OPINION OF A SECTION OF NIGERIAN PHYSIOTHERAPISTS ON TRAINING AND UTILIZATION OF MIDDLE LEVEL WORKERS

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ABSTRACT

Delegation is the process of entrusting authority and responsibility to others. The support workforce across the whole health care sector in some countries is growing in terms of number and developing in relation to its scope of activity but it appears as if Nigerian physiotherapists are divided in opinion on utilization of middle level workers and there is still dearth of empirical data to establish this. The primary aim of this study was to determine the opinions of physiotherapists on the utilization of physiotherapy assistants in delivering care and services. One hundred and fifty seven physiotherapists were surveyed from State and Teaching Hospitals in Nigeria using a purposive sampling technique. A structured questionnaire was used to obtain demographic data, views and opinions about the training of physiotherapy assistants. The data were analyzed using descriptive statistics. The result showed that 71.8% of the respondents supported the usage of physiotherapy assistants as middle level workers. Also, 65.3% of the respondents supported the training of physiotherapy assistants. Furthermore, this study found that 87.3% of the respondents are aware that physiotherapists may delegate part of their duties to physiotherapy assistants. This study concluded that majority of the Nigeria physiotherapists surveyed in this study supported the usage and training of physiotherapy.

Keywords: Delegation, Physiotherapy Assistants, Middle level workers, Training

INTRODUCTION

In developed countries like the USA, mid level workers in the form of physician assistants are interdependent and semiautonomous clinicians, practicing in partnership with physicians. They are capable of giving care comparable to that of physicians and share improved access to health care for populations in rural, inner city and other medically underserved areas. The general perception of the use of substitutes for doctors has been quite positive. They have been a stabilizing factor in health services at rural and peri-uban deprived communities such as in Tanzania where clinical officers continue to be the backbone of human resource for helalth².

Evidence has shown that Assistants throughout the UK can be working at relatively simple or sophisticated levels of practice as a result of delegation³. The support workforce across the whole health care sector in the U.K. is both growing in terms of number and developing in relation to its scope of activity. Increasingly, staff working as assistants plays a crucial role in the delivery of service to patients and clients, and they participate fully as part of the health care team. The physiotherapy

assistant code of conduct under scope of practice rule states that physiotherapy assistants shall only practice to the extent that they have established maintained and developed their ability to work safely and competently to the tasks delegated to them by chartered physioteghrapists⁴. Furthermore, physiotherapy assistants shall report to the delegating physiotherapist at regular intervals. Physiotherapists equally have a duty to provide appropriate support and development to assistants working under their supervision⁴.

Delegation of task is determined in the context of the relationship that exists between the person who delegates and the person to whom some aspect of practice is delegated. Delegation of appropriate tasks to physiotherapy assistants is important in order to ensure the effective use of physiotherapy resources.

In Canada, over the past decades, many driving force have changed the face of health care and subsequent delivery of health services in the system⁶. Some forces that have precipitated health reform include fiscal constraints, changing demographies, an increased emphasis on the implementation of population based models of health service provision, changing public expectations and increasing client advocay7. To meet the increasing demand for physiotherapy services and in response to budgetary restraints, physiotherapists are utilizing and supervising support workers to ensure access to physiotherapy services, to maintain and enhance the quality of service delivered to the client and to increase the cost effectiveness of physiotherapy care⁸. It is difficult to define and describe the broad category of support workers. However, it is recognized that there are at least two levels support workers in Canada: Those receiving formalized (albeit non standardized) and detailed college training in a physiotherapy assistant specific program and those who are exclusively trained on the-job or those with more informal, generic or brief training9.

There are a wide variety of mid-level workers in South Africa. There are 274 registered physiotherapy assistants and 4,716

registered physiotherapists in the ratio of 1 physiotherapy assistant to 17 physiotehrapists¹⁰. The Professional Council of South Africa (HPCSA) is proposing the creation of a physiotherapy technician register. These technicians would have two vear training and they would function under supervision of a physiotherapist. The Pick Report of 2001 is a policy document about Human Resource (HR) planning that communicates an official opinion about Human Resource planning in South Africa". The report recommended that the scope of practice be defined for each professional group in order to reduce overlap between these groups. Mid-level health worker seems to reflect the realities of developing countries and are able to respond to local needs and resources¹². Many studies have examined models of successful delegation¹³ and model of constructive delegation (CD)¹⁴ but only one explored the impact of care extenders on patient outcome in physiotherapy.

