Title: Final year physiotherapy students' knowledge and perception of professionalism

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Abstract

Background / Objective: Professionalism is on the decline in almost all professions. This study therefore investigated the knowledge and perceptions of final year physiotherapy students on professionalism.

Methods: One hundred nine (51 males and 58 females) final year physiotherapy students from 3 universities in Southwestern Nigeria (University of Lagos, University of Ibadan, and Obafemi Awolowo University, Ile-Ife), selected by purposive sampling, participated in this study. They completed a 24-item questionnaire on knowledge and perceptions of professional behaviours in the physiotherapy profession.

Results: 86.6% of the respondents had a good knowledge of professionalism. Eighty-one (74.3%) respondents reported that lecturers demonstrate professional behaviours suitable for a professional role model. Seventy-five (68.8%) respondents reported that clinical instructors demonstrate professional behaviours suitable for a professional role model. Eighty-four (77%) respondents reported that the physiotherapy program that they attend teaches and fosters professional behaviours. Only 46 (42.2%) respondents were aware of the Nigeria Society of Physiotherapy's list of core values. Medical doctors and pharmacists were rated highest (9.1) by respondents in the degree of professional behaviours demonstrated. Lateness was rated the highest negative behaviour common to them (3.2) and their clinical instructors (2.4). Most of the respondents chose role modelling (78; 71.6%) and lectures (70; 64.2%) as the actual and desired methods of teaching/learning professional behaviours.

Conclusion: Physiotherapy students in their final year had a good knowledge of professionalism but advocated that lectures and role modelling were the most desired methods of teaching/learning professional behaviours.

Key Words: Professionalism, Knowledge, Perception.

Introduction

Professional conduct means the behaviour in which the norms and values of professional practice are visible (Chartered Society of Physiotherapists, 2009). Professional conduct is expressed in words, behaviour and appearance and is essential for the basic confidence a patient has in a physical therapist (Chartered Society of Physiotherapists, 2009). Three dimensions can be distinguished in professional conduct, namely: dealing with tasks/work, dealing with other people and dealing with yourself (Chartered Society of Physiotherapists, 2009). The Irish Society of Chartered Physiotherapists (2013) stated in their guidelines for professional behaviour that all Chartered Physiotherapists must act with respect, courtesy, honesty, accountability, humility, fairness and impartiality towards everyone and that they must be positive, supporting, reassuring and encouraging, open and fair in their dealings with others. Professionalism in physical therapy is not only embedded in what a physical therapist does, but also in how he does it (Chartered Society of Physiotherapists, 2009). The Medical Rehabilitation Therapists Board of Nigeria's (MRTB) core standard of proficiency for registrants also stipulates that professionals in medical rehabilitation must be of appropriate conduct and behaviour (MRTB, 2007). In the medical profession, professionalism is based on the principles of primacy of patient welfare, patient autonomy and social justice. It involves the following professional responsibilities: competence, honesty, and patient confidentiality amongst others (Medicine professionalism in the new millennium, 2002). Humanistic qualities, integrity and strong work ethics are all part of the criteria needed to successfully practice professionalism (West and Shanafelt, 2007). According to Swick (2000), medical professionalism consists of those behaviours by which physicians demonstrate that they are worthy of the trust that their patients and the general public have in them. This is because they are working for the good of the patients

and the public. Professionalism forms the basis of contact between the society and the medical personnel on health-related matters. It is a very important quality for medical personnel to possess.

To effectively promote professionalism development, an appreciation of the personal and environmental factors that influence professional development is necessary (West and Shanafelt, 2007). These individual (personal) and environmental factors include empathy and humanism, institutional customs, the formal and informal curricula and characteristics of the working environment such as workload, practice setting, and patient population (West and Shanafelt, 2007). Unfortunately, studies suggest that crucial elements of professionalism, including empathy and humanism, decline rather than develop during the medical school and residency training process, thus reducing the level of professionalism (Bellini, Baime and Shea, 2002; Collier, et al., 2002; Hojat, ., 2004). Recent research from the Centre for Professional Excellence at York College of Pennsylvania reported that recent college graduates are not living up to expectations of what it means to be professional on the job (Polk-Lepson Research Group, 2013a). Extending the research on professionalism on that campus, it reported that respondents varied widely from none to all in their perceptions of the percentage of students who they considered to be professional (Polk-Lepson Research Group, 2013b). The mean percentage was 51.7%. Unprofessionalism on a job affects both the individual and the organisation for which he/she works. It may hamper the professional growth of the individual and the organisation. Failure to demonstrate professionalism in the medical profession will result in loss of trust by the patients and relatives and also violate the codes of professional ethics (Swick, 2000; Irish Society of Chartered Physiotherapists, 2013). Professionalism is underscored by research as it has been shown to impact the quality of the medical care (Katic, et al., 2001). However; such studies in an

African population are sparse. This study therefore investigated the knowledge and perceptions on professionalism of physiotherapy students in their final year in Southwestern Nigerian universities.

