

CULTURAL AND SOCIAL BARRIER IN COMMUNITY PHYSIOTHERAPY PRACTICE: ETHICS IN THE INDIAN CONTEXT

Abishek J R, Hariharan S, Anbu Priya M*

SRM College Of Physiotherapy, SRM Institute of Science and Technology, Kattankulathur, India

Correspondence: anbuprim@srmist.edu.in

ABSTRACT

BACKGROUND:

Ethics becomes inevitable in the physiotherapy profession as it is concerned with professionalism and patient outcomes by avoiding patient-therapist conflicts and helps avoiding medical negligence.

OBJECTIVE:

This study aims to explore the impedance faced by the community physiotherapist in implementing the code of ethics.

METHODOLOGY:

A structured interview-based questionnaire was framed to assess the perception of ethics, role of ethics and the barriers faced in implementing ethical guidelines by community physiotherapist during their practice.

RESULTS:

Ethics is important as it dignifies the profession and gains the confidences of the patient and helps in developing a good rapport with the patient. The most important barriers faced by the physiotherapist in abiding by the code of ethics were the unawareness among the patient and their cultural belief alongside with lack of inter-sectorial harmony.

CONCLUSION:

This study concludes that educating the patients and creating an inter-sectorial harmony will be most effective in breaking the barriers in ethical implementation in practice.

KEYWORDS

Ethics in practice, barriers, community-based physiotherapy, physiotherapy.

INTRODUCTION

Physiotherapy is a two-way treatment program where the patient is expected to adhere and equally participate in the tailored treatment protocol for the better outcome.[1] Therefore to have a good rapport with the patients, a

physiotherapist is expected to have a sound knowledge of professionalism and good ethical knowledge.

As explained by the American Physical Therapy Association (APTA) the chief components of ethics that any physiotherapist practising must possess were integrity,

excellence, compassion, altruism, accountability, social responsibility and professional duty. [2,3]

Owing to the importance of ethical knowledge and guidelines in clinical decision making, bioethics is accepted as theoretical, academic and practical part of health care profession while Purtilo has mentioned physiotherapy ethics as seeds of care. [4,5]

Physiotherapists are bound to spend a prolonged time with patients in a treatment course.[6] The close physical contact throughout the treatment session, makes for the physiotherapist having no exception in facing ethical issues in his everyday life.[7]

This prolonged duration of treatment involving the physical contact with the patient emphasizes the importance of the ethical conduct and the patient awareness to avoid inconveniences during the session. To avoid medical negligence, which has been identified as one of the major causes of death globally, ethical knowledge and its implementation becomes inevitable in health care profession.[7]

Though following a code of ethics has become an integral part of health care profession, it has been noted that there are several barriers in implementing the physiotherapy practice on ethical grounds which are also perceived by the patient that includes social, economical and cultural barriers. [8,9]

This study aims to explore the impedance faced by the community physiotherapist in implementing the code of ethics in their everyday practice.

MATERIALS AND METHODOLOGY

As the study aimed to find the impedance faced by the community physiotherapist in implementing the code of ethics, a qualitative exploratory analysis was conducted.

Face to face semi-structured probing interview was developed for this study so as to obtain introspective data from the participants.

QUESTIONNAIRE DESIGN

A semi structured interview-based questionnaire was framed to find out the cultural and social barriers of the community physiotherapist. Before commencing the study ethical committee permission was obtained from the

Scientific Committee of the SRM College of Physiotherapy. A questionnaire was designed to interrogate their perception towards ethics, role of ethics in their practice and their adherence to the ethical guidelines, it further involved questions that explored the impedance in implementing ethics in practice and the measures they adapt to overcome the barriers they face. Five community physiotherapists' opinions were sought after the questionnaire created, and after that, certain additional questions were included. After this, a panel discussion was held and the study's content was validated.

SAMPLING

A purposive sampling method was employed to choose participants from the field was of community-based physiotherapy practice who was genuinely interested to take part in their study. Prospective sampling method was used. Participants from community practice with various backgrounds (with various specialization, clinical set up, clinical centres) who can add to the study were selected. A total of 10 interviews were conducted.

Prior to the commencement of face-to-face interviews, the participants were informed that for the purpose of clear transcription, the entire session would be recorded and consent was obtained for the same.

