

JOB EVALUATION OF CLINICAL PHYSIOTHERAPISTS IN THE SOUTH WEST OF NIGERIA

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SUMMARY

Background of the study: Resourcefulness is the quality of being able to cope with a difficult situation and have imaginative abilities while service development processes allow the building and testing of services and related component. The involvement of physiotherapists in supervision, administration, teaching and research in health sciences is yet to be ascertained.

Aims: The primary purpose of this study was to evaluate level of involvement of clinical physiotherapists in administration, teaching, research and policy formulation, human resources and information technology.

Method: One hundred (100) copies of self-administered questionnaire adopted from National Health services job evaluation questionnaire were administered to physiotherapists in selected Federal and State Hospitals. The response rate was 71%. The data was analysed using descriptive Statistic.

Results: The result showed that 97.2%, 84.5%, 76.6% and 58.5% of clinicians were resourceful in effective patient communication, analytical skill, patient care and freedom of action respectively. Also 10% carried out research regularly and 35.2% carried it out occasionally. About 47.9% and 80.3% were resourceful in human resources management and policy formulation respectively for physiotherapists in the chief cadre. The assistant Chief Physiotherapists were found to be more resourceful than the Chief Physiotherapists in the area of resource management. The study further showed that only 17.4% of the physiotherapists were involved in utilizing information technology.

Conclusion: This study concluded that clinicians are not highly resourceful especially in the areas of human resources, policy and research, and information technology but were involved in effective communication, judgment and analytical skills, patient care and have freedom of actions.

KEY WORDS: Resourcefulness, Administration, Physiotherapy, Policy

INTRODUCTION

Over the past decades, many driving forces have changed the face of health care and the subsequent delivery of health services to the general populace (Leatt, 1997). Chartered Society of Physiotherapy (CSP) impressed that physiotherapists would have an increasingly important role to play in health care as population ages (CSP, 2004). Resourcefulness is the quality of being able to cope with difficult situation and have imaginative abilities. Resourcefulness is critical in performing leadership roles that require coping with non-routine, unprogram-mable and ill-structured tasks. The diverse nature of the prevailing conceptualizations of skills required for successful managerial performance hinders our understanding the phenomenon - Resourcefulness (Kanungo and Misra, 1992). Physiotherapists are involved in supervision, patient care and are also involved in administration, teaching and research in health science. In view of this, they are managers. Kanungo and Menon (2005) distinguished 'skills' from managerial 'competencies', the latter being the basic components of a managers' resourcefulness. Managers generally occupy leadership positions and are expected to play key leadership roles within organisations. This is why selection and training of managers is a critical human resource management function. Successful execution of this function demands that leadership role activities be thoroughly analysed and the corresponding trait and behavioural requirements be identified. On the basis of these requirements, selection and training functions should be formalised within the organization (Kanungo and Menon, 2005).

A cursory look at the leadership tasks for physiotherapists are likely to be non-routine, unprogrammed, loosely structured and dynamic in nature. What traits and behavioural requirements are needed for these types of tasks is not clear from the few available literature on the nature of managerial jobs and skills.

The Chartered Society of Physiotherapy (2004) stated that government should pledge itself to value all

health service staff and grant all physiotherapists and other allied health professionals, equality opportunity to be clinical leaders within the system of public administration and human resources management.

Nigeria faces the most intricate human resource challenges characteristic of health systems in many developing countries (FMH, 2006). The challenges of physiotherapists in Nigeria are numerous because of expansion in their expected roles. In view of the emerging and increasing expectations there is the need to carry out a comprehensive job evaluation among Nigerian physiotherapists. Job analysis should be a prerequisite for assessing resourcefulness. It appears as if physiotherapists are not given equal opportunity like some other health professionals, to be clinical leaders within the system of public administration. Limited formal opportunities are given to Professions allied to Medicine in which physiotherapy is one, to influence decision-making in strategic planning policy formulation, commissioning and in the general management of the Health and personal social services (PAMS, 1997). Also there is speculation that, the physiotherapists working as clinicians in hospitals are not really involved in research and policy formulation. Similarly, the quality of their services and resourcefulness is not known or ascertained. Likewise, the involvement of physiotherapists in information technology and data processing is not known, hence, there is need to evaluate the services of physiotherapists in the hospital setting.

The primary aim of this study was to assess the level of involvement of Nigerian physiotherapists in administration, policy formulation, service development, research, information technology and human resources management.

METHODOLOGY

SUBJECTS

Subjects for this study were physiotherapists in both Federal and State hospitals in the Southwest Nigeria. Seventy-one physiotherapists participated in this study. The instrument that was used for this study was an adopted questionnaire from NHS (2004). It was a reliable questionnaire used for comprehensive job analysis. The questionnaire was a self-administered type, which was in a close-ended form (YES or NO) to determine the involvement of physiotherapists in the preset questions. The questionnaire was divided into two sections. It was designed to obtain demographic data of the respondents, qualification, years of experience, post/level and place of work. Other information sought are communication and relationship skills, analytical and judgmental skills, responsibility of the respondent for patient care, freedom to act independently, emotional effort in his/her services, working condition, human resources management, policy and service development; information technology advancement and use of computers by the respondents. One hundred copies of questionnaires were distributed to

physiotherapists in purposively selected physiotherapy department of federal and state hospitals. The response rate was 71%. The low response rate might be attributed to the high volume of the questionnaires used for this study.

