

Full Length Research Paper

Perceived Readiness to Practice among Pre-Clinical and Clinical Undergraduates of Physiotherapy Department in University of Nigeria, Enugu-Campus

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Physiotherapy undergraduates undergo a rigorous training process which predisposes them to stress. One's ability to cope with the stress and acquire the necessary knowledge and skills that accrue to confidence and competence in practice is expected to develop while in school. However, level of study and exposure could influence the readiness to go into professional practice. This study aims to determine the perceived readiness to practice (PRTP) among pre-clinical and clinical undergraduates of physiotherapy department in University of Nigeria, Enugu Campus. A cross-sectional descriptive survey design involving 296 undergraduates of University of Nigeria, Enugu Campus (UNEC). The responses were collected using a modified questionnaire with likert scale (5 point scale item) adapted from a study. The 33 item questionnaire was developed for the purpose of this study. The three constructs assessed were (i) awareness/ readiness, (ii) learning and skills acquired and (iii) Scope of the profession / practice. Data obtained were analyzed using frequency distributions, percentages and Chi-square test at $\alpha = 0.05$. Age was found to have greater association with learning and skills acquired ($p < 0.05$). Level of study was found to be associated ($p < 0.05$) with readiness to practice, learning and skills acquired and scope of the profession. However gender had the least association with the constructs. The greater proportion of clinical students expressed more preparedness to practice based on their knowledge, clinical skills and level of exposure/experience. Although clinical students appeared to be more ready to practice, their preclinical counterpart expressed nearly identical opinion. Age and level of study are important determinants of PRTP.

Keywords: Perceived Readiness to Practice, Pre-Clinical students, Clinical students, Physiotherapy

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INTRODUCTION

Physiotherapy is a healthcare profession that assesses, diagnoses, treats, and works to prevent disease and disability through physical means (Australian Physiotherapy Association, 2016). Physiotherapists help people affected by injury, illness or disability through movement and exercise, manual therapy, education and advice. They maintain health for people of all ages, helping patients to manage pain and prevent disease (Chartered Society of Physiotherapy, 2013). Branches include Musculoskeletal, Cardio-Thoracic, Neurological, Women's health, Sports, Pediatric Physiotherapy etc. (Tharu, 2013).

The design of the physiotherapy undergraduate curriculum is to provide undergraduate students with a strong foundation on the basic sciences, appropriate physiotherapy-specific skills, and techniques, as well as developing critical thinking and the necessary generic skills needed in clinical practice. Its obligation is to prepare students for the workplace, which is practical, socially interactive and contextually varied (Talberg, 2014). Upon graduation, these beginning practitioners are expected to transit into the work environment quickly, and be capable of providing safe care for patients with complex care needs (Klein, 2006).

Nevertheless, the delivery of academic knowledge in a university setting is very different from how it is used in the workplace and this could hamper the students' use of it in a clinical placement (Newton et al., 2009). A study reports that new graduates may leave the profession after graduation due to inadequate clinical preparation and unrealistic professional goals (Duchscher, 2009). Students' past experiences and attributes sometimes also, negatively influence their learning (Boud and Walker, 1993). They may lack confidence, experience fear, and feel shy; may also experience cultural differences as well as language limitations.

Becoming a competent Physiotherapist as well as being prepared to work involves meeting appropriate exposure in the clinic, acquiring standard practical skills, inherent knowledge and attitude (Oyeyemi, 2013; Paul et al., 2015). However, being a health care stream student is depicted as stressful due to the large amount of information to be assimilated, skills to be imbibed, pressure of being under constant assessment, interaction with patients, financial concerns, and lifestyle changes (Silvian et al., 2015; Ekechukwu et al, 2020). Atkinson and associates (1991) has proven that stress can be associated with psychological morbidity among health care professional students. One major cause of such stress could be the feelings of uncertainty from the very beginning of their studies and such uncertainties peak when the students have to face patients and sometimes see their suffering. The need

for developing their own identities as Therapist also adds up in increasing their stress (Umar et al, 2019). Such heightened levels of stress would lead to self-doubt and premature abandonment of the career. This concept is very important for Physiotherapy students because within few years they must adapt to varying teaching styles, new health care services, and analyze data from numerous sources all whilst seeking to create an identity as a Therapist and also improve their practice and ability to make competent clinical decisions regarding a clients' health (Silvian et al., 2015).

Graduating Physiotherapy students have to cope with a new set of anxiety-provoking situations, like concern about finding a dream job, explicit job-related skills, and being successful as a professional (Adeniyi et al, 2014). Unfortunately, as soon as they enter the final stages, they begin to realize that they are the ones who need to make the decisions and shoulder these responsibilities. It might not be so taxing for the junior level physiotherapy students because they still have the time and milieu to address their concerns with peers, clinical instructors, as well as their faculty. Hence, the need for this study is to ascertain the perceived readiness to practice (PRTP) among Physiotherapy students in relation to their clinical postings, theory classes, self-directed learning, and scope of the profession. It also assessed the differences in the feelings of adequacy or inadequacy between preclinical and clinical students of physiotherapy in University of Nigeria, Enugu-Campus.

METHODS

Subject Description

A total of 296 Physiotherapy students from second year to final classes who were randomly selected from the department of Medical Rehabilitation, University of Nigeria, participated in this study. Only students who have been in the department for at least 12 months and had not been previously exposed to any other professional degree training were included in this study.

Study Design

This study utilized a cross-sectional descriptive survey design. A cross-sectional design offers information about a population at a given point in time. The responses were collected using a modified questionnaire adapted from Silvian et al. (2015), with likert scale (5 point scale item). The 33 item questionnaire was developed for the purpose of this study. There are three constructs of the study: "Awareness/Readiness" which includes motivation for the job and awareness about the job; "Learning and Skills acquired" which includes classroom training and clinical posting information; "Scope of the profession/practice" which was measured in terms of respect for the profession, job respect and scope.

Ethical Issues

Ethical approval was sought and obtained from the Research and Ethics Committee of the University of Nigeria Teaching Hospital,

Ituku-Ozalla, Enugu, Nigeria. Informed consent was also sought and obtained from the participants.

Data Analysis

The data obtained were analyzed using statistical package for social sciences, version 20.0 (SPSS Inc. Chicago, IL, USA). Descriptive statistics of frequency, percentage, mean, standard deviation were used to describe the participants. Inferential statistics of chi-square test was used to determine the association variables between. Level of significance was set at $\alpha = 0.05$.

RESULT

A total of 296 physiotherapy of University of Nigeria, Enugu Campus participated in this study. 185 were males and 111. Most of the participants (70.6%) were within the age range of 21-25 years. Majority were single (95.3%) and (81.8%) reside in the campus hostel, as shown in Table 1.

