

Client Satisfaction with Allied Health Professionals in an Occupational Health Setting

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ABSTRACT: *Client satisfaction surveys have served as a valued appraisal tool to measure quality care in various healthcare settings, but there is a paucity of published research of client satisfaction with allied health professionals in the occupational health setting. The aim of this project was therefore to evaluate client satisfaction with allied health professionals in an occupational health setting. A survey was developed by the therapy team for the purpose of this project following a literature search. The survey consisted of four components: (a) demographic section, (b) satisfaction with therapy and therapist, (c) impact on attendance at work and (d) open-ended comments. The survey was piloted with appropriate modifications made prior to use. The demographic data indicated that the therapy team provided services to a diversity of clients. In all domains of satisfaction with therapy and therapist clients reported more than ninety percent satisfaction. This survey revealed that the therapy team has made a significant impact in supporting clients who were at work to remain at work and reduce the likeliness of future sickness absence. For those absent from work the therapy team made a significant impact in supporting clients return to work but has not made a significant impact on reducing the likeliness of future sickness absence. The positive experiences reported by clients were support, caring, therapy impact and quality of care and the areas for improvement reported were streamlining the onward referral process and reducing waiting times. The information provided by clients will be used to improve and refine the therapy services.*

KEYWORDS: client, satisfaction, allied health professionals, occupational health

INTRODUCTION

Client satisfaction is an important construct in determining the success of a particular healthcare provider or intervention (Nguyen and Nagase, 2019). It is an indicator of not just quality of care but can be used as a measure to improve services (Nguyen and Nagase, 2019). Clients can often become dissatisfied when there are inefficiencies with services such as booking or changing an appointment, not feeling comfortable with the treatment or poor attitude from the healthcare professional or provider (Meesala and Paul, 2018). Businesses have much to gain from effective multidisciplinary occupational health services because it ensures a consistency of quality of care (Chetty, 2019). Clients that are satisfied are more likely to commit and comply with advice and treatment compared to dissatisfied clients that usually do not regularly attend their appointments which contributes to delays in their recovery (Meesala and Paul, 2018). In addition, dissatisfied clients tend to seek care from multiple healthcare providers which often results in fragmented and ineffective care (Sathiyaseelan et al., 2015). This results in an increased cost to the business through sickness absence, presenteeism and temporary agency staff (Bozkurt and Gligor, 2019). Client satisfaction data is most effective when dimensions of structure, processes and outcomes are measured (Chetty, 2012). This is because it is important for healthcare professionals to learn more about what clients think about all aspects of their service in order to establish a better healthcare relationship with them. The purpose of an occupational health service is to ensure that employees remain at optimal health. This can be provided through preventative and curative services and involves many different specialists such as doctors, nurses and allied health professionals (physiotherapists, psychologists, occupational therapists). Although client satisfaction has been studied in a variety of settings, its use in the occupational healthcare setting with allied health professionals is lacking. This lack of information means that there is limited emphasis on quality improvement processes with allied health professionals within this setting. Allied health professionals play a vital role in supporting clients to remain or return to work and this contributes to the productivity of the business. Evaluating client satisfaction will allow allied health professionals to discover not only the needs of their clients but also their expectations of the service. The aim of this project was to evaluate client satisfaction with allied health professionals in an occupational health setting.

METHODOLOGY

This project was conducted at the occupational health departments of two North London NHS Foundation Trusts in the United Kingdom. The occupational health departments provide a service for over 15,000 employees. The employees include both clinical and non-clinical staff providing services to maternity care, accident and emergency, orthopaedics, child health and general medicine and surgery. The Trusts have educational links through academic partnerships. The occupational health services are provided in-house and are located on the premises of each Trust and comprises doctors, nurses, physiotherapist, psychologists and an occupational therapist. All clients that attended at least two sessions of occupational therapy, four sessions of physiotherapy and six sessions of psychology were either emailed a satisfaction survey link or handed a paper version to complete. Following a literature search a survey was

developed for the purpose of this project. The survey consisted of four components: (a) demographic section, (b) satisfaction with therapy and therapist, (c) impact on attendance at work and (d) open-ended comments. The revised-scale was used to measure the satisfaction with therapy and therapist (STTS-R). The STTS-R is made up of 12 questions on a 5-point Likert scale (1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree). The STTS-R is both a valid and reliable instrument to assess the level of client satisfaction with both therapist and therapy in a clinical setting (Oei and Green, 2008). The sum of all the even items provided the client's level of satisfaction with the therapist and the sum of all the odd items provided the client's level of satisfaction with therapy. The higher the score the greater the level of client satisfaction. Question 13 provided a measure of the client-related measure of global improvement. The final survey was reviewed by the therapy team and pilot tested on several clients with appropriate modifications made prior to use. Qualitative data were analysed using thematic analysis whereby recurring comments were grouped together and presented under a common theme. Quantitative data analysis was performed using the Statistical Software for Excel package. This project was classified as a service improvement initiative and therefore ethical approval was not required (Health Research Authority, 2017).

