Adapting Patient Satisfaction Questionnaire-18 (PSQ-18) for Physical Therapy Patients Undergoing Telerehabilitation in National Capital Region (NCR), Philippines

Asia Pacific Journal of Allied Health Sciences
Vol. 5. No 2, pp 82-90
September 2022
ISSN 2704-3568

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Abstract **–** During COVID-19 in the Philippines, telerehabilitation was implemented more frequently to continue providing physical therapy (PT) services to patients with musculoskeletal (MSK) conditions. However, no studies on patient satisfaction in telerehabilitation have been conducted in the Philippines yet. More so, there was no existing outcome measure tool written in Filipino to quantify patient satisfaction, which was a critical outcome of medical care. The original Patient Satisfaction Questionnaire-18 (PSQ-18) was an internationally known tool that was validated, reliable, and adaptable for use in a variety of settings. The study's objectives were to: (1) adopt and translate the Patient Satisfaction Questionnaire-18 (PSQ-18) in a telerehabilitation setting, (2) determine the feasibility of a modified and translated version of the Patient Satisfaction Questionnaire-18 (PSQ-18), and (3) identify potential trends and the possibility of conducting studies based on preliminary results. PSQ-18 was translated and modified in accordance with RAND Policy guidelines, and it was subjected to Content Validity Ratio (CVR), Face Validity, and Cronbach Alpha internal consistency tests. Thirty (30) respondents took part in the pilot testing of the Modified Filipino PSQ-18 (Fil-PSQ-18), which was administered via Google forms facilitated by a third party. The preliminary data resulted in a weighted mean (WM) of 3.56, indicating a potentially high level of satisfaction. The interpersonal manner received the highest level of patient satisfaction (4.17 WM) while the lowest score in time spent with PT/s (3.02 WM). This pilot study found no potential issues and has the ability to scale up to a larger population for actual implementation.

Keywords **–** *COVID-19, musculoskeletal patient, Patient Satisfaction, physical therapy, telerehabilitation,*

INTRODUCTION

In response to the COVID-19 Pandemic, the Philippines imposed the first partial lockdown on Metro Manila on March 15, 2020, and after a day, the entire Luzon was placed under a total lockdown categorized as Enhanced Community Quarantine (ECQ). To prevent national health-care systems from collapsing, governments all over the world were forced to enact stringent regulations that severely limited individual freedom of movement and imposed strict six-foot social distancing [1].

One of those which was affected by the pandemic was the delivery of healthcare professionals who were usually in close contact with patients, such as physical therapy (PT). The World Confederation for Physical Therapy (2020) had already advised its member organizations to postpone non-urgent treatments to ensure safety. This led to a significant decline in face-to-face outpatient care [2]. Particularly affected were patients diagnosed with musculoskeletal (MSK) conditions. Musculoskeletal impairments include over 150 different diseases or conditions that affect the system and are characterized by impairments in the muscles, bones, joints, and adjacent connective tissues, resulting in permanent or temporary limitations in functioning and participation [3]. Low back pain (LBP) was the most common type of MSK condition [4]. According to the 2017 Global Burden of Disease Study, one of the three leading causes of years lived with disability (YLDs) is LBP. MSK conditions were also the leading cause of global rehabilitation needs [3]. To continue the rehabilitation services for MSK conditions during the pandemic, telerehabilitation was promoted by the World Confederation for Physical Therapy [1].

Telerehabilitation is the delivery of distant assessments and interventions for individuals with disabilities using information and communication technologies (ICT). It was rapidly adopted to continue the provision of rehabilitation services as it overcomes barriers brought about by the pandemic, providing a useful tool for practitioners to continue providing healthcare, such as in the evaluation and treatment of patients with MSK disorders [5]-[6] Another benefit of

telerehabilitation was its accessibility, convenience, and affordability, as well as its ability to improve schedule adherence and patient intake [7]. However, the emergence of telerehabilitation continues to face challenges, particularly in developing countries such as the Philippines [6]. Some of which were the equipment barriers, rapid adoption, mixed attitudes towards its use, and technical factors [1],[6].

