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**DETERMINANTS OF PATIENT-PERCEIVED QUALITY IN  
PHYSIOTHERAPY HEALTHCARE SERVICES:  
A CROSS-SECTIONAL STUDY FROM PUNJAB, INDIA**

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Doi: <https://doi-doi.org/101555/ijarp.6125>**ABSTRACT****Background**

Patient-centered healthcare has become the cornerstone of quality healthcare delivery across the globe. In physiotherapy, the quality of healthcare extends beyond clinical effectiveness and encompasses communication, professional competence, treatment accessibility, rehabilitation protocols, organizational infrastructure, and patient engagement. Although physiotherapy services have expanded considerably across India over the last decade, evidence regarding determinants of patient-perceived service quality remains limited. Understanding these determinants is essential for improving patient satisfaction, optimizing healthcare delivery, and strengthening rehabilitation services in low- and middle-income countries.

**Objective**

To evaluate the factors influencing patient-perceived quality of physiotherapy healthcare services among patients receiving physiotherapy treatment in Mohali, Punjab.

**Methods**

A descriptive cross-sectional study was conducted among 199 physiotherapy patients receiving treatment at fifteen healthcare institutions in Mohali, Punjab. Eligible participants had received physiotherapy for at least one month. Data were collected using a structured Patient-Reported Outcome Measure (PROM)-based questionnaire assessing physiotherapist competency, rehabilitation protocols, treatment environment, equipment adequacy, and

overall service quality. Descriptive statistics, Pearson correlation analysis, and multiple linear regression analyses were performed using SPSS version 25.

### **Results**

The study demonstrated an overall patient satisfaction rate of 98.5%. Rehabilitation protocols showed the strongest association with perceived service quality ( $r = 0.473$ ,  $p < 0.001$ ), followed by physiotherapist professional competency ( $r = 0.442$ ,  $p < 0.001$ ). Equipment quality was also significantly associated with patient satisfaction ( $r = 0.398$ ,  $p < 0.001$ ), whereas treatment space showed comparatively weaker but statistically significant associations ( $r = 0.234$ ,  $p = 0.001$ ). Nearly one-third (28.6%) of participants reported inadequate consultation time despite expressing high overall satisfaction.

### **Conclusion**

Standardized rehabilitation protocols, professional competency, and effective patient communication are the principal determinants of perceived physiotherapy service quality. Improving consultation time, infrastructure, and adoption of advanced rehabilitation technologies may further enhance patient-centered physiotherapy care in India.

**KEYWORDS:** Physiotherapy, Healthcare Quality, Patient Satisfaction, Rehabilitation, PROMs, India.

### **INTRODUCTION**

Healthcare quality has undergone a paradigm shift over the past two decades, moving from provider-centered evaluation toward patient-centered care. Modern healthcare systems recognize that clinical outcomes alone cannot adequately represent healthcare quality. Instead, patient experiences, satisfaction, accessibility, safety, continuity of care, and communication have become fundamental indicators of healthcare performance (1–3).

The World Health Organization defines quality healthcare as the degree to which healthcare services improve desired health outcomes while remaining consistent with current professional knowledge and evidence-based practice (4). High-quality healthcare should be safe, effective, timely, efficient, equitable, and patient-centered. These dimensions have become increasingly important in rehabilitation sciences, where treatment success depends not only on clinical interventions but also on long-term patient engagement and therapeutic relationships.

Physiotherapy represents one of the fastest-growing healthcare professions worldwide. It plays a critical role in preventing disability, restoring physical function, reducing pain,

improving mobility, and enhancing quality of life across diverse populations. Physiotherapists manage musculoskeletal disorders, neurological conditions, cardiopulmonary diseases, sports injuries, pediatric disabilities, geriatric impairments, and postoperative rehabilitation (5,6).

Unlike many other medical specialties, physiotherapy requires repeated interactions between therapists and patients over prolonged treatment periods. Consequently, interpersonal communication, empathy, trust, patient education, shared decision-making, and adherence to rehabilitation protocols significantly influence treatment outcomes (7,8).

Recent healthcare models emphasize value-based care rather than volume-based service delivery. Under this framework, healthcare providers are expected to maximize patient outcomes while simultaneously improving patient experiences and optimizing healthcare resources (9). Patient satisfaction has therefore become an internationally recognized indicator of healthcare quality and organizational performance.

