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Original Article

Perception of Physical Therapist of Lahore Regarding Ethical Issues In Clinical Practice; A Cross Sectional Study

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ABSTRACT

Ethics are broad range of thinking about expressional interdependence behaviors of human being and about situational balance between right and wrong as moral duty. **Objective:** The purpose of this study was to figure out ethical issues in clinical practice of physical therapy practice. **Methods:** A cross sectional study was conducted at various clinical setups in Lahore enrolling practicing physical therapists via non-probability convenience sampling technique. A sample of 249 physical therapists was extracted using sample size calculator (Confidence interval 95%). Participants were selected on the basis of inclusion criteria and responses were recorded using self-structured questionnaire whose content validity was assessed using Lynn, M.R (1986) method. The questionnaire consisted of set of opinions regarding multidimensional aspects of ethics in patient care. The data was analyzed by SPSS version 20. The analysis was based on descriptive statistics such as frequency percentages and measures of central tendency and standard deviation. The multiple responses were calculated regarding collective opinions. **Results:** Demographics of the participants were expressed in frequency and percentages. The results showed that professional ethics were learned by 174(70.7%) respondents during physical therapy course, by 38(15.4%) via internet and by 34(13.8%) by other sources. On average, most of the responses regarding awareness, obligation and inter-professional relationship were reported as moderate to minimum. **Conclusions:** The study concluded that perception and opinions of physical therapists regarding ethical issues garnered only moderate to minimum concern about clinical practice. However, they identified a huge gap and lack of coordination with other health professional in clinical facility.

INTRODUCTION

Ethics are broad range of thinking about expressional interdependence behaviors of human being. This is about situational balance regarding conflict between right and wrong. As moral duty humans are ought to stay on a path that is ethically right. Taking into consideration moral concerns during patient care are termed as Medical Ethics Healthcare professionals came across a widespread range of ethical and regulatory issues in their practice settings [1]. Doing what is best for patients to achieve best practice standards is often influenced by external factors including certain rules and regulations. Physical therapists need to know and to apply available resources particularly American Physical Therapy Association (APTA), websites, documents, and references to support practice patterns and treatment. Some of ethical issues regarding physical therapy include the decisions according to which patients should be treated [2-10], For example, there may be very legal and permissible affairs may be disliked or not preferred in set circumstances. Although with advent of worldwide web both the patients and clinicians have come up not only with advance interaction but also knowledge of their choices. For example, patients are now aware of

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which doctor they should go for consultation and why. The same way clinicians also advertise and invite the choice of patients they prefer to see. This is fine ethical line in such scenario. This may be dropping a well-known ethical issue "Pick cherry-drop lemon" a highly controversial ethical concern in patient health care [11-15]. There may also be chances that some clinician rejects or avoid patients due to entire selfish reasons because of patients' poor prognosis or potential chance of extra resource utilization. The dilemma of providing care to under serving patients is also not less, because of patients' act against clinicians instruction and changing care plan on their own and sometimes they fell into a situation where they may have seriously worsen their condition and now require in depth care [16-19]

METHODS

This was a cross sectional study. The duration of study was 4 months after excluding the time in synopsis approval. The Physical therapists working in clinical setups were contacted. The physiotherapists with multiple jobs other than clinical such as in academics or looking after business were excluded. The ethical problems related to profession specifically come into light within the specific background of clinical practice. Therapists with employment in academics don't experience clinical professional situations on regular basis. Therefore, the educators and clinical students were also excluded due to their tendency be more sensitive to some ethical issues and may result in marked skew. The sampling technique was Convenience sampling technique. Surveying various authorities in physiotherapists and to the number of practicing physiotherapists in Punjab were not more than 700. Using online Sample Size Calculator. Keeping Confidence Level 95%, Confidence Interval 5, the sample size extracted to be as 249. It was questionnaire that was used as data collection tool. The questionnaire consisted of Demographics and 4 ethical aspects. Demographics consisted of age, gender, total number years of physiotherapists work, and educational level, as well as respondent's present category of employment sector or hospital, designation and type of employment. The section relating to investigation of ethical issues included decisions regarding the choice to treat, obligations deriving from the patient-therapist contract, moral obligation and economic issues and physical therapist's relationship to other health professionals and conflicts between two ethical principles. Physiotherapists were explained about the objectives of study. This was done to enhance their due motivation for service of profession however, were not forced to participate to all or any part of questionnaire given. The questionnaire was given as handouts or as email. The data was analyzed using Statistical Package of Social sciences 20 to extract frequency percentages, mean and standard deviation, also the graphical presentation pie charts and histograms.

