

MEDICAL OFFICERS' ATTITUDES TOWARDS PHYSIOTHERAPY

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SUMMARY

A simple questionnaire was distributed amongst the Medical Officers of the Cape's Day Hospitals Organisation to ascertain their knowledge of and attitudes towards physiotherapy. The results are analysed and discussed.

In August 1978 the Day Hospitals Organisation's Physiotherapy Department decided to conduct a survey amongst their Medical Officers to assess their knowledge of and attitudes towards Physiotherapy in general and their attitudes towards physiotherapy within the Day Hospitals Organisation.

The Day Hospitals Organisation consists of seventeen small community hospitals throughout the Cape Peninsula. Well-equipped physiotherapy departments of varying sizes are found in nine hospitals and treat a wide variety of patients with acute and chronic conditions on an out-patient basis.

Medical Officers are frequently required to rotate between the different Day Hospitals. It was noticed that this often radically affected the referral rate to, and therefore the work-load in, the Physiotherapy Departments. This created obvious staffing problems. A department staffed by one full-time physiotherapist could change rapidly to need two full-timers or conversely to be run on a part-time basis, depending on which Medical Officers moved and where they moved.

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OPSOMMING

'n Eenvoudige vraelys is aan die Mediese Beampptes van die Kaapse Daghospitaalorganisasie gestuur om hulle kennis van en houding jeens fisioterapie vas te stel. Die resultate word ontleed en bespreek.

We decided to conduct a simple survey by drawing up a short questionnaire which they would be likely to complete. We tried not to be too intimidating and in an attempt to elicit honest answers they could remain anonymous if they wished.

The questionnaires were distributed to all the Day Hospitals, to seventy Medical Officers in all, in August 1978.

CONTENTS OF SURVEY AND ANALYSIS OF RESULTS

Of 70 questionnaires distributed 48 were returned completed. Two were returned uncompleted by Medical Officers working in hospitals without Physiotherapy Departments who felt the survey did not apply to them.

The following questions were asked. Each question has an analysis of how they were answered with our comments. (Figures in brackets indicate the actual number of Medical Officers who answered.)

Question 1

What conditions do you refer for physiotherapy as part of their treatment?

- | | |
|-----------------------------------|----------|
| (a) Respiratory conditions | 96% (46) |
| (b) Arthritic conditions | 68% (33) |

(c) Sports injuries	64%	(31)
(d) Burns	33 $\frac{1}{3}$ %	(16)
(e) Fractures	33 $\frac{1}{3}$ %	(16)
(f) Cerebro-Vascular accidents	39%	(19)
(g) Back conditions	25%	(12)
(h) Hand injuries and acute Tendonitis	12%	(6)
(i) Pelvic infections	8%	(6)
(j) Cerebral Palsy	8%	(3)
(k) Neurological conditions	8%	(3)
(l) Spinal injuries	8%	(3)
(m) Ulcers	2%	(1)
(n) Septic wounds	2%	(1)
(o) Pre-operative cases	4%	(2)
(p) Post-operative cases	4%	(2)

This list is self-explanatory. It was noted that most Medical Officers only referred a very small variety of conditions to Physiotherapy and were unaware of the range of conditions treatable in an out-patient physiotherapy department.

Question 2

Is the physiotherapy you prescribe mainly prophylactic or curative?

(a) Prophylactic only	8%	(4)
(b) Curative only	16%	(8)
(c) Both	75%	(36)

Self-explanatory answers.

Question 3

Do you think your knowledge of physiotherapy is sufficient? If not, how could it be improved? (A comment was asked for).

Yes	14%	(7)
Without comment		(6)
With comment		(1)
No	86%	(41)
Without comment		(4)
With comment		(37)

Some of the *comments* were that there was a need for: better liaison between Medical Officer and Physiotherapist (12); lecture/demonstrations (18); individual hospital staff talks by the Physiotherapist (7); more physiotherapy lectures at undergraduate level (3); visits/demonstrations in Physiotherapy Departments (11). One improved his knowledge by reading. From the Medical Officers' comments there was an obvious awareness of their lack of knowledge and a marked willingness to learn more.

Question 4

When you prescribe Physiotherapy, are you aware of what physiotherapy modalities will be used?

