

## Development and Validation of a Questionnaire to Assess the Degree of Satisfaction of users' Attendant in School Clinics of Physiotherapy

### Desenvolvimento e Validação de um Questionário de Avaliação do Grau de Satisfação de Usuários Atendidos em Clínicas-Escola de Fisioterapia

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#### Abstract

The aim of the study was to develop and validate a questionnaire that evaluated the degree of satisfaction of the users attending School Clinics of Physiotherapy and to evaluate the level of satisfaction of the users of the School Clinic of Anhanguera University of Taubaté. The structuring of the questionnaire was based on previous studies with similar themes, for this a survey was carried out in the databases Lilacs, PubMed, SciELO, SPORTDiscus, MEDLINE e Ebsco, with the descriptors “physiotherapy”, “satisfaction”, “school clinic” and “questionnaire”, after this process the questionnaire with attention to School Clinics was developed. The questionnaire was subjected to a qualitative evaluation of its questions, carried out by 20 professors. Subsequently, for the validation of the construct 3 PHD professors evaluated clarity, coherence and concordance of each question, and then the Construct Validity Coefficient was applied. The questionnaire underwent a pilot study with 30 users for cultural adequacy of its issues. A reliability by Cronbach's alpha coefficient obtained was 0.98, and the Construct Validity Coefficient was 0.93, which expresses the internal consistency and satisfactory validity of the questionnaire according to psychometric standards. The users of the Physiotherapy School Clinic of the Anhanguera of Taubaté were satisfied with the care services, physical environment and access, presenting an average of 4.34 of total scores. This study developed and satisfactorily validated a questionnaire that evaluate the satisfaction index of users of the School Clinic of Physiotherapy, beside this there was also a high satisfaction index of users of the School Clinic of Physiotherapy of Anhanguera University of Taubaté.

**Keywords:** Data Accuracy. Physical Therapy Specialty. Patient Satisfaction.

#### Resumo

O objetivo do estudo foi desenvolver e validar um questionário que avalie o grau de satisfação dos usuários atendidos em Clínicas-escola de Fisioterapia, e verificar o nível de satisfação dos usuários da Clínica-escola da Faculdade Anhanguera de Taubaté. A estruturação do questionário se baseou em estudos anteriores com temas similares, para isto realizou-se um levantamento nas bases de dados Lilacs, PubMed, SciELO, SPORTDiscus, Medline e Ebsco, com os descritores “fisioterapia”, “satisfação”, “clínica-escola” e “questionário”, após esse processo o questionário com atenção a Clínicas-escola foi desenvolvido. O questionário passou por uma avaliação qualitativa de suas questões, realizada por 20 docentes. Posteriormente, para a validação do construto, 3 docentes doutores avaliaram as vertentes clareza, coerência e concordância de cada questão, e então aplicou-se o Coeficiente de Validade de Construto. O questionário passou por um estudo piloto com 30 usuários para adequação cultural de suas questões. A confiabilidade, por meio do Coeficiente alfa de Cronbach obtida foi de 0,98, e o Coeficiente de Validade de Construto foi de 0,93, o que expressa elevada consistência interna e satisfatória validade do questionário segundo padrões psicométricos. Os usuários da Clínica-escola de Fisioterapia da Anhanguera de Taubaté mostraram-se satisfeitos com o atendimento, ambiente físico e acesso, apresentando média de 4,34 de escore total. Este estudo conseguiu desenvolver e validar de forma satisfatória um questionário que avalia o índice de satisfação de usuários de Clínicas-escola de Fisioterapia. Além disto, verificou-se também que existe alto índice de satisfação dos usuários da Clínica-escola de Fisioterapia da Faculdade Anhanguera de Taubaté.

