

# Satisfaction with physiotherapy among patients at a general hospital in Kuwait

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## ABSTRACT

**Objective:** A pilot survey was conducted with adult patients attending the Physiotherapy Department at the Farwaniah Hospital, Kuwait, during the year 2000, to validate a questionnaire measuring outpatients' satisfaction with different aspects of physiotherapy care and associated socio-demographic factors.

**Methods:** This study was carried out in the Department of Physiotherapy, Farwaniah Hospital, State of Kuwait, during a time period of 5-months. A structured questionnaire was developed to include questions relating to ease of contact for appointments, the organizational settings, quality of therapeutic services, overall satisfaction with the department, and willingness to re-utilize or to recommend the department in the future, along with socio-demographic data and the duration of the disease.

**Results:** A total of 144 questionnaires were completed by a group of mostly women (64%) married (70%) participants, with a mean age of 40 years. Kuwaitis were 59% of the group, and less than 50% had a secondary

education or more. A vast majority of participants perceived the department was easy to contact. Those with lower such perception were relatively older patients. On all other dimensions of satisfaction, the response was generally positive, regardless of socio-demographic variables or duration of disease. Less educated patients had a slightly lower tendency to recommend the department in the future (51%) than more educated ones (60%).

**Conclusion:** Patients in Kuwait tend to express high levels of satisfaction with health services, an attitude, which may be biased by cultural reluctance to express public negative views. Alternatively, it may be influenced by the relatively sustained interaction between patients and their therapists. It is important to provide more orientation to older, less educated patients who may feel lost within a process they do not fully comprehend.

**Keywords:** Survey, physiotherapy, health satisfaction, health services.

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Patients' satisfaction has become an important tool to provide health-care staff with feedback to improve the quality of health services.<sup>1-3</sup> Yet, a review of the literature reveals that patients' satisfaction is not defined easily.<sup>4</sup> According to Linder-Pelz<sup>5</sup> satisfaction is "the individual; positive evaluation of distinct dimensions of health care". This definition was criticized, as it emphasizes the positive aspects. Health care "needs to know what is wrong, not (only) what is right".<sup>4,6-9</sup> Only a few

studies have been conducted in Kuwait concerning patients' satisfaction with health care. Satisfaction with hospital care was included in the "Kuwait Health Survey" conducted in 1987 by the Ministry of Health.<sup>10</sup> This study showed a high level of satisfaction with the health care system at that time. Since then however, it is a general perception that the quality of care in the public sector has decreased and therefore satisfaction with services has also decreased. However, that impression is not

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corroborated by data. In the years following the reconstruction of the health care services after the Iraqi invasion, satisfaction was studied at the Department of Community Medicine, Faculty of Medicine, Kuwait University, Kuwait. Unfortunately, most of those reports have remained unpublished. One study was carried out in 1995 by Al-Wazzan et al<sup>11</sup> to measure satisfaction with hospital care in Kuwait in relation to 5 dimensions: availability of service, hospital general conditions, doctors, nurses, and overall satisfaction. Another study was carried out by Al-Zayed et al<sup>12</sup> in 1992 to measure patients' satisfaction with primary health care (PHC). It assessed the doctor-patient relationship, performance of the personnel, and patient perception regarding availability and accessibility of usual health facilities. Both studies indicated relatively high levels of patients' satisfaction with the care provided. More recently, another survey of 300 Kuwaiti patients found that 65% were satisfied with primary health care obtained in centers in Kuwait City. Findings indicated that females, married individuals, and those with higher income levels were likely to report higher mean satisfaction.<sup>13</sup>

No study was found relating specifically to satisfaction with physiotherapy care in Kuwait. To obtain such data in view of improving services, a structured interview was conducted with some patients attending the clinics, with the following specific objectives: 1. To measure outpatients' satisfaction with different aspects of physiotherapy care at the Farwaniah Hospital, State of Kuwait. 2. To explore the extent to which variation in reported satisfaction is related to socio-demographic characteristics of patients. This pilot study also aimed at refining the intervention tool and evaluating its acceptability and comprehension in the target population.

The Physiotherapy Department at the Farwaniah Hospital, one of the 5 public hospitals composing the secondary care network of the country, was established in 1979. Physiotherapy services were provided to 44501 patients in 2000, an average of 3708 patients a month.<sup>14</sup> The Department offers outpatient (male, female, and pediatrics) services and provides in-patient care as required by the medical, surgical, pediatrics, gynecology and intensive care unit (ICU) departments. The outpatients are usually referred from the primary health care clinics in the same health district or from the hospital's casualties department and polyclinics. The staff has become aware of the importance of an objective tool to evaluate the performance of the department, in order to further improve the provision of care. This awareness created the motivation for the present study.