Association between Perceived Readiness to Practice and Age, Gender, Level (N=296)

There was significant association between age and the following questions: Have good theoretical background on patients assessment and treatment ($X^2=9.794$, $p=0.044$), Theoretical teaching is associated with assessment and treatment of patients ($X^2=11.080$, $p=0.026$), I have sufficient learning and skills acquired during clinical posting ($X^2=30.385$, $p<0.001$), I have excellent opportunity to assess cases and discuss with clinicians ($X^2=15.630$, $p=0.004$), Satisfied with patient exposure in my level ($X^2=22.212$, $p<0.001$), and Can provide education to patients and families about prevention of further complications of diseases ($X^2=12.412$, $p=0.015$) as shown in Table 2.

There was significant association between gender and the following questions: I have good theoretical understanding of the human anatomy and physiology related to physiotherapy ($X^2=20.317$, $p<0.001$), I can apply the basic sciences to clinical condition ($X^2=9.645$, $p=0.008$), Can provide education to patients and families about prevention of further complications of diseases ($X^2=7.201$, $p=0.027$), Can cope with the stress caused by the profession ($X^2=7.905$, $p=0.019$), and Afraid of being unemployed after my learning process ($X^2=8.880$, $p=0.012$), as shown in Table 2.

There was significant association between level and the following questions: I can apply the basic sciences to clinical condition (20.195, $p<0.001$), Have good theoretical background on patients assessment and treatment (27.161, $p<0.001$), Theoretical teaching is associated with assessment and treatment of patients (25.239, $p<0.001$), I have sufficient learning and skills acquired during clinical posting (49.813, $p<0.001$),

Satisfied with patient exposure in my level (20.625, $p<0.001$), Can provide education to patients and families about prevention of further complications of diseases (30.830, $p<0.001$), Satisfied with the knowledge base impacted by the university in physiotherapy training (8.242, $p=0.016$), Satisfied with the knowledge base impacted by the teaching hospital in physiotherapy training (6.232, $p=0.044$), Can cope with the stress caused by the profession (7.497, $p=0.024$), as shown in table 2 below.

Table 3 shows the frequency and percentage of the perceived awareness of the physiotherapy profession by preclinical and clinical students of the University of Nigeria, Enugu Campus. Majority of the students 200, (Preclinical=48.0%; Clinical=52.0%) strongly agreed (SA) to the statement; „aware of physiotherapy before admission into the programme“, 181 (Preclinical=48.1%; Clinical=51.9%) students strongly agreed (SA) to the statement; „joined because I wanted to be a physiotherapist“, 184 (Preclinical=40.8%; Clinical=59.2%) students strongly agreed (SA) to the statement, „joined because physiotherapy was suggested to me by someone“, 156 (preclinical=46.8%; Clinical=53.2%) students strongly disagreed (SD) to the statement; „joined because I was denied admission into my first choice course“, 231 (Preclinical=39.0%; Clinical=61.0%) students strongly disagreed (SD) to the statement, „joined from another department“, 132 (Preclinical=49.2%; Clinical=50.2%) students were undecided (U) to the statement, „satisfied with the choice of the profession“, 263 (Preclinical=43.3%; Clinical=56.7%) strongly agreed (SA) to the statement, „recommend others to join“. Students, 7 (Preclinical=28.6%; Clinical=71.4%) who were undecided (U) on the statement, „joined from another department“ and 11 (Preclinical=54.5%; Clinical=45.5%) who were undecided (U) on the statement, „aware of physiotherapy before admission into the programme“, had the lowest frequency.

Table 4 shows that majority of the students 243, (Preclinical=43.2%; Clinical=56.8%) strongly agreed (SA) to have a good theoretical understanding of the human anatomy and physiology related to physiotherapy, 162 (Preclinical=46.9%; Clinical=53.1%) students were undecided (U) on being able to apply the basic sciences to clinical conditions, 231 (Preclinical=36.4%; Clinical=63.6%) students strongly agreed (SA) that theoretical teaching is associated with assessment and treatment of patients, 221 (preclinical=36.2%; Clinical=63.8%) students strongly agreed (SA) on having sufficient learning and skills acquired during clinical posting, 177 (preclinical=27.7%; Clinical=72.3%) students strongly agreed (SA) on having excellent opportunity to assess cases and discuss with clinicians, 159 (Preclinical=36.5%; Clinical=63.5%) students strongly agreed (SA) on being satisfied with patient

Table 1: Summary of Socio-Demographic Characteristics of Participants (N=296)

Variables	Categories	Frequency	Percentage
Age	16-20	60	20.3
	21-25	209	70.6
	>25	27	9.1
Gender	Male	185	62.5
	Female	111	37.5
Current level	2 nd	78	26.4
	3 rd	53	17.9
	4 th	84	28.4
	5 th	81	27.4
Marital status	Single	282	95.3
	Married	14	4.7
Place of reside during academic session	Campus hostel	242	81.8
	Campus but not hostel	19	6.4
	Campus with family/parent/guardian	2	0.7
	Off-campus with friends/others	33	11.1

exposure at their level, 176 (Preclinical=46.0%; Clinical=54.0%) strongly agreed (SA) that continued seminar, conference and workshops attendance helped in their learning, 246 (Preclinical= 44.7%; Clinical=55.3%) strongly agreed (SA) that self-learning enhances their learning and skill, 182 (Preclinical= 44.5%; Clinical=55.5%) strongly agree (SA) that clinical teaching available is appropriate, 151(Preclinical= 33.8%; Clinical=66.2%) students strongly agree (SA) that they can carry out efficient examination and ward procedures with minimal supervision, 226(Preclinical=35.4%; Clinical=64.6%) students strongly agree (SA) on being able to provide education to patients and families about prevention of further complications of diseases, 168 (Preclinical= 48.8%; Clinical=51.2%) students strongly agree (SA) on being satisfied with the knowledge base impacted by the university in physiotherapy training, 162(Preclinical= 42.0%; Clinical=58.0%) students strongly agreed (SA) on being satisfied with the knowledge base impacted by the teaching hospital in physiotherapy training. Students, 15(Preclinical= 26.7%; Clinical=73.3%) who strongly disagreed (SD) on having good theoretical understanding of the human anatomy and physiology related to physiotherapy and students, 12(Preclinical= 58.3%; Clinical=41.7%) who strongly disagreed (SD) that self learning enhances learning and skills had the lowest frequency.