**Palavras-chave:** Acurácia dos Dados. Fisioterapia. Satisfação do Paciente. Validade.

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#### 1 Introduction

The satisfaction of users of health services is increasingly being regarded as an indicator of attention to quality. Although the quality of care remains a major concern in health, the main focus of research has been mainly on the technical quality of the clinical specialties and not on the aspects of patient satisfaction and their opinion on the service<sup>1,2</sup>. Studies reveal that users of physiotherapy services satisfied, they tend to be more participative with the didactic proposals, provide information with more details, adhere better to treatment,

continue using the service and indicate their family, which results in greater propensity to have a better quality of life<sup>3</sup>.

To evaluate the quality of the health sector, the patient's perception was considered, Rodrigues, Raimundo and Silva<sup>4</sup>, define the satisfaction as being the positive assessments of the user regarding the dimensions of health services, established in accordance with the expectations and requirements of the user. Patient's satisfaction with positive assessments shall be obtained in accordance with the expectations and individual requirements, which are based on personal and social values

of each individual<sup>5</sup>. The satisfaction of the individual is multidimensional and may be satisfied in various aspects of assistance and dissatisfied simultaneously in others<sup>6</sup>. Redefining the user as a consumer of health service, he can be either considered a consumer, evaluating the service from the point of view of their individual gain, or as a citizen, evaluating the service upon taking into account the society as a whole<sup>6</sup>. Considering that the perception happens differently by people, and may modify the results of one and the same person at different times, and still, the same individual has positive aspects in some dimensions and negative in others, we see that the level of satisfaction is a complex dimension to be analyzed, but of great importance to assess the quality of physiotherapy services provided in clinics and school<sup>7-10</sup>.

Satisfaction is obtained through the expectations and the perception of the user on the service received, thereby itself does not assesses the satisfaction, but the perception and expectations imposed by the user on the service received<sup>11</sup>.

The questionnaires are instruments of assessment and contribute to the knowledge, evaluate since the relationship of the health professional with the patient until the quality of these professionals and facilities, gathering thus, the distinct dimensions that involve health care. Becoming indispensable to achieve the ultimate goal of improvements of these services, based on the expectations and needs of the user, will tend better to do it correctly<sup>4,7,9,10,12</sup>.

World Health Organization (WHO) defines full health and physical well-being, mental, social and spiritual of the person and not merely the absence of disease. Therefore, promoting the health of the human being goes beyond the need to use state-of-the-art techniques and treatments. Good customer service should also be offered with professionalism, empathy, communication, safety, education and effectiveness to the user<sup>13</sup>. According to Sousa et al.<sup>3</sup>, offering health services with quality is a pre-existing condition and not more strategy of differentiation.

Physiotherapy plays an important role in the patient's rehabilitation and their reintegration into social conviviality, acting in prevention, treatment and rehabilitation of individuals. Prevents and treats the intercurrent functional kinetic disorders in organs and systems of the human body, generated by genetic alterations, trauma and acquired diseases<sup>10</sup>.

The physiotherapeutic treatment presents a series of characteristics that influence the satisfaction, perception and expectation of the patient, the patient-therapist interaction usually takes more time than a medical consultation, therapy involves greater physical contact, dialog, and usually requires the active participation of the patient<sup>14</sup>. Despite the large amount of studies developed in the area of physiotherapy, few are those that investigate the user satisfaction regarding the Physiotherapy Service<sup>2</sup>. Therefore this study aims to develop and validate a questionnaire to evaluate the users' degree of

satisfaction attended at the Clinic, School of Physiotherapy and check the level of satisfaction of users of the clinic-school of Anhanguera University of Taubaté, transforming the perception and expectation of users in quantitative data, and therefore contribute with data to assist in the development of strategies for improving care and physical environment.

## 2 Material and Methods

The study design of the questionnaire development and validation for the evaluation of the satisfaction degree of users treated in clinics and schools of physiotherapy started after the favorable opinion of the Ethics and Research Committee (CEP) of the Anhanguera University of São Paulo (UNIAN) (Opinion No. 1.625.845, CAAE: 55795616.8.0000.5493). It is an exploratory research of a transversal nature, quantitative and descriptive character.

