**Supplementary Table S1.** Search strategy applied to different database.

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| **DATABASE** | **SEARCH STRATEGY** |
| **MEDLINE**  **(VIA PUBMED)** | ("Patient Satisfaction"[Mesh][[13](#_ENREF_13)] OR “patient satisfaction” OR "Consumer Behavior"[Mesh] OR “consumer satisfaction” OR “client satisfaction” OR “patient experience” OR “client experience”) AND (“physiotherapy” OR “physical therapy” OR "Physical Therapy Modalities"[Mesh] OR "Musculoskeletal Manipulations"[Mesh] OR “allied health” OR “outpatient”) |
| **LIMITS:** English, humans, full text |
| **CINAHL** | (“patient satisfaction” OR “consumer satisfaction” OR “client satisfaction” OR “patient experience” OR “client experience” OR “customer experience” OR “consumer experience” OR “patient behavior” OR “client behavior” OR “consumer behaviour” OR “customer behavior” ) AND (“physiotherapy” OR “physical therapy” OR “physical therapy modality” OR “physical therapy modalities” OR “physical therapy technique" OR “physical therapy techniques” OR “musculoskeletal manipulations" OR “manual therapy” OR “manual therapies” OR “manipulation therapy” OR “manipulation therapies” OR “manipulative therapy” OR “manipulative therapies” OR “allied health” OR “outpatient”) |
| **LIMITS:** English, humans, full text |
| **SCOPUS** | TITLE-ABS-KEY(("patient satisfaction" OR "consumer satisfaction" OR "client satisfaction" OR "patient experience" OR "client experience" OR "customer experience" OR "consumer experience" OR "patient behavior" OR "client behavior" OR "consumer behaviour" OR "customer behavior" ) AND ("physiotherapy" OR "physical therapy" OR "physical therapy modality" OR "physical therapy technique" OR "musculoskeletal manipulations" OR "manual therapy" OR "manipulation therapy" OR “manipulative therapy” OR "allied health" OR "outpatient")) AND ( LIMIT-TO(DOCTYPE,"ar" ) ) AND ( LIMIT-TO(LANGUAGE,"English" ) ) AND ( LIMIT-TO(SRCTYPE,"j" ) ) AND ( LIMIT-TO(SUBJAREA,"HEAL" ) ) |
| **LIMITS:** English, type of document (article), area (professional health), source (documents from journal sources) |
| **Web of science**  **(core collection)** | (“patient satisfaction” OR “consumer satisfaction” OR “client satisfaction” OR “patient experience” OR “client experience” OR “customer experience” OR “consumer experience” OR “patient behavior” OR “client behavior” OR “consumer behaviour” OR “customer behavior” ) AND (“physiotherapy” OR “physical therapy” OR “physical therapy modality” OR “physical therapy modalities” OR “physical therapy technique" OR “physical therapy techniques” OR “musculoskeletal manipulations" OR “manual therapy” OR “manual therapies” OR “manipulation therapy” OR “manipulation therapies” OR “manipulative therapy” OR “manipulative therapies” OR “allied health” OR “outpatient”) |
| **LIMITS:** English, type of document (article) |
| **Wiley Online library** | (“patient satisfaction” OR “consumer satisfaction” OR “client satisfaction” OR “patient experience” OR “client experience” OR “customer experience” OR “consumer experience” OR “patient behavior” OR “client behavior” OR “consumer behaviour” OR “customer behavior” ) AND (“physiotherapy” OR “physical therapy” OR “physical therapy modality” OR “physical therapy technique" OR “musculoskeletal manipulations" OR “manual therapy” OR “manipulation therapy” OR “manipulative therapy” OR “allied health” OR “outpatient”) |
| **LIMITS:** type of source (journal), entry terms present in abstract |
| **EMBASE** | (‘patient satisfaction’/exp OR ‘patient satisfaction’ OR ‘consumer experience’/exp OR ‘consumer satisfaction’ OR ‘client satisfaction’ OR ‘patient experience’/exp OR ‘patient experience’ OR ‘client experience’ OR ‘customer experience’ OR ‘consumer experience’ OR ‘patient behavior’/exp OR ‘patient behavior’ OR ‘client behavior’ OR ‘consumer behavior’/exp OR ‘consumer behavior’ OR ‘customer behavior’ ) AND (‘physiotherapy’/exp OR ‘physiotherapy’ OR ‘physical therapy’/exp OR ‘physical therapy’ OR ‘physical therapy modality’ OR ‘physical therapy modalities’/exp OR ‘physical therapy modalities’ OR ‘physical therapy technique’ OR ‘physical therapy techniques’/exp OR ‘physical therapy techniques’ OR ‘musculoskeletal manipulations’/exp OR ‘musculoskeletal manipulations’ OR ‘manual therapy’/exp OR ‘manual therapy’ OR ‘manual therapies’ OR ‘manipulation therapy’/exp OR ‘manipulation therapy’ OR ‘manipulation therapies’ OR ‘manipulative therapy’/exp OR ‘manipulative therapy’ OR ‘manipulative therapies’ OR ‘allied health’ OR ‘outpatient’/exp OR ‘’outpatient’ |
