Comprehensive Assessment of Occupational Therapy Services in Lady Reading Hospital Peshawar, Pakistan

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Research Article

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Abstract

**Background:** Occupational therapy is the valuation and management of bodily and psychiatric disorders using decided doings to break infirmity and promote an autonomous function in all aspects of daily life. The demand of the consumer increases and partnership of the delivery of the services of occupational therapy. Research evidence support that the patient-centered occupational therapy practice will increase to improve patient and family satisfaction and outcomes measure.

**Study Objective:** To determine the level of patient satisfaction and associated factors from the occupational therapy department of a lady reading hospital Peshawar (LRH), Peshawar

**Methodology:** The study design of the current research was a cross-sectional survey using PSQ 18 and SAPS. The sample size includes 387 participants, who were selected through convenience sampling. The data was analyzed using SPSS version 25.

**Results:** The descriptive analysis of participant satisfaction from occupational therapy services of participants was in a total of 387 participants. Majority of the patients were satisfied, f=175 (45.2%) and very satisfied, f=149 (38.5%) followed by 57 (14.7%) participants that were dissatisfied from the occupational therapy services, respectively. Similarly, the descriptive analysis of participant satisfaction from occupational therapy services via (PSQ-18) of the participants was in a total of 387 participants. Majority of the patients were satisfied, f = 339 (87.6%) followed by 48 (12.4%) patients that were dissatisfied from the occupational therapy services, respectively.

**Conclusion** This study concluded that occupational services is effective for any health care setup, 87% of people were satisfied from these services so it should be incorporated in the health care system of Pakistan.

Introduction

Occupational therapy is the essence usage of assessment and therapy to progress, improve or preserve the meaningful actions and occupations, of a person, cluster, or community. OT is the management of bodily and psychiatric disorders using decided doings to break infirmity and promote an autonomous function in all aspects of daily life. Patient satisfaction is a very important indicator of healthcare quality which is being used by many healthcare organizations to assess their healthcare quality and use this assessment for improvement in their performance. Individual satisfaction is defined as the essential of human involvement when we are dazzling our liking of a clinic's services while individual satisfaction is an extremely needed outcomes of a clinic services and individual manifestation of satisfaction or dissatisfaction is a decision on the quality of clinic or hospital. In addition, patient satisfaction is initiated in teaching institution and this depends on the clinic goals and purposes to provide good care for individuals. Another study was related to assessment of patient patients' satisfaction is very important indicator of healthcare quality which is being used by many healthcare organizations to assess their healthcare quality and use this assessment for improvement in their performance. According to the world Federation of Occupational Therapy are "to indorse, progress, restore and uphold abilities needed to manage with ADL to prevent dysfunction. Program are planned to enable maximum use of occupation to meet demands of clients working, communal, individual and home environment". The worthy satisfactions is initiate in teaching institution and this depends on the clinic goals and purposes to provide good care for individuals. Another study was related to assessment of patient patients' satisfaction is very important indicator of healthcare quality which is being used by many healthcare organizations to assess their healthcare quality and use this assessment for improvement in their performance. Satisfaction states the alleged match between expectations and experiences. If the beliefs and service delivery is nearly equal, the individual is likely to feel satisfied; on the other hand if the service delivery is low from the level of expectations, the individual is likely to feel dissatisfied. Individual satisfaction is often dignified by using self-reporting rating scales, making satisfaction rating subjective and separate from events of care that can be perceived objectively. The understanding provided of individuals personal experience is progressively understood as a forte of gratification processes and as essential to development of health care quality. Another study reported that there was significant impact of health service excellence on client satisfaction. Study reported that factors which contribute to improved patient satisfaction were interpersonal skills, statement skills, proper description and clear info and other practical skills such as clinical capability and hospital apparatus. A study reported that patients were highly satisfied from occupational therapy. Client satisfaction is significantly related with a) insight of the degree that occupational therapists checked and tangled them in defining intervention goals and modalities guiding clients in ADL after discharge and giving them adaptive apparatus; c) having in-depth interpersonal relations with the occupational therapists; d) clients families' satisfaction. Obedience to the and use of the health care services are absolutely related to the satisfaction of the individual. It has been observed that individual that becomes un-satisfied with the restoration services will committed to change health
care services to another health care provider or show a reduced willingness to reappear. Moreover, individual who are more satisfied are more appropriate to obey by coming on time and succeeding therapy direction.\textsuperscript{(21)} Shirley ED et al reported that high clients satisfaction is related with increased marketplace share, financial gains, decrease malpractice claims and improved reimbursement rates. This study also reported that factors that contribute to satisfaction includes, therapist clients communication, appropriate setting, minimize waiting time and continuity of care.\textsuperscript{(3)} McAndrew E et al reported that occupational therapy and nursing collaboratively leads to increased clients satisfaction, smaller inpatient stays, and improved goal accomplishment.\textsuperscript{(22)} Patient satisfaction assessment also helps in planning and management as well as used in research.\textsuperscript{(23)} Another review stated that patients who got Occupational Therapy services were somewhat happy with clinical setting, staff, and correspondence however patients having age (\textgreater{} 65 years) were less happy with arrangement and visits at Katutura State Hospital, Namibia..\textsuperscript{(24)} Many studies reported the correlation or forecaster of patient satisfaction, but the result have been varying and sometimes not reliable the relationship between the health care giver and the participants include the friendly environment, treating patient with respect, goal sitting, receive personalized attention, Longer length of stay, degree of warmth and sense of caring is found to be the predictor of satisfaction.\textsuperscript{(25)} Some factor such as age, gender status, marital status and diagnosis have been inconsistently correlated with satisfaction.\textsuperscript{(17)}