SETTING OF INTERVIEWS

After fixing an appointment with the physiotherapists, an interview was conducted in a separate room to make sure that there were no interruptions during the course of the interview.

INTERVIEW

As the interview began, questions were prompted and probed. Participants were given enough time to think and answer. Each interview lasted for approximately 30 to 45 minutes. To gain the maximum insight of the participant, at the end of the interview a question was added stating, "Do you want to add anything that we have missed to discuss".

The interview was conducted until the point of data saturation, which was obtained with the 10th participant. All the participants were community-based physiotherapists with a minimum experience of five years.

TRANSCRIPTION AND ANALYSIS

All the responses were transcribed into narrative format without changing the meaning of the responses. Coding of the responses were done online with grounded theory in

phases of open, axial and selective coding following which themes were identified and the results were narrated.

RESULTS AND DISCUSSION

Implementing ethics in practice of physiotherapy has been gaining momentum and has become inevitable to have a sound professional practice. But it is not documented to

what extent has the ethics been implied in community practice especially in Indian context. This study included ten physiotherapists practicing for more than five years in community settings.

Physiotherapists have been interviewed with a semi structured interview guide to gain their perspectives in ethics in practice and common barriers encountered while implementing ethics in Indian context.

TABLE 1. DESCRIPTION OF THEMES, SUB-THEMES FRAMED AND BASED ON HIGHLIGHTED KEY POINTS OF RESPONSES CODED FROM THE RESPONSES OF THE PHYSIOTHERAPISTS' VIEW WITH REGARDS TO CULTURAL SOCIAL BARRIERS IN IMPLEMENTING ETHICAL GUIDELINES IN COMMUNITY BASED PHYSIOTHERAPY PRACTICE IN INDIAN CONTEXT.

HIGHLIGHTED KEY POINTS	SUB THEMES	THEME
<ul style="list-style-type: none"> Punctuality Regularity Liability Loyalty Equality Mandatory in practice 	Defining ethics	ETHICS IN COMMUNITY PRACICE
<ul style="list-style-type: none"> Inevitable Maintaining confidentiality Gaining momentum Avoid misconduct Dignity 	Ethics in physiotherapy practice	
<ul style="list-style-type: none"> Language Time consuming Unawareness about Physiotherapy Dilemma in practice Patient beliefs does not meet the goal setting 	Barriers in implementing ethics	BARIERS IN PRACTICE
<ul style="list-style-type: none"> No supervision Lack of laws Lack of time Hesitation in expressing negative outcomes of treatment 	Confounding factors in abiding code of ethics	
<ul style="list-style-type: none"> Gender Exposure of treatment area Removing ornaments Quantity more than quality Unawareness Avoiding documentation to avoid complication Time Patient customs and beliefs Google consultations Access to treatment 	Cultural and social barriers	

<ul style="list-style-type: none"> • Two-way effort • Patient education • Explain in patient terms • Video demonstrations • Referrals • Community education 	Possible measures to tackle cultural and social barriers	
---	--	--

THEME 1: ETHICS IN COMMUNITY PRACTICE

Sub theme 1: defining ethics

Seven of ten respondents recorded that ethics is an inevitable basic quality and a value that a professional should possess. Ethics is punctuality, regularity that a physiotherapist has to follow. It is all about taking the liability and staying loyal to the patient as well as his profession at all times that it brings laurels not only the one who treats but confidence to the one who is receiving the treatment.

One respondent stated that ethics is merely a guideline that states, how the profession should be practiced. Ethics demonstrates the respect, rights and the needs of the client as well as the professional. Each and every physiotherapy practitioner should follow ethics as it regulates the profession.

One of those ten responses stated that, ethics is respecting the patient, identifying the needs of the patients and providing the best available treatment on basis of ethical guidelines of the particular country that they reside by.

A participant recorded that, "If a patient is economically unstable to pay, ethically he should not be devoid of treatment. It becomes our moral responsibility provide a free treatment. Though the treatment is provided free, we should provide our best and not for name sake. And I personally feel that this is our professional ethics".

