

Development of an internationally valid and reliable tool for measuring patient satisfaction with outpatient physiotherapy services

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Introduction

Patient satisfaction with care is an important variable for assessing physical therapy practice. Measures of patient satisfaction have been used as indicators of quality of care, as a means to identify patients who have a higher or lower likelihood of compliance with treatment programs, and as a benchmark upon which to assess market competitiveness.

Numerous methods have been proposed for the measurement of patient satisfaction with care, ranging from the use of a single global question, such as “overall, to what degree are you satisfied with your care?”, to lengthy questionnaires. While single, global measures have the advantage of being quick and easy to administer, they do not provide the specific reasons for a patient’s degree of satisfaction with care. Identifying those items or factors influencing patient satisfaction provides a richer understanding, and may allow clinicians to make those modifications necessary to maintain optimal levels of patient satisfaction with care. Lengthy, multi-item questionnaires may, however, be expensive and time-consuming to complete, resulting in reduced compliance by the patient and the clinician. Thus, a clinically useful measure of patient satisfaction with care should be relatively succinct, easy and inexpensive to administer, contain appropriate items and be psychometrically sound.

Self-report measures that sample a variety of items provide clinicians with an array of information that may assist in achieving and maintaining high degrees of patient satisfaction. To be meaningful, these measures must reflect a minimal degree of error and provide a valid representation of the factors and items influencing patient satisfaction with care. In previous work, measures obtained from the MedRisk Instrument for Measuring Patient Satisfaction with Physical Therapy Care have been shown to have high reliability and to reflect external (non-therapist related) and internal (therapist-related) factors affecting satisfaction of patients receiving Worker’s Compensation for out-patient physical therapy. (see reference list)

The intriguing question remains about the global use of patient satisfaction measures as to the instrument's applicability in different cultures and health care systems.

The Effects of physical therapy are most likely influenced by three key factors:

1. Effectiveness of interventions provided
2. Ability of the therapist to provide these interventions in an optimal (i.e., evidence-based) fashion
3. Level at which the patient perceives the administered therapies

In the research literature a high emphasis is placed on effectiveness of interventions and is often regarded as 'specific effects.' The domain in which therapists' capability of delivering optimal therapy and the perception of this therapy by the patient is often referred to as the 'a-specific' or 'placebo' role.

However, there is growing evidence that patient satisfaction could play a major role in 'real' therapy effects. We know that satisfied patients show increased loyalty to the physical therapist, have greater adherence to the home treatment program and are more likely to accept the therapist's intervention advice. Factors that can influence patient satisfaction can be generally separated into clinical factors (therapist interaction with the patient) and non-clinical factors (the office equipment, the waiting room, the heating/cooling, equipment, and closeness to public transport).

If one examines the issue of satisfaction with products versus services (physical therapy), there is inseparability as the patient is the co-participant in the service. For example if a person buys a new television they can feel it and make it work by pushing buttons etc., but with physical therapy services the patient is part of the service and not an outsider. Another issue is the variability of services that is encountered in the delivery of physical therapy interventions. The services rendered are not standardized and vary from treatment episode to treatment episode depending on the patient's response from previous treatments. The human element is involved in the delivery of care. The last item is that the services that therapists offer cannot be stored or inventoried. Once the care is given it is gone and cannot be stored. In other words the physical therapy care has a certain aspect of perishability to its delivery.

Patient satisfaction tries to measure perceptions. But perceptions of patients are subjective and can differ from the perceptions of the therapist. Good communication is an essential ingredient to good physical therapy care

Background of this project

Our research team has been investigating patient satisfaction measures with outpatient physical therapy services since 1994. Since then five manuscripts have been published that presents a systematically developed and validated patient satisfaction questionnaire. The original instrument was a 36-item questionnaire. Through a series of patient-related studies and resulting statistical analysis the questions were reduced to 20 items. In a subsequent paper (June 2002) the number of questions was reduced to 12.