**Methodology**

This Cross-sectional survey study was conducted at OT Department of Lady Reading Hospital, Peshawar, Khyber Pakhtunkhwa, Pakistan. The study population was all the patient who received occupational therapy at Occupational Therapy Department of Lady Reading Hospital, Peshawar. The study was conducted and completed in 6 months after approval, starting from October 2019 to March 2020. 387 subjects were recruited Convenience sampling technique with 95% CI and observance of the assumed 14% proportion of outcome factor in the population (\(p\)). The sample size was calculated using sample size calculator (Open epi). All Both male and female patients who received occupational Therapy in the above setting was included in the study. Those Patients were excluded from the study who were diagnosed with associated medical problems such as patients with cardiac problems, Pneumonia etc.

**Data collection procedure**

Data was collected via self-administered questionnaire was used to collect data regarding demographic information. Short Assessment of Patient Satisfaction (SAPS) was used to collect data regarding patient satisfaction from Occupational Therapy Services i.e.; 0–10 = Very Dissatisfied, 11–18 = Dissatisfied, 19–26 = Satisfied, 27–28 = Very Satisfied. Short-Form Patient Satisfaction Questionnaire (PSQ-18) was used to collect data regarding Patient's overall Satisfaction from Occupational Therapy Department. Questionnaire was handed over to the clients and their queries were clarified. The investigator through inclusion and exclusion criteria screened the agreed participants. Verbal and written Consent was taken from all the agreed participants and the data was collected from them. The researcher read the queries to the clients and recorded the answers. The data was analyzed through SPSS version 23. The age of participants is presented in form of frequencies and other categorical variables such as gender, literacy level evaluated by chi square test in this study.

**Result And Analysis**

Data were analyzed through SPSS V-23. The socioeconomic status, gender, age, marital status, address, of participants were analyzed via descriptive statistics while level of satisfaction was measure through Short Assessment of Patient Satisfaction (SAPS) and Short-Form Patient Satisfaction Questionnaire (PSQ-18) in percentages and frequencies. From a total of 387 participants (\(n = 387\)), the mean and standard deviation of age of the participants were 5.9 ± 7.4.

From 387 participants, there were 217 (56.1%) males and 170 (43.9%) females (\(n = 387\)). of 387 clients, \(n = 365\) (94.3%) were unmarried and \(n = 22\) (5.7%, ) were married (\(n = 387\)). Out of 387 participants, \(n = 79\) (20.4%) have low, \(n = 251\) (64.9%) have middle and \(n = 57\) (14.7%, ) have high socioeconomic status shown in Table 1.
Level of patient satisfaction from occupational therapy via SAPS

Patient's satisfaction level were measured in the frequency (f) and percentage (%) through short assessment of patient satisfaction (SAPS). In a total of 387 participants, Majority of the patients were satisfied, $f = 175$ (45.2%) and very satisfied, $f = 149$ (38.5) followed by 57 (14.7%) patients that were dissatisfied from the occupational therapy services, respectively as shown in Table 2.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Frequency</th>
<th>Percentages</th>
<th>Marital status</th>
<th>Frequency</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>217</td>
<td>56.1</td>
<td>Unmarried</td>
<td>365</td>
<td>94.3</td>
</tr>
<tr>
<td>Female</td>
<td>170</td>
<td>49.3</td>
<td>Married</td>
<td>22</td>
<td>5.7</td>
</tr>
<tr>
<td>Total</td>
<td>387</td>
<td>100</td>
<td>Total</td>
<td>387</td>
<td>100</td>
</tr>
<tr>
<td>High income</td>
<td>57</td>
<td>14.7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Middle income</td>
<td>251</td>
<td>64.9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low income</td>
<td>79</td>
<td>20.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>387</td>
<td>100</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The demographic characteristic

Level of patient satisfaction from occupational therapy via PSQ-18

Satisfaction level of the patients were also measured in frequency (f) and percentage (%) through Short-Form Patient Satisfaction Questionnaire (PSQ-18). Majority of the clients were satisfied, $f = 339$ (87.6%) followed by 48 (12.4%) clients that were dissatisfied from the occupational therapy services, respectively as shown in Table 3.