In Nigeria, the usefulness of mid-level workers is a topic of diverse opinion due to fears of losing authority and control of patient care and losing work to assistants as reported also by Saunders¹⁵. In the US and UK, middle level workers such as physiotherapy Assistants, Nursing Assistants, Dental therapists, Occupational Therapy Assistants and Speech therapy Assistants are being utilized. However, there has been controversy in Nigeria over the acceptance of the training of physiotherapy Assistants in the last 10 years¹⁶. This Study was designed to survey the perception of Nigerian physiotherapists on the training and usage of physiotherapy assistants as middle level workers.

METHODOLOGY

SUBJECTS

A total of 157 physiotherapists were surveyed using a purposive sampling technique without gender discrimination and religion or ethnic bias. They were sampled from 3 State and 4 Teaching Hospitals in the southwest of Nigeria, where we can find the large number of physiotherapists. Two

Teaching hospitals in the North and 2 Federal Medical Centres in the Eastern part of Nigeria.

The instrument for this study was a structured self-administered questionnaire. The section A was used to obtain demographic data of the respondents. Such as highest qualification, years of experience and place of work. The section B was used to obtain information on their opinion about the training of physiotherapy assistants. Two hundred questionnaires were distributed to physiotherapy departments of the selected hospitals but one hundred and fifty seven (157) responded. The response rate was 78%. Prior to the study, copies of the questionnaire were distributed to 10 physiotherapists to answer and were re-distributed after 2 weeks. Their responses were found to be similar, hence, the questionnaire was found to be reliable. The data was analyzed using descriptive statistics (frequencies and percentages).

RESULTS

The physiotherapists that participated in this study comprised of eighty-nine males (57.1%) and sixty-eight females (42.9%) Ninety-four (61.8%) had first degree; fifty-five (36.2%) had Masters while only three (2.0%) had PhD qualifications. Thirty-nine (25.8%) of the physiotherapists had less than a year experience, seventy-eight (51.7%) had between one and ten years of working experience while eleven (7.3%) had between twenty to thirty years of work experience (Table 1).

TABLE 1: DEMOGRAPHIC DATA OF PHYSIOTHER APISTS

	No. Physiotherapists (PT)	Percentage (%)
GENDER		
Males	89	57.1
Females	68	42.9
MARITALSTATUS	79	54.1
Married	67	45.9
Single		
YEARS OF EXPERIENCE	CE	
<1year	39	25.8
Between 1&10 years	78	51.7
Between 10& 20 years	23	15.2
Between 20& 30 years	11	7.3
QUALIFICATIONS		
B.Sc/BMR (PT)	94	61.8
M.Sc	55	36.2
PhD	3	2.0

TABLE 3: OPINION OF RESPONDENTS ON NUMBER OF PATIENTS SHORTAGE OF STAFF, AWARENESS ON DELEGATION AND BURNOUT

Number Physiotherapists ((PT) Percentage (%)
HOW MANY PATIENTS		
DO YOU SEE INADAY?		
Between 1&3	4	2.5
Between 4&8	40	25.5
Between 9& above	113	72.0
ARE YOU SHORT		
STAFFED?		
Yes	127	82.5
No	27	17.5
ARE YOU AWARE THAT		
YOU MAY DELEGATE		
DUTIES?		
Yes	137	87.3
No	20	12.7
DO YOU EXPERIENCE		
BURNOUT?		
Yes	35	29.2
No	85	70.8

The result of this study showed that 47.8% of the respondents opined that one-physiotherapy assistants can work with a physiotherapist while 38.9% opined that 2 physiotherapy assistants can work with a physiotherapy assistants can work with a physiotherapist. The result of this study also showed that 90.7% did not support the assessment of patients by physiotherapy assistants, while 7.3% of the respondents supported it but under supervision by a physiotherapist.

