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**Evaluation of Physical Therapy Services at the
Governmental Hospitals – Gaza Governorates**

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Evaluation of Physical Therapy Services at the Governmental Hospitals – Gaza Governorates

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Dedication

To my dear parents for their prayers and support,

To my wife for her patience, motivation, encouragement and support,

To my sweet kids; Reem, Hala, Noor, Malak, and Ahmad,

To my brothers and sisters for their encouragement,

To my friends,

To everyone who supported me to make this study a reality.

Hani H. Matar

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My sincere thanks and respect go to the research assistance for their efforts in collecting data.

Many thanks go to the hospitals managers and staff for their co-operation and help during data collection.

Lastly, but not least, I would like to thank each individual who participated in this study for their co-operation and participation.

Hani H. Matar

Declaration

I certify that this thesis submitted for the degree of Master, is the result of my own research, except where otherwise acknowledged, and this study (or any part of the same) has not been submitted for a higher degree to any other university or institution.

Signed:

Hani Hamdi Matar

....../....../....

Abstract

In the Gaza Strip, the demand for physical therapy services is increasing due to the increasing number of injuries and disabilities as a result of frequent Israeli war and attacks on Gaza. The Palestinian Ministry of Health provides in-patient and out-patient physical therapy services. The study aimed to evaluate the physical therapy services delivered to patients at governmental hospitals in the Gaza Strip in order to improve these services, thus improving well-being and health outcomes. The design of this study is a mixed methods study; it involves both quantitative and qualitative data. The quantitative data were collected from beneficiaries who utilized the physical therapy services in both out-patient and in-patient departments within the study sittings. In total, 350 patients participated in the quantitative study (198 out-patient cases and 152 in-patient cases), with 97.2% response rate. The qualitative data were collected through six focus group discussions; three of them with beneficiaries of physical therapy services and the other with physical therapy providers. Analysis of quantitative data were conducted using SPSS program, the analysis involved different types of statistical tests. For qualitative data, an open coding thematic analysis method was used. Most of the participants (76.6%) have received the services they were supposed to. About 84% of participants indicated that these services met their health needs. From beneficiaries' perspectives, the overall mean percentage was 79.57% for accessibility, affordability, and availability of the physical therapy services. For accessibility of information, the mean percentage was 78.15%. The mean percentage for the skills and competency of the physical therapy providers was 74%, while it was 72.4% for the patient's participation in preparing treatment plan. There was good interaction and communication between patients and the physical therapy providers; this was reflected by the mean a percentage of 82.8%. The vast majority of the participants indicated that the therapist was respectful; this was manifested with the mean percentage of 88.4%. The findings of the study have showed significant relationship between participants' gender and employment status with physical therapy services utilization ($P=0.005$ and $P=0.017$) respectively, but did not show significant relationship between beneficiaries' age groups and level of education with physical therapy services utilization. The study findings reflected that the overall satisfaction of the provided physical therapy services was 79.65%. There is a need to expand the working shift of the physical therapy department to cover evening shift. Finally, currently, physical therapy departments do not have any protocols, thus, there is a need to develop clear guidelines and protocols of physical therapy treatment. There is a need to increase awareness about importance of physical therapy services and enhance the role of physical therapy management in supporting physical therapist. Finally, ministry of health should provide physical therapy out-patients services within hospitals in Khan Younis and Middle zone.

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List of Abbreviations

GDP	Gross Domestic Product
GS	Gaza Strip
ICU	Intensive Care Unit
MoH	Ministry of Health
NGO	Non-Governmental Organizations
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PA	Palestinian Authority
PCBS	Palestinian Central Bureau of Statistics
PHC	Primary Health Care
PMMS	Palestinian Military Medical Services
PTs	Physical Therapists
SPSS	Statistical Package of social Science
UNEP	United Nations Environment Program
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
WB	West Bank
WHO	World Health Organization

Chapter 1

Introduction

1.1 Background

Physical therapy is one of the fast growing disciplines in the healthcare industry in both developed and developing countries. Physical therapy is a health profession concerned with helping people to restore their well-being following injury, pain, or disability (World Confederation for Physical Therapy, 2011a). Physical therapists (PTs) are professionals. The word "professionals" means that they are trained and skilled (Knight, 2011). They use physical approaches to promote, maintain and restore physical, psychological, and social well-being, taking into account the variations in health status. The scope of PTs work involves formulating a diagnostic plan, undertaking a comprehensive client examination, and evaluating the treatment outcomes. Additionally, PTs implement physical therapy intervention programs to treat conditions and illnesses that affect people in all ages and social groups, assist in injury prevention and promote healthier lifestyles for all, and provide consultation and recommendations within their experience (World Confederation for Physical Therapy, WCPT, 2015a).

Physical therapy services involve different areas of specialization that focus on identifying and maximizing patients' ability to move and function. Functional movement is a key part of what it means to be healthy. Literally, it means enabling people to improve their health status, health well-being, and quality of life (The Chartered Society of Physiotherapy, 2010). Physical therapy services is part of any

comprehensive tertiary care in hospitals that involves both in-patient and out-patient services and within Primary Health Care (PHC) centers (Scott and Petrosino, 2008).

PTs are expert in rehabilitative services that allow individuals with impairments in body functions and systems, injury, disease, or activity limitations to return to productive lives. Many research showed that PTs interventions could improve efficiency in the management of chronic conditions in comparison to surgeries, pharmaceutical, and medical devices. Furthermore, PTs intervention can provide a cost-effective alternative for many clients who currently use costly medication and other medical devices to treat neuro-musculoskeletal and cardiopulmonary problems. Like most medical settings, in the Gaza Strip (GS), Physical therapy services are provided in the primary healthcare settings and in hospitals. In hospitals, the services are provided in in-patients and out-patients settings. In few PHC centers (two centers), the services are provided as out-patient services.

1.2 Importance of the Study

Within the Ministry of Health (MoH), physical therapy services are provided in both PHC centers and hospitals. The demand for physical therapy services is increasing due to the frequent Israeli invasions and attacks on the GS. In 2014, the number of beneficiaries of physical therapy services in the GS was 22,631 patients. The services were provided to those patients through 125,485 sessions. A total of 103,027 sessions were provided to 21,164 patients in the hospitals and the rest 22,458 sessions were provided to 1,467 patients in PHC centers (MoH, 2015).

Generally speaking, performance evaluation offers policy-makers a major opportunity to insure health system improvement and accountability. Its role is to improve the quality of decisions made by all actors within the healthcare system, including patients, practitioners, managers, and governments at all levels, insurers and other payers, politicians, and citizens as financial supporters (Peter et. al., 2008).

Recent major advances in information technology and increasing demands for health system accountability have driven rapid advances in healthcare system performance measurement (Health Evidence Network, 2006). According to World Health Organization (WHO), health system performance has a number of dimensions to be measured including health outcomes, quality of the provided services, appropriateness and responsiveness of care, and equity of services distribution (WHO, 2008). Providing safe and effective physical therapy services require specific professional training, ongoing education, and assessment of competencies (Health and Care Professions Council, 2013).

Despite the magnitude of physical therapy provided by governmental hospitals and PHC centers, no studies have evaluated or measured the outcome of these services in the GS. It is unknown whether patients receiving physical therapy services for their medical conditions at these health institutions are getting better with the physical therapy services or satisfied with such services. This study is the first to address the issue of performance evaluation of physical therapy services at the governmental hospitals in the GS. Accordingly, this study explored the extent to which the physical therapy services provided at the governmental hospitals in the GS are effective and identified areas of strengths and weaknesses in physical therapy services.

1.3 Justification of the study

The demand for high quality health care services has been constantly increasing and it is likely to keep growing in the foreseeable future. With greater disease complexity due to the global demographic changes, there is higher expectation toward health systems performance. These tendencies have stimulated both policy makers and researchers to search for innovative solutions regarding the most appropriate ways to use the scarce resources in order to insure that the changing needs for health care are met and health systems work most effectively and efficiently. According to Palestinian Central Bureau of Statistics (PCBS) the Palestinian Authority (PA) spent 13% of Gross Domestic Product (GDP) on health care sector in 2012 (PCBS, 2014). Promoting the health and well-being of all Palestinians has emerged as a national priority as Palestinians live harsh life under the Israeli occupation and the ongoing blockade. The frequent wars, siege and many other obstacles are contributing to severe deterioration of all determinants of health, including huge needs of rehabilitation and physical therapy services. Currently, the need for physical therapy services in the GS is high; as mentioned earlier, the MoH provides physical therapy services in its hospitals and PHC centers to meet this high demand.

To the researcher best knowledge, no studies have conducted to assess the performance of the provided services. However, there are some studies that evaluated separate dimensions of performance of the provided physical therapy services.

This study will explore the degree of effectiveness of physical therapy services at governmental hospitals. Findings of the study may help the decision makers to improve physical therapy services, which may also help in dealing with the factors which affect

effectiveness of services provided. It also will fill important information gaps related to the degree of effectiveness of physical therapy services within the GS governmental hospitals.

1.4 Aim of the study

The overall aim of this study is to evaluate the physical therapy services delivered to patients at the governmental hospitals in the GS in order to improve these services thus improving well-being and health outcomes.

1.5 Research Objectives

1. To assess the perceived quality of the provided physical therapy services at the GS governmental hospitals "from clients' perspective".
2. To assess management and organization process of providing physical therapy services.
3. To assess the responsiveness of physical therapy services to clients' need.
4. To appraise areas of strengths and weaknesses in physical therapy services at governmental hospitals.
5. To suggest recommendations that might help in enhancing physical therapy services at the governmental hospitals.

1.6 Research Questions

1. How do clients perceive the quality of the provided physical therapy services?

2. What are the main problems facing the physical therapy services providers?
3. Are physical therapy services responsive for clients' needs and expectations from their perspectives?
4. Are there differences in perceptions about physical therapy services in relation to clients' characteristics related variables such as demographic variables?
5. How do clients perceive provider-client communication and information sharing?
6. What are the strength and benefits of physical therapy services?
7. What are the main challenges that face PTs?

1.7 Context of the study

1.7.1 Demographic context

Palestine is located on the Eastern coast of the Mediterranean Sea, to the west of Jordan and to the south of Lebanon (**Annex 1**). Palestine was under British mandate, ended in a disastrous way by establishment of Israel in 1948 in implementing the Balfour Declaration in 1917 to providing a homeland for Jews. As a result, most of Palestinians have been forced to migrate from their cities, towns, and Villages to West Bank (WB), GS, Jordan, Lebanon, Syria, and other countries (Abu-Lughod, 1971).

GS is considered as a very narrow piece of land along with the Mediterranean Sea, with a narrow section about 378 Km², it is approximately 41 km long and between 6 – 12 km wide (United Nations Environment Program-UNEP, 2009). GS is divided into five governorates: the North, Gaza, Deir El Balah, Khan Younis and Rafah governorate

(**Annex 2**). It is considered as one of the most populated areas in the world (4661 person/Km²) with an estimated population of about 1.7 million: 850 thousand males and 823 thousand females at the end of 2012 (PCBS, 2013).

PCBS (2013) showed that, the estimated population of Palestinians at the end of 2012 in the world was 11.6 million Palestinians. Of the total, 4.4 million live in the Palestinian territories, represents 37.7% of the Palestinians population, worldwide. The estimated population of GS is 1.7 million: 850 thousand males and 823 thousand females. While, the estimated population of WB is 2.7 million, this represents 61.6% of the total Palestinians population, worldwide.

The Palestinian population is considered a young population, where the percentage of individuals in the 0-14 year age group was 39.7% of the total population, distributed as 43.2% in GS and 37.6% in WB (PCBS, 2014).

1.7.2 Health care system

Health systems are undergoing rapid change; the changes in demographics and disease patterns such as emerging and re-emerging diseases, and rising costs of health care delivery have emphasized the importance of conducting review of health systems performance.

PA assumed the responsibility of health care services in the GS and the WB since Oslo Accords in 1994. Since that time, the challenges that guide the health system are on the rise, mainly the continuous shortage in MoH budget and disturbance of the ability of health services provision that lead to threat the sustainability of the system, all that because of political crises and economic recession. There are five major health service

providers in Palestine: the MoH, United Nations Relief and Work Agency (UNRWA) Non-Governmental Organizations (NGOs), Palestinian Military Medical Services (PMMS), and private for-profit providers. MoH is the main health care provider; it provides primary, secondary and tertiary health services for whole population, and purchases the unavailable tertiary health services from domestic and abroad providers. In the GS, there are 54 PHC centers, and in the WB, there are 406 PHC centers. UNRWA provides primary care services, only for refugees and purchases secondary care services for the hardship cases. It operates 22 PHC centers in the GS and 42 centers in the WB (UNRWA, 2015). The NGOs provides primary, secondary and some tertiary services. NGOs sector operates 140 PHC centers and general clinics in WB and 66 in GS. Finally, PMMS operates and runs 16 PHC centers in WB and 7 centers in GS. The private for-profit sector provides the three level of care through a variety of specialized hospitals and investigation centers (MoH, 2014).

There are 80 hospitals in Palestine; of them, 50 hospitals in WB and 30 in GS, with total number of 5,619 beds in governmental and non-governmental hospitals; of them 58.1% in WB and 41.9% in GS. There are 12.5 beds per 10,000 of population; 11.8 beds in WB and 13.6 beds in GS (MoH, 2014).

In GS, MoH provides in-patient physical therapy services to the clients through all hospitals and out-patient physical therapy services through Al-Shifa Hospital, European Gaza Hospital, Nasser Hospital, Abu-Yousef Al-Najjar Hospital and Al-Rantici Hospital. Additionally, MoH provides out-patient physical therapy services at Shohada' Jabalia Clinic and Shohada' El-Sheikh Radwan Clinic. The total number of PTs is 105.

Eighty five of them work within the hospitals and the rest (twenty) work within PHC centers (MoH, 2015).

1.7.3 Socioeconomic context

The Palestinian economy has severely damaged because of the current political situation and the siege imposed on the GS. According to PCBS, 12.9% of the households in the Palestinian territories in 2011 were suffering from deep poverty according to consumption patterns (7.8% in the WB, and 21.1% in the GS). Since the end of the second intifada, Israeli security controls imposed on the GS in addition to recurrent wars and other invasive attacks on the territory resulted in degraded economic conditions and mass destruction of infrastructure and industry. Israeli-imposed border closures, which became more restrictive after Hamas seized control of the GS in June 2007, have resulted in high unemployment, elevated poverty rates, and a sharp contraction of the private sector that had relied primarily on export markets (IndexMundi, 2015). Unemployment rate in Palestine increased from 23.0% in 2012 to 23.4% in 2013; 18.6% in WB, 32.6% in GS (PCBS, 2013). Due to the closures and blockade imposed on the GS and the beginning of serious crackdown on the tunnels that ran under the Egyptian border to bring in fuel, construction materials, and consumer goods in July 2013 (IndexMundi, 2015), the population in GS has experienced a decline in living conditions, with deteriorating infrastructure and poor quality of vital services such as health, shelter, education, water and sanitation. About 54% of Gazans are food insecure and a further 12% are vulnerable to food insecurity (OCHA, 2014).

1.8 Operational definitions

1.8.1 Quality of health care services

According to WHO (2006), health care quality is defined as proper performance, in accordance with standards, of interventions that are known to be safe, that are affordable to the society in question, and that have the ability to produce an impact on mortality, morbidity, disability, and malnutrition. All dimensions included in the definition should be guaranteed for all patients to assure high quality of health care services.

1.8.2 Evaluation

The researcher defines evaluations "A process collection and analysis of information related to the physical therapy services provided at the governmental hospitals to determine its quality and effectiveness".

1.8.3 Therapist

The researcher defines therapist: "Is the qualified person with at least PA degree who provides physical therapy services to another person. In this study this term refer to physical therapy provider."

1.8.4 Performance measurement

This study measure the performance of health care services by evaluation of effectiveness of services, including quality, taking into consideration economy and

efficiency. It also includes determination of level of satisfaction regarding the delivered services (American Physical Therapy Association, 2003).

1.8.5 Access to health care services

Reaching available and affordable services with no physical barriers, and have no inappropriate eligibility requirements or social barriers at convenient times and places (Committee on Publication Ethics, COPE, 2005).

1.8. 6 Physical therapy

Physical therapy is the science that designed to restore normal function and minimize dysfunction through offering several different methods of assessment and treatment (American Physical Therapy Association, 2008).

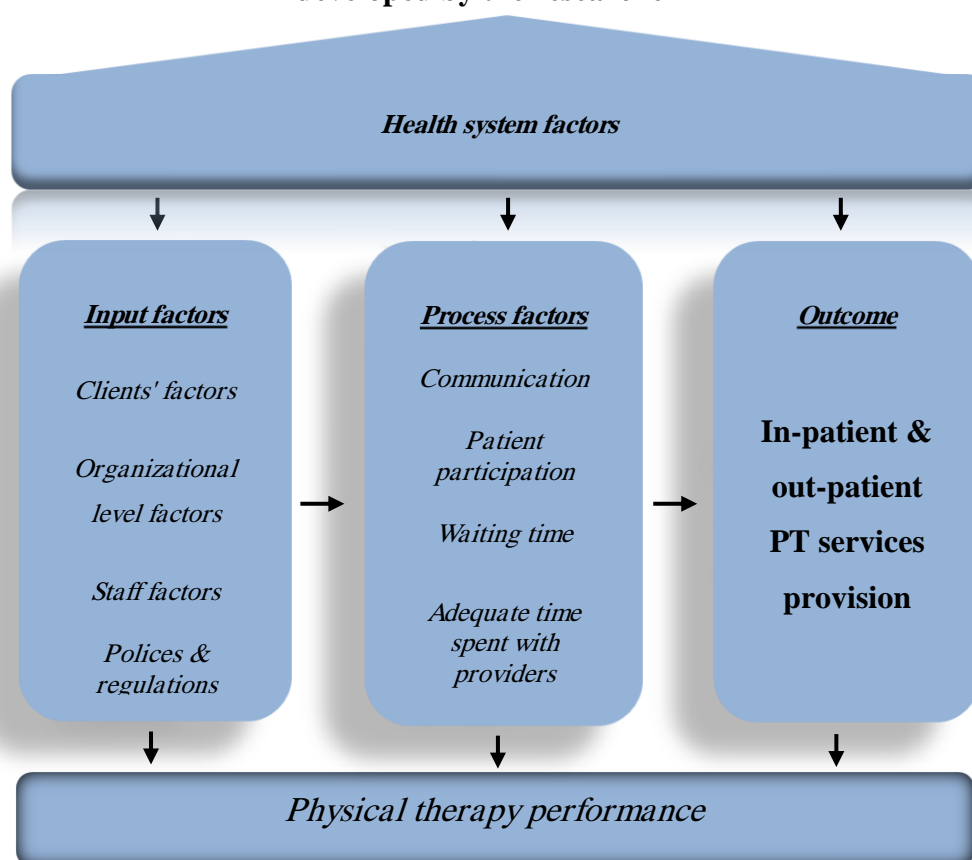
Chapter 2

Literature review

2.1 Conceptual Framework

The conceptual framework is an analytical tool with several variations and contexts. It acts like a map that guides the design and the implementation of any research study (Berlin, 1953). Conceptual Framework can be used as the basis for measurement of the performance of the public health system as a whole or of a specific public health organization.

Figure (2.1): The following figure shows the conceptual framework that was developed by the researcher



It allows to more effectively examining the relationship between the practice of public health and population outcomes (Arden et. al., 2001). According to Donabedian model, structure, process, and outcome are considered the main three dimensions that could be used to assess quality (Donabedian, 1980).

The above **Figure (2.1)** demonstrates the dimensions that affect the physical therapy provision. Each dimension contains domains. And each domain contains variables. According to Donabedian Model, those dimensions could be as follow:

1. Structure (input) factors: those factors include clients' factors, organizational factors, staff factors and policies and regulations.
2. Process factors: the process factors include communication, patient participation, waiting time and adequate time spent with providers.
3. Outcome factors: in-patient and out-patient physical therapy services provision will result in physical therapy performance.

The domains of the study illustrated as below:

2.1.1 Organizational level factors

One of the important factors that affect the quality of work is the organizational factors. These factors include health care facilities, physical facilities, and policies and guidelines. Based on Donabedian principles, organizational factors affect both process and outcomes of the work.

2.1.2 Staff factors

Staff factors include number of workers and working shifts, knowledge, communication skills, ethics and experience. These factors are playing important role in process and outcomes that affect the effectiveness of care.

2.1.3 Client factors

Socio-demographic, participation of treatment program, and expectation are the components of client factors.

Socio-demographic factors include age, level of education, income status, and marital status affect the health status and affect utilization of the services. Patient participation of treatment program affects the effectiveness of health care; it helps in succeeding the treatment program and shortens the period of treatment.

2.1.4 Health system level factors

Health system factors include accessibility, affordability, and availability of the service. Access to physical therapy services is the possibility of reaching the services and obtaining the required physical therapy services and information. These factors contribute to achieving the desired outcomes (Berry et. al., 2003).

2.1.5 Care delivery

Physical therapy service delivery includes length of waiting time to receive the required service, adequacy of time spent with health provider according to plan of treatment, and respect of clients (Mead and Bower, 2000).