**Methods.** This survey was planned as a pilot study in view of the fact that no previous research

had been carried out in the area of satisfaction with physiotherapy in Kuwait. A structured questionnaire had to be developed and refined. Over a 5-month period 2000 through to 2001, we tested that questionnaire on outpatients attending the Physiotherapy Department at the Farwaniah Hospital who were willing and able to participate. Participation was limited to persons over 15 years of age. The questionnaire, prepared in English and Arabic, was self-completed after the patient had finished a course of physiotherapy. Participants were allowed to complete the questionnaire at home, to provide illiterate patients with a way of obtaining help in completing it at their convenience. Once completed, the questionnaire was deposited when the patient returned for the following session. Confidentiality was protected as the questionnaire was deposited anonymously into a special box placed at the main entrance of the Department. Results from those completed questionnaires were analyzed for this paper.

The questionnaire consisted of 2 parts. The first part was a group of questions related to 4 dimensions of satisfaction: ease of contact for appointments, the organizational settings, quality of therapeutic services, and overall satisfaction with the department. This part also explored the willingness to re-utilize or to recommend the Department in the future. The 2nd part consisted of socio-demographic data and the duration of the problem for which this patient attended the department.

**Statistical methods.** Variables were tabulated and presented with frequencies and measures of dispersion where appropriate. A factor analysis was conducted to reduce the 40 questions regarding satisfaction included in the questionnaire. Fourteen questions were thus selected. Five indexes were subsequently constructed out of those questions (see details in **Table 1**): 1. Perceived ease of contacting the department: this index summed 3 questions, and ranged from one to 12, with a mean of 6.1 (SD=3.2) and a median of 6. In view of the normal distribution of this index, it was analyzed as a continuous variable. 2. Satisfaction with organizational settings of the clinic: this index summed 2 questions, and ranged from 2 to 8, with a mean of 6.6 (SD=1.4) and a median of 7. The distribution of this index was highly skewed (skewness index >one) towards the more favorable answers. Consequently, it was not included in any subsequent analysis. 3. Intention to utilize the services in the future: this index summed 2 questions, and ranged between 2 to 8, with a mean of 6.7 (SD= 1.4) and a median of 7. The distribution of this index was irregular. Consequently, it was dichotomized for subsequent analysis, using the median as a cut-off point, into lower "intentions" (44%) and higher "intentions" (56%). 4. Overall satisfaction with therapists: this index summed 7 questions, and ranged between 4 and 28, with a mean

of 22.8 (SD=5.5) and a median of 23.5. This index was also dichotomized into lower "satisfaction with therapists" (50%) and higher "satisfaction" (50%). 5. Overall general satisfaction with the department: this index summed 2 questions and ranged from 1 to 8, with a mean of 6.7 (SD=1.4) and a median of 7. This index was also highly skewed (skewness >one) towards higher satisfaction and was not included in subsequent analyses.

A variety of techniques were used as appropriate to assess the associations between independent variables and the selected outcome indexes: Pearson's correlation coefficients, Student's t-tests, ANOVA, and X<sup>2</sup> tests. Associations were considered significant when their corresponding p-values were equal or inferior to 0.05. In some cross-tabulations, small numbers involved may have lowered the power of the analysis, thus preventing a number of true associations from reaching statistical significance. In view of that fact, associations with potential significance (up to a p-value <0.30) were also signaled in the results.

**Results.** A total of 144 questionnaires were completed during the period of the pilot study. The group included 52 men (36%) and 92 women (64%). About 101 participants (70%) were married. Ages ranged between 16 years and 72 years, with a mean and a median of 40 years (SD=12). Education was collapsed in 4 categories. Forty-six participants (32%) had received primary education or less (including illiterates), 24 (17%) an intermediate education, 35 (24%) a secondary education and 39 (27%) a higher education. Of those participants, 56 (39%) had a physical problem requiring therapy which had lasted less than 3 months, 22 (15%) between 3 months and 6 months, 20 (14%) between 7 months and 12 months and 46 (32%) longer than one year. Kuwaitis were 59% (n=85) of the group. Kuwaiti patients did not differ from non-Kuwaitis in mean age. However, the proportion of males was significantly higher (59% versus 31%), as was the proportion of those with a secondary education or more (66% versus 40%), among non-Kuwaitis compared to Kuwaitis in this sample.

Questions regarding satisfaction and the way they were summed are detailed in **Table 1**. Interesting associations were found only with 2 indexes: "ease of contact" and "future intentions". The analysis of the index "ease of contact" found: \* a marginal association with age: the Pearson's correlational factor was -0.19 (p=0.06), suggesting that younger clients perceived contacts with the Department to be easier than older ones. \* some association with nationality: Kuwaiti patients had a lower mean on this index (5.9 ± 3.3) than non-Kuwaiti ones (6.5 ± 2.9) (p=0.29). No other meaningful associations were

**Table 1** - Patients' satisfaction with various dimensions of services at the Physiotherapy Department, Farwaniah Hospital, Kuwait, (n=144 patients).