Similar to medical care, patient satisfaction was a critical outcome in the increasing demand of patients as consumers of services in the medical marketplace, physical therapy also used patient satisfaction as a critical outcome and one of the indicators of the quality of patient care [8]. Patient satisfaction as an indicator of the quality of patient care [9]. In addition, it has been established as a direct indicator of the quality of services provided and has proven to be a key element in patient adherence to treatment [10]. However, there were few validated instruments or studies that assessed patient satisfaction in telerehabilitation [11]**.** In the Philippines, there was no yet recorded outcome measure that quantifies patient satisfaction in telerehabilitation written in Filipino during the pandemic.

THEORETICAL FRAMEWORK

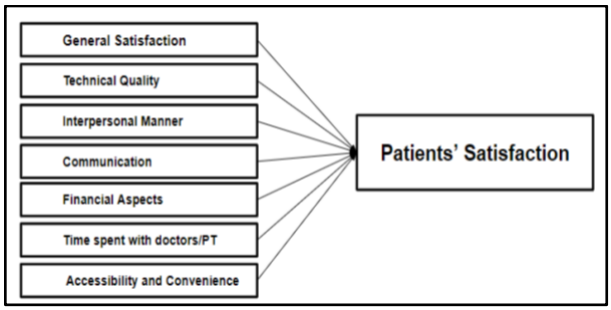

Figure 1. Preliminary Model of Patient Satisfaction (Ware et al.,1976)

A model was developed by Ware et al. [12] called the Preliminary Model of Patient Satisfaction. Similarly, this model serves as the theoretical framework of Marshal et al., [8] for making the Patient Satisfaction Questionnaire 18 (PSQ-18).

This model consists of seven dimensions that influence patient satisfaction, namely, general satisfaction, technical quality, interpersonal manner, communication, financial aspects, time spent with PTs, and accessibility and convenience

OBJECTIVES OF THE STUDY

This study aims to: (1) adapt and translate the Patient Satisfaction Questionnaire (PSQ-18) in a telerehabilitation setting; (2) determine the feasibility of modified and translated version of Patient Satisfaction Questionnaire-18 (PSQ-18); (3) identify potential trends and the possibility of conducting studies based on preliminary results.

MATERIALS AND METHODS

Research Design

This pilot study was a quantitative research which employed a cross-sectional study to test the psychometric properties of the modified Fil-PSQ-18.

Population and Sampling

Each item in the Modified Fil-PSQ-18 was then subjected to content validation with ten experts serving as validators. These ten experts were selected for Content Validity Ratio (CVR) who can be either (1) a physical therapist involved in telerehabilitation, (2) an administrator handling patient relations, or (3) researchers who conducted patient satisfaction studies. Items that recorded negative CVR scores were regarded as non-essential and were removed from the questionnaire [14]. Six non-experts for face validity were also selected based on the same criteria as the 30 respondents in the pilot study.

A total of 30 respondents were selected through consecutive sampling methods for the pilot [15]. These respondents were either male or female Filipino, 18-65 years old, diagnosed with a Musculoskeletal (MSK) condition, and having been or still having telerehabilitation for their condition, capable of communicating and knowledgeable to speak, write, and read either in Filipino or English. Meanwhile, patients with co-existing diagnoses, those currently being handled by PT interns, those physically or mentally incapable of completing the survey, and those receiving alternative medicine and treatment that were not part of standard medical care were all excluded from this study. Only those who managed to meet these criteria were accepted to participate in this study.

To administer questionnaires and handling of patient data, the researchers hired one (1) independent third party with knowledge in information and communications technology and should be capable and knowledgeable to speak, write and read in both English and Filipino.The third party would be in charge to facilitate the online gathering of data and entertained questions from the 30 respondents.

Research Instrument

PSQ-18 was a tool that, although have been used successfully in many countries, and have shown great versatility and applicability in different settings, it has not been applied in the field of telerehabilitation and translated in Filipino.

All items were translated following the specifications provided by RAND Health Care with some modifications (shown in Table 2) to ensure appropriateness and applicability to the field of physical therapy in telerehabilitation given the COVID-

19 pandemic [13]. Prior to translation, the initial translator collaborated with four randomly selected survey users via zoom meetings to preliminarily screen the questionnaire of problem items, terms, or concepts. A second translator translated the questionnaire back into English. The modified PSQ-18 would be reviewed by review members composed of (1) the initial translator, (2) the back-translator, and (3) a bilingual reviewer. who has expertise in both English and Filipino language. The same team suggested a final version for the modified Fil-PSQ-18 [13].