2.2 literature review

2.2.1 Performance measurement

Performance measurement depending on the framework developed by Donabedian (1980) has been mostly used in the health care research. The framework identified three interrelated elements, which are structure, process and outcome, as the key aspects for assessing quality of health care. Structure refers to the organizational characteristics, which include human resources, physical resources and financial resources and tools used in care delivery. Process refers to the activities held by care providers and patients, focusing on conformity to technical and ethical norms of good care. Finally, outcome refers to the impact of these activities on current and future health status of the patients (Donabedian, 1980).

2.2.2 Evaluation

Literature review shows that the evaluation process is an assessment to which specific objectives of the extent have been attained. It is an ongoing process, and it should be initiated during the development and planning phase of the project (Aspinwall, 1996). William (2006) stated that, health service evaluation is an integrated process as it involves the recognition of values, setting goals then it evaluates the effect of the action in order to achieve a high quality of services provided by health professionals.

Evaluation process is defined as, the act of collecting and providing information. This makes decision making and strategy formulation easier for decision makers (Blaine and Worthen, 1997).

2.2.3 Purpose of evaluation

Evaluation process is an assessment of the amount or the value of something (Simkins, 2004). Pedler (1996) asserted that, evaluation process is largely used to explore whether certain goals have been achieved. The overall goal of most evaluations is to provide feedback to administration, staff. The feedback should also help the decision makers to propose corrective actions (William, 2006). By evaluation, policy and decision makers can measure the success level of any program interventions; thus, propose policy formulation and action (Talmage, 1982).

2.2.4 Clients' perspective is an important indicator of quality of the healthcare services

Performance evaluation includes multiple dimensions and it is a challenging process, in addition, it consists of several types of evaluation instruments and the more popular one among these instruments is the client survey that is used in order to characterize and evaluate the agencies performance from clients' perspectives. There is no evaluation process unless it includes evaluation from the clients' perspective. Services evaluation from clients' perspective is an important element of the quality improvement. The clients can reflect their thoughts and beliefs which are considered as an important predictor and indicator of the quality of health care (Maslin, 1991).

Evaluation from clients' perspective reflects the personal evaluation of care which cannot be shown by observing care directly. Moreover, the evaluation process influences the patient preferences and expectations additionally to the care provided (Ware, 1983). Cheryl-Cott (2004) conducted a study in the publicly-funded

rehabilitation system in Ontario. The study was conducted to evaluate the client-centered rehabilitation from the client perspective; the purpose of this study was to understand the important components of client-center rehabilitation from the perspective of adult clients with long-term physical disabilities. The researcher used focus groups to collect the data. The study participants were adult clients who had completed at least one course of rehabilitation. The study findings expressed the need for better transitions between rehabilitation programs and the community. The findings also demonstrated that client-center rehabilitation beyond just be a goal-setting or decision-making between individual clients and professionals (Cheryl-Cott, 2004). Another study conducted by Krevers and colleagues (2002) to explore the patient evaluation of the care and rehabilitation process in geriatric hospital. The purpose of this study was to understand how elderly persons evaluate the care and the rehabilitation process. The researchers conducted two interviews with each patient; at the beginning of geriatric hospital care and some weeks after discharge. The findings reflected the importance of clients' perspective about the received care and rehabilitation and the influence of client' expectations and their characteristics (Krevers et. al., 2002).

Client could be satisfied or dissatisfied after getting the service. Dearmin and colleagues (1995) outlined the client satisfaction as one measure used to assess the performance of health care programs and providers. Donabedian stated that the ultimate validator of the quality of care is its effectiveness in achieving and producing health and satisfaction (Donabedian, 1966)

2.2.5 Service providers' perspective is an important indicator of healthcare quality

Logan and colleagues (1997) outlined that the absence of career development is an absence of relevant content development. Employees must be respected from their administration. They have the right to know that they are important members of the organization. Administration must support the employees, listen to them, create an environment that promotes job satisfaction and increase their motivation in order to improve their performance thus improving the quality of care and clients satisfaction.

Unexpected, Luthans and Sommer (1999) found that limited experience did not affect the attitudes of traditional organization level (Luthans & Sommer, 1999). A positive relationship between supervisors and employee may positively influence the job performance of employees and increase their motivation thus improving their performance (DeVaries et. al., 1998).

Job satisfaction is one of the most popular concepts in research and evaluation tools, as this concept is of interest to many people who are interested in subjective evaluation of working conditions such as responsibility, communication requirements, or task variety. Additionally, it may guide the organization to the reasons of absenteeism and organizational inefficiency. Job satisfaction may reflect the level of harmony between working conditions and organizational and individuals outcomes (Dormann and Zapf, 2001).

2.2.6 Communication between services providers and clients

It is an essential component in successful treatment process. Good communication between health providers and clients is required to improve the delivery of health

services and health outcomes. Good communication leads to good relationship between health providers and clients, thus improving the informational exchange among them (Ha and Longnecker, 2010). Effective communication between health care provider and client is one of the most essential elements for improving client satisfaction, compliance and health outcomes. Patients who practice good communication with their health providers show greater satisfaction with the services received, and are more likely to comply with treatment regimens (Kim et. al., 2001). Hall and colleagues (1988) mentioned that, there was a strong association between effective communication and evidence of positive health in developed countries. Patient satisfaction, compliance with therapeutic regimens, commitment to the treatment appointments and improvements in physiological markers such as blood pressure, blood glucose levels and functional status measures have all been linked to communication between services providers and client (Hall et. al., 1988). Good communication helps health providers to make more accurate diagnosis, as it leads to extended dialogue between services providers and patients which enable patients to disclose critical information about their health problems (Kim et. al., 2001).

2.2.7 Satisfaction of patients and service providers

There is no precise definition of patient satisfaction. It is defined as a combination of several distinct evaluations. Patient satisfaction influences by physicians, other caregivers, and insurance providers (Singh, 1990). It is the positive evaluations of selected dimensions and variables of the health care that a patient has received (Linder-Pelz, 1982). The patient may express satisfaction or dissatisfaction according the first visit or post multiple treatment sessions. Hence, many literature suggested that there are

two aspects to the construct of patient satisfaction: expectation and experience. Literally, satisfaction level is affected by expectations and experience of the patient (Steiber and Krowinski, 1990). According to World Tourism Organization (1985) definition of customer satisfaction, it is as psychological concept that consists of the feeling of well-being and pleasure that results from obtaining what one hopes for and expects from an appealing service (World Tourism Organization, WTO, 1985). The definition by Donabedian (1988) combines many definitions. He considered satisfaction as one element of the desired outcomes of care, and it is the patient's judgement on all aspects of quality of care, but particularly as concerns the interpersonal process (Donabedian, 1988). The quality of care continues to be a major concern for health care providers and a major focus for health services research (Schuster, et. l., 1998).

Employee satisfaction is a crucial element of production and quality of the provided services. Recent studies have shown a direct correlation between staff satisfaction and patient satisfaction. Michael and colleagues (1999) stated that satisfied employees tend to be more productive, creative and committed to their employers (Michael, et. al., 1999). Arne (1977) found that work values have independent effects on job satisfaction when he examined the relationship between job satisfaction and the work values and job rewards associated with selected dimensions of work. He indicated that, the extent to which workers are able to obtain perceived job rewards is conceptualized to be a function of their degree of control over their employment situations.

Atkins and colleagues (1996) found that employee dissatisfaction can negatively affect the quality of care and have an adverse effect on patient perceptions and loyalty. So

that, decision makers should regularly measure employee satisfaction as one way to monitor service quality (Atkins, et. al., 1996).

2.2.8 Accessibility, affordability and availability of the service

Accessibility of the service is one of the important factors that affect the outcomes. It means timely use of personal health services to achieve the best health outcomes. Moreover, access to health care influences overall physical, social and mental health status; detection and prevention of disease and disability, and quality and expectancy of life (Office of Disease Prevention and Health Promotion, ODPHP, 2015). Several definitions of access have been described in the health services literature. It is defined as the use of services, not simply the presence of a facility (Donabedian, 1972); the ability to reach, afford, and obtain entrance to service (Parker, 1974); the availability of an adequate supply of health care services and the individual's opportunity to obtain health care when it is wanted or needed (Gulliford et al., 2002); the consumers' use of appropriate services easily (Levesque, et. al., 2013). A study conducted by Kumari and Colleagues (2009) in Lucknow district, India. The study explored the areas and causes of low satisfaction among the patients. The researchers found that there was easy accessibility for only 58% of the study participants, and it was difficult for 42% of the patients.

With regard to waiting time, Kumari and colleagues (2009) indicated that waiting time was more than 30 minutes for about 62.5% of patients. Another study conducted by Mazer and colleagues (2006) to examine physical therapists' and occupational therapists' perceptions regarding waiting time with the quality and quantity of the services they provide. The study conducted in Quebec, Canada. The findings of the

study showed that the physical therapists and experienced and knowledgeable therapists perceived higher quality of services. The researchers also found that long delays exist for children waiting for rehabilitation services. Several studies such as (Ghafari et. al., 2014; Al Hindi, 2002; Bialor et. al., 1997) revealed that less waiting time means higher service utilization rate and higher clients' satisfaction level. In contrary to those studies, the findings of Hillis (2008) study found that there were no significant statistical differences between waiting time and patients' satisfaction

Reasonable session time is recommended for physical therapy session. Hillis (2008) illustrated that patients who had reasonable physical therapy sessions showed higher satisfaction with the physical therapy services than those who had short physical treatment sessions.

Barriers to access result in the unfulfilled health care needs, the delay in receiving appropriate care, the inability to get preventive services, and hospitalizations that could have been prevented (ODPHP, 2015). Finally, health is a fundamental prerequisite to mobilize the capacity to people and community. So that, measuring the accessibility to health care services is an essential part in evaluation process.

2.2.9 Organizational factors:

Based on Donabedian's theory, the input factors (structure) affect both process and outcomes of the work. One of the important factors that affect the quality of the work is the organizational factors which include health care facilities, physical facilities, and policies and guidelines.

The integrity of health and physical facilities creates the care environment, and all clients everywhere have the right to receive services with high quality in a safe environment. Good management of care environment aims to make it safe and comfortable by preventing accidents and controlling hazards and risks. The general atmosphere of the organization can make the patient satisfied or dissatisfied with the service. A study conducted by Haase & Lehnert-Batar (2006) revealed that there was a strong association between the general atmosphere and admission procedures, accommodation, catering, service and organization. The study also recommended that, rehabilitation hospitals should exert the best efforts to create a pleasant atmosphere (Haase & Lehnert-Batar, 2006). Another study was conducted by Hillis (2008) revealed that, the quantitative findings of the study reflected high level of patients' satisfaction (96.7%) with environment comfort and convenience domain. The qualitative findings of the study showed that, some patients expressed their dissatisfaction with waiting area especially with the seats position as the seats placed in front of toilets

2.2.10 Availability of policies, regulations, and protocols

Understanding of roles and responsibilities in health service provision requires clear policies, protocols and regulations to regulate the pathway of the process. To ensure efficient and effective service delivery, good policies and guidelines have to be implemented, because it standardizes and clarifies care. This will improve efficiency, productivity and safety of the care. In addition to that, rules and guidelines help the organization comply with different regulatory and accreditation demands (O'Donnell & Vogenberg, 2012).

Diagnostic and therapeutic protocols designed to optimize care and ensure its continuity. Medicine tends to improve the quality of the services; this is achieved by improving the quality of its decisions. To do this, decisions are made following diagnostic and therapeutic protocols. The results of this are minimizing and reducing healthcare variations, improving diagnostic accuracy, promoting effective therapy, and discouraging harmful interventions (Rosenfeld and Shiffman, 2009).

As treatment protocols and clinical practice guidelines become an important indicator of quality of healthcare, organizations must develop efficient production strategies that balance rigor and pragmatism to develop the quality of the services provided to the clients.

2.2.11 Patient's demographic variables

A multitude of studies attempted to show how demographic factors influence the utilization rate of health services. The findings of Hillis (2008) study showed that there were no significant relationships between the gender and age groups with patient satisfaction level, but there was a significant relationship between residency and patient satisfaction. The study conducted by Alrubaiee and Alkaa'ida (2011) evaluated the factors that influence the quality of healthcare and patients' satisfaction. Social and demographic characteristics such as: age, educational level, marital status, sex, nationality were considered. The study findings revealed that the previously mentioned socio-demographic factors affected the score of patient perception of healthcare quality, patients' satisfaction and patients' trust (Alrubaiee & Alkaa'ida, 2011). The findings of Al Hindi (2002) study found that there was no statistically significant relationship between gender and satisfaction of the client. If the patient has health insurance

coverage or not; low average income is considered as a barrier to receive timely and appropriate healthcare, this was asserted by the study conducted by Escare and Kapure (2006) in United States of America.

2.2.12 Hospital Care

A hospital is a health care institution providing patient with treatment by specialized staff and appropriate equipment. Hospitals are a vital part of any health care system and account for a large proportion of a government's health care budget. Hospital care plays an important role in health care quality and outcomes. It is considered as the backbone of any health system. Health care effectiveness and efficiency variation increased the demand for value from clients and payers, and patient safety concerns have placed the assessment of hospital performance high on the agenda of policy makers, patients, payers and regulators around the world (Cercione and O'Brine, 2010).

2.2.13 Physical therapy services

Physical therapy is an intellectually, physically and psychologically demanding profession, but it is an extremely rewarding career in utilizing professional skills for those in need. Physical therapy can be delivered through in-patient services to the patients hospitalized inside different health facilities' departments, out-patient services inside out-patient departments of health facilities, private sectors, NGOs, or through home visits (World Confederation for Physical Therapy, WCPT, 2015b).

Physical therapy process includes examination/assessment, evaluation, diagnosis, prognosis, plan of care/intervention and re-examination (World Confederation for Physical Therapy, 2011b).

Assessment includes, (1) the examination of individuals or groups with actual or potential complaints, and the use of specific tests and measures, and (2) the evaluation of the results of the examination of individuals/groups and/or the environment through analysis to determine the barriers to optimal human functioning (Health and Care Professions Council, 2013).

Diagnosis and prognosis arise from the examination and evaluation of the problems and interventions. Prognosis (including plan of care/intervention) begins with determining the need for care/intervention and normally leads to the development of a plan of care/intervention, including measurable outcome goals negotiated in collaboration with the patient/client, family or care giver. Alternatively it may lead to referral to another agency or health professional in cases which are inappropriate for physical therapy. Intervention is implemented and modified in order to reach agreed goals. It may include manual or electrical treatment intervention or just instruction and counseling. Intervention/treatment may also be aimed at prevention of impairments, activity limitations, participatory restrictions, disability and injury including the promotion and maintenance of health, quality of life, workability and fitness in all ages and populations. Re-examination is necessary to determine the outcomes (The Chartered Society of Physiotherapy, CPC, 2010).

2.2.14 Standards of proficiency for physical therapists

Health and Care Professions Council (2013) sets out the standards of proficiency. These standards set out safe and effective practice in the professions. They are the threshold standards that are considered necessary to protect members of the public. The registrant physical therapists must:

1. be able to practice safely and effectively within their scope of practice,
2. be able to practice within the legal and ethical boundaries of their profession,
3. be able to maintain fitness to practice,
4. be able to practice as an autonomous professional, exercising their own professional judgment,
5. be aware of the impact of culture, equality, and diversity on practice,
6. be able to practice in a non-discriminatory manner,
7. understand the importance of and be able to maintain confidentiality,
8. be able to communicate effectively,
9. be able to work appropriately with others,
10. be able to maintain records appropriately,
11. be able to reflect on and review practice,
12. be able to assure the quality of their practice,
13. understand the key concepts of the knowledge base relevant to their profession,
14. be able to draw on appropriate knowledge and skills to inform practice, and
15. Understand the need to establish and maintain a safe practice environment.

Chapter 3

Methodology

3.1 Introduction

This chapter outlines the study methodology. It includes study design, study settings, study population, data collection process, piloting, data cleaning, methods of data analysis and ethical consideration. Additionally, the chapter briefly describes the instruments that used to collect the data. Finally, it is concluded by the limitations of the study.

3.2 Study design

The design of this study is a mixed method that utilizes quantitative and qualitative data. In mixed method studies, the researcher intentionally mixed the quantitative and qualitative data rather than separate them. Such designs also raise a complex set of issues, since the two methods produce such different kinds of data, because, if the surveys inherently limited by the questions they ask, focus groups will provide data on how the respondents themselves talk about the topics of the survey (Morgan, 1996).

With regard to the design of the quantitative data, it is a cross sectional design as the data were collected from beneficiaries and service providers of the targeted hospitals using a well-structured questionnaire.

A cross-sectional design involves the simultaneous collection of data from different subjects at different stages of the same phenomenon to provide representation of the

phenomenon. The main advantages of cross-sectional design are easy to do, cheap, economical and practical (Polit, 2004).

The qualitative data were collected through focus group discussions. Focus group is one of the research techniques that collect data through interaction on a topic determined by a researcher (Morgan, 1996). An important theme that reappears in many of these focus groups is their ability to "give voice" to marginalized groups (Joseph et al., 1984). The value of focus groups goes well beyond listening to others; it can serve as a basis for empowering "clients" (Morgan, 1996).

3.3 Study settings

The study was conducted at the general governmental hospitals that provide in-patient and out-patient physical therapy services in the GS. The total number of hospitals that provide such services is four hospitals. These hospitals are Al-Shifa Hospital, European Gaza Hospital, Nasser Hospital, and Abu-Yousef Al-Najjar Hospital. These hospitals are the only hospitals that provide in-patient and out-patient physical therapy services together for adult clients in MoH. It is worth mentioning that the focus groups were also conducted at the same hospitals.

3.4 Study period

The study has started after obtaining the university's approval and the ethical approval from Helsinki Committee in August 2015 (**Annex 4**). Quantitative data collection tools were developed, validated, revised, and finalized in October 2015. The pilot studies were conducted in November 2015 after the agreement of the Directorate General of

hospitals to conduct the study (**Annex 5**), then data collection began in November 2015 and completed in January 2016. Open guiding questions for qualitative data was also developed and validated. Transcription and coding of qualitative data were conducted alongside the data collection process and completed by February 2016. Data analysis for both quantitative and qualitative data was completed in March 2016 and finally, writing the final research report was completed in April 2016.

3.5 Study population

With regard to quantitative study, the study population consisted of beneficiaries of both in and out-patients of physical therapy services. Beneficiaries of physical therapy services were selected from internal medicine departments: including neurological, cardiopulmonary, orthopedic, and surgical departments. Beneficiaries who received physical therapy services from out-patient departments were randomly selected from the out-patient departments.

Concerning the qualitative data, data were collected from two- groups of participants; the first group consisted of the beneficiaries of the physical therapy services within the four hospitals, twenty five beneficiaries from the hospitals. The second group consisted of the service providers of the four hospitals; they were twenty four service providers from these hospitals.

According to MoH records (2015), in 2014, a total of 20,891 clients received services either from in-patient or out-patient physical therapy services (distributed as 14,552 out-patient clients, and 6,339 in-patient clients). On monthly average, each hospital

provides services to approximately 436 clients. The study population was 3488 beneficiaries as the researcher collected the data for two months.

3.6 Study sample

Using Robert Mason equation to determine the sample size (**Annex 3**), the sample size was estimated to be 347 clients at 95% confidence interval; were divided into four groups according to the proportional representation of beneficiaries of each hospital (54% for Al-Shifa Hospital, 23% for Nasser Hospital, 18% for European Gaza Hospital and 5% for Abu Yusef Al-Najjar Hospital). Then the sample size of each hospital was divided into two groups (in-patient cases and out-patient cases) according to proportional representation at the same hospital as described below in **Table (3.1)**

Table (3.1): proportional representation of cases at the hospitals

Hospital name	Out-patient cases %	In-patient cases %
Al-Shifa Hospital	79%	21%
European Gaza Hospital	43%	57%
Nasser Hospital	73%	27%
Abu Yousif Al-Najjar Hospital	46%	54%

The researcher increased the sample size to 360 individuals to cover for possible non respondents and to increase the statistical power of the study.

The sample for focus group is a purposive sample of the three focus groups from beneficiaries of physical therapy services and three focus groups from physical therapy

service providers were selected to reflect clients' and providers' perceptions and opinions. On average, eight participants assembled in each focus group. One focus group from beneficiaries in each hospital except Nasser hospital because the hospital temporarily stopped providing out-patient physical therapy services at the time of data collection.

3.7 Response rate

From 360 beneficiaries, 350 patients agreed to participate in this study, which represented 97.2% of the study sample. The high positive response rate could be attributed to the face-to-face approach utilized by the researcher. For focus groups the response rate was 100% as approached beneficiaries and providers agreed to participate in the study.

3.8 Eligibility criteria

3.8.1 Inclusion criteria: Quantitative data

For in-patient cases:

1. Being admitted to internal medicine departments: neurological, cardiopulmonary, surgical, and orthopedic departments.
2. Clients who have received physical therapy services, at least two sessions.
3. Conscious and cooperative clients

For out-patients cases:

1. Clients who have received physical therapy services, at least three sessions.
2. Conscious and cooperative clients.

3.8.2 Inclusion criteria: Qualitative data**For providers**

- Experienced PTs (more than three years of experience).
- PTs working at the selected governmental hospitals.

