

# Satisfaction with Physiotherapy Care for Individuals with Cystic Fibrosis Across Face-to-face, Online and Blended Rehabilitation Settings

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Methodology



Assessing patient satisfaction is therefore particularly relevant. While, face-to-face programmes have represented the standard approach to CF management, online programmes have demonstrated great advantages in managing patients with chronic diseases such as CF. Moreover, hybrid models of care have emerged as an alternative, combining the benefits of both physiotherapy programmes settings **[3-5]**.

The Portuguese National Association of Cystic Fibrosis (ANFQ) aims to support individuals with CF and their families [6]. The project offers free physiotherapy care to children aged between 6 months and 18 years old, delivered through face-to-face, online or blended rehabilitation.



To assess the perceived satisfaction of individuals with CF and the legal representatives regarding the physiotherapy services provided by the ANFQ across three treatment settings: online, face-to-face, and blended rehabilitation.



• Contributing factors and correspondent percentages:

**Minimal Waiting Time for the first session** Less than 1 month for 89% of participants

> Flexible scheduling of session \_\_\_\_\_\_ 90% of approval

**Development of interpersonal relationships** – 95-100% range of approval

Strong Communication skills 85-100% range of approval All these factors (i.e. effective management of the physiotherapy process, close interpersonal relationships, active patient participation, effective communication and listening skills) are intrinsically linked with the concept of satisfaction **[7,8]**. Patient satisfaction also increases significantly when expectations are fulfilled **[9]**.

## Participants

#### Individuals with CF



N = 5 participants Mean age = 19 years **Q** = 5

#### Legal Representatives







**Blended** (32.5%)

	<b>Online Rehabilitation</b>		Face-to-Face care		Blended Regime	
	n	%	n	%	n	%
Duration						
<2 years	5	35.7	3	23.1	0	0.0
2-3 years	2	14.3	3	23.1	1	7.7
3-4 years	1	7.1	5	38.4	4	30.8
>4 years	6	42.9	2	15.4	8	61.5
Frequency						
Weekly	4	28.6	2	15.4	2	15.4
Biweekly	9	64.3	7	53.8	11	84.6
Monthly	0	0.0	2	15.4	0	0.0
Punctually	1	7.1	2	15.4	0	0.0

Active patient participation \_ 71.8-100% range of approval

Meeting expectations \_\_/ Met for 95% of participants

• Overall satisfaction (5-points Likert-scale): Both CF patients and legal representatives reported high levels of satisfaction.

(mean ± SD)		
$4.80 \pm 0.40$		
4.94 ± 0.23		
$5.00 \pm 0.00$		
4.86 ± 0.35		
4.92 ± 0.27		
4.86 ± 0.35		
$5.00 \pm 0.00$		
$4.94 \pm 0.24$		
5.00 ± 0.00		
4.88 ± 0.31		
$5.00 \pm 0.00$		
5.00 ± 0.00		



Therefore, the high approval percentages obtained for these factors may be associated with high levels of satisfaction with the ANFQ project.

• **Differences between treatment modalities:** Single-factor ANOVA was conducted on 39 questions:



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Face-to-face group expressed more secure and comfortable feelings in this treatment setting. Question: "The physiotherapists asked me to participate in activities I was not comfortable with" (p-value = 0.038).



**Online group** expressed greater satisfaction with feedback on progress in this treatment setting. Question: "The physiotherapists provided feedback on my progress" (p-value = 0.028).



• The use of the PFQ instrument revealed remarkably high levels of satisfaction with ANFQ's project (legal representatives =  $4.94 \pm 0.23$ ; CF patients =  $4.80 \pm 0.40$ ). The highest satisfaction ratings belong to participants in face-to-face treatment for three to four years, with weekly support.

Conclusions

Statistically significant differences were observed in two items: greater comfort with proposed activities in face-to-face care, and better feedback on progress in online sessions.

**Future studies**: Satisfaction should be continually investigated across different modalities in larger and more diverse CF populations.

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