RESULTS

A total of 111/180 surveys were returned from all three AHP services. This indicates a response rate of 61.7%. The demographics data, satisfaction with therapy and therapist, overall impression of the therapist and therapy service, impact of AHPs on attendance at work and themes and comments of the experiences with the therapist and therapy service are presented in Tables 1-5.

Table 1. Demographic data

Variables	Total (n)	Percentage (%)
Service attended:		
Physiotherapy	44	39.6
Psychology	26	23.4
Occupational therapy	41	37.0
Age (years):		
Under 20	0	0.0
20-29	18	16.2
30-39	25	22.5
40-49	26	23.4
50-59	28	25.2
60 and above	14	12.7
Years worked:		
0-5	48	43.2
6-10	23	20.7
11-15	20	18.0
16-20	8	7.2
> 20	12	10.9
Occupational group:		
Medical/Dental	8	7.2
Nursing and Midwifery	41	37.0
Admin and Clerical	31	27.9

Support Services	5	4.5
Allied Health Professional	22	19.8
Other	4	3.6
Gender:		
Male	29	26.1
Female	81	73.0
Non-binary	0	0.0
Prefer not to say	1	0.9
Other	0	0.0
Ethnicity:		
White (<i>British, Irish, Gypsy or Irish Traveller, Other</i>)	51	45.9
Mixed/Multiple Ethnic Group (<i>White and Black Caribbean, White and Black African, White and Asian, Other</i>)	6	5.4
Asian/Asian British (<i>Indian, Pakistani, Bangladeshi, Chinese, Other</i>)	35	31.5
Black/Black British (<i>African, Caribbean, Other</i>)	17	15.3
Arab	0	0.0
Prefer not to say	2	1.9
Other	0	0.0
Sexual Orientation:		
Heterosexual/Straight	94	84.7
Lesbian/Gay	8	7.2
Bisexual	5	4.5
Prefer not to say	3	2.7
Other	1	0.9
Disability:		
Yes	33	29.7
No	72	65.0
Prefer not to say	6	5.3

Table 2a. Satisfaction with therapy

Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	<i>n (%)</i>	<i>n (%)</i>	<i>n (%)</i>	<i>n (%)</i>	<i>n (%)</i>
I am satisfied with the quality of the therapy I received	3 (2.7)	0 (0.0)	1 (0.9)	25 (22.5)	82 (73.9)
My needs were met by the therapy service	3 (2.7)	1 (0.9)	1 (0.9)	24 (21.6)	82 (73.9)
I would recommend the therapy service to a friend	3 (2.7)	1 (0.9)	2 (1.8)	11 (9.9)	94 (84.7)
I would return to the therapy service if I needed help	3 (2.7)	1 (0.9)	1 (0.9)	11 (9.9)	95 (85.6)

I am now able to deal more effectively with my problems	3 (2.7)	0 (0.0)	7 (6.3)	37 (33.3)	64 (57.7)
I was able to focus on what was of real concern to me	3 (2.7)	0 (0.0)	2 (1.8)	21 (18.9)	85 (76.6)

Table 2b. Satisfaction with therapist

Statements	Strongly Disagree <i>n (%)</i>	Disagree <i>n (%)</i>	Neutral <i>n (%)</i>	Agree <i>n (%)</i>	Strongly Agree <i>n (%)</i>
The therapist listened to what I was trying to get across	3 (2.7)	0 (0.0)	0 (0.0)	12 (10.8)	96 (86.5)
The therapist provided an adequate explanation regarding my therapy	3 (2.7)	0 (0.0)	0 (0.0)	17 (15.3)	91 (82.0)
The therapist was not negative or critical towards me	3 (2.7)	0 (0.0)	0 (0.0)	9 (8.1)	99 (89.2)
The therapist was friendly and warm towards me	3 (2.7)	0 (0.0)	0 (0.0)	10 (9.0)	98 (88.3)
I felt free to express myself	3 (2.7)	0 (0.0)	1 (0.9)	19 (17.1)	88 (79.3)
The therapist seemed to understand what I was thinking and feeling	3 (2.7)	0 (0.0)	1 (0.9)	22 (19.8)	85 (76.6)