Since 2000 we have had an interest in examining the cultural issues of patient satisfaction. It took us two years to obtain enough pilot data for our Dutch-language translation of the satisfaction instrument. This effort continues today. We are about 95 percent completed with data collection in the Netherlands. Additionally in 2002 we began an effort to obtain data from the New York City outpatient clinics where Spanish is a primary language. Our research team published a paper (Physical Therapy Journal) on the validation of the Spanish-language version of the MedRisk instrument for measuring patient satisfaction. Our team has about 250 completed patient satisfaction surveys from a large clinic in Spain. Additional countries where we have on-going work or are beginning (seeking approval of the Human Subject Boards) includes: Australia, Brazil, India (limited effort at this point), Korea and Kuwait.

In all of the data collection efforts with other languages and cultures, we reverted to the 20-item questionnaire instead of the 12-item questionnaire. We did this to ensure that we would not miss any cultural issues that might exist with the original 20-item questionnaire. We did not want to assume that other cultures had the same factors as the United States of America.

Plan of research effort

What is the nature of this research effort?

- Our research team is looking to partner with service providers in member organizations of WCPT to study the possible cultural issues of patient satisfaction with physical therapy services.
- We seek the cooperation of a number of member organizations of the WCPT to assist our efforts to collect patient satisfaction responses by promoting it to their members.
- We need physical therapy clinics/departments/individuals that treat outpatients (in other words this study is not for hospital-based patients).
- We will work with service providers to obtain the appropriate approval from Human Subject Boards/Research Ethics Committees.

Responsibilities of participating clinics/departments/individuals:

- Obtain approval of this study from Human Subject Boards/Research Ethics Committees (Co-Principal investigators will assist each clinic/organisation)
- Ensure that all members of the clinic mention to the patient that the Physical Therapy department is collecting patient satisfaction information. Each therapist should mention it at least once on each occasion that the patient comes for treatment.
- When to give the satisfaction instrument to the patient:
 - The instrument should be given to the patient at the end of the episode of care.
- Keep a record of the number of satisfaction instruments handed out.
 - By knowing how many were handed out and how many are returned our research team has a good understanding of the response percentage.
 - Optimally our team hopes for a 35% return rate.

- Hand out the instrument *with* a blank envelope.
 - We have the ability to analyse this instrument electronically so that the patient can fill it out ‘on-line’ if they have internet access
 - If a hard copy is used, have the patient place the completed form in an envelope and place in a box provided in the waiting room/area.
 - Have a place in the clinic waiting room (a box with a slit on the top) where the patient can place the completed instrument (in the envelope).
 - The anonymity of response is important to the patient and to the instrument validation.
- If using a hard copy response system, the clinic may send (to the designated member of the research team) the completed questionnaires (in their original envelopes) on a quarterly basis. The clinic may load the questionnaires in one big envelope and ship the entire envelope at one time.
- If a computer based solution is available, the data will be sent to the appropriate databank for storage and analysis.

What the research team will do for the participating clinics/departments/individuals:

- We will enter the data for each participating clinic/department/individual.
- We will keep the data for your service separate from other service.
- We will provide reports to you on a quarterly basis (minimum number of forms required for generation of a report is 30 patients).
- The report is for your service only, and data will not be shared with other services.
- The report sample is attached.

Determining the final composition of the 20-item satisfaction instrument questionnaire:

Once our team has about 400 completed questionnaires from a participating country (or languages), we will perform the appropriate statistical analysis of the data. This analysis includes reporting on the aggregate patient demographic data for each country in terms of patient gender, age, anatomic area treated and level of complexity of the case. Additionally, we will make every effort to collect the physical therapy provider demographic data from the participating countries or services, in terms of service location (urban/rural), number of therapists providing the service, the age/gender distribution of the clinicians and the type of insurance (if applicable) that covers the delivery of physical therapy.

Our team will complete a statistical analysis (using the statistical tests noted in the published references) of each country’s patient satisfaction instrument using factor analysis to determine the questions that should be retained. We will compare the results on each question and analyze the possible reasons for variation (if a variation exists). If differences in the questionnaire results in some questions being retained (more than the current 12-questions), we will examine the possible cultural issues that might potentially influence the item responses in terms of both the social issues/social norms and the health care system.

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