HEALTH RELATED QUALITY OF LIFE AMONG PHYSIOTHERAPISTS; A CROSS SECTIONAL SURVEY

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ABSTRACT

BACKGROUND

Physiotherapy is a profession with high rate of leaving or changing field. Many physiotherapists leave or modify profession at an early career stage. Furthermore, it is hypothesized in this study, that physical activity and health related quality of life is associated.

OBJECTIVE

The study was to find out association between physical activity and quality of life among clinical physiotherapists.

METHODS

This was cross sectional survey in which 100 clinical physiotherapists were included through convenience sampling. Data was collected through questionnaire comprised of EQSD questionnaire and self-reported physical activity measure. The five domains of EQ5D were analyzed and presented as histograms. The physical activity scale was also analyzed as frequency, percentage, interquartile range, multi bar charts and box plots to show dispersion range.

RESULTS

Results showed that 47 (39.2%) were males and 73 (60.8%) were female. Majority 84 (70%) were aged 20-29 years. Health related quality of life scores showed that only the pain/ discomfort and anxiety/depression domains were had marked percentage of moderate to severe problems, while the in rest of domains mobility, self-care and usual activity found with 'no problem'. All of physiotherapists were above borderline value of physical activity required to label as normal.

CONCLUSION

The specific physical activity-based intervention can be better option as compared to general physical activity conditioning which already above recommended criteria of being active. There can be reasons other than that of leaving or modifying physiotherapy field.

KEYWORDS

Physical Activity, Health related Quality of Life, Physical Therapy, Occupational Musculoskeletal Disorders

INTRODUCTION

Physical Therapy or Physiotherapy is a profession with high rate of leaving or changing field. Many physiotherapists, especially females, leave or modify profession at an early career stage.(1)

Due to demands to work at multiple dimensions such as managing family, further qualification and throughout clinical course working with own hands and stress collectively would be reason of changing filed. Other major reasons may include professional burnout, occupational hazards, work related musculoskeletal disorders and quality of life. These factors impose a risk to career life thus affecting community due to continuous loss of experienced physical therapy clinicians. Although, work related musculoskeletal disrobes have been reported in wide range of professions in health care sector, yet the physiotherapists are mostly likely to suspect with musculoskeletal disorders due to physical nature of their work, both natation ally and internationally.(2)

Alone impact of work-related musculoskeletal disorders is profound. There is an estimate that about 16% physiotherapists leave or modify their job nature due musculoskeletal disorders. Economic cost of musculoskeletal disorders is also huge in terms of health care intervention cost, sick leaves, and compromised productivity of employee. Although, these impacts are being prevented by pointing risk factors out, safety briefings and awareness through publications and dissemination of research work.(3) The nature of work in physiotherapy is physically demanding which is unavoidable for routine clinical practice and work place tasks. One of such studies have highlighted potential risks factors such as working in same posture for long time, requirements to reach and work sideways of body,

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carrying equipment or patients, patient transfers, unexpected patients falls and movements, repetition of same task and patient load.(4)

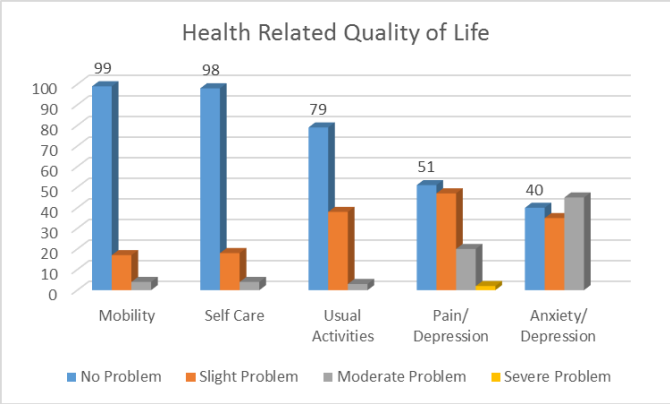
Being experts in managing musculoskeletal disorders, physiotherapists have themselves formulated various guidelines for prevention and intervention of musculoskeletal disorders.(5) The study was two assumptions. The hypothesis was that physical activity of most physiotherapists would be above borderline criteria of physical activity level i.e. 150minutes per 5 times a week, probably, due to their nature of work requiring physical activity, second hypothesis was physiotherapists would show high level of quality of life. (6-10)

Objective of study was to find out association between physical activity and health related quality of life as factors for changing job among physiotherapists.

METHODS

It was a cross section. A sample of 120 physiotherapists were polled in multiple clinical settings in Lahore, including 5 public and 11 private institutions. The hospitals had multidisciplinary orthopedic, neuromuscular, and other patient units. A general outpatient physiotherapy department was available in all three sites. Government hospitals also have hydrotherapy units. The study covered all physiotherapists present. Most physiotherapists practised in ancillary areas such as orthopedic, neuromuscular, and general patient rotations defined by departmental administration. Physiotherapists who did not practise enough in all rotations were omitted from the survey. Before completing out the survey questionnaire, participants were asked to give their informed consent to participate in the study.