DATA ANALYSIS

The data was analysed using descriptive statistics, frequencies and mean percentage values.

RESULTS

Results revealed that physiotherapists (PTs) that participated in this study comprised of thirty-six females (50.7%) and thirty-five (49.3%) males. Fifty-three (74.6%) were married, while eighteen (25.4%) were found to be singles (Tables 1). Furthermore, thirty-nine (54.9%) of the PTs had less than ten years post qualification experience, twenty-eight (39.4%) had worked between 10 and 20 years, while four (5.6%) had worked between 20 and 30 years (Table 1). Fifty (70.4%) had BSc (first degree) as their highest qualification, while twenty-one (29.6%) had M.Sc. as their highest qualification. There was no single PhD degree holder among the participants (Table 1).

Forty-two (59.2%) of the surveyed physiotherapists worked at Federal hospitals, while twenty-nine (40.8%) worked at state hospitals (Table 2). The result of this study showed that 97.2% of the respondents had good communication skills (ability to interact, source for relevant information and give sensitive information) 84.5% had good judgmental skills, Also, 76.6% of the respondents had higher responsibility for patient care. Similarly, 58.5% had freedom of action in the management of their patients (Table 3).

The result of this study showed that 71.8% of the respondents actively provided service for emotionally demanding patients, while 87.3% needed high physical effort to carry out their service to patients while 12.5% of the respondents do not. Similarly, 36.6% indicated that they had good working condition (Table 4).

Table 1: Demographic Data, Marital Status, Years of Clinical Experience and Qualification

Gender	No. of Physiotherapist (PT)	Percentage (%)
Males	35	49.3
Females	36	50.7
Marital Status		
Married	53	74.6
Single	18	25.4
Experience		
< 10 Years	39	54.9
Between 10 & 20 Years	28	39.4
Between 20 & 30 Years	4	5.6
Qualification		
B.Sc	50	70.4
M.Sc	21	29.6

Table 2: Post/Level of the Surveyed Physiotherapists & Place of Work

Posts	No. of Physiotherapist (PT)	Percentage (%)
Physiotherapist	29	40.8
Senior Physiotherapist	24	33.8
Principal Physiotherapist	10	14.1
Assistant Chief Physiotherapist	3	4.2
Chief Physiotherapist	5	7.0
Place of Work		
Federal	42	59.2
State	29	40.8

Table 3: Involvement in Communication, Judgement Making, Patient Care and Freedom to Act

	Involvement PTS	%	Uninvolved PTS	%
Communication Skills	69	97.2	2	2.8
Analytical/Judgmental Skills	60	84.5	11	15.5
Patient Care	54	76.6	17	23.4
Freedom to Act	41	58.5	30	41.5

Table 4: Emotional Effort, Physical Effort and Working Condition

	PTS Involved	%	PTS Uninvolved	%
Emotional Effort	51	71.8	20	28.2
Physical Effort	62	87.3	9	12.7
Working Condition	26	36.6	45	63.4

This study also revealed that only 33.8% of the respondents were adequately involved in human resources, while 41.3% affirmed that they were actively involved in policy and service development. Furthermore, only 16.9% of the respondents indicated that they were involved in information (computer) resources (that is job schedules using computer) in their hospitals, while 83.1% were not (Table 5). The result of this study showed that 10.0% of the respondents carried out research regularly, 35.2% conducts research occasionally while 54.8% were not actively involved in research (Table 6). The result of this study showed that 66.2% and 47.9% of the assistant chief physiotherapists and chief physiotherapists respectively were actively involved in human resources management such as being involved in budgeting, planning and staffing. Similarly, 80.3% and 80.3% of the assistant chief physiotherapists and chief physiotherapists respectively were actively involved in policy formulation in their various hospitals.

It was also shown that only 33.8% of the respondents were adequately involved in human resource management while 42.3% affirmed that they were adequately involved in policy and service development. Furthermore, only 16.9% of the respondents indicated that they were involved in information technology management in their hospitals,

while 83.1% were not. The result of this study showed that 10% of the physiotherapists carried out research regularly, 35.2% conducts research occasionally while 54.8% were not actively involved in research (Table 5). Also, 66.2% and 47.9% of the Assistant Chief physiotherapists and Chief physiotherapists respectively were actively involved in human resources management. Similarly, 80.3% each of the Assistant Chief physiotherapists and chief physiotherapists were found from this study to be actively involved in policy formulation in their various hospitals (Table 6).