For beneficiaries

1. beneficiaries who utilized physical therapy services in the study settings for at least two sessions
2. Adult and cooperative beneficiaries.

3.8.3 Exclusion criteria: Quantitative data

- Beneficiaries of Intensive Care Unit (ICU), because they are unconscious patients.
- Beneficiaries of obstetric departments, because the researcher has limited accessibility of obstetric departments, so it will be difficult to fill in the questionnaire face- to- face.

- Beneficiaries of burn units, because they have special psychological situation. Moreover, burn unit is not present in all hospitals of the study setting, it presents only in Al-Shifa Hospital and Nasser Hospital.
- Pediatric beneficiaries, because they are not able to participate in the study and cooperate with the researcher.
- Beneficiaries receiving physical therapy services at other hospitals or other health institutes.

3.8.4 Exclusion criteria: Qualitative data

- PTs with experience less than three years.
- PTs working at other hospitals or other health institutes.
- Beneficiaries receiving physical therapy services at other hospitals or other health institutes.

3.9 Study instruments: Quantitative study

The researcher developed a well-structured questionnaire to collect data from beneficiaries (**Annex 6**). All the parts of the questionnaire were developed by the researcher. The questionnaire was designed to cover different areas including:

- General information and demographic variables.
- Physical therapy services and facility.
- Participation in the treatment program.

- Expectation from delivered services.
- Access and affordability of services.
- Information and communication.
- Satisfaction with the provided services.

3.10 Study instruments: Qualitative study

Two groups of guiding questions for the focus groups; one group related to service providers (**Annex 7**) and the other related to beneficiaries (**Annex 8**) were developed by the researcher. Those questions were asked by the researcher within focus groups. For beneficiaries the guiding questions covered different areas such as quality of the current services, accessibility, affordability and main strengths and weaknesses areas of the provided services. For service providers the questions covered the areas of general views about working hospital and management, availability of policies and guidelines, problems face them during the provision of services and areas of future improvement.

3.11 Pilot study: Quantitative study

A pilot study was carried out on 25 beneficiaries to explore the appropriateness, validity, and reliability of the study instruments. The pilot study was conducted at Al-Shifa Hospital. As a result of piloting, no major modifications were introduced into the questionnaire. Thus, the 25 piloting cases were included within the study sample.

3.12 Scientific rigor: quantitative study

3.12.1 Validity:

Face validity:

To ensure the appropriateness of the questions, the clarity of wording, and to allow smooth data collection and easy data entry; the questionnaire was structured in an organized way. The lay out of the questionnaire has been formatted and reviewed several times till the final version looked well-designed.

Content validity:

The questionnaire was evaluated by a group of twelve experts (**Annex 10**). This group included some experts of public health, academics of relevant fields, statisticians, professionals and experts of evaluation and quality fields. The aim of the questionnaire evaluation was to check if the content of the questionnaire is appropriate to its intended purpose and achieve the overall aim. All comments, advices and feedback of the experts were considered in the finalization of the questionnaire.

Questionnaire modification was done according to the feedback from the pilot study which had been conducted before the actual data collection started. Data collectors were trained well by the researcher to ensure the standardization of data collection.

3.12.2 Reliability:

The researcher used Cronbach's alpha to measure the reliability of the questionnaire items. Data were checked for internal consistency of the domains to demonstrate the appropriate clustering of items. The domains of the questionnaire (groups of questions)

were tested twice; the first test was done after collecting 25 questionnaires during the pilot stage, and the reliability score with Cronbach's alpha was (0.804) reflecting a good reliability. The second one was done after collecting the study sample, and the Cronbach's alpha was (0.906) showing a high degree of reliability. The **Table (3.2)** shows the Cronbach's alpha of the questionnaire.

Table (3.2): The breakdown of Cronbach's Alpha

Domain	No. of questions	Chronbach's Alpha
Accessibility and affordability	7	0.696
Availability of service	6	0.744
Staff factors	4	0.583
Patient participation in treatment plan	5	0.598
Patient perceptions	4	0.776
communication	10	0.751
Respect and dignity	5	0.739

Data collectors were trained by the researcher to ensure collecting reliable data. They are trained on how to select the cases according to the criteria of the research, how to ask the questions and how to fill in the questionnaire. All collected questionnaires were checked by the researcher. After entering the data, the researcher reentered 5% of the data.

3.13 Scientific rigor: qualitative part

Trustworthiness:

According to Guba and Lincoln (1981), trustworthiness is the parallel concept to reliability and validity of the qualitative data. It contains four aspects: credibility, transferability, dependability and conformability. To ensure trustworthiness of the qualitative data the researcher implemented the following actions:

1. The researcher ensured congruence between the research questions, objectives, and methods of data collection.
2. The researcher has developed a data collection tools.
3. Peer review to the tools was done.
4. Debriefing sessions between the researcher and superior was done to make sure of the credibility of the instrument.
5. Using random sampling done according to eligibility criteria, the researcher selected an appropriate sample with collaboration with the health staff.
6. The researcher informed the selected participants in the focus group discussions that their participation is voluntary, and they have the right to accept or reject to answer any question.
7. The researcher recorded the interviews and produced transcripts of the data.
8. Examination of previous research to frame findings as recommended.
9. The researcher analyzed the qualitative data immediately after the completion of the collection in every focus group.
10. The researcher used independent coding of the qualitative data, recorded the discussions, and used consensus discussions to ensure the integrity in data analysis.

3.14 Data collection

Quantitative study

The data were collected by the researcher and nine well-trained data collectors; five of them are physical therapists and four of them are physical therapy students at a practicum year. Data collectors were trained on how to be impartial during data collection, how to select the participant and deal with them regardless their educational level and personal characteristics. After coordination with hospital management and department management, interviews with patients were carried out to avoid disturbing daily work and assure suitable environment for the participant to answer the questionnaire.

All participants were selected randomly through simple random technique. Each participant was received full information about the study purposes and objectives, and all participants were informed that their participation is optional and they have the right not to answer any questions. Moreover, the questionnaire implemented in Arabic, and participants were given enough time to select the appropriate options from their point of view. In addition, clarifications of questions were provided when needed. On average, each questionnaire took from 20 to 25 minutes to be completed and reviewed.

Qualitative study

After getting the approval from the departments' managers, the researcher with the collaboration of the four physical therapy departments' staff has identified cases and employees to participate in the focus groups. The identified cases and service providers were invited to participate in the focus groups. The researcher asked the participants to

come to the hospitals at a signed time and date. In total, 25 cases and 24 service providers participated in the focus groups discussions. The researcher informed the participants that they have the right to answer the questions they want. On average, each focus group lasted for almost 50 minutes. The researcher has recorded the discussion and the research assistant took notes during the interview. All the recorded material and focus groups were kept in a safe place and only the researcher has access to them.

3.15 Data entry and data analysis

3.15.1 Quantitative part

The researcher used Statistical Package of Social Science (SPSS) program version 20 for quantitative data entry and analysis. The researcher followed the following steps:

Questionnaires were reviewed.

1. Data entry was performed after over viewing of the questionnaires
2. The variables of questionnaire were coded then entered onto the computer by the researcher.
3. After that the data cleaning was done to ensure correct entry.

Frequency tables that show sample characteristics and plot differences between various GS hospitals and clients characteristics variables were done.

Cross tabulation for main findings and advanced statistical tests such as Chi square test, independent t-test and one-way ANOVA to investigate the relationships between the

study variables and to find differences and relationships between them were done by the researcher.

3.15.2 Qualitative part

The researcher used open coding thematic analysis method to analyze the collected data through the focus groups. The researcher took notes and summarized the findings immediately after each focus group discussion. The researcher developed data entry model. Then, he cleaned, coded and categorized all obtained data. After the completion of coding, the researcher prepared a summary of relationships between codes, then comparison and integration between the quantitative and qualitative findings have been done to validate findings and enrich information.

3.16 Ethical and administrative consideration

An official letters of approval to conduct the study were obtained from Al-Quds University and Helsinki Committee in the GS (**Annex 4**). An Administrative approval was obtained from the Director General of MoH (**Annex 5**) after another approval that was obtained from the Human Resources Development Directorate General in the MoH (**Annex 5**).

To guarantee participants' rights, a covering letter indicating that the participation is voluntary and confidentiality will be assured for all of them was provided (**Annex 9**). All the study participants were asked for their approval to participate in the study. The researcher maintained honesty during analysis and respected the truth. Data analysis has been done at aggregate level without revealing any of participants' identities or any personal data.

3.17 Limitations of the study

1. The number of PTs working at MoH is low, which makes the research studies difficult to be conducted on PTs alone.
2. The study included a sample from MoH hospitals that provides in-patient and out-patient physical therapy services together and there are other hospitals that provide in-patient physical therapy services, but they do not provide out-patient physical therapy services.
3. The study included only a sample from hospitals, and there are PHC clinics that provide out-patient physical therapy services.
4. The researcher excluded obstetric and pediatric clients, additionally to burn patient, because of poor accessibility and special psychological situations for these cases, moreover low level of co-operation offered from pediatrics.
5. Frequent power shortages.

Chapter 4

Findings

A: Quantitative results

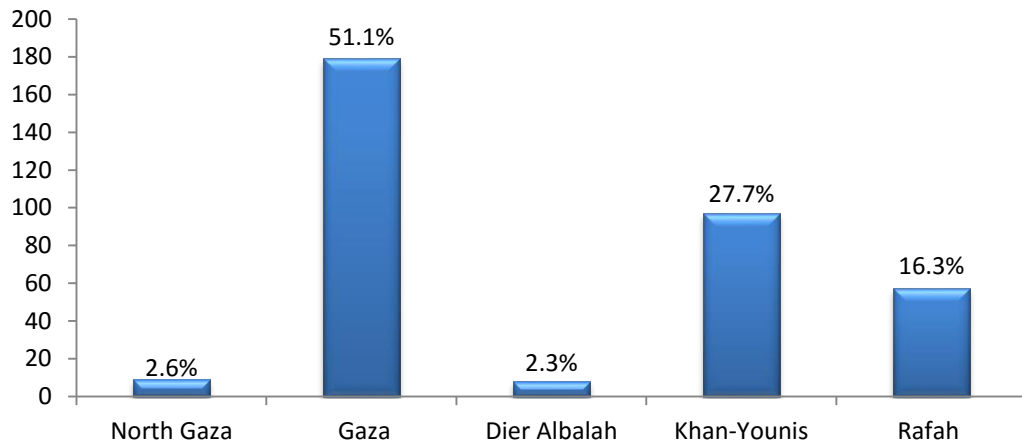
This chapter presents the main findings of the quantitative and qualitative data. It begins with descriptive analysis of the study participants' demographic characteristics. Then, it highlights the main inferential analysis of selected variables. The inferential analysis focused on examining the relationship between the selected variables of interest and other selected covariates. The second part of this chapter highlights the main findings from the qualitative data.

4.1 Descriptive analysis

It is worth mentioning that the researcher collected the quantitative data from the study participants through well-structured questionnaire. The study participants were distributed into two groups (in-patient cases and out-patient cases) according to their proportional representation. Of the total participants, 56.6% of them were out-patient cases and 43.4% were in-patient cases.

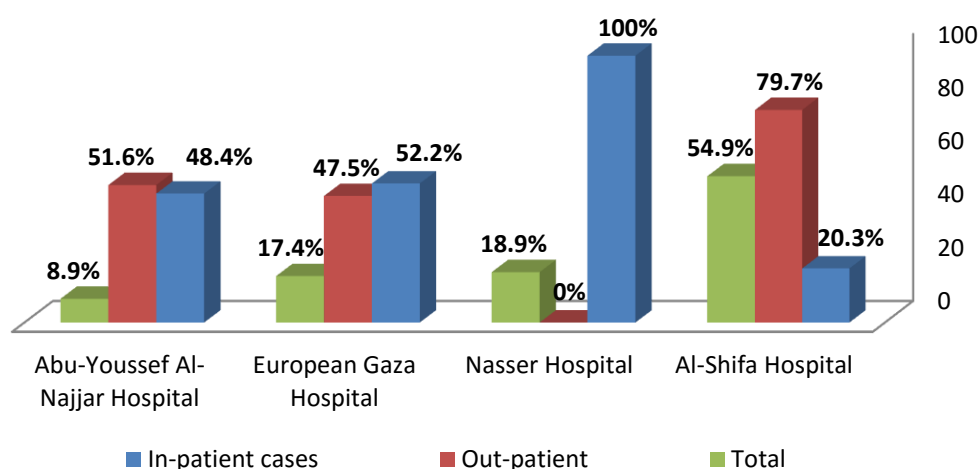
The total number of participants' in the study was 350 patients. As shown in **Graph (4.1)**, about half of the study participants (51.1%) were from Gaza governorate, about one third of study participants (27.7%) were from Khan Younis governorate and about 16.3% of study participants were from Rafah governorate, and only 2.6% of the study participants were from North Gaza.

Graph (4.1): Percentage distribution of participants according to residency place



With regard to the distribution of study participants by the study location, **Graph (4.2)** shows more than half of participants (54.9%) have had received services from Al-Shifa Hospital (79.7% of the total were out-patient cases and 20.3% of the total were in-patient cases). About 19% of the cases were from Nasser hospital. All the cases were collected from the in-patient departments as the out-patients department was not functioning at the time of data collection. Finally, of the total cases, 17.4% were from European Gaza Hospital (47.5% of the total were out-patient cases and 52.5% of the total were in-patient cases) and about 9% were from Abu Youssef Al-Najjar Hospital (51.6% of the total were out-patient cases and 48.4% of the total were in-patient cases).

Graph (4.2): Distribution of participants according to health care centers



4.1.1 Socio-demographic characteristics

The results of the study have revealed obvious variations among the study participants.

The main variations are in the age, education level, marital status, and working status.

Beneficiaries' gender

Table (4.1) showed that, of the total cases, 53.4% were males and 46.6% were females.

Beneficiaries' age

As shown in **Table (4.1)**, the mean age of the study participants in general was 43.97 years with (SD 17.52, range 82). **Table (4.1)** also revealed that 32.3% of the study participants were aged between 12 and 34 years, while 35.4% of them were aged between 35 and 54 years, and 32.3% were aged between 55 and 94 years.

It is noted that the mean age of in-patient cases of the study participants in general was 46.97 years with (SD 19.50, range 82). 31.6% of the in-patient cases were aged between

12 and 34 years, while 27.6% of them were aged between 35 and 54 years, and 40.8% were aged between 55 and 94 years.

With regard to the out-patient cases of the study participants, the mean age of them was 41.67 years with (SD 15.49, range 55). 32.8% of out-patient cases were aged between 12 and 34 years, and 41.4% were aged between 35 and 54 years, while 25.8% were aged between 55 and 94 years.

Educational level

The overall average of study participant's years of schooling was 10.82 years with (SD 5.18, range 21). **Table (4.1)** also showed that 64% of the participants have completed 12 years of schooling, and 36% of them have completed more than 12 years of schooling.

Concerning the out-patient cases of study participants, the overall average of years of schooling was 11.35 years of schooling with (SD 4.92, range 21). 59.6% of them have completed 12 years of schooling, and 40.4% of them have completed more than 12 years of schooling.

The overall average 10.12 years of schooling was for in-patient cases of study participants with (SD 5.44, range 17). About two-thirds (69.7%) of them have completed 12 years of schooling, and about third of them (30.3%) have completed more than 12 years of schooling

Table (4.1): Distribution of study participants according to selected variables

Demographic data	No.	%
Gender		
• Male	187	53.4
• Female	163	46.6
Total	350	100
Participant age groups		
• 12 to 34 years	113	32.3
• 35 to 54 years	124	35.4
• 55 to 94 years	113	32.3
Total	350	100
Mean = 43.97, SD = 17.52, Range = 82		
Educational level		
• Up to 12 years of schooling	224	64
• More than 12 years of schooling	126	36
Total	350	100
Mean = 10.82, SD = 5.18, Range = 21		
Employment status		
• Unemployed	224	64
• Employed	126	36
Total	350	100

Employment status

Concerning the employment status, (64%) of the patients were unemployed and only (36%) of them were employed, as shown in **Table (4.1)**. About 65.2% of out-patient cases of study participants were unemployed and about 34.8% of them were employed.

For in-patient cases of study participants, about 62.5% of them were unemployed and about 37.5% were employed.

Health insurance

As shown in **Table (4.2)**, the results of the study revealed that the vast majority of the study participants (99.4%) have a health insurance, and only (0.6%) of the participants do not have a health insurance, it is important to note that 87.1% of the study participants have indicated that the health insurance is affordable, compared to 12.9% who indicated that it is unaffordable.

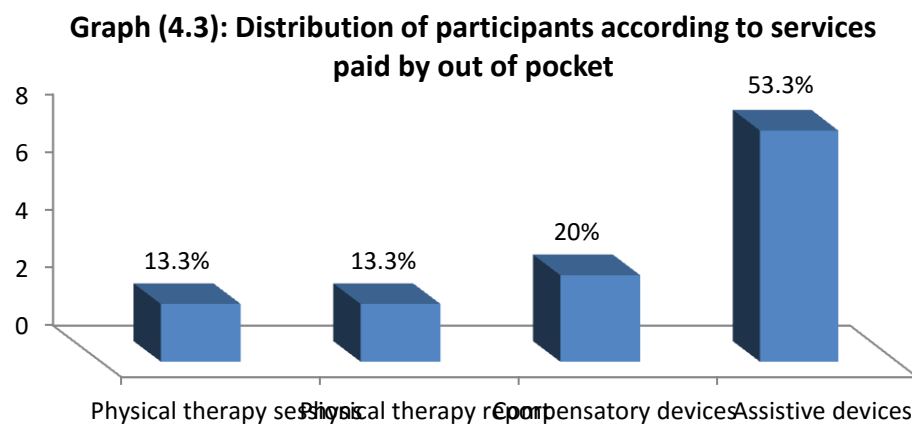
Table (4.2): Distribution of study participants according to health insurance

Variables	No.	%
Having a health insurance		
• Yes	348	99.4
• No	2	0.6
Total	350	100
Health insurance is affordable		
• Yes	305	87.1
• No	45	12.9
Total	350	100
Coverage of health insurance		
• Yes	289	82.6
• No	61	17.4
Total	350	100

Furthermore, most of the study participants (82.6%) have indicated that the health insurance provides comprehensive coverage of physical therapy services including physical therapy sessions, compensatory devices, and assistive devices, and (17.4%) answered that it does not.

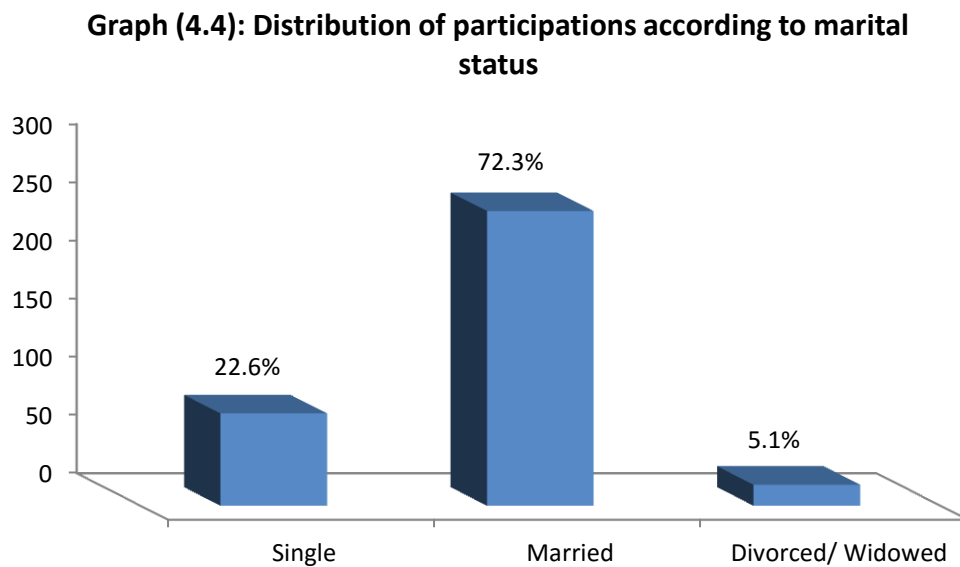
Concerning the payment of physical therapy services, the majority of study participants (95.7%) have indicated that the health insurance covered all the services with no additional out of pocket payments. On contrary, about 4.3% of the participants have reported paying additional cost out of their pocket.

Graph (4.3) illustrates the distribution of study participants according to cases that paid out of pocket. In total, they represent about 4.3% of the total number of the study participants. **Graph (4.3)** showed that, more than half of them (53.3%) paid out of their pocket for assistive devices (like axillary crutches, walkers, etc.), about 20% of them indicated that they paid out of their pocket for compensatory devices (like prosthetics & orthotics). Finally, about 13.3% of those participants paid out of their pocket for physical therapy sessions, and the same percentage of them have paid out of their pocket for physical therapy sessions.