Table 3. Overall impression of the therapist and therapy service

Question	Made things a lot worse <i>n (%)</i>	Made things somewhat worse <i>n (%)</i>	Made no difference <i>n (%)</i>	Made things somewhat better <i>n (%)</i>	Made things a lot better <i>n (%)</i>
How much did the therapist and therapy help with your specific problem?	0 (0.0)	0 (0.0)	1 (0.9)	31 (27.9)	79 (71.2)

Table 4. Impact of AHPs on attendance at work

Questions	Yes	No	Do not know
	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)
For those at work:			
Did the therapy support you to remain to remain at work?	103 (92.8)	1 (0.9)	7 (6.3)
Has the therapy reduced likeliness of future sickness absence?	78 (70.3)	6 (5.4)	27 (24.3)
For those absent from work:			
Is the therapy supporting your return to work?	109 (98.2)	1 (0.9)	1 (0.9)
Has the therapy reduced likeliness of future sickness absence?	8 (7.1)	102 (92.0)	1 (0.9)

Table 5. Themes and comments of the experiences with the therapist and therapy service

Themes	Verbatim comments
Positive	<p>Support “The therapist was fantastic, listened to me and made recommendations based off the information I gave. I felt like I was supported.” “The therapist was very supportive and helped to adjust things for me to continue working in the job I have been doing over 8 years.” “The therapist consistently delivers a professional, friendly, knowledgeable, warm, friendly service that is line with the Trust core values.” “The support and advice given was both practical and realistic. I am really grateful for this support.”</p> <p>Caring “The therapist’s approach was both caring and empathetic.” “The therapist listened to my problem and considered the underlying issue, taking into consideration an alternative lifestyle that could assist with resolving my problem.” “My therapist allowed me to speak and be listened to which is something that I was not able to experience before.”</p> <p>Impact “I personally feel that these sessions have allowed me to off load and deal with certain pressing things in my life which has had a big impact on me. The therapist made me feel safe and I was able to openly speak my mind.” “... this has allowed me to express myself and now I feel a bit better and able to cope with the negativity in the workplace so thank you to your team you have helped a lot of people like me.” “Gave me loads of tips to help manage my pain.”</p> <p>Quality “I am satisfied with the quality of the therapy I received.” “I felt reassured that my health was taken into consideration ...” “I was very well informed about the steps of the assessment and reassured that the support is there for me according to my current health needs in order to be able to return gradually to my work duties.” “I felt like I was on a journey of recovery rather than a race.”</p>

	<p>“Always provides a consistent, effective, efficient, all-round support.”</p> <p>“The therapy service in itself was quick to respond to my needs, booking me in and working around my shifts.”</p>
Negative	<p>Onward referral process</p> <p>“It would have been so helpful if the therapy service were aware of other services that referees often need e.g., obtaining equipment. I was referred on to another department (health and safety) and then my manager has had to liaise with a third department (procurement), and no one knows the whole system and there is no easily accessible guidance or flow chart. It comes across as very siloed working.</p> <p>Waiting times</p> <p>“... just took a while for the initial assessment to get my first proper appointment.”</p>

Table 6. One-way ANOVA analysis

A one-way analysis of variance (ANOVA) was used to determine if there was an overall significant difference between the sample means.

Summary of Data				
	Physiotherapy	Psychology	Occupational Therapy	Total
N	12	12	12	36
$\sum X$	2555	1478	2007	6040
Mean	212.9167	123.1667	167.25	167.778
$\sum X^2$	544321	182670	345795	1072786
SD	5.3845	7.5659	30.3379	41.1992
Result Details				
Source	SS	df	MS	
Between-treatments	48335.3889	2	24167.6944	

Within-treatments	11072.8333	33	335.5404
Total	59408.2222	35	24503.2348

There was a statistically significant difference in the overall sample means between the physiotherapy, psychology and occupational therapy services as demonstrated by the one-way ANOVA ($f = 72.02618, p < .00001$).

