Vol. 23(1), pp. 8-13, January-June 2024

DOI: 10.5897/JNSP2021.0023 Article Number: BB5C97E72017

ISSN 0331-3735
Copyright © 2024
Author(s) retain the copyright of this article
http://www.academicjournals.org/JNSP



Journal of the Nigeria Society of Physiotherapy

Official publication of the Nigeria Society of Physiotherapy

Review

Building the future physiotherapist: Transcending boundaries to creative thinking

Shuaib Sani Shuaib

Neurophysiotherapy Unit. Barau Dikko Teaching Hospital. 800212 Lafiva Road. Kaduna. Nigeria.

Received 23 December, 2021; Accepted 27 March, 2024

Disruptive and undetermined events continue to give a new outlook to industries, including that of healthcare. Failure to continuously renew and standardize approaches among organized professions in healthcare, like physiotherapy, will continue to give more power to alternative health marketplaces, widen the knowledge-practice gap, reduce professional prestige and policy protection, slow down innovation, expand inter- and intra-professional conflicts, and increase health system inefficiencies. In light of these challenges, it is becoming clear that physiotherapists need to engage in a critically informed discussion to match the present practice of physiotherapy to that of the future, thereby transcending boundaries through creative thinking. Providing a roadmap to building the future physiotherapist, this paper will therefore attempt to address critical avenues such as professionalism/corporate culture, alternative health marketplaces, ever-changing health policies (including commercialization), the knowledge-practice gap, professional prestige, technological advancements, inter- and intra-professional conflicts, rising patient expectations, perception of the health system as inefficient, as well as threats and benefits from an increasingly aging population.

Key words: Physiotherapy, future physiotherapist, professional challenges.

INTRODUCTION

With the privilege of orthodoxy, physiotherapy has grown into one of the most esteemed health professions (Turner, 2001; Akodu et al., 2018). However, like other professions, it is also experiencing its fair share of challenges (Afzal, 2017). A statement often attributed to Einstein and termed as the law of quantum insanity, as stated in the 2015 issue of "The Sciences" (Frank W, Quantamagazine Scientific American (2015), serves as an important reminder for both those who believe physiotherapy should remain unchanged and those who advocate for change without corresponding efforts. This statement suggests that "insanity is doing the same thing over and over and expecting different results."

Physiotherapists should recognize that there is always room for improvement and that expectations alone do not bring about change. The responsibility of building future physiotherapists lies with governments (including policymakers and institutions) as well physiotherapists themselves. It is becoming increasingly clear that physiotherapists need to engage in a critically informed discussion about the profession's future to ensure planned growth and sustainable professional development. Consequently, such discussions, along with similar ones, can be used to advocate for collective healthcare reform (Jaime and King, 2020; Manchikanti et al., 2017).

E-mail: drsss.pt@gmail.com.

Author(s) agree that this article remain permanently open access under the terms of the <u>Creative Commons Attribution</u> <u>License 4.0 International License</u>

This discussion focuses on the practice of physiotherapy, particularly in the Nigerian context, and will address critical areas such as true professionalism/corporate culture among physiotherapists, alternative medicine, ever-changing health policies (including healthcare commercialization), the knowledge-practice gap, professional prestige, technological advancements, interand intra-professional conflicts, growing patient expectations, and the perception of an inefficient and ineffective health system.

METHODOLOGY

Bibliographic databases from various settings and populations were utilized, without limitation to the year of publication. Search terms included challenges in physiotherapy, the democratization of healthcare, health trends, theory and practice gap in physiotherapy, healthcare reform, professional prestige in physiotherapy, future of healthcare, rehabilitation factsheet, and conflict in healthcare. Studies focusing on trends and future work in physiotherapy and healthcare practices were included, while others were excluded.

Employing Messick's concept (Dellinger, 2005), this manuscript was initially evaluated by a group of three physiotherapists. The evaluated manuscript was then presented to seven faculty members from the College of Health Sciences, Bayero University, and all comments were recorded. A plenary presentation was delivered at the National Conference of the Nigeria Society of Physiotherapy (NSP), and comments from four plenary members and the audience were also noted. In all instances, satisfaction surveys revealed that all commentators and reviewers were satisfied with the contents of the manuscript.