Marital status

Graph (4.4) illustrates the distribution of participants according to marital status. Regarding marital status, the majority of cases were married (72.3%), while (22.6%) were single, and the rest of cases (5.1%) were either divorced or widowed. As shown in **Graph (4.4)**.



With concern to out-patient cases of study participants, about two-third of them (70.7%) were married at the time of data collection, while 24.2% of them were single, and 5.1% of them were either divorced or widowed.

With regard to in-patient cases, more than two-third of them (74.3%) were married, while 20.4% were single, and only 5.3% were either divorced or widowed.

4.2 Utilization of physical therapy services and general information about participants

As shown in **Table (4.3)**, about 76.6% of the participants indicated that they have received the services they were supposed to, and about 22.3% of them indicated that they have received the services they needed, but not fully, while 1.1% of the study participants said that they have not received the services they were looking for.

Regarding the past experience of utilizing physical therapy services, most of the study participants (71.4%) indicated that they have never utilized physical therapy services, and the rest of them (28.6%) have previous experience of utilizing physical therapy services.

As shown in **Table (4.3)**, about 68.6% of participants indicated that they have no chronic diseases, while 31.4% of the study participants indicated that they have chronic diseases. 35.5% of them have hypertension disease, 17.3% have diabetes mellitus disease, 34.5% have both hypertension disease and diabetes mellitus, 4.5% has respiratory diseases, and 8.2% have other diseases such as renal diseases, heart diseases, endocrinal diseases, etc.

It is noted that about two-third (70.2%) of out-patient cases of study participants have no chronic diseases compared to about one-third (29.8%) of study participants who indicated that they have chronic diseases, while 32.2% of them have hypertension disease, 16.9% have diabetes mellitus, 33.9% have both hypertension disease and diabetes mellitus, 5.1% have respiratory diseases, and 11.9% of them have other diseases.

For in-patient cases of study participants, about 66.4% of these cases indicated that they have no chronic diseases, while 33.6% of in-patient cases indicated that they have chronic diseases, 39.2% of them have hypertension disease, 17.7% have diabetes mellitus, 35.3% have both hypertension disease and diabetes mellitus, 3.9% have respiratory disease, and 3.9% of them have other diseases.

With regard to being under medication, some of the beneficiaries (56.6%) were taking medicines at the time of receiving physical therapy sessions. While, 34.8% of them were taking analgesics -This leaves ambiguity about pain relief; whether it was a result of taking analgesics or was a result of utilizing physical therapy services-, 20.7% of them were taking hypoglycemic drugs, 13.1% of them were taking anti-hypertensive drugs, 11.1% of cases were taking medicine for both diabetes mellitus & hypertension diseases, and 16.2% and 4.1% were taking antibiotics, and other drugs, respectively. However, 43.4% of the study participants were not taking drugs at the time of receiving physical therapy sessions.

Table (4.3): General information and utilization of physical therapy services

Variables	No.	%
Received the needed services		
• Yes	268	76.6
• Somewhat	78	22.3
• No	4	1.1
Total	350	100
Previous utilization of physical therapy services		
• Yes	100	28.6
• No	250	71.4
Total	350	100
Having chronic diseases		
• Yes	110	31.4
• No	240	68.6
Total	350	100
Receiving drugs/ medicine		
• Yes	198	56.6
• No	152	43.4
Total	350	100
Types of drugs		
• analgesics	69	34.8
• hypertension disease drugs	26	13.1
• diabetes mellitus drugs	41	20.7
• Both hypertension disease & diabetes mellitus drugs	22	11.1
• Antibiotics	32	16.2
• Others	8	4.1
Total	198	100

4.3 Accessibility of Information of Physical Therapy Services- all cases

As shown in **Table (4.4)** the results showed that the overall mean percentage of accessibility of information was 78.15% with (SD 0.7). With concern to the information explanation, the results indicated that about two-thirds of patients agreed that the therapist often explains the progress in the treatment plan clearly with mean percentage of 77%. About two-thirds of patients indicated that they have given a full explanation about physical therapy intervention; this was clearly manifested with the mean percentage of 76.8%; the highest participant percentage (93.5%) was for the participants of European Gaza Hospital, followed by 87.9% for the participants of Nasser Hospital, 78.1% and 74.2% for the participants of Al-Shifa Hospital and Abu Yousef Al-Najjar Hospital, respectively. About 76.6% of the study participants expressed satisfaction with the instructions they have received, including how to deal with pain and discomfort; the highest percentage of satisfaction (89.4%) was reported in Nasser Hospital, compared to the other hospitals, and the lowest percentage of satisfaction (75.4%) was reported in European Gaza Hospital, about 82.3% of satisfaction was reported in Al-Shifa Hospital, and about 83.8% of satisfaction was reported in Abu Yousef Al-Najjar Hospital. Interestingly, a high percentage of the study participants indicated that they were able to ask their health providers about the information they want; this was clearly reflected by a high mean percentage of 82.2%.

Table (4.4): Frequency distribution of reported responses regarding accessibility of information

Item	No./ %	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Mean/ Mean%
The therapist often explains the progress in the treatment clearly	No.	2	34	17	257	40	3.85
	%	0.3	9.7	4.9	73.4	11.4	77
Given a full explanation about physical therapy intervention	No.	1	41	20	240	48	3.84
	%	0.3	11.7	5.7	68.6	13.7	76.8
Given a full explanation about how to manage pain and discomfort	No.	1	32	28	252	37	3.83
	%	0.3	9.1	8.0	72.0	10.6	76.6
You were able to ask for the information you want	No.	0	3	16	270	61	4.11
	%	0.0	0.9	4.6	77.1	17.4	82.2
Total Mean %	Mean: 78.15 SD: 0.7						

4.4 Skills and competencies of the physical therapy service providers

To assess the physical therapy providers' skills and competencies, the researcher included several items as in **Table (4.5)**. The overall mean percentage was 74% with (SD 0.78). More than two-thirds (83.2%) of the participants have viewed health providers as qualified competent staff.

Interestingly, low percentage of the study participants indicated that the service providers did not give enough or sufficient written instructions of home treatment

program to the patients; this was clearly reflected by a relatively low mean percentage of 60.4%.

Table (4.5): Frequency distribution of reported responses regarding skills and competencies of the physical therapy providers

Item	No./ %	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Mean/ Mean%
There is enough staff number to provide the required service	No.	4	30	35	256	25	3.77
	%	1.1	8.5	10.0	73.1	7.1	75.4
The therapist gave you written instructions of home program	No.	20	128	39	151	12	3.02
	%	5.7	36.6	11.1	43.1	3.4	60.4
Therapist always reevaluates your treatment plan & modifies it	No.	0	34	30	240	46	3.85
	%	0.0	9.7	8.6	58.6	13.1	77
The staff are well qualified	No.	0	5	15	284	82	4.16
	%	0.0	1.4	4.3	70.9	23.4	83.2
Total Mean %	Mean: 74 SD: 0.78						

With regard to staff number, 75.4% of the study participants have indicated that there were a sufficient number of service providers to provide the required service. Finally, the study participants expressed that the therapists always reevaluate and revise the treatment plan, if there is a need. This was evident by the mean percentage of 77% as shown in **Table (4.5)**.

4.5 Patient participation in treatment plan/ program

To investigate the patient participation in the treatment plan, the researcher asked some questions to the patients as demonstrated in **Table (4.6)**. The results showed that the highest mean percentage (81.6%) was for patient's commitment to the sessions' times, followed by allowing the patient to discuss with the therapist the physical therapy plan with mean percentage of 79%. The lowest mean percentage (55.8%) was reported for informing the patient whom to contact in case of emergency.

Table (4.6): Frequency distribution of reported responses regarding patient participation in treatment plan/ program

Item	No./ %	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Mean/ Mean%
The therapist enrolled you in the planning of home program	No.	7	54	44	227	18	3.56
	%	2.0	15.4	12.6	64.9	5.1	73
The therapist involves patients in preparing the treatment plan	No.	0	56	39	232	23	3.63
	%	0.0	16.0	11.1	66.3	6.6	72.6
The therapist allowed you to discuss with him the PT plan	No.	0	13	22	284	31	3.95
	%	0.0	3.7	6.3	81.1	8.9	79
Patient's commitment to the sessions' times	No.	1	8	18	259	64	4.08
	%	0.3	2.3	5.1	74.0	18.3	81.6
You were informed whom to contact in case of emergency	No.	30	142	60	108	10	2.79
	%	8.6	40.6	17.1	30.9	2.9	55.8
Total Mean %	Mean: 72.4 SD 0.77						

When the researcher asked the participants about the enrollment in planning of home program and preparing the treatment plan, about two-thirds of patients expressed agreement with their enrollment in the planning of home treatment program as reflected by the mean percentage of 73%; were 68.7%, 66.6%, 86.9% and 51.6% were for the patients who expressed satisfaction of Al-Shifa Hospital, Nasser Hospital, European Gaza Hospital and Abu Yousef Al-Najjar Hospital, respectively. Also about two-thirds of patients were satisfied with their involvement in preparing the treatment plan as reflected by the mean percentage of 72.6%. The patient percentages were 69.7%, 66.7%, 85.3% and 80.7% were for the patients who expressed satisfaction of Al-Shifa Hospital, Nasser Hospital, European Gaza Hospital and Abu Yousef Al-Najjar Hospital, respectively. To conclude, the mean percentage for patient participation in treatment plan/ program was 72.4% (SD = 0.77).

4.6 Patient perceptions

As shown in **Table (4.7)**, most patients expressed satisfaction with physical therapy services; as 84% of patients agreed that the physical therapy services they received met their needs, and only 3.4% of patients said it didn't meet their needs, also it was reflected by the mean percentage of 79%.

The mean percentage of patients who agreed that the treatment by physical therapy reduced patients' pain and alleviated their symptoms was 80.6%. The physical therapists immediately respond to the patients' needs; this was indicated by the mean percentage of 82%. To conclude, most study participants indicated that the treatment by physical therapy improved the overall quality of their life; this was indicated by a mean

percentage of 79.2%. The mean percentage of patient perception was 80.2% (SD= 0.61).

Table (4.7): Frequency distribution of reported responses regarding patient perceptions

Item	No./ %	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Mean/ Mean%
PT services that you received met your expectations	No.	0	12	44	244	50	3.95
	%	0.0	3.4	12.6	69.7	14.3	79
Treatment by PT reduced your pain and alleviated your symptoms	No.	0	13	23	255	59	4.03
	%	0.0	3.7	6.6	72.9	16.	80.6
Physical therapy improved the overall quality of your life	No.	0	15	46	228	61	3.96
	%	0.0	4.3	13.1	65.1	17.4	79.2
Physical therapist immediately responds to your needs	No.	0	5	21	256	56	4.10
	%	0.0	1.4	6.0	74.0	18.6	82
Total Mean %	Mean: 80.2 SD: 0.61						

4.7 Communication

Communication dimension included six items, as shown in **Table (4.8)**; the mean percentage of satisfaction with the provided therapeutic instructions and advices was high; with a mean percentage of 82.8%.

As shown in **Table (4.8)**, the majority of patients (93.7%) indicated that they communicated freely with physical therapy providers with a mean percentage of 80.6%. With regard to the interaction between clients and providers, most participants agreed

that health providers ask questions in a professional way and listen thoughtfully to their complaints and concerns. The mean percentages were 81.2% and 82.4%, respectively. Indeed, most of participants agreed that the service providers answer their questions. This was reflected by the mean percentage of 79%.

Table (4.8): Frequency distribution of reported responses regarding communication

Item	No./ %	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Mean/ Mean%
The therapist introduced himself in the first meeting	No.	2	88	8	203	49	3.60
	%	0.6	25.1	2.3	58.0	14.0	72
The patients communicate freely with the physical therapy providers	No.	0	11	11	284	44	4.03
	%	0.0	3.1	3.1	81.1	12.6	80.6
The therapist asks the questions in a professional way	No.	0	2	13	297	38	4.06
	%	0.0	0.6	3.7	84.9	10.9	81.2
You understands the therapist advices	No.	0	0	11	279	60	4.14
	%	0.0	0.0	3.1	79.7	17.1	82.8
The therapist listens to your all complains and concerns	No.	0	1	17	271	61	4.12
	%	0.0	0.3	4.9	77.4	17.4	82.4
All of patient's questions answered by the staff	No.	0	12	32	262	44	3.95
	%	0.0	3.4	9.1	74.9	12.6	79
Total Mean %	Mean: 79.6% SD: 0.57						

The lowest mean percentage in the communication dimension was related to provider introducing himself to the clients. The mean percentage was 72%. To conclude, the overall mean percentage of communication dimension was 79.6% (SD 0.57).

4.8 Waiting time and length of session

With regard to waiting time and time spent with physical therapy provider, as shown in **Table (4.9)**, the overall mean percentage was 77.2%. About two-thirds of patients (in-patient and out-patient cases) indicated that the time spent with the services provider was enough with mean percentage of 76.4%. Additionally, most patients showed that the waiting time to receive the physical therapy services was acceptable; this was reflected by the mean percentage of 78% (SD = 0.62), as shown in **Table (4.9)**.

Table (4.9): Frequency distribution of reported responses regarding waiting time and length of session

Item	No./ %	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Mean/ Mean%
The time you spent with the provider was enough	No.	5	30	24	255	36	3.82
	%	1.4	8.6	6.9	72.9	10.3	76.4
Waiting time was acceptable	No.	3	14	29	274	30	3.90
	%	0.9	4.0	8.3	78.3	8.6	78
Total Mean %	Mean: 77.2 SD: 1.4						

4.9 Respect, dignity and confidentiality

As shown in **Table (4.10)**, the vast majority of the participants indicated that the therapist was respectful; this was manifested with the mean percentage of 88.4%.

Consistently, the majority of participants indicated that the privacy was assured and maintained during the physical examination. This was evident from the high mean percentage (84.8%). The majority of patients (91.1%) have indicated that the physical therapists maintain confidentiality of patients' information. This was apparent from the mean percentage which was 83.2%. Finally, about two-thirds of patients have indicated that the physical setting of the departments helps in protecting and maintaining their privacy. The mean percentage was 72.8%. About one-third of participants thinks that the physical settings of the departments do not help in maintaining patients privacy.

Table (4.10): Frequency distribution of reported responses regarding respect, dignity and confidentiality

Item	No./ %	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Mean/ Mean%
The therapist was respectful	No.	0	2	1	196	151	4.42
	%	0.0	0.6	0.3	56.0	43.1	88.4
Privacy is assured during physical examination	No.	1	1	13	232	103	4.24
	%	0.3	0.3	3.7	66.3	29.4	84.8
Physical therapists maintain confidentiality of your information	No.	0	1	30	231	88	4.16
	%	0.0	0.3	8.6	66.0	25.1	83.2
The setting of the department helps in protecting your privacy	No.	12	61	35	175	67	3.64
	%	3.4	17.4	10.0	60.0	19.1	72.8
Total Mean %	Mean: 82.3 SD: 0.68						

4.10 Descriptive statistics for out-patient participants

The total number of out-patient participants is 198 patients. The researcher collected the data from the beneficiaries of the selected hospitals. They were as follows: 153 of cases were from Al-Shifa Hospital, 29 of them were from European Gaza Hospital, and 16 of cases were from Abu Yousef Al-Najjar Hospital.

4.10.1 Waiting time and time spent with health providers

The overall average of the study participants waiting time was 10.85 minutes (SD 7.27, range 30). As demonstrated in **Table (4.11)**, the majority of the study participants (93%) waited up to 20 minutes to receive the required service, and the rest of them (7.1%) waited for more than 20 minutes.

It is noted that the shortest waiting time was at Abu Yousef Al-Najjar Hospital, where the majority of patients (93.8%) waited up to 10 minutes, and only 6.2% waited up to 20 minutes to receive the required service, compared to other hospitals, where at Al-Shifa Hospital, 61.4% of patients waited up to 10 minutes, and about 38.6% of patients waited for more than 20 minutes. For European Gaza Hospital, about two-thirds of patients (69%) waited up to 10 minutes, and the other one-third (31%) waited for more than 20 minutes to receive the service.

Concerning the time spent with service provider, as shown in **Table (4.11)**, the overall average of time that the patient spent with the service provider was 26.41 minutes with (SD 14.41, range 140). About 49% of patients spent up to 24 minutes with the service provider, about 40.4% of participants spent from 25 to 40 minutes with the service provider, while 10.6% of them spent more than 40 minutes with the service provider.

Table (4.11): Frequency distribution of waiting time and length of time spent with health providers

variables	Al-Shifa Hospital		European Gaza Hospital		Abu Youssef Al-Najjar Hospital		Total	
	No.	%	No.	%	No.	%	No.	%
Waiting time								
• Up to 10 minutes	94	61.4	20	69.0	15	93.8	129	65.2
• From 11 to 20 minutes	45	29.4	9	31.0	1	6.2	55	27.8
• More than 20 minutes	14	9.2	0	0.0	0	0.0	14	7.1
Total	153	100.0	29	100.0	16	100.0	198	100.0
Total mean = 10.85, SD = 7.27, Range = 30								
Time spent with provider								
• Up to 24 minutes	90	58.8	3	10.3	4	25.0	97	49.0
• From 25 to 40 minutes	56	36.6	12	41.4	12	75.0	80	40.4
• More than 40 minutes	7	4.6	14	48.3	0	0.0	21	10.6
Total	153	100.0	29	100.0	16	100.0	198	100.0
Total mean = 26.41, SD = 14.41, Range = 140								

It is worth mentioning that the longest time spent with service provider was at European Gaza Hospital, where about 48.3% of patients spent more than 40 minutes, 41.4% of them spent from 25 to 40 minutes, and the other 10.3% of patients spent less than 25 minutes, compared to the other hospitals, the less time spent with health provider was at A-Shifa Hospital, as most of patients (58.8%) spent less than 25 minutes with physical therapy provider, 36.6% of patients spent from 25 to 40 minutes, and only 4.6% of them

spent more than 40 minutes. At Abu Yousef Al-Najjar Hospital; most of patients (75%) spent from 25 to 40 minutes with provider, and the other (25%) spent less than 25 minutes.

4.10.2 Waiting area and transportation

With regard to the waiting area, as demonstrated in **Table (4.12)**, about 60.6% of the study participants indicated that the waiting area is suitable and has enough space, and 39.4% of them indicated that it is not spacious. It is clear that the physical therapy department of European Gaza Hospital has the more suitable waiting area compared to the other hospitals, where the majority of patients (93.1%) at European Gaza Hospital indicated that the waiting area is suitable and has enough space, while most of patients (68.8%) at Abu Yousef Al-Najjar Hospital indicated that the waiting area of the physical therapy department is inadequate and inappropriate, and only about one-third of patients (31.2%) indicated that the waiting area is suitable. For Al-Shifa Hospital about 57.5% of patients indicated that the waiting area of the department is suitable and has enough space and the other patients (42.5%) indicated that it is not.

Concerning transportation, about 86.4% of participants reached the hospital by car, about 13.6% by walking, and no one of the study participants used wheel chair or scooter to reach the hospital.

About 32.9% of the patients who used the car needed on average up to 10 minutes to reach the hospital, 35.9% of them needed from 11 to 20 minutes, and 31.2% of patients needed more than 20 minutes to reach the hospital.

Table (4.12): Frequency distribution of the reported responses regarding waiting area and transportation

Variables	Al-Shifa Hospital		European Gaza Hospital		Abu Yousef Al-Najjar Hospital		Total	
	No.	%	No.	%	No.	%	No.	%
Waiting area is suitable with enough space								
• Yes	88	57.5	27	93.1	5	31.2	120	60.6
• No	65	42.5	2	6.9	11	68.8	78	39.4
Total	153	100.0	29	100.0	16	100.0	198	100.0
Reach the hospital was								
• By car						170	86.4	
• By walking						27	13.6	
Total						198	100.0	
Needed time by car								
• Up to 10 minutes						56	32.9	
• From 11 to 20 minutes						61	35.9	
• More than 20 minutes						53	31.2	
Total						170	100.0	
Total mean = 19.33, SD = 10.9, Range = 55								
Needed time by walking								
• Up to 10 minutes						12	44.4	
• From 11 to 20 minutes						8	29.6	
• More than 20 minutes						7	25.9	
Total						27	100.0	
Total mean = 16.18, SD = 10.17, Range = 34								

For the patients who reached the hospital by walking, about 44.45% of them needed up to 10 minutes, about 29.6% of patients needed from 11 to 20 minutes, and the rest (25.9%) needed more than 20 minutes of to reach the hospital.

4.10.3 Accessibility, affordability, and availability of outpatient physical therapy services

This part examines the accessibility, affordability and availability of physical therapy services in the study settings. From participants' point of view, the overall mean of accessibility, affordability and availability of physical therapy services was 79.57% with (SD 2.78, range 17). As shown in **Table (4.13)**, most of the study participants indicated that it was easy access to the hospitals with a mean percentage of 76.2%; almost all patients at Abu Yousef Al-Najjar Hospital indicated that it was easy to access to the hospital, also most of patients (89.6%) at European Gaza Hospital and most of patients (84.3%) at Al-Shifa Hospital indicated that it was easy to access the hospital.

