

PHYSIOTHERAPY SERVICE NEEDS: PHYSICIANS' PERCEPTION AND PATIENT REFERRAL IN HUKM

Ayiesah Ramli.*

ABSTRAK

Tujuan menjalankan kajian ini adalah untuk mengenalpasti persepsi pegawai perubatan terhadap imej profesional ahli fisioterapi, sebab-sebab pesakit dirujuk kepada ahlfisioterapi dan sama ada persepsi tersebut mempengaruhi rujukan pesakit kepada ahli fisioterapi. Kajian soal-selidik yang mengandungi dua bahagian ini telah digunakan untuk menyelidik pegawai-pegawai perubatan. Bahagian pertama soal selidik mengandungi pembolehubah demografi manakala bahagian kedua rnengandungi kenyataan sikap yang berdasarkan profesionalisma kriteria Moore dan sebab-sebab rujukan dibuat kepada ahlfisioterapi. Dua ratus soal-selidik telah diedarkan dan hanya seratus enam belas telah dikembalikan. Kajian mendapati pegawai perubatan berpandangan bahawa ahlfisioterapi mempunyai sikap profesionalisma, namun demikian, mereka kurang pasti terhadap pengetahuan, kepakaran dan autonomi yang ditonjolkan oleh ahli fisioterapi. Korelasi Spearman menunjukkan ada hubungan yang positif di antara persepsi pegawai perubatan dan rujukan pesakit yang dibuat kepada ahli fisioterapi ($p < 0.05$).

Kata kunci: Profesional, rujukan pesakit, pegawai perubatan, Ahli Fisioterapi

ABSTRACT

The purpose of this study is to identify the Physicians' perception of the professional image of the physiotherapists in HUKM, the reasons for patient referral to the physiotherapists and whether the perception have influence on patient referral. A two-part questionnaire was used to survey the sample of doctors. The first part contained demographic variables whereas the second part contained attitudinal statements based on Moore's criteria of professionalism and reasons for referral. Two hundred questionnaires were distributed and one hundred and sixteen were returned. The results indicated that the responding doctors viewed the physiotherapists as possessing some degree of professionalism, however there was relatively less agreement with the professional aspect of knowledge, skills and autonomy of judgment posed by the physiotherapist. Spearman correlation demonstrates positive association ($p < 0.05$) between the Physicians' perception and the referral of patient to the physiotherapists.

Key rvords: Professional image, patient referral, doctors, and physiotherapists

INTRODUCTION

In the Malaysian setting, physiotherapy services are provided by most general hospitals and district hospitals throughout the countries' National Health Services. In rehabilitation, it is the physiotherapists aim to help disabled people to maximize their potential capabilities of achieving function and independence for activities of daily living. Leavitt (1992) points out that "rehabilitation is a means of limiting or decreasing the costs of disability that have accrued to an individual or society such as the costs of medical or custodial care, and the costs of limiting another family member's economic productivity". Furthermore, there is increased recognition of the social value of rehabilitation including acceptance that education, independence, and social interaction are human rights that should not be denied to people with disabilities.

However, to receive physiotherapy services, a patient needs to be referred by physicians or specialists through a referral letter. The referral letter constitutes the first contact between patient and physiotherapists. In the referral letter a diagnosis is stated and it may or may not include a prescription for the kind of physical therapy to be applied. If a prescription is included, then the physiotherapists is legally obliged to follow it unless the prescribed treatment is either contra-indicated or ethically inappropriate in which case the physiotherapist should contact the referring doctor.

In view of this requirement and the need to identify the most effective treatment in terms of both therapeutic results, physicians should have a thorough understanding of both physical therapy modalities and evaluative procedures. If physicians do not have an accurate impression of what physiotherapists actually do, then the available skills and services of physiotherapy will be undemtilized and the patients will not receive the appropriate treatment that is required. There are

* Unit Fisioterapi, Fakulti Sains Kesihatan Bersekutu UKM

convincing arguments that certain patients may be **disadvantaged** by the present arrangements, as well as the established fact that many patients, some with **recurring** conditions already treated by physiotherapy, want to come directly to the therapists.