Methods

Participants

One hundred nine (51 males and 58 females) final year physiotherapy students aged 20 years to 35 years participated in this study. They were purposely selected from 3 universities in South Western Nigeria (University of Lagos, University of Ibadan, and Obafemi Awolowo University, Ile-Ife) due to logistic reasons, since there were limited funds to travel to the other 4 universities in the northern and southern parts of Nigeria where a physiotherapy course is offered. There was also limited time to send the copies of the questionnaire by post to the other 4 universities since this research was undertaken as a final year student's project. Ethical approval was obtained from the Health Research and Ethics Committee of the Lagos University Teaching Hospital, Idi-Araba, Lagos, Nigeria prior to the commencement of the study, and this was also accepted in the other two universities where the study was carried out. The aims and objectives of the study were clearly explained on a cover note attached to each copy of the questionnaire that each participant completed. The researcher distributed the questionnaires to the final year physiotherapy students of each university and waited to collect them after they had been filled out. This was done immediately after a lecture while the students were still sitting in the lecture room. One of the students in Obafemi Awolowo University, Ile-Ife collected a copy of the questionnaire and went out of the class with the intention of returning but he did not return while the researcher was there. This was the reason why a copy of the questionnaire was not returned.

6

Questionnaire design

The initial draft of the questionnaire was adapted from a related previous study on professionalism in physiotherapy by Davies in 2006. Minor alterations were made on the questionnaire by a six-man focus group to develop the final draft. Professors were changed to lecturers, and Nigeria Society of Physiotherapy (NSP) was used to replace American Physical Therapy Association (APTA) in the question 'Are you aware of the NSP's list of core values?' The questionnaire consisted of 24 questions and was divided into six sections. Section A (items 1-7) collected information on the demographic data of the participants. Section B (items 8–15) collected information on their knowledge and perceptions on professional behaviours in physiotherapy education. Section C (items 16–19) collected information on their views on professionalism in physiotherapy and other health care professions. Section D (items 20–21) collected information on common negative attitudes and behaviours noticed amongst colleagues and professionals. Section E (items 22) collected information on the most important professional behaviours that are required for successful physiotherapy practice while section F (items 23–24) collected information on the teaching methods used in their program to foster professionalism as well as appealing teaching methods for learning professionalism.

Data analysis

Data obtained from this study was analysed using the Statistical Package for Social Sciences (SPSS) version 16.0. Descriptive statistics of frequency and percentages were used to summarize data. The results were presented on tables, bar charts and pie chart.

Results

A total of 110 copies of the questionnaire were distributed and 109 copies were returned giving a 99.1% response rate. Table 1 shows the age range and gender distribution of respondents from

the three Southwestern Universities in Nigeria where the copies of the questionnaire were distributed. The largest number of respondents (47; 43.1%) was from Obafemi Awolowo University, Ile-Ife. Sixty-four (58.7%) were in the age range of 26 - 30 years.

Table 1: Age range and gender distribution of respondents from 3 Southwestern Universities in Nigeria

Age (Years)	UNILAG	OAU	UI
	n(%)	n(%)	n(%)
16 - 20	3(2.8)	2(1.8)	1(0.9)
21 - 25	2(1.8)	3(2.8)	1(0.9)
26 - 30	19(17.4)	28(25.7)	17(15.6)
31 - 35	8(7.3)	13(11.9)	9(8.3)
36 - 40	1(0.9)	1(0.9)	1(0.9)
Total	33(30.3)	47(43.1)	29(26.6)
Gender			
Male	13(11.9)	26(23.9)	12(11.01)
Female	20(18.3)	21(19.3)	17(15.6)

Key: UNILAG = University of Lagos; OAU = Obafemi Awolowo University; UI = University of Ibadan

Ninety-eight (90%) respondents agreed and strongly agreed that teaching and fostering professional behaviours is an important part of physiotherapy education while 95 (87.2%) agreed and strongly agreed that professionalism can be learned (Table 2). Eighty-one (74.3%) respondents agreed and strongly agreed that their lecturers demonstrate professional behaviours suitable for a professional role model while 84 (77%) agreed and strongly agreed that the physiotherapy program that they attend teaches and fosters professional behaviours (Table 2).