Table 5 shows that majority of the students; 121 (Preclinical=39.7%, clinical=60.3%) strongly agreed (SA) to the statement "I know the scope of practice of physiotherapy." Majority of the students; 184 (Preclinical=41.3%, clinical=58.7%) strongly agreed

(SA) to the statement "I can meet the appropriate standard (practical skills, inherent knowledge and attitude) to clinical practice." Majority of the students; 208 (Preclinical=43.3%, clinical=56.7%) strongly agreed (SA) to the statement "Respect for the profession in the society is high". Majority of the students; 178 (Preclinical=52.2%, clinical=47.8%) strongly agreed (SA) to the statement "Other professionals are aware of the scope of physiotherapy practice". Majority of the students; 224 (Preclinical=48.7%, clinical=51.3%) Strongly agreed (SA) to the statement "can cope with the stress caused by the profession". Majority of the students; 220 (Preclinical=45.5%, clinical=54.5%) strongly agreed (SA) to the statement "Keep up to date with continued physiotherapy education and workshops." Majority of the students; 178 (Preclinical= 47.2%, clinical= 52.8%) strongly disagreed (SD) to the statement "Afraid of being unemployed after my learning process."

Table 6 below showed that in response to the question awareness of physiotherapy before admission into the programme (69%) of the people which are within the age range of 21-25 years of age agreed. It was found out that (67.4%) of people who fell under the age range 21-25 years agreed to the question of "joined because I wanted to be a physiotherapist". In response to the question "joined because physiotherapy was suggested to me by someone" (65.8%) of the people which are within the age range of 21-25 years old agreed. In response to the question "joined because I was denied admission into my first choice course" (64.3%) of the people who are within the age range of 21-25 years of age agreed. It was found out (60.3%) of

Table 2: Association between Perceived Readiness to Practice and Age, Gender, Level (N=296)

Variables	X ² (p-value)		
	Age	Gender	Level
Aware of physiotherapy before admission into the programme	2.466(0.651)	0.613(0.736)	5.150(0.076)
Joined because I wanted to be a physiotherapist	3.888(0.421)	0.274(0.872)	2.973(0.226)
Joined because physiotherapy was suggested to me by someone	6.790(0.147)	7.707(0.021)*	10.913(0.004)*
Joined because I was denied admission into my first choice course	4.849(0.303)	5.396(0.067)	1.958(0.376)
Joined from another department	7.497(0.112)	18.605(<0.001)*	15.744(<0.001)*
Satisfied with the choice of the profession	8.361(0.079)	0.827(0.661)	2.653(0.265)
Recommend others to join	3.823(0.430)	0.065(0.968)	0.840(0.657)
I have good theoretical understanding of the human anatomy and physiology related to physiotherapy	4.875(0.300)	20.317(<0.001)*	4.854(0.088)
I can apply the basic sciences to clinical condition	6.828(0.145)	9.645(0.008)*	20.195(<0.001)*
Have good theoretical background on patients assessment and treatment	9.794(0.044)*	13.022(0.001)	27.161(<0.001)*
Theoretical teaching is associated with assessment and treatment of patients	11.080(0.026)*	0.014(0.993)	25.239(<0.001)*
I have sufficient learning and skills acquired during clinical posting	30.385(<0.001)*	0.450(0.798)	49.813(<0.001)*
I have excellent opportunity to assess cases and discuss with clinicians	15.630(0.004)*	1.311(0.519)	8.448(0.015)*
Satisfied with patient exposure in my level	22.212(<0.001)*	5.952(0.051)	20.625(<0.001)*
Continued seminar, conference and workshops attendance helped in my learning	8.106(0.088)	1.512(0.470)	0.953(0.621)
Self learning enhances my learning and skill	7.189(0.126)	0.860(0.650)	1.832(0.400)
Clinical teaching available is appropriate	2.415(0.660)	2.306(0.316)	2.784(0.249)
I can carry out efficient examination and ward procedures with minimal supervision	4.107(0.392)	0.607(0.738)	14.284(0.001)
Can provide education to patients and families about prevention of further complications of diseases	12.412(0.015)*	7.201(0.027)*	30.830(<0.001)*
Satisfied with the knowledge base impacted by the university in physiotherapy training	3.217(0.522)	1.472(0.479)	8.242(0.016)*
Satisfied with the knowledge base impacted by the teaching hospital in physiotherapy training	5.866(0.209)	2.178(0.336)	6.232(0.044)*
I know the scope of practice of physiotherapy	3.850(0.427)	2.745(0.254)	1.859(0.395)
I can meet the appropriate standard (practical skills, inherent knowledge and attitude) to clinical practice	9.258(0.055)	4.379(0.112)	2.309(0.315)
Respect for the profession in the society is high	6.314(0.177)	0.913(0.634)	1.014(0.602)
Other professionals are aware of the scope of physiotherapy practice	2.864(0.581)	1.239(0.538)	11.663(0.003)*
Can cope with the stress caused by the profession	6.493(0.165)	7.905(0.019)*	7.497(0.024)*
Keep up to date with continued physiotherapy education and workshops	6.761(0.149)	2.526(0.283)	0.503(0.778)
Afraid of being unemployed after my learning process	9.185(0.057)	8.880(0.012)*	1.867(0.393)

Table 3: Descriptive statistics showing the perceived Awareness/readiness by preclinical and clinical physiotherapy students (N=296)

Variables	Categories	Student's level f (%)		
		Preclinical	Clinical	Total
Aware of physiotherapy before admission into the programme	SA	96 (48.0)	104 (52.0)	200 (100)
	U	6 (54.5)	5 (45.5)	11 (100)
	SD	29 (34.1)	56 (65.9)	85 (100)
Joined because I wanted to be a physiotherapist	SA	87 (48.1)	94 (51.9)	181 (100)
	U	13 (41.9)	18 (58.1)	31 (100)
	SD	31 (36.9)	53 (63.1)	84 (100)
Joined because physiotherapy was suggested to me by someone	SA	75 (40.8)	109 (59.2)	184 (100)
	U	3 (17.6)	14 (82.4)	17 (100)
	SD	53 (55.8)	42 (44.2)	95 (100)
Joined because I was denied admission into my first choice course	SA	50 (43.5)	65 (56.5)	115 (100)
	U	8 (32.0)	17 (68.0)	25 (100)
	SD	73 (46.8)	83 (53.2)	156 (100)
Joined from another department	SA	39 (67.2)	19 (32.8)	58 (100)
	U	2 (28.6)	5 (71.4)	7 (100)
	SD	90 (39.0)	141 (61.0)	231 (100)
Satisfied with the choice of the profession	SA	54 (41.2)	77 (58.8)	131 (100)
	U	65 (49.2)	67 (50.2)	132 (100)
	SD	12 (36.4)	21 (63.6)	33 (100)
Recommend others to join	SA	114 (43.3)	149 (56.7)	263 (100)
	U	10 (50.0)	10 (50.0)	20 (100)
	SD	7 (53.8)	6 (46.2)	13 (100)