TABLE 4: OPIONION ABOUT WORKING HOURS, JOB INSECURITY, WORK EXHAUSTION AND LAW

	No. of Physiotherapist (PT)	Percentage (%)
IS YOUR WORKING	<u>-</u>	
HOUR TIRING ?		
Yes	23	15.1
No	129	84.9
IS YOUR JOB SECURED?		
Yes	86	57.0
No	65	43.0
IS YOUR WORK		
PHYSICALLY		
EXHAUSTING?		
Yes	103	69.6
No	45	30.4
DO YOU EXPERIENCE		
EMOTIONAL WORK		
EXHAUSTION?		
Yes	42	28.2
No	107	71.8
SHOULD THERE BE A		
LAW/BODY		
REGULATING P.T		
ASISTANT PRACTICE?		
Yes	110	74.8
No	37	25.2

DISCUSSION

The finding of this study showed that majority of Nigerian physiotherapists supported the use and training of Physiotherapy Assistants. This lend credence to the report of Loomis⁸ who reported that in order to meet the increasing number of demand for Physiotherapy services and also in response to budgetary restraints there would be need to supervise support workers in order to ensure access to physiotherapy services, to maintain and enhance the quality of service delivered to the clients and to increase the cost effectiveness of physiotherapy care. The study also supported the view of Akor 17 who formulated a policy decision that established a rural health service for the training of "health center superintendents"

. Physiotherapy professional associations and Regulators have been engaged in collaborative initiatives aimed at defining the appropriate use of physiotherapy support personnel ¹⁸. The purpose of these guidelines is to consolidate the present regulatory perspective on the role of the support worker in physiotherapy practice.

Employment of physiotherapy assistants is expected to grow much faster than the average in all occupations through 2014¹⁸. However, the demand for physiotherapy assistants will continue to rise in accordance with the increasing number of individuals with disabilities or limited function. The increase in elderly population is synonymous to increase in chronic and debilitating diseases, hence, there is in need for therapeutic interventions. Also, there is increase in cases of heart attacks and

strokes and this is increasing the demand for cardiac and physical rehabilitation. In addition, future medical developments should permit an increased percentage of trauma victims to survive, creating added demand for physiotherapy services¹⁸. The extent to which the Physiotherapy assistant is involved in treatment depends upon the relevant physiotherapists registration act, the policies of the health facility, the direction of the supervising physiotherapist, the needs of the patients, and the capacity of the physiotherapy assistant¹⁹.

Substantial number of physiotherapists was aware that physiotherapists may delegate part of their duties to PAs. This is important for effective outcomes and was supported by the Chartered Society of Physiotherapists⁴, which stated that delegation of appropriate tasks to physiotherapy assistants is an important way of ensuring the effective use of physiotherapy services. In order for delegation of physiotherapy assistants to be successful, the physiotherapists must be committed to delegation and supervision. If physiotherapists decide not to delegate due to professional or personal views against delegation, the system will fail ¹⁵.

Most PTs opined that a regulatory body or Act should be established or enacted to control the practice of PAs. This may eventually eradicate quackery. A moderate number of physiotherapists opined that 1 to 2 PAs can work with 1 licensed physiotherapist but this completely contradicted the ratio of 1 PA to 17 physiotherapists in South Africa. The Nigerian population may require a lesser number of PAs even if training is approved because of the present unfavourable health policy militating against employment of more physiotherapists in the hospitals.

The study also found that majority did not experience burnout despite the workload of attending to above 9 patients per day within the normal working hours. But they reported that their work was physically exhausting. This result contradicted that of Balogun et al²⁰ who reported high prevalence of burnout among physical and occupational therapists in various

clinical setting in New York City, and this was attributed to lack of support. Balogun et al²⁰ found that there was high emotional exhaustion and depersonalization but low personal achievement traits among physiotherapists. Almost all the respondents in this study did not support the idea of permitting PAs to examine patients. This may be out of fear that they may take over their jobs if given such opportunities. Physiotherapy assistants cannot, under any circumstances, substitute for a physiotherapist in assessment, diagnosis, program planning/program evaluation or client/family education²¹.

CONCLUSION

This study concluded that majority of physiotherapists supported the use of physiotherapy assistants in their workplace as a middle level worker and also, majority of physiotherapists supported the training of physiotherapy assistants in Nigeria but did not support the permission of Physiotherapy Assistants to assess or examine patients.

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