Table 2: Respondents' knowledge and perception of professionalism

Item	Strongly disagree n(%)	Disagree n(%)	Neutral n(%)	Agree n(%)	Strongly agree n(%)
Teaching and fostering professional behaviours is an important part of physiotherapy education	5(4.6)	2(1.8)	2(1.8)	32(29.4)	66(60.6)
Professionalism is a construct (concept) that can be learned	0	3(2.8)	11(10.1)	51(46.8)	44(40.4)
Professionalism is a construct (concept) that can be taught	0	6(5.5)	12(11.0)	58(53.2)	32(29.4)
My lecturers demonstrate professional behaviours suitable for a professional role model	1(0.9)	7(6.4)	19(17.4)	51(46.8)	30(27.5)
My clinical instructors demonstrate professional behaviours suitable for a professional role model	1(0.9)	10(9.2)	23(21.1)	49(45.0)	26(23.9)
The physiotherapy program that attend teaches and fosters professional behaviours	t I 2(1.8)	3(2.8)	20(18.3)	47(43.1)	37(33.9)

Only 46 (42.2%) respondents were aware of the NSP's list of core values. on a scale of 1 - 10, professional behaviours by medical doctors and pharmacists were rated highest (9.1) in (Fig. 1).

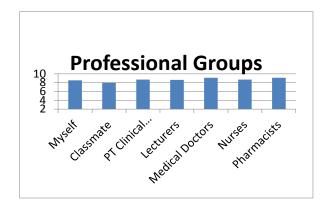


Figure 1: Respondents' rating of degree of professional behaviours

Lateness was rated the highest negative behaviour common to students (3.2) and their clinical instructors (2.4) (Figures 2 & 3).

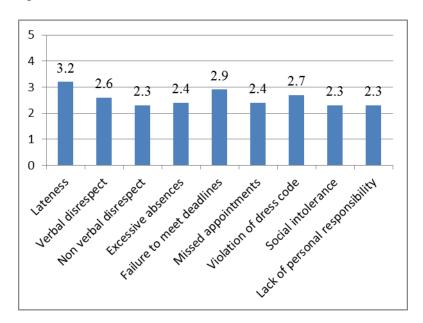


Figure 2: Common negative behaviours demonstrated by respondents' classmates

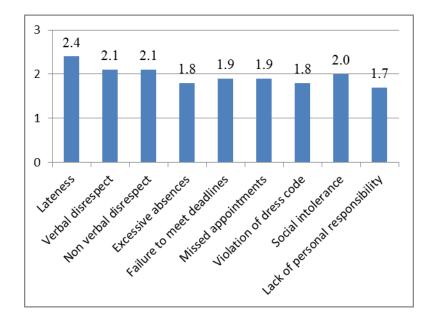


Figure 3: Common negative behaviours demonstrated by the respondents' clinical instructors. Figure 4 shows the ratings of professional behaviours for a physiotherapist as identified by the

respondents. Oral communication skill was rated highest (97; 89.0%) while Advocacy was rated

the least (9; 8.3%) on the scale. Most of the respondents chose role modelling (78; 71.6%) and lectures (70; 64.2%) as the actual and desired methods of teaching/learning professional behaviours respectively (Figure 5).

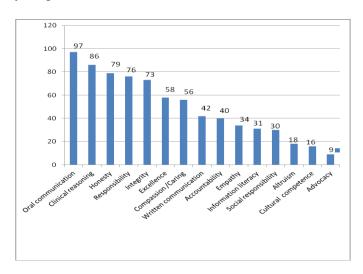


Figure 4: Respondents' ratings of professional behaviours of a physiotherapist

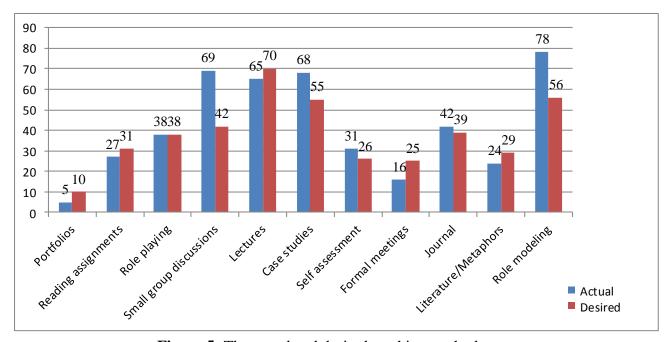


Figure 5: The actual and desired teaching methods

Discussion

This study was designed to determine the knowledge and perception of professionalism of final year physiotherapy students in Southwestern Nigeria. A response rate of 99.1% showed the willingness of the students to give an account of their knowledge and perception on professionalism in the physiotherapy profession.