CREATIVE THINKING

Creative thinking is often unavoidable in certain situations, but it may be hindered when individuals or groups become accustomed to unchanging circumstances. Creative thinking serves as a pathway to improvement and provides a sense of self-direction. It not only encourages thinking inside or outside the box but also introduces new ideas that could address emerging challenges in physiotherapy and healthcare more broadly.

CRITICAL AREAS FOR PHYSIOTHERAPIST GOING INTO THE FUTURE

Professionalism/corporate culture

According to Forsyth and Danisiewicz (1985), professionalization encompasses not only the knowledge acquired and its value to the professional but also the perception and significance attributed to the profession by the public and government or legislators. In physiotherapy, particularly in Nigeria, discussions often revolve around the profession's perceived lack of rightful recognition rather than proactive efforts to shape public and governmental perceptions of its importance. Efforts to influence both public and governmental perceptions

about physiotherapy can be made by providing physiotherapists with frameworks to cultivate and sustain high levels of professionalism in both private and public practice settings (Praestegaard and Gard, 2013). Leach (2003), in his publication on "professionalism in probation," emphasized the importance of quality research for professional development, implementing findings, and staying abreast of developments to enhance professionalism and corporate culture.

Regarding professionalism, the potential pitfall of repetitive practice has been highlighted by Dale and Trlin (2010), who argued that such practices tend to attract individuals who prefer routine, discouraging those seeking opportunities for creativity. This can lead to professional stagnation and hinder the attainment of professionalism in its truest form. Professionalism is associated with accountability, excellence, duty, honor, and integrity (Dale and Trlin, 2010), qualities that are crucial now and will remain essential in the future, even among physiotherapists.

Alternative medicine

The democratization of healthcare has provided patients with opportunities to explore various care alternatives, leading to an increasingly competitive health market space. A notable response to these changes is the shift in healthcare towards reducing out-of-pocket payments and emphasizing health improvement and maintenance. rather than solely focusing on treatment. This approach aims to reduce costs and increase the frequency of visits to health facilities by individuals (Tang et al., 2016). However, physiotherapists often lament that patients tend to seek their services at a late chronic stage of their ailment due to the availability of alternative care options and efforts to cut costs (Balogun, 2015). To assess how well physiotherapy adapts to these dynamics, Balogun that despite hopeful beginnings, notes physiotherapy tends to lag behind other healthcare units.

The phenomenon of alternative health marketplaces has been observed to benefit patients (Tang et al., 2016). Consequently, physiotherapists must find ways to position themselves in this healthcare space to emerge as the preferred professionals for patient care while ensuring that their treatments remain cost-effective.

Ever changing health policies (including commercialization)

In the realm of ever-changing health policies, mainstream healthcare is heavily influenced by both government regulations and private players due to commercialization efforts (Brody, 2014). The current healthcare model reflects government objectives of achieving universal health coverage, albeit with some arguing that these objectives have become unclear, and private sector

objectives of profitability (US Institute of Medicine, 2008). Consequently, health is regarded as both a social and commercial tool. As government policies lean towards universal health coverage and reduced out-of-pocket payments, obtaining health insurance for certain services, such as physiotherapy in Nigeria, from health maintenance organizations (HMOs) becomes increasingly challenging.

Fundamental to genuine reform is the public value attached to healthcare services (Porter and Teisberg, 2006). Improved patient value signals equivalent or better outcomes at a given cost. Delivering care of value presents an opportunity to align the interests of all stakeholders and catalyze system-wide policy changes for the benefit of patients and physiotherapists, thereby enhancing accessibility to physiotherapy and other healthcare services (US Institute of Medicine, 2008; Moore, 1995).