SA= strongly agree/agree U= undecided SD= strongly disagree/disagree

people who are within the age range of 21-25 years old agreed to the question "joined from another department". In response to the question "satisfied with the choice of the profession" (75.6%) of the people who fell within the age range of 21-25 agreed. In response to the question "recommend others to join" (71.1%) of the people which fell within the age range of 21-25 agreed. Table 7 below showed the association between perceived readiness to practice and age. Age has been classified into 3 ranges/ groups; 16-20, 21-25 and >25 years. Those aged 21-25 years agreed the most to having a good theoretical understanding of the human anatomy and physiology related to physiotherapy, accounting for 70% of the total number of participants who agreed with this. In response to the statement "I can apply the basic sciences to clinical condition", the majority of those that agreed with this are aged 21-25 years accounting for 76.4% of the total number of participants who agreed with this. In response to the statement "theoretical teaching is associated with assessment and treatment of patients", the majority of

those that agreed with this are aged 21-25 years accounting for 70.6% of the total number of participants who agreed with this. In response to the statement "I have sufficient learning and skills acquired during clinical posting", majority of those that agreed with this are aged 21-25 years accounting for 74.0% of the total number of participants who agreed with this. In response to the statement "Satisfied with patient exposure in my level", majority of those that agreed with this are aged 21-25 years accounting for 71.2% of the total number of participants who agreed with this. In response to the statement "Continued seminar, conference and workshops attendance helped in my learning", majority of those that agreed with this are aged 21-25 years accounting for 74.4% of the total number of participants who agreed with this. In response to the statement "Clinical teaching available is appropriate", majority of those that agreed with this are aged 21-25 years accounting for 70.3% of the total number of participants who agreed with this. In response to the statement "I can carry out efficient

Table 4: Descriptive statistics showing the perceived learning and skills acquired by preclinical and clinical physiotherapy students (N=296)

	Categories	Student's level of		Total (%)
		Preclinical	Clinical	
I have good theoretical understanding of the human anatomy and physiology related to physiotherapy	SA	105 (43.2)	138 (56.8)	243 (100)
	U	22 (57.9)	16 (42.1)	38 (100)
	SD	4 (26.7)	11 (73.3)	15 (100)
I can apply the basic sciences to clinical condition	SA	17(23.6)	55(76.4)	72(100.0)
	U	76(46.9)	86(53.1)	162(100.0)
	SD	38(61.3)	24(38.7)	62(100.0)
Theoretical teaching is associated with assessment and treatment of patients	SA	84(36.4)	147(63.6)	231(100.0)
	U	29(76.3)	9(23.7)	38(100.0)
	SD	18(66.7)	9(33.3)	27(100.0)
I have sufficient learning and skills acquired during clinical posting	SA	80(36.2)	141(63.8)	221(100.0)
	U	39(73.6)	14(26.4)	53(100.0)
	SD	12(54.5)	10(45.5)	22(100.0)
I have excellent opportunity to assess cases and discuss with clinicians	SA	49(27.7)	128(72.3)	177(100.0)
	U	41(65.1)	22(34.9)	63(100.0)
	SD	131(44.3)	15(26.8)	56(100.0)
Satisfied with patient exposure in my level	SA	58(36.5)	101(63.5)	159(100.0)
	U	34(54.0)	29(46.0)	63(100.0)
	SD	39(52.7)	35(47.3)	74(100.0)
Continued seminar, conference and workshops attendance helped in my learning	SA	81(46.0)	95(54.0)	176(100.0)
	U	30(39.5)	46(60.5)	76(100.0)
	SD	20(45.5)	24(54.5)	44(100.0)
Self learning enhances my learning and skill	SA	110(44.7)	136(55.3)	246(100.0)
	U	14(36.8)	24(63.2)	38(100.0)
	SD	7(58.3)	5(41.7)	12(100)
Clinical teaching available is appropriate	SA	81(44.5)	101(55.5)	182(100.0)
	U	35(50.0)	35(50.0)	70(100.0)
	SD	15(34.1)	29(65.9)	44(100.0)
I can carry out efficient examination and ward procedures with minimal supervision	SA	51(33.8)	100(66.2)	151(100.0)
	U	48(57.8)	35(42.2)	83(100.0)
	SD	32(51.6)	30(48.4)	62(100.0)
Can provide education to patients and families about prevention of further complications of diseases	SA	80(35.4)	146(64.6)	226(100.0)
	U	30(69.8)	13(30.2)	43(100.0)
	SD	21(77.8)	6(22.2)	27(100.0)
Satisfied with the knowledge base impacted by the university in physiotherapy training	SA	82(48.8)	86(51.2)	168(100.0)
	U	30(48.8)	32(51.6)	62(100.0)
	SD	19(28.8)	47(71.2)	66(100.0)
Satisfied with the knowledge base impacted by the teaching hospital in physiotherapy training	SA	68 (42.0)	94 (58)	162(100.0)
	U	46(54.8)	38(45.2)	84(100.0)
	SD	17(34.0)	33(66.0)	50(100.0)

SA= strongly agree/agree

U= undecided

SD= strongly disagree/disagree

examination and ward procedures with minimal supervision”, majority of those that agreed with this are aged 21-25 years accounting for 73.5% of the total number of participants who agreed with this. In response to the statement “Can provide education to patients and families about prevention of further complications of diseases”, majority of those that agreed with this are aged 21-25 years accounting for 72.6% of the total number of participants who agreed with this. In response to the statement “Satisfied with the knowledge base impacted by the university in physiotherapy training”, majority of those that agreed with this are aged 21-25 years accounting for 69.0% of the total number of participants who agreed with this. In response to the statement “Satisfied with the knowledge base impacted by the teaching hospital in

physiotherapy training”, majority of those that agreed with this are aged 21-25 years accounting for 72.8% of the total number of participants who agreed with this.

Table 8 shows that in response to the statement “I know the scope of practice of physiotherapy”, majority of those that agreed with this are aged 21-25 years accounting for 73.6% of the total number of participants who agreed with this. In response to the statement “I can meet the appropriate standard (practical skills, inherent knowledge and attitude) to clinical practice”, majority of those that agreed with this are aged 21-25 years accounting for 69.6% of the total number of participants who agreed with this. In response to the statement “Respect for the profession in the society is high”, majority of those that agreed with this are aged

Table 5: Descriptive statistics showing the perceived scope of the profession by preclinical and clinical physiotherapy students (N=296)