| **LIMITS:** English, type of document (primary studies), human subjects |

**Supplementary Table S2.** Excluded studies with reasons

|  |  |
| --- | --- |
| **Studies** | **Reasons for exclusion** |
| Abtahi AM, Presson AP, Zhang Z, Saltzman CL, Tyser AR. Association Between Orthopaedic Outpatient Satisfaction and Non-Modifiable Patient Factors. J Bone Joint Surg Am. 2015;97(13):1041-8. | Quantitative method |
| Beattie P, Dowda M, Turner C, Michener L, Nelson R. Longitudinal continuity of care is associated with high patient satisfaction with physical therapy. Phys Ther. 2005;85(10):1046-52. | Quantitative method |
| Beattie PF, Nleson RM, Heintzelman M. The relationship between patient satisfaction with physical therapy care and global rating of change reported by patients receiving worker's compensation. Physiother Theory Pract. 2011;27(4):310-8. | Quantitative method |
| Berghofer G, Lang A, Henkel H, Schmidl F, Rudas S. Satisfaction of inpatients and outpatients with staff, environment and other patients. Psychiatr Serv. 2001;52(1):104-6. | Inpatient setting |
| Byrne NM, Hardy L. Community physiotherapy for children with cystic fibrosis: A family satisfaction survey. J Cyst Fibros. 2005;4(2):123-7. | Quantitative method; specific diagnosis (cystic fibrosis) |
| Candy E, Haworth-Booth S, Knight-Davis M. Review of the Effectiveness of a Consultant physiotherapy led muscoloskeletal interface team. Musculoskeletal Care. 2016;14(3):185-91. | Quantitative method |
| Carlesso LC, MacDermid JC, Santaguida PL, Thabane L. A survey of patient's perceptions of what is adverse in manual physiotherapy and predicting who is likely to say so. J Clin Epidemiol. 2013;66(10):1184-91. | Quantitative method |
| Dennis D, Mullins R. Guillain-Barre syndrome patient's satisfaction with physiotherapy: A two-part observational study. Physiother Theory Pract. 2013;29(4):301-8. | Quantitative method; neurological disease (Guillain-Barré) |
| Diògenes TPM, Mendinca KMPP, Guerra RO. Dimension of satisfaction of older adult brazilian outpatients with physical therapy. Rev Bras Fisioter. 2009;13(4):301-7. | Quantitative method |
| Durant TL, Lord LJ, Domholdt E. Outpatient views on direct access to physical therapy in Indiana. Phys Ther. 1989;69(10):850-7. | Quantitative method |
| Evans RL, Maiers MJ, Bronfort G. What do the patients think? Results of a mixed method pilot study assessing sciatica patients’ interpretations of satisfaction and improvement. J Manipulative Physiol Ther. 2003;26(8):502-9. | No physiotherapy treatment (chiropractic) |
| Forsberg A, de Pedro-Cuesta J, Widén Holmqvist L. Use of healthcare, patient satisfaction and burden of care in Guillain-Barré syndrome. J Rehabil Med. 2006;38(4):230-6. | Quantitative method; neurological disease (Guillain-Barré) |
| French HP, Keogan F, Gilsenan C, Waldron L, O'Connell P. Measuring patient satisfaction with exercise therapy for knee osteoarthritis: evaluating the utility of the physiotherapy outpatient survey. Musculoskeletal Care. 2010;8(2):61-7. | Quantitative method; rheumatological/inflammatory disease (osteoarthritis) |
| Geberemichael SG, Metaferia GZ, Takele GM, Johnston JC. Patient satisfaction with outpatient neurology services: a momentum for improvement. J Neurol Sci. 2011;303(1-2):128-32. | Quantitative method; neurological disease (cerebral palsy; nerve root-cord compression disorders; extrapyramidal movement disorders) |
| Gemmell HA, Hayes BM. Patient satisfaction with chiropractic physicians in an independent physicians' association. J Manipulative Physiol Ther. 2001;24(9):556-9. | No physiotherapy treatment (chiropractic) |
| Greig A, Bainbridge L, Bedard-Gautrais C, Gris A, Kramer T, Mak M, St Martin J. An evaluation of patient-centred care elements that influence patient satisfaction in physiotherapy practice: a systematic review. Physiother. 2015;101(1):104. | Quantitative method |
| Grønhaug G, Hagfors J, Borch I, Østerås N, Hagen KB. Perceived quality of health care services among people with osteoarthritis – Results from a nationwide survey. Patient Prefer Adherence. 2015;9:1255-61. | Quantitative method; rheumatological/inflammatory disease (osteoarthritis) |
