



Original Article

Patient Satisfaction Referred to Physical Therapy after One Week Management of Mechanical Low Back Pain

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ABSTRACT

The degree to which a patient is content with the health treatment he or she receives is characterized by patient satisfaction with health care. Patient satisfaction necessitates a match between expectations and outcomes. **Objective:** To determine the satisfaction level of patients with treatment of physiotherapy for mechanical back pain patients. **Methods:** This study was a cross-sectional survey that was conducted on a sample of 100 patients with chronic low back pain (LBP). Non-probability convenient sampling technique was used using predefined inclusion and exclusion criteria. A patient satisfaction questionnaire was used to assess the level of satisfaction among these patients with the therapy they received for their LBP after they signed an informed consent form. **Results:** Patients with acute LBP were satisfied with the communication, technical quality, and overall satisfaction with their therapy, but not so much with the financial element or interpersonal style. Communication and overall satisfaction were high among patients with persistent low back pain, but the financial and technical quality was low. Male patients were satisfied in terms of communication, time spent with a physical therapist, and general satisfaction and were relatively less satisfied with financial aspects and accessibility and convenience in terms of treatment. Female patients were satisfied in terms of accessibility and convenience, communication, and general satisfaction and were relatively less satisfied with the financial aspect and technical quality in terms of the treatment they received for LBP. **Conclusions:** Overall patients were satisfied in terms of communication, time spent with physical therapists. However, patients were relatively less satisfied with the financial aspect and interpersonal manner in terms of the treatment they received for LBP.

INTRODUCTION

A positive outcome is linked to patient satisfaction with health care. "Low back pain" is pain that occurs between the 12th rib and the buttock crease. LBP that isn't caused by a specific condition is known as non-specific LBP (e.g., fracture, osteoporosis, and tumor). LBP is a regular occurrence [1]. But not everyone who gets an episode, or 'acute' LBP, will experience high disability or develop a persistent problem. Sixty percent of people who have acute LBP recover in a few weeks, often with the minimal intervention [2]. Research has consistently demonstrated that treatments have minor effects at best for the 40% of people who acquire persistent or "chronic" LBP (pain that

lasts more than 3 months)[3,4]. Prognosis is the expected course of a health condition. Knowing about prognosis is therefore a high priority for patients, practitioners, and researchers. Prognosis has informed clinical management more than diagnostic subtypes of non-specific LBP, which, to date, have not been able to usefully guide treatment or improve patient outcomes. Instead, research has focused on identifying patients with a poor prognosis, who might need more than the minimal 9 intervention approach recommended by guidelines [5]. The drivers of the health services overuse problem in LBP are not well understood [6]. Proposed that health-seeking behavior was

determined by predisposing, enabling, and illness factors. Predisposing (e.g. age, gender, and previous history), enabling (e.g., work status, health insurance) and illness factors (e.g., symptoms, general health, and psychological state) have all been shown to predict health services use. Although research has identified predictors of health services use, the causal role of the factors has been largely neglected. Causal factors are important targets for new interventions, for example, those aimed at reducing unnecessary health services use. Identifying etiology from observational data involves using statistical models that test causal relationships, in contrast to prognostic models which predict future health outcomes [7]. The degree to which a patient is content with the treatment he or she receives [8] is characterized as patient satisfaction with health care. Patient satisfaction with medical care is contingent on expectations being met [9,20]. Patients are now thought of as medical partners as well as purchasers of health care services [10,11]. As a result, people's viewpoints on their health care have become more important in determining the quality of service. Patient satisfaction with health care has received a lot of attention in the medical literature because it is a powerful predictor of healthcare outcomes, treatment adherence, and medical malpractice claims [10,19]. The major purpose of this research was to assess patient satisfaction with physiotherapy treatment for patients with mechanical backpain.

METHODS

This study was a cross-sectional survey that was conducted on a sample of 100 patients with chronic LBP. Non-probability convenient sampling technique was used using predefined inclusion and exclusion criteria. Inclusion criteria include patients receiving physical therapy, Patients receiving medical treatment, both genders are equally inclusive, and ages between 20 to 60 years the rest are included in exclusion criteria. After giving informed consent, a patient satisfaction questionnaire was utilized to assess the level of satisfaction among these patients with the treatment they received for their LBP. The qualitative data was presented in form of mean \pm SD. Chi-Square analysis was used to see associations in qualitative variables.

RESULTS

Table 1 shows the mean score of subcategories of the PSQ 18 questionnaire. Patients were satisfied in terms of communication, time spent with physical therapists, and general satisfaction. However, patients were relatively less satisfied with the financial aspect and interpersonal

manner in terms of the treatment they received for LBP.