<table>
<thead>
<tr>
<th>SAPS</th>
<th>Frequency</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Dissatisfied</td>
<td>6</td>
<td>1.6</td>
</tr>
<tr>
<td>(0–10)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>57</td>
<td>14.7</td>
</tr>
<tr>
<td>(11–18)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satisfied</td>
<td>175</td>
<td>45.2</td>
</tr>
<tr>
<td>(19–26)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very Satisfied</td>
<td>149</td>
<td>38.5</td>
</tr>
<tr>
<td>(27–28)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>387</td>
<td>100</td>
</tr>
</tbody>
</table>

Level of patient satisfaction from occupational therapy via PSQ-18
Table 3

<table>
<thead>
<tr>
<th>PSQ-18</th>
<th>Frequency</th>
<th>percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dissatisfied (&lt; 50)</td>
<td>48</td>
<td>12.4</td>
</tr>
<tr>
<td>Satisfied (&gt; 50)</td>
<td>339</td>
<td>87.6</td>
</tr>
<tr>
<td>Total</td>
<td>387</td>
<td>100</td>
</tr>
</tbody>
</table>

Discussion

This is the first study from Pakistan that contributing towards assessment level of patient satisfaction on occupational health therapy, observing their willingness and preferences for this service. Due to the raising burden of chronic disease in Pakistan, demand the health system to keep occupational health therapy in health system with increase of health expectation to make progress towards universal health coverage (11). The finding of our study measured the level of satisfaction among admitted patients seeking occupational health services in Lady Reading hospital Peshawar. Our findings showed that level of patient satisfaction is 87% so much high that it meet the demands of occupational therapy, fulfillment of patient expectation of occupational therapy, and their perceived value of sehlat sahulat program positively related with the satisfaction on SSP. Our results also showed that patient perceive value not only related with the satisfaction with program but also has a direct effect on the trust on the therapy. Furthermore, our results indicated that patients having high level of satisfaction has a high level of trust on the occupational therapy program and a few complaints on the program.

According to the findings of one cross sectional study conducted by Chen W et al, that patients trust on healthcare physicians has direct impact on satisfaction. However, our study has distinct research hypothesis and objectives. Therefore, we concluded that higher-level of satisfaction could increase the trust on program. Some recent studies also showed that rise in patient satisfaction have a positive effect on patients' trust on program (10).

From our findings, we found that we have low level of policy, procedure awareness, technologies awareness that the program covered. Another study has been conducted in china on an insurance program their results also showed lesser awareness about occupational health service benefits. Therefore, our study findings suggesting that health policy makers need to increase the awareness of occupational health services in the KP population to know the need of occupational health services in health care service delivery. Our findings revealed the need for this service in both urban and rural primary health care (PHC) system as part of health care services to grant coverage to outpatient services. Our findings also highlighted the importance of patient's perception and perspectives; they are the beneficiaries of the program so they should be involved in the decision or policymaking process. A study has conducted in china on public insurance scheme, their findings also suggested that patients were very rare to engage in the decision-making process had direct and significant positive effects on their trust in health insurance (10) (13) Lastly, we found a higher amount of satisfaction in Lady reading hospital for occupational health services. A cross-sectional study was conducted by Abbasi Shaheed in 2017 who reported that 29.3% very satisfied, 43.4% were satisfied, 8.6% were Not satisfied, 5.9% were very unsatisfied. The results of the current study are similar to above study as approximately 13 percent patients found unsatisfied the services as same as reported in above study. (26) Similarly another cross sectional observational study reported that Satisfaction rate was found 87% study reveal that the discomfort and waiting times in procedure were main causes for dissatisfaction Overall most of the patients were pleased. (44) Another Quantitative cross sectional descriptive study conducted by Al Nafees Hospital Islamabad in 2015 that reported 86%. Overall satisfaction the study gave good satisfactory result of the respondent experience. (32)

Descriptive qualitative study conducted in Mayo hospital reported that 22% parents were fully satisfied while 11% of the parents totally dissatisfied while many of patients were pleased. (42) Our study majority of the study participants showed satisfactory response. In a total of 387 participants, Majority of the patients were satisfied, f = 339 (87.6%) followed by 48 (12.4%) patients that were dissatisfied from the occupational therapy services, respectively.