Knowledge practice gap

The knowledge-practice gap refers to a state of imbalance between acquired knowledge and its application for patient care. To address this issue, the Chartered Society of Physiotherapy (CSP, 1996) developed a new undergraduate framework for physiotherapy in the United Kingdom (UK). Carolyn et al. (1998) recognized the negative impact of this gap on the pace of development within the physiotherapy profession, aligning with Thompson (1995), who emphasized the role of knowledge in guiding professional practices. Argyris and Schön (1974) also noted that students may struggle to translate knowledge into practice during their training, a challenge that may persist among practicing physiotherapists. Thus, it is essential for physiotherapists to understand that effective practice relies on translational knowledge, and culture alone cannot serve as evidence for interventions. Closing the existing knowledge-action gap is crucial for resolving persisting issues with low-quality care (Sim, 1995).

Professional prestige

As per Balogun (2015), the term "Profession" originates from Latin, signifying "a public declaration with the force of promise." Balogun further introduced the concept of "vocational career" as a third category alongside the Etzioni classification (Etzioni, 1969), which categorizes occupations into "Semi-Professions" or "Learned (or True) Professions." Balogun suggested that while True professions hold high esteem and political power, Semi-Professions possess restricted autonomy and decision-making power affecting both themselves and the general populace. Vocational careers, on the other hand, demonstrate technical skills but lack depth in knowledge.

A study examining professional prestige in Nigeria across eleven professions found that physiotherapy ranked 6th in prestige and 7th in remuneration (Mbada et al., 2015). This highlights the necessity for public awareness regarding the role of physiotherapy in Nigeria and emphasizes the importance of building a robust professional identity and ethical responsibility within the field. Similarly, a study in Albania revealed that physiotherapy ranked second in prestige among eleven selected professions.

Technological advancements and rising patients' expectations

Technological advancements in healthcare have raised patients' beliefs and expectations. Vatandoost and Litkouhi (2018) reviewed technological advances in medical sciences and concluded that artificial intelligence (AI), robotic surgery, 3D printing, and information technology (IT) could affect hospital design, making professionals assume a more passive stance. This would eliminate the need for diagnosis and imaging, bring telecare more into the mainstream, and establish a decentralized healthcare system. This is an important lesson and insight for physiotherapists as they move into the future.

Inter and Intra-professional conflicts

Inter and Intra-professional conflicts have been reported to occur mostly as a result of communication gaps (Shin, 2009). Healthcare literature (Dougan and Mulkey, 1996; Nicholls and Gibson, 2010; Jameson, 2003; LeTourneau, 2004; Patton, 2014) revealed interdependence, more independent professionals, higher university education, decision-making discontent, expectation, repressed conflict, personality differences, value differences, and blurred job boundaries as major causes of conflicts. It should be noted that the effect of changes in healthcare framework on groups and individuals would likely increase conflict (Cox, 2001) because it will be to a perceived benefit or detriment of one or more groups. Cox (2001) found that job satisfaction is inversely associated with conflict and that a reasonable degree of conflict might help in shaping the system (Patton, 2014). Hence physiotherapy need to renegotiate their practices within the scope of the profession, strive for more independence, higher university education also findings ways to work with other professionals.

Perception of the health system Inefficiency and Ineffectiveness

Joseph Balogun summarized healthcare system inefficiency as follows:

In a progressive interdisciplinary practice setting, the 'leader' of the team in charge of each patient varies from time to time depending on the treatment plan. For example, a dentist may be a 'leader' of an interdisciplinary team managing a patient with temporomandibular joint pain. Similarly, a physiotherapist may be the 'leader' of an interdisciplinary team managing a patient with autism (Balogun, 2015).

He further mentioned that, "Paradoxically, the healthcare system is the only pluralistic establishment that I know of where a 'leader' is assumed in perpetuity and not democratically elected. But things are changing as the functioning of the healthcare system is becoming more interdisciplinary in practice."