Dimensions of satisfaction
<p><b>Perceived ease of contacting the department ("contact")</b>            Was able to contact my physiotherapist easily by telephone            Got through to the department's telephone easily            Got through to the hospital telephone switchboard easily  <i>Summative index (n=110): Range one - 12; Mean 6.1 (3.2); Median 6</i></p>
<p><b>Satisfaction with the organization settings ("settings")</b>            Operating hours at the physiotherapy department were convenient for me            The treating room was clean and comfortable  <i>Summative index (n=141): Range 2-8; Mean 6.6 (1.4); Median 7</i></p>
<p><b>Intention to utilize the services in the future ("intention")</b>            I intend to return to this physiotherapy department if I have a problem            I intend to recommend this department to my friends/relatives if they need therapy  <i>Summative index* (n=136): Range 2-8; Mean 6.7 (1.4); Median 7</i></p>
<p><b>Overall satisfaction with therapists ("therapist")</b>            My therapist was considering and caring            My therapist took the time to provide me with useful information            My therapist treated me with respect and dignity            My therapist was responsive to my problem            My therapist helped me understand my problem            My therapist explained the treatment program to me            My therapist explained the information to me in a way that I could understand  <i>Summative index* (n=144): Range 4-28; Mean 22.8 (5.5); Median 23.5</i></p>
<p><b>Overall general satisfaction with the department ("overall")</b>            Overall I was satisfied with my experience at the physiotherapy department            Overall, I was satisfied with the treatment of my therapist  <i>Summative index* (n=134): Range 1-8; Mean 6.7 (1.4); Median 7</i></p>
<p>* - because of the skewed distribution, this index was dichotomized for subsequent analysis</p>

found with gender, education, and duration of the current problem.

The analysis of "future intentions" found no associations with age, gender and duration of the physical problem. Non-Kuwaitis were more likely to recommend the Department in the future (61%) than Kuwaitis (52%); and less educated patients had less intentions to recommend the department in the future (51%) than more educated ones (60%). However, the differences for both variables were not statistically significant. Satisfaction with the therapists was not associated with age, nationality, or education. Males were less satisfied (41%) than females (55%) (p=0.11). Satisfaction increased with duration of the physical problem for which therapy is required, starting with 43% among those whose problem dated less than 3 months, to 55% among those whose problem did not exceed one year, to 63% among those whose problem was older than one year (p=0.10).

**Discussion.** In this group of patients, the overall satisfaction with the department, as well as specific satisfaction with ways of contacting the department, the settings, and the therapists were generally quite high. Similarly a vast majority of participants indicated that they would be willing to utilize the services again should they need to or to recommend them, or both to people they care for. Most previous studies conducted in Kuwait have generally revealed a similarly high level of satisfaction with health services, be it hospital care (53.3% satisfied)<sup>11</sup> or primary health care centers (65-70%<sup>12,13</sup> satisfied). While high satisfaction levels may reflect the actual situation, private contacts with patients would suggest otherwise. The consistency of findings may indicate a cultural reluctance to expressing public criticisms. The expressed satisfaction may be a reflection of the misguided belief that such an attitude would be helpful. However, the proper expression of dissatisfaction is actually a very important aspect of the evaluation of health care services. When dissatisfaction is not expressed, no improvement can be proposed or, implemented, or both. Future studies of patient satisfaction in Kuwait may have to emphasize to participants the importance of their truthful disclosure of low satisfaction when they are invited to participate.

Other partial explanation for the high levels of satisfaction may be related to a self-referral bias, by which those patients previously dissatisfied stopped utilizing the centers where the surveys are conducted, thus forsaking the opportunity to express that dissatisfaction. The extent of this bias can only be assessed through community-based rather than clinically-based surveys.

Generally, interviewers reported that participants received the checklist well and items were clearly understood and rarely elicited additional verbal explanations. Following the factor analysis, a number of redundant questions have now been dropped from future checklists, making the process shorter and therefore less cumbersome and more acceptable. It remains that some of the questions asked in this or other satisfaction surveys may be too general to discriminate dissatisfaction with specific limited areas of the services.<sup>15</sup> This issue needs to be better considered in future development of standard questionnaires in Kuwait. Attention to wording more specific questions must be paid when developing the new checklist intended for larger use based on this pilot study.

While personal factors such as socio-demographic and disease-related variables are generally known to affect satisfaction with care<sup>6,11-13</sup> few such effects were found here. The prolonged contact between patients and physiotherapists may lead to the creation of personal bonds, which further contribute to lowering frustrations with organizational limitations and increasing the overall perception of satisfaction.

The positive effect of inter-personal bonding on patient's satisfaction may partially explain the persistent findings here and elsewhere<sup>12-13</sup> that women are generally more satisfied with care than men. In Kuwait, care for women is generally provided by female personnel whenever they are available. Women may tend to establish friendly same-sex relationships easier or faster than men. Older patients found it more difficult to contact the department for appointments, which may reflect a certain level of unfamiliarity with the administrative procedures of the department. Kuwaiti patients expressed relatively less satisfaction with the department than non-Kuwaitis. However, in this unrepresentative sample, the former were also less educated than the latter.

In general, findings indicate the importance of providing more attention, orientation and information to older, less educated patients who may feel lost within a process they do not fully comprehend. The satisfaction checklist based on this pilot test will be shortened. Questions related to specific aspects of care as well as short-term perception of improvement will have to be measured. Questions suggesting negative aspects of the organization and care will have to be inserted to decrease the social bias towards positive responses. Those revisions will improve the monitoring tool to better evaluate the quality of physiotherapy services.

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