More than two-thirds of the patients agreed that booking an appointment was easy; as a sum of 77.8% of patients expressed satisfaction with booking an appointment; the highest percentage (100%) of patients was for the patients of European Gaza Hospital, 93.7% of patients and 86.3% of patients were for Abu Yousef Al-Najjar Hospital and Al-Shifa Hospital, respectively. With regard to the appointment time and date, most participants agreed that the appointment time and date were convenient to their conditions with mean percent of 83% (95.4% of patients of Al-Shifa Hospital, 96.6% of patients of European Gaza Hospital, and 100% of patients of Abu Yousef Al-Najjar Hospital indicated that the appointment time and date were convenient to their

conditions). In addition to that, most patients agreed that the session's time is suitable, this was reflected by the high mean percentage with 84.4% (97.4% of patients of Al-Shifa Hospital, 96.6% of patients of European Gaza Hospital, and 100% of patients of Abu Yousef Al-Najjar Hospital indicated that sessions' time was suitable).

Table (4.13): Frequency distribution of the reported responses regarding accessibility, affordability, and availability of physical therapy services

Item	No./ %	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Mean/ Mean%
Easy access of the hospital	No.	4	19	4	155	16	3.81
	%	2.0	9.6	2.0	78.3	8.1	76.2
Appointments registration	No.	1	4	3	128	19	3.89
	%	0.5	2.0	1.5	77.8	11.1	77.8
Appointment time and date were convenient	No.	1	4	3	146	44	4.15
	%	0.5	2.0	1.5	73.7	22.2	83
Sessions' time is suitable	No.	0	2	3	142	51	4.22
	%	0.0	1.0	1.5	71.7	25.8	84.4
Therapists are available in their working areas all the time	No.	0	4	4	136	54	4.21
	%	0.0	2.0	2.0	68.7	27.3	84.2
Clean water for drinking is always available	No.	4	9	81	85	19	3.54
	%	2.0	4.5	40.9	42.9	9.6	70.8
There curtains around treatment beds to maintain privacy	No.	1	0	3	119	75	4.35
	%	0.5	0.0	1.5	60.1	37.9	87
Transportation cost is affordable	No.	6	55	24	231	34	3.66
	%	1.7	15.7	6.9	66.0	9.7	73.2
Total Mean %	Mean: 79.57 SD: 2.78						

Regarding the availability of physical therapy providers, most patients have expressed high level of satisfaction as reflected by the high mean percentage with 84.2%. Availability of clean water for drinking has the lowest mean percentage with 70.8%; patients who expressed availability of clean water for drinking were 93.1%, 47.8%, and 25% of patients of European Gaza Hospital, Al-Shifa Hospital, and Abu Yousef Al-Najjar Hospital, respectively. In contrary, presence of curtains around the treatment beds to maintain patients' privacy has the highest mean percentage with 87%. With concern to the financial affordability of the transportation, most patients agreed that the transportation cost is affordable with mean percentage of 73.2% where 17.4% of patients indicated that the transportation cost is unaffordable.

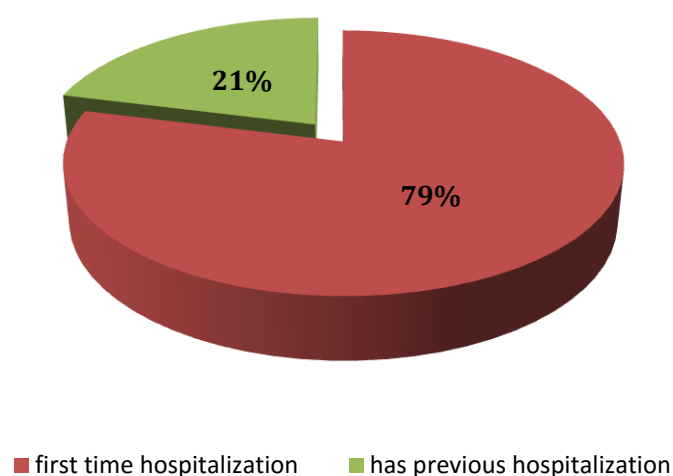
4.11 Descriptive statistics for in-patient participants

It is worth mentioning that the following statistics describe the in-patient participants. The total number of in-patient participants is 152 patients. Where the number of cases was distributed at the hospitals as follows: 39 cases from Al-Shifa Hospital, 66 cases from Nasser Hospital, 32 cases from European Gaza Hospital, and 15 cases from Abu Yousef Al-Najjar Hospital.

4.11.1 Hospitalization and time spent with health providers

As demonstrated in **Graph (4.5)**, 78.9% of the study participants (in-patient cases) were hospitalized for the first time. 21.1% of patients have previous hospitalization.

Graph (4.5): Distribution of participants according to previous hospitalization



The vast majority of in-patient cases (99.3%) have been receiving the physical therapy services at the admitted department, while 0.7% of patients receive the services at out-patient departments. **Table (4.14)** shows that, in total 64.9% of in-patient cases have expressed satisfaction with the appropriateness of the department where they received physical therapy services, 23.8% of patients showed that the department is appropriate to some extent to physical therapy services, and 11.3% of them indicated that it is not appropriate to provide such services. Finally, with regard to the cleanliness of the toilets, more than half of in-patient cases (59.2%) indicated that toilets are clean for suitable of patients' use.

With regard to time spent with physical therapy providers, as shown in **Table (4.14)**, 55.3% of patients spent up to 24 minutes with the physical therapy service provider, 35.5% of patients spent from 25 to 40 minutes with the physical therapy service provider, and 9.2% spent more than 40 minutes with the physical therapy service provider; the percentages of the patients who indicated that they spent more than 25

minutes with the service providers were 46.2% of patients of Al-Shifa Hospital, 62.5% of patients of European Gaza Hospital, 39.4 of patients of Nasser Hospital, and only 26.7% of patients of Abu Yousef Al-Najjar Hospital.

Concerning sessions' schedule, a total of 77.6% of patients indicated that the medical staff prepared physical therapy sessions' schedule, 11.8% of participants indicated that there was no specific sessions' schedule, and 10.5% of them don't know if the staff prepared schedule or not. Most patients expressed satisfaction with the therapists' commitment to the sessions' schedule; as 66.4% of patients showed that the therapists always committed to the sessions' time, 32.2% of patients indicated that therapists sometimes committed to the sessions' schedule, and 1.3% of them said that the service providers rarely committed to that, as shown in **Table (4.14)**.

Table (4.14): Frequency distribution of the reported responses regarding hospitalization and time spent with health providers

variables	Al-Shifa Hospital		Nasser Hospital		European Gaza Hospital		Abu Yousef Al-Najjar Hospital		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Time spent with provider										
• Up to 24 minutes	21	53.8	40	60.0	12	37.5	11	73.3	84	55.3
• From 25 to 40 minutes	14	35.9	19	28.8	17	53.1	4	26.7	54	35.5
• More than 40 minutes	4	10.3	7	10.6	3	9.4	0	0.0	14	9.2
Total	39	25.7	66	43.4	32	21.1	15	9.9	152	100.0
Total mean = 23.84, SD = 11.26, Range = 85										
Sessions' schedule determined by medical staff										
• Yes	27	69.2	60	90.9	21	65.6	10	66.7	118	77.6
• Don't know	10	25.6	5	7.6	0	0.0	1	6.7	16	10.5
• No	2	5.1	1	1.5	11	34.4	4	26.7	18	11.8
Total	39	25.7	66	43.4	32	21.1	15	9.9	152	100.0
Therapists' commitment to sessions' schedule/ time										
• Always	27	69.2	42	63.6	20	62.5	12	80.0	101	66.4
• Sometimes	10	25.6	24	36.4	12	37.5	3	20.0	49	32.2
• Rarely	2	5.1	0	0.0	0	0.0	0	0.0	2	1.3
Total	39	25.7	66	43.4	32	21.1	15	9.9	152	100.0
Appropriateness of the department where the patients are receiving physical therapy sessions										
• Yes	25	64.1	39	60.0	22	68.8	12	80.0	98	64.9
• To somewhat	6	15.4	18	27.7	9	28.1	3	20.0	36	23.8
• No	8	20.5	8	12.3	1	3.1	0	0.0	17	11.3
Total	39	25.8	65	43.0	32	21.2	15	9.9	151	100.0
Toilets are clean										
• Yes	22	56.4	29	43.9	31	96.9	8	53.3	90	59.2
• No	17	43.6	37	56.1	1	3.1	7	46.7	62	40.8
Total	39	25.7	66	43.4	32	21.1	15	9.9	152	100.0

4.12 Patient satisfaction with the provided services

The researcher assessed the satisfaction of the provided services through some items, as shown in **Table (4.15)**. The overall satisfaction of the provided physical therapy services was 79.65% with (SD 0.64). From the participants' perspectives, most patients have expressed satisfaction with the information they received from the providers; this was reflected by a high mean percentage of 80%.

Table (4.15): Frequency distribution of reported responses regarding to satisfaction

Item	No./ %	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Mean/ Mean%
Satisfaction with the gotten information	No.	0	9	30	263	48	4.00
	%	0.0	2.6	8.6	75.1	13.7	80
satisfaction with the way the service provider dealt with you	No.	0	6	8	263	73	4.15
	%	0.0	1.7	2.3	75.1	20.9	83
Satisfaction with the ability of the PT to understand your problem	No.	0	1	22	255	72	4.14
	%	0.0	0.3	6.3	72.9	20.6	82.8
Satisfaction with the cleanliness of the department	No.	9	55	32	210	44	3.64
	%	2.6	15.7	9.1	60.0	12.6	72.8
Total Mean %	Mean: 79.65 SD = 0.64						

With regard to non-health needs, from participants viewpoint, the highest mean percentage (83%) was reported for the satisfaction with the way that provider treated them. This high percentage reflects good relationship between clients and providers. On

the contrary, the lowest mean percentage (72.8%) was reported for the satisfaction of the cleanliness of the department where the patients received physical therapy services.

Concerning the understanding of patients' problem, most patients expressed satisfaction with the ability of the physical therapists to understand patients' problems with high mean percentage (82.8%).

Table (4.16): Frequency distribution of reported responses regarding to score for satisfaction

Item	Frequency	Percent
Low satisfaction	10	2.9
Good satisfaction	238	68.0
High satisfaction	102	29.1
Total	350	100.0

Table (4.16) showed that, the lowest percentage (2.9%) of the beneficiaries reflected low satisfaction with the provided services, about two-thirds (68%) of the beneficiaries reflected good satisfaction with physical therapy services, and about 29.1% of them were highly satisfied with the provided physical therapy services.

4.13 Inferential analysis:

To run inferential analysis, the researcher has used different statistical tests, namely Chi-square, One-Way ANOVA, and independent t-test.

As shown in **Table (4.17)**, the total mean of overall satisfaction about the provided physical therapy was 2.65% (SD= 0.48). About 65.1% of patients expressed satisfaction with the provided services, and about 34.6% of patients expressed partial satisfaction with such provided services. On the other hand, about 0.3% of patients reported dissatisfaction of physical therapy services.

Table (4.17): Frequency distribution of reported responses regarding overall satisfaction study settings

Item	Service provider	Not satisfied		Partial satisfied		Satisfied		Total	
		No.	%	No.	%	No.	%	No.	%
Overall satisfaction about the provided physical therapy	Al-Shifa Hospital	0	0.0	63	32.8	129	67.6	192	54.9
	Nasser Hospital	1	1.5	29	43.9	36	54.5	66	18.9
	European Gaza Hospital	0	0.0	19	31.1	42	68.9	61	17.4
	Abu Yousef Al-Najjar Hospital	0	0.0	10	32.3	21	67.7	31	8.9
	Total	1	0.3	121	34.6	228	65.1	350	100.0
Total mean = 2.65, SD = 0.48									

With comparison between hospitals, the number of participants who indicated satisfaction with the physical therapy services was almost equal in all hospitals, except Nasser Hospital, as 68.9%, 67.7%, and 67.6% of participants expressed satisfaction at

European Gaza Hospital, Abu Yousef Al-Najjar Hospital, and Al-Shifa Hospital, respectively. Only 54.5% of participants expressed satisfaction at Nasser Hospital. On the other hand, the number of participants who expressed partial satisfaction at Nasser Hospital was more than the number of participants who expressed partial satisfaction with physical therapy services at other hospitals, as 43.9% of participants expressed partial satisfaction at Nasser Hospital, and 32.8%, 32.3%, and 31.1% of participants expressed partial satisfaction at Al-Shifa Hospital, Abu Yousef Al-Najjar Hospital, and European Gaza Hospital, respectively.

With regard to gender of the beneficiaries, it is clear that male beneficiaries were more satisfied than female ones, as 72.2% males expressed satisfaction with compared to 57.1% of females, where 27.3% of male beneficiaries and 42.9% of female beneficiaries were partially satisfied with the provided services. On the other hand, about 0.5% of males were dissatisfied with the physical therapy services. **Table (4.18)**

With regard to age groups of the beneficiaries, the beneficiaries who aged between 35 to 54 years old are more satisfied with the provided services than the others, as 35.4% of them recorded satisfaction, and 32.3% of both beneficiaries who aged between 12 to 34 years and 55 to 94 years old recorded satisfaction with physical therapy services. Whereas, 64.6%, 69.4%, and 61.1% of beneficiaries who aged between 12 to 34 years old, 35 to 54 years old, and 55 to 94 years old, respectively, were partially satisfied with the provided services. And only 0.3 was dissatisfied with the services. **Table (4.18)**

Table (4.18): Frequency distribution of reported responses regarding selected socio-demographic variables with overall satisfaction

Item	Gender	Not satisfied		Partial satisfied		Satisfied		Total	
		No.	%	No.	%	No.	%	No.	%
Overall satisfaction about the provided physical therapy	Male	1	0.5	51	27.3	135	72.2	187	53.4
	Female	0	0.0	70	42.9	93	57.1	163	46.6
	Total	1	0.3	121	34.6	228	65.1	350	100.0
	Age groups	No.	%	No.	%	No.	%	No.	%
	12 to 34 yrs.	0	0.0	40	35.4	73	64.6	113	32.3
	35 to 54 yrs.	0	0.0	38	30.6	86	69.4	124	35.4
	55 to 94 yrs.	1	0.9	43	38.1	69	61.1	113	32.3
	Total	1	0.3	121	34.6	228	65.1	360	100.0
	Employment status	No.	%	No.	%	No.	%	No.	%
	Employed	0	0.0	36	28.6	90	71.4	126	36.0
	Unemployed	1	0.4	85	37.9	138	61.6	224	64.0
	Total	1	0.3	121	34.6	228	65.1	350	100.0
	Years of schooling	No.	%	No.	%	No.	%	No.	%
	Till 12 yrs.	1	0.4	80	35.7	143	63.8	224	64.0
	More than 12 yrs.	0	0.0	41	32.5	85	67.5	126	36.0
	Total	1	0.3	121	34.6	228	65.1	360	100.0

With concern to employment status, the employed beneficiaries were more satisfied than the unemployed ones. 71.4% of employed beneficiaries indicated that they were satisfied with physical therapy services and 61.6% of unemployed beneficiaries expressed satisfaction with the provided physical therapy services. About 28.6%

employed beneficiaries and 37.9% of unemployed beneficiaries were partially satisfied. Only 0.3% unemployed was unsatisfied. **Table (4.18)**

With concern to years of schooling, the beneficiaries who continued more than 12 years of schooling were more satisfied than the others, as 67.5% of beneficiaries with more than 12 years of schooling indicated that they were satisfied with physical therapy services and 63.8% of beneficiaries with 12 years of schooling or less expressed satisfaction with the provided physical therapy services. About 35.7% of beneficiaries with more than 12 years of schooling and 32.5% of beneficiaries with 12 years of schooling or less were partially satisfied. Only 0.3% was unsatisfied. **Table (4.18)**

4.13.1 Relationship between socio-demographic characteristics of study participants and utilization of the physical therapy services

Table (4.19): Differences in service utilization rate in relation to socio-demographic characteristics

		N	Mean	SD	T	Sig.
Gender	Male	187	1.15	0.387	-2.824	0.005
	Female	163	1.28	0.478		
Employment status	Employed	126	1.14	0.351	-2.408	0.017
	Unemployed	224	1.25	0.474		

As demonstrated in **Table (4.19)**, an independent samples t-test was conducted to examine whether there was a significant difference between genders of the beneficiaries in relation to their utilization rate of physical therapy services. The test revealed a statistically significant difference between males and females beneficiaries ($t = -2.824$, p

= 0.005). Female beneficiaries ($M = 1.28$, $SD = 0.478$) reported significantly higher levels of service utilization rate than did males beneficiaries ($M = 1.15$, $SD = 0.387$).

As demonstrated in **Table (4.19)**, an independent samples t-test was conducted to examine whether there was a significant difference between employment statuses of the beneficiaries in relation to their utilization rate of physical therapy services. The test revealed a statistically significant difference between employed and unemployed beneficiaries ($t = -2.408$, $p = 0.017$). Unemployed beneficiaries ($M = 1.25$, $SD = 0.474$) reported significantly higher levels of service utilization rate than did employed beneficiaries ($M = 1.14$, $SD = 0.351$).

An independent samples t-test was conducted to examine whether there was a significant difference between educational levels of the beneficiaries in relation to their utilization rate of physical therapy services. The test revealed no statistically significant differences between educational levels of the beneficiaries in relation to their utilization rate of the services. (**Annex 11**)

A one-way ANOVA was conducted to examine whether there were statistically significant differences among beneficiaries in different age groups in relation to their utilization of physical therapy services. The results revealed no statistically significant differences among the age groups, $F(2, 347)$, $p = 0.369$. (**Annex 11**)

Socio-demographic variables and satisfaction score

An independent t-test and one-way ANOVA was used to explore the relationship between selected socio-demographic variables and satisfaction score.

As demonstrated in (**Annex 12**), an independent samples t-test was conducted to examine whether there was a significant difference between genders, employment status, and years of education of the beneficiaries in relation to their satisfaction score with the provided physical therapy services. The tests revealed no statistically significant differences between the above mentioned characteristics and the satisfaction score of the provided services.

As shown in (**Annex 12**), a one-way ANOVA was conducted to examine whether there were statistically significant differences among beneficiaries in different age groups in relation to their satisfaction score with the physical therapy services. The results revealed no statistically significant differences among the age groups in relation to their satisfaction score, $F(2, 347), p = 0.369$.

B. Qualitative findings

This part presents results from six focus group discussions; three of them with beneficiaries of physical therapy services and the rest with the physical therapy service providers.

In total, twenty five beneficiaries participated in the focus group discussions; all of them have utilized physical therapy services, and twenty four service providers from the study settings.

The data presented in this part are based on the participants' expressed opinions and perceptions, and the results are presented according to the main themes that emerged from the focus group discussions. Quotations from participants are included throughout this part; those quotations are presented in italics style.

4.14 Themes

4.14.1 Theme 1: Appropriateness of physical therapy services

It is very important to mention that MoH does not provide out-patient physical therapy services in the Middle Zone governorate and Khan Younis governorate. Thus, patients of Middle Zone governorate receive physical therapy services from Al-Shifa Hospital, and patients of Khan Younis governorate receive physical therapy services from European Gaza Hospital. Most participants expressed deep dissatisfaction of the not providing out-patient physical therapy services in these two governorates. From participants' point of view, this has cost implication as some patients cannot afford the transportation cost to reach Al- Shifa and European Gaza Hospitals.

Regarding clients' privacy during treatment sessions and physical examination, it is noted that the out-patient physical therapy department at all hospitals is not divided to different treatment units (electrotherapy unit, hydrotherapy unit, gymnastic unit, etc.). This decreases the patients' privacy level.

At Al-Shifa Hospital, the department area is very small compared to the huge number of patients receiving physical therapy. Physical therapy service providers use the gymnastic area, which is located in the center of the department as a waiting area for the patients. Interestingly, gymnastic unit is an open area without curtains; therefore, it is hard to maintain and respect patients' privacy during physical therapy session. Moreover, due to the insufficient number of therapeutic beds, the staff occasionally conducts physical therapy sessions in the gymnastic unit in front of all patients and employees who present in the department, one patient stated "*During gait training, I feel that all people are looking at me. Of course this disturbs me*" (female, from Al-Shifa Hospital).

Concerning in-patient departments, there is no special section or place within the departments to conduct physical therapy sessions or to train the admitted patient in the departments, so that the staff trains and treats patients in the corridors of the department in front of people who are present there.

Regarding waiting area, some participants expressed dissatisfaction with waiting areas especially in Al-Shifa Hospital and Abu Yousef Al-Najjar Hospital. The clients in Al-Shifa hospital use the gymnastic unit to wait for the treatment sessions. One participant stated "*I cannot distinguish between waiting area and the area of treating patients*" another participant stated "*side by side, I was receiving therapeutic exercises and some*

patients setting beside me waiting for their treatment sessions". Beneficiaries of Abu Yousef Al-Najjar Hospital wait in the corridors of the hospital as there is no specialized area in the physical therapy department can be used by clients to wait for their services. In contrary, clients of European Gaza Hospital have expressed deep satisfaction with the waiting area.

