

## **A COMPARISON OF REFERRAL PATTERN AND PHYSIOTHERAPY ROLE IN TWO HOSPITALS: THE PHYSICIANS' PERCEPTION**

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### **ABSTRAK**

Tujuan menjalankan kajian ini adalah untuk membuat perbandingan persepsi Pegawai Perubatan terhadap peranan Ahli Fisioterapi sebagai seorang profesional, sebab-sebab pesakit dirujuk, modaliti perawatan yang kerap dirujuk dan cara-cara untuk memperbaiki imej profesional Ahli Fisioterapi diantara dua Hospital iaitu Hospital Universiti Kebangsaan Malaysia (HUKM) dan Hospital Kota Kinabalu(HKK). Kajian soalselidik yang mengandungi dua bahagian ini telah digunakan untuk menyelidik persepsi pegawai-pegawai perubatan. Bahagian pertama soal-selidik mengandungi pembolehubah demografi manakala bahagian kedua mengandungi kenyataan sikap yang berdasarkan professionalisma kriteria Moore, sebab rujukan dibuat, modaliti perawatan yang kerap dirujuk dan cadangan cara untuk memperbaiki perkhidmatan kerjasama antara Pegawai Perubatan dan Ahli Fisioterapi. Tiga ratus lima puluh (350) soal-selidik telah diedarkan dan hanya dua ratus sembilan (209) telah dikembalikan. Ini merangkumi 116 subjek (56%) dari HUKM dan 93(44%) dari HKK. Kajian mendapati Pegawai Perubatan berpandangan bahawa Ahli Fisioterapi mempunyai sikap profesionalisma, 52% (65) dari HUKM dan 68%(63) dari HKK, namun demikian mereka kurang pasti terhadap pengetahuan, kepakaran dan autonomi yang ditonjolkan oleh Ahli Fisioterapi. Terdapat persamaan persepsi Pegawai Perubatan terhadap Ahli Fisioterapi di antara kedua-dua hospital. Walaupun demikian, kemesraan lebih ketara di kalangan Pegawai Perubatan di HKK daripada HUKM. Prioriti kegunaan modaliti perawatan yang dirujuk menunjukkan persamaan di mana berlaku kekerapan rujukan perawatan fisioterapi peparu (66%) dalam kedua-dua hospital, 54% (64) senaman dan mobilisasi di HUKM dan 45% (53) di HKK, 15% (17) kegunaan agen elektrik di HUKM manakala 22%(26) di HKK dan kurang rujukan terapi wax, 3%(3) di HUKM dan 8% (7) di HKK dan 2% (2) hidrotterapi di HUKM dan 3% (3) di HKK. Sejumlah 41% (18) Pegawai Perubatan di HUKM dan 46%(43) di HKK mencadangkan amalan sesi perbincangan di kalangan Pegawai Perubatan dan Ahli Fisioterapi berkenaan kes-kes rujukan mereka dan 38%(35) Pegawai Perubatan dari HKK juga menggalakkan adanya risalah-risalah berkenaan peranan yang dimainkan oleh Ahli Fisioterapi.

**Kata Kunci:** Hospital Kota Kinabalu (HKK), Hospital Universiti Kebangsaan Malaysia (HUKM), persepsi pegawai perubatan, ahli fisioterapi, rujukan, modaliti

### **ABSTRACT**

The purpose of this study is to compare the doctors' perception of the professional role of physiotherapists, reasons for patient referral to the physiotherapist, the frequent modality referred and suggestions on how to improve the professional role of physiotherapist in two different hospitals, Hospital Universiti Kebangsaan Malaysia (HUKM) and Hospital Kota Kinabalu (HKK). A two-part questionnaire was used to survey the sample of physicians. The first part contained demographic variables whereas the second part contained attitudinal statements based on Moore's criteria of professionalism, reasons for referral, the common treatment modalities that is referred and suggestion on how to improve the professional image of physiotherapist. Three hundred and fifty questionnaires were distributed and two hundred and nine were returned. Out of this total, 116(56%) subjects were from Hospital Universiti Kebangsaan Malaysia (HUKM) and 93(44%) from Hospital Kota Kinabalu (HKK). The results indicated that the responding doctors viewed the physiotherapists as possessing some degree of professionalism, 52% (65) from HUKM and 68% (63) from HKK, however there was relatively less agreement with the professional aspect of knowledge, skills and autonomy of judgment posed by the physiotherapist. There was a common perception of doctors towards physiotherapy image with more collegial nature among doctors in HKK than those in HUKM. The