The modified Fil-PSQ-18 has the same scoring system as the original questionnaire where it yields separate scores for each of seven different subscales: General Satisfaction (Items 3 and 17); Technical Quality (Items 2,4,6, and 14); Interpersonal Manner 39 (Items 10and 11);Communication (Items 1 and 13); Financial Aspects (Items 5 and 7); Time Spent with PT (Items 12 and 15); Accessibility and Convenience (Items 8, 9, 16, and 18). Some PSQ-18 items are worded so that agreement reflects satisfaction with medical care, whereas other items are worded so that agreement reflects dissatisfaction with medical care. After item scoring, those within the same subscale should be averaged together to create the seven subscale scores.

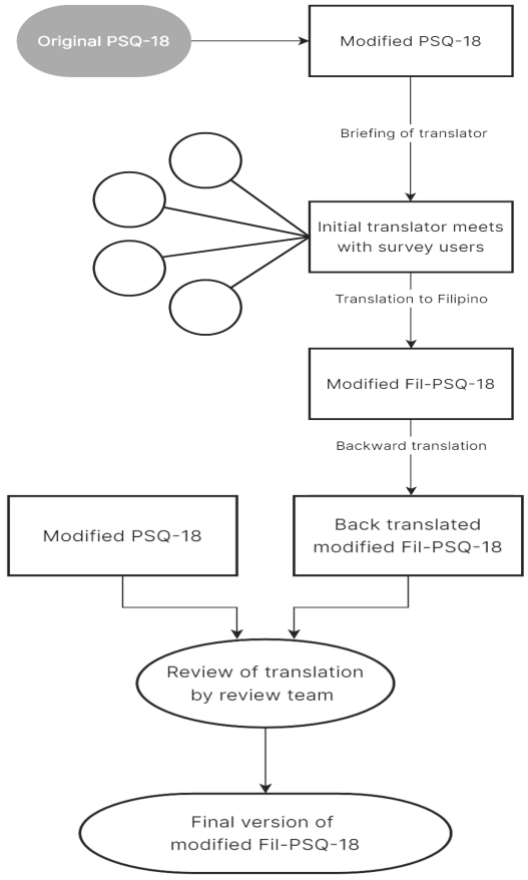

Figure 2. Translation process of modified FilPSQ-18

Scoring Items

Item Numbers	Original Response Value	Scored Value
1, 2, 3, 4, 5, 6, 8, 11, 15, 18	1---------->	5
	2---------->	4
	3---------->	3
	4---------->	2
	5---------->	1
4, 7, 9, 10, 12, 13, 14, 16, 17	1---------->	1
	2---------->	2
	3---------->	3
	4---------->	4
	5---------->	5

Creating Scale Scores

Scale	Average These Items
General Satisfaction	3, 17
Technical Quality	2, 4, 6, 14
Interpersonal Manner	10, 11
Communication	1, 13
Financial Aspects	5, 7
Time Spent with PT	12, 15
Accessibility and Convenience	8, 9, 16, 18

Note: Items within each scale are averaged after scoring as shown in Appendix Table 1.

Figure 3. Scoring of modified Fil-PSQ-18

Data Gathering Procedure

Both 30 respondents and the third party signed a consent form and data privacy. The researchers gave the third party a copy of the Modified Fil-PSQ-18 wherein the third party made Google Forms which was sent through Facebook messenger to the 30 respondents [16]. From here, the third party utilized Excel to document the findings and Google Forms to tally the result prior to emailing the statistician. The researchers used SPSS software in analyzing the gathered data which was further verified by the statistician.

Statistical Analysis

The content validity was evaluated using Content Validity Ratio (CVR). The Face validity was analyzed by calculating the number of responses per each question, per item. Cronbach's alpha was used to measure the study's internal consistency. A frequency distribution and corresponding percentages is used to assess the demographic profile of the study respondents and is evaluated with respect to their gender, age, place of origin, and the length of time they received telerehabilitation. The weighted mean is used to calculate the degree of satisfaction and the underlying factors that affect telerehabilitation.

