SOUTH AFRICAN PHYSIOTHERAPISTS' PERCEPTION OF REHABILITATION

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ABSTRACT

In response to questions in an editorial comment by L Davids in the South African Journal of Physiotherapy in February 1991, a questionnaire was sent out to 450 physiotherapists to determine their perception and understanding of rehabilitation. Respondents were also requested to define rehabilitation. The questionnaire was completed by 131 physiotherapists, giving a response rate of 29%. On analysis of the questionnaire it became evident that the respondents had a limited and superficial understanding of rehabilitation. Despite this, they were of the opinion that a large percentage of their work involved rehabilitation, and they were in fact, the most important members of the rehabilitation team.

In view of the findings of the questionnaire the authors agree with Davids that more attention and effort should be devoted to the "rehabilitation scene".

INTRODUCTION

In an editorial comment in the South African Journal of Physiotherapy (41(1):1991), Davids posed the following question:

"Where do we stand in this country with regard to rehabilitation?" "Do we manage to rehabilitate our patients fully?" "Do we even try?" She goes on to say that the time has come for the profession to devote more attention and effort to the "rehabilitation scene".[1]

The authors were of the opinion that these questions could not be answered in a meaningful way unless physiotherapists could define rehabilitation accurately. This prompted us to do an assessment of South African physiotherapists' understanding and perception of rehabilitation, as well as their ability to define the term "rehabilitation".

The aim of the 1990's is, according to Nadolsky, an "all out effort" to improve, to the greatest possible extent, the quality of patients' lives through rehabilitation[2]. In order to provide rehabilitation services that will achieve this goal, it becomes essential to carefully define rehabilitation.

The most recent definition of rehabilitation by the WHO includes both preventative and curative measures as well as involving the patient and his family in the rehabilitation process[3].

The definition of rehabilitation by Caradoc-Davies and Disler (1990), we feel best describes the whole concept of rehabilitation[4]. In this definition rehabilitation is divided into three distinctive phases, namely;

- restorative rehabilitation
- medical rehabilitation
- disability management.

The restorative phase embodies primary clinical treatment together with curative and preventative measures, the aim being to plan and achieve early discharge of the patient in an optimal functional state. Medical rehabilitation aims at reducing the disability and handicap which occur secondary to impairments. Disability management would enable those patients with a disability to lead a satisfactory lifestyle within the limits of the resources available to them.

The authors decided to evaluate the perception and definition of rehabilitation by physiotherapists in the sample, against this definition.

METHOD

In order to establish the physiotherapists' perceptions of rehabilitation and their ability to define rehabilitation, a questionnaire was distributed amongst qualified physiotherapists. A random selection was made from a list, obtained from the South African Medical and Dental Council, of all registered physiotherapists in South Africa. There were 2900 registered physiotherapists in South Africa in 1990. Four hundred and fifty questionnaires were distributed.

The questionnaire was formulated with the aid of a psychologist from the Department of Psychology of the University of the Witwatersrand.

The first seven questions of the questionnaire required information on aspects of the subjects' training, past and present occupation and years of experience. It was felt that these factors could influence the response.

Questions 8-12 hasve bearing on the subjects' contact with rehabilitation in their present employment. Obviously this factor would be of primary importance in the subjects' perception and definition of rehabilitation.

The final section of the questionnaire dealt with the subjects' perception of rehabilitation. Physiotherapists were also requested to define rehabilitation in their own words.

The questionnaire was accompanied by a covering letter which assured participants of strict confidentiality and anonymity. The project was cleared by the Human Ethics Committee of the University of the Witwatersrand.

Data were analysed in conjunction with the Institute of Biostatistics at the University of the Witwatersrand.

Each questionnaire was given a separate number. The information to be analysed was put onto the MRC computing centre statistic sheet.

RESULTS

Of the 450 questionnaires distributed, 145 were returned and of those only 131 had been completed, giving a final response rate of only 29%.

The largest number of respondents (21.4%) were in the age group 25-29 years. In each of the age groups 20-24 years and 30-34 years, there were 19 (14.5%) respondents. There were very few respondents in the age groups over 60 years.

Of the respondents, seventy-six (58.5%) were graduandi, 41 (31.5%) were diplomates and 13 (10%) had post-graduate degrees.

The majority of the respondents (87) had less than five years of clinical experience, while 31 had 5-15 years of experience.