Several determinants influence patients' perceptions of physiotherapy services. These determinants may broadly be categorized into therapist-related factors, treatment-related factors, organizational factors, and environmental factors.

Therapist-related determinants include professional competence, communication skills, empathy, ethical practice, psychological support, and clinical decision-making. Numerous studies have demonstrated that patients who perceive their physiotherapists as competent, compassionate, and communicative are more likely to adhere to treatment plans and report higher satisfaction levels (10–12).

Treatment-related determinants include individualized rehabilitation protocols, evidence-based interventions, patient education, continuity of care, and regular progress evaluation. Standardized rehabilitation pathways have consistently demonstrated improved functional outcomes and greater patient confidence in rehabilitation services (13,14).

Organizational determinants encompass appointment scheduling, waiting times, administrative efficiency, consultation duration, multidisciplinary collaboration, infection control practices, and accessibility of services. Healthcare organizations adopting patient-centered operational models generally report better patient experiences and improved treatment adherence (15).

Environmental determinants include clinic cleanliness, treatment space, privacy, equipment availability, parking facilities, accessibility for disabled individuals, and technological infrastructure. Although these factors may not directly influence clinical outcomes, they substantially contribute to patients' perceptions of service quality (16).

Globally, Patient-Reported Outcome Measures (PROMs) and Patient-Reported Experience Measures (PREMs) have become essential tools for evaluating healthcare quality. These instruments enable healthcare organizations to assess treatment effectiveness from patients' perspectives while simultaneously identifying opportunities for quality improvement (17).

In physiotherapy practice, PROMs have gained considerable importance because rehabilitation outcomes often involve subjective improvements such as pain reduction, functional independence, confidence, and quality of life. International organizations including World Physiotherapy, the Chartered Society of Physiotherapy, and the American Physical Therapy Association recommend integrating PROMs into routine clinical practice (18–20).

Despite significant advancements in physiotherapy research globally, evidence from low- and middle-income countries remains relatively limited. Most published literature originates from Europe, North America, and Australia, where healthcare systems differ substantially from those in developing countries. Consequently, determinants of patient satisfaction identified in developed nations may not be directly applicable to the Indian healthcare context.

India possesses one of the world's fastest-growing rehabilitation sectors. Increasing prevalence of non-communicable diseases, musculoskeletal disorders, sports injuries, road traffic accidents, and aging populations has substantially increased demand for physiotherapy services. Nevertheless, considerable disparities exist regarding infrastructure, staffing, technological resources, and quality assurance mechanisms across physiotherapy facilities (20).

Punjab represents one of India's rapidly developing healthcare regions, with increasing numbers of tertiary hospitals, multispecialty rehabilitation centers, and private physiotherapy clinics. However, limited evidence exists regarding patients' perceptions of physiotherapy service quality within this setting.

Understanding patient experiences is essential for healthcare administrators, physiotherapists, policymakers, educators, and regulatory authorities. Identification of factors influencing patient satisfaction may facilitate targeted quality improvement initiatives, optimize resource allocation, strengthen professional education, and improve rehabilitation outcomes.

Furthermore, India's National Health Policy emphasizes patient-centered care, healthcare quality assurance, digital health integration, and evidence-based practice. Evaluating physiotherapy service quality aligns closely with these national priorities while supporting implementation of standardized rehabilitation services across healthcare institutions.

The present study therefore aims to investigate the determinants of patient-perceived quality of physiotherapy healthcare services among patients receiving rehabilitation in Mohali,

Punjab. Specifically, the study evaluates physiotherapist competency, rehabilitation protocols, equipment availability, treatment environment, and organizational characteristics associated with perceived healthcare quality.

The findings are expected to provide evidence supporting development of standardized physiotherapy quality indicators, strengthen patient-centered rehabilitation practices, and contribute to improving physiotherapy services within the Indian healthcare system.

## **2. Materials and Methods**

### **2.1 Study Design and Setting**

A descriptive cross-sectional observational study was conducted to evaluate patient-perceived quality of physiotherapy healthcare services in Mohali District, Punjab, India. The study included **15 physiotherapy facilities**, comprising private clinics, rehabilitation centers, multispecialty hospitals, and teaching hospitals. Data were collected over a three-month period (January–March 2026). The study followed the **Strengthening the Reporting of Observational Studies in Epidemiology (STROBE)** guidelines for reporting cross-sectional studies [same citation as the original STROBE reference].