Sub theme 2: ethics in physiotherapy practice

Around eight respondents agreed to a fact that, ethics plays an inevitable role that it dignifies the profession. As a physiotherapist spends more time with client than most of the health professionals it is not uncommon for a client to open up his secrets to the physiotherapist. In that case it becomes the sole responsibility of the physiotherapist to abide by ethics and maintain the secrecy. He/she must make sure that at no costs the clients are being cheated or misused and must prove to be trustworthy.

While few responded that, ethics is based on the values, that one must follow and becomes mandatory. In Western

countries, the ethical guidelines are strictly followed but as far as India is concerned, ethics hasn't gained a momentum. But it has to be implemented.

One respondent recorded that, "Following ethics in physiotherapy practice is as important as following the traffic rules. If one individual does not follow the traffic rules, the accident caused by him not only affects the particular person but a community as whole. Such that failing to abide ethics affects the career of the physiotherapist, the patient and the dignity of the profession as whole".

THEME 2: BARRIERS IN PRACTICE

Sub theme 1: barriers in implementing ethics

Most of the respondents agreed to the fact that language is the most common barrier faced by almost all the physiotherapists. Unawareness about the physiotherapy management and the modalities that are being implied in process of treatment makes it further difficult to treat a patient was accepted as a major barrier by nine of ten respondents. Patient expects a quick relief and they trust medicines to be remedy for all the physiological problems and have less belief on the physiotherapy management.

In contrast, one respondent recorded that, "Unawareness of a layman about physiotherapy is a common phenomenon and is not actually a barrier of treatment, a common man is not bound to have knowledge about the exercises and it is the mere duty of the physiotherapy professionals to educate the patient".

While two of ten respondents noted that, physiotherapists are expected to maintain secrecy at all costs but then when most of the relatives enquire about the condition about the client especially during house visits, Physiotherapists are bound to reveal the actual facts though they are not the stakeholders. These results were supported by the study of Kati Kulju et al., where in they stated that physiotherapist frequently encounter barriers in ethical implementation which is quite often due to the unawareness of the patients, the role to maintain secrecy and the problems with goal setting and patient's belief.[7]

Sub theme 2: confounding factors in abiding code of ethics

In most cases, physiotherapists act according to their own convenience and act to follow the code of ethics only when being supervised. This is owing to the reason that there are no laws being strictly implemented on ethical guidelines.

Though the physiotherapists are aware of all the norms and ethical principles, they don't implement to the fullest in their practice. One of the ten respondents recorded that, "The lenient laws and lack of treatment time deviates me from abiding the rules to the fullest. I give all the instructions and benefits of the treatment to the patients and I treat them with due respect both to the patient and the caregivers but then I hesitate to say the negative outcomes of the treatment".

This response was in contrast to the other responses as other responded noted that though they face barriers they try to abide by the ethics at all time to the maximum as possible

Sub theme 3: cultural and social barriers

Cultural, social and economic factors can't be overseen in treating a patient because these factors are also said to have an impact not only on disease and health but also on the outcomes of treatment. [10,11,12]

The major cultural barrier faced is that the gender difference. Especially when it comes to female client, they hesitate with a male therapist. Culturally some would hesitate to remove jewellery that they wear and they cannot be forced to remove it for the sake of treatment.[13] This barrier was faced by 100% of the respondents who participated in the study.

60% of the responses stated that, their unawareness about the physiotherapy profession and management and this becomes a major barrier in physiotherapy management and lack of time becomes a major barrier to document the assessment, treatment or the consent. As in India, there is no appointments fixed for treatment and as many as patients can come in one single day.

One participant added a note that, "In Indian practice quantity is considered more important than the quality. This makes the time to be insufficient and, in most cases, whenever I know I am liable, I hesitate to document the procedure to avoid further complications legally".

40% of the responses stated that, though ethical guidelines states that the negative outcomes of the treatment should be explained to the client as well, it is not being implemented. This is again because of unawareness. The patient will be already anxious and afraid of the electrotherapy modalities, in addition if the negative outcomes of the treatment are explained, it become even more difficult to convince the patient to undergo the treatment.

In few cases, the clients themselves will be in hurry to leave due to some commitment/work or wants to get cured within one or two days. In such cases they cannot be effectively treated ethically according to the professional norms. On the whole 6 respondents considered time as barrier while eight of ten respondents considered unawareness as the major barrier.