Another study shows that the occupational therapy patients at Katutura State Hospital are slightly satisfied with the services although there are some other factors they are dissatisfied with Out of the three dimensions; quality of care, physical environment and occupational therapy services, the highest satisfaction was under quality of care, followed by occupational therapy services. (24) A study reported on the clients Satisfaction to measure self-reported improvement in goals and satisfaction with the programme. 38 clients with statistical significance at (p < 0.001) clients. The clients Satisfaction Survey supported client's accomplishment of goals. valuation and therapy based on a client centered, OT programme completely affects clients' view of change in self-identified problem areas of occupational presentation. (35) Another study reported that guardian satisfaction with therapy resulted from seeing their kids recover, children's pleasure of therapy sessions, chances for group as well as personal sessions, home-based programs, and field visits. (45) Similar finding were reported by our study in a total of 387 participants, Majority of the patients were satisfied, f = 339 (87.6%) followed by 48 (12.4%) patients that were dissatisfied from the occupational therapy services, respectively. This study uses the SAPS and PSQ-18 scales for measuring parents satisfaction with OT services where some other studies like Moll CM et al., Thelma Marwa et al., and Ali Abdullah at al., used other scales for the same purposes. Ali Abdullah makes self-made questionnaires at al where they reported male patients more satisfied with services than female patients. Moll CM et al used the tools to measure patient parent satisfaction such as MPOC-20, MOPC-56,COPM,GAS and CSQ where the outcome measures were focused on clinical aspects, explaining the child procedure and providing follow up time. Thelma Marwan et al used a quantities and qualitative approach in measuring patient satisfaction with OT services. They reported for patient satisfaction as it to this study (24, 46, 47)
Conclusion
This study concludes on patients satisfaction (ranges from satisfied to very satisfied) with occupational therapy services on both of scales, include SAPS and PSQ-18, whereas approximately 13% patients found unsatisfied with services on both above-mentioned scales.

Limitation of the study
This study was conducted only in one center, we could recruit more, however with us, it was not possible as in Peshawar there is only one center for occupational therapy. Majority of the study clients were uneducated, we face compliances regarding follow up issues mainly with uneducated clients. Secondly Small sample size, only 387 clients were recruited Sample size could be large if we had occupational therapy services in other tertiary care hospital of KPK.

Financial constraints as per session treatment costs of occupational therapy services for Patients in LRH.

Policy implication and recommendation
The future research needs to be conducted with a larger sample size. Similarly, the scope of the similar research should be extended to multi-centered approach, conducted on different health care system where occupational therapy existed and this program should be incorporated in multiple health care set up..

Abbreviations
ASRB          Advance Study and Research Board
LRH           Lady Reading Hospital
OT            Occupational therapy
PSQ-18        Patient Satisfaction Questionnaire 18
SAPS          Short Assessment Patient Satisfaction
SPSS          Statistical Package for Social Sciences

Declarations
Authors' information
Naseem Ullah is a Master scholar in public health at institute of public health and social sciences Khyber medical university, His research areas is occupational health therapy. Ihsan Ullah is a Demonstrator at institute of nursing sciences, Khyber medical university. He is also Master scholar in public health at institute of public health and social sciences Khyber medical university, His research areas are universal health coverage, insurance programs, health policies, Dr Ayaz Ayub is an associate professor at institute of public health and social sciences, Khyber medical university. He has published more than 20 papers in international journals. Syed Jawad Hussain is Demonstrator at Khyber medical university. He is also Master Scholar at institute of public health and social sciences Khyber medical university.

Ethics approval and consent to participate
Ethical approval has been taken from Advanced Study Review Board (ASRB) KMU. Prior data collection, permission was taken from the concerned department in LRH Peshawar in order to conduct the study. Informed consent was also taken from each participant of the study and assure his or her confidentiality in the study.

Consent for publication:
All contributing authors have signed and given the consent for publication

Availability of data and materials
Original datasets will be available upon reasonable request to the corresponding author.

Competing interests
The authors declare that they have no competing interests.

Contributions of authors
The cross sectional study framework designed by Naseem Ullah under the supervision of Ayaz Ayub. The literature search and theoretical analysis helped along by Ihsan Ullah and Naseem Ullah. Ihsan Ullah, Jawad Hussain and Ayaz Ayub completed the statistical analysis, data interpretation, and
manuscript writing. The final manuscript has read by and approved by all writers.

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Figures
Figure 1

Patients that belong to different areas of KP, Pakistan

Figure 2

Shows cross tabulation between gender and SAPS