

PHYSIOTHERAPY GRADUATES CONTRIBUTION TO SOUTH AFRICA'S HEALTH NEEDS

A TEN YEAR SURVEY OF THE UNIVERSITY OF THE WITWATERSRAND

A Stewart DPE, MSc Medicine,
Witwatersrand, Senior Lecturer,
Physiotherapy Department,
University of the Witwatersrand
P Wallner BSc Physiotherapy,
Lecturer, Physiotherapy
Department, University of the
Witwatersrand

L Blecher BSc Physiotherapy
T Bridgeford BSc Physiotherapy
J Kirk BSc Physiotherapy
M Salmon BSc Physiotherapy.

INTRODUCTION

South African medical schools have provided over the years excellent graduates skilled in first world medicine with little or no understanding of preventative and community-based health care. Skilled practitioners have developed the private sector in the major South African cities, while many have left the country in considerable numbers.

Now, in a changing political climate, medical educators are beginning to ask themselves whether they are preparing graduates to provide an appropriate health service to meet the country's changing health needs¹.

The Physiotherapy Department of the University of the Witwatersrand started a programme of curriculum review in 1991. This initiative came about due to the realisation that in order to be relevant in the changing South Africa, professionals needed to be trained, who understood the health needs of all our communities and who would have the skills to provide an appropriate physiotherapy service. As part of this review the Physiotherapy Department decided to survey its graduates over the past ten years to establish their contribution to health provision in South Africa.

MATERIALS AND METHODS

In the period between and including 1980 and 1990, 340 physiotherapy students graduated from the University of the Witwatersrand.

In order to survey these graduates by means of a questionnaire, current addresses of the registered graduates were obtained from the South African Medical and Dental Council (SAMDC), and compared with the graduation lists obtained from the University Records Department.

Physiotherapists living overseas were not included in the study, as they are not contributing to health needs in this country. For the same reasons, graduates not registered with the SAMDC were not included, as registration with this organisation is a prerequisite for practice in South Africa.

Confidential questionnaires were then sent to the 277 registered graduates with stamped envelopes for their return. All the graduates to whom the questionnaires were sent were followed up telephonically in order to improve the percentage return of the questionnaires. Of the 277 questionnaires that were sent out, 133 (forty eight percent) were returned.

The questionnaire covered the following three main areas;

- Demographic profiles of the respondents.
- Work profiles of the respondents.
- The respondent's perception of job satisfaction.

The results of the questionnaire were tabulated, analysed as percentages and graphically represented.

RESULTS AND DISCUSSION

Demographic profiles of the respondents

Both the number of graduates and those registered with the SAMDC had increased from 1980-1990 (Fig 1). This increase is due to the increase in the intake of the number of students into the course. An average of 80% of the total graduates over the ten year period, 1980-1990 were registered with the SAMDC in 1991. This compares favourably with a similar study conducted in Queensland Australia in 1987² in which 80% of their graduates were also registered and practising in the country.

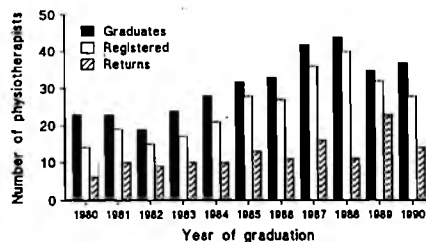


Fig 1: Registered physiotherapists

Nine percent of the respondents are not practising at present, and when added to those who are not registered, it is seen that almost 30% of our graduates have left the profession. It is doubtful whether the country can afford to provide the expen-

ABSTRACT

Graduates of the University of the Witwatersrand Physiotherapy Department were surveyed by means of a questionnaire over a ten year period, 1980-1990. It was found that almost thirty percent of the graduates were not in any way contributing to the health needs of the country. Twenty percent have left the country and a further nine percent are not practising physiotherapists. Of the remainder only twenty-six percent are working in the public health sector which serves eighty percent of the population. Their work profiles and job satisfaction are also discussed

sive education of the nature found in medical schools, and justify a 30% drop-out rate. A possible reason for this drop-out rate may be due to the fact that family commitments are greatest during the first ten years after graduation.

There has been however, an increase in the number of male graduates over this period. While there were no male graduates in 1980, four graduated in 1981 and the trend continued to 1990 where there were nine male graduates.

Very few students from racial groups other than white have graduated during this same period. Their poor preparation for university because of the existing educational system, as well as an apparent lack of awareness of the profession may be contributing factors to this picture. This imbalance needs to be rapidly redressed, if the profession wishes to survive in the imminent new political system.

Three percent of our respondent sample are presently working in the rural areas in which 50% of the African population resides³, 14% in towns and an overwhelming 83% in the cities (Fig 2). This figure reflects the severe maldistribution of health professionals, including physiotherapists, in

DEMOGRAPHY

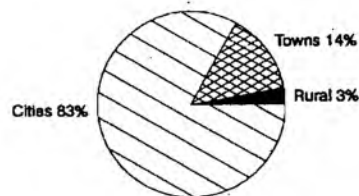


Fig 2: Demography of the respondents

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South Africa, with people in cities being well cared for and those in rural areas having little or no access to comprehensive health care⁴.