Variables	Categories	Student's level f (%)		
		Preclinical	Clinical	Total
I know the scope of practice of physiotherapy	SA	48(39.7)	73(60.3)	121(100.0)
	U	57(48.3)	61(51.7)	118(100.0)
	SD	26(45.6)	31(54.4)	57(100.0)
I can meet the appropriate standard (practical skills, inherent knowledge and attitude) to clinical practice	SA	76(41.3)	108(58.7)	184(100.0)
	U	43(51.2)	41(48.8)	84(100.0)
	SD	12(42.9)	16(57.1)	28(100.0)
Respect for the profession in the society is high	SA	90(43.3)	118(56.7)	208(100.0)
	U	31(44.3)	39(55.7)	70(100.0)
	SD	10(55.6)	8(44.4)	18(100.0)
Other professionals are aware of the scope of physiotherapy practice	SA	93(52.2)	85(47.8)	178(100.0)
	U	16(34.0)	31(66.0)	47(100.0)
	SD	22(31.0)	40(69.0)	71(100.0)
Can cope with the stress caused by the profession	SA	109(48.7)	115(51.3)	224(100.0)
	U	18(32.1)	38(67.9)	56(100.0)
	SD	4(25.0)	12(75.0)	16(100.0)
Keep up to date with continued physiotherapy education and workshops	SA	100(45.5)	120(54.5)	220(100.0)
	U	26(40.6)	38(59.4)	64(100.0)
	SD	5(41.7)	7(58.9)	12(100.0)
Afraid of being unemployed after my learning process	SA	25(42.4)	34(57.6)	59(100.0)
	U	22(37.3)	37(62.7)	59(100.0)
	SD	84(47.2)	94(52.8)	178(100.0)

SA= strongly agree/agree

U= undecided

SD= strongly disagree/disagree

21-25 years accounting for 74.0% of the total number of participants who agreed with this. In response to the statement "Other professionals are aware of the scope of physiotherapy practice", majority of those that agreed with this are aged 21-25 years accounting for 72.5% of the total number of participants who agreed with this. In response to the statement "Can cope with the stress caused by the profession", majority of those that agreed with this are aged 21-25 years accounting for 69.5% of the total number of participants who agreed with this. In response to the statement "Afraid of being unemployed after my learning process", majority of those that agreed with this are aged 21-25 years accounting for 64.4% of the total number of participants who agreed with this.

More than half of the males (60.0%) and females (65.8%) joined because physiotherapy was suggested to them by someone. Most of the males (89.7%) and females (69.4%) had good theoretical understanding of the human anatomy and physiology related to physiotherapy. Majority of the males (79.5%) and females (75.7%) had good theoretical background on

patient's assessment and treatment. Greater percentage (77.3%) of the males and females (74.8%) agreed that they can provide education to patients and families about prevention of further complications of diseases. Most of the males (76.2%) and females (74.8%) agreed that they can cope with the stress caused by the profession. Furthermore, (85.4%) males and (65.8%) females did not join from another department. In addition, (56.2%) males and (52.3%) females were not sure of their ability to apply the basis sciences to clinical condition. Lastly, (66.5%) males and (49.5%) females did not agree that they are afraid of being unemployed after their learning process; as shown in table 9.

DISCUSSIONS

Significant association was found between age and "learning and skills acquired" [theoretical background, on teaching, patients assessment and management,

Table 6: Descriptive statistics showing the perceived Awareness/readiness by Age bracket of the physiotherapy students (N=296)

Variables	Categories	Age: f (%)			Total
		16-20	21-25	>25	
Aware of physiotherapy before admission into the programme	SA	44(22.0)	138(69)	18(9.0)	200(100.0)
	U	2(18.2)	9(81.8)	0(0.0)	11(100.0)
	SD	14(16.5)	62(72.9)	9(10.6)	85(100)
Joined because I wanted to be a physiotherapist	SA	40(22.1)	122(67.4)	19(10.5)	181(100.0)
	U	4(12.9)	26(83.9)	1(3.2)	31(100.0)
	SD	16(19.0)	61(72.6)	7(8.3)	84(100.0)
Joined because physiotherapy was suggested to me by someone	SA	43(23.4)	121(65.8)	20(10.9)	184(100.0)
	U	2(11.8)	15(88.2)	0(0.0)	17(100.0)
	SD	15(15.8)	73 (76.8)	7(7.4)	95(100.0)
Joined because I was denied admission into my first choice course	SA	30(26.1)	74(64.3)	11(9.6)	115(100.0)
	U	3(12.0)	19(76.0)	3(12.0)	25(100.0)
	SD	27(17.3)	116(74.4)	13(8.3)	156(100.0)
Joined from another department	SA	17(29.3)	35(60.3)	6(10.3)	58(100.0)
	U	1(14.3)	4(57.1)	2(28.6)	7(100.0)
	SD	42(18.2)	170(73.6)	19(8.2)	231(100.0)
Satisfied with the choice of the profession	SA	23(17.6)	99(75.6)	9(6.9)	131(100.0)
	U	31(23.5)	90(68.2)	11(8.3)	132(100.0)
	SD	6(18.2)	20(60.6)	7(21.2)	33(100.0)
Recommend others to join	SA	53(20.2)	187(71.1)	23(8.7)	263(100.0)
	U	4(20.0)	15(75.0)	1(5.0)	20(100.0)
	SD	3(23.1)	7(53.8)	3(23.1)	13(100.0)

SA= strongly agree/agree

U= undecided

SD= strongly disagree/disagree

skills acquired during clinical posting, communication skills and satisfaction with the training program]. This is supported by a study carried out by Bowdoin and carol (2014) "Thinking like a nurse and Perceived readiness to practice, who found out that years of experience in practice as well as age of the professional had significant association with their learning and skills and had strong influence in competence in the practice.

Males will be able to cope more with the stress caused by the profession than their female counterparts maybe because of the physical requirements of the profession (although least association was found between gender and the constructs). The males expressed a higher fear of being unemployed after their learning process than their female counterparts possibly because of the perceived huge responsibilities they have to fulfill both in their families and society at large. However, this is contrary Pappas (2010) who reported on hormonal-sex interaction and behavioral basis, that women cope better with stress. Women tend seek social support while men withdraw from the social circle. There is a general lack of research work on the association between perceived readiness to practice and gender so again we recommend that further research work be carried out on this to validate the results of this work.

The results indicate a high perception of learning and skills, by majority of the students (with a higher percentage on the side of clinical students), who assented to have good theoretical background and clinical skills as well as satisfaction with patient exposure at their level, and that continued seminar, conference and workshops attendance help in their

learning impacted by the university in physiotherapy training and satisfied with the knowledge base impacted by the teaching hospital in physiotherapy training. The result of this study is in agreement with a descriptive study carried out by Talberg et al (2014) to determine the perceived level of preparedness for clinical practice of physiotherapy students in South Africa, which revealed that majority of the students regardless of age and gender perceived their level of preparedness to practice as relatively high across all areas of competence, regardless of placement. The sense of readiness confirms the alignment of the classroom curriculum and clinical expectations, which largely came about through the positioning of permanent clinical educators as essential links between the classroom and the clinical setting. Also, the result of the present study is in contrast to a study carried out by Silvian et al (2015) to examine the perceived readiness to practice (PRTP) of physiotherapy students in conjunction with their clinical postings, theory classes, self-directed learning and scope of their profession, using ANOVA to understand the mean differences of perceptions among the junior level students and final level students of physiotherapy. The results revealed that final level students are more stressed and are not yet ready to be committed to their profession and their perceived readiness to practice was still not well defined when compared to junior level students perceived readiness to practice.