priority for treatment modalities referred are 66% (77) chest physiotherapy in both hospitals, 54% (64) exercises and mobilizations in HUKM and 45% (53) in HKK, use of 15% (17) electrotherapy agents in HUKM while 22% (26) in HKK and less referral on wax therapy with 3% (3) in HUKM and 8% (7) in HKK and lastly 2% (2) in HUKM and 3% (3) in HKK on hydrotherapy. In both hospitals, 41% (48) of doctors have suggested more discussions happening between physician and physiotherapist in HUKM and 46% (43) in HKK, however 38% (35) doctors from HKK and only 14% (16) from HUKM have encouraged the use of pamphlets as a means of giving more information on the physiotherapy role.

**Key word:** Hospital Kota Kinabalu (HKK), Hospital Universiti Kebangsaan Malaysia (HUKM), perception, doctor's, physiotherapists, referral, modalities.

## INTRODUCTION

Physiotherapy services are provided by most general hospitals and district hospitals throughout the countries' Ministry of 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. There is increased recognition of the social value of rehabilitation including acceptance through education, independence and social interaction as human rights that should not be denied to people with disabilities. However, in the Malaysian setting 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 underutilized and the patients will not receive the appropriate treatment that is required. There are 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. Levine and Kliebhan (1981) suggested that, "a physician must understand the principles and methods that physiotherapists use.

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".

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 differences of physicians' perception of the professional image of physiotherapists in two hospitals, their reasons for referral of patient, the modalities of treatment frequently referred to the physiotherapy unit and suggestion by physicians on how to further improved the professional role of physiotherapy.

## 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), modalities for treatment that is commonly prescribed to the physiotherapy unit, reasons for referral of patient to the physiotherapy unit and suggestions on how to improve the professional image of physiotherapy. Statistical Package for Social Sciences version 11 was used to analyze the frequencies of variable used. In the questionnaire, 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 Hospitals from both hospitals (HUKM and HKK) to ask

approval of participation from doctors from various units of their hospitals. Following approval, a pilot study was carried out to test the validity of the instrument in HUKM among doctors. The questionnaire were then corrected and distributed to doctors from both hospitals and those from HUKM were ensured that they did not participate in the pilot study earlier. Instructions were given to the physiotherapists who were posted to different units of the hospitals to help distribute the questionnaires among medical personnel who is in their ward and then collected after a few days later. From the total, 200 questionnaires that was distributed only 116 (56%) were returned in HUKM while in HKK, out of a total of 150 questionnaires distributed, only 93 (44%) were returned. Reasons for not getting the remaining questionnaires from both hospitals 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 209 subjects comprised of 116 (56%) from Hospital Universiti Kebangsaan Malaysia (HUKM) and 93(44%) from Hospital Kota Kinabalu (HKK) were evaluated as seen in Table 1. Among them, there are 63%(73) males and 37% (43) females in HUKM whereas in HKK, 55% (51) are males and 45% (42) of them are females. Their area of specializations were varied from different units of the hospitals. In HUKM, 2% (2) are Neurologists, 3%(3) Surgeons. 3%(3) Anaesthetists, 3%(3) Physicians, 4% (5) Paediatricians,15% (17) Orthopaedic surgeon, 53% (62) medical officers and 17%(21) others to include Houseman and postgraduate medical students. However, in HKK there are no Neurologist and Paediatrician involved in the study with only 3% (3) Surgeons. 3%(3)Anaesthetists and 3%(3) Physicians. In HUKM. there are 13% (12) Orthopedic surgeons, 39% (36) Medical Officers and 39%(36) Houseman and postgraduate medical students involved in the study.