Ethical Consideration

All participants underwent data privacy and informed consent procedures prior to the implementation of this study. This study was conducted in accordance with the Declaration of Helsinki and was reviewed by the Ethical Review Board of Lyceum of the Philippines University - Batangas with approval number (A1-2021-085).

RESULTS AND DISCUSSION

Stage 1: Translation Procedure

Table 1 shows the credentials of the review members in translating and modifying the PSQ-18. It was translated into Filipino by a forward translator (K.A.) and a back translator (A.L.) proficient in both Filipino and who were all well-versed in both the English and Filipino language. After the translated version was completed, it was back translated by A.L. Within three (3) days, the back translator returned the output for (D.V), a DPT with fifteen (15) years of experience in medical research, to review. The Modified Fil-PSQ-18 was created by the same group of translators and a reviewer, and it was then approved by ten (10) experts (refer to Table 3). The entire process of translation was completed within four (4) weeks.

Table 1: Credentials of Review Board in Modification and Translation of PSQ-18.

Table 1. Credentials of the Review Members

Members	Profession	Educational Background
Filipino Translator	Board Licensure Examination Professional Teacher	• Bachelor of Science of Education Major in Filipino • Master of Arts in Education Major in Filipino
Back Translator	Linguist-Qwertyworks Secondary in-house translator for medical content Handled research studies, medical journals, and technical updates for scientific experiments	• Bachelor of Arts of Journalism
Reviewer	Physical therapy License Board Certified Orthopedic Certified Specialist ABPTS Certified Therapist Barcelona Institute	• Bachelor of Science of Physical Therapy • Master of Science: Health Science • Doctorate in Physical Therapy

Table 2. Amendment of questionnaire based on experts' recommendation

English Version	Filipino Translation	Back Translation
1. Physical Therapist/s is good about explaining the reason for medical tests.....	1. Mahusay ang mga *Physical Therapist* sa pagpapaliwanag ng dahilan sa naging mga pagsusuring medikal.....	1. The Physical Therapists did well in explaining the reasons for the medical assessments…….
2. I think the place where I am receiving telerehabilitation has everything I needed to provide complete medical care.....	2. Sa aking palagay, kumpleto ang lahat ng kailangan ko sa lugar na pagsasagawaan ng *telerehabilitation* upang maibigay ang buong pangangalagang *Physical Therapy*.....	2. In my perspective, the telerehabilitation facility has everything that I need to fully administer all the Physical Therapy treatments…….
3. The medical care I have been receiving is just about perfect.....	3. Halos perpekto o wala na akong hahanapin pa sa *Physical Therapy services* na natatanggap ko.....	3. The Physical Therapy services that I am receiving is almost perfect or complete.....
4. Sometimes doctors make me wonder if their diagnosis is correct.....	4. Minsan, napapaisip ako kung tama ang resulta ng eksaminasyon na isinagawa ng *Physical Therapist* sa akin.....	4. There are times that I wonder if the result of the evaluation the Physical Therapist performed on me are correct.....
5. I feel confident that I can get the medical care I need without being set back financially.....	5. Tiwala akong makukuha ko ang kailangang *Physical Therapy services* nang hindi nahahadlangan ng usapang pananalapi.....	5. I feel secured that I will receive the necessary Physical Therapy services without worrying of financial issues
6. When I go for medical care, they are careful to check everything when treating and examining me.....	6. Kung mangailangan ng *Physical Therapy services*, maingat nilang sinusuri ang lahat sa aking pagpapagamot.....	6. Whenever I need Physical Therapy services, they carefully assess everything about my treatment.....