The findings of this study shows that majority of the clinical students strongly agree to know the scope of practice of physiotherapy more than the preclinical

Table 7: Descriptive statistics showing the perceived learning and skills by Age bracket of the physiotherapy students (N=296)

Variables	Categories	Age N (%)			Total
		16-20	21-25	>25	
I have good theoretical understanding of the human anatomy and physiology related to physiotherapy	SA	49(20.2)	170(70.0)	24(9.9)	243(100.0)
	U	10(26.3)	25(65.8)	3(7.9)	38(100.0)
	SD	1(6.7%)	14(93.3)	0(0.0)	15(100.0)
I can apply the basic sciences to clinical condition	SA	8(11.1)	55(76.4)	9(12.5)	72(100.0)
	U	36(22.2)	111(68.5)	15(9.3)	162(100.0)
	SD	16(25.8)	43(69.4)	3(4.8)	62(100.0)
Theoretical teaching is associated with assessment and treatment of patients	SA	41(18.6)	156(70.6)	24(10.9)	221(100.0)
	U	11(20.8)	42(79.2)	0(0.0)	53(100.0)
	SD	8(36.4)	11(50.0)	3(13.6)	22(100.0)
I have sufficient learning and skills acquired during clinical posting	SA	21(11.9)	131(74.0)	25(14.1)	177(100.0)
	U	18(28.6)	45(71.4)	0(0.0)	63(100.0)
	SD	21(37.5)	33(58.9)	2(3.6)	56(100.0)
I have excellent opportunity to assess cases and discuss with clinicians	SA	19(11.9)	123(77.4)	17(10.7)	159(100.0)
	U	18(28.6)	39(61.9)	6(9.5)	63(100.0)
	SD	23(31.1)	47(63.5)	4(5.4)	74(100.0)
Satisfied with patient exposure in my level	SA	20(13.7)	104(71.2)	22(15.1)	145(100.0)
	U	16(20.0)	60(75.0)	4(5.0)	80(100.0)
	SD	24(34.3)	45(64.3)	1(1.4)	70(100.0)
Continued seminar, conference and workshops attendance helped in my learning	SA	31(17.6)	131(74.4)	14(8.0)	176(100.0)
	U	22(28.9)	44(57.9)	10(13.2)	76(100.0)
	SD	7(15.9)	34(77.3)	3(6.8)	44(100.0)
Self learning enhances my learning and skill	SA	56(22.8)	170(69.1)	20(81.1)	246(100.0)
	U	4(10.5)	29(76.3)	5(13.2)	38(100.0)
	SD	0(0.0)	10(83.3)	2(16.7)	12(100.0)
Clinical teaching available is appropriate	SA	39(21.4)	128(70.3)	15(8.2)	182(100.)
	U	14(20.0)	47(67.1)	9(12.9)	70(100.0)
	SD	7(15.9)	34(77.3)	3(6.8)	44(100.0)
I can carry out efficient examination and ward procedures with minimal supervision	SA	26(17.2)	111(73.5)	14(9.3)	151(100.0)
	U	22(26.5)	52(62.7)	9(10.8)	83(100.0)
	SD	12(19.4)	46(74.2)	4(6.5)	62(100.0)
Can provide education to patients and families about prevention of further complications of diseases	SA	37(16.4)	164(72.6)	25(11.1)	226(100.0)
	U	13(30.2)	28(65.1)	2(4.7)	43(100.0)
	SD	10(37.0)	28(65.1)	2(4.7)	43(100.0)
Satisfied with the knowledge base impacted by the university in physiotherapy training	SA	36(21.4)	116(69.0)	16(9.5)	168(100.0)
	U	8(12.9)	49(79.0)	5(8.1)	62(100.0)
	SD	16(24.2)	44(66.7)	6(9.1)	66(100.0)
Satisfied with the knowledge base impacted by the teaching hospital in physiotherapy training	SA	28(17.3)	118(72.8)	16(9.9)	162(100.0)
	U	19(22.6)	61(72.6)	4(4.8)	84(100.0)
	SD	13(26.0)	30(60.0)	7(14.0)	50(100.0)

SA= strongly agree/agree U= undecided SD=strongly disagree/disagree

students and being capable to meet appropriate standards needed in clinical practice. This could be as a result of being exposed through seminars, workshops, and clinical exposures and the length of exposure. Contrariwise, findings by Lai et al (2007) in dental students suggest that increase in students' experience in the undergraduate years might not guarantee their confidence in clinical practice. He posited that negative effect from the number of unsuccessful attempts, pressure from working environment and people may determine the level of confidence. Within limited time and constraint to complete work requirement in undergraduate clinical years, it is not realistic to expect students to reach true proficiencies in all areas of clinical physiotherapy practice.

This study revealed that a large proportion of the

Clinical class students expressed greater confidence in communicating with patients and working professionally, efficiently and effectively. This is in line with Mohd-said et al. (2008) who equally found that final year dental students perceived more confidence in communicating to patients and to manage cases the cases efficiently. Also, the result reveals that most of the participants, both clinical and preclinical, agree to cope with the stress caused by the physiotherapy practices. The stress can be as a result of difficulty in dealing with the enormous demands of the training programme in clinical practices. The clinical students were expected to have the specific knowledge and skills of a particular practice context. Ironically, this expectation has not changed even though practice contexts have become highly specialized, and students

Table 8: Descriptive statistics showing the perceived scope of the profession by Age bracket of the physiotherapy students (N=296)

Variables	Categories	Age N (%)			Total
		16-20	21-25	>25	
I know the scope of practice of physiotherapy	SA	19(15.7)	89(73.6)	13(10.7)	121(100.0)
	U	30(25.4)	79(66.9)	9(7.6)	118(100.0)
	SD	11(19.3)	41(71.9)	5(8.8)	57(100.0)
I can meet the appropriate standard (practical skills, inherent knowledge and attitude) to clinical practice	SA	38(20.7)	128(69.6)	18(9.8)	184(100.0)
	U	19(22.6)	62(73.8)	3(3.6)	84(100.0)
	SD	3(10.7)	19(67.9)	6(21.4)	28(100.0)
Respect for the profession in the society is high	SA	40(19.2)	154(74.0)	14(6.7)	208(100.0)
	U	16(22.9)	43(61.4)	11(15.7)	70(100.0)
	SD	2(22.2)	12(66.7)	2(11.1)	18(100.0)
Other professionals are aware of the scope of physiotherapy practice	SA	34(19.1)	129(72.5)	15(8.4)	178(100.0)
	U	10(21.3)	30(63.8)	7(14.9)	47(100.0)
	SD	16(22.5)	50(70.4)	5(7.0)	71(100.0)
Can cope with the stress caused by the profession	SA	49(21.9)	156(69.6)	19(8.5)	224(100.0)
	U	9(16.1)	43(76.8)	4(7.1)	56(100.0)
	SD	2(12.5)	10(62.5)	4(25.0)	16(100.0)
Keep up to date with continued physiotherapy education and workshops	SA	49(22.3)	155(70.5)	16(7.3)	220(100.0)
	U	11(17.2)	44(68.8)	9(14.1)	64(100.0)
	SD	0(0.0)	10(83.3)	2(16.7)	12(100.0)
Afraid of being unemployed after my learning process	SA	19(32.2)	38(64.4)	2(3.4)	59(100.0)
	U	9(15.3)	42(71.2)	8(13.6)	59(100.0)
	SD	32(18.0)	129(72.5)	17(9.6)	178(100.0)