Threat and benefit from increasingly ageing population among others

The benefit is that of having more patients in need of physiotherapy and rehabilitation services, and the threat is that of the system and practices in physiotherapy not designed to have an older workforce (EMEA, 2017), stressing the need for a new approach to physiotherapy practice like more passive than active ways of patient management. The above critical areas physiotherapists going into the future need to be contextualized with some key revelations from the history of the development of Physiotherapy, to propose new initiatives for physiotherapists going into the future. Some of these historical revelations include: the link between the emergence of Physiotherapy as a distinctive profession and the World Wars (Backlay, 1995); and the fact that in physiotherapy the body has not been widely written about, and as a result, the profession has abandoned philosophies of the bodies which serve to distinguish body forms for an all-round appreciation of the physiotherapy practice, not just the body-to-hand approach (Nicholls and Gibson, 2010).

Connected to the above systemic integration of some critical areas and historic revelation, it is safe to propose to that:

- 1. For the future physiotherapist, there should be an understanding of the fact that some major events (like the world wars and polio epidemic) created important conditions for the establishment of the physiotherapy profession, now COVID 19 has provided yet another foundation for future growth and sustainable development.
- 2. There is also the need for future physiotherapists to appreciate their scope of practice in the light of health and illness, disability, disorder inter and intra professionally.
- 3. The future physiotherapist is the one who will adopt him/herself to the alternating health marketplace by creating more public value to his practice, to survive government reforms for example is the recent civil

- service reform in Nigeria (quest to right-size the workforce).
- 4. The future physiotherapist will strive to place him/herself high on patients' trust radar, through high-quality care and innovations including letting patients take part more in defining their care and health.
- 5. The future physiotherapist will strive to use creative ways of seeing the body in ways such as social, gendered, or the post-human (cyborg) body, helping him/her to view the entire health system differently at his advantage.
- 6. For a secured future, physiotherapists will continuously strive to review their model(s) of practice to understand the complexities of patients' care within the neuromusculoskeletal framework.
- 7. Going into the future, physiotherapists should work to establish themselves as first contact practitioners and primary diagnostician by redefining the physiotherapy approach to assessment, care, and collaboration.
- 8. The basis of medicine throughout history is humanism (Hulail, 2018). The future in physiotherapy is that of learning a lesson from reforms through humanism in medical practices. An example is a lesson from surgery practices of anesthesia.
- 9. Future physiotherapists should also key into public health system boundary reforms for example according to the CSP, physiotherapists have been allowed to prescribe drugs in the UK for almost a decade now.
- 10. Through hospital admission, physicians learned to use constant surveillance as a way to encourage compliance, future physiotherapists should find ways to do the same with the home programs (Armstrong, 1995).
- 11. By aspiring for professional excellence, future physiotherapists could build themselves into a more wealthy professional class that others would aspire to become because with recognition and wealth comes influence.
- 12. A lesson from history (world wars and polio epidemic) is that some hospitals employ the services of physiotherapists than that of other professionals. Future physiotherapists should work to make themselves relevant in similar ways, if not in all ways, then at least in the field of rehabilitation.
- 13. Future physiotherapists should get to work in building stronger bridges with other professionals, it is an important strategy employed by the founders of the physiotherapy profession to command support and autonomy.
- 14. A future physiotherapist should embark on selective career guidance to encapsulate into the profession the social and political breed of people lacking in the sphere of physiotherapy practice, at least here in Nigeria.
- 15. In a bid to differentiate themselves from members of the general medical society, physiotherapists should find ways to fill more gaps in healthcare, explore more of their scope and streamline it with existing practices.
- 16. There is a need for future physiotherapists to understand health not just from the aspect of treatment,

but also of enhancement and maintenance like it is done in plastic and reconstructive surgery.