Physiotherapy and the referral system

Historically, the concept of compulsory medical referral was most important in the early days when the young physiotherapy profession was struggling for recognition - to distinguish between the ethical masseurs **from** the less reputable individuals. **This** was most worthy at that time, as it is still in many situations, for the protection of the patient. This was obvious when the long-standing policy of the professional association in Australia has supported the concept that it is unethical for a member to act in a professional capacity except on referral by a registered medical or dental practitioner (APA 1969). However, in August 1976 a decision was made by the Federal Council of the Australian Physiotherapy Association to rescind this ethic (Federal Council 1976) that allows the resolution to be made allowing members of APA to act as first-contact practitioner and that each member must at all times be familiar with his or her legal and ethical responsibilities to act accordingly to the patient's best interest. This is a controversial matter. This concept of rescinding the ethic of compulsory medical referral initially may cause many physiotherapists to feel uneasy. **This** is understandable because traditionally physiotherapists have been trained to accept the notion not to treat patients without medical referral and early lessons well learned are difficult to unlearn at a later date.

Bourne (1981) indicated, "most doctors know little about physical therapy but they prescribe it". Levine and Kliebhan (1981) suggested that "a physician must understand the principles and methods that physiotherapists use to treat physically disabled children. With this understanding, a physician can appropriately include therapy services and comprehensive diagnostic and treatment planning. However, it is not enough in having this information as there must be clear and **frequent** communication between therapists and physicians". Engles (1979) performed a study in which medical students were instructed by physiotherapists in musculoskeletal examination. Results of questionnaires indicated that medical students did not "have an accurate impression of what therapists actually did....and awareness of the available skills and services could lead to better use of those skills by the prescribing physicians....." **This** inaccuracy may be related to the lack of education received by the majority of medical students regarding the services provided by the physiotherapists.

The need for **establishing** physiotherapists as **professionals** has been **highlighted** in recent years by several leaders in the field. Bourne (1981) states that, "though therapists have begun the climb but they have not yet ascended to the summit of their professional capabilities". As Ritchey et al. (1989) conclude that "greater professional autonomy is likely to be acquired by physical therapists' capabilities". **This** conclusion was reached on the basis of the fact that knowledge of the concrete pragmatic services that physiotherapists can provide is the decisive variable in increasing referrals at all levels of competency. Physician's **knowledge** regarding physiotherapists improves with good working relationship and eventually they regard the physiotherapists as their main source of **information**. This explains why knowledge and close co-operation co-vary with one another.

Because physicians are at the "top of the pyramid" of health care professions, they have profound influence on the profession of physiotherapy. A study investigating the doctors' perception of the professional image of physiotherapists is important in understanding doctor-physiotherapist relationship and in the continuing development of physiotherapy as a profession. This paper aims to identify the physicians' perception of the professional image of physiotherapists in HUKM, their reasons for referral of patient and whether this perception has an influence on the patient referral to the physiotherapy unit.

METHODOLOGY

A questionnaire design consisting of two parts were used in the study. Part A constitutes demographic profiles of the sampling group whereas Part B relates to attitudinal statements on the professional image of the physiotherapist (according to Moore's criteria of professionalism) and reasons for referral of patient to the physiotherapy unit.

The hypothesis of this study: "A positive professional image of the physiotherapists would influence increase referral of patient to the physiotherapists". The data to assess the significance of the above hypothesis were evaluated descriptively by the use of computer software, Statistical Package for Social Sciences version 11. Bivariate analysis using Spearman's rho correlation was done to demonstrate relationship between professional image, which function as dependent variable, and reasons for patient referral as independent variable. A probability value of less than 0.05 is considered significant. The ordinal variable was coded 1-strongly disagree, 2-agree, 3-uncertain, 4-disagree and 5-strongly disagree.