The theoretical basis of the questionnaire was performed through the bibliographic survey in the Lilacs, PubMed and SciELO, SPORTDiscus, Medline and Ebsco, using the key words "physiotherapy", "satisfaction", "School clinic" and "questionnaire", to identify studies that assessed the users satisfaction with physiotherapy in Clinic School of Physiotherapy. However, a structured questionnaire developed and validated to assess the universe of the Clinic School of Physiotherapy was not found, however some studies<sup>2,12,14,15</sup> used validated questionnaires for private clinics and the SUS in School-clinics.

For this study the articles which motivated the construction of the questionnaire to the School-clinics were Mendonça and Guerra<sup>1</sup> "Development and validation of an instrument to measure the patient's satisfaction with the physiotherapy"; Moreira et al.<sup>5</sup> "instrument to assess patient satisfaction with the physiotherapeutic assistance in public network"; Beattie et al.<sup>16</sup> "Patient satisfaction with outpatient Physical Therapy: Instrument Validation"; Monnin and Perneger<sup>17</sup> "Scale to measure patient satisfaction with Physical Therapy"; Oliveira et al.<sup>18</sup> "Measurement properties of the Brazilian Portuguese version of the MedRisk Instrument for Measuring Patient Satisfaction with physical therapy care"; Roush and Sonstroem<sup>19</sup> Development of the Physical Therapy Outpatient Satisfaction Survey (PTOPS), these questionnaires were applied in studies that included private clinics and clinics of SUS, everyone had their items tested psychometrically.

Based on the studies cited, relevant issues were listed that are related to the survey universe for the preparation of the questionnaire.

### 2.1 Qualitative analysis of the questionnaire

The analysis of the questionnaire was performed through the appreciation of its questions, judged according to the proposal of the research. A group of 20 professors in higher education in the area of physiotherapy examined and evaluated the questionnaire, a minimum of 85% concordance

was stipulated for retention of each question. Initially, the questionnaire contained 40 questions, after the evaluation by the professors 7 questions that did not reach the average proposed were excluded, other 4 questions were adapted for better understanding of the users.

## 2.2 Construct validity

The construct validity was tested using the Coefficient of Content Validity (CVC). The evaluation of the questionnaire was performed by three professors with doctor's degree of the institution. The three judges evaluated three strands (clarity, consistency and concordance) in each issue.

Descriptors were used Awful, Very bad, Bad, Good, Great and Excellent to evaluate each question. Values were assigned values to answers by creating an interval scale of 5 points Likert type<sup>20</sup>: awful value 1, very bad value 2, good value 3, great value 4, and excellent value 5. It was adopted a  $p \geq 0.90$  to consider that the questionnaire was validated.

## 2.3 Data collection instrument

The proposed questionnaire contains 11 questions that characterize the sociodemographic profile of the patient and the care received, these issues gather variables such as age, gender, level of education, family income, form of clinical knowledge, previous experiences with physiotherapy and with the clinic, sex of the physiotherapist who provides the care, specialty that is answered, clinical diagnosis, number of visits that he or she received. The second step consists of thirty and three objective questions that evaluate user satisfaction, divided into six dimensions: student-patient relationship (13 questions), professor-student (3 questions), professor-patient (3 questions), physical environment (9 questions), access (3 questions) and indication/return (2 questions). As already mentioned the dimensions proposed were based on previous studies, however, the dimensions of professor-student and professor-patient were constructed for this study with the aim of clarifying all the aspects that may influence the user satisfaction in relation to care, since the two dimensions built demonstrated to be of great influence for satisfaction, although even here not having been reported in the studies found. All the questions contain 5 options for answers: awful, very bad, bad, good, great and excellent, except for question 28, which assesses the importance of physiotherapy provided in the School-Clinic, in the patient's recovery who has the answer choices: no importance, little importance, middle importance and of great importance. The questions 32 and 33 that verifies whether the patient would return to the clinic after the end of treatment or to recommend to others, with the options of answers: Never, not, perhaps, yes, for sure.

