaction indicates that physical therapy modalities are highly effective or that patient expectations are low. In a study examining various dimensions of satisfaction with physiotherapy services, 60% of the patients were very satisfied and 29.3% were moderately satisfied with the physical therapy

service.^[11] In a survey measured levels of patient satisfaction with physiotherapy for patients with musculoskeletal pain, finding high satisfaction levels in the sample surveyed.^[12] Similarly, participants who received physiotherapy in private institutions were more satisfied than those who received physiotherapy in state run hospitals.^[13] According to the results of a systematic review, patients were very satisfied with the musculoskeletal physical therapy offered in outpatient settings. The studies included in this review reported significantly high patient satisfaction levels with physical therapy, and a very high proportion (68 to 91%) of patients reported either satisfied or completely

satisfied.^[14] In a cross-sectional survey study evaluating physical therapy satisfaction in tertiary hospitals, the response to satisfaction was found to be positive in 376 (95.85%) cases and negative in 16 (4.15%) cases.^[15] In an Indian study conducted with 30 individuals, 86.67% of patients were completely satisfied with the physical therapy care.^[16] The satisfaction data in this study are compatible with the data in the literature, although the evaluation criteria are not exactly the same.

Some studies have suggested that patient satisfaction may be related to patient characteristics such as age, sex, and education.^[17-20] In some studies examining the relationship between patient satisfaction in physical therapy and age, elderly patients are more satisfied.^[12,21-23] Most of the studies reviewed in a systematic review concluded that older patients were more satisfied with their healthcare services than younger ones. The Irish study evaluating private physiotherapy services also confirmed a positive relationship between age and satisfaction with physiotherapy treatment.^[12] This may be due to older patients' coping abilities with chronic painful conditions, as well as limitations of mobility and they might be more appreciative of physical therapy. Also, elderly might display lower expectation regarding pain than their younger counterparts. However, in this study, no significant relationship was found between patient satisfaction and age. Similarly, one study reports that satisfaction regarding health outcomes did not correlate with the age of the patient.^[22]

The results of relationship between sex and patient satisfaction were considerably differing across the studies. In a study investigating satisfaction with physiotherapy in musculoskeletal problems, female participants reported higher satisfaction with physiotherapy, compared to the male participants.^[24] According to this study, the main predictors of satisfaction for male patients were the therapist and treatment outcome, while the main predictors for female patients were organization and communication. The care expectancy dimension of satisfaction levels was significantly higher in male participants than in female ones. In a study in which psychometric analysis of the satisfaction levels of patients receiving physical therapy was conducted, men reported more satisfaction than women.^[16] Our results showed that men tended to have higher satisfaction scores than women. The results on sex from other studies were different. The inconsistent

results may be due to differences in the populations studied.^[18,24,25]

It has been shown that education level has a significant influence on the level of satisfaction with healthcare delivery; the more educated patients report a high level of satisfaction.^[26,27] Similarly, in this study, the higher the education level, the higher the satisfaction rates were. In this study, the satisfaction level of active employees was higher than that of retirees. The reason for this may be that the rate of educated people is higher in the active working group. In a study, there is no relationship between working status and satisfaction. However, the fact that most of the population in this study were retired and housewives may have caused such a result.^[18,25]

According to results of this study, single and divorced individuals were more satisfied with physical therapy modalities. In a meta-analysis result, evidence of relationship between patient satisfaction and marital status was contradictory and unclear.^[23] Two studies reported that married patients were more satisfied with health services, whereas another study showed single or divorced patients were more satisfied. In general, in the literature, those married or cohabitating tended to have higher satisfaction scores, but in this study those who were single or divorced had higher satisfaction scores. A study investigating satisfaction with hospital healthcare reported that those who were single or divorced had higher satisfaction scores in terms of comfort, visiting and cleaning. In addition to all these, there are also studies suggesting that marital status does not affect patient satisfaction.^[28-31]

In the current study, patients with spinal problems were in the majority, and the patients who were most satisfied with physical therapy were those who presented with cervical spinal complaints. This may be due to the fact that this group of patients is younger than the others and therefore has more acute medical conditions. In the literature, it is shown that acute cases of musculoskeletal complaints are more satisfied with physical therapy applications. It is possible that disease characteristics such as chronicity affect satisfaction levels.^[18]

The data shows that levels of satisfaction may vary according to the disease condition. It appears that satisfaction levels are usually more pronounced in patients with acute symptoms than those with

chronic conditions.^[24] Hills and Kitchen^[32] report that satisfaction with therapy was more significant in patients with acute musculoskeletal injuries and conditions than those patients with chronic musculoskeletal injuries or conditions. The rate of patients who never received physical therapy before was 51.5%, and this patient group reported higher satisfaction. This may be due to the fact that patients have high expectations from this treatment, which they would see for the first time. Treatment expectations and previous treatment experiences may also play a role in the satisfaction dimension.^[2] Outpatient physical therapy patients reported higher satisfaction rates than inpatients. This may be due to the possibility that the problems of inpatients are complicated enough to require hospitalization, since inpatients most likely either have additional problems or have a chronic problem.^[33]