It is worth mentioning that, both beneficiaries of physical therapy services and service providers in the focus group discussions have expressed dissatisfaction due to the lack of availability of drinking water, lack of toilets cleanliness in all hospitals except in European Gaza Hospital

About availability of equipment and other needed tools, the service providers indicated that most equipment and tools are available and fully functioning. However, few participants have expressed that some tools are not new and are out of date. Interestingly, one service provider stated "*We have some specialized equipment, but we cannot use them because of the small area of the department.*"

4.14.2 Theme 2: Relationship between physical therapy providers and clients

With regard to communication between clients and physical therapy providers, participants of focus group discussions, both clients and physical therapy providers, have expressed satisfaction with the mutual respect and good communication between providers and clients. Reciprocal respect is the characteristic of this relationship.

From service providers' perspective, focus group discussions with service providers revealed that the staff has the required core competencies to provide physical therapy services and has excellent experience that enable them to deal diversity of cases. One

service provider stated *"All the time we try to give our patients the best we can"*. Another participant stated *"Despite the harsh conditions we live in and difficult circumstances surrounding us; always we are trying to exert all our efforts to reduce the pain of patients"*.

4.14.3 Theme 3: Quality and satisfaction with physical therapy services

With regard to quality of the provided service, focus group discussions revealed that the quality of provided services is good. From beneficiaries' point of view, they receive physical therapy treatment with high quality.

It is worth mentioning that all service providers expressed moderate to good level of satisfaction with the quality of physical therapy services. All of them evaluated their satisfaction related the quality of the services to be about 70%. The main reasons for dissatisfactions are shortage in human resources, small areas of physical therapy departments, limited technical support, limited administrative and logistic supports, and limited number of physical therapy departments compared to the number of cases.

With regard to waiting time, most of clients expressed satisfaction with waiting time even if waiting time is long. One patient stated *"We use the waiting time to talk with each other; this is good for psychological wellbeing"*

About health education material, almost all patients were dissatisfied with health education materials. None of the clients has received health education material. However, participants of focus groups have indicated that they received oral instructions and health education from providers. Most patients have demanded written health education material.

4.14.4 Theme 4: Role of administration-hospital management and Unit of Rehabilitation and Physical Therapy

It was clearly obvious that the physical therapy providers were dissatisfied with administrative support by hospital management or Unit of Rehabilitation and Physical Therapy. The physical therapy providers attributed their dissatisfaction to the limited space of the physical therapy departments, limited learning opportunities, and incentives. One service provider stated *"We feel that there is no a strategic plan for physical therapy departments"*. Another service provider stated *"Every year they shrink the area of the physical therapy department "*. Another one stated *"The role of Unit of Rehabilitation and Physical Therapy is limited to training courses only."*

It is important to know that, there is a weak quality monitoring system in place; one service provider put it this way *"Line managers' conduct personal appraisal only"*. Another service provider stated *"When the head of department do follow us up—they do not provide any feedback"*. There were no differences among participants across the four hospitals.

4.14.5 Theme 5: Treatment protocols-availability, implementation, and follow up

Service providers have indicated that they do not have protocols in the physical therapy departments. Generally, the team depends on their experience and some guidelines developed by them from their personal experiences, one service provider stated *"We have a problem with protocols, as we have no protocols for most physical therapy treatment regimens"*. It is interesting to note that, the interviewed staff indicated that

they like to have treatment protocols to guide their performance as they always expressed interest to the hospital management to develop protocols.

4.14.6 Theme 6: Qualification and training of the providers

From patients' viewpoint, the staff is well qualified and well-trained professionals. One patient stated "*Service provider knows exactly how to deal with my condition*". Another patient stated "*In the past, I received a physical therapy treatment in another place, and here, the physical therapist deals better with my condition*".

From service providers' viewpoint, the management of the physical therapy supports capacity building of employees through only training courses and workshops. Focus group discussions with health providers revealed that the most of working staff have received training courses on different issues related to physical therapy. One service provider said "*Always the management of physical therapy is trying to implement training courses and workshops for employees inside and outside the MoH*". Another service provider stated "*At least we have one year meeting in the department to identify the topics of needs of training*".

Regarding employees who received training courses, there is no system or regulations in place that motivate and encourage employees who received training to transfer and share the skills and experience they received to their colleagues.

4.14.7 Theme 7: Availability of sufficient number of service providers

The service providers indicated that the number of physical therapy providers is insufficient compared to the number of patients who need physical therapy treatment.

One participant stated *"Only three physical therapy providers' work in this hospital. We are forced to cover both in-patient and out-patient physical therapy services, so, it is difficult to get a vacation"*.

It is very important to know that, despite the urgent needs to work in the evening shift in some departments like ICU and burn Unit; evening shift has been canceled due to shortages in human resources and lack of financial compensation of overtime work. One service provider stated *"We are willing to work in the evening shift, but we need financial compensation, or increase the number of the physical therapy providers to cover morning and evening shifts"*.

4.14.8 Theme 8: Effects of physical therapy services utilization

Despite the difficult conditions surrounding the MoH and the siege imposed on the Gaza Strip, in addition to the growing number of patients who needs physical therapy services, MoH provides good physical therapy services that improve quality of patients' life. According to beneficiaries and service providers, physical therapy services providers have positively impacted clients' health and improved overall well-being. This is demonstrated by what the clients stated through focus group discussions. Most patients stated that the provided physical therapy services improved their physical health, reduced pain and alleviated symptoms, and improved the physical look and fitness. These benefits help the patients to improve their psychological status and strengthen their personalities.

Chapter 5

Discussion

5.1 Easy accessibility and affordability of physical therapy services leads to higher utilization rate of services

Without proper access and affordability to services, patients will not be able to utilize the services. The quantitative findings of the study showed that physical therapy services are accessible to the majority of the beneficiaries as expressed by 86.4% of them. Most cases use public transportation to reach the hospitals (86.4%) and the mean time to reach the physical therapy facilities is 19.33 minutes. The other cases reach the healthcare facilities by walking (13.6%) and the mean time is 16.18 minutes. The quantitative findings reflect good physical accessibility to the healthcare facilities and consistent with the findings of Anan (2011) and PCBS (2004). The two studies found that health services in the Gaza Strip are accessible. Additionally, the quantitative findings showed that the vast majority of the study participants (96%) who have received physical therapy services received it free of charge, covered by health insurance.

With regard to appointments' booking, quantitative findings showed that more than two-thirds of patients (77.8%) were satisfied with the way booking an appointment, and the vast majority of patients (95.9%) indicated that the appointment time and date were convenient to them. Additionally, the vast majority of patients of the study participants (97.5%) reflected that the length of treatment sessions is suitable and responsive to their needs. The study results are consistent with the findings of Haase and Lehnert-Batar (2006) study which revealed that the general atmosphere was strongly associated with

admission procedures. The findings of quantitative study are in line with Meng and colleagues study, as the findings of Meng and colleagues study reflected that the ease of booking appointments is considered as one of main indicators of satisfaction with the provided services (Meng et al, 1997). Consistently, several studies reflected that patient's satisfaction is associated with health-related behaviors such as compliance with medical regimens and appointment-keeping (Frances et. al., 1969; Hulka et. al., 1976; Ware and Hays, 1988).

On the other hand, the qualitative findings of this study are consistent with the quantitative findings, especially with the physical environment, and inconsistent with the availability of physical therapy services in certain governorates, where the study participants in focus group discussions have indicated that there is no healthcare centers related to MoH in Khan Younis district providing physical therapy services and in Gaza city there is only Al-Shifa Hospital.

5.2 Satisfaction with physical therapy services according to selected demographic variables

In order to explore the satisfaction level with the provided physical therapy services, the researcher explore some variables such as gender, age, marital status, level of education, and type of payment related to clients' opinions.

The quantitative findings of this study showed that, the mean age of the study participants in general was 43.97 years, additionally, the findings revealed that there was a statically high significant relationship between gender of the beneficiaries and utilization of physical therapy services ($t = -2.824$, $P = 0.005$). As discussed in Chapter 2

of the study, the study findings are consistent with the findings of Alrubaiee and Alkaa'ida (2011) study, as they demonstrated that socio-demographic factors such as age, educational level, marital status, sex and nationality affected the score of patient perception of healthcare quality, patients' satisfaction and patients' trust. The study findings did not find significant relationship with beneficiaries' age and service utilization rate. The findings also are consistent with Hillis (2008) and Al Hindi (2002) studies' results who found that there were no significant relationships between age groups and overall satisfaction of the provided physical therapy services. In contrary with the findings of Abu Saileek (2004) study, that found significant relationship between age groups and clients' satisfaction.

With regard to educational level, the quantitative findings of the study revealed that the overall average of study participants of years of schooling was 10.82 years, and reflected a no significant relationship between the level of education and utilization of physical therapy services. The study findings are inconsistent with the findings of Al Hindi (2002), Bialor and colleagues (1997), Hillis (2008), and Gadallah and colleagues (2003), as illustrated in Chapter 2.

With concern to the employment status of the study participants, as expected nearly two-thirds of the participants were unemployed. Independent t- test showed that there is a significant relationship between employment status and utilization of physical therapy services ($t = -2.408$, $P = 0.017$), where unemployed beneficiaries were utilized provided physical therapy services than the employed beneficiaries. It might be because the vast majority of the study participants were covered by health insurance and received the services free of charge. The study findings are inconsistent with the study findings of

Abu Saileek (2004) and consistent with the study findings of Hillis (2008) as the findings of this study showed higher satisfaction with the patient who paid by out-of-pocket than the patients with health insurance.

With regard to satisfaction level with the physical therapy services, the study findings reflected that there were no statistically differences between the selected socio-demographic variables (gender, age groups, years of education, and employment status) and satisfaction level with the provided services. The findings of the study are consistent with Hillis (2008), Abu Saileek (2004), and Al Hindi (2002) studies with the findings related to gender , age groups, and inconsistent with Hillis (2008) findings that related to employment status, as it found that there was a significant differences between employed and unemployed beneficiaries with the provided services. Moreover, the study findings are inconsistent with Abu Saileek (2004) findings that related to years of education, as it found that the beneficiaries with low level of education were more satisfied with the provided services.

5.3 Physical environment should be pleasant and comfort

With concern to waiting area, quantitative results of this study showed that, about 60.6% of the study participants have reported satisfaction with the quality of waiting area. On the contrary with Hillis (2008) study, the results showed that the patients' satisfaction have reported to be as high as 96.7% of satisfaction level with environment comfort and waiting area domains except some patients through interviews who expressed unpleasant feelings about waiting area due to inappropriate position of the seats. The results of the study are consistent with Abu Saileek (2004) study.. Moreover, Bitner (1992) study reflected that physical environment such as waiting rooms is an

important predictor of client satisfaction, and it should be more satisfying for them than the provided services.

On the other hand, the qualitative findings of this study are consistent with the most of the quantitative findings, especially with the waiting area in out-patient departments in Al-Shifa hospital and Nasser Hospital, as mentioned in Chapter 2.

5.4 Less waiting time and reasonable length of sessions contribute to more service utilization

The quantitative findings of the study showed that, the majority of the study participants (93%) who conducted physical therapy services have indicated that the waiting time was not long, as the waiting time does not exceed 20 minutes to conduct the service. The findings of the study also revealed that, most patients showed that the waiting time to receive the physical therapy services was acceptable; this was reflected by the mean percentage of 78%. Interestingly, the study findings were consistent with the findings of Kumari and colleagues (2009), Mazer and colleagues (2006), Ghafari and colleagues (2014), Al Hindi (2002), and Bialor and colleagues (1997) studies. The study findings were inconsistent with Hillis (2008) study findings.

With concern to the length of session, the overall average of time that the patient spent with the service provider was 26.41 minutes. About half of the study participants spent up to 24 minutes with the service provider, about 40.4% of participants spent from 25 to 40 minutes with the service provider, while 10.6% of them spent more than 40 minutes with the service provider. About two-thirds of patients (in-patient and out-patient cases) indicated that the time spent with the services provider was enough with mean

percentage of 76.4%. The physical therapy providers in the focus groups discussions indicated that there are no rules or guidelines determine the length of session's time in the GS, as this varies from case to case.

5.5 High level of staff skills and competencies improve physical therapy services and increase satisfaction level

With regard to the skills and competencies of physical therapy providers, the findings of the study have revealed that physical therapy staff has good knowledge and experience of offering physical therapy services in a professional way.

The quantitative results showed that, the overall mean percentage of satisfaction with staff skills and competencies was 74%. More than two-thirds (83.2%) of the participants have viewed health providers as qualified competent staff. The study findings consisted with Abu Saileek (2004) study, the study of Abu Saileek revealed that the nurses had enough skills and quality in nursing work because the patients were relatively satisfied with nurses' skills and professionalism, as the level of patients' satisfaction with nurses' skills and professionalism was 77.4%. Consistently, Williams and Calnan (1991) study reflected that the overall satisfaction with a general practitioner was related to practitioner's skills. The findings of Hillis (2008) reflected that the patients have reported satisfaction level (90.1%) in physical therapy staff skills.

Interestingly, the quantitative findings of the study are consistent with the qualitative findings, as almost all the study participants of focus group discussions reflected that the staff is well qualified and well-trained professionals.

5.6 Respecting patient's privacy and respect

The findings of the quantitative study revealed that the majority of the study participants (91.1%) feel confident in dealing with physical therapy providers.

Privacy is one element that Islamic religion encourages to keep it during examination and treatment. As expected, 95.7% of the participants indicated that their privacy during physical examination and service delivery was respected and maintained. The vast majority (99.1%) of the study participants indicated that the physical therapy staff is respectful. These results are consistent with the Islamic values and medical ethics in patient-therapist relationship. Consistent with Hillis (2008) study, the findings of this study have reflected high level of patient satisfaction was 92.7% for privacy and staff respect. The findings of this study are closely similar with Al Hindi (2002) study as the findings revealed that both service providers respected patients' privacy and maintained the confidentiality of information such as results of radiological work; this was reflected by satisfaction level of about 90%. Furthermore, Nelson (1990) cited that privacy is a major item in interpersonal management dimension of patient satisfaction. The researcher shows that privacy is a crucial factor during examination and treatment. So, the therapists pay more attention to insure the patients and give him/her adequate privacy and treat him/her as human being according to Islamic values.

The findings of qualitative study are consistent with the findings of quantitative study, especially at the respect of patients. Moreover, some of participants of focus group discussions of patients and service providers expressed many concerns toward privacy during treatment sessions at some of physical therapy departments, as the small area of these departments forcing the physical therapy providers to provide the physical therapy

services in places that are not equipped to maintain patient privacy. Importance of privacy was mentioned in Ghafari and colleagues (2014) study. They found that the lack of privacy and the lack of friendly health services as main barriers that affected utilization of health services among post-secondary school in Malaysia

5.7 Effective communication and appropriate information transmission are recommended

Communication and interaction between staff and patient is a very important element, as it gives the patient the chance to express about their complains, give the staff the chance to deal well with patients, and provide them with appropriate information.

The findings of the quantitative study showed that, the overall mean percentage of communication dimension was 79.6%. The majority of patients (93.7%) indicated that they communicated freely with physical therapy providers. In congruence with Al Hindi (2002) study, the patients reported 77% of satisfaction in the communication and interaction domain.

Several researchers focused on the necessity of communication and information domain as a major domain of satisfaction in various studies like Kaplan and Ware (1995) who underlined that information given to patients about their condition from therapist leads the patients to be satisfied more than others with less information. Also, Shaw and colleagues (2005), urged that doctor-patient communication is correlated with the level of satisfaction and pointed to interact with patient's problem seriously, explained the condition clearly, tried to understand the patient's job and gave advice to prevent re-injuries. Also, communication and information are the main issues to patient satisfaction

that indicated involving the patients in decisions about treatment (Buck et. al., 1996). Most participants of the study have indicated that health providers ask questions in a professional way and listen thoughtfully to their complaints and concerns. In addition, most of the participants agreed that the service providers answer their questions. Those results were consistent with studies which showed that patients appreciate being given the opportunity to discuss and explain issues about their health status (Cohen, 1996; Bensing, Schreurs and DeRijk, 1996).

Multiple qualitative studies have reflected the importance of information transmission between health providers and clients and have found that some clients have complained of lack of information about their diagnosis and treatment such as Fitzpatrick and Hopkins (1983) study.

It is worth mentioning that, the qualitative findings of the study are consistent with the quantitative findings where focus groups discussions with clients and physical therapy providers reflected a good relationship between beneficiaries and physical therapy providers, except in the aspect of therapist introducing himself in the first meeting, where the mean percentage of this aspect was the lowest among the communication dimension (72%). Interestingly, all participants of focus group discussions of both beneficiaries and physical therapy providers expressed high level of satisfaction with the communication and interaction between each other.

5.8 Availability of protocols and guidelines

"We have a problem with protocols, as we have no protocols for most physical therapy treatment regimens" most of the service providers in the focus groups discussions used

this statement to express their opinion when the researcher asked them about the availability of protocols and guidelines of physical therapy treatment. The qualitative findings of the study revealed that a few protocols were available in the physical therapy departments at the time of data collection. The team depends on their experience and some guidelines developed by their personal experiences. In contrast to several studies that recommend the organization to make the treatment protocols and guidelines available to the staff to ensure efficient and effective service delivery. O'Donnell and Vogenberg (2012) stated that, rules and guidelines standardize care and help the organization comply with different regulatory and accreditation demands.

5.9 Overall satisfaction with the physical therapy services

If the patient is satisfied with the services, that means the patient will return and recommend other patients who are in need of similar care to have the service. The study findings have found out the mean percentage of patients' satisfaction of physical therapy services with all domains included in this study was 79.65%. And the total mean of overall satisfaction about the provided physical therapy services was 2.65%. About two-thirds of the study participants expressed their satisfaction with the provided physical therapy services. The study findings also have found that the lowest percentage (2.9%) of the beneficiaries reflected low satisfaction with the provided services, about two-thirds (68%) of the beneficiaries reflected good satisfaction with physical therapy services, and about 29.1% of them were highly satisfied with the provided physical therapy services. It means that there is a good impression toward the physical therapy services.

Both quantitative and qualitative findings of the study reflected high level of patient satisfaction toward information, the way that service provider treated them and the ability of physical therapy providers to understand patients' problems with mean percentage of (80%, 83% and 82.8%) respectively.

The findings of the study showed some differences of overall satisfaction of the clients between the hospitals of the study settings, where the highest level of satisfaction was reported at European Gaza Hospital (68.9% of participants were satisfied and 31.1% of participants were partially satisfied), followed by Abu Yousef Al-Najjar Hospital (67.7% of participants were satisfied and 32.3% of participants were partially satisfied) and Al-Shifa Hospital (67.6% of participants were satisfied and 32.8% of participants were partially satisfied), while the lowest level of satisfaction was registered at Nasser Hospital (54.5% of participants were satisfied and 43.95 of participants were partially satisfied). The study participants of focus group discussions referred this level of satisfaction at Nasser Hospital mainly because the out-patient department was not functioning at the time of collecting data.

The findings of the study were consistent with the findings of Hillis (2008) study who found that patients' satisfaction level of Al-Wafa Medical Rehabilitation Hospital was 100% and 83% in Al-Shifa Hospital. And consistent with the findings of Beattie and colleagues (2002) study, who reflected high level of satisfaction with interaction with physical therapists. To conclude, more efforts should be exerted to increase the level of patients' satisfaction as well as staff satisfaction of physical therapy services.

5.10 Administration support

No one can deny the importance of administration in any institute. Administration should follow up the implementation of the activities and should focus on the rules prepared for it, provide all requirements for work and support the staff. Qualitative part revealed that, service providers were dissatisfied with administrative support by hospitals or Unit of Rehabilitation and Physical Therapy. One service provider in the focus group discussions stated "*Every year they shrink the area of a certain physical therapy department.*"

Chapter 6

Conclusion and recommendations

6.1 Conclusion

The quality of health services plays a key role in influencing the status of population's health and well-being. This study aimed to evaluate the physical therapy services at selected governmental hospitals in the Gaza Strip with aim of proposing recommendations to improve these services thus improving the well-being and health outcomes of Gaza's people.

The findings of the study showed that the mean age of the study participants in general was 43.97 years and the overall average of schooling was 10.82 years. The study findings reflected high satisfaction and good utilization of the provided physical therapy services. Findings of the study have shown statistically significant relationship between age groups and educational level with utilization of physical therapy services. The study findings reflected that there were no statistically differences between the selected socio-demographic variables (gender, age groups, years of education, and employment status) and satisfaction level with the provided services

With concern to financial accessibility, the majority of the study participants have received the physical therapy services free of charge. Interestingly, the majority of the participants expressed high level of satisfaction with the waiting time, and about half of them expressed low level of satisfaction with the time spent with health providers.

More than half of the study participants indicated that the waiting area is suitable and has enough space, while the other reflected that it is not. In addition, the study reflected good access to the physical therapy services, and good accessibility of information.