Of the 131 respondents, 59 (45%) worked in provincial hospitals and 40 (31%) were employed in private practices.

The majority of physiotherapists (72%) claimed that there was some aspect of rehabilitation in every treatment they gave. However, 27.8% felt that there was no aspect of rehabilitation in any of their treatments.

Figure 1 illustrates the time spent on rehabilitation per treatment session. Sixty-nine respondents (52.7%) felt that they spent less than 25% of a treatment session on rehabilitation where as only 22 (16.8%) respondents spent more than 75% of their treatment time on rehabilitation.

If one is guided by the definition of rehabilitation as suggested by Caradoc-Davis and Disler (1990) then all physiotherapy could be considered rehabilitation[4].

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It was interesting to note that 82.3% (93) of the respondents felt that physiotherapists were in charge of rehabilitation (Figure 2) and 93% felt that the physiotherapists and the patient were the most essential members of the team (Figure 3)[2].

In the physiotherapists' definition of rehabilitation, the concepts of function, mental ability maximum independence and physical aspects of rehabilitation were identified as the most important (Table I).

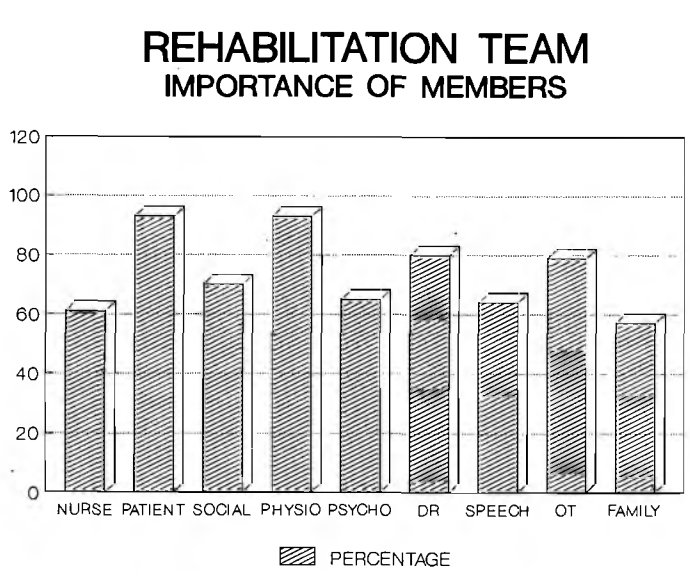
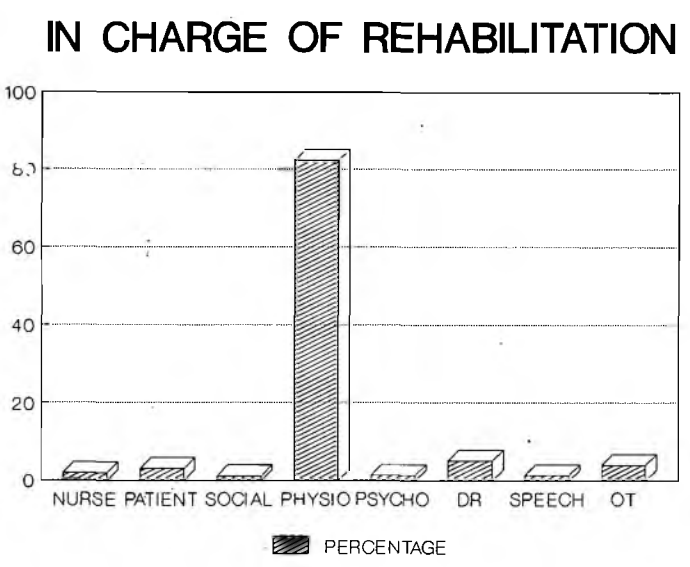


