

Turkish validity and reliability of the patient satisfaction scale in physiotherapy for patients with musculoskeletal pain

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Abstract.

BACKGROUND: Patient satisfaction is a key point in evaluating the quality of physiotherapy services.

OBJECTIVE: The aim of this study was to determine the Turkish language validity and reliability of the Patient Satisfaction Scale in Physiotherapy (PSSP).

METHODS: The study included 168 participants, aged 18–74 years, with musculoskeletal pain. The PSSP, which comprises 14 items in the four sub-dimensions of treatment, admission, logistics and general satisfaction, was applied to all participants. Structural validity was assessed using the principal components method with varimax rotation. Internal consistency and the intraclass correlation coefficient (ICC) were used for the reliability analysis. The Patient Satisfaction Scale for Physical Therapy Outpatient Clinics (PCCPTO) was used to assess concurrent validity.

RESULTS: The participants comprised of 71% females and 29% males with a mean age of 41.9 ± 14.9 years. The sampling competency index was 0.874. The Turkish version of the scale was found to be perfectly reliable (Cronbach's alpha reliability coefficient = 0.922). Internal consistency ranged from 0.762 to 0.904 in the subscales. Factor analysis revealed that the 14-item scale had four factors explaining 75.59% of the total variance. Floor and ceiling effects were not determined. Concurrent validity analysis showed a strong correlation between the PSSP and PCCPTO ($r = 0.78$; $p < 0.0005$).

CONCLUSION: The Turkish version of the PSSP is a valid, reliable and easily applicable measure.

Keywords: Patient satisfaction, physiotherapy, validity, PSSP, PCCPTO

1. Introduction

Patient satisfaction scales are becoming increasingly important in assessing the quality of service in physiotherapy. Assessments are necessary in order to determine potential threats to the service provider (physiotherapist) and recipient (patient), to facilitate improvements, and to improve the effectiveness, productivity

and quality of the service provided [1]. This is a cyclical process involving information collection, analysis and action. Hudak and Wright [2] suggested that patient satisfaction reveals the effectiveness of treatment and care and the quality of the service provided. The type of illness is an important factor on the satisfaction level of the individual. Musculoskeletal problems are at the forefront of disease groups encountered in physical therapy units. While assessing satisfaction, classifying diseases is crucial so that the current situation, and deficiencies are identified, and physiotherapy modalities can provide more objective data in the assessment of modalities. It is important to ensure the validity and reliability of the Turkish version of this scale

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in relation to the musculoskeletal system, which is frequently encountered in the clinic, in order to provide a homogeneous analysis of a patient group with similar symptoms, and the scale can then be applied to other disease groups treated in the physical therapy unit.

In literature, there are many scales for the assessment of the satisfaction of patients receiving physiotherapy services [3,4]. In Turkey, however, only one scale evaluating physiotherapy in polyclinics has been developed [5]. This scale evaluates patient satisfaction under the dimensions of “accessibility, physical comfort, communication with the physician, communication with the secretary, communication with the physiotherapist, technical quality, and cleanliness” (24 items) in terms of outpatient services. There are no other scales evaluating in- and outpatient services with fewer items and considering differing conditions and cultures. Under item 9 of the ‘Performance and Quality in Health Directive’ published by the Turkish Ministry of Health, satisfaction surveys have been applied in health institutions since 2011. These questionnaires are not specific to physiotherapy services, and are applied to all in- and outpatients in all units [6]. Physiotherapy sessions last longer than other areas of treatment and require close contact and interaction with the patient, therefore, a different evaluation system is required. Tüzün et al. [5] considered that the use of patient satisfaction questionnaires including general health services was not appropriate in clinics providing physiotherapy and rehabilitation services.

The purpose of this study was to evaluate the reliability and validity of the Turkish language version of the 14-item Patient Satisfaction Scale in Physiotherapy (PSSP), which was developed by Monnin and Perneger, and is one of the scales used in the literature.

2. Methods

This study was designed as a cross sectional survey study. Approval for the study was granted by the Medical Faculty Scientific Research Ethics Committee of Karadeniz Technical University (No. 24237859-451, 24.10.2017).