With regard to communication with service providers, the findings of the study have showed that there was a good interaction, communication, and information transmission between the clients and service providers, in addition to that, the providers have dealt with clients in a respectful way and provided the clients with the required care; this was indicated by the good level of providers' knowledge, information and skills. It is worth mentioning that some clients expressed many concerns toward privacy during treatment sessions in some physical therapy departments; as the areas of these departments are small and not designed to be used for physical therapy sessions. These clients considered the privacy as a barrier that may hinder them from utilizing the physical therapy services.

The clients who participated in the study revealed some barriers that may affect physical therapy services utilization. Most participants of the focus groups mentioned that the main reasons that may hinder patients' utilizing physical therapy services are: not maintaining privacy during treatment sessions and physical examination in some physical therapy departments, and unaffordability of transportation in certain governorate, namely Middle Zone and Khan Younis governorate. From providers' perspective, the main barriers of utilization are limited clients' knowledge about the availability of physical therapy services, limited administrative support from the MoH, lack of resources, and limited availability of protocols and guidelines. Additionally, other barriers are inappropriate physical design and insufficient numbers of out-patient physical therapy departments.

6.2 Recommendations

6.2.1 General recommendations

1. There is a need to expand the work time in the governmental hospitals especially in the in-patient departments to offer physical therapy services during evening shift.
2. MoH should provide out-patient physical therapy services within hospitals in Khan Younis and Middle zone
3. There is a need to develop national physical therapy treatment protocols and guidelines.
4. There is a need to increase the knowledge of hospitals' management about the benefits of physical therapy services.
5. There is a need to increase the knowledge of all physicians about the benefits of physical therapy intervention.
6. It is important to enhance the role of the Unit of Rehabilitation and physical therapy by increasing the support to physical therapy staff
7. There is a need to organize health education programs to increase the uptake of physical therapy services.
8. There is a need to establish evaluative and monitoring unit to improve the quality of the provided services
9. It is important to encourage continuous educational training program of physical therapy staff in order to improve their skills and make them more professional and more competent.
10. Support the strategies that enhance providing patients with all information about their diagnosis, plan of treatment, prognosis and their participation in decision making that would lead to enhance patients' expectation and perception.

6.2.2 Recommendations for further research

1. Conduct research studies using qualitative and quantitative methods to deeply explore the awareness level of all different health services (especially physicians) about physical therapy services.
2. There is a need to conduct additional studies to explore the appropriateness of physical therapy departments (in-patient and out-patient) at all governmental hospitals that provide physical therapy services.
3. Conduct comparative studies to compare the physical therapy services in the hospitals with the physical therapy services in the PHCs.
4. Conduct research studies to assess the physical therapy providers' satisfaction in the governmental hospitals.

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Annexes

Annex (1): Map of Palestine



Annex (2): Map of Gaza Strip

https://www.welt-atlas.de/map_of_gaza_strip_4-1093



Annexes (3): Robert Mason equation to calculate the sample size

$$n = \frac{M}{\left[\left(S^2 \times (M - 1) \right) \div pq \right] + 1}$$

M Population size

s Confidence level at 95% (standard value of 1.96)

p The proportion of the property offers a 0.50

q The remainder of the property which is 0.50

Annexes (4): Helsinki Approval



المجلس الفلسطيني للبحث الصحي Palestinian Health Research Council

تعزيز النظام الصحي الفلسطيني من خلال مأسسة استخدام المعلومات البحثية في صنع القرار

Developing the Palestinian health system through institutionalizing the use of information in decision making

Helsinki Committee For Ethical Approval

Date: 03/08/2015

Number: PHRC/HC/ 39/15

Name:

الاسم: هاني حمدي مطر

We would like to inform you that the committee had discussed the proposal of your study about:

نفيدكم علماً بأن اللجنة قد ناقشت مقترح دراستكم
حول:-

Evaluation of Physical Therapy Services at the Governmental Hospitals- Gaza Governorates

The committee has decided to approve the above mentioned research.
Approval number PHRC/HC/39/15 in its meeting on 03/08/2015

و قد قررت الموافقة على البحث المذكور عاليه
بالرقم والتاريخ المذكوران عاليه

Signature

Member

Member

Chairman

Genral Conditions:-

1. Valid for 2 years from the date of approval.
2. It is necessary to notify the committee of any change in the approved study protocol.
3. The committee appreciates receiving a copy of your final research when completed.

Specific Conditions:-

The subject was approved following the World Medical Association Declaration of Helsinki-Ethical principles for medical research involving human subjects, adopted by the 18th World Medical Association General Assembly, Helsinki, Finland, June 1964 and amended by the 59th WMA General Assembly, Seoul, Korea, October 2008.

E-Mail: pal.phrc@gmail.com

Gaza - Palestine

غزة - فلسطين
شارع النصر - مفترق العيون

Annexes (5): MoH Approval letter

12
The Palestinian National Authority
Ministry of Health
Directorate General of Human Resources Development



السلطة الوطنية الفلسطينية
وزارة الصحة
الإدارة العامة لتنمية القوى البشرية

التاريخ: 2015/11/12م

الرقم:

السادة مدراء المستشفيات المحترمين
لأجلكم، نحصل منكم بـ
تعارف مع مهمة البحث

المحترم،،

الأخ / د. عبد اللطيف الحاج

مدير عام المستشفيات

السلام عليكم ورحمة الله وبركاته،،

الموضوع/ تسهيل مهمة باحث

بخصوص الموضوع أعلاه، يرجى تسهيل مهمة الباحث/ هاني حمدو مطر
الملتحق ببرنامج ماجستير الصحة العامة - مسار الإدارة الصحية - جامعة القدس

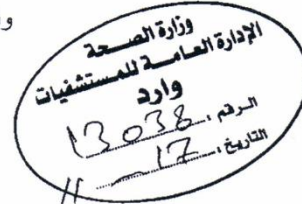
أوديس في إجراء بحث بعنوان :-

“Evaluation of Physical Therapy Services at The Governmental Hospitals – Gaza Governorates “

حيث الباحث بحاجة لتعبئة استبانته وعقد مجموعات بؤرية مع عدد من المرضى المراجعين لأقسام العلاج
الطبيعي والمنومين في المستشفيات الحكومية، وكذلك من مقدمي خدمات العلاج الطبيعي في ذات
المستشفيات، بما لا يتعارض مع مصلحة العمل وضمن أخلاقيات البحث العلمي، و دون تحمل الوزارة أي
أعباء أو مسئولية.

وتفضلوا بقبول التحية والتقدير،،،

د. ناصر رأفت أبو شعبان
مدير عام تنمية القوى البشرية



صورة لـ

- الإدارة العامة للرقابة الداخلية
- صاحب العلاقة



Annexes

Ministry of Health
Directorate General of Human Resources Development

وزارة الصحة
الإدارة العامة لتنمية القوى البشرية

التاريخ: 2015/11/12م

الرقم:

السادة: د. عبد اللطيف الحاج
مدير عام المستشفيات
السلام عليكم ورحمة الله وبركاته،،

المحترم،،

السادة: د. ناصر رأفت أبو شعبان
مدير عام تنمية القوى البشرية

الموضوع: تسهيل مهمة باحث

بخصوص الموضوع أعلاه، يرجى تسهيل مهمة الباحث / هاني حمدي مطر

المتعلق ببرنامج ماجستير الصحة العامة - مسار الإدارة الصحية - جامعة القدس

أوديس في إجراء بحث بعنوان :-

“Evaluation of Physical Therapy Services at The Governmental Hospitals – Gaza Governorates”

حيث الباحث بحاجة لتعبئة استبانته وعقد مجموعات بؤرية مع عدد من المرضى المراجعين لأقسام العلاج الطبيعي والمنومين في المستشفيات الحكومية، وكذلك من مقدمي خدمات العلاج الطبيعي في ذات المستشفيات، بما لا يتعارض مع مصلحة العمل وضمن أخلاقيات البحث العلمي، و دون تحمل الوزارة أي أعباء أو مسئولية.

وتفضلوا بقبول التحية والتقدير،،

د. ناصر رأفت أبو شعبان
مدير عام تنمية القوى البشرية

وزارة الصحة
تنمية القوى البشرية
مصادر: 15/1607
التاريخ: 2015/11/16

وزارة الصحة
الإدارة العامة للمستشفيات
وارد
الرقم: 13038
التاريخ: 17/11

صورة /
- الإدارة العامة للرقابة الداخلية
- صاحب العلاقة

الإدارة العامة للمستشفيات
مصادر
رقم: 11537
التاريخ: 11/123

Gaza Tel/ 08-2827298 Fax/ 08-2868109 Email / hrd@moh.gov.ps

١٢



التاريخ: 2015/11/12م

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الرقم:

السادة مدراء المستشفيات محترمين
لأجلكم، نحسب أن هذا الموضوع مهم جداً
وتتعارض مع مهمة البحث

المحترم،،،

الأخ / د. عبد اللطيف الحاج

مدير عام المستشفيات

السلام عليكم ورحمة الله وبركاته،،،

الموضوع/ تسهيل مهمة باحث

بخصوص الموضوع أعلاه، يرجى تسهيل مهمة الباحث/ هاني حمدي مطر
المتحق ببرنامج ماجستير الصحة العامة - مسار الإدارة الصحية - جامعة القدس
أبوديس في إجراء بحث بعنوان :-

“Evaluation of Physical Therapy Services at The Governmental
Hospitals – Gaza Governorates “

حيث الباحث بحاجة لتعبئة استبانته وعقد مجموعات بؤرية مع عدد من المرضى المراجعين لأقسام العلاج
الطبيعي والمنومين في المستشفيات الحكومية، وكذلك من مقدمي خدمات العلاج الطبيعي في ذات
المستشفيات، بما لا يتعارض مع مصلحة العمل وضمن أخلاقيات البحث العلمي، و دون تحمل الوزارة أي
أعباء أو مسئولية.

وتفضلوا بقبول التحية والتقدير،،،

د. ناصر رأفت أبو شعبان
مدير عام تنمية القوى البشرية



صورة لـ/

- الإدارة العامة للرقابة الداخلية
- صاحب العلاقة



الأخ/ المدبر الطبي

الأخ/ د. نافع
نسخة المهمة

Annexes (6): Beneficiaries Questionnaire (English and Arabic version)

=====

Beneficiaries' questionnaire

Serial No.:.....

Date:...../...../.....

Interviewer name:.....	Hospital name: <input type="checkbox"/> Al-Shifa Hospital <input type="checkbox"/> Nasser Hospital <input type="checkbox"/> European Gaza Hospital <input type="checkbox"/> Abu-Yousef Al-Najjar Hospital
Number of physical therapy sessions:..... session.	

Background and demographic information

Section I: Demographic characters:

1. Age: years	2. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
3. Governorate: : <input type="checkbox"/> North Gaza <input type="checkbox"/> Gaza <input type="checkbox"/> Deir-Albalah <input type="checkbox"/> Khan Younis <input type="checkbox"/> Rafah	4. Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced/ Widow
5. Years of education: years	
6. Employment status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed (If employed, answer the next question)	
7. What is your occupation:	
8. Do you have a health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Health insurance is affordable	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Health insurance provides comprehensive coverage for all physical therapy services (session, report, compensatory devices, assistive devices)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section II: General information:

11. Have you received the service you want	<input type="checkbox"/> Yes	<input type="checkbox"/> To Somewhat	<input type="checkbox"/> No
12. Have you paid for physical therapy service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
13. If yes, please specify the service/s that you paid for:	<input type="checkbox"/> Physical therapy session	<input type="checkbox"/> Physical therapy report	
	<input type="checkbox"/> Compensatory devices	<input type="checkbox"/> Assistive devices	
	<input type="checkbox"/> Others		
14. Do you have chronic disease/s	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
15. If Yes, please specify:	<input type="checkbox"/> HT	<input type="checkbox"/> DM	
	<input type="checkbox"/> Respiratory disease	<input type="checkbox"/> Others	
16. Are you taking any medicine?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
17. If Yes, specify the type of medicine:			
18. Have you received any physical therapy treatment before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
19. If Yes, why (diagnosis)?			

Healthcare system

Section I: Physical accessibility and Availability of the services

For Out-patient cases only

20. What is the main reason for your today's visit? <input type="checkbox"/> Physical therapy session <div style="text-align: right; margin-right: 50px;"><input type="checkbox"/> Physical therapy report</div> <div style="text-align: right; margin-right: 50px;"><input type="checkbox"/> Compensatory devices</div> <div style="text-align: right; margin-right: 50px;"><input type="checkbox"/> Assistive devices</div> <div style="text-align: right; margin-right: 50px;"><input type="checkbox"/> Others</div> <div style="text-align: left; margin-left: 50px;">.....</div>					
21. Current diagnosis (from medical records):					
22. How did you reach the hospital? <input type="checkbox"/> A: by car <input type="checkbox"/> B: by walking <div style="text-align: right; margin-right: 50px;"><input type="checkbox"/> C: by wheel chair</div> <div style="text-align: right; margin-right: 50px;"><input type="checkbox"/> D: by scooter</div>					
23. If A, how much time you need to reach the hospital? minutes 24. If B, how much time you need to reach the hospital? minutes 25. If C, how much time you need to reach the hospital? minutes 26. If D, how much time you need to reach the hospital? minutes					
27. How much time usually you wait to receive the service?..... minutes					
28. How long did you spent with the therapist to be provided with the required services?.....minutes					
29. The department has appropriate waiting area (with enough space) <div style="text-align: right; margin-right: 50px;"><input type="checkbox"/> Yes</div> <div style="text-align: right; margin-right: 50px;"><input type="checkbox"/> No</div>					
Item	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
30. It is easy to reach the hospital					
31. Booking an appointment is easy					

32. The appointment time/ date was convenient					
33. The time between the sessions is suitable to your condition					
34. Therapists are available in their working areas all the time					
35. There is a clean water all the time					
36. There are curtains around the treatment beds to maintain privacy					

For In-patient cases only

37. The department is: <input type="checkbox"/> Orthopedic department <input type="checkbox"/> Surgery department <input type="checkbox"/> Internal medicine department (neurological cases) <input type="checkbox"/> Internal medicine department (cardiopulmonary cases)	
38. Admission date://	
39. Diagnosis? (From the medical records)	
40. Previous hospitalization <input type="checkbox"/> Yes <input type="checkbox"/> No	
41. If yes, why (diagnosis)?	
42. How long did you spent with the therapist to be provided with the required services? minutes	
43. There is specific schedule for physical therapy sessions determined by the medical staff <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	
44. There is a commitment from the physical therapist to the physical therapy sessions' schedule. <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely	
45. You receive physical therapy services at: <input type="checkbox"/> A: Admitted department <input type="checkbox"/> B: Out-patient department	

46. If A, The place where you received the physical therapy session is appropriate <input type="checkbox"/> Yes <input type="checkbox"/> To Somewhat <input type="checkbox"/> No
47. If B, if you do not have the physical ability to move for PT department, the assistant aids are available <input type="checkbox"/> Yes <input type="checkbox"/> No
48. There are clean bathrooms for the use <input type="checkbox"/> Yes <input type="checkbox"/> No

For both Out-patient and In-patient cases

Section II: Service utilization:

Item	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
49. Therapist often explains the progress in your treatment clearly					
50. You were given a full explanation, in clear language about the benefits of physical therapy intervention					
51. You were given a full explanation, in clear language about how to manage your pain and discomfort					
52. You were able to ask for the information you want					
53. You are satisfied with the information you got					
54. The transportation cost from home to the facility is affordable					

Input factors

Section I: Staff factors (number of workers, knowledge and experience)

Item	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
55. The staff number is enough to provide the required physical therapy services					
56. Your therapist involves you in preparing the treatment plan					
57. Your therapist always evaluates your treatment plan and modifies it, if there is a need.					
58. The staff are well qualified to treat your case					

Section II: Clients' factors:

1. Participation of treatment program/ plan

Item	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
59. The therapist gave you written instructions of therapeutic home program					
60. The physical therapist enrolled you in the planning of the home program					
61. The therapist allowed you to discuss with him the physical therapy plan					

62. You are committed to the session times					
63. You were informed whom to contact in case of emergency conditions					

2. Expectation and perception

Item	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
64. The physical therapy services that you received met your expectations					
65. Treatment by physical therapy reduced your pain and alleviated your symptoms					
66. Physical therapy improved the overall quality of your life					
67. The physical therapist immediately responds to your needs					

Process factors

I: Communication, ethics and time:

Item	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
68. The therapist introduce himself in the first meeting					
69. You communicate freely with the physical therapy providers					

70. Your therapist asks the questions in a professional way					
71. You understand the therapist advices (if given)					
72. The therapist listen to your all complains and concerns					
73. All of your questions were answered by the staff					
74. The time you spent with the provider was enough					
75. The waiting time to receive the physical therapy service was acceptable					
76. You are satisfied with the way the service provider dealt with you					
77. You are satisfied with the ability of the service provider to understand your problem					

II: Respect of the client (dignity and confidentiality)

Item	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
78. The therapist was respectful					
79. Your privacy is assured during physical examination					
80. Physical therapists maintain confidentiality of your information					
81. The setting of the department helps in protecting your privacy.					

82. You are satisfied with the cleanliness of the department					
--	--	--	--	--	--

Overall satisfaction

<p>83. What is your overall satisfaction about the provided physical therapy services?</p> <p> <input type="checkbox"/> Satisfied <input type="checkbox"/> Partial Satisfied <input type="checkbox"/> Not satisfied </p>
--

استبانة خاصة بالمسفيدين من خدمة العلاج الطبيعي

التاريخ: / / الرقم التسلسلي:

اسم المستشفى: <input type="checkbox"/> مستشفى الشفاء <input type="checkbox"/> مستشفى ناصر <input type="checkbox"/> مستشفى غزة الأوروبي <input type="checkbox"/> مستشفى أبو يوسف النجار	اسم جامع البيانات: عدد جلسات العلاج الطبيعي التي تلقيتها:
---	--

المعلومات العمامة والمعلومات الديموغرافية

أولاً: المعلومات الديموغرافية

٢. الجنس: <input type="checkbox"/> ذكر <input type="checkbox"/> أنثى	١. العمر بالسنوات:
٤. الحالة الاجتماعية: <input type="checkbox"/> أعزب <input type="checkbox"/> متزوج <input type="checkbox"/> مطلق/ أرمل	٣. المحافظة: <input type="checkbox"/> الشمال <input type="checkbox"/> غزة <input type="checkbox"/> دير البلح <input type="checkbox"/> خان يونس <input type="checkbox"/> رفح
٥. عدد سنوات التعليم:	
٦. المهنة: <input type="checkbox"/> يعمل <input type="checkbox"/> لا يعمل (إذا كنت تعمل أجب عن السؤال الذي يليه) ٧. ما هي طبيعة عملك؟	
٨. هل لديك تأمين صحي؟ <input type="checkbox"/> نعم <input type="checkbox"/> لا ٩. التكلفة المالية للحصول على التأمين الصحي معقولة <input type="checkbox"/> نعم <input type="checkbox"/> لا ١٠. يغطي التأمين الصحي جميع خدمات العلاج الطبيعي (الجلسات العلاجية، التقارير، الأجهزة التعويضية، الأدوات المساعدة) <input type="checkbox"/> نعم <input type="checkbox"/> لا	

ثانياً: المعلومات العامة:

١١. هل حصلت على الخدمة التي تحتاجها؟	<input type="checkbox"/> نعم	<input type="checkbox"/> الى حد ما	<input type="checkbox"/> لا
١٢. هل دفعت مقابل خدمة علاج طبيعي؟	<input type="checkbox"/> نعم	<input type="checkbox"/> لا	
١٣. اذا كانت الاجابة نعم، حدد الخدمة التي دفعت لتلقيها:	<input type="checkbox"/> جلسة علاج طبيعي	<input type="checkbox"/> تقرير علاج طبيعي	
	<input type="checkbox"/> أجهزة تعويضية	<input type="checkbox"/> أدوات مساعدة	
	<input type="checkbox"/> أخرى:		
١٤. هل تعاني من أمراض مزمنة؟	<input type="checkbox"/> نعم	<input type="checkbox"/> لا	
(اذا كانت الاجابة نعم، أجب عن السؤال الذي يليه)			
١٥. حدد المرض الذي تعاني منه	<input type="checkbox"/> ضغط	<input type="checkbox"/> سكر	
	<input type="checkbox"/> أمراض تنفسية	<input type="checkbox"/> أخرى:	
١٦. هل تتلقى أي دواء/ علاج حالياً؟	<input type="checkbox"/> نعم	<input type="checkbox"/> لا	
١٧. اذا كانت الاجابة نعم، حدد نوع الدواء/ العلاج:			
١٨. هل تلقيت علاج طبيعي من قبل؟	<input type="checkbox"/> نعم	<input type="checkbox"/> لا	
١٩. اذا كانت الاجابة نعم، لماذا (التشخيص)؟			

النظام الصحي

أولاً: سهولة الوصول وتوفر الخدمة:

