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Original Research Article

Client Perceptions of the Quality of the Occupational Health Physiotherapy Service

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Abstract

Background: Occupational health physiotherapy supports workforce resilience and return-to-work outcomes. Evaluating client perceptions of service quality offers critical insight into therapeutic alliance and client focussed care. This project evaluated client perceptions of the quality of an occupational health physiotherapy service to identify key strengths and areas for improvement. ***Methods:*** Over six months, clients attending the service completed the validated SERVQUAL questionnaire at discharge. The survey evaluated five core dimensions: tangibles, reliability, responsiveness, assurance, and empathy. The attending physiotherapist captured demographic, work, and health data. Descriptive statistics summarised client characteristics, importance ratings, and satisfaction across job roles. ***Results:*** Fifty-five questionnaires were analysed (mean age: 43.2 years; 80% female). Most clients were actively working (89.1%), presenting primarily with spinal conditions (47.3%). Medical and clinical staff comprised the largest user group (61.8%). Responsiveness (94.5%) and empathy (92.7%) were rated highest in importance, followed by reliability (90.1%), assurance (89.1%), and tangibles (69.1%). Service quality scores was highest in interpersonal dimensions, with administrative and support staff reporting near-unanimous positive evaluations. However, tangibles received the lowest service quality score and the most neutral responses. ***Conclusion:*** The service excels in relational care, empathy, and operational dependability, effectively fostering therapeutic trust and workforce retention. To align the physical clinical environment with its high standard of clinical excellence, targeted investment in upgrading clinic facilities and equipment (i.e., tangibles) is recommended.

Keywords: Client, Perceptions, Quality, Physiotherapy, Occupational Health.

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INTRODUCTION

Occupational health physiotherapy plays a critical role in maintaining workforce health, reducing sickness absence, and promoting early, sustainable return-to-work outcomes [1]. While objective metrics such as return-to-work rates and functional capacity improvements traditionally evaluate service performance, understanding client perceptions of service quality is increasingly recognised as vital for driving client focussed care. Measuring how employees experience occupational health physiotherapy services provides invaluable insight into therapeutic alliance, service accessibility, and overall intervention efficacy. Quality in healthcare is multifaceted, encompassing clinical competence, communication clarity, environmental factors, and the degree to which care aligns with client expectations [2]. In occupational health settings, the client experience is further nuanced by the intersection of employer expectations, workplace culture, and healthcare provision. Previous literature highlights that positive client perceptions directly correlate with higher engagement in rehabilitation programmes, superior self-management adherence, and improved overall satisfaction [3]. However, investigations into how clients evaluate quality within a specialised occupational health physiotherapy service remains under-researched, particularly regarding the balance between clinical interventions and operational performance. This project, therefore, explores client perceptions of service quality within an established occupational health physiotherapy service. By evaluating key dimensions of the client experience, this project aims to identify both strengths and areas for service improvement.

METHODS

Data were collected over a period of six-months, at an occupational health service based within a North London National Health Service Foundation Trust

in the United Kingdom. This Trust is one of the main healthcare providers within the North London borough of England. It employs approximately 21,000 staff members who are eligible to access the occupational health service for work-related or work-impacting health conditions. An OPAS-G2 database was used to identify and select employees that attended the occupational health physiotherapy service within the data collection period. The Service Quality Questionnaire (SERQUAL) was used as the data collection tool and it is both a valid and reliable tool to measure client service quality by comparing what people expect to what they actually experience [4]. It has five different dimensions that represent the spectrum of service quality, namely: tangibles, reliability, responsiveness, assurance, and empathy. Tangibles means the physical facilities, equipment, staff appearance, and digital presence; reliability means performing the promised service dependably and accurately; responsiveness means performing the promised service dependably and accurately; assurance means the knowledge, courtesy, and trustworthiness of employees; and empathy refers to the caring, individualised attention given to clients [5]. The questionnaire was piloted prior to the implementation of the project. Clients were handed a questionnaire at discharge and asked to complete and return it immediately in a sealed envelope. The attending physiotherapist completed the demographic and work and health data. The number of clients who chose not to participate was recorded and used in conjunction with the completed questionnaire numbers to calculate the response rate. The stated reason for not participating was not recorded. Demographic data such as age, gender, work status and musculoskeletal health condition was captured on a spreadsheet. In order to explore how important different dimensions of occupational health physiotherapy service quality (i.e., tangibles, reliability, responsiveness, assurance, and empathy) were to clients, we asked the following question using a 5-point Likert scale: What dimensions of service quality are important to you in relation to the occupational health physiotherapy service? Descriptive statistics were used to summarise the demographic characteristics of clients. To evaluate how important clients considered each of the five components of care, we calculated the frequency values and percentages to assess the spread of importance ratings across the five dimensions of service quality. We dichotomised responses on the 5-point Likert scale by pooling 'strongly agree' and 'agree' into 'excellent'; 'neutral' into 'good'; and 'strongly disagree' and 'disagree' into 'not good' in order to classify the dimensions of service quality. This project was classified as a service improvement initiative and therefore ethical approval was not required [6].