**Table 1: Demographic data of subjects**

	HUKM	HKK
	n(%)	n(%)
<b>Number of subjects</b>	116(54)	93(44)
<b>Sex</b>		
Male	73 (63)	51(55)
Female	43(37)	42(45)
<b>Area of Specialization</b>		
Neurologist	2(2)	
Surgeon	3(3)	3(3)
Anesthetist	3(3)	3(3)
Physicians	3(3)	3(3)
Paediatrician	5(4)	
Orthopedic surgeon	17(15)	12(13)
Medical Officer	62(53)	36(39)
Others (post graduate medical students and Houseman)	21(18)	36(39)
<b>Working Experience (years)</b>		
<5 years	45 (39)	44(47)
5-10 years	61(53)	19(20)
11-15 years	10(8)	21(23)
>15 years		9(10)

Hospital Universit Kebangsaan Malaysia (HUKM); Hospital Kota Kinabalu (HKK). These physicians who are involved in the study are from various background of work experience. In HUKM, 39%(45) of them have less than 5 years working experience,

53 % (61) with 5 to 10 years of working experience and 8% (10) of them with 11 to 15 years of working experience while in HKK 47% (44) of them have had less than 5 years working experience, 20% (19) 5 to 10 years of working experience, 23%(21) had 11 to

15 years of working experience and 10%(9) had working experience more than 15 years. Most of the staffs who participated in the study from HUKM have had 5 to 10 years of working experience while those in HKK had more than 15 years of experience. Findings on physicians perception of physiotherapy role (Table 2) demonstrated that 64% (74) of doctors in HUKM strongly agree while 36%(42) agree that the physiotherapists played an important role in the health care system compared to 42% (39) who strongly agree and 58% (54) who agree from HKK. In HUKM, 40%(45) strongly agree while 52%(61) agree that the physiotherapists present themselves professionally with responses of 26% (24) who strongly agree and 68% (63) who agree in HKK. However, when asked whether the physiotherapists

educate the public about their roles, in HUKM 46% (54) were not sure whether the physiotherapists do so and 27% (32) disagree that the physiotherapist educate the public about their role. The same comments were reported from HKK where 42% (39) were uncertain and 23% (21) disagree that there was an attempt by the physiotherapists to educate the public about their role. In HUKM, a total of 45%(52) agree that the physiotherapists do provide feedback to the doctors about their patients' conditions following referral to physiotherapists, however 29% (34) were uncertain that this was done and 20% (23) disagree that the physiotherapists provided enough feedback to them following their referral of patient.

**Table 2: Doctors' perception of the physiotherapists' role**

Professional image of PT's among Doctors	HOSPITAL UKM (HUKM)					HOSPITAL KOTA KINABALU (HKK)				
	SA	A	UC	D	SD	SA	A	UC	D	SD
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)
1. PT played an important role in health care system	74(64)	42(36)	-	-	-	39(42)	54(58)	-	-	-
2. PT presents professionally among health care team	45(40)	61(52)	10(8)	-	-	24(26)	63(68)	6(6)	-	-
3. PT does not educate the public about their roles	-	27(24)	54(46)	32(27)	3(3)	-	30(32)	39(42)	21(23)	3(3)
4. PT communicate effectively	9(8)	52(45)	26(22)	26(22)	3(3)	18(19)	30(32)	39(43)	6(6)	-
5. PT provides feedback to doctor	4(3)	52(45)	34(29)	23(20)	3(3)	12(13)	33(36)	18(19)	30(32)	-
6. PT have poor relationship	11(9)	14(12)	25(22)	66(57)	-	12(13)	3(3)	15(16)	63(68)	-
7. PT competent to make decisions about patient care	6(5)	84(72)	23(20)	3(3)	-	7(7)	56(60)	24(26)	6(6)	-
8. PT have good knowledge	2(2)	57(49)	57(49)	-	-	7(6)	57(61)	29(33)	-	-
9. PT need to consult doctor prior to carrying out treatment	9(8)	75(65)	17(15)	15(12)	-	18(19)	51(55)	9(10)	15(16)	-