In contrast to all the above mentioned barriers, one of ten respondents stated google as a barrier to their treatment. One recorded that, "Owing to the unawareness and anxiety, patient tend to google their symptoms and treatment. By the time they come to the physiotherapist, they are prefixed with the googled treatment and it becomes hard to make the patient understand the approach and treatment we give in our setups. This makes the patient unsatisfied".

When barriers are discussed, language can never be neglected. It becomes more difficult when it comes to treat a patient who speaks a language which is not a well-versed language by the therapist. It makes it more difficult to explain the treatment and gain the confidence of the patient. [14,15]

Being an integral part of multidisciplinary rehabilitation team, though he is bound to keep secrecy, physiotherapist cannot abide by it when another member of the rehabilitation, enquires about it, be it a physiatrist or surgeon, etc.

Ethically, every patient has the right to treatment but practically in the access of people living in rural areas to physiotherapy remains a struggle which may deny them from receiving the treatment on time. [16,17]

As far as Tamil Nadu is concerned, although a physiotherapist is an independent first-hand practitioner, the mode of physiotherapy management to be given to the patient is highly influenced by a mode of physiotherapy

management, especially which involved exposing body areas, and management which may go against their beliefs, which again becomes a barrier to choosing the treatment according to the patient needs and treatment goals.

Sub theme 4: possible measures to tackle cultural and social barriers

As discussed earlier, the rate of success of physiotherapy management depends upon the two-way efforts for which the engagement of patient becomes inevitable. Therefore, it becomes important for a physiotherapist follow culturally adapted approaches that improves the patient's involvement.[18]

80% of the respondents felt that, educating the common people about the physiotherapy and creating awareness about the physiotherapy management is an essential and integral part in removing the obstacles in implementing the practice as per the code of ethics.

Four of ten responses stated that, as the individual cannot be forced to remove the ornaments, it is best advised to modify the treatment such that the accessories that the client wears neither hinders the treatment nor causes harm to the individual who receives the treatment.

One respondent stated that, "As a measure to tackle the knowledge barrier, it is advisable for the physiotherapist to learn a few key words in the language that the patient can understand in the subsequent visits. Physiotherapist must try to make the client understand through video demonstrations, actions and gestures".

A respondent recorded that, "If distance or economy becomes a barrier and if I know the patient requires treatment mandatorily, I will see to that the patient gets treated, if I am unable to go, I will refer someone who can actually treat him. I will make sure that he is not deprived from treatment".

A limitation of the study were that these results were assessed qualitatively, to understand the barriers that are most commonly faced by the physiotherapists, a quantitative study must be conducted. The study only examined the impediments faced by the community physiotherapists in the ethical implementation in practice. Further studies should assess and compare the impediments faced by both community and institutionalized physiotherapists. The relationship between

the breach of ethical implementation and the outcomes of the treatment were not examined in the study.

The study conducted by Vajravelu et al., was on par with results of our study where they explained that physiotherapists treat patients and plans protocol only based on their needs and not based on their socio-economic status and treat them with no partiality given towards their status and are with due respects to the cultural and religious beliefs.[19]

Praestegaard et al., have stated in their study that the first session of treatment is the most important part of session as it has a higher impact on the patient. It is at this session the therapist has to establish a good relationship with patient and his family and should make them understand the treatment which helps in gaining confidence of the patient. This helps in avoiding the breach of ethics due to the above mentioned barriers. [20]

Patel et al., stated that physiotherapists lack the knowledge about the importance of ethics in their student life which again becomes a barrier in the implementation of ethics in their professional life.[2]

Implementation of bioethics stands on top of the priority list of the health care profession as it has importance and significance in doctor-patient, patient-therapist and inter-sectoral relationship healthier. This makes it necessary to overcome all the barriers set in implementing ethics in practice.[5]

CONCLUSION

Lack of awareness about physiotherapy among people, alongside of cultural, economic and social factors, lack of inter-sectoral harmony and their interference impedes the ethical implication. This study concludes that educating patients and creating an inter-sectoral harmony will be most effective in breaking the barriers in ethical implementation in practice.

ACKNOWLEDGEMENT

The author extends heartfelt gratitude towards all the physiotherapists who patiently spent their time to answer all the questions and for extending their support to complete this study.

This study was completed and presented as a poster in BIOETHICON Conference -2019 held at SRM Institute of Science and Technology, Kattankulathur.