RESULTS

Characteristics of clients

In total, 55 SERQUAL questionnaires were received over a period of 6-months and analysed. The demographics characteristics of clients are depicted in Table 1. The mean age of the clients were 43.2 years, and the mean years of employment was 13.1 years. More females (80%) presented with musculoskeletal health conditions than males (20%). The most common site of pain/injury was spinal (47.3%) and the least reported site were the upper limbs (20%). Of those attending the occupational health service for musculoskeletal health conditions, more were at work (89.1%) compared to being off work due to pain/injury (10.9%). The client group with the highest attendance were medical and clinical (61.8%) and the lowest attendance was the clinical support group (10.9%).

Dimensions of service quality sought when presenting to the occupational health service

The distribution of responses to the Likert scale items that rated the importance of the five dimensions of service quality for the occupational health physiotherapy service are shown in Table 2. The dimensions of service quality rated in order of highest to lowest in importance by clients were responsiveness (94.5%), empathy (92.7%), reliability (90.1%), assurance (89.1%) and tangibles (69.1%).

Classification of staff groups with the occupational health physiotherapy service

The sample comprised predominantly medical and clinical staff (61.8%, n=34), followed by administration and operational management (27.3%, n=15), and clinical support staff (10.9%, n=6). Clinical support staff reported 100% positive evaluations (i.e., excellent) across reliability, responsiveness, assurance, and empathy, and 83.3% for tangibles. Administration and operational management reported 100% positive evaluations (i.e., excellent) in responsiveness and empathy, with high satisfaction in reliability (93.3%) and assurance (86.7%). Medical and clinical staff reported uniquely identified subtle opportunities for service improvement, accounting for the small fraction of negative responses (8.8%) across all five dimensions.

Table 1: Demographic characteristics

Variables	N	%
All clients	55	100
Gender		
Female	44	80
Male	11	20
Work status		

At work	49	89.1
Not at work	6	10.9
Musculoskeletal health condition		
Spinal	26	47.3
Upper limb	11	20
Lower limb	18	32.7
Client Group		
Medical and clinical	34	61.8
Clinical support	6	10.9
Administration and operational management	15	27.3
Other (please specify)	0	0

Table 2: Service quality dimensions

Dimension	Description	SD	D	N	A	SA
Tangibles	Visually appealing physical facilities, up-to-date equipment and neat appearance of occupational health physiotherapist	1	3	13	25	13
Reliability	Able to provide an occupational health physiotherapy service that is dependable and accurate	3	0	2	10	40
Responsiveness	Willingness of occupational health physiotherapist to help staff and provide a prompt service	3	0	0	13	39
Assurance	Knowledge and courtesy of occupational health physiotherapist and their ability to inspire trust and confidence	3	0	3	12	37
Empathy	Caring, individualised attention the occupational health physiotherapy service provides to staff	3	0	1	13	38