The research was conducted on 168 participants, aged 18–74 years, with musculoskeletal pain, who were receiving outpatient treatment in the Physiotherapy and Rehabilitation Department of Akçaabat Haçkalı Baba Public Hospital. Subjects agreed to participate by reading and signing informed consent forms. The sociodemographic characteristics (body

mass index, education, social security, occupation and body part in treatment) of the participants were recorded onto data forms. The level of patient satisfaction with the physiotherapy service received was evaluated using the 14-item PSSP developed by Monnin and Perneger. A Visual Analogue Scale (VAS) was used to measure pain severity. The patients included in the study were those aged 18–74 years, with no mental problems, who were receiving outpatient physiotherapy services at the institution where the research was conducted because of musculoskeletal problems in the upper and lower extremities (hand/wrist hip, knee, lower leg, ankle, foot finger, face, arm, shoulder, neck, back and low back). Patients were excluded if they were unable to read and write Turkish, if they had a psychiatric diagnosis, or were using antidepressant medication.

The scale used in the study was translated into Turkish by three different specialists. Consistencies were evaluated and then the scale was translated back into English and sent to the authors who developed it. Reliability and validity studies were performed following receipt of author approval.

2.1. Data collection tools

2.1.1. Patient Satisfaction Scale in Physiotherapy (PSSP)

PSSP is a valid and reliable scale developed by Monnin and Perneger [7], which consists of 14 items under four category subheadings of “treatment (5 items), admission (3 items), logistics (4 items) and global overall satisfaction (2 items).” A 5-point Likert type scoring scale is used (1 = weak, 5 = perfect). Total scores are calculated out of 100.

2.1.2. Patient Satisfaction Scale for Physiotherapy Polyclinics (PSSPP)

PSSPP was developed by Tüzün et al., and consists of 24 items in 7 sub-dimensions to investigate outpatient satisfaction with physiotherapy [5]. The sub-dimensions are technical quality, communication with the physiotherapist, physical comfort, communication with the secretary, communication with the physician, accessibility, and cleanliness. Items are scored between 0 and 4 (4 – I definitely agree, 3 – I agree, 2 – I disagree, 1 – I definitely disagree). Total scores are calculated out of 100.

2.1.3. Visual Analogue Scale (VAS)

The patient was asked to indicate the severity of pain on a 10-cm line, where 0 indicates no pain and

10 represents unbearable pain. The mark made on the line by the patient to indicate the severity of pain is recorded [8].

2.2. Statistical analysis

Statistical analysis of the data obtained was performed using Statistical Package for Social Science software (SPSS 23.0). Demographic data and the severity of pain were expressed as mean, standard deviation and percentage. A value of $p < 0.05$ was accepted as significant for all data.

2.2.1. Structural validity

Principal Components Analysis was used. Factors with an Eigen value > 1 were taken into consideration in determining the factor number. Compatibility of the sample number with factor analysis was tested using the Kaiser-Mayer-Olkin (KMO) measure of sampling adequacy. The sizes of correlation coefficients and partial coefficients based on the KMO coefficient were evaluated as 0.90–1.00 (perfect), 0.80–0.89 (very good), 0.70–0.79 (good), 0.60–0.69 (moderate) and 0.50–0.59 (poor) [9]. A matrix was established from the variables examined. Factor loads for each variable in the factor analysis were evaluated using the Comrey and Lee classification: > 0.71 – perfect; > 0.63 – very good; > 0.55 – good; > 0.45 – quite good, and > 0.32 – weak. A variable factor load of ≥ 0.60 was required for a variable to remain in the model [10]. Standardized scores between 0 and 100 were calculated for the total scale and for each factor with confirmed structural validity. The following formula was used for score calculation: $\text{Score} = (100 / \text{the highest score on the scale or sub-dimensions}) \times \text{total raw score}$.