| Hills R, Kitchen S. Toward a theory of patient satisfaction with physiotherapy: exploring the concept of satisfaction. Physiother Theory Pract. 2007;23(5):243-54. | Quantitative method |
| Hills R, Kitchen S. Satisfaction with outpatient physiotherapy a survey comparing the views of patients with acute and chronic musculoskeletal conditions. Physiother Theory Pract. 2007;23(1):21-36. | Quantitative method |
| Hush JM, Kirsten Cameron K, Mackey M. Patient satisfaction with musculoskeletal physiotherapy care in Australia an international comparison. J Man Manip Ther. 2012;20(4):201-8. | Quantitative method |
| Hush JM, Lee H, Yung V, Adams R, Mackey M, Wand BM, Nelson R, Beattie P. Intercultural comparison of patient satisfaction with physiotherapy care in Australia and Korea an exploratory factor analysis. J Man Manip Ther. 2013;21(2):103-12. | Quantitative method |
| Juby AG, Skeith K, Davis P. Patients' awareness, utilization, and satisfaction with treatment modalities for the management of their osteoarthritis. Clin Rheumatol. 2005;24(5):535-8. | Quantitative method; rheumatological/inflammatory (osteoarthritis) |
| Keus SH, Bloem BR, Verbaan D, de Jonge PA, Hofman M, van Hilten BJ, Munneke M. Physiotherapy in Parkinson's disease: Utilisation and patient satisfaction. J Neurol. 2004;251(6):680-7. | Quantitative method; neurological disease (Parkinson's disease) |
| Kim KW, Cho KJ, Kim SW, Lee SH, An MH, Im JH. A nation-wide, outpatient-based survey on the pain, disability, and satisfaction of patients with osteoporotic vertebral compression fractures. Asian Spine J. 2013;7(4):301-7. | Quantitative method; specific diagnosis (osteoporotic vertebral compression fractures) |
| Knight PK, Cheng AN, Lee GM. Results of a survey of client satisfaction with outpatient physiotherapy care. Physiother Theory Pract. 2010;26(5):297-307. | Quantitative method |
| Ku JH, Danve A, Pang H, Choi D, Rosenbaum JT. Determinants of patient satisfaction in an academic rheumatology practice. J Clin Rheumatol. 2015;21(5):256-6. | Quantitative method; rheumatological/inflammatory diseases |
| Larsson MEH, Kreuter M. Is patient responsibility for managing musculoskeletal disorders related to self-reported better outcome of physiotherapy treatment. Physiother Theory Pract. 2010;26(5):308-17. | Quantitative method |
| Leininger BD, Evans R, Bronfort G. Exploring Patient Satisfaction: A Secondary Analysis of a Randomized Clinical Trial of Spinal Manipulation, Home Exercise, and Medication for Acute and Subacute. J Manipulative Physiol Ther. 2014;37(8):593-601. | Quantitative method |
| Licciardone J, Gamber R, Cardarelli K. Patient satisfaction and clinical outcomes associated with osteopathic manipulative treatment. J Am Osteopath Assoc. 2002;102(1):13-20. | No physiotherapy treatment (osteopathic) |
| McCarthy CJ, Oldham JA, Sephton R. . Expectations and satisfaction of patients with low back pain attending a multidisciplinary rehabilitation service. Physiother Res Int. 2005;10(1):23-31. | Quantitative method |
| McKinnon AL. Client Satisfaction with Physical Therapy Services does age make a difference. Physical and Occupational Therapy in Geriatrics. 2001;19(2):23-37. | Quantitative method |
| Medina-Mirapeix F, Jimeno-Serrano FJ, Escolar-Reina P, Del Baño-Aledo ME. Is patient satisfaction and perceived service quality with musculoskeletal rehabilitation determined by patient experiences. Clin Rehabil. 2013;27(6):555-64. | Quantitative method |
| Medina-Mirapeix F, Jimeno-Serrano FJ, Escolar-Reina P, Del Baño-Aledo ME, Montilla-Herrador J, Lomas\_Vega R, Franco-Sierra MA. Outpatients' perceptions of their experiences in musculoskeletal rehabilitation care. Eur J Phys Rehabil Med. 2012;48(3):475-82. | Quantitative method |
| Medina-Mirapeix F, Oliveira-Sousa SL, Sobral-Ferreira M, Montilla-Herrador J, Jimeno-Serrano FJ, Escolar-Reina P. What elements of the informational, management, and relational continuity are associated with patient satisfaction with rehabilitation care and global rating change. Arch Phys Med Rehabil. 2013;94(11):2248-54. | Quantitative method |
| Metcalfe CJ, Klaber Moffett JA. Do patients' expectations of physiotherapy affect treatment outcome Part 1 Baseline data International. International Journal Of Therapy & Rehabilitation. 2005;12(2):55-62. | Quantitative method |