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

**Table 3 : Reasons for referral of patient to Physiotherapist**

Reasons for referral of patient to Physiotherapist	HOSPITAL UKM (HUKM)					HOSPITAL KOTA KINABAL (HKK)				
	SA n(%)	A n(%)	UC n(%)	D n(%)	SD n(%)	SA n(%)	A n(%)	UC n(%)	D n(%)	SD n(%)
1. Service has good access for patients both geographically and availability	23(20)	77(66)	13(11)	3(3)	-	35(38)	54(58)	-	4(4)	-
2. Patient needs PT's provision of assessment, treatment and advice	44(38)	68(58)	2(2)	2(2)	-	23(25)	67(72)	-	3(3)	-
3. PT provides high degree of patient satisfaction	11(10)	53(45)	50(43)	1(1)	1(1)	13(14)	46(50)	30(32)	4(4)	-
4. To obviate use of drugs or injection	8(7)	63(54)	22(19)	20(17)	3(3)	10(11)	28(30)	27(29)	28(30)	-
5. When all else failed and I am desperate	-	9(8)	18(16)	68(59)	21(18)	8(9)	16(17)	27(29)	36(39)	6(6)
6. Patients demands a referral	-	19(16)	10(9)	71(61)	16(14)	5(5)	25(27)	18(19)	42(44)	3(3)
7. Patients needs the PT high technology equipment	1(1)	23(20)	31(27)	54(46)	7(6)	10(11)	31(33)	33(36)	13(14)	6(6)
8. PT responds quickly to referral	4(3)	52(45)	35(30)	24(21)	1(1)	13(14)	43(46)	28(30)	9(10)	-
9. PT have treated a similar condition successfully	7(6)	77(66)	23(20)	8(7)	1(1)	16(18)	71(76)	3(3)	3(3)	-

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

In HKK, 36% (33) of physicians agree that the physiotherapists provide feedback to them about their patients' conditions following referral to physiotherapists and only 19%(18) were uncertain that this was done while 32%(30) disagree that the physiotherapists provide enough feedback to them. This is indicative that there is a better relationship among physicians and physiotherapists in HKK compared to those in HUKM. This is evident when 68%(63) from HKK disagree that the physiotherapists have poor relationships and 32%(30) commented that there is a good communication between therapists and physicians. The physicians acknowledges the competency of physiotherapists, 72%(84) in HUKM and 60% (56) in HKK to make decisions about patient care though 49% (57) in HUKM and 61% (57) in HKK are not sure of the degree of knowledge possessed by physiotherapists. This demonstrates that physicians are supportive of the physiotherapy role and that they are willing to explore further collaborations to work together with

physiotherapists for effective management of patient care.

When asked about the knowledge of the physiotherapists, physicians from both hospitals; 49% (57) from HUKM and 61%(57) from HKK agree that the physiotherapists have good knowledge while only 49 % (57) from HUKM and 33% (29) from HKK is not certain whether the physiotherapists actually have good knowledge. In HUKM, 72% (84) of the doctors agree that the physiotherapists are competent to make decisions about patient care, however 65%(75) agree that the physiotherapists need to consult the doctors prior to carrying out treatment. In HKK, 60% (56) of them mostly agree that the physiotherapists are competent to make decisions about patient care and only 55% (51) agree that the physiotherapists need to consult the physicians prior to treatment. There is consistency of referral pattern in both hospitals with 67% (78) from HUKM and 48%(45) from HKK agree that they do refer patients to the physiotherapy unit

Reasons for referral to the physiotherapists were identified as seen in Table 3, where 20% (23) from HUKM strongly agree and 66%(77) of doctors agree that the physiotherapy services has good access for patients both geographically and availability. This is even more so in HKK where 38% (44) strongly agree and 58% (68) agree that the physiotherapy services has good access for patients both geographically and availability. In HUKM, 38%(44) strongly agree and 58% (68) agree and that the patients needed the physiotherapist's provision of assessment, treatment and advice while in HKK, 25% (23) strongly agree and 72% (72) agree this is so. However, 43% (50) of doctors in HUKM were not sure whether the physiotherapist provided a high degree of satisfaction for their services rendered to the patient compared to 32% (30) in HKK. In HUKM, 66%(77) physicians agree that the other reasons for referral to the physiotherapists are the awareness of the role of physiotherapists treating a similar condition that was referred to them previously. The other reasons for referral are the physiotherapists quick response to the referral ordered to them and avoidance of use of drugs to relieve problems that the patient is having.