2.2.2. Concurrent validity

The PSSPP was used for concurrent validity. Content validity was assessed using the scale's structural validity distribution characteristics. Whether distribution exhibited normal characteristics was evaluated using calculated skewness values. Skewness values exceeding -1 or $+1$ were interpreted as asymmetric distribution. Absence of skewness in score distributions and a frequency distribution $< 20\%$ in floor and ceiling score values were adopted as criteria showing the content validity of the scale [5].

2.2.3. Reliability

Cronbach's alpha reliability coefficient was used to determine internal consistency [11]. A Cronbach's

Table 1
Sociodemographic statistics

Features	Total ($n = 168$) X (SD)
Age (years)	41.9 (14.9)
VAS	5.41 (2.56)
	n (%)
Educational status	
Illiterate	18 (10.07)
Primary school	61 (36.3)
High school	56 (33.3)
University and higher	33 (19.6)
College	13 (7.7)
Insurance status	
SSI	98 (58.3)
SSI retired	50 (28.8)
Green card	5 (3.0)
Private sigorta yok	3 (1.8)
No insurance	3 (1.8)
Other	9 (5.4)
Musculoskeletal pain part of body	
More than one area	11 (6.5)
Hand/wrist	6 (3.6)
Hip	2 (1.2)
Knee	30 (17.9)
Lower leg	3 (1.8)
Ankle	1 (0.6)
Toe	3 (1.8)
Fore	1 (0.6)
Arm	9 (5.4)
Shoulder	20 (11.9)
Neck	27 (16.1)
Back	3 (1.8)
Lowback	52 (31.0)

X: mean, SD: standard deviation, n: number, %: percentage, SSI: Social Insurance Institution.

alpha coefficient requirement of ≥ 0.70 was imposed [10]. The scale was applied twice to 22 participants at a two-week interval, and test-retest reliability was examined. Pearson's Product-Moments Correlation Analysis was used to determine the correlation between test-retest scores, while the interclass correlation coefficient (ICC) was used to compare mean test-retest scores. ICC was evaluated as perfect reliability ≥ 0.80 , moderate reliability = 0.60–0.79, and low reliability < 0.60 [12].

Structural validities were tested by comparison with the PSSPP using Spearman's correlation coefficient (ρ). Correlation coefficients were interpreted as follows: > 0.91 perfect; 0.90–0.71 good; 0.70–0.51 moderate; 0.50–0.31 weak; and < 0.3 as little or no correlation [13].

Content validity was evaluated based on an asymmetric effect in floor, ceiling, and content distribution [14]. It was hypothesized that there would be an asymmetric statistic rate between -1 and $+1$ and a floor and ceiling effect $< 20\%$.

Table 2
Distributions of 14 final items probing patient opinions about physical therapy and results of factor analysis

Items	X	SD	Factor			
			1	2	3	4
1. Simplicity of registration procedures	3.74	0.877			0.822	
2. The helpfulness and politeness of the secretary	3.96	0.864			0.746	
3. Ease of timing in making the first appointment	3.80	0.962			0.722	
4. The physiotherapist's ability to make you feel relaxed and safe	4.09	0.867	0.661			
5. Explanations concerning what would be done throughout treatment	3.89	0.916	0.783			
6. The quality of the information given to you at the end of treatment concerning the subsequent period	3.83	0.958	0.864			
7. The feeling of security you experienced throughout treatment	3.97	0.844	0.700			
8. Extent to which treatment was adapted to your problem	3.88	0.936	0.775			
9. Ease of reaching the Physiotherapy Unit	3.64	1.046				0.872
10. Adequacy of signs helping you to find your way around inside and around the hospital	3.51	1.003				0.741
11. The comfort of the room where physiotherapy was provided	3.46	1.049		0.807		
12. The calm and relaxing atmosphere in the physiotherapy rooms	3.58	1.041		0.826		
13. The physiotherapy service you received in general terms	3.99	0.897	0.535	0.533		
14. Would you recommend this department where you received the service to friends and family?	4.30	0.602		0.587		
Eigenvalue			7.097	1.329	1.139	1.007

X: mean, SD: standard deviation. 1–3: Admission subscale; 4–8: treatment subscale; 9, 10: Logistics subscale; 11–14: Global assessment subscale.