## 2.4 Pilot study

A pilot study with 30 patients was performed to verify the cultural appropriateness of the questionnaire. The collection

was characterized as quantitative, cross-sectional, based on a descriptive epidemiological model, through a self-administered questionnaire to users of the School-Clinic of Physiotherapy at the Anhanguera University of Taubaté. It was included the alternative "I did not understand the question" in each item of the second part of the questionnaire, this way it was possible to obtain results of questions that had need of colloquial readjustment.

## 2.5 Data collection

30 users of the clinic-school participated of the study which were approached in a random manner by the researcher, before or after the physiotherapeutic treatment, thus ensuring that no injury occurred to the care service. The following inclusion criteria were adopted: users attended in all sectors of the School-clinic with cognitive and writing ability. Exclusion criteria adopted: users of the School-Clinic who had attended fewer than five sessions of physiotherapy and minors of 18 years.

Users who agreed to participate in the research signed the Informed Consent Form and were informed about the confidentiality of responses.

To minimize any exposure of volunteers, a specific location in the clinic was assigned, with chairs and desks, so that the user could answer the questionnaire comfortably and without risk to his or her personal integrity.

While the participant responded to the questionnaire, a researcher remained in the room with the aim of clarifying any doubts. The time to answer the questionnaire was approximately ten minutes. The data were collected in the month of October 2016 and subsequently transported to Excel 2016 for analysis.

## 2.6 Data analysis

To analyze the users characteristics the mean and standard deviation (SD) for continuous variables were calculated, the descriptions of the categorical data were calculated in percentage. The Excel 2016 software was used to perform the statistical analysis. Values were assigned values to each question of the questionnaire by creating an interval scale of 5 points Likert type<sup>20</sup>: awful value 1, very bad value 2, good value 3, great value 4, and excellent/for sure value 5. For question 28 which had only four options of answers the values 1.25 no importance, 2.5 little importance, 3.75 middle importance and 5 great importance were assigned. The questions that were answered as "I did not understand the question" no value was assigned and did not participate in the final average obtained.

The reliability of the questionnaire was tested with the use of the Cronbach alpha coefficient that measures the internal consistency of the results obtained from the instrument.

### 3 Results and Discussion

30 individuals participated in the pilot study with an average age of 62.5 years (SD=14.66), being 53% female, with predominance of incomplete primary schooling level 33%; fundamental level complete 10%; incomplete high school 7%; complete high school 30% complete; incomplete upper level 3% and complete upper level 17% full. Regarding the income, 93% of individuals have reported that the family income was from 1 to 3 minimum wages. The accession to the School-Clinic occurred in two main ways: indication by physicians 37% and 30% by friends. Two other less expressive ways were indicated by ex-participants 13%, and other forms of indication 20%.

Of the 30 patients interviewed, 30% reported that it was the first contact with physiotherapy. It was observed that 83% of the patients were treated by female physiotherapists, 10% by males and 7% alternated between the two sexes. Regarding the question about the knowledge of medical diagnosis 80% of the patients knew their diagnosis. The physiotherapeutic specialties answered were: orthopedics 50%, cardiorespiratory 20%, Adult Neurology 20% and 10% alternate in more than one specialty.

Table 1 presents the results obtained from the questions that assess the dimension student-patient. It should be noted that the question 05 had the highest mean score (4.73) among the 13 questions on this scale, the mean total scale was 4.30 (SD=0.08).