Descriptive Statistics	N	Minimum	Maximum	Mean	SD
General Satisfaction	100	1.00	5.00	3.1200	.90207
Technical Quality	100	1.00	4.50	2.9450	.76672
Interpersonal Manner	100	1.00	5.00	2.8850	.92620
Communication	100	1.00	5.00	3.1950	1.06812
Financial Aspect	100	1.00	5.00	2.8600	.99005
Time spent with doctor	100	1.00	5.00	3.1150	.97663
Accessibility and Convenience	100	1.00	4.75	2.9200	.73930
Valid N (listwise)	100				

Table 1: Sub-categorization of PSQ 18

Table 2 shows the mean score of subcategories of the PSQ 18 questionnaire according to gender. Male patients were satisfied in terms of communication, time spent with a physical therapist, and general satisfaction and were relatively less satisfied with the financial aspect, accessibility, and convenience in terms of the treatment they received for LBP. Female patients were satisfied in terms of accessibility and convenience, communication, and general satisfaction and were relatively less satisfied with the financial aspect and technical quality in terms of the treatment they received for LBP

Gender		N	Minimum	Maximum	Mean	SD
Male	GeneralSatisfaction	50	1.50	5.00	3.1400	.90373
	Technical Quality	50	1.50	4.50	2.9450	.74452
	InterpersonaManner	50	1.00	5.00	2.7900	.88115
	Communication	50	1.00	5.00	3.1100	1.07992
	FinancialAspect	50	1.00	4.50	2.8400	.88893
	Time SpentWith. Doctor	50	1.00	5.00	3.1100	.95986
	Accessibilityand Convenience	50	1.00	4.75	2.8350	.80434
	Valid N (list wise)	50				
Fe- male	GeneralSatisfaction	50	1.00	5.00	3.1000	.90914
	Technical Quality	50	1.00	4.50	2.9450	.79586
	InterpersonaManner	50	1.00	4.50	2.9800	.96869
	Communication	50	1.50	5.00	3.2800	1.06023
	FinancialAspect	50	1.00	5.00	2.8800	1.09059
	Time Spent WithDoctor	50	1.00	5.00	3.1200	1.00285
	Accessibility and Convenience	50	1.50	4.25	3.0050	.66526
	Valid N (listwise)	50				

In terms of the therapy they received for LBP, Table 3 reveals that patients with acute LBP were content with communication, technical quality, and general satisfaction, but were less satisfied with the financial aspect and interpersonal approach. Patients with chronic LBP were satisfied with the communication and general satisfaction, but less so with the financial aspect and technical quality of the treatment, they received for their LBP.

Type of Low Back Pain		N	Minimum	Maximum	Mean	SD
Acute	General Satisfaction	42	1.50	5.00	3.0833	.96219
	Technical Quality	42	1.50	4.50	3.0119	.82075
	Interpersonal Manner	42	1.00	4.50	2.8571	.96453
	Communication	42	1.00	5.00	3.2738	1.20569
	Financial Aspect	42	1.00	5.00	2.7976	.99425
	Time Spent With Doctor	42	2.00	5.00	3.3452	.83730
	Accessibility and Convenience	42	1.50	4.75	2.9702	.69669
	Valid N (listwise)	42				
Chronic	General Satisfaction	58	1.00	5.00	3.1466	.86353
	Technical Quality	58	1.00	4.50	2.8966	.72854
	Interpersonal Manner	58	1.50	5.00	2.9052	.90543
	Communication	58	1.50	5.00	3.1379	.96333
	Financial Aspect	58	1.00	5.00	2.9052	.99321
	Time Spent With Doctor	58	1.00	5.00	2.9483	1.04163
	Accessibility and Convenience	58	1.00	4.75	2.8836	.77263
	Valid N (listwise)	58				

Table 3: Sub-categorization of PSQ 18 according to the type of low back pain

DISCUSSION

The goal of this study was to find out how happy people with LBP were with their physical therapy treatment. Patient satisfaction with health care has received a lot of attention in the medical literature because it is a powerful predictor of healthcare outcomes, treatment adherence, and medical malpractice claims [10,18]. Patient satisfaction with health treatment has long been linked to improved patient outcomes, according to research. Patient satisfaction with health care has a significant impact on treatment adherence [12]. Patients who are satisfied with their medical care are more likely to follow treatment recommendations, experience positive provider-patient interactions, and seek medical help [13,14,17]. As a result, patients' health benefits from following medical advice and accessing health services more frequently and efficiently. Various indicators of this notion have been utilized in most surveys gauging patient satisfaction. Furthermore, while developing measures to quantify patient satisfaction with care, the patients' perspective on these indicators has not always been considered, leaving their validity in doubt. Researchers should be aware of the sort of satisfaction measured in any given study, according to Hekkert et al. [15]. According to several authors, the second disadvantage of patient satisfaction measures is their limited discriminative ability (measures often generate very high satisfaction levels)[16].

CONCLUSION

In conclusion, patients were satisfied in terms of communication, and time spent with physical therapists.

However, patients were relatively less satisfied with the financial aspect and interpersonal manner in terms of the treatment they received for LBP.

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