Table 3
Patient satisfaction scale and sub-dimension score distributions

	X (SD)	Floor %	Cell %	Values	Standard error
Admission subscale	76.66 (15.57)	–	–	–0.15	15.59
Treatment subscale	78.64 (15.38)	–	–	–0.50	15.39
Logistics subscale	71.43 (18.41)	–	–	–0.28	18.42
Global assessment subscale	76.67 (15.02)	–	–	–0.35	15.02

X: mean, SD: standard deviation. 1–3: Admission subscale; 4–8: Treatment subscale; 9, 10: Logistics subscale; 11–14: Global assessment subscale.

3. Results

3.1. Sociodemographic data

The study was performed with 163 subjects, comprising of 120 females and 43 males. According to the Test of Homogeneity of Variances, the significant value of all items was > 0.05 in the two groups (males and females). It was shown that participants were homogeneous. Sociodemographic data are shown in Table 1. The mean age of the participants was 41.9 ± 14.9 years, 36% were educated to primary level, and 10% were illiterate. A total of 58% had some form of National Social Security, and 3% had no health insurance. The most common musculoskeletal problems were in the lower back (53%), knee (30%), neck (27%) and shoulder (20%).

3.2. Validity analysis results

The KMO sampling adequacy index was 0.874 ($p < 0.0005$). In the factor analysis performed with the principal components method and varimax rotation, four

Table 4

Correlation between the Patient Satisfaction Scale in Physiotherapy and the Patient Satisfaction Scale for Physical Therapy Outpatient Clinics

	r	p
PSSP-PCCPTO	0.73**	< 0.0005

PSSP: Patient Satisfaction Scale in Physiotherapy; PCCPTO: Patient Satisfaction Scale for Physical Therapy Outpatient Clinics.

factors with Eigen values > 1 were obtained. These four factors explain 75.51% of total variation (Table 2).

Various differences were observed between the Turkish version and layering in the original version of the scale. The first 3 items referred to the patient acceptance dimension, in agreement with the original version of the scale. Items 4, 5, 6, 7 and 8 concerned the treatment dimension, in agreement with the original version. The 9th and 10th items are in the accessibility dimension, while the 11th, 12th, 13th and 14th items are in the general satisfaction dimensions (Table 2). The skewness values of the total and subscale scores were between 0 and -1 . No floor or ceiling scores were determined in any case (Table 3). In the concurrent validity analysis, a highly significant correlation was de-

Table 5
Item analysis for mean and Cronbach's alpha

Items	X	SD	Cronbach's alpha, deleted items	Cronbach's alpha
1. Simplicity of registration procedures	3.74	0.877	0.917	
2. The helpfulness and politeness of the secretary	3.96	0.864	0.915	0.829
3. Ease of timing in making the first appointment	3.80	0.962	0.917	
4. The physiotherapist's ability to make you feel relaxed and safe	4.09	0.867	0.916	
5. Explanations concerning what would be done throughout treatment	3.89	0.916	0.914	
6. The quality of the information given to you at the end of treatment concerning the subsequent period	3.83	0.958	0.914	0.904
7. The feeling of security you experienced throughout treatment	3.97	0.844	0.913	
8. Extent to which treatment was adapted to your problem	3.88	0.936	0.913	
9. Ease of reaching the physiotherapy unit	3.64	1.046	0.920	
10. Adequacy of signs helping you to find your way around inside and around the hospital	3.51	1.003	0.920	0.762
11. The comfort of the room where physiotherapy was provided	3.46	1.049	0.914	
12. The calm and relaxing atmosphere in the physiotherapy rooms	3.58	1.041	0.919	0.827
13. The physiotherapy service you received in general terms	3.99	0.899	0.913	
14. Would you recommend this department where you received the service to friends and family?	4.30	0.662	0.920	

X: mean, SD: standard deviation. 1–3: Admission subscale; 4–8: Treatment subscale; 9, 10: Logistics subscale; 11–14: Global assessment subscale.