FIGURE 1



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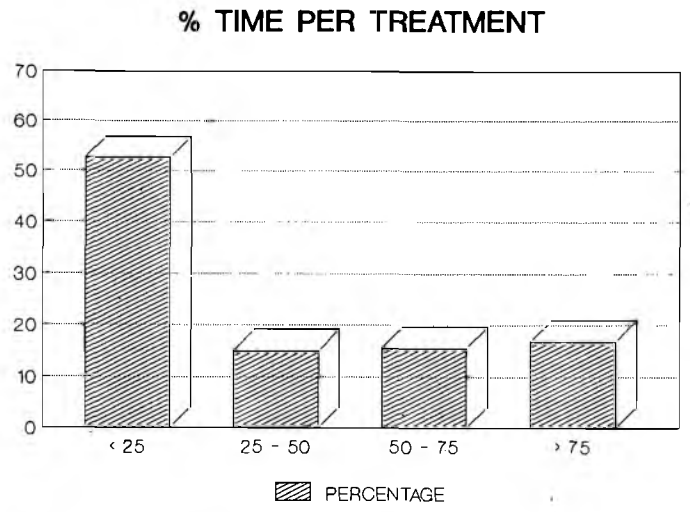

FIGURE 3

DISCUSSION

Of the 450 questionnaires sent out, only 131 were completed (29%). The authors assume that the poor response could have been due to a number of factors:

The questionnaire was distributed over the December holidays when many people are away on vacation.

Judging from the number of questionnaires that were incomplete (14) we can only assume that the subjects did not have a clear enough understanding of rehabilitation to respond. In none of these 14 questionnaires did the subjects attempt to define rehabilitation in their own words. Again one can only assume that, seeing that they had made the effort to return the questionnaire, they were actually unable to define rehabilitation.

The authors feel that a better response would have been obtained had the questions been asked in the form of an interview. This is consistent with the views of the Human Sciences Research Council.

Results concerning the age of participants showed that most respondents were fifty years and younger, 50% being between the ages twenty to thirty-four years (Figure 1). The group with the highest number of respondents were the age group 25-29 years. This group represents the actively involved, working group of physiotherapists.

Of our respondents, 45% worked in provincial hospitals and 31% worked in private practices. In provincial hospitals, there is much greater emphasis on acute care than there is on any other aspect of rehabilitation. Patients are discharged from hospital before rehabilitation is complete and there are very few rehabilitation centres in South Africa to which they can be referred. According to our results the majority of our respondents worked mainly with acute cases and had not been qualified for longer than five years. On the basis of these facts, the South African physiotherapists' inability to define rehabilitation can be explained.

In order to assess physiotherapists' perception and understanding of rehabilitation the respondents were asked to define rehabilitation in their own words. This definition was analysed by determining the frequency with which certain concepts appeared in the definitions. These concepts were subsequently ranked in order of frequency of appearance (Table 1).

The term "functional ability" was most commonly mentioned in the definition of rehabilitation while the physical ability of the patient was also regarded as important. This clearly indicates that physiotherapists feel that they deal primarily with the physical

TABLE I: Frequency of terms mentioned in the definition of rehabilitation

TERMS	NUMBER OF RESPONDENTS
Functional ability	61
Mental ability	32
Maximum independence	32
Physical ability	31
Social ability	17
Quality of life	12
Self-responsibility	9
Vocation	8
Education	3

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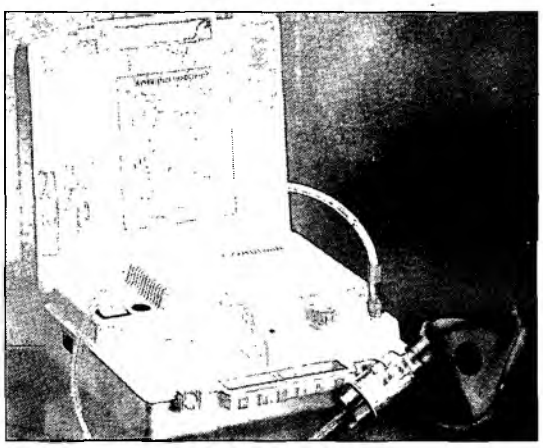

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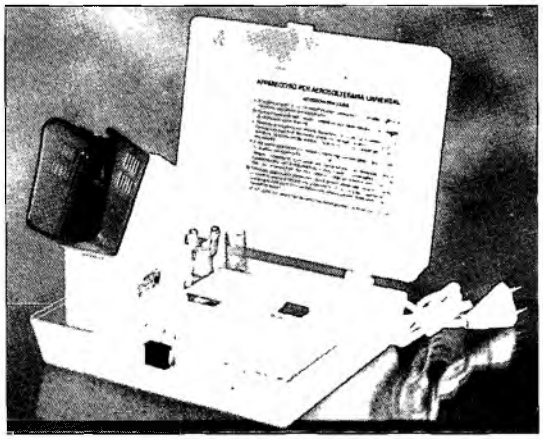