Table 5: Human Resources, Policy, Information Resources and Research

	PTS Involved	%	PTS Uninvolved	%
Human Resources	24	33.8	47	66.2
Policy and Service Development	30	42.3	41	57.7
Information Resources				
Research	12	16.9	59	83.1
Regularly	7	10.0	-	-
Occasionally	25	35.2	-	-
No Research	39	54.8	-	-

Table 6: Involvement of PTS in Human Resources and Policy Formulation

	PTS Involved	%	PTS Uninvolved	%
Human Resources (Asst. Chief PT)	47	66.2 ± 33.3	24	33.8 ± 33.3
Human Resources (Chief PT)	34	47.9 ± 18.5	37	52.1 ± 18.5
Policy (Asst. Chief PT)	57	80.3 ± 32.5	14	19.7 ± 32.5
Policy (Chief PT)	57	80.3 ± 20.0	14	19.7 ± 20.0

DISCUSSION

The findings of this study showed that a reasonable number of clinical physiotherapists who were involved in effective communication with their patients, have good analytical/judgment skills, clinical patient care and freedom of action relating to their profession. These results are encouraging and in agreement with the definition of professionalism as described by Swick (2000), who stated that professionalism in the field of medicine include a number of elements combined into a variety of different categories. These elements include: commitment of service, an adherence to clinical standards, demonstration of humanistic values (e.g. integrity, honesty, respect for others, compassion and altruism), responsibility and accountability and lastly, commitment to professional advancement.

It was shown in this study that, most clinical physiotherapists actively provide support for emotionally demanding patients. It was also shown that, 87.5% of the physiotherapists needed physical efforts in order to see

to the needs of their patients while only 36.6% of clinical physiotherapists were comfortable with their working condition. From all these, it can be deduced that the working condition did not commensurate with the emotional and physical efforts inputted by clinical physiotherapists in order to give a quality service to their patients. These results are in agreement with the studies that have been conducted to determine the clients' and providers' perspective of quality service (Huezo *et al*, 1993; Dipnete *et al*, 1993 and Mensch *et al*, 1994). Adedoyin and Oyelese (1997) reported that good salary advancement and autonomy of judgment are closely related to job satisfaction. Also, the absence of suitable and conducive environment results in gross dissatisfaction and loss of dedication to job (Onigbinde, 2006).

The findings of this study also showed that only very few PTs were involved in conducting clinical researches. This is in agreement with the findings of Hamzat *et al* (2002) who reported a low level of participation in clinical research by the Nigerian clinical physiotherapists. This is attributable to lack of research funds, poor library facilities, lack of necessary equipment, time constraints and lack of prerequisite training to carry out research work. This is not good for professional advancement (Swick 2000; Jogunola and Adediran 2006). It has also been stated in the principles and code of conduct of Nigeria professional physiotherapy that, a physiotherapist is required where possible to carry out research from time to time on the method and value of modalities used in the practice of the profession (NSP, 1978).

This result also showed that low number of clinical physiotherapists were involved adequately in the areas of human resources management and policy formulation. The principle of professional code of ethics and practice of NSP, that is, principle VII, titled socio-political responsibility states that members of NSP should show an active interest in governmental policies and decisions which affect physiotherapy profession's education and practice in Nigeria (NSP, 1978). The CSP United Kingdom advocated for a more participatory approach to policy development and service delivery (CSP, 2004). This is supported by NSP, who made her position known to the federal ministry of health on the need to adequately involve physiotherapists in policy formulation and human resources management (Onigbinde, 2003).

A substantial number of clinical physiotherapists in the Assistant Chief Physiotherapist cadre had been found in this study to be actively involved in human resources management and policy formulation respectively according to their duties as stated in the Nigeria scheme of service (Federal Republic of Nigeria, 2003). Also, 80% and 47.3% of clinical physiotherapists in chief physiotherapist cadre were adequately resourceful in policy formulation and human resources management respectively. These values showed that the chief physiotherapists were not actively involved in human resources management which is one of the duties of this

cadre as stated in the Nigeria scheme of service (Federal Republic of Nigeria, 2003). The reason for this might be due to the fact that the chief physiotherapists delegate works to their subordinates.

This study further showed that very few of clinical physiotherapists had adequate knowledge on information technology. This is not good enough for professional development according to the view of Oyewumi (2000), who reported that computers will continue to have significant effects on our society in the task of working, serving patients and the society at large. Physiotherapists will have an increasingly important role to play in health care as population ages, so there is need for technological advancement in the area of the use of computers and softwares (CSP, 2004). This was confirmed in Denmark and New Zealand where patients are receiving care benefits because their General Practitioners (GPs) and physiotherapists use computers in their offices (Protti and Johansen 2003; Protti and Graham 2003).

Based on the findings of this study, it was concluded that clinical physiotherapists are adequately involved in effective communication, analytical and judgemental skills, clinical patient care and have freedom of action. However, the study concluded that clinical physiotherapists are less involved in some areas, such as policy formulation, research, human resources management and information technology.

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