Table 7. Tukey post-hoc test

A Tukey post-hoc test was used to determine between which of the various pairs of means, if any of them, there was a significant difference.

Pairwise Comparisons		HSD _{.05} = 18.3500 HSD _{.01} = 23.3867	Q _{.05} = 3.4702 Q _{.01} = 4.4227
T₁:T₂	M ₁ = 212.92 M ₂ = 123.17	89.75	Q = 16.97 ($p = .00000$)
T₁:T₃	M ₁ = 212.92 M ₃ = 167.25	45.67	Q = 8.64 ($p = .00000$)
T₂:T₃	M ₂ = 123.17 M ₃ = 167.25	44.08	Q = 8.34 ($p = .00000$)

The Turkey post-hoc test showed that clients that attended the physiotherapy service was statistically more satisfied compared to clients that attended the psychology ($p = .00000$) and occupational therapy ($p = .00000$) services. Clients that attended the psychology service was statistically more satisfied compared to clients that attended the occupational therapy ($p = .00000$) service.

DISCUSSION

The aim of this project was to evaluate client satisfaction with allied health professionals in an occupational health setting. The demographic data indicates that the therapy team provided services to a diversity of clients regardless of age, gender, ethnicity, sexual orientation and disability. Cross-cultural interaction in healthcare settings is becoming increasingly common as societies become more multi-cultural due to migration, the globalised economy, travel and communications (Guru et al., 2012). Understanding the needs of a diverse range of clients and experiences that each individual brings to therapy is now recognised as a component of

effective practice for all therapists (Bennett-Levy, 2019). Therapists need to be aware of their own cultural biases and be willing to undergo a change within themselves to interact effectively and provide quality care to clients from different backgrounds.

In all domains of satisfaction with therapy and therapist clients reported more than ninety percent satisfaction. A key attribute to satisfaction with therapy is the process of care. This includes adequate duration and frequency of treatment, appropriate follow-up, continuity of care and involvement of the client in the decision-making process (Mpinga & Chastonay, 2011). Clients need to feel that they have adequate time with the therapist and not feel as though the treatment is rushed. Todd et al. (2003) reported that reducing therapist-client time, largely due to pressures in the health service, can be viewed by clients as a lack of interest in them leading to lower satisfaction scores. The most consistent determinant of client satisfaction with therapist, as reported by several studies, is the therapist's attributes such as skill, knowledge, professionalism, a friendly attitude and effective communication and has been found to influence client satisfaction scores (Anderson et al., 2009; Hatcher, 2015; Kohlenberg et al., 1999).

This project has demonstrated that the therapy team has made a significant impact in supporting clients who are at work to remain at work and to reduce the likeliness of future sickness absence. However, for those absent from work the therapy team has made a significant impact in supporting clients return to work but has not made a significant impact on reducing the likeliness of future sickness absence. In this regard, Duchemin and Hocine (2020) reported on the difficulty of predicting sickness absence reduction in those that are not at work. According to Duchemin and Hocine (2020) getting clients back into work is based on a number of determinants such as age, low activity levels, low bodily pain thresholds, poor mental and social functioning and the frequency of sickness absence in the previous two years. This suggests that a clinically meaningful improvement following therapy may not be sufficient to reduce future sickness absence and ensure a sustainable return to work if there are determinants outside of the control of the therapist. Therapy intervention is more than simply a provision of symptomatic relief, but a process of active rehabilitation to hasten recovery and return to work (Hunter et al., 2006). The positive experiences reported by clients following therapy was that they felt supported and cared for, the therapy had an impact on their symptoms and facilitating their return to work and overall felt the therapy team provided a quality service. Some clients did report that the onward referral process could be more streamlined and in some cases the waiting times were longer than usual. In this regard, it is important to note that the therapy team can only work within the pre-defined protocols of the onward referral process and may not have the ability to expedite referrals or influence how other departments work. The issues around waiting times can be addressed if more therapists are recruited into the occupational health service.

CONCLUSION

This survey has revealed a high degree of satisfaction with the services provided by the therapy team. The information provided by clients will be used to improve and refine the therapy

service. In addition, satisfied clients are more likely to continue to use the therapy service within the occupational health setting, which in turn will help the therapists to better promote and monitor client health. In situations where healthcare service deficiencies are identified, this information will be reflected upon to improve service delivery and quality of care and to identify areas where additional resources may be required.

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