SAMPLE

A cover letter was made to the Director of Hospital UKM for approval of participation from doctors from various units of the hospital. Following approval, a pilot study was carried out to test the validity of the instrument. The questionnaire were then corrected and distributed to other staffs. The physiotherapists who were posted to different units of the hospitals helped distribute the questionnaires randomly to all medical personnel who is in their ward and then collected it later after a few days. However, out of the 200 total questionnaires that was distributed only 116 (58%) was returned. Reasons for not getting the questionnaires were workload, the questionnaires got lost and lack of time. Coding was not used on the questionnaire, so

that it was impossible to identify respondents, thus ensuring anonymity.

RESULTS

A total of 73 (62.9%) of the sampling group were males and 43 (37.1%) of them were females. Most of them are working in different units of the hospitals. Figure 1 demonstrates the area of specialization among the doctors: 1.7% (2) are Neurologist, 2.6% (3) Surgeons, 2.6% (3) Anaesthetist, 2.6% (3) Physicians, 4.3% (5) Paediatricians, 14.7% (17) Orthopaedic surgeons, 53.4% (62) Medical officers and 6% (7) others to include specialists from different field of specialization.

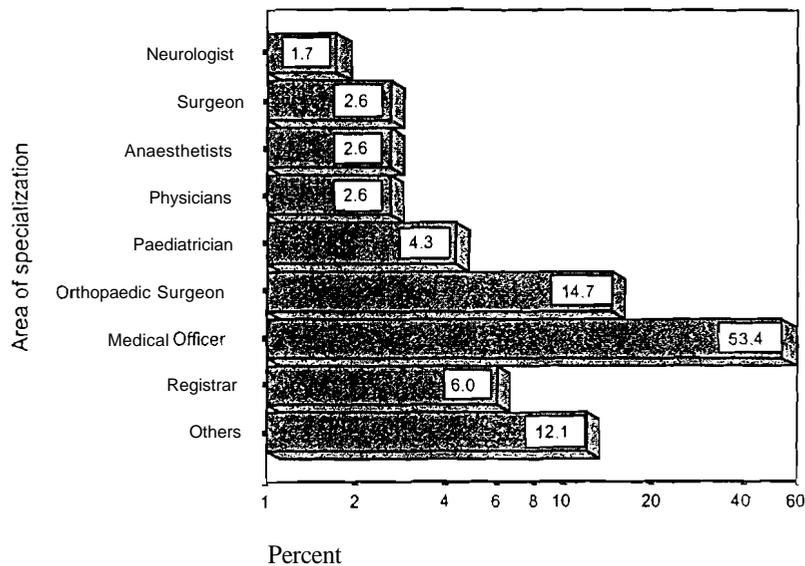


Figure 1: Area of specialization among doctors

The doctors are from various background of working experience. Most of them have had 5 to 10 years of working experience (52.6%), 38.8% with less than 5 years of work experience while 8.6% of them were already working for 11 to 15 years (Table 1).

Table 1: Percentages according to work experience in years (n=116)

Working experience (years)	Sampling group (n)	(%)
< 5 years	45	38.8 %
5 - 10 years	61	52.6 %
11 - 15 years	10	8.6%

Most of the doctors strongly agree (63.8%) while 36.2% agree that the physiotherapists played an important role in the health care system (Table 2). They also strongly agree (38.8%) and agree (50.9%) that the physiotherapists present themselves professionally. However, when asked whether the physiotherapists educate the public about their roles, 45.7% were not sure whether the physiotherapists do so and 26.7% disagree that the physiotherapist make no effort in educating the public about their role. A total of 44.8% agree that the physiotherapists do provide feedback to the doctors about their patients condition following referral to physiotherapists, however 29.3% were uncertain that this was done and 19.8% disagree that the physiotherapists provided enough feedback to them following their referral of patient. Physiotherapists should create more opportunity for them to provide feedback to doctors.