**Table 1** - Dimension student-patient.

Aspects evaluated	NC	Awful	Very bad	Good	Great	Excellent	Mean and SD
1- Explanations offered with clarity by the student on the first contact	0%	0%	3%	27%	40%	30%	3.97 (0.85)
2- Safety transmitted by the student during the treatment	0%	0%	0%	23%	40%	37%	4.13 (0.78)
3- Respect and interest of the student during the treatment	0%	0%	0%	20%	30%	50%	4.30 (0.79)
4- Student's kindness	0%	0%	0%	10%	30%	60%	4.50 (0.68)
5- Clarifying doubts by the student	0%	0%	0%	10%	7%	83%	4.73 (0.64)
6- Confidence in the guidelines given by the student	0%	0%	0%	20%	27%	53%	4.33 (0.80)
7- Attention to their complaints	0%	0%	3%	23%	23%	50%	4.20 (0.92)
8- Opportunity given by the student to express their opinion on the treatment	0%	0%	0%	27%	23%	50%	4.23 (0.86)
9- Student's ability during the treatment	0%	0%	0%	23%	23%	53%	4.30 (0.84)
10- Kindness of other students	0%	0%	0%	20%	20%	60%	4.40 (0.81)
11- Deepening of the student in the evaluation of their problem	3%	3%	0%	17%	27%	53%	4.38 (0.78)
12- Language used by the student	0%	0%	0%	27%	20%	53%	4.27 (0.87)
13- Explanations given by the student for you to perform the exercises of treatment	0%	0%	0%	27%	27%	47%	4.20 (0.85)

NC - I did not understand the question; SD - Standard Deviation

Source: Research Data.

Table 2 presents the results obtained from the questions that assess the dimension professor-student. It should be noted that

the question 16 had the highest mean score (4.27) among the 03 questions on this scale, the mean total scale was 4.41 (SD=0.03).

**Table 2** - Dimension professor-student.

Aspects evaluated	Awful	Very bad	Good	Great	Excellent	Mean and SD
14- Explanations offered with clarity to the student	0%	3%	13%	27%	57%	4.45 (0.74)
15- Respect and kindness with the student	0%	3%	13%	33%	50%	4.38 (0.73)
16- Confidence in the guidelines given by the professor to the student	0%	3%	17%	23%	57%	4.41 (0.78)

SD- Standard Deviation

Source: Research Data.

Table 3 presents the results obtained from the questions that assess the dimension professor-student, the total means of

the dimension was 4.40 (SD=0.06).

**Table 3** - Dimension professor-patient.

Aspects evaluated	NC	Awful	Very bad	Good	Great	Excellent	Mean and SD
17- Clarification of doubts of the patient by the professor	3%	0%	0%	10%	30%	57%	4.48 (0.69)
18- Respect and kindness with the patient by the professor	3%	0%	0%	10%	33%	53%	4.45 (0.69)
19- Confidence in the guidelines given by the professor to the patient	3%	0%	0%	20%	30%	47%	4.28 (0.80)

NC - I did not understand the question; SD - Standard Deviation

Source: Research Data.

Table 4 presents the results obtained from the questions that assess the dimension physical environment. It should be noted that

the question 26 had the highest mean score (4.47) among the 09 questions on this scale, the mean total scale was 4.34 (SD=0.04).

**Table 4 - Dimension physical environment.**

Aspects evaluated	NC	Awful	Very bad	Good	Great	Excellent	Mean and SD
20- Privacy respected during your physiotherapy session	0%	0%	0%	23%	30%	47%	4.23 (0.82)
21- Cleanliness, hygiene and safety of equipment/materials used by the physiotherapist	0%	0%	0%	23%	23%	53%	4.30 (0.84)
22- Cleanliness and hygiene of the School-Clinic	0%	0%	0%	23%	27%	50%	4.27 (0.83)
23- Comfort of environment where you perform physiotherapy	0%	0%	0%	23%	33%	43%	4.20 (0.81)
24- Time spent in the waiting room	0%	0%	0%	13%	33%	53%	4.40 (0.72)
25- Comfort of waiting room	3%	0%	0%	30%	30%	37%	4.07 (0.84)
26- Customer Service of the Secretary Office	0%	0%	0%	17%	20%	63%	4.47 (0.78)
27- General conditions of the Clinic	0%	0%	0%	27%	33%	40%	4.13 (0.82)

NC - I did not understand the question; SD - Standard Deviation

Source: Research Data.

Question 28 also composes the dimension physical environment, this had an average 5.0 (SD=0.0), i.e., all survey participants pointed out the answer “great importance”.

Table 5 presents the results obtained from the questions that assess the dimension access, the total means of the dimension was 4.11 (SD=0.08).