| Miao EY. Perception of patients, physiotherapists and traditional Chinese medicine practitioners towards manual physiotherapy and Tuina (Chinese manipulative therapy) in Australia a qualitative. Zhong Xi Yi Jie He Xue Bao. 2011;9(7):737-45. | Comparison with other manual treatment (Tuina) |
| Monnin D, Perneger TV. Scale to measure patient satisfaction with physical therapy. Phys Ther. 2002 Jul;82(7):682-91. | Quantitative method |
| Normann B, Moe S, Salvesen R, Sørgaard KW. Patient satisfaction and perception of change following single physiotherapy consultations in a hospital's outpatient clinic for people with multiple sclerosis. Physiother Theory Pract. 2012;28(2):108-18. | Quantitative method; neurological disease (Multiple sclerosis) |
| Nyiendo J, Haas M, Goldberg B, Sexton G. Pain, disability, and satisfation outcomes and predictors of outcomes: A practice-based study of chronic low back pain patients attending primary care and chiropractic physicians. J Manipulative Physiol Ther. 2001;24(7):433-9. | No physiotherapy treatment (chiropractic) |
| Overmeer T, Boersma K. What Messages Do Patients Remember Relationships Among Patients' Perceptions of Physical Therapists' Messages, Patient Characteristics, Satisfaction, and Outcome. Phys Ther. 2016;96(3):275-83. | Quantitative method |
| Peersman W, Rooms T, Bracke N, Van Waelvelde H, De Maeseneer J, Cambier D. Patients’ priorities regarding outpatient physiotherapy care: a qualitative and quantitative study. Man Ther. 2013;18(2):155-64. | Mixed method without any differentiations of qualitative and quantitative analysis |
| Peiris CL, Taylor NF, Shield N. Patients value patient-therapist interactions more than the amount or content of therapy during inpatient rehabilitation: A qualitative study. J Physiother. 2012;58(4):261-8. | Inpatient setting |
| Rajendran D, Bright P, Bettles S, Carnes D, Mullinger B. What puts the adverse in 'adverse events' Patients' perceptions of post treatment experiences in osteopathy qualitative study using focus groups. Man Ther. 2012;17(4):305-11. | No physiotherapy treatment (osteopathic treatment) |
| Roberts L. Improving quality, service delivery and patient experience in a musculoskeletal service. Man Ther. 2013;18(1):77-82. | Quantitative method |
| Roush SE, Sonstroem RJ. Development of the Physical Therapy Outpatient Satisfaction Survey (PTOPS). Phys Ther. 1999;79(2):159-70. | Quantitative method |
| Roush SE. The satisfaction of patients with multiple sclerosis regarding services received from physical and occupational therapists. J Inter of Rehabilitation and Health. 1995;1(3):155-166. | Quantitative method; neurological disease (Multiple sclerosis) |
| Rowell RM, Polipnick J. A Pilot Mixed Methods Study of Patient Satisfaction With Chiropractic Care for Back Pain. J Manipulative Physiol Ther. 2008;31(8):602-10. | No physiotherapy treatment (chiropractic) |
| Schafer DS. Environmental-scanning behavior among private-practice physical therapy firms. Phys Ther. 1991;71(6):482-90. | Quantitative method |
| Scholte M, Calsbeek H, Nijhuis-van der Sanden MW, Braspenning J. Quality of physical therapy from a patient's perspective factor analysis on web-based survey data revealed three dimensions on patient experiences with physical therapy. BMC Health Serv Res. 2014; 18;14:266. | Quantitative method |
| Sephton R, Hough E, Roberts SA, Oldham J. Evaluation of a primary care musculoskeletal clinical assessment service a preliminary study. Physiotherapy. 2010;96(4):296-30. | Quantitative method |
| Silvis WL, Lakke SE, Stegeman P, Speijer BL, Vroomen PC, Coppes MH, Reneman MF, Soer R. Can patients with low back pain be satisfied with less than expected?. Spine (Phila Pa 1976). 2016 15;41(20):1606-1612. | Quantitative method |
| Smith DL. Does type of disability and participation in rehabilitation affect satisfaction of stroke survivors? Results from the 2013 Behavioral Risk Surveillance System (BRFSS). Disabil Health J. 2015;8(4):557-63. | Quantitative method; neurological disease (stroke) |
| Solomon DH, Bates DW, Horsky J, Burdick E, Schaffer JL, Katz JN. Development and validation of a patient satisfaction scale for musculoskeletal care. Arthritis Care Res. 1999;12(2):96-100. | Quantitative method |