7. I have to pay for my more of my medical care than I can afford.....	7. Higit ang binabayaran kong *Physical Therapy services* kaysa sa aking kakayahang pinansyal.....	7. The expenses I am paying for my Physical Therapy services are greater than my actual financial capacity.....
8. I have easy access to the medical care specialists I need.....	8. Madali kong nalalapitan ang mga kailangang espesyalista.....	8. I can easily access the specialists that I need.....
9. Where I get medical care, people have to wait too long for scheduling treatment/appointment.....	9. Naghihintay nang matagal ang mga tao na magkaroon ng *appointment* sa tuwing magpapa-iskedyul ng *telerehabilitation*	9. People have to wait for long periods to secure a schedule and appointment each time I have telerehabilitation…..
10. Physical Therapists act too business like and impersonal toward me.....	10. Ang *Physical Therapist* ay masyadong propesyonal at walang pagkiling ang pagtrato sa akin.....	10. The Physical Therapists treat me too professionally and fairly.....
11. My Physical Therapist/s treat me in a very friendly and courteous manner.....	11. Magiliw at magalang ang pakikitungo ng mga *Physical Therapist* sa akin…….	11. The Physical Therapists treat me warmly and respectfully……
12. Those who provide my medical care sometimes hurry too much when they treat me.....	12. Minsan, masyadong nagmamadali ang mga nagbibigay ng *Physical Therapy services* sa akin……	12. Sometimes, those who administer my Physical Therapy services do things in haste……..
13. Physical Therapist/s sometimes ignore what I tell them.....	13. Minsan, ipinagsasawalang bahala ng mga *Physical Therapist* ang sinasabi ko sa kanila.....	13. Sometimes, the Physical therapists are not paying attention to what I am telling them.....
14. I have some doubts about the ability of the Physical Therapist/s who treat me.....	14. May kaunti akong pagdududa sa kakayahan ng *Physical Therapist* na nanggagamot sa akin……	14. I somewhat doubt the ability of the physical therapist administering my treatment……..
15. Physical Therapist/s usually spend plenty of time with me.....	15. Karaniwang mahaba ang oras na itinutuon ng *Physical Therapist* sa akin……	15. The physical therapist usually allots plenty of time on me.....
16. I find it hard to get an appointment for medical care right away.....	16. Nahihirapan akong makahanap agad ng iskedyul sa kailangan kong *Physical Therapy services*.....	16. I find it difficult to promptly secure a schedule for the Physical Therapy services that I need.....
17. I am dissatisfied with some things about the medical care I receive.....	17. Hindi ako nasiyahan sa ilang bagay sa isinagawang *Physical Therapy services* sa akin.....	17. I am not satisfied with a few things about the Physical Therapy services administered to me.....
18. I am able to get medical care whenever I need it.....	18. Naisasagawa ang *Physical Therapy services* ano mang oras ko ito kailanganin.....	18. Whenever I need Physical Therapy services, they are able to administer it to me regardless of the hour.....

Stage 2: Validation Procedure

Content Validity

Table 3. Demographic Profile of ten experts in CVR

Expert	Expert's Profession	Age	Years experienced	Years experienced in Telerehab
1	PT	26	2	2
2	Admin	30	5	1
3	PT	43	15	1.5
4	PT	30	12	2
5	Admin	26	4	0.5
6	Admin	42	11	2
7	PT	25	3	1
8	Admin	25	4	1
9	PT	29	5	2
10	PT	27	8	2

Note: *PT-Physical Therapist, Admin-Administrator*

Table 3 shows the demographic profile of the 10 content validators. The age of respondents were between. Half of the participants have two years of experience in conducting telerehabilitation, while one only had 6 months of experience. The ratio of the experts who participated was 6:4, having more response from the PT handling telerehabilitation than those from the administration department.

Table 4
Content Validity Ratio

Item	Count	Lawshe Index	Required Index	Decision
1	9	0.8	0.62	Passed
2	9	0.8	0.62	Passed
3	9	0.8	0.62	Passed
4	9	0.8	0.62	Passed
5	10	1	0.62	Passed
6	9	0.8	0.62	Passed
7	9	0.8	0.62	Passed
8	9	0.8	0.62	Passed
9	9	0.8	0.62	Passed
10	10	1	0.62	Passed
11	10	1	0.62	Passed
12	10	1	0.62	Passed
13	9	0.8	0.62	Passed
14	10	1	0.62	Passed
15	9	0.8	0.62	Passed
16	9	0.8	0.62	Passed
17	10	1	0.62	Passed
18	9	0.8	0.62	Passed

Table 4 summarizes the result of the validation process. All of the items were above the minimum 0.62 Lawshe (1975), with the lowest value at 0.80 and highest at 1.00. Experts determined that all the items in the Modified Fil-PSQ-18 were 'truly essential' in measuring patient satisfaction in telerehabilitation. Items 5, 10, 11 12, 14, and 17 were deemed as 'most essential'.