In HKK. 76%(71) of doctors are aware that the physiotherapists have treated a similar condition that was referred to them previously and that 46% (43) are satisfied that the physiotherapists have responded quickly to the referral ordered to them. Among them, 30% (28) agree that their reasons for referral was to avoid usage of drugs to relieve patients problem indicative of possible preference for physiotherapy modalities rather than medication and 59% (68) disagree that their reasons for referral was because they were desperate to get some kind of treatment for the patient compared to 39% (36) of doctors in HKK. In HKK, 33% (31) of doctors agree that the patient needed the high technology equipment from the physiotherapy unit, which is not a reason of referral among 46% (43) of doctors in HUKM nor that the patient demanded a referral. 61% (71) in HUKM and 44%(42) in HKK. In both hospitals, the 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: Frequency of visits and referral cases to PT unit and modalities referred by physicians to physiotherapists for management of conditions**

	HOSPITAL UKM (HUKM)					HOSPITAL KOTA KINABAL (HKK)				
	A	O	ST	R	N	A	O	ST	R	N
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)
<b>Frequency of visits and referral of cases to the PT unit</b>										
Visit to the Physiotherapy department		4(3)	37(32)	36(31)	39(34)	1(1)	12(13)	32(34)	24(26)	24(26)
Seen a physiotherapists at work	23(20)	36(3)	46(40)	9(8)	2(1)	16(17)	21(23)	47(51)	6(6)	3(3)
Referred cases to the physiotherapists	25(22)	78(6)	11(10)	2(1)		11(12)	45(48)	37(40)	.	
<b>Modalities referred by Physicians to PT's for management of conditions</b>										
Chest Physiotherapy	77(66)	35(30)	3(3)	1(1)	-	61(66)	23(24)	9(10)	-	
Electrical physical agents	17(15)	25(22)	19(16)	26(22)	29(25)	21(22)	18(20)	9(10)	24(26)	21(22)
Wax Therapy/Hydrocolator	3(3)	19(16)	25(22)	29(25)	40(34)	7(8)	7(8)	12(13)	18(19)	36(38)
Exercises/Mobilization	64(54)	40(35)	8(7)	2(2)	2(2)	53(45)	53(45)	9(10)	3(3)	6(6)
Hydrotherapy	2(2)	25(22)	20(17)	37(32)	32(27)	3(3)	3(3)	22(24)	31(33)	31(33)

A- Always, O- Often, ST- Sometimes, R- rarely, N- Never. PT-physiotherapist

From this study as seen in Table 4, 13% (12) of the doctors from HKK have reported that they had visited the physiotherapy department more often (13%,n=12) than 3% (4) from HUKM. However, physicians from both hospitals agree that they sometimes visited the physiotherapy department, 32% (37) from

HUKM and 34 % (39) from HKK. This demonstrates that the physicians from HKK have better interactive relationships with the physiotherapists than those in HUKM even though most of the physicians have had many years of working experience in hospitals where there is a physiotherapy unit. Most physicians

from both hospitals have reported seeing physiotherapists at work which is possibly in the ward setting. The modalities of treatment that is commonly referred by physicians to the physiotherapy unit are variable (Table 4). In both hospitals, the priority for referral to the physiotherapy unit is the same. The most chosen treatment modality is chest physiotherapy in

both HUKM. 66% (77) and HKK. 66% (61), exercises or mobilization techniques in HUKM, 54% (64) and 45%(35) in HKK followed by electrical physical agents, wax therapy hydrocollator therapy and lastly hydrotherapy. In both hospitals, the modalities which are rarely used and never referred were hydrotherapy and wax therapy.