**Table 5 - Dimension access.**

Aspects evaluated	NC	Awful	Very bad	Good	Great	Excellent	Mean and SD
29- Easiness to move within the Department of Physiotherapy	3%	0%	0%	20%	27%	50%	4.31 (0.81)
30-Access conditions for disabled people	3%	0%	0%	37%	23%	37%	4.00 (0.89)
31- Location of School-Clinic	0%	0%	3%	33%	20%	43%	4.03 (0.96)

NC - I did not understand the question

SD- Standard Deviation

Source: Research Data.

Table 6 presents the results obtained from the questions that assessed the dimension indication/return, the total means

of the dimension was 4.72 (SD=0.07).

**Table 6 - Dimension indication/return.**

Aspects evaluated	Never	No	Perhaps	Yes	For sure	Mean and SD
32- Would you return to this unit if needed again the physiotherapy?	0%	0%	7%	20%	73%	4.67 (0.61)
33- Would you recommend this service to friends and family?	0%	0%	3%	17%	80%	4.77 (0.50)

SD- Standard Deviation

Source: Research Data.

According to the Coefficient of Construct Validation (CVC) reached (0.93) the questionnaire proved to be able to be validated, since the value found was very close to one. This datum allowed us to continue with the research, in which the questionnaire already validated was applied. Through the answers obtained by voluntary patients the level of reliability through Cronbach’s alpha coefficient was calculated, this reached the value of 0.98, a value that reflects the high reliability achieved with the construct, a value higher than that found in the study by Moreira et al.<sup>5</sup> (0.95) and Mendonça and Guerra <sup>1</sup> (0.94).

Cronbach’s alpha was calculated for each dimension of the questionnaire individually, which obtained the values 0.95

(Student-patient), 0.87 (Professor-student), 0.88 (Professor-patient), 0.93 (Physical Environment), 1.00 (Access) and 0.77 (Indication/return). Which exposes that each one of the dimensions of an individual also has high reliability.

According to the total average score of 4.34 (SD=0.16) obtained in the questionnaire, we concluded that there is a high level of satisfaction in the study, this average resembles the research by Medeiros et al.<sup>21</sup> who had an average of 4.5 (SD=0.4).

According to the socio-demographic profile of the study, the majority of users serviced at the School-Clinic have lower economic status, from 1 to 3 minimum wages, in the same way, it was evident that the majority was composed by

individuals with incomplete primary education. These data corroborate with the studies of Mendonça and Guerra<sup>1</sup>; Santos and Garcia<sup>2</sup>; Moreira et al.<sup>5</sup>; Viana et al.<sup>12</sup>; Suda et al.<sup>14</sup>; Silva and Gavaz<sup>15</sup> performed in School-Clinics, private or public clinics. It can be observed that the School-clinics represent, therefore, an option for these patients of low economic level.

The high rate of patients with low economic level (93%) in clinics and schools, may be related to the dependence of the Single Health System, because this audience commonly has a lower adherence to health insurance plans, and many times there no possibility of paying for a private treatment.

Diogenes et al.<sup>1</sup> and Hush et al.<sup>22</sup> show that one of the main factors for high satisfaction in a service of physiotherapy is the attention on the part of the physiotherapist to listen to all the problems cited by the patient, so a high degree of satisfaction observed in this study can be attributed to the attention of trainees and supervisors to patients, translated in listening to the problems often not only more physical, social or economic. The presence of a supervisor who guides and directs the student during the service may be a concomitant factor for high satisfaction.

The perception of quality by the user is directly related to the level of expectation. When the expectation is reached, the perception of quality of service improves, patients with low socioeconomic level tend to create higher expectations<sup>23</sup>. The services offered in School-Clinics, by relying on students who hear, evaluate thoroughly, provide explanations about procedures and resources used, prescribe household guidelines, all this being evaluated by a supervisor, seems to stimulate the patient greater confidence and expectation regarding the service offered. According to Hush<sup>23</sup> aspects such as good communication, good information, the care at the time of prescribing recommendations of exercises or care at home, generate a positive impact on the score of patients' satisfaction. The studies of Santos and Garcia<sup>2</sup> and Silva and Gavaz<sup>15</sup> express the same conclusion about this bond student-user, user-supervisor and student-supervisor.