RESULTS

The results as expressed in Table:1 showed age wise distribution of the participant that 186(75.6%) 25- 30 years, 52(21.1%) 30-40 years and 8(3.3%) were>40years. While gender wise distribution expressed that 87(35.4%) male and 159(64.6%) female. Total physical therapy work experience wise distribution demonstrated that 57(23.2%) had less than 1 year, 108(43.9%) having 1-2 years, 38(15.4%) with 2-3 years and 43(17.5%) had 3 years or more work experience. Qualification wise distribution showed that 107(43.5%) had Baccalaureate Degree while 139(56.5%) possessing Master degree as highest qualification. When questioned about Where you learned about professional ethics, 174(70.7%) responded to have been taught during in P.T course only, 38(15.4%) learned via internet and 34(13.8%) reported other sources. Table 2 showing frequencies of decision regarding the choice to treat: priority setting for care of patients wise distribution that 88(35.8%) high, 134(54.5%) moderate, 16 (6.5%) minimum and 8(3.3%) none, while for holding care for habitual patients wise distribution that 44(17.9%) high, 93(37.8%) moderate, 79 (32.1%) minimum and 30(12.2%) as none, and about discontinuing treatment with a terminally ill patient wise distribution showed that 68(27.6%) high, 82(33.3%) moderate, 74 (30.1%) minimum and 22(8.9%) none. On the other hand, discontinuing treatment or continuous care for psychological support once treatment goals achieved wise distribution expressed that 44(17.9%) high, 100(40.7%) moderate, 74 (30.1%) minimum and 28(11.4%) none. Table 3 demonstrating that frequencies of obligations driving from the patient-therapist contract as professional responsibilities in case of conflicts wise distribution reported by 85(34.6%) as high, by 127(51.6%) as moderate, by 28 (11.4%) as minimum and by 6(2.4%) as none. While responses towards Initial education role on future career behavior chosen by 78(31.7%) as high, 137(55.7%) as moderate, 25 (10.2%) as minimum and 6(2.4%) none. Information regarding care limitation was reported as high by 65(26.4%) high, moderate by 118(48%), minimum by 50 (20.3%) minimum and 13(5.3%) none. Considering patient or family's role and individual's role in treatment or discharge was reported as moderate by most of the respondents. The balance between treatment and pain of procedure was also reported to be moderately driving therapist patient contact. Maintaining patient's sense of personal space and dignity when treatment requires arrangements such as close proximity and group settings

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was expressed moderate to minimum. The result showed moral obligation and economic issues as expressed in table 4 deciding whether to represent certain necessary patient services in a way that would meet third- party-payer limitations and holding or decreasing physical therapy to improve job conditions were reported as moderate to minimum by respondents. In Table 5 the result showed physical therapist's relationship to other health professionals: maintaining doctor patient confidence and trust wise distribution that 59(24%) high, 122(49.6%) moderate, 59(24%) minimum and 6(2.4%) none. The result showed physical therapist's relationship to other health professionals: determining criteria for delegating duties to supportive personnel wise distribution that 63(25.6%)high, 107(43.5%) moderate, 66(26.8%) minimum and 10(4.1%) none. The result showed physical therapist's relationship to other health professionals: maintaining: interpersonal skills with fellow clinicians' wise distribution that 47(19.1%) high, 124(50.4%) moderate, 67(27.2%) minimum and 8(3.3%) none. The result showed physical therapist's relationship to other health professionals: maintaining: reporting questionable practices of a physician to the appropriate person wise distribution that 61(24.8%) high, 114(46.3%) moderate and 71(28.9%) minimum. The result showed physical therapist's relationship to other health professionals: maintaining reporting questionable practices of another health professional who is not a physical therapist or a physician to the appropriate person wise distribution that 68(27.6%)high, 123(50.0%)moderate, 45(18.3%) minimum and 10(4.1%) none. the result showed conflicts between two ethical principles: deciding what to do when two of my ethical principles or values are in conflict wise distribution that 68(27.6%) high, 123(50.0%) moderate, 45(18.3%)minimum and 10(4.1%)none(Table 6).