**Table 5 : Suggestions by Physicians on how to promote professional role**

	HOSPITAL UKM (HUKM)					HOSPITAL KOTA KINABAL (HKK)				
	A	O	ST	R	N	A	O	ST	R	N
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Give talk	26 (22)	84 (72)	3 (2)	2 (2)	1 (2)	43 (46)	44 (47)		6 (7)	
Write pamphlets	16 (14)	58 (50)	29 (25)	11 (10)	2 (1)	35 (38)	46 (49)	6 (6)	6 (6)	
Provide talk in practice during lunch time	25 (22)	78 (67)	11 (10)	2 (1)	-	2 (2)	44 (47)	21 (23)	17 (18)	9 (10)
Direct discussion about cases referred to PT	48 (41)	65 (56)	1 (1)	2 (2)		43 (46)	50 (54)			

A- Always . O- Often, ST- Sometimes, R- rarely, N- Never, PT-phsiotherapist

Suggestions by physicians on how to promote professional role from Table 5 include giving talks, writing pamphlets, providing talk in practice during lunchtime and direct discussions about cases referred to physiotherapists. Among the Physicians, 72% ( 84) in HUKM agree that the physiotherapists should provide talks in continuous medical sessions while 67% (78) agree that there should be talks during lunch time. In both cases, 56% (65) of the physicians in HUKM and 54%(50) in HKK of the physicians agree that there ought to be more discussions between physiotherapists and physicians regarding cases that are referred to them. However, physicians in HKK have strongly agreed (38%) that the physiotherapists should prepare pamphlets regarding information on physiotherapy practice compared to those in HUKM (14%).

**DISCUSSION**

The study have identified issues which needs to be looked into by physiotherapists seriously for their advancement of professional image 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

demanding physiotherapists to demonstrate professionalism in their knowledge and skill. 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 use of physical therapy services by referring physicians. Before an effective continuing program may be developed, the physicians' specific educational needs regarding physical therapy must be identified. As Ritchey et al. (1989) concluded 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.

Despite the years of experience working in collegial environment, only 3%(4) from HUKM and 13% (12) from HKK have visited the physiotherapy department . Among them, 32% (36) from HUKM and 23% (21) from HKK have seen a physiotherapy at work. However, 67%(78) from HUKM and 48% (45) from HKK have actually referred cases to the physiotherapy unit for further management of patients. This findings agreed with what Bourne (1981) indicated that “ most doctors know little about physical therapy but they prescribe it”. To facilitate dissemination of physiotherapy

knowledge, physiotherapists in hospitals should participate in medical rounds, give presentations on treatment for specific patient problems, devise information treatment centers, and use a problem oriented approach in informal interactions with physicians which may help direct role adjustment to the tasks at hand.

The suggestions demonstrated by physicians on how better co-operation can be enhanced between doctors and physiotherapists is indicative that measures need to be taken to improve working relationships and communication. In a study of the measures and effects of collegiality in interdisciplinary teams, Lamb (1995) found that the higher the degree of collegiality within health care team the greater the success of patient outcomes. Physiotherapists may facilitate this essential needs assessment and therefore improve the appropriateness of physiotherapy referrals as indicated by findings of Levine and Kliebhan (1981). Since the key to better healthcare maintenance is interdependence among member of 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 share responsibility for the patient as indicated by the statement " the medical doctor for the diagnosis and physiotherapists for the treatment " is one of the principal characteristics of the relationship between the two professionals.

Findings indicated that some of the reasons for referral to the physiotherapists were the doctors agreed that the physiotherapy services has good access for patients both geographically and availability. A total of 58%(68) in HUKM agree and 72%(72) in HKK agree that the patients needed the physiotherapist's provision of assessment, treatment and advice . The other reasons for referral to the physiotherapy unit were their awareness of the role of physiotherapists treating a similar condition that was referred to them previously and avoidance of use of drugs to relieve problems that the patient is having.

The modalities referred by doctors to physiotherapists are varied as in agreement with other findings like chest physiotherapy (Morran et al. 1983), electrical agents (Angulo A & Colwell, 1990), wax therapy, exercises (Bennett and Stauber , 1986), mobilization techniques (Shepard et al. 1993) and hidrotherapy (Penttinen, Airaksinen and Pohjolainen'O et al. 1990). This demonstrates that doctors are aware of the availability of modalities used in the physiotherapy units. Among the cases referred, some of the referral note were left to the physiotherapists to use their discretion on the selection of the best modalities used for patients

needs. These non-prescriptive referrals challenges the physiotherapists to take responsibility for the appropriateness of assessment, treatment and sometimes diagnosis of patient's conditions. This agrees with findings of Wai et al. (1994) who revealed that there is a trend towards expectation of clinical autonomy and clinical decision-making responsibility for physiotherapist based on medical practitioners written request on referral form.