- 17. One of the best ways to effect changes is by building system(s). A future physiotherapist should work on a continuous process to strengthen and prove allegiance to his professional body as a powerhouse for both licensed and prospective members. Also aiding the regulatory body for standard policing & unified practice. For example Support for the Physiotherapy Postgraduate College of Nigeria (PPCN) and push for the need to recognise the college by the government in Nigeria.
- 18. A future physiotherapist will constructively criticize the physiotherapy practices and use that as a way to improvement.
- 19. For the future, physiotherapy should explore other branches of knowledge and use that to cast a critical eye over practices in the profession.
- 20. The physiotherapy profession should recognize how fields like Artificial intelligence (AI) and Machine learning (ML) can be used to the profession's advantage, turning technological fantasies into reality.
- 21. A future physiotherapist will strive for variety in practice and move away from repetitive treatments, finding a way to get his/her desired result in the least possible time.
- 22. To survive the competitive healthcare marketplace, the future physiotherapist should labor to create a favorable patient experience and use patients as advocates of his/her intervention.
- 23. A future physiotherapist will continue to secure protection for his title not just as Dr of Physiotherapy but also as an orthodox provider of rehabilitation through establishments, also working to consolidate access to the patient as a primary carer, expanding protective legislation.
- 24. The future physiotherapist needs to understand that wider access and influence in healthcare need access to primary healthcare.

CONCLUSION

In building the future physiotherapist, key professional areas of reform should include improved accountability in practice, excellence in training, dutifulness, honor, and integrity. These attributes are essential for attracting creative individuals who seek to benefit from becoming members of the profession. Moreover, they contribute to shaping positively the perception and importance attached to the profession by the public and the government (Forsyth and Danisiewicz, 1985; Praestegaard and Gard, 2013; Leach, 2003; Dale and Trlin, 2010).

CONFLICT OF INTERESTS

The authors have not declared any conflict of interests.

REFERENCES

- Akodu AK, Akinfeleye AM, Nwajueboe AC (2018). Perceptions of physiotherapy as a possible career choice among prospective university students in Nigeria. Journal of Taibah University Medical Sciences 13(4):355-363.
- Afzal F (2017). Major Challenges the Physiotherapy Profession Faces in Expanding its Role in Health, Prevention, and Wellness Services. Physiotherapy and Rehabilitation 2:151.
- Argyris D, Schön D (1974). Theory in practice: Increasing professional effectiveness. Jossey-Bass, San Francisco, CA Bell AJ 1994 Mechanotherapy, man and machines. Physiotherapy 80:61-65.
- Armstrong D (1995). The rise of surveillance medicine. Sociology of Health and Illness 17(3):393-404.
- Backlay J (1995). In Good Hands; History of Chartered Society of Physiotherapy 1894-1994. Oxford: Butterworth Heineman.
- Balogun J (2015). Professionalization of Physiotherapy in Nigeria: Challenges, Threats and Opportunities. [Cited 28th Nov 2021]. Available at: https://www.researchgate.net/publication/283504876
- Brody H (2014). Economism and the commercialization of health care. Journal of Law, Medicine and Ethics 42(4):501-508.
- Carolyn R, Alistair H, Stuart W (1998). The theory practice gap and physiotherapy in the UK: Insights from the nursing experience. Physiotherapy Theory and Practice 14(4):223-233.
- Chartered Society of Physiotherapy, CSP (1996). Curriculum framework. Chartered Society of Physiotherapy, London Chartered Society of Physiotherapy Research Development Group 1996a Physiotherapy research and continuing professional development: The way forwards. Physiotherapy 82:58-62.
- Cox KB (2001). The effects of unit morale and interpersonal relations on conflict in the nursing unit. Journal of Advanced Nursing 35(1):17-25.
- Dale MP, Trlin A (2010). Leadership and probation officer practice in New Zealand. The Journal of Community and Criminal Justice 57(2):121-138.
- Dellinger A (2005). Validity and the review of literature. Research in the Schools. [Cited 26th Jan, 2022]. Available at (PDF) Validity and the review of literature (researchgate.net)
- Dougan WL, Mulkey LM (1996). Individual, organizational and contextual antecedents of perceived conflict among administrators in mental health service delivery systems. Applied Behavioral Science Review 4(1):1-21.
- Europe, the Middle East and Africa (EMEA White Paper) (2017). An ageing population: a threat or an opportunity for your business? (2017) EMEA ageing population whitepaper. [Cited 28th Nov 2021]. Available at http://Aon EMEA Ageing Population Whitepaper.PDF
- Etzioni A (1969). The Semi-Professions and their Organizations: Teachers, Nurses and Social Workers. New York Free Press.
- Frank W, Quantamagazine Scientific American (2015). Einstein's Parable of Quantum Insanity. https://www.scientificamerican.com/article/einstein-s-parable-of-quantum-insanity/
- Forsyth BF, Danisiewicz TJ (1985). Toward a theory of professionalization. Work Occupations 12(1):59-76.
- Hulail M (2018). Humanism in medical practice: what, why and how? World Journal of Medical Education and Research 20(1).
- Jaime S, King JD (2020). Covid-19 and the Need for Health Care Reform. England Journal of Medicine 382(26).
- Jameson J (2003). Transcending Intractable Conflict in Health Care: An Exploratory Study of Communication and Conflict Management among Anesthesia Providers. Journal of Health Communication 8(6):563-581.
- Leach T (2003). "Oh my country, how I leave my country": some reflections on a changing probation service. Probation Journal 50(1):20-29.
- LeTourneau B (2004). Physicians and Nurses: Friends or Foes? Journal of Healthcare Management 49(1):12-15.
- Manchikanti L, Helm Ii S, Benyamin RM, Hirsch JA (2017). Evolution of US Health Care Reform. Pain Physician 20(3):107-110.
- Mbada CE, Ola-Ojo MJ, Johnson OE (2015). Awareness, knowledge and perception of professional identity of physiotherapy among residents of three rural communities in Ife North local government, south west, Nigeria. Ghana Journal of Physiotherapy 6(1):1-14.