الأسئلة التالية تخص مرضى قسم العلاج الخارجي فقط

٢٠. ما هو سبب زيارتك الحالية للقسم؟ للحصول على:	<input type="checkbox"/> جلسة علاج طبيعي	
	<input type="checkbox"/> تقرير علاج طبيعي	
	<input type="checkbox"/> أجهزة تعويضية	
	<input type="checkbox"/> أدوات مساعدة	
	<input type="checkbox"/> أخرى:	
٢١. التشخيص الحالي (من الملف الطبي):		

٢٢. كيف وصلت الى المستشفى؟ ☐ أ. بسيارة ☐ ب. مشياً على الأقدام

ج. بواسطة كرسي متحرك ☐ د. باستخدام سكوتر ☐

٢٣. اذا كانت الاجابة أ، كم استغرقت للوصول للمستشفى؟ دقيقة

٢٤. اذا كانت الاجابة ب، كم استغرقت للوصول للمستشفى؟ دقيقة

٢٥. اذا كانت الاجابة ج، كم استغرقت للوصول للمستشفى؟ دقيقة

٢٦. اذا كانت الاجابة د، كم استغرقت للوصول للمستشفى؟ دقيقة

٢٧. عادة، كم تستغرق من الوقت في انتظار تلقي الخدمة؟ دقيقة

٢٨. كم الوقت الذي قضيته مع المعالج لتلقي الخدمة؟ دقيقة

٢٩. يتوفر مكان مناسب (بمساحة كافية) للانتظار لحين تلقي الخدمة ☐ نعم ☐ لا

البند	غير موافق بشدة	غير موافق	غير متأكد	موافق	موافق بشدة
٣٠. من السهل الوصول للمستشفى					
٣١. من السهل حجز موعد لتلقي الخدمة					
٣٢. الموعد الذي تم حجزه كان مناسباً لك/ لحالتك					
٣٣. وقت الجلسات مناسب لحالتك					
٣٤. يتواجد المعالجون في أماكن عملهم بشكل مستمر					
٣٥. يتوفر الماء النقي في القسم					
٣٦. يوجد ستائر حول الاسرة العلاجية تحافظ على خصوصية المرضى					

الاسئلة التالية تخص مرضى المبيت فقط

٣٧. القسم: <input type="checkbox"/> العظام <input type="checkbox"/> الجراحة <input type="checkbox"/> الباطنة (أعصاب) <input type="checkbox"/> الباطنة (القلب)	٣٨. تاريخ الدخول: / /
٣٩. التشخيص: (من الملف الطبي):	

٤٠. هل أقمت في المستشفى للعلاج في السابق؟ ٤١. إذا كانت الاجابة نعم، لماذا (التشخيص)؟..... <input type="checkbox"/> نعم <input type="checkbox"/> لا
٤٢. كم الوقت الذي قضيته مع المعالج لتلقي الخدمة؟ دقيقة
٤٣. هل تم تحديد جدول زمني لجلسات العلاج الطبيعي من قبل الفريق الطبي؟ <input type="checkbox"/> نعم <input type="checkbox"/> لا <input type="checkbox"/> لا أعلم
٤٤. يلتزم المعالج بمواعيد الجلسات العلاجية <input type="checkbox"/> دائماً <input type="checkbox"/> أحياناً <input type="checkbox"/> نادراً
٤٥. هل تتلقى العلاج الطبيعي في: أ: <input type="checkbox"/> في قسم المبيت <input type="checkbox"/> ب: في قسم العلاج الطبيعي الخارجي ٤٦. إذا كانت الاجابة أ: هل المكان الذي تتلقى فيه العلاج الطبيعي مناسب لتلقي الخدمة؟ ٤٧. إذا كانت الاجابة ب: هل تتوفر الادوات المساعدة اللازمة لنقلك بسهولة الى القسم اذا لم يكن لديك المقعدة الجسمية لذلك؟ <input type="checkbox"/> نعم <input type="checkbox"/> لا
٤٨. تتوفر الحمامات النظيفة للاستخدام <input type="checkbox"/> نعم <input type="checkbox"/> لا

الاسئلة التالية تخص جميع المرضى بالقسم الخارجي ومرضى المبيت

ثانياً: سهولة الحصول على الخدمة:

البند	غير موافق بشدة	غير موافق	غير متأكد	موافق	موافق بشدة
٤٩. غالباً ما يقوم المعالج بشرح التقدم في العلاج بشكل واضح					
٥٠. لقد أعطيت شرحاً وافياً، وبلغة واضحة حول فوائد تدخل العلاج الطبيعي					
٥١. لقد أعطيت شرحاً وافياً، وبلغة واضحة عن كيفية علاج الألم والتعامل معه					
٥٢. تستطيع أن تستفسر عن المعلومات التي تحتاجها بسهولة					
٥٣. أنت راضٍ عن المعلومات التي حصلت عليها					
٥٤. التكلفة المالية للوصول للمستشفى معقولة					

عوامل المدخلات

أولاً: العوامل التي تخص العاملين (العدد، المعرفة، الخبرة)

البند	غير موافق بشدة	غير موافق	غير متأكد	موافق	موافق بشدة
٥٥. يتوفر العدد الكافي من المعالجين لتقديم الخدمات المطلوبة					
٥٦. يقوم المعالج بإشراكك في اعداد الخطة العلاجية					
٥٧. يقوم المعالج بإعادة تقييم الخطة العلاجية باستمرار ويقوم بتغييرها عند الحاجة					
٥٨. المعالجون مؤهلون بشكل جيد لعلاج حالتك					

ثانياً: العوامل التي تخص المرضى

١. المشاركة في البرنامج العلاجي/ الخطة العلاجية:

البند	غير موافق بشدة	غير موافق	غير متأكد	موافق	موافق بشدة
٥٩. تم تزويدك ببرنامج علاج طبيعي بيئي مكتوب من قبل المعالج					
٦٠. قام المعالج بإشراكك في اعداد برنامج العلاج البيئي					
٦١. سمح لك المعالج مناقشة حالتك الصحية معه					
٦٢. عادة تلتزم بمواعيد الجلسات العلاجية					
٦٣. تم ابلاغك مع من تتواصل في حالة الطوارئ					

٢. توقعات المريض وتصوراتها:

البند	غير موافق بشدة	غير موافق	غير متأكد	موافق	موافق بشدة
٦٤. خدمات العلاج الطبيعي التي تلقيتها لبت توقعاتك/ احتياجاتك					
٦٥. التداوي بالعلاج الطبيعي خفف من آلامك وقلل من الاعراض لديك					
٦٦. برنامج العلاج الطبيعي أدى الى تحسين جودة الحياة لديك					
٦٧. يستجيب المعالج لاحتياجاتك بشكل فوري					

عوامل عملية

١. الوقت ومهارة الاتصال والتواصل:

البند	غير موافق بشدة	غير موافق	غير متأكد	موافق	موافق بشدة
٦٨. قام المعالج بالتعريف عن نفسه في الجلسة العلاجية الاولى					
٦٩. تستطيع أن تتواصل بسهولة وبحرية مع المعالج					
٧٠. يقوم المعالج بطرح الاسئلة بأسلوب مهني					
٧١. من السهل استيعاب النصائح والارشادات التي يقدمها المعالج					
٧٢. يستمع المعالج لشكواك واهتماماتك					
٧٣. يتم الاجابة على جميع اسئلتك من الفريق الطبي					
٧٤. الوقت الذي قضيته مع المعالج كان كافيا لتقديم الخدمة بشكل جيد					
٧٥. وقت الانتظار لتلقي الخدمة كان مقبولا					
٧٦. أنت راضٍ عن الطريقة التي يتعامل بها المعالج معك					

					٧٧. أنت راضٍ عن مستوى مقدرة المعالج على فهم حالتك والتعامل معها
--	--	--	--	--	---

٢. احترام المريض (الكرامة والسرية):

البند	غير موافق بشدة	غير موافق	غير متأكد	موافق	موافق بشدة
٧٨. يقوم المعالج بمعاملتك باحترام					
٧٩. يتم المحافظة على خصوصيتك أثناء اجراء الفحوصات العلاجية					
٨٠. يتم المحافظة على سرية المعلومات التي تعطيتها للمعالج					
٨١. المكان الذي تتلقى فيه الخدمة يساعد على الحفاظ على خصوصيتك					
٨٢. أنت راضٍ عن نظافة القسم/ المكان العلاجي					

مستوى الرضا العام

٨٣. ما هو الرضا العام عن خدمات العلاج الطبيعي المقدمة؟		
<input type="checkbox"/> راضي بشكل كامل	<input type="checkbox"/> راضي بشكل جزئي	<input type="checkbox"/> غير راضي

Annexes (7): The guiding questions of the focus group discussion – service provider

أسئلة تخص مقدم الخدمة:

١. من وجهة نظرك: ما مدى تلبية القسم لاحتياجات المرضى من خدمات في مجال العلاج الطبيعي؟
٢. هل القسم مناسب لتقديم خدمات العلاج الطبيعي من حيث:
 - البعد الجغرافي عن مكان سكنك
 - مساحة القسم
 - مكان انتظار المرضى
 - توفر كافة الخدمات اللازمة (مياه للشرب، تواليت، ... الخ)
 - تجهيزات القسم
٣. الدعم الإداري:
 - ما مدى دعم إدارة المستشفى لأقسام العلاج الطبيعي؟ وهل هناك تسهيلات يتم تقديمها من إدارة المستشفى لتسهيل تقديم خدمات العلاج الطبيعي؟ ما هي؟
 - ما مدى دعم وحدة العلاج الطبيعي لأقسام العلاج الطبيعي بالمستشفيات؟
٤. بروتوكولات العمل:
 - هل البروتوكولات العلاجية الخاصة بالعلاج الطبيعي متوفرة/ متاحة للأخصائيين؟
 - هل يتم متابعة توفيرها و تطبيقها من المدراء؟
 - هل يتم التدريب عليها؟
 - هل يتم تحديثها بشكل دوري؟
٥. التحديات والمعوقات:
 - هل هناك نقاط ضعف في القسم؟ حددها
 - هل هذه النقاط تعتبر معوقات لتقديم الخدمة؟
 - ما هي التحديات امام قسم العلاج الطبيعي في تقديم الخدمة والاستمرار في تقديمها؟

٦. التدريب:

- هل يتم تلقي تدريبات معينة لفريق العمل داخل او خارج المؤسسة؟ ما هي/ حددوها؟
- هل يتم نقل الخبرات من المستفيد من التدريب للزملاء؟ كيف؟

٧. عدد الأخصائيين وساعات العمل:

- هل عدد الأخصائيين كافي لتقديم الخدمة بجودة عالية في القسم/ المستشفى؟
- هل هناك دوام للأخصائيين في الفترة المسائية؟ لماذا؟

٨. هل يوجد ادوات متابعة وتقييم للتحسين والتطوير؟ حددوها؟

٩. هل ترغبون بالاستمرار في العمل في هذا القسم (يلبي لك طموحاتك المهنية)؟ لماذا؟

١٠. ما اقتراحاتك للتطوير/ للتحسين؟

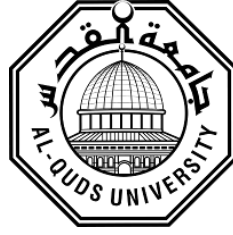
هل ترغبون في إضافة شيء اخر؟

Annexes (8): The guiding questions of the focus group discussion - beneficiaries

أسئلة تخص المريض

١. ما هي الاسباب لتواجدكم في قسم العلاج الطبيعي؟
 ٢. هل أثرت خدمات العلاج الطبيعي على صحتكم الجسدية والنفسية؟ إذا كانت الاجابة نعم، الرجاء الشرح بالتفصيل.
 ٣. هل القسم مناسب لتقديم خدمات العلاج الطبيعي من حيث:
 - البعد الجغرافي عن مكان سكنك
 - مساحة القسم
 - مكان انتظار المرضى
 - توفر كافة الخدمات اللازمة (مياه للشرب، تواليت، ...الخ)
 - تجهيزات القسم
 ٤. ما الاسباب التي تشجع على الحضور لقسم العلاج الطبيعي والاستفادة من خدماته؟
 ٥. ما الاسباب التي قد تعيق المرضى وتمنعهم من الاستفادة من خدمات العلاج الطبيعي بالمستشفى؟
 ٦. كيف تقيم الية الاتصال والتواصل مع مقدم الخمة؟
 ٧. مستوى الرضا عن الخدمة:
 - كيف تقيم مستوى رضاك عن جودة الخدمة المقدمة في القسم؟ (وقت الانتظار - وقت الجلسة العلاجية- التثقيف الصحي خلال الجلسة العلاجية أو غيرها- هل تم اعطاءك مواد تثقيفية؟)
 - ما هي اسباب رضاك؟
 - ما هي اسباب عدم رضاك؟
 ٨. ما اقتراحاتكم لتحسين تقديم الخدمة؟
- هل ترغبون في اضافة شيء؟

Annexes (9): Consent form



نموذج موافقة

عزيزي المشارك/ة:

انا الطالب/ هاني حمدي مطر، ملتحق ببرنامج ماجستير الصحة العامة – تخصص ادارة صحية بجامعة القدس. إنه من دواعي سروري أن تكون أحد المشاركين في هذه الدراسة التي تم اختيارك فيها بشكل عشوائي والتي تهدف الى تقييم أداء خدمات العلاج الطبيعي المقدمة من خلال مستشفيات وزارة الصحة، مما سيساهم في تحسين الخدمات الصحية المقدمة.

هذه الدراسة جزء من متطلبات برنامج الماجستير- كلية الصحة العامة.

أخي/ أختي المشارك/ة: سيقوم الباحث بإجراء مقابلات لتعبئة الاستبانة وفي حال أبديت الموافقة للمشاركة في هذه الدراسة عليك الاجابة على أسئلة الاستبانة، مع العلم بما يلي:

- مشاركتك في هذه الدراسة طوعية، ويحق لك القبول أو الرفض أو حتى الانسحاب في أي وقت.
- سيحتاج هذا الاستبيان لتعبئته حوالي ٢٠ – ٢٥ دقيقة.
- لا يوجد اجابات صحيحة وأخرى خاطئة.
- السرية مكفولة ولن نسألك عن اسمك.
- اجاباتك لن تؤثر على الخدمات التي تتلقاها.

شكراً لتعاونك

مع فائق الاحترام والتقدير

الباحث/ هاني مطر

كلية الصحة العامة

جامعة القدس

Annexes (10): List of experts and professionals

1	Dr. Yehia Abed	Al Quds University
2	Dr. Bassam Abu Hamad	Al Quds University
3	Dr. Sanaa Abu Dagga	The Islamic University
4	Dr. Mazen Abu Qamar	World Vision Association
5	Dr. Yousif Al Jeash	The Islamic University
6	Dr. Ayman Al Badri	Al Wafa Medical Rehabilitation Hospital
7	Dr. Mohamed El-Sultan	Al Azhar University
8	Mr. Ayman Al Halabi	MoH – Unit of Rehabilitation and Physical Therapy
9	Mr. Faraj Abu Rayya	UNRWA
10	Mr. Adnan Naser	Al Azhar University
11	Mr. Shareef Hammash	MoH – Al Indonici Hospital
12	Mr. Jehad Okasha	MoH

Annex 11

Differences in service utilization in relation to socio-demographic characteristics

Independent variables		N	Mean	SD	Factor	Value	Sig.
Age groups	12 to 34 yrs	113	1.25	0.473	F	0.999	0.369
	35 to 54 yrs	124	1.17	0.377			
	55 to 94 yrs	113	1.22	0.458			
Education level	Till 12 yrs	224	1.23	0.444	t	1.186	0.237
	More than 12 yrs	126	1.17	0.421			

Annex 12

Differences in satisfaction score in relation to socio-demographic characteristics

Independent variables		N	Mean	SD	Factor	Value	Sig.
Age groups	12 to 34 yrs	113	15.91	1.661	F	0.983	0.17
	35 to 54 yrs	124	15.95	1.802			
	55 to 94 yrs	113	15.92	1.607			
Gender	Male	187	15.839	1.727	t	-1.089	.277
	Female	163	16.036	1.647			
Employment status	Employed	126	15.817	1.736	t	-.954	.345
	Unemployed	224	15.995	1.666			
Education level	Till 12 yrs	224	15.812	1.640	t	-1.759	.079
	More than 12 yrs	126	16.142	1.765			

Arabic Abstract

ملخص الدراسة

عنوان الدراسة: تقييم خدمات العلاج الطبيعي المقدمة في المستشفيات الحكومية في قطاع غزة

إعداد: هاني حمدي عبد مظر

إشراف: د. ختام أبو حمد

ملخص الدراسة:

إن الحاجة للتداوي بالعلاج الطبيعي في تزايد في قطاع غزة بسبب الزيادة المطردة في عدد الإصابات والاعاقات إضافة للحالات المرضية المختلفة التي تحتاج علاج طبيعى وذلك بسبب الحروب الاسرائيلية المتكررة على قطاع غزة. حيث تقدم وزارة الصحة الفلسطينية خدمات العلاج الطبيعي في أقسام العلاج الطبيعي الخارجية واقسام المبيت للمرضى المنومين.

الهدف من الدراسة:

تهدف هذه الدراسة الى تقييم خدمات العلاج الطبيعي في المستشفيات الحكومية في قطاع غزة من أجل تحسين هذه الخدمات وبالتالي تحسين الصحة العامة لمستفيدين من الخدمة.

منهجية الدراسة:

اعتمدت هذه الدراسة طريقة البحث المندمج، حيث قام الباحث بجمع وتحليل البيانات والنتائج من خلال الطرق والادوات الكمية والنوعية في نفس الدراسة، فقد تم جمع البيانات الكمية من المستفيدين من خدمات العلاج الطبيعي باقسام العلاج الطبيعي الخارجي واقسام المبيت في المستشفيات الحكومية التي شملها مجتمع الدراسة. وقد بلغ مجموع الحالات ٣٥٠ حالة (١٩٨ مريض استفاد من خدمات العلاج الطبيعي باقسام العلاج الطبيعي الخارجية و ١٥٢ مريض استفاد من خدمات العلاج الطبيعي باقسام المبيت)، وقد بلغت نسبة الاستجابة ٩٧,٢%. وقد تم جمع البيانات النوعية من خلال ستة مجموعات بؤرية معمقة، ثلاثة منها مع المرضى المستفيدين من الخدمة والاخرى مع مزودي خدمة العلاج الطبيعي في المستشفيات الحكومية التي شملتها الدراسة بمشاركة ٢٥ مريض و ٢٤ مزود للخدمة.

وقد تم تحليل البيانات باستخدام الحزمة الاحصائية للعلوم الاجتماعية (SPSS) حيث اجريت الاختبارات الاستنتاجية والاحصائية والوصفية، في حين تم استخدام طريقة الترميز المفتوح والتحليل المرتبط بأفكار رئيسية لتحليل البيانات النوعية.

أهم النتائج:

ان نتائج الدراسة تشير الى أن معظم المشاركين بالدراسة (٧٦,٦%) قد تلقوا الخدمات التي يحتاجونها وان هذه الخدمات تلبي لهم احتياجاتهم الصحية كما لظهر ٨٤% من المشاركين. من وجهة نظر المستفيدين من الخدمة، قد بلغ المعدل المتوسط ٧٩,٥٧% لسهولة الوصول والحصول على الخدمة وتوفرها، كما بلغ ٧٨,١٥% لسهولة الحصول على الخدمات. كما بلغ المعدل المتوسط ٧٤% لمهارة وكفاءة مزودوا خدمات العلاج الطبيعي، بينما كان المعدل المتوسط ٧٢,٤% لمشاركة المرضى في اعداد الخطة العلاجية والبرنامج العلاجي.

يشار الى انه كان هناك تفاعل جيد والية الاتصال والتواصل جيدة بين المرضى ومزودا خدمات العلاج الطبيعي وقد انعكس ذلك بالمعدل المتوسط الذي بلغ ٨٢,٨%. وقد كانت الغالبية العظمى للمرضى قد أشارت أن مزودي الخدمات على درجة عالية من الاحترام تجاه المرضى، حيث بلغ المعدل المتوسط لذلك ٨٨,٤%. كما كشفت الدراسة عن علاقات ذات دلالات احصائية بين الجنسين، الذكور والإناث، بالإضافة للحالة الوظيفية للمستفيدين من الخدمة مع التدوي بالعلاج الطبيعي وكانت ($P=0.005$ و $P=0.017$) بالتتابع وقد اظهرت النتائج أن مستوى الرضا العام عن خدمات العلاج الطبيعي بلغ ٧٩,٦٥%.

هناك حاجة لتقديم خدمات العلاج الطبيعي في الفترات في اقسام المبيت ولا بد من الاشارة الى أن هناك حاجة لتطوير بروتوكولات وارشادات عامة للعلاج الطبيعي بالإضافة الى زيادة الوعي باتجاه العلاج الطبيعي وزيادة المعرفة به وتفعيل دور ادارة العلاج الطبيعي مع الحاجة لزيادة أقسام العلاج الطبيعي الخارجية ليكون هناك قسم واحد على الأقل في كل محافظة لتسهيل الوصول الى الخدمة. واخيرا يجب ان تعمل الوزارة على تقديم خدمات العلاج الطبيعي في الأقسام الخارجية في محافظتي خانيونس والوسطى.