| Stiller K, Cains G, Drury C. Evaluating inpatient satisfaction with a physiotherapy service: a rehabilitation centre survey. J Inter of Theory & Rehabilitation. 2009; 16(7):376-384. | Inpatient |
| Stiller K, Cains G, Drury C. Evaluating inpatient satisfaction with a physiotherapy service: A rehabilitation centre survey. Int J Ther Rehabil. 2016;96(3):275-83. | Inpatient setting |
| Vanti C, Pillastrini P, Monticone M, Ceron D, Bonetti F, Piccarreta R, Guccione A, Violante FS. The Italian version of the physical therapy patient satisfaction questionnaire - [PTPSQ-I(15)]: Psychometric properties in a sample of inpatients. BMC Musculoskeletal Disorders. 2014 23;15:135. | Inpatient setting |
| Wittmer M, Volpatti M, Piazzalonga S, Hoffmann A. Expectation, satisfaction, and predictors of dropout in cardiac rehabilitation. Eur J Prev Cardiol. 2012;19(5):1082-8. | Quantitative method; specific diagnosis (coronary heart disease, valvular heart disease) |
| Ytterberg C, Johansson S, Gottberg K, Holmqvist LW, von Koch L. Perceived needs and satisfaction with care in people with multiple sclerosis: A two-year prospective study. BMC Neurol. 2008 29;8:36. | Quantitative method; neurological disease (Multiple sclerosis) |

**Supplementary Table S3.** The meta-synthesis processes

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| EXAMPLESa OF ILLUSTRATIVE QUOTES | CODES | CATEGORIES | THEMES |
| * After physiotherapy some patients perceived that the outcome was to develop coping strategies. * Patients appreciated any effective therapy, which could help them to achieve the desired/expected outcomes. * Most participants considered complete recovery an important determinant of satisfaction, immediately or over time. [39] | Outcome, result of treatment, recovery | Result of treatment | CLINICAL OUTCOME |
| * Patients were satisfied by physiotherapist’s personal attitudes such as: friendliness and bedside manner; sensitivity to patients’ needs; friendliness and empathy. * Generally, respondents liked the physiotherapists’ friendly attitude, their ability to put people at ease, and their helpfulness. * The characteristic of empathy involved a range of skills, which allowed patients to feel they were being dealt with in a sympathetic and respectful way. Listening to the patients’ concerns and being understanding of their situation. [44] | Interpersonal manners, attitude, empathy, support, physiotherapist’s personality, personal and professional manner, professional behaviour, organisational ability, perception of the therapist | Attitude | PHYSIOTHERAPIST FEATURE |
| * Physiotherapists’ technical expertise impacted patients’ perceptions. * The impact was based on patients’ feeling about physiotherapists’ ability to provide good assessments and early functioning improvement. These feelings were reported based upon comparing outcomes or qualifications of knowledge among physiotherapists. [41] | Technical expertise, competence | Professionalism |
| * Most patients felt comfortable with therapist of the same gender but cared for with an expert by appertaining to the opposite gender was some time favoured over less experienced therapist of the same gender. [39] | Gender | Gender |
| * Patients with acute problems present different expectations encompassing: the lack of expectations about the outcome; the expectation of a specific recovery (e.g. full, good, not complete recovery); the expectation of a specific treatment modality (e.g. manual treatment); the expectation of a painful treatment. * Patients with chronic problems expect symptomatic relief, specific treatment modality, and resolution of the problem “cure”, expect no treatment to help. * Subjects with positive expectations of being helped tended to report a positive outcome to the encounter if the treatment met or exceeded their expectations. [42] | Patient’s wishes, expectation about physiotherapy, treatment, recovery | Patient expectation | PATIENT FEATURE |
| * Patients were given appreciative explanations about their problem and what improvements they were likely to make with treatment. * Patients in the acute group needed reassurance, hence by the time they came for treatment, their fracture had healed. An explanation that there is no danger in moving the limb will reduce apprehension and facilitate more effective treatment. * Devising home exercise regimens that incorporate functional activities rather than those which may appear divorced from everyday life is a way of improving compliance and ensuring continuous improvement. [43] | Interpersonal skills, communication, explanation, information sharing | Communication | PHYSIOTHERAPIST/  PATIENT RELATIONSHIP |