Yes	56%	(27)
No		(0)
Unsure	44%	(21)

This was an interesting result. It is our general experience that though most Medical Officers are aware of some modalities physiotherapists use, they do not seem to know their specific applications, nor the full range.

Question 5

Are you aware of the Day Hospital's Domiciliary Physiotherapy Service?

Yes	50%	(24)
No	50%	(24)

A self-explanatory analysis. One presumes it is our fault that half of the Medical Officers had no knowledge of the service.

Question 6

Do you feel there is adequate communication and co-operation between the Physiotherapist and the Medical Staff of the Day Hospitals?

No	33 $\frac{1}{3}$ %	(16)
Yes	66 $\frac{2}{3}$ %	(32)

Six of the negative answers commented that there was co-operation but poor communication with regard to report back on patients. In a small hospital communication should not be a problem. However, it is our experience that a physiotherapist running a busy department single-handed often forgets to report back to the Medical Officer. We feel the effort should be made and physiotherapists are constantly encouraged to do so.

Question 7

Do you feel it would be detrimental to your hospital's service and to the community, if your physiotherapy department was closed?

Yes	92%	(44)	Without comment	(17)
			With comment ...	(27)
Not applicable	8%	(4)	No Physiotherapy Department in their hospital	

Comments of the Medical Officers indicated physiotherapy has an important function in rehabilitation, was an adjunct to medical treatment and that it would be retrogressive to stop physiotherapy services. They felt it was an important part of the medical team, especially in acute trauma and helps to reduce wasted manpower hours. Many patients attending Day Hospitals need physiotherapy and would be deprived of proper treatment. Slower and less recovery would result, leading to dissatisfied patients.

We felt this showed an obvious awareness of our contribution towards better patient care.

The last three questions required some thought and comments only. A large proportion of the Medical Officers did not answer or answered minimally.

Question 8

Do you have any specific ideas on the role of the Physiotherapist?

No comment	41%	(20)
Comments	59%	(28)

Interesting *comments* stated the physiotherapist's role to be education (kinetic handling and teaching relative to handle patients); a vital link who should be consulted more often for her expertise; as a placebo! It was felt that the physiotherapist should not be abused for patient support and dependance, nor was she of any use in "burnt out" cases, but should work more with acute traumatic rather than chronic cases. Again she was mentioned as a member of the health team and an adjunct to medical treatment.

An interesting cross-section of ideas on the Physiotherapist's role. It was noted that some Medical Officers felt we were definitely wasting time on chronic cases and we were just a placebo!

Question 9

If you do not use Physiotherapy — Why?

Nil comment	92%	(44)
Not applicable	8%	(4)

(No physiotherapy available in their hospitals)

An interesting result. This question was included as certain Medical Officers do not refer patients to the Physiotherapy Department. We had hoped to hear some of the reasons why. These were obviously not forthcoming, and makes in our opinion the analysis of the

question invalid.

No comment	...	...	...	...	...	...	62% (31)
With comment	...	...	...	...	...	...	38% (17)

Additional *comments* were basically a repetition in that it expressed appreciation having physiotherapy available as it is a vital adjunct to the treatment of a significant percentage of patients and to close an essential service would be retrograde. Talks and demonstrations are needed as doctors could make better use of the service with improved knowledge of physiotherapy.

CONCLUSIONS

This survey highlighted areas where we as physiotherapists had fallen down in communication. It gave us guidelines for methods in which we can improve the doctors' knowledge of physiotherapy. It also boosted our morale in that we realised that the majority of the

Medical Officers appreciated us even if they were not all too sure exactly what we did!

Although the survey was conducted amongst the Day Hospital Medical Officers, we feel that it probably reflects the attitudes of Medical Officers in general. A similar survey conducted in a general teaching hospital may produce slightly different results.

Finally, the lack of knowledge of physiotherapy was obvious to all involved¹ in this survey. Where does the fault lie? In the Medical Officers' under-graduate training or in our poor physiotherapy public relations? Would effective physiotherapy treatment, good results and active communication of these results not be one of the best public relations methods we could use?

Reference

- Fehler, B. R. (1976). A personal analysis of physiotherapy. *S.A. Journal Physiotherapy* **32**, 4, 7-14.