Variable	Frequency	Percentage
Age		
25-30	186	75.6
30-40	52	21.1
>40	8	3.3
Gender		
Male	87	35.4
Female	159	64.6
Work Experience		
Less than 1 year	57	23.2
1-2 year	108	43.9
2-3 year	38	15.4
3 year or more	43	17.5
Qualification		
Baccalaureate degree	107	43.5
Master degree	139	56.5
Source Ethics Learning		
In P.T. course only	174	70.7
Internet	38	15.4
Other	34	13.8

Table 1: Demographics of Respondents

		Responses	
		N	Percent
Decision regarding Choice to Treat	High	88	35.8%
	Moderate	134	54.5%
	Minimum	16	6.5%
	None	8	3.3%
Total		246	100.0%

Table2: Decision Frequencies

		Responses	
		N	Percent
Obligations Patient Therapist Contact	High	85	34.6%
	Moderate	127	51.6%
	Minimum	28	11.4%
	None	6	2.4%
Total		246	100.0%

Table 3: Obligations Frequencies

		Responses	
		N	Percent
Moral Obligations	High	50	29.2%
	Moderate	87	50.8%
	Minimum	79	17.7%
	None	30	2.3%
Total		246	100.0%

Table 4: Moral Frequencies

		Responses	
		N	Percent
Moral Obligations	High	50	29.2%
	Moderate	87	50.8%
	Minimum	79	17.7%
	None	30	2.3%
Total		246	100.0%

Table 4: Moral Frequencies

		Responses	
		N	Percent
Doctor-patient Confidence and Trust	High	59	24%
	Moderate	122	49.6%
	Minimum	59	24%
	None	6	2.4%
Total		246	100.0%

Table 5: Physiotherapist Relationship with Other Health Professional Frequencies ; Doctor-patient Confidence and Trust

		Responses	
		N	Percent
Rate of Agreement	High	68	27.6%
	Moderate	123	50.0%
	Minimum	45	18.3%
	None	10	4.1%
Total		246	100.0%

Table 6: Opinions Frequencies

DISCUSSION

Most of the respondent were female with master degree and having 1 year experience age ranging 25-30 years this shows the increasing trend of female with master degree joining the field. Most of them having less than 1 year experience due to hand available respondent and senior

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with high experience are busy in clinical setups and it easy to approach same age. Physical therapy course was the major source for respondents. The similar finding has been seen especially important ethics and practice [20-26]. Overall the results of study relating to physical therapy practice are quite varied. As a conclusive impression, all the elements that require financial support or personal effort apparently, beyond duty personal involvement, the respondents found below standard in ethical considerations, however, where the patient's involvement is more than physical therapy or organization, the ethics found peeked high. Decision Regarding the Choice to Treat show moderate response. Further the respondents who were showing good ethical content in one aspect were even below average of standard in other questions. This may be due to confusion in completing questionnaire. Or there is conflict in concepts of ethical standard in our course. The majority of students are Muslims. Islam is a religion well known for its lessons of ethical conduct in all aspects. Although the respondents have completed these course from their Primary to Intermediate level of study in different ways. The syllabus taught in graduation is International, with altogether different cultural values. There comes up conflict at first line. Conflict in understanding the differences. Conflict in management, conflict in rights and responsibilities. The other major factor is the culture and customs here. This is especially important when the financial support system also taken into account. Here in Pakistan, all the finances have to be borne by family or patients himself/ herself. While in other resource countries, mostly the patients are insured to get financial support from Government or Insurance agencies. So it is understood for doctors and physicians to reimburse the services. But in Pakistan it is point of confusion that weathers such patients to provide services on their own or refuse because neither the hospital nor any agency will reimburse the services. That is why the ethical conduct found below standard when it was talking about finances and services. There is no surety about the support from government later on. Further it is common trend found to ignore terminally ill patients in regard of greater virtue that the patients with more hope of survival be served and resources may be saved. International literature shows, however, the results with less conflict in standards of ethics [27-32]. Such as Another study was performed with aim to identify ethical issues which physiotherapists generally face in their private practice and to find out their possible solutions. 39 studies were analyzed which address ethical issues in private practice. Physical therapy community must reflect issues so that physiotherapists can be supported by education, research and good governance-in providing the best possible care for their patients [33]. This showed that even in these countries where the resources and money not a problem, the ethical issues existed.

CONCLUSION

There found moderate to minimum level of issues in ethical practice among physical therapists practicing in clinical setups. There has been found high level of space in coordination with other health professional in clinical facility. However, the most of the aspects relating to ethical practice are conflicted

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