Physiotherapists should take responsibility of enhancing their professional role as suggested by doctors. Suggestions by doctors to promote professional role by giving talks, writing pamphlets, providing talk in practice during lunch time and direct discussions about cases referred to physiotherapists can be made an agenda among physiotherapists. In order to feel efficient, physiotherapists need to succeed further through education. research practice in attaining full professionalism. In practical terms, this means that all physiotherapists will need to accept that continuing education activities like library work, re-entry courses, and clinical workshops are a professional obligation; and peer review of clinical competence . Only then, will physiotherapists be ready as first contact practitioners and gain clinical autonomy. According to Twomey (1986), by changing the present referral structure, the profession changes its relationship to the society it serves. These opportunity for first contact with a patient would allow to reach a wider group of doctors, many of whom previously may never have considered physiotherapy (Galley, 1975). This amounts to a change in attitude among physiotherapists towards their physiotherapy role from that of being dependent to that of a responsible independence.

#### LIMITATION OF THE STUDY

The sample group in this study is representative of the doctors' perception of the professional image of the physiotherapists and their reasons for referral. Though the power of the sampling group is limited to make this generalization it is representative of the perception of physicians from two different hospitals. However, 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 acknowledge the significant role of the physiotherapists. The doctors' perception of the



professional image of physiotherapists is encouraging though this could be further improved by better communication, more interactive dialogues, feedback mechanism and demonstration of advanced clinical reasoning process by physiotherapists in the clinical field. This raises questions that could be the subject of further study whether physiotherapists are ready to accept the challenge of becoming first contact professionals? Such mature acceptance of the greater ethical and legal responsibilities would allow for role expansion which is central to professionalization as such growth involves gaining jurisdiction over a set of esoteric skills which, in turn, justifies greater autonomy over work and enhances professional status.

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#### REFERENCES

- Angulao DL and Colwell CW Jr. (1990). Use of postoperative TENS and continuous passive motion following total knee replacement, *Journal of Orthopedic Sports Physical Therapy*; 11 (12): 599-604
- Benett JG, Stauber WT (1986)., Evaluation and treatment of anterior knee pain using eccentric exercise. *Med Science Sports Exercise.*, 18(5): 526-530
- Bourne (1981), quoted in Mercer J: Physiotherapy, A profession, *Physiotherapy* 66,180-184.
- Galley, P.(1975).,Ethical principles and patient referral,*Australian Journal of Physiotherapy*, XX1,4,132

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- Lamb M (1995)., Referral:General practioners' perceptions and control needs within outcome audit of hospital outpatient Physiotherapy Department., *Physiotherapy*, 81,222-228
- Levine MS, Klienhhan L. (1981); Communication between Physicians and Physical and Occupational therapists: A neurodevelopment based prescription. *Paediatrics* 68: 208-210
- Morran, C.G., Finlay, I.G., Mathieson, M. et al. 1983. Randomized controlled trial of physiotherapy for postoperative pulmonary complications. *British Journal Anaesthesia* 55(11): 1113-1117.
- Ritchey F.J., Pinkston D., Goldbaum 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.
- Twomey, L (1986)., Physiotherapy and health promotion, *Physiotherapy practice*, 2,1 53-154
- Shepard, N.T., Telian, S.A., Smith-Wheelock, M. & Raj, A. 1993. Vestibular and balance rehabilitation therapy. *Annals of Otolaryngology and Laryngology* 102(3 Pt1):198-205.
- Penttinen E, Airajsinen O and Pohjolainen O et al (1990). Subjective relief of back pain at work and patient compliance in corset treatment for degenerative lumbar instability, *Journal of Manual Medicine* ; 5 (4): 166-168
- Wai PW, Galley P and Sheehan M (1994) Changes in medical referral to an outpatient Physiotherapy Department. *Physiotherapy*, 40, 9-14.