Table 2: Doctors' perception of the physiotherapists' role

Professional image of PT's among Doctors'	SA	A	UC	D	SD
	No. (%)				
1. PT played an important role in health care system	74 (63.8)	42 (36.2)	-		
2. PT presents professionally among health care team	45 (38.8)	59 (50.9)	12 (10.3)		
3. PT does not educate the public about their roles	1 (0.9)	27 (23.3)	53 (45.7)	31(26.7)	4 (3.4)
4. PT communicate effectively	9 (7.8)	52 (44.8)	26 (22.4)	26 (22.4)	3 (2.6)
5. PT provides feedback to doctor	4 (3.4)	52 (44.8)	34 (29.3)	23 (19.8)	3 (2.6)
6. PT have poor relationship	11 (9.5)	25 (21.6)	-	66 (56.9)	14 (12.1)
7. PT competent to make decisions about patient care	6 (5.2)	84 (72.4)	23 (19.8)	3 (2.6)	
8. PT have good knowledge	2 (1.7)	56 (48.3)	57 (49.1)	-	1 (0.9)
9. PT need to consult doctor prior to carrying out treatment	9 (7.8)	74 (64.7)	17 (14.7)	15 (12.9)	-

* SA – strongly agree, A – agree, UC - uncertain, D –disagree, SD – strongly disagree, PT-physiotherapist

The doctors disagree (56.9%) that the physiotherapist has poor relationship with them while 44.8% of them agree that they have effective communication level with the physiotherapists. This indicates that the physiotherapists have a considerable working relationship with the doctors, which needs to be enhanced further. A total of

48.3% of the doctors agree that the physiotherapists have good knowledge while 49.1% is not certain whether the physiotherapists actually have good knowledge. Most of the doctors agree (72.4%) that the physiotherapists are competent to make decisions about patient care however 64.7% agree that the physiotherapists need to consult the doctors prior to canying treatment.

Table 3: Reasons for referral for patient to physiotherapist.

Reasons for referral of patient to Physiotherapist	SA	A	UC	D	SD
	No. (%)				
1. Service has good access for patients' both geographically and availability	23 (19.8)	77 (66.4)	13 (11.2)	3 (2.6)	
2. Patient needs PT's provision of assessment, treatment and advice	44 (37.9)	68 (58.6)	2 (1.7)	2 (1.7)	
3. PT provides high degree of patient satisfaction	11(9.5)	53 (45.7)	50 (43.1)	1 (0.9)	1 (0.9)
4. To obviate use of drugs or injection	8 (6.9)	63(54.3)	22 (17.2)	20 (17.2)	3 (2.6)
5. When all else failed and I am desperate		9 (7.8)	18 (15.5)	68 (58.6)	21 (18.1)
6. Patients demands a referral	19 (16.4)		10 (8.6)	71 (61.2)	16 (13.8)
7. Patients needs the PT high technology equipment	1 (0.9)	23 (19.8)	31 (26.7)	54 (46.6)	7 (6)
8. Patient responds quickly to referral	4 (3.4)	52 (44.8)	35 (30.2)	24 (20.7)	1 (0.9)
9. PT have treated a similar condition successfully	7 (6.0)	77 (66.4)	23 (19.8)	8 (6.9)	1 (0.9)

* SA – strongly agree, A – agree, UC - uncertain, D –disagree, SD – strongly disagree, PT-physiotherapist

Reasons for referral to the physiotherapists were identified (Table 3) and majority of the doctors (66.4%) agree and strongly agree (19.8%) that the physiotherapy services has good access for patients both geographically and availability. They also agree (59.6%) and strongly agree (37.9%) that the patients need the physiotherapists' provision of assessment, treatment and advice. However, 43.1% were not sure whether the physiotherapist provided a high degree of satisfaction for their services rendered to the patient. Only 45.7% agree that the patient were satisfied with the services given by the physiotherapists and 66.4% agree that the reasons for their referral to the physiotherapists is because they are aware that the physiotherapists has treated a similar condition that was referred to them. A total of 44.8% of them agree that the physiotherapists have responded quickly to the

referral ordered to them while 30.2% of the doctors were uncertain whether the physiotherapists have responded quickly to their referral of patients.

A total of 54.3% of the doctors refer patients to the physiotherapists so that the patients does not have to take drugs to relieve their problems but to use other modalities of therapy to help patients for their problems. A total of 58.6 % disagree that their reasons for referral was because they were desperate to get some kind of treatment for the patient, nor that the patient needed the high technology equipment from the physiotherapy unit (46.6%) and not that the patient demanded to see the physiotherapists (61.2%). Reasons for referral demonstrated that the doctors were assured that the patients would have benefited from the assessment and therapeutic treatment given by the physiotherapists and not otherwise.