The finding that 86.6% of the respondents had good knowledge of professionalism suggests that most of the final year physiotherapy students were knowledgeable on the concept of professionalism. York College of Pennsylvania's Centre for Professional Excellence reported from the study on professionalism on its campus that respondents varied widely from none to all in their perceptions of the percentage of students who they considered to be professional. The mean percentage was 51.7%.

The observation that 74.3% and 68.8% of the respondents reported that their lecturers and clinical instructors respectively demonstrate professional behaviours suitable for a professional role model suggests that a large number of the final year physiotherapy students look up to their lecturers and clinical instructors as professional role models. Almost all respondents (98.1%) in the York College of Pennsylvania's study indicated that professors should be role models of professionalism for their students.

The observation that the medical doctors and pharmacists were rated higher than physiotherapists in the degree of professional behaviours demonstrated suggests that the final year physiotherapy students still expect more professionalism from their lecturers and clinical instructors. To effectively teach professionalism to students, role modeling, which was rated the highest actual teaching strategy by the final year students, has to be taken seriously by lecturers and clinical

instructors. Respondents in the York College of Pennsylvania's study reported that the most common means of modeling professionalism by professors are acting professionally (38.2%), dressing appropriately (38.2%), being respectful (27.9%) and being committed to doing a good job (26.5%). Wright and Carrese (2002) stated that effective role models think about their responsibility as role models and are thus consciously aware of how they are being perceived by students. Davies (2006) asserted that if the physiotherapy profession is to be successful in educating students on professionalism, professors and clinical instructors must be more cognizant about how they are perceived by their students. MacDonald and colleagues (2002) developed a set of five teaching strategies to foster professional behaviours. These they termed lead by example, explicit teaching, mentoring, reflective imaging, and wider context education. Gandy and Jensen (1992) suggested that small group discussions and reflective activities hold great promise for developing the desired professional behaviours.

Lateness was observed to be the highest-rated negative behaviour common to both the final year students and their clinical instructors. May, Straker, and Foord-May (2001) reported that effective use of time and resources was one of the ten generic abilities necessary for the success of a practicing physical therapist. Others included commitment to learning, effective interpersonal skills, communications skills, the ability to use constructive feedback, problem solving skills, professionalism, responsibility, critical thinking and effective stress management skills. Respondents in the York College of Pennsylvania's study listed being disrespectful and inconsiderate (35.2%), being unfocused (31.5%), tardiness and absenteeism (24.6%) and a sense of entitlement (22.2%) as what it takes a student to be unprofessional (Polk-Lepson Research Group, 2013).

Compared to the seven core values identified by the APTA (2003), which included accountability, altruism, compassion, excellence, integrity, professional duty and social responsibility, the respondents did not identify with accountability, social responsibility and altruism as the top 7 professional behaviours listed but, rather, they were part of the least 8. This may be because they had not been taught these core values in their curriculum. Jonsen, Braddock, and Edwards (1998) stated that professionalism requires that the practitioner strives for excellence in these areas, which should be modelled by mentors and teachers and become part of the attitudes, behaviours, and skills integral to patient care. Concerning accountability, Swick (2000) asserted that medical professionalism consists of those behaviours by which physicians demonstrate that they are worthy of the trust bestowed upon them by their patients and the public, because they are working for the patients' and the public's good. Failure to demonstrate that will result in loss of trust and, hence, loss of professional status.

The observation that lecturing was the most desired method of learning professional behaviours by the respondents implies that the final year physiotherapy students desire that they have lectures on professional behaviours.

Relevance of the Study

Based on the findings of this study, it is hereby advocated that: (I) courses on professionalism should form part of the physiotherapy curriculum and be given as lectures to the students from the lower classes; (II) lecturers and clinical instructors should strive to be better professional role models by demonstrating core professional behaviours and doing away with negative ones; and (III) efforts should be made at integrating the other methods of teaching and learning

Knowledge and Perception of Professionalism

professionalism mentioned in this study into the teaching curriculum in order to further enhance

learning of professionalism by students.

Conclusion

The final year physiotherapy students had good knowledge of professionalism that might have

been acquired especially through role modelling by their lecturers and clinical instructors. They

advocated that lectures on professionalism and role modelling were the most desired methods of

teaching/learning professional behaviours.

Conflict of interest: None declared

15

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