Face Validity

Six non-experts diagnosed with MSK validated the Modified Fil-PSQ-18 when it came to its relevance to measure patients' satisfaction in telerehabilitation. Results showed that all six respondents agreed that all the items listed in the Modified Fil-PSQ-18 were easy to understand and appropriate to be used in the study.

Internal Consistency Reliability

Table 5. Cronbach's Alpha Result

	N	Cronbach's Alpha	Descriptive Equivalent
General Satisfaction	2	0.702	Passed
Technical Quality	4	0.913	Passed
Interpersonal Manner	2	0.735	Passed
Communication	2	0.716	Passed
Financial Aspects	2	0.714	Passed
Time Spent with Doctor	2	0.705	Passed
Accessibility and Convenience	4	0.707	Passed
Overall Satisfaction	18	0.746	Passed

Table 5 shows that the score of the seven dimensions from 30 respondents were acceptable for internal consistency.

Stage 3: Pilot Testing

Table 6:
Demographic Profile of 30 Respondents

Characteristics	(f)	(%)
Age		
Late Adolescence (18-21)	3	8%
Early Adult (22-34)	13	36%
Early Middle Age (35-44)	8	22%
Late Middle Age (45-64)	6	17%
Gender		
Female	13	36%
Male	17	47%
Residence		
San Juan	4	11%
Makati City	3	8%
Caloocan	2	6%
Las Pinas	2	6%
Mandaluyong	2	6%
Navotas	2	6%
Pasay City	2	6%
Pasig City	2	6%
Quezon City	2	6%
Taguig	2	6%
Malabon	1	6%
Manila	1	3%
Marikina	1	3%
Metro Manila	1	3%
Muntinlupa	1	3%
Novaliches	1	3%
Paranaque	1	3%

Frequency of Rehabilitation service during Pandemic		
1-2 times	2	6%
3-5 times	18	50%
6-10 times	8	22%
10 times or more	2	6%

Table 6 shows the result of gathered demographic data from the 30 respondents involving males with 47% and 36% female. From these, 13 (36%) were on the early adult (22-34 years old), 8 (22%) were on the early middle age (35-44 years old), 6 (17%) were on the late middle age (45-64 years old), and 3 (8%) were on the late adolescence. Most of the respondents reside in San Juan City (11%), Caloocan City, Las Pinas City, Makati City, Mandaluyong City, Navotas, Pasay City, Pasig City, Quezon City and Taguig (6%).

Table 7. Weighted Mean Scores of Overall Satisfaction and its Seven Dimensions from the Preliminary Result of 30 Respondents

		WM	**Descriptive Equivalent**	
Overall Satisfaction		3.56	Agree	
Dimensions	**Items**	**WM**	**Descriptive Equivalent**	**Rank**
General Satisfaction	3, 17	3.37	Undecided	6
Technical Quality	2, 4, 6, 14	3.71	Agree	3
Interpersonal Manner	10, 11	4.17	Agree	1
Communication	1, 13	3.42	Agree	5
Financial Aspects	5, 7	3.82	Agree	2
Time Spent with PT	12, 15	3.02	Undecided	7
Accessibility and Convenience	8, 9, 16, 18	3.43	Agree	4

Legend: 1.00 - 1.80 Strongly Disagree; 1.81 - 2.60 Disagree 2.61 - 3.40 Undecided; 3.41 - 4.20 Agree; 4.21 - 5.00 Strongly Agree

Table 7 shows the result of pilot study wherein the majority of the participants agreed that they were satisfied with the telerehabilitation in terms of overall services with a weighted mean of 3.56. Seven dimensions with its corresponding weighted mean scores were also listed. From here, interpersonal manner rank first with the highest weighted mean (3.37), which implies that most of the participants agreed that they are satisfied with their relations with Physical Therapists. Financial aspects ranked second (WM = 3.82), followed by technical quality (WM = 3.71), accessibility and convenience (WM = 3.43) and communication (WM = 3.42). However, participants remain undecided if they are generally satisfied (WM = 3.37) and if they are satisfied with time spent with PT.