SA= strongly agree/agree

U= undecided

SD= strongly disagree/disagree

are now educated within multiple organizational and practice contexts. On the contrary, Sullivan et al. (2015) reported a rather increased stress in lack of confidence to cope with the demands of the profession. This expectation created a profound degree of tension for both the preclinical and the clinical physiotherapy students. The need for developing their own identities as therapist also acts up in increasing their stress. Such heightened levels of stress would lead to self-doubt and premature abandonment of the career.

Majority of the preclinical and clinical students reported high confidence in getting a job after the learning process. Despite the fact that so many factors tried to hamper the perceived readiness to practice, majority of the participants still strongly disagree with the fear of unemployment after their learning process. This can be as a result of higher demand of physiotherapists and other health professionals in the Nigeria when compared to other occupations (Ekechukwu et al, 2019) which can result in the employment of graduating physiotherapy students immediately after their graduation. Therefore, they cope with a new set of anxiety-provoking situations, like concern about finding a dream job, explicit job-related skills, and being successful as a professional (Paris and Saville, 2010). In variance to this finding, other studies report that most graduating students report concerns on feeling anxious about entering the profession (Williams & Thomas, 2002). Studies reports that as and when they reach the final years, the students in any stream of medicine are prone to stress and feel uncertain about their future in the profession (Shiralkar et al., 2013,

Altiook and Ustun, 2013). These studies suggest that transition from student to a therapist can be stressful and is known as „transition shock“ (Duchscher, 2009; Doody, 2012), when they experience feelings of anxiety, insecurity, inadequacy and instability due to anticipations of being a full time professional.

The results also convey that most of the respondents strongly agree to keep up to date with continued education and workshops. This can be possible through constant attendance of seminars and workshops. In conjunction with important theoretical knowledge and practical experience, it is suggested that institutions accommodate an evolving programme of mentorship between new and seasoned practitioners in the workplace (Thomka 2007). Likewise, the successful integration of novice nurses into their collegial network is a primary developmental task of this socialization period (Etheridge 2007, Newhouse et al. 2007). In support of the important role of these enlightenment avenues, studies (Rowe & Sherlock 2005, Coomber and Barriball 2006, Glasberg et al. 2007, Duchscher 2008) suggest that appropriate enlightenment programmes and guidance correlate with the evolving stages of transition and are more likely to meet the dynamic needs of graduates and may enhance the job satisfaction of seasoned professionals.

CONCLUSION

Although clinical students seem to be more ready to

Table 9: Descriptive statistics showing the perceived Awareness/readiness by Gender of the physiotherapy students (N=296)

Question	Categories	Gender		Total N (%)
		Males N (%)	Females N (%)	
Aware of physiotherapy before admission into the programme	SA	122 (65.9)	78 (70.3)	200 (67.6)
	U	7 (2.4)	4 (1.4)	11 (3.7)
	SD	56 (30.3)	29 (26.1)	85 (28.7)
	Total	185 (100.0)	111 (100.0)	296 (100.0)
Joined because I wanted to be a physiotherapist	SA	111 (60.0)	70 (63.1)	181 (61.1)
	U	20 (10.8)	11 (9.9)	31 (10.5)
	SD	54 (29.2)	30 (27.0)	84 (28.4)
	Total	185 (100.0)	111 (100.0)	296 (100.0)
Joined because physiotherapy was suggested to me by someone	SA	111 (60.0)	73 (65.8)	184 (62.2)
	U	16 (8.6)	1 (0.9)	17 (5.7)
	SD	58 (31.4)	37 (33.3)	95 (32.1)
	Total	185 (100.0)	111 (100.0)	296 (100.0)
Joined because I was denied admission into my first choice course	SA	70 (37.8)	45 (40.5)	115 (38.9)
	U	21 (11.4)	4 (3.6)	25 (8.4)
	SD	94 (50.8)	62 (55.9)	156 (52.7)
	Total	185 (100.0)	111 (100.0)	296 (100.0)
Joined from another department	SA	22 (11.9)	36 (32.4)	58 (19.6)
	U	5 (2.7)	2 (1.8)	7 (2.4)
	SD	158 (85.4)	73 (65.8)	231 (78.0)
	Total	185 (100.0)	111 (100.0)	296 (100.0)
Satisfied with the choice of the profession	SA	81 (43.8)	50 (45.0)	131 (44.3)
	U	81 (43.8)	51 (45.9)	132 (44.6)
	SD	23 (12.4)	10 (9.0)	33 (11.1)
	Total	185 (100.0)	111 (100.0)	296 (100.0)
Recommend others to join	SA	165 (89.2)	98 (88.3)	263 (88.9)
	U	12 (6.5)	8 (7.2)	20 (6.8)
	SD	8 (4.3)	5 (4.5)	13 (4.4)
	Total	185 (100.0)	111 (100.0)	296 (100.0)

SA= strongly agree/agree U= undecided

SD= strongly disagree/disagree

Table 10: Descriptive statistics showing the perceived learning and skills acquired by Gender of the physiotherapy students (N=296)

Questions	Categories	Gender		Total N (%)
		Males N (%)	Females N (%)	
I have good theoretical understanding of the human anatomy and physiology related to physiotherapy	SA	166 (89.7)	77 (69.4)	243 (82.1)
	U	15 (8.1)	23 (20.7)	38 (12.8)
	SD	4 (2.2)	11 (9.9)	15 (5.1)
	Total	185 (100.0)	111 (100.0)	296 (100.0)
I can apply the basic sciences to clinical Condition	SA	52 (28.1)	20 (18.0)	72 (24.3)
	U	104 (56.2)	58 (52.3)	162 (54.7)
	SD	29 (15.7)	33 (29.7)	62 (20.9)
	Total	185 (100.0)	111 (100.0)	296 (100.0)
I have good theoretical background on patients assessment and treatment	SA	147 (79.5)	84 (75.7)	231 (78.0)
	U	29 (15.7)	9 (8.1)	38 (12.8)
	SD	9 (4.9)	18 (16.2)	27 (9.1)
	Total	185 (100.0)	111 (100.0)	296 (100.0)
Theoretical teaching is associated with assessment and treatment of patients	SA	138 (74.6)	83 (74.8)	221 (74.7)
	U	33 (17.8)	20 (18.0)	53 (17.9)
	SD	14 (7.6)	8 (7.2)	22 (7.4)
	Total	185 (100.0)	111 (100.0)	296 (100.0)