Table 6
Test-retest reliability for items of the scale

Items pairs	n	ICC	p	Cronbach's alpha
1–1	22	0.677	< 0.0005	0.807
2–2	22	0.556	< 0.0005	0.714
3–3	22	0.609	< 0.0005	0.757
4–4	22	0.656	< 0.0005	0.792
5–5	22	0.635	< 0.0005	0.776
6–6	22	0.737	< 0.0005	0.848
7–7	22	0.614	< 0.0005	0.761
8–8	22	0.626	< 0.0005	0.770
9–9	22	0.628	< 0.0005	0.771
10–10	22	0.852	< 0.0005	0.920
11–11	22	0.209	< 0.0005	0.345
12–12	22	0.526	< 0.0005	0.689
13–13	22	0.468	< 0.0005	0.638
14–14	22	0.220	< 0.0005	0.361

n: number.

terminated between the PCCPFO developed by Tüzün et al. and total scale scores (Table 4).

3.3. Reliability analysis

Since the Cronbach's alpha reliability coefficient of the 14-item scale of 0.922 showed high reliability, no items were removed. Internal consistence in the sub-dimensions ranged between 0.762 and 0.904 (Table 5).

4. Discussion

The study results showed that the Turkish language version of the PSSP with 14 items involving quality of

treatment, admission, logistics and general satisfaction is valid, reliable and simple to administer.

The reliability analysis revealed that the Cronbach's alpha coefficient of the scale is highly reliable. The reliability coefficients in the subscales and all items being perfect also showed that the scale is perfectly reliable. No items were removed in that context. Test-retest reliability analysis revealed intraclass reliability coefficients < 0.60 in items 2, 11, 12, 13 and 14. A decrease in pain severity in the 2-week period revealed a change representing increased patient satisfaction in responses to items 2, 11, 12 and 13. While there is no consensus in literature, the scale has been reported to be effective in the evaluation of pain-related satisfaction [15,16]. The fact that the test-retest reliability of the original form of the scale was not investigated was described as a limitation of that study [7]. The results in the original scale were similar to the results in the current study. The reason for the low level of intraclass correlation in item 14, 'Would you recommend this facility in which you received services to people close to you?' was that it did not fit the 5-point Likert type of assessment of this item. It would be more appropriate to use the "Yes, Partially, No" assessment.

While the scale is valid and reliable according to these results, a number of changes are recommended. Item 11, 'Comfort in the physiotherapy room', was identified as insufficiently explanatory. We recommend that this item be expanded to read, 'Comfort in the physiotherapy room (room temperature, lighting, toilets, lockers, clothing etc.)'. In addition, an amendment

was made in sub-dimensions in terms of integrity of Turkish language meaning and factor load distributions to adapt the scale to Turkish. In that context, since items 11 and 12 were not included in the scope of the accessibility dimension, they were placed in the general satisfaction dimension. All other items were compatible with the original version of the scale and their dimensions were not changed.

The fact that the scale exhibited positive correlation with the PCCPTO revealed that the scale could be easily applied with fewer items. It may be regarded as a practicable scale since it contains fewer items than the PCCPTO and can investigate both in- and outpatient satisfaction. However, PCCPTO includes cleanliness and doctor communication dimensions. The absence of these dimensions is a limitation of the PSSP. Furthermore, because the scale was developed at a single hospital, confirmation of its relevance elsewhere would be useful.

The PSSP is a valid and reliable scale, that is easy to apply and effective. It can be predicted that the use of this scale will be effective in determining needs and outcomes. The scale can be recommended to serve as a guide for studies of different populations examining factors that impact on patient satisfaction in physiotherapy. Measurements of patient satisfaction can be used to evaluate the success of delivering information, and to predict patient re-attendance and compliance with treatment, which is particularly relevant in the management of musculoskeletal problems. In this context, the effectiveness of the service presented in this study can be measured by feedback from patients with musculoskeletal pain, the measurement results reported with patient data can be recorded and their use will become increasingly common.

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Conflict of interest

None to report.

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Appendix

Turkish Version of PSSP

1. Kayıt işlemlerinin kolaylığı

- | | | | |
|-----|---|---|-----|
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