### **2.2 Participants and Sampling**

The study population consisted of adult patients ( $\geq 18$  years) receiving outpatient physiotherapy for musculoskeletal, neurological, cardiopulmonary, sports-related, or postoperative conditions. Eligible participants had received physiotherapy treatment for at least one month, were able to understand English, Hindi, or Punjabi, and provided written informed consent. Patients receiving emergency physiotherapy, those with severe cognitive or psychiatric disorders, individuals unwilling to participate, and questionnaires with more than 20% missing responses were excluded.

The required sample size was estimated using **Cochran's formula** with a 95% confidence level ( $Z = 1.96$ ), expected proportion of 0.50, and margin of error of 7%. After accounting for possible non-response, a minimum sample of **190 participants** was required. Using purposive consecutive sampling, **199 eligible participants** were recruited from the participating physiotherapy centers.

### **2.3 Data Collection and Research Instrument**

Data were collected using a structured self-administered questionnaire developed after reviewing published literature on healthcare quality and patient satisfaction [keep the same citations used in your original manuscript]. The questionnaire comprised three sections: (i) demographic information, (ii) clinical and organizational factors including professional

competency, communication, rehabilitation protocols, equipment availability, treatment environment, consultation time, cleanliness, and accessibility, and (iii) overall patient satisfaction measured using a **5-point Likert scale** (1 = Strongly disagree to 5 = Strongly agree), with higher scores indicating better perceived service quality.

Content validity was established through expert review by senior physiotherapy academicians, clinical physiotherapists, and healthcare quality researchers. A pilot study involving **20 participants** assessed clarity and feasibility, and pilot data were excluded from the final analysis. The questionnaire demonstrated good internal consistency with a **Cronbach's alpha of 0.87**.

After obtaining institutional permission, eligible participants were informed about the study objectives, confidentiality, and voluntary participation. Written informed consent was obtained before questionnaire administration. Completed questionnaires were checked for completeness, coded, and entered into Microsoft Excel before being transferred to **IBM SPSS Statistics Version 25.0** for analysis.

## **2.4 Statistical Analysis**

Continuous variables were summarized as **mean  $\pm$  standard deviation**, whereas categorical variables were expressed as **frequencies and percentages**. Pearson correlation analysis was performed to examine associations between healthcare quality domains and overall patient-perceived service quality. Multiple linear regression analysis identified independent predictors of perceived healthcare quality after assessing assumptions of normality, linearity, homoscedasticity, and multicollinearity. A **p-value  $<0.05$**  was considered statistically significant.

## **2.5 Ethical Considerations**

Participation was voluntary, written informed consent was obtained from all participants, confidentiality and anonymity were maintained, and participants were free to withdraw at any stage without affecting their treatment. Standardized data collection procedures, pilot testing, expert validation, and verification of data entry were implemented to ensure methodological rigor and data reliability.

# **3. RESULTS**

## **3.1 Participant Characteristics**

A total of **199 participants** successfully completed the questionnaire and were included in the final statistical analysis. The demographic profile of the study population is presented in **Table 1**. The participants represented a diverse range of age groups, educational backgrounds,

and genders, thereby providing a comprehensive overview of individuals receiving physiotherapy services across the participating healthcare facilities.

**Table 1. Demographic Characteristics of Participants. (N = 199)**

| Variable                 | Frequency (n) | Percentage (%) |
|--------------------------|---------------|----------------|
| <b>Gender</b>            |               |                |
| Male                     | 87            | 43.7           |
| Female                   | 112           | 56.3           |
| <b>Age Group (Years)</b> |               |                |
| 18–25                    | 84            | 42.2           |
| 26–35                    | 47            | 23.6           |
| 36–45                    | 31            | 15.6           |
| 46–55                    | 22            | 11.1           |
| >55                      | 15            | 7.5            |
| <b>Education</b>         |               |                |
| Secondary                | 28            | 14.1           |
| Higher Secondary         | 44            | 22.1           |
| Graduate                 | 91            | 45.7           |
| Postgraduate             | 36            | 18.1           |

Among the participants, **56.3% were female**, while **43.7% were male**, indicating slightly higher utilization of physiotherapy services among women. The largest proportion of respondents belonged to the **18–25 years** age group (42.2%), followed by the **26–35 years** category (23.6%). Regarding educational status, nearly half of the participants (**45.7%**) were graduates, whereas **18.1%** had postgraduate qualifications, suggesting that most respondents possessed sufficient educational backgrounds to understand and evaluate healthcare service quality.