| * Listening, understanding and getting to know the patient and allowing the patient to explain their problem and to question the physiotherapist were recurrently cited in relation to this dimension. [40] | Partnership with a practitioner, engagement with the health care process, individual care, trust, relatedness, relationship with the therapist, knowledge of patients’ disability experience | Partnership of care |
| * All patients reported a strong motivation to understand and explain their situation and to be given educational materials and resources. * They reported that explanations should be accurate, understandable and free of jargon; they agreed that this facilitated positive therapeutic experiences. [48] | Patient education, teaching, therapist’s role in providing information | Education | TREATMENT FEATURE |
| * Patients were satisfied by different elements of the treatment process such as: the clinic waiting time, the patient awareness of clinic efficiency as a factor influencing waiting times and the clinical contact time. Patient awareness of time spent within clinic was also acknowledged by front desk reception staff. [49] | Organization, time, consistency of care, value for money, convenience, accessibility, organizational environment, organization of care, service provision, duration of attendance, interruptions, patient safety, management continuity, informational continuity, consistency of team, clinical contact time, clinic waiting time, treatment process, relational continuity, informational continuity, management continuity | Organization of care |
| * Participants liked or wanted both treatment and the delivery of treatment to be individualised. * Patients who felt that their exercises made sense to them and were well explained also felt that their individual needs were addressed, in contrast to those who felt that their exercises did not make sense or did not push them hard enough. * Patients described the type of exercise as affecting compliance, only doing the exercises that fitted in with their lifestyle, suggesting the physiotherapists need to take this into account when prescribing exercise for chronic low back pain patients. * Many placed importance on a thorough assessment, feeling that it enabled their treatment to better relate to their needs and emphasizing the importance that patients seem to place on this aspect of physiotherapy. [40] | Diagnostic and treatment expertise, individual treatment, content of treatment, flexibility in adapting care to functional change or needs | Typology |
| * Patients’ needs to be listened to and involved in the treatment; so that it is seen as a consultive, rather than a prescriptive, process. [44] | Participation in decision making, involvement in the process, consultive process, involvement in achieving patient’s collaboration | Decision-making |
| * Patients felt low visual privacy to move from one room to another and when they were attended by therapists or performed exercise in a large room that was used by other people. * They feel high service quality when having private rooms whenever they needed to change clothes for receiving therapy. [46] | Standard of premises, facility design, ambient condition | Physical environment | HEALTH CARE SETTING FEATURE |
| * Positive influence on the quality of the environment when the patients were supportive of each other in their efforts to improve health status. When this happened, they rated the environment as motivational (mutual help, similar stories and disability). [46] | Social factors | Social context |

a quotes have been selected, extracted directly from the original manuscript and reported in the table as examples; the full table of the meta-synthesis process is available from authors