Table 4: Findings-on Spearman's rho correlation between doctors professional image of physiotherapists versus patient referral

Doctors' professional image of physiotherapists versus patient referral	Spearman's rho correlation coefficient	P value
1. PT played an important role in health care system versus patient needs PT's provision of assessment, treatment and advice	0.278	0.002
2. PT presents professionally among the health care team versus patient needs PT's provision of assessment, treatment and advice	0.225	0.016
3. PT competent to make decisions about patient care versus patient needs PT's provision of assessment, treatment and advice	0.239	0.010
4. PT have good knowledge versus patient needs PT's provision of assessment, treatment and advice	0.227	0.014
5. PT have good knowledge versus PT have treated a similar condition successfully	0.178	0.056

*PT - physiotherapist

"Attitudinal statements" were computed to test for Spearman's rho correlation coefficient on the relationship between the ordinal level variables of professional image of physiotherapists among doctors to reasons of referral to physiotherapists. The results (Table 4) between professional image and reasons for referral demonstrate significance with p value <0.05 though relatively poor correlation for the following statements: (i) Physiotherapist played an important role in health care system versus patient needs the physiotherapist provision of assessment, treatment and advice (ii) Physiotherapist presents professionally among the health care team versus patient needs the physiotherapist provision of assessment, treatment and advice (iii) Physiotherapist are competent to make decisions about patient care versus patient needs the physiotherapist provision of assessment, treatment and advice and (iv) Physiotherapist have

good knowledge versus patient needs physiotherapist's provision of assessment, treatment and advice. However, for statement whether the 'physiotherapist have good knowledge versus physiotherapist have treated a similar condition successfully' demonstrated no significance and thus no correlation.

DISCUSSION

The results indicated that the responding doctors viewed the physiotherapists as possessing some degree of professionalism, however there was relatively less agreement with the professional aspect of knowledge, skills and autonomy of judgment. This needs to be highlighted further where physiotherapists needs to demonstrate professionalism in their -knowledge and skills in physiotherapy as stated by Bourne (1981). There is

still a great need to educate doctors about what physiotherapy knowledge is about. The physiotherapists are responsible to provide educational opportunities to increase the use of physical therapy services by referring physicians as suggested by Ritchey et al (1989). Before an effective continuing program may be developed, the physicians' specific educational needs regarding physical therapy must be identified. Though a high percentage of weightage is given by the doctors (72.4%) on the competency of physiotherapists to make decisions about patient care, 49.1% of the doctors are not sure of the degree of knowledge possessed by physiotherapists.

Improved communication between physicians and physiotherapists may facilitate this essential needs of assessment and therefore improve the appropriateness of physiotherapy referrals. Their reasons for referral was on the basis of patient needing the therapeutic treatment given by the physiotherapists rather than reasons of not knowing what to do with the patient and encouraging the use of other modalities of treatment other than medications which can benefit the patient. The physiotherapists, should recognize that the doctor has a broader medical knowledge, and wider authority to introduce the patient to other medical resources where needed. It would be unknowledgeable and unethical should physiotherapists fail to recognize this expertise. Strongly embodied in this concept of competence is the ability to realize strengths and to recognize clinical limitations among physiotherapists, particularly in diagnosis the much wider range of bodily malfunctions that a medical practitioner is basically trained to do.

In a study of the measures and effects of collegiality in interdisciplinary teams, Goode (1957) found that the higher the degree of collegiality within health care team the greater the success of patient outcomes. If physiotherapists can succeed through education and research practice in attaining full professionalism, then physicians and physiotherapists can be able to work truly as colleagues with resultant improvement in the quality of care as suggested by Schon (1983). In practical terms this means that all physiotherapists will need to accept that continuing education activities (library work, re-entry courses, clinical workshops and so on) are a professional obligation; and peer review of clinical competence must become a reality (Twomey 1986). Since the key to better healthcare maintenance is interdependence among member health care team, than there will be more opportunities for each professional group to appreciate in greater depth the role-played by the other in the restoration and maintenance of health in our society. The shared responsibility for the patient indicated by the phrase "the medical doctor for the diagnosis and physiotherapists for the

treatment" is one of the principal characteristics of the relationship between the two professionals.