According to Mendonça and Guerra<sup>1</sup>; Suda, Uemura and Velasco<sup>14</sup> there is a predominance of females in the care services, however, a homogeneity was observed in this research, being 53% female, generating a contrast on this fact. It is known that women are the ones that most benefit from treatment in general, because they are a public more aware with the healthcare. Whereas the men seem to have a lower proportion of health care, since many of times only seek medical care when they perceive signs of illness. However, this study shows that this dispute may be changing, since it was found a gender homogeneity among users, corroborating with the study by Dr. Viana et al.<sup>12</sup> and Hush et al.<sup>22</sup> 56% female, Oliveira et al.<sup>18</sup> 46% female, Medeiros et al.<sup>21</sup> 54.6% female gender, indexes close to the 50%, so it is possible to highlight the change in demand for good health.

The student-patient dimension shows that only 1 (3%) individuals responded that the question "explanations offered

with clarity by the student on the first contact" was very bad, another individual had the same answer to the question "attention to their complaints". However, the score of this dimension ranged from good to excellent, agreeing with the studies of Santos and Garcia<sup>2</sup>, Suda et al.<sup>14</sup>, Viana et al.<sup>12</sup> and Silva et al.<sup>24</sup>.

The dimension professor-student and professor-patient received consecutively an average score of 4.41 (SD=0.03) and 4.40 (SD=0.06). This high score shows that there was a predominance of response to the descriptors great and excellent. What expresses that the expectation of the user many times was achieved and thus transformed into a high index of satisfaction. According to Delany and Bragge<sup>25</sup> the high score highlights the importance of the supervisor of internship in the whole process of treatment. It is perceived that this follow-up of the supervisor gives confidence to the patient who is being treated and to the student who is under supervision, thus, this dispute reflects positively on the user's satisfaction with the treatment.

It is believed that well-serviced users from the moment they arrive at the School-clinic will have greater confidence index with the service provided there. In addition, the physical environment of the school clinic and the room where the treatment is performed also influences the patient's satisfaction. So the averages obtained for the dimensions physical environment 4.26 (SD=0.04) and access 4.11 (SD=0.08) show that the users in this research are satisfied with these two dimensions, taking as a basis for this assertion that the responses of descriptors "great and excellent" predominated, corroborating with Santos and Garcia<sup>2</sup>, Viana et al.<sup>12</sup>, and Suda, Uemura and Velasco<sup>14</sup>.

The answers of the dimension indication and return of patients to the clinic predominated on the descriptor "for sure" (73%), corroborating with the studies of Santos and Garcia<sup>2</sup>; Viana et al.<sup>12</sup>; Suda et al.<sup>14</sup>; Silva et al.<sup>24</sup>; Diogenes et al.<sup>26</sup>. However, when we looked at the question "How did you hear about this school clinic to perform treatment" related to the first part of the questionnaire, there is a predominance of the response "physician" (37%). It is believed that this result is due to the fact that the physician is the person responsible for forwarding to physiotherapy.

#### 4 Conclusion

Based on the proposed objectives and results achieved, it is concluded that the instrument developed presents psychometric properties that will ensure the reliability and validity needed to measure the users' satisfaction the school-clinics of Physiotherapy.

Upon transforming the perception and expectation of users in quantitative data, it is possible to evaluate the quality of physiotherapy, which resulted in high quality of service offered in the School-Clinic of Physiotherapy.

This research showed that the interpersonal interaction between professor-student and professor-patient, despite

being a little dimension considered in studies cited in here, are important variables in the users' satisfaction of School-Clinics of Physiotherapy, especially those aspects of communication, such as respect and explanations for the patients.

This study allowed the diversified analysis of the user's satisfaction of School-Clinics of Physiotherapy, contributing with data that allow students, professors and educational institutions to develop strategies to improve the dimensions that involve the physiotherapeutic services in School-Clinics.

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