In our study, the majority of the patients were also given therapeutic exercise, and most of these patients did their exercises regularly. The group that did their exercises regularly was the group that reported higher satisfaction from physical therapy applications. It is likely that the prescribed exercise, as a complement to the physical modalities, contributed to the patient's recovery and increased the level of satisfaction. Several studies have shown that patients with back pain are equally or more satisfied with exercise-based physical therapy treatment compared to passive treatment methods.^[34] The benefit of exercise in spinal pain may not be generalized to all other musculoskeletal problems but considering that the majority of the patients in this study had spinal-related problems, it would not be wrong to make a comparison.

The seasonal difference in satisfaction with physical therapy may be due to their dislike for most hot-acting modalities during the hot summer months. It is thought that they avoid physical therapy applications due to the fear of cold in the cold winter months. When the physical therapy treatments were terminated, the patients who were evaluated as very good and good in the patient evaluation made by the physician were also satisfied with the applications. This result is expected, since the extent of satisfaction evaluated in this study is in terms of the contribution of the practices to the improvement. The rate of 1.4%, which was determined by the physician to be worse

at the end of the session, can be interpreted as the therapeutic success of physical therapy modalities in a way.

The satisfaction rate of the patients with the therapist is 96.1% and it is quite high. The reasons for being satisfied with the therapist were all expressed as the therapist's smiling, caring for the patient, waiting for him during the treatment, and being kind and gentle. Among these features, the most satisfied feature was that the therapist was interested in his patient. The reasons for dissatisfaction with the therapist were stated as sullenness, indifference, rudeness, and leaving the patient after connecting to the treatment device. The most dissatisfied issue was that the therapist connected the patient to the device and left. Campanella et al.^[35] reported that the expression of concern for patients' comfort levels as well as seriousness, professionalism of therapists were the strongest predictors for satisfaction levels. The physiotherapist's communication skills are important factors of patient satisfaction. A healthy physiotherapist-patient relationship is one of the most important facets of a successful treatment program.^[36-40] Engagement of the physiotherapist and listening to the patients is proof to the patient that the physiotherapist is demonstrating concern. A significant association was also reported between the duration of time spent with the patient and the level of satisfaction, a finding substantiated by other studies.^[11] In a systematic review, the interpersonal characteristics of the therapist and the care process were the main determinants of patient satisfaction.^[14] All studies in this review identified therapist characteristics as a critical facet of patient satisfaction. Certain qualities that were considered important by patients include professionalism, competence, sincerity, and care. The ability to communicate clearly was another trait that scored highly. Therapists' ability to explain to the patient his or her condition and educating them in self-management strategies was also found to be important.^[2,14,24]

In the current study, the patients were asked whether they would choose treatment with physical therapy again, which is another expression of satisfaction, and 54.6% of the patients stated that they would definitely choose "Yes" and 36.5 "Yes", a total of 91.1% would choose physical therapy again. The satisfaction of the patients with these treatment methods and the decision whether they would prefer them again will undoubtedly give an idea about the

effectiveness of the application. It has been reported that patients who are satisfied with their physical therapy treatments would return to treatment when needed and will have positive opinions about the treatment and the facility.^[9] According to a study, about return for future physical therapy care if needed: 76.67% of patients are strongly agreed on return and 23.33% agreed, which is similar to our results. The determination of patients to re-select the treatments they believe to be effective, if necessary, can be interpreted in favor of the therapeutic success of physical agents.^[4]

The main strength of this study is the large number of participants from different hospitals in different parts of Türkiye. One of the limitations to our study may be that patients might have forgotten some details regarding treatment sessions, since they were questioned at the end of the treatment program. Patients also might have behaved hesitant regarding giving negative feedback for they were asked to fill out written forms and might have feared their answers would be read immediately.

In conclusion, we can conclude that the treatment with physical therapy modalities is largely effective, as the satisfaction assessment is based on the reduction of patients' complaints at presentation. The methodological versatility of studies on the efficacy of treatments with physical modalities leads to difficulties in comparison and negative results in meta-analyses, thus failing to reflect the true efficacy of treatment with these agents. This leads to the gradual disuse of conventional physical therapy modalities. We believe that it would be appropriate to carry out more patient satisfaction studies to give the deserved credit to these treatment modalities which are as old as human history.

Data Sharing Statement: The data that support the findings of this study are available from the corresponding author upon reasonable request.

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