References

1. Poulis I. Bioethics and physiotherapy. *Journal of Medical Ethics*. 2007 Aug 1;33(8):435-6.
2. Brahmbhatt P Dhara PC, Chauhanp S. The knowledge of ethical values in physical therapy practice amongst physical therapists. *Journal of Novel Physiotherapies*. 2017. Nov 7:6 (Suppl).
3. Shojaei A, Ghofrani M. Professional ethics in physiotherapy: Existing challenges and flaws. *Journal of Modern Rehabilitation*. 2018 Feb 1;12(1):39-44.
4. Ladeira TL, Koifman L. The interface between physical therapy, bioethics and education: an integrative review. *Revista Bioética*. 2017 Sep; 25:618-29.
5. Ladeira TL, Koifman L. The interface between physical therapy, bioethics and education: an integrative review. *Revista Bioética*. 2017 Sep; 25:618-29.
6. Sant SS and Phalke VD. Awareness About Ethical Concepts And Practice of Bioethics in Physiotherapy. *Int J Recent Sci Res*. 2017 Sep 8(9), pp. 19875-19877.
7. Kulju K, Suhonen R, Leino-Kilpi H. Ethical problems and moral sensitivity in physiotherapy: A descriptive study. *Nursing Ethics*. 2013 Aug;20(5):568-77.
8. Peek K, Carey M, Mackenzie L, Sanson-Fisher R. Patient-perceived barriers and enablers to adherence to physiotherapist prescribed self-management strategies. *New Zealand Journal of Physiotherapy*. 2018 Nov 1;46(3).
9. Jack K, McLean SM, Moffett JK, Gardiner E. Barriers to treatment adherence in physiotherapy outpatient clinics: a systematic review. *Manual therapy*. 2010 Jun 1;15(3):220-8.
10. Henschke N, Lorenz E, Pokora R, Michaleff ZA, Quartey JN, Oliveira VC. Understanding cultural influences on back pain and back pain research. *Best Practice & Research Clinical Rheumatology*. 2016 Dec 1;30(6):1037-49.
11. Yoshikawa K, Brady B, Perry MA, Devan H. Sociocultural factors influencing physiotherapy management in culturally and linguistically diverse people with persistent pain: a scoping review. *Physiotherapy*. 2020 Jun 1; 107:292-305.
12. Norris M, Allotey P. Culture and physiotherapy. *Diversity in Health & Social Care*. 2008 Jun 1;5(2).
13. Marwaha K, Horabin H, McLean S. Indian physiotherapists' perceptions of factors that influence the adherence of Indian patients to physiotherapy treatment recommendations. *Int J Physiother Rehabil*. 2010 Aug 9; 1:9-18.
14. Sze-Mun Lee T, Sullivan G, Lansbury G. Physiotherapists' communication strategies with clients from cultural diverse backgrounds. *Advances in Physiotherapy*. 2006 Jan 1;8(4):168-74.
15. Grandpierre V, Milloy V, Sikora L, Fitzpatrick E, Thomas R, Potter B. Barriers and facilitators to cultural competence in rehabilitation services: A scoping review. *BMC health services research*. 2018 Dec;18:1-4.
16. Australia. Parliament. Senate. Community Affairs References Committee. The factors affecting the supply of health services and medical professionals in rural areas. Parliament of Australia, Canberra, Australian Capital Territory; 2012.
17. Igwesi-Chidobe C. Obstacles to obtaining optimal physiotherapy services in a rural community in southeastern Nigeria. *Rehabilitation research and practice*. 2012 Jan 1;2012.
18. Brady B, Veljanova I, Schabrun S, Chipchase L. Integrating culturally informed approaches into physiotherapy assessment and treatment of chronic pain: A pilot randomised controlled trial. *BMJ open*. 2018 Jul 1;8(7):e021999.
19. Vajravelu S, Solomon P. Barriers and facilitators to family-centred paediatric physiotherapy practice in the home setting: A pilot study. *Disability, CBR & Inclusive Development*. 2013;24(4):107-15.
20. Praestegaard J, Gard G. Ethical issues related to the physiotherapist patient relationship during the first session-The perceptions of Danish physiotherapists. *Journal of Clinical Research & Bioethics*. 2015 Jan 1;6(4):1.