The questionnaire was adapted from a comparable open access study. The questionnaire included demographic and physical activity data. EQSD is a health-related quality of life questionnaire. To boost response rates and reduce response burden, the questionnaire was handed out and collected immediately.



Age, gender, and years in clinical practice since graduation were included. This week's programme was used to reduce recollection bias in self-reported physical activity. The frequency and duration of activities such as walking, strong or heavy activity, and moderate physical work were asked. The physical activity questioned were not merely cardiovascular. The physical activity was split into three categories: vigorous, moderate, and walk. Vigorous exercise was given twice the weight of moderate exercise. If you amass 150 minutes of moderate physical activity 5 times a week, you have met the normal minimal criteria. The measure has strong face and criterion validity, reliability, and acceptance among participants.

The EQ5D is a widely used general questionnaire for measuring health-related quality of life. These domains were rated as extreme, moderate, or no difficulty. They were divided into 101 points, with 0 being the worst and 100 being the finest possible health status. In all five categories, 0.00 represents death and 1.00 represents life. In addition, this scale measures health-related quality of life.

The data was gathered on the scene by distributing questionnaires as handouts. There were return envelopes on hand in case somebody wished to post later, but they were never used because everyone reacted on the spot or declined to participate. The frequency, percentages, median and interquartile range, mean, and standard deviation were the primary variables studied. The five EQ5D domains were examined and represented as histograms. To demonstrate dispersion

range, the physical activity scale was further evaluated as frequency, percentage, interquartile range, multi bar charts, and box plots.

RESULTS

Results showed that 47 (39.2%) were males and 73 (60.8%) were female. Majority 84 (70%) were aged *20*-29 years. Health related quality of life scores showed that only the pain/ discomfort and anxiety/depression domains were had marked percentage of moderate to severe problems, while the in rest of domains mobility, self-care and usual activity showed high percentage of no problem. All of physiotherapists were above borderline value of physical activity required to label as normal.

The score of EQ visual analogue scale was mean ± standard deviation (83.62 ± 7.887). Walking like physical activities reported to be mean and standard deviation as 182.51±11.07, while those of moderate physical activities and vigorous physical activities were 107.21±17.755 and 56.58±10.297, respectively.

Table: Demographics

Demographic Data of Physiotherapists			
		Frequency	Percent
Gender	Male	47	39.2
	Female	73	60.8
Age	20-29 years	84	70.0
	30 to 39 years	29	24.2
	Above 40 years	7	5.8
Experience	Below 11 years	114	95
	Above 11 years	6	5

DISCUSION

The research showed that majority of physiotherapists was physical active. The work nature of majority physiotherapists were manual work and heavy manual work along with longer hours of walking, moderate and vigorous physical activities. Alone walking duration per week was above minimal requirement i.e. 150 minutes per week. Total minutes of activity per week were on average ± standard deviation (346.30±35.12), while sessions per week were 6 on average. This all information strongly rejects the hypothesis that physical conditioning can contribute reduction of musculoskeletal disorders so should be ruled out while suggesting as strategy in physiotherapists case.

Majority physiotherapists were younger under 30 years, that makes it obvious that physical activity level be better and all domains of health related quality of life reported were in comprehensively healthy. However, the anxiety and depression were in comprehensive percentage of slight to moderate anxiety level, the second most was domain of pain and discomfort.

There may be multiple reasons for aforementioned findings impacted by higher values of anxiety and pain. The physiotherapists in survey were majority young, there may be anxiety due to career challenges, developing skill level and competition that have to accomplish for a growth at faster pace. The case with pain and discomfort may be at similar grounds. The younger physiotherapists have to manage greater workloads that may lead pain and discomfort, although which was reported to be slight to moderate level. However, the pain and discomfort reported by older physiotherapist would be running very from younger age that was ignore or untreated over the time and have become a challenge in older age.

The senior physiotherapists become resourceful with passage of time and prefer to invest in the areas physical less demanding. Also increasing family requirements make it necessary to look for other financial sources. These all affairs may also be reason of anxiety and depression when comes the case of senior physiotherapists and pain or discomfort may also be somatic symptoms of depressions.

In general this study clarifies that physical activity based conditioning is not valid option for preventing musculoskeletal conditions and health related quality of life. This may be useful for other occupations with reduced activity level. Specific

intervention of conditioning and non-physical conditioning strategies such as organization support should be considered in physiotherapists' case. (11, 12) Being health care professional who deal with musculoskeletal disorders and other disabilities of crippled nature, they have reported themselves good substantially.(13, 14)

CONCLUSION AND RECCOMENDATIONS

The specific physical activity-based intervention can be better option as compared to general physical activity conditioning which already above recommended criteria of being active. There can be reasons other than that of leaving or modifying physiotherapy field. Future research may consider investigating physical activity and health related quality of life in physiotherapists engaged in non-clinical roles. The senior physiotherapists should have been advised to find out way for light and moderate physical activity in order to compensate relative drop in their level.

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