### 3.2 Overall Patient Satisfaction

Overall patient satisfaction demonstrated a highly favorable perception of physiotherapy healthcare services across all participating institutions.

**Table 2. Overall Satisfaction with Physiotherapy Services.**

| Satisfaction Level | Frequency | Percentage (%) |
|--------------------|-----------|----------------|
| Very Satisfied     | 104       | 52.3           |
| Satisfied          | 92        | 46.2           |
| Neutral            | 2         | 1.0            |

| Satisfaction Level | Frequency | Percentage (%) |
|--------------------|-----------|----------------|
| Dissatisfied       | 1         | 0.5            |
| Very Dissatisfied  | 0         | 0              |

Overall satisfaction reached **98.5%**, with the vast majority of respondents reporting that they were either **satisfied** or **very satisfied** with the physiotherapy services received. Only one participant (0.5%) expressed dissatisfaction, while no participant reported being very dissatisfied. These findings indicate excellent patient acceptance and reflect consistently positive experiences regarding physiotherapy service delivery across the participating healthcare facilities.

### 3.3 Professional Competency of Physiotherapists

Patients evaluated physiotherapists on several dimensions of professional competency, including communication skills, clinical expertise, empathy, professionalism, and the ability to explain treatment procedures effectively.

**Table 3. Perception of Physiotherapist Professional Competency.**

| Statement                               | Agree/Strongly Agree (%) |
|-----------------------------------------|--------------------------|
| Therapist explained treatment clearly   | 95.5                     |
| Therapist demonstrated competence       | 97.0                     |
| Therapist listened carefully            | 94.5                     |
| Therapist answered questions adequately | 93.5                     |
| Therapist treated patients respectfully | 98.0                     |

The findings demonstrate consistently high ratings across all domains of professional practice. Respectful behaviour (98.0%) and perceived clinical competence (97.0%) received the highest levels of agreement, highlighting the importance of effective therapist–patient relationships in achieving positive healthcare experiences.

### 3.4 Rehabilitation Protocols

Participants reported favorable perceptions regarding the implementation of structured rehabilitation programmes.

**Table 4. Perception of Rehabilitation Protocols.**

| Item                           | Positive Response (%) |
|--------------------------------|-----------------------|
| Individualized treatment plans | 94.0                  |
| Progress monitoring            | 92.5                  |

| Item                           | Positive Response (%) |
|--------------------------------|-----------------------|
| Goal-oriented rehabilitation   | 95.0                  |
| Exercise progression explained | 93.5                  |
| Home programme provided        | 90.0                  |

More than 90% of participants positively evaluated each component of rehabilitation planning. Goal-oriented rehabilitation received the highest rating (95.0%), indicating that individualized treatment planning and systematic monitoring were routinely incorporated into physiotherapy practice. These findings suggest widespread implementation of protocol-based rehabilitation approaches.

### 3.5 Treatment Environment and Infrastructure

The treatment environment was generally perceived positively by participants.

**Table 5. Infrastructure and Environment Assessment**

| Variable             | Positive Response (%) |
|----------------------|-----------------------|
| Cleanliness          | 96.5                  |
| Safety               | 95.0                  |
| Accessibility        | 88.5                  |
| Privacy              | 85.0                  |
| Waiting Area Comfort | 84.0                  |

Cleanliness (96.5%) and safety (95.0%) received the highest ratings, reflecting satisfactory environmental standards within the participating facilities. Comparatively lower ratings for treatment privacy and waiting area comfort indicate potential areas for organizational improvement despite the overall positive evaluation.

### 3.6 Equipment Availability

Patients also assessed the adequacy and quality of physiotherapy equipment.

**Table 6. Perception of Physiotherapy Equipment.**

| Variable                          | Positive Response (%) |
|-----------------------------------|-----------------------|
| Adequate equipment available      | 91.5                  |
| Modern equipment available        | 89.0                  |
| Equipment maintained properly     | 92.0                  |
| Equipment contributed to recovery | 94.0                  |

Overall, participants expressed high confidence in the availability and maintenance of physiotherapy equipment. The majority believed that the equipment contributed positively to their rehabilitation outcomes, indicating satisfactory organizational support for clinical practice.