- Moore M (1995). Creating Public Value Strategic Management in Government. Cambridge: Harvard University Press.
- Nicholls D, Gibson B (2010). The body and physiotherapy. Physiotherapy Theory and Practice 26:497-509.
- Nicholls DA, Gibson BE (2010). The body and physiotherapy. Physiotherapy Theory and Practice 26(8):497-509.
- Patton C (2014). Conflict in healthcare: A literature review. The Internet Journal of Healthcare Administration 9(1).
- Porter ME, Teisberg EO (2006). Redefining Health Care: Creating Value-Based Competition on Results. Harvard Business Press (US).
- Praestegaard J, Gard G (2013). Ethical issues in physiotherapy-reflected from the perspective of physiotherapists in private practice. Physiotherapy Theory and Practice 29(2):96-112.
- Rae-Dupree J (2009). Disruptive innovation, applied to health care. [Cited 24th Jan, 2022]. Available at http://www.nytimes.com/2009/02/01/business/01unbox.html.
- Shin J (2009). Developing constructive and proactive conflict management strategies in healthcare. Journal of Communication in Healthcare 2(1):78-94.
- Sim J (1995). Sources of knowledge in physical therapy. Physiotherapy Theory and Practice 11(4):193-194.
- Tang PC, Smith M, Adler-Milstein J, Delbanco TL, Downs SJ, Ness DL (2016). The Democratization of Health Care. Discussion Paper, Vital Directions for Health and Health Care Series. National Academy of Medicine, Washington, DC. Available at: https://nam.edu/wpcontent/uploads/2016/09/ the-democratization-of-health-care.pdf.

- Thompson N (1995). Theory and practice in health and social welfare. Open University Press, Buckingham.
- Turner P (2001). The occupational prestige of physiotherapy: perceptions of student physiotherapists in Australia. Australian Journal of Physiotherapy 47(3):191-197.
- US Institute of Medicine (2008). Evidence-Based Medicine and the Changing Nature of Healthcare: 2007 IOM Annual Meeting Summary. Washington (DC): National Academies Press (US); 7, Policy Changes to Improve the Value We Need from Health Care. [Cited 28th Nov 2021]. Available at: https://www.ncbi.nlm.nih.gov/books/NBK52830/
- Vatandoost M, Litkouhi S (2018). The Future of Healthcare Facilities: How Technology and Medical Advances May Shape Hospitals of the Future. Hospital Practices and Research 4(1):1-11.