However, physiotherapists must consider whether they are able and ready to accept responsibility as first contact practitioner. According to Galley (1986), by changing the present referral structure, the profession changes its relationship to the society it serves. The opportunity for first contact with a patient would allow the physiotherapists to be in a strong position from which to make his/her profession's capacity to deal with certain problems more widely known. It allows the physiotherapists to reach a wider group of doctors, many of whom previously may never have considered physiotherapy. Such mature acceptance of the greater ethical and legal responsibilities that is to be undertaken can widen the profession's referral sources which is perhaps the best guarantee the profession can offer the public. Educators (Albrook 1974; Thompson 1976) too have a special responsibility to raise the profession's awareness and responsibilities of the physiotherapists, particularly in first contact situation (Michels 1976).

The sample group in this study is not representative of the doctors' perception of the professional image of the physiotherapists in HUKM and their reasons for referral. The power of the sampling group is limited to make this generalization. A much wider scale of sampling group could have been obtained. The questionnaire was distributed on a personal basis, which might create biasness, as the questionnaire that was distributed was not sealed in an enclosed envelope.

CONCLUSION

The results suggested that the doctors' acknowledges the significant role of the physiotherapists. The doctors' perception of the professional image of physiotherapists does have an influence on the referral of patient to the physiotherapy unit. Although there is a significant relationship between the doctors' perception of the professional image of the physiotherapist to reasons for patient referral there is relatively low correlation. This raises questions that could be the subject of further study whether the use of open-ended referrals by doctors is secondary to a knowledge deficit or to their respect for the professional judgment of physiotherapists and a study on the physiotherapists themselves whether they are ready to accept the challenge of becoming first contact professionals?

ACKNOWLEDGEMENT

I wish to thank especially to the Head of Physiotherapy unit and all physiotherapists in HUKM who are directly or indirectly involved in the study.

REFERENCES

- Albrook, D.B. 1974; Moral and ethical dilemmas. Health care problems of evaluation and priority setting., *Search*, 5, 10, 507-512
- Australian Physiotherapy Association 1969; Ethical Principles: in *Australian Journal of Physiotherapy*, XY, 1, supplement
- Bourne 1981, quoted in Mercer J: *Physiotherapy, A profession*, *Physiotherapy* 66,180-184
- Eagles M. L 1979; Physical therapists instruct medical students in musculoskeletal examination. *Physical Therapy* 59:881-882, 1979.
- Federal Council of the Australian Physiotherapy Association 1976; Memorandum to Australian Physiotherapy Association *Members re By-law 12*, Federal Constitution, first ethical principle
- Galley, P 1976., Patient referral and the physiotherapists., *Australian Journal of Physiotherapy*, XXII,3,117-120
- Goode, W.J. 1957., Community within a community, the professional., *American Social Review*,22, 194-200
- Levine MS, Klienhahn L. 1981; Communication between Physicians and Physical and Occupational therapists: A *neurodevelopment* based prescription. *Paediatrics* 68: 208-210
- Michels, E. 1976; Research and *Human* rights, Parts 1 and 2., *Physical Therapy*, 56, 4 and 5, 407-412 and 545-552
- Ritchey F.J., Pinkston D., Cioldbaum J.E., and Heerten M.E. 1989; Perceptual correlates of physician referral to physical therapists implication from role expansion. *Soc.Sci.Med.*28,69-80,
- Schon, D.A. 1983., *The Reflective Practitioner*, Temple Smith, London
- Thompson .I.E. 1976; Implications of medical ethics, *Journal of Medical Ethics*, 2, 74- 82
- Twomey, L 1986., *Physiotherapy and health promotion*, *Physiotherapy practice*, 2, 153-154