**Supplementary Table S4.** Synopsis of the audit trail

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| NOTE FOR THE AUDITOR (according to 37, 38)   * The audit trail is a documentation of the process of data gathering and analysis. It encompasses a description of the decisions during planned and during realized data gathering actions, and a description of the decisions during planned and during realized data analyses actions. * All experts take part in the meeting sessions. * During regular meetings, the overall research group discussed methodological choices, data analysis, procedures and interpretations by using a “think aloud” strategy thus negotiating and resolving any discrepancy by a consensus process. | | | |
| MEETING | **AIM** | **PROCEDURES PERFORMED** | **OUTPUT** |
| N° 1 | Plan the research question | * Formulation of the research problem; * Formulation of the rational of the study; * Formulation of the purpose of the study; * Program of time and labour; * Reflection about the possible clinical impact of the study; | * Definition of a research question about patient satisfaction in outpatient musculoskeletal physiotherapy; |
| N° 2 | Plan the eligibility criteria | * Formulation of the parameters for the research; * Formulation of topical parameters; * Formulation of population parameters; * Formulation of temporal parameters; * Formulation of methodological parameters; | * Definition of the inclusion criteria; * Definition of the exclusion criteria; * Identification of two independent reviewers (TL, SG); |
| N° 3 | Plan the search strategy | * Formulation of the keywords and free terms; * Formulation of the search strings; * Formulation of the electronic databases; * Formulation of the berry-picking strategies; * Formulation of the research limits; | * Definition of the final keywords and search strings; * Definition of the final electronic database and berry-picking strategies; * Definition of the final research limits; * Identification of two independent reviewers (TL, SG); |
| N° 4 | Plan the quality appraisal evaluation process | * Reflection about the need of quality appraisal; * Evaluation of the existed quality appraisal tools; * Research and formulation of the quality appraisal score for the studies; | * Definition of the quality appraisal tool to use; * Definition of the quality appraisal score to adopt; * Identification of two independent reviewers (GR, SJ); |
| N°5 | Plan the extraction data and study classification process | * Research of the existed extracted data system; * Research of the existed classification system for qualitative studies; | * Definition of the final extracted data system; * Definition of the final study classification system; * Identification of two independent reviewers (DR, MT); |
| N°6 | Plan of the analysis and synthesis process | * Reflection about the management of findings during the following phases: extraction and separation, editing, grouping, abstraction; * Reflection about the creation system of codes, categories and themes; * Reflection about the system useful to analyse the findings; * Research about the calculation of the intra-study and inter-study effect size; | * Definition of the final meta-summary and meta-synthesis process * Identification of three independent reviewers (TL, GR, AP); |
| N° 7 | Review the outcomes of the eligibility process | * Debate about the inclusion of specific studies emerged from the search; * Debate about the exclusion of specific studies emerged from the search; | * Decision about the final studies to be included and excluded |
| N° 8 | Review the outcomes of the quality appraisal process | * Debate about the specific item score of included studies; * Debate about the overall score of included studies; | * Decision about the final quality appraisal scores of the included studies; |
| N°9 | Review the outcomes of the extraction data and study classification process | * Debate about the extracted data of specific included studies; * Debate about the classification of specific included studies; | * Decision about the final extracted data and classification of the included studies; |
| N°10 | Review the outcomes of analysis and synthesis process | * Debate about the management of findings emerged from included studies during the following phases: extraction and separation, editing, grouping, abstraction; * Debate about the created codes, categories and themes emerged from the included studies; * Debate about the calculated the intra-study and inter-study effect size; | * Decision about the final outcomes of meta-summary and meta-synthesis; |