Key: SD=Strongly disagree, D=Disagree, N=Neutral, A=Agree, SA=Strongly agree

Table 3: Client perspectives on service quality dimensions

Dimension	Client group	Likert Scale		
		Excellent	Good	Not good
Tangibles	Administration and operational management	11/15, 73.3%	3/15, 20%	1/15, 6.7%
	Clinical support	5/6, 83.3%	1/6, 16.7%	0/6, 0%
	Medical and clinical	22/34, 64.7%	9/34, 26.5%	3/34, 8.8%
Reliability	Administration and operational management	14/15, 93.3%	1/15, 6.7%	0/15, 0%
	Clinical support	6/6, 100%	0/6, 0%	0/6, 0%
	Medical and clinical	30/34, 88.2%	1/34, 3%	3/34, 8.8%
Responsiveness	Administration and operational management	15/15, 100%	0/15, 0%	0/15, 0%
	Clinical support	6/6, 100%	0/6, 0%	0/6, 0%
	Medical and clinical	31/34, 91.2%	0/34, 0%	3/34, 8.8%
Assurance	Administration and operational management	13/15, 86.7%	2/15, 13.3%	0/15, 0%
	Clinical support	6/6, 100%	0/6, 0%	0/6, 0%
	Medical and clinical	30/34, 88.2%	1/34, 3%	3/34, 8.8%
Empathy	Administration and operational management	15/15, 100%	0/15, 0%	0/15, 0%
	Clinical support	6/6, 100%	0/6, 0%	0/6, 0%
	Medical and clinical	30/34, 88.2%	1/34, 3%	3/34, 8.8%

DISCUSSION

This project evaluated client perceptions of the quality of the occupational health physiotherapy service using the established SERVQUAL dimensions: tangibles, reliability, responsiveness, assurance, and empathy. The findings of this project provide critical insights into how clients evaluate the quality of an occupational health physiotherapy service across the five SERVQUAL dimensions. Rather than evaluating care solely on clinical outcomes, service users heavily weight their perceptions on relational dynamics and operational efficiency [7]. Overall, the findings indicate a high perception of client reported quality across the service, with exceptionally strong performance in the relational and interpersonal dimensions (i.e., responsiveness, empathy, assurance, and reliability) and relative room for improvement in the physical environment and equipment attributes (i.e., tangibles).

The dominant strength of the service lies in its interpersonal and operational process dimensions, specifically responsiveness, empathy, reliability, and assurance. The remarkably high agreement across responsiveness and empathy indicates that the occupational health physiotherapists successfully establish a strong therapeutic alliance, providing client

focused and individualised care. In the context of occupational health physiotherapy, where clients often navigate work-related musculoskeletal injury and pain, an empathetic approach is fundamental to fostering trust and compliance with rehabilitation protocols [8]. Similarly, high performance in reliability and assurance suggests that clients perceive the service as clinically accurate, dependable, and authoritative. Timely functional assessments and clear communication regarding return-to-work capabilities are essential for managing workplace injury risks and supporting clients remain at work, as evidenced by the high satisfaction among the large proportion of clients who remained actively working while symptomatic.

Conversely, the physical environment and equipment (i.e., tangibles) emerged as the primary area where service expectations were not fully met. While a majority held positive views, tangibles exhibited the lowest overall satisfaction and the highest rate of neutral responses. This discrepancy suggests that while clinical competency and practitioner demeanour can buffer against minor facility shortcomings, modern healthcare consumers still expect state-of-the-art therapeutic equipment, and spacious treatment areas, and contemporary clinical surroundings. In occupational settings, where physiotherapists frequently advise clients on workplace ergonomics and physical environment optimisation, a lack of modern facility infrastructure within the occupational health clinic itself can create a perceptual disconnect for clients [9].

Across all job roles evaluated, the occupational health physiotherapy service demonstrated strong overall performance, with administrative, operational, and clinical support groups reporting near-unanimous satisfaction across every dimension of service quality. This widespread positive response highlights the service's adaptability in meeting the diverse health and safety needs of the broader workforce. Among medical and clinical staff, the high rate of service uptake and detailed client feedback reflect strong engagement from employees navigating physically demanding, shift-based healthcare environments. This active involvement offers a valuable framework for the service to continually refine its care pathways, ensuring treatment plans and return-to-work strategies align directly with the specific physical loads and operational rhythms of direct care environments.

Finally, the distribution of musculoskeletal health conditions in this project, predominantly spinal and lower limb, aligns with broader epidemiological data on work-related disorders [10]. The high level of perceived dependability across these complex conditions demonstrates that the service effectively supports staff retention and work capability. Overall, while the human and relational components of service quality are performing at an exemplary level, strategic investment in upgrading physical facilities will be necessary to achieve consistent service excellence across all client demographics.

CONCLUSION

This project confirms that the occupational health physiotherapy service plays a vital, highly valued role in supporting client health, work retention, and injury recovery. The service excels in its core therapeutic functions, driven by strong practitioner empathy, rapid responsiveness, and reliable clinical execution that ensures widespread trust across all occupational groups. While the therapeutic relationship represents a resounding strength, strategic investment in facility infrastructure will align the physical environment with the high standard of clinical care provided.

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