I have sufficient learning and skills acquired during clinical posting	SA	113 (61.1)	64 (57.7)	177 (59.8)
	U	39 (21.1)	24 (21.6)	63 (21.3)
	SD	33 (17.8)	23 (20.7)	56 (18.9)
	Total	185 (100.0)	111 (100.0)	296 (100.0)
I have excellent opportunity to assess cases And discuss with clinicians	SA	104 (56.2)	55 (49.5)	159 (53.7)
	U	38 (20.5)	25 (22.5)	63 (21.3)
	SD	43 (23.2)	31 (27.9)	74 (25.0)
	Total	185 (100.0)	111 (100.0)	296 (100.0)
I am satisfied with patient exposure in my Level	SA	100 (54.1)	46 (41.4)	146 (49.3)
	U	49 (26.5)	31 (27.9)	80 (27.0)
	SD	36 (19.5)	34 (30.6)	70 (23.6)
	Total	185 (100.0)	111 (100.0)	296 (100.0)
Continued seminar, conference and workshops attendance helped in my learning	SA	105 (56.8)	71 (64.0)	176 (59.5)
	U	51 (27.6)	25 (22.5)	76 (25.7)
	SD	29 (15.7)	15 (13.5)	44 (14.9)
	Total	185 (100.0)	111 (100.0)	296 (100.0)
Self-learning enhances my learning and skills	SA	152 (82.2)	94 (84.7)	246 (83.1)
	U	24 (13.0)	14 (12.6)	38 (12.8)
	SD	9 (4.9)	3 (2.7)	12 (4.1)
	Total	185 (100.0)	111 (100.0)	296 (100.0)
Clinical teaching available is appropriate	SA	117 (63.2)	65 (58.6)	182 (61.5)
	U	45 (24.3)	25 (22.5)	70 (23.6)
	SD	23 (12.4)	21 (18.9)	44 (14.9)
	Total	185 (100.0)	111 (100.0)	296 (100.0)
I can carry out efficient examination and ward procedures with minimal supervision	SA	96 (51.9)	55 (49.5)	151 (51.0)
	U	49 (26.5)	34 (30.6)	83 (28.0)
	SD	40 (21.6)	22 (19.8)	62 (20.9)
	Total	185 (100.0)	111 (100.0)	296 (100.0)
I can provide education to patients and families about prevention of further complications of diseases	SA	143 (77.3)	83 (74.8)	226 (76.4)
	U	31 (16.8)	12 (10.8)	43 (14.5)
	SD	11 (5.9)	16 (14.4)	27 (9.1)
	Total	185 (100.0)	111 (100.0)	296 (100.0)
I am satisfied with the knowledge base impacted by the university in physiotherapy Training	SA	100 (54.1)	68 (61.3)	168 (56.8)
	U	41 (22.2)	21 (18.9)	62 (20.9)
	SD	44 (23.8)	22 (19.8)	66 (22.3)
	Total	185 (100.0)	111 (100.0)	296 (100.0)
I am satisfied with the knowledge base impacted by the teaching hospital in Physiotherapy training	SA	102 (55.1)	60 (54.1)	162 (54.7)
	U	56 (30.3)	28 (25.2)	84 (28.4)
	SD	27 (14.6)	23 (20.7)	50 (16.9)
	Total	185 (100.0)	111 (100.0)	296 (100.0)

SA= strongly agree/agree

U= undecided

SD= strongly disagree/disagree

practice, their preclinical counterpart expressed nearly identical opinion. Those within the age range 21-25 were predominantly more prepared to practice than the other age bracket. Gender had less influence on perceived readiness to practice. It is recommended that further studies be carried out to explore the influence of age and gender on perceived readiness to practice.

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Table 11: Descriptive statistics showing the perceived scope of the profession by Age bracket of the physiotherapy students (N=296)

Questions	Categories	Gender		Total N (%)
		Males N (%)	Females N (%)	
I know the scope of the practice of Physiotherapy	SA	80 (43.2)	41 (36.9)	121 (40.9)
	U	67 (36.2)	51 (45.9)	118 (39.9)
	SD	38 (20.5)	19 (17.1)	57 (19.3)
	Total	185 (100.0)	111 (100.0)	2966 (100.0)
I can meet the appropriate standard (practical skills, inherent knowledge and attitude) to clinical practice	SA	123 (66.5)	61 (55.0)	184 (62.2)
	U	48 (25.9)	36 (32.4)	84 (28.4)
	SD	14 (7.6)	14 (12.6)	28 (9.5)
	Total	185 (100.0)	111 (100.0)	296 (100.0)
Respect for the profession in the society is high	SA	130 (70.3)	78 (70.3)	208 (70.3)
	U	42 (22.7)	28 (25.2)	70 (23.6)
	SD	13 (7.0)	5 (4.5)	18 (6.1)
	Total	185 (100.0)	111 (100.0)	296 (100.0)
Other professionals are aware of the scope Physiotherapy practice	SA	114 (61.6)	64 (57.7)	178 (60.1)
	U	26 (14.1)	21 (18.9)	47 (15.9)
	SD	45 (24.3)	26 (23.4)	71 (24.0)
	Total	185 (100.0)	111 (100.0)	296 (100.0)
I can cope with the stress caused by the profession	SA	141 (76.2)	83 (74.8)	224 (75.7)
	U	39 (21.1)	17 (15.3)	56 (18.9)
	SD	5 (2.7)	11 (9.9)	16 (5.4)
	Total	185 (100.0)	111 (100.0)	296 (100.0)
I can keep up to date with continued physiotherapy education and workshops	SA	141 (76.2)	79 (71.2)	220 (74.3)
	U	39 (21.1)	25 (22.5)	64 (21.6)
	SD	5 (2.7)	7 (6.3)	12 (4.1)
	Total	185 (100.0)	111 (100.0)	296 (100.0)
I am afraid of being unemployed after my learning process	SA	29 (15.7)	30 (27.0)	59 (19.9)
	U	33 (17.8)	26 (23.4)	59 (19.9)
	SD	123 (66.5)	55 (49.5)	178 (60.1)
	Total	185 (100.0)	111 (100.0)	296 (100.0)

SA= strongly agree/agree

U= undecided

SD= strongly disagree/disagree

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