There were once again vast differences in the total time spent working in public hospitals between the cities, towns and the rural areas. Seventy one percent of the time was spent in city hospitals, 20% in town and 9% in rural hospitals. A reason for this may be that professional people usually prefer to be in the more sophisticated environment of cities which offer better educational and cultural opportunities. Greater incentives need to be offered to encourage professionals to spend time in rural areas.

Work profiles of the respondents

Twenty-six percent of the sample are presently working in state and provincial ie public hospitals, where according to Slabber⁵, approximately 80% of the population, who do not have access to medical aid benefits, obtain health care. Seventy-four percent of the respondents work in private practice which serves approximately 20% of the South African population who are also covered by medical aid schemes. In contrast, 38% of physiotherapists in Queensland² worked in private practice while 62% worked in hospitals (Fig 3).

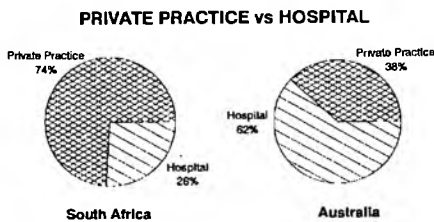


Fig 3: A comparison of the Universities of the Witwatersrand and Queensland

The percentage of graduates working in public hospitals increased during the period 1980-1990 (Fig 4). This is probably because recent graduates are working off bursary commitments or are wanting to gain generalised experience before embarking on a career in private practice where the financial rewards are better. The lack of experienced physiotherapists in public hospital practice makes the provision of physiotherapy services to specialised units and the clinical supervision of undergraduates difficult. It also reiterates the maldistribution of physiotherapists for the general population.

Time spent in specific areas of physiotherapy practice was established from each respondent, averaged and expressed in years (Fig 5). Six areas of practice were found to be relatively under serviced, namely geriatrics, spinal cord injuries, cerebral palsy schools, schools for the physically disabled, special schools and

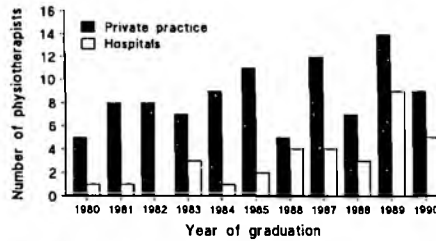


Fig 4: Changes in hospitals vs private practice over 10 years

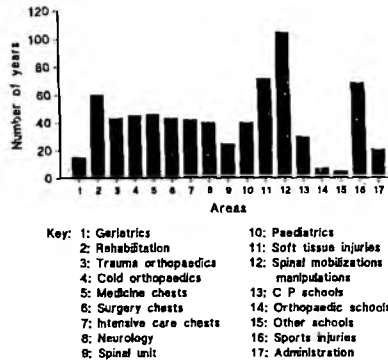


Fig 5: Time spent in specific areas of physiotherapy

administration. Areas found to be relatively over serviced were spinal mobilisations, soft tissue and sports injuries, orthopaedics (trauma and cold) and chest physiotherapy (medicine, surgery and intensive care). These are all areas that are more than likely to be covered by medical aid schemes, which may be one reason for this over servicing.

The above distribution of time reflects the poor contribution of the profession to the rehabilitation of spinal cord injuries, cerebral palsy and neurological conditions which are notoriously poorly covered by medical aid schemes. This also reflects the profession's lack of involvement with the population who cannot afford private health care.

Thirty four percent of the graduates are presently involved in or have completed post graduate studies. While it is pleasing to know that some of our graduates are involved in ongoing self education it is of some concern that 66% of the physiotherapists surveyed appear not to be involved in on-going education.

The respondent's perception of job satisfaction

When comparing the perceived job satisfaction of respondents in public hospitals to those in private practice (Fig 6) it can be seen that the graduates in hospitals are more satisfied with their profession.

The majority of graduates working in private practice are only slightly satisfied with their profession. Salary levels in private practices are higher than in public hospitals and for many it becomes a choice between earning well versus job satisfaction. The reason for the higher level of



Fig 6: Job satisfaction of respondents in hospitals and private practice

perceived job satisfaction in hospitals may be due to a more varied selection of work, contact with other health professionals, continued learning with and from others and possibly better housing, medical and pension benefits.

CONCLUSION

It appears that approximately 70% of our graduates are contributing to the health needs of South Africa, 30% having left the profession. This contribution is skewed to the private sector in cities, with over servicing in certain areas of therapy, namely spinal mobilisations, soft tissue injuries, orthopaedics and respiratory conditions relative to the major rehabilitation areas of neurology, spinal cord lesions, cerebral palsy and other long term disabilities.

If we wish to address the broad health needs of the South African population, both our training institution and the profession need to change their orientation. Steps have been taken at the University of the Witwatersrand to introduce a community based approach to physiotherapy emphasising the health needs of all South African communities.

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