### 3.7 Consultation Duration

Consultation duration represented one of the comparatively weaker aspects of service delivery.

**Table 7. Adequacy of Consultation Time.**

| Response   | Frequency | Percentage (%) |
|------------|-----------|----------------|
| Adequate   | 142       | 71.4           |
| Inadequate | 57        | 28.6           |

Although most participants considered consultation time to be adequate, nearly one-third (28.6%) reported that consultation duration was insufficient. This finding suggests opportunities for improving patient interaction and individualized care through optimized appointment scheduling.

### 3.8 Correlation Analysis

Pearson correlation analysis was performed to determine the association between key healthcare quality domains and overall patient-perceived service quality.

**Table 8. Correlation between Study Variables and Service Quality.**

| Variable                 | r-value | p-value |
|--------------------------|---------|---------|
| Rehabilitation Protocols | 0.473   | <0.001  |
| Professional Competency  | 0.442   | <0.001  |
| Equipment Quality        | 0.398   | <0.001  |
| Treatment Environment    | 0.234   | 0.001   |

All study variables demonstrated statistically significant positive correlations with overall perceived healthcare quality. Among these, **rehabilitation protocols** showed the strongest correlation ( $r = 0.473$ ), followed by professional competency ( $r = 0.442$ ), emphasizing their importance in shaping patients' perceptions of physiotherapy service quality.

### 3.9 Multiple Regression Analysis

Multiple linear regression analysis was performed to identify independent predictors of patient-perceived healthcare quality.

**Table 9. Predictors of Patient-Perceived Service Quality.**

| Predictor                | $\beta$ | p-value |
|--------------------------|---------|---------|
| Rehabilitation Protocols | 0.381   | <0.001  |
| Professional Competency  | 0.344   | <0.001  |
| Equipment Quality        | 0.215   | 0.003   |
| Infrastructure           | 0.101   | 0.086   |

The regression model explained approximately **48% of the variance** in patient-perceived healthcare quality (**Adjusted  $R^2 = 0.48$** ). Rehabilitation protocols emerged as the strongest independent predictor of service quality, followed by professional competency and equipment quality. Infrastructure demonstrated a weaker and statistically non-significant contribution after adjustment for the remaining variables.

## 4. DISCUSSION

The present study evaluated the determinants influencing patient-perceived quality of physiotherapy healthcare services among individuals receiving treatment in Mohali District, Punjab. Overall, the findings demonstrated a remarkably high level of patient satisfaction, with **98.5% of participants** reporting that they were either satisfied or very satisfied with the physiotherapy services received. These findings indicate that the participating physiotherapy facilities were largely successful in delivering patient-centered rehabilitation services that fulfilled patient expectations (15). One of the most important findings of this study was the significant positive association between **rehabilitation protocols** and overall patient-perceived service quality. Pearson correlation analysis showed that rehabilitation protocols had the strongest relationship with perceived healthcare quality ( **$r = 0.473$ ,  $p < 0.001$** ), while multiple regression analysis identified rehabilitation protocols as the strongest independent predictor ( **$\beta = 0.381$ ,  $p < 0.001$** )(14). These findings suggest that patients place considerable value on structured rehabilitation programmes that include individualized assessment, goal setting, progress monitoring, exercise progression, and home exercise prescription. Such structured approaches improve treatment consistency and help patients better understand their recovery process, thereby enhancing confidence and satisfaction with physiotherapy services(17).

Professional competency emerged as the second most influential determinant of perceived healthcare quality. More than 93% of participants agreed that physiotherapists communicated effectively, demonstrated clinical competence, answered questions adequately, and treated patients with respect(7). The regression analysis further confirmed professional competency as an independent predictor of service quality ( $\beta = 0.344$ ,  $p < 0.001$ ). These findings reinforce the importance of communication skills, empathy, professionalism, and evidence-based clinical decision-making in physiotherapy practice. Effective therapist–patient communication strengthens therapeutic relationships, improves treatment adherence, increases patient confidence, and promotes active participation throughout the rehabilitation process(8).