Translation and Modification

This was the first study that translated PSQ-18 into the Filipino version and applied in PT practice and telerehabilitation setting during the COVID-19 Pandemic in the Philippines. The PSQ-18 were modified and translated from the guidance of RAND Policy Health care [13]. The researchers also submitted a copy of the Modified Fil-PSQ-18 to RAND.

Validation and Internal Consistency

The result of the Content Validity Ratio (CVR) and face validity showed that the Modified Fil-PSQ-18 was valid as per the quantifying consensus of the experts for the questionnaire to be used as the statistical instrument in measuring patient satisfaction in telerehabilitation. The Modified Fil-PSQ-18 received high scores among the chosen ten (10) experts. This may have resulted from the researchers' choice to select experts under the Physical Therapy profession which involves telerehabilitation, administrative work, and patient relations which increased the comprehensibility of the content of the questionnaire.

The modified Fil-PSQ-18 shows acceptable internal consistency reliability on all subscales using Cronbach Alpha. Technical quality has the highest score (>0.9) which shows excellent reliability.

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Pilot Study

The results of this implemented pilot study were in agreement with the study of Tenforde et al., (2019) [2] and Jenkinson and others (2002) [16], as it was noted that despite the change from the face-to-face hands on PT management to the new norm, telerehabilitation, respondents generally indicate that they were satisfied with the PT service they received. The reported results here similarly find high levels of reported satisfaction but go further in that their satisfaction were specifically identified from the seven dimensions of Modified Fil-PSQ-18.

Preliminary results showed the dimension of telerehabilitation that had the highest level of patient satisfaction was the interpersonal manner followed by financial aspect and technical quality. This is supported by the study of Kruse [7] as it was mentioned in their study interpersonal manner had the highest patient satisfaction when it came to teleradiology although no studies support that this may also be applied with telerehabilitation. Moreover, participants were highly satisfied with technical components of telerehabilitation intervention [7]. However, it was evident in the result of the study that patients remain undecided whether they were satisfied or not with general satisfaction and time spent with the PT. Due to limited studies regarding telerehabilitation specially in the Philippines, there were no articles that support this result. Nevertheless, results showed that 30 respondents were highly satisfied with the overall telerehabilitation service. Yet, this representation could not represent the whole population of people diagnosed with MSK that undergo telerehabilitation in NCR because this study was limited only to pilot study.

CONCLUSION AND RECOMMENDATION

Despite the new norms delivery of PT service, telerehabilitation, urged upon COVID-19 Pandemic, this study showed high satisfaction using the Modified Fil-PSQ-18 from the 30 respondents diagnosed with MSK conditions and living in the NCR.

This questionnaire was originally written in English and has been used to assess patients satisfaction from the medical care they received. Given this, the researchers through the guidance of RAND Policy Health Care were able to modify and translate the questionnaire to suit and be appropriate in PT practice and in telerehabilitation setting [13]. This study showed that a modified Fil-PSQ-18 is a valid and reliable tool for measuring patient satisfaction in telerehabilitation in the Philippines.

Five (technical quality, interpersonal manner, communication, financial aspect, and accessibility and convenience) out of the seven dimensions showed agreement from participants' satisfaction with the PT service they received. Interpersonal manner is the leading dimension that has the highest level of satisfaction, followed by financial aspect, then technical quality, and lastly, accessibility and convenience. While the remaining two (general satisfaction and time spent with PT) out of seven dimensions remained undecided if they were satisfied.

Overall, it was found out that a Modified Fil-PSQ-18 is an effective, reliable and valid tool in measuring patient satisfaction in telerehabilitation in the Philippines. It was also found out there are no possible issues that could arise in actual implementation of this study with a larger sample.

In account of the study's findings, the researchers would like to recommend the following for future researchers;

1. To improve the scoring of the Modified Fil-PSQ-18 in a four item likert scale
2. To use the questionnaire in an actual implementation where a larger sample size is included.
3. To dwell into other conditions other than MSK
4. To include an open-ended questionnaires be used to get a greater insight of the respondents' personal viewpoints
5. To explore further on the study by determining the level of satisfaction in telerehabilitation beyond the pandemic.

LIMITATIONS

Limitations of this study are the characteristics and number of participants, used questionnaires were specifically for telerehabilitation during COVID-19 pandemic, and application to PT practice.

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