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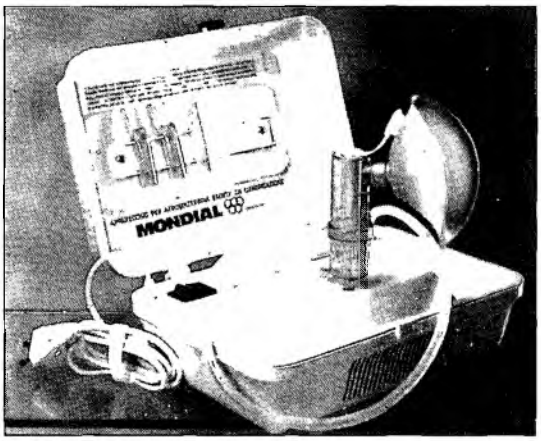

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aspects of the patient, because in order to be functional, one has to restore the physical ability of the patient to its fullest extent.

However, mental ability of the patients was also considered important. Physiotherapists seem to realise that the mental ability of the patient is one of the most critical aspects of successful rehabilitation, as it will have an effect on the physical outcome.

It was interesting to note that although improved quality of life was thought to be an important aspect of rehabilitation, maximum independence was rated higher.

Patients' responsibility for their own health was not regarded as very important. However, if it is felt that in order to be rehabilitated successfully, the patient should become responsible for himself, then patient education would play a vital role[5]. Only three respondents mentioned the term "education" in their definition of rehabilitation. This was the greatest weakness the authors identified in the physiotherapists' definition of rehabilitation. The vocational potential of a patient was ranked by physiotherapists as the second least important. This finding is one that is shared by Roy *et al* (1988) who believe that vocational rehabilitation is not a primary aim of rehabilitation and if patients wish to return to work, this decision will be influenced more by social factors and less by medical rehabilitation[6].

The social potential of a patient was considered reasonably important in the definition, but physiotherapists ranked it as less important for successful rehabilitation, than physical or mental ability (Table 1).

When asked who was in charge of rehabilitation in the units where they were working, 82,3% stated that the physiotherapists were. It was felt by 39.6% of respondents that the physiotherapists should be in charge of rehabilitation and only 22.5% felt that the doctor should be in charge (Figure 2). Lehman (1982) was of the opinion however, that the doctor should be in control because the problem usually began with a medical condition which would determine what could or could not be done for the patient[7].

He also stressed that a team required a good working relationship of all health professionals involved in rehabilitation care of patients on a day to day basis with a complete understanding of the potential contribution of each member. This opinion is consistent with views expressed by Soric *et al* and Chamberlain[8,9].

Physiotherapists felt that they and the patient were the most essential members of the rehabilitation team (99%) but unfortunately 97% regarded the family of the patient as not important at all. According to Soric *et al* (1985), a family that is supportive will markedly influence the final outcome of treatment. This is consistent with the WHO's view, which confirms that the patients, their families and the communities in which they live should be part of the rehabilitation process. This would greatly enhance the patient's quality of life[8].

When one considers successful rehabilitation in terms of improved quality of life and an acceptance by the patient of self-responsibility, then the South African physiotherapists do not have a clear understanding of rehabilitation. Without patient education, the patient can not become responsible for himself and this aspect of rehabilitation was rated very low by the physiotherapists. The concept of self-responsibility in rehabilitation has been described by many authors. Brandon (1985) states that the patient should be involved in his own rehabilitation programme as a "co-manager"[10]. The importance of self-responsibility is further stressed by Langer and Rodin who state that "persons who are given greater personal responsibility and choice in life activities demonstrate higher levels of alertness and more active participation" in their rehabilitation programme[11].

The authors would like to stress the point again: that for a patient to be self-responsible he has to be educated about his disease.

Physiotherapists responding to this questionnaire show little appreciation of the importance of education as well as the role of the family and the community in the successful rehabilitation of a patient. It is interesting to note that although they have a limited and superficial knowledge of rehabilitation they feel that they should be and are the most important members of the rehabilitation team.

In view of the results of the questionnaire and the fact that rehabilitation was so poorly defined, the authors conclude that the questions posed by Davids can not be answered meaningfully. Because of this, it is felt that the time has certainly come to devote more time to all the important aspects of rehabilitation.

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