The availability and quality of physiotherapy equipment also showed a significant positive association with patient-perceived healthcare quality ( $r = 0.398$ ,  $p < 0.001$ ). Participants generally expressed confidence in the adequacy, maintenance, and effectiveness of available rehabilitation equipment. However, the regression analysis indicated that equipment quality had a smaller predictive influence than rehabilitation protocols and professional competency ( $\beta = 0.215$ ,  $p = 0.003$ ). These findings suggest that although modern equipment contributes to positive patient experiences and organizational credibility, patients primarily value the knowledge, skills, and clinical expertise of physiotherapists rather than technology alone. Equipment appears to be most beneficial when integrated into individualized, evidence-based rehabilitation programmes delivered by competent clinicians(10).

Treatment environment and infrastructure were generally rated positively, particularly with respect to cleanliness and safety. Nevertheless, treatment privacy and waiting area comfort received comparatively lower scores, indicating opportunities for organizational improvement(15). Although infrastructure demonstrated a statistically significant correlation with perceived healthcare quality, its contribution was relatively modest and did not remain statistically significant in the final regression model ( $\beta = 0.101$ ,  $p = 0.086$ ). This finding suggests that while physical facilities influence patient comfort and overall experience, patients primarily evaluate physiotherapy services based on clinical effectiveness and therapist interactions(16).

Another noteworthy observation concerned consultation duration. Although 71.4% of participants considered consultation time adequate, nearly one-third (28.6%) reported insufficient consultation time(17). This finding deserves attention because limited consultation time may reduce opportunities for patient education, shared decision-making, and individualized rehabilitation planning. Healthcare organizations should therefore balance

patient volume with adequate consultation time to maintain high standards of patient-centered care and therapeutic communication(5).

Overall, the findings of the present study emphasize that high-quality physiotherapy services depend not only on infrastructure and equipment but also on evidence-based rehabilitation protocols, effective communication, and professional competency. These results provide valuable evidence for healthcare administrators and physiotherapy professionals seeking to improve rehabilitation services and optimize patient experiences within Indian healthcare settings(20).

## 6. Clinical Implications

The findings of this study have several practical implications for physiotherapy practice and healthcare management. First, standardized evidence-based rehabilitation protocols should be implemented consistently across physiotherapy settings to improve treatment quality and patient satisfaction. Second, continuing professional development programmes should emphasize communication skills, patient-centered care, ethical practice, and clinical reasoning to strengthen therapist competency. Third, healthcare institutions should review staffing patterns and appointment scheduling to ensure adequate consultation time for individualized patient management. Furthermore, investments in modern rehabilitation equipment should be accompanied by appropriate staff training to maximize clinical effectiveness. Finally, routine implementation of patient-reported outcome measures (PROMs) and patient-reported experience measures (PREMs) can support continuous quality improvement and facilitate regular monitoring of physiotherapy service performance.

## 7. Strengths and Limitations

The present study possesses several strengths. It included participants from multiple physiotherapy facilities representing different models of healthcare delivery, thereby improving the diversity of the study population. The use of a structured and validated questionnaire with good internal consistency (**Cronbach's alpha = 0.87**) enhanced the reliability of data collection. Additionally, the application of correlation and multiple regression analyses enabled identification of independent predictors of patient-perceived healthcare quality.

Despite these strengths, certain limitations should be acknowledged. The cross-sectional design limits causal interpretation between study variables. Patient perceptions were measured using self-reported questionnaires, which may introduce reporting bias. The study

was conducted within a single district of Punjab, potentially limiting generalizability to other geographical regions. Furthermore, purposive sampling may reduce external validity, and objective clinical outcomes were not assessed alongside patient perceptions. Future multicenter longitudinal studies incorporating both patient-reported and clinical outcome measures are recommended to strengthen the evidence base.

## 8. CONCLUSION

The present study demonstrates that **patient-perceived quality of physiotherapy healthcare services is primarily influenced by rehabilitation protocols, professional competency, and equipment quality**. Structured rehabilitation pathways and effective therapist–patient communication emerged as the strongest determinants of perceived service quality, whereas infrastructure contributed comparatively less after adjustment for other variables. Overall patient satisfaction was exceptionally high, reflecting the positive quality of physiotherapy services delivered across the participating facilities. These findings highlight the importance of implementing evidence-based rehabilitation protocols, strengthening professional competency through continuous education, ensuring adequate consultation time, and integrating patient-reported outcome measures into routine clinical practice. Such strategies may contribute to continuous quality improvement and further enhance patient-centered physiotherapy services in India.

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