

Ranking of Ethical Issues Related To Practice In Physical Therapy

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Highlights:

- The present study aimed to rank the ethical issues related to physical therapy practice.
- The ultimate purpose was to improve physiotherapists' ethical understanding and awareness.
- Standard questionnaire and 4-point Likert scale was used as a data collection tool. Cranach's alpha of 0.819 showed significant reliability of questionnaire.
- Chi square test was used to evaluate association between gender and ethical issues ranking and was found to be statistically significant with p-value 0.000.

Abstract:

Background: Healthcare professionals are confronted with a wide range of ethical and regulatory problems in today's challenging practice environments. A challenge that should be the most considerable for the professionals is to stay connected with pre-defined rules, regulations, while still following the ethical codes.

Objective: This study aimed to rank the ethical issues among physiotherapists in clinical practice.

Methods: The study population included 385 participants from Government and private clinical setups in Gujranwala Division. The study design for this study was a descriptive cross-sectional and the sampling technique was non-probability convenient sampling technique. Standard questionnaire and 4-point Likert scale was used as a data collection tool.

Results: Mean age of the participants was 30.26 ± 3.87 years. Among the total 385 physiotherapists, 192 (49.8 %) were males and 193 (50.1%) were

females. Cranach's alpha of 0.819 showed significant reliability of questionnaire. Chi square test was used to evaluate association between gender and ethical issues ranking and was found to be statistically significant with p-value 0.000.

Conclusions: Physiotherapists are trained in a four-tiered approach to physiotherapy where each of the four elements i.e., strength, awareness, skill and will have equal weightage. If one of them is missing it will surely affect the overall physiotherapy competency.

Keywords: Awareness, Ethics, Ethical issues, Physical Therapy, Physiotherapists, Skills.

Introduction:

Professional ethics form a significant part in the field of healthcare practice. Physiotherapy practice needs continual development and ethical competence on the part of its practitioners. Non-maleficence (responsibility to prevent injury), beneficence (duty to help), and respect for patient's freedom (patients' "right to make choices," "right to hold ideas and perform activities based on personal standards and faith") are all goals of physiotherapy practice. Code of ethics is a valid indicator for professional individuality, and it provides a positive structure for therapists' personal behavior, their association with the patients and other healthcare co-workers. There is lack of evidence supporting this concept of ethics being followed by health practitioners so this study is conducted to see if physiotherapists are following the ethical code of the modern society and fulfilling their duties properly.

It might provide a wide variety of advantages for both doctors and patients. Counseling with patients and discussions with worthy colleagues

might substantially enhance it. It simply depends upon the world's cultural ethics and morals, which were evolving day by day, in terms of ethics. In the last century, good understanding of ethics and professional identity in the field of physiotherapy has developed at a worldwide level. Active listening, critical reflection, and patient loyalty were all part of the program. It was also proposed that the physiotherapy was of great quality and evaluation. All of this was required in order to recognize practitioner's moral reflections and acts. It was impossible to deal with any ethical issue until the ethical aspects of the situation were addressed.

Inequality of access, short term harm/long term gain, resource scarcity, unprofessionalism were the most critical ethical concerns encountered by physiotherapists. The different approaches like clinician-directed or patient-directed rehabilitation created a problem in ethical care. Physicians had legal duties to care for persons who needed physiotherapy treatments but in clinical practice, physiotherapy care is frequently limited due to a lack of resources. – Kati K. and his colleagues observed the ethical competency of professional physiotherapists. This was the first study to examine all dimensions of ethical competence, particularly in relation to physical therapy. Despite the fact that physiotherapists think they are ethically competent, further study on ethical awareness is required.

Nadinne et al investigated the occurrence and utilization of informed consent at the time of physiotherapy treatment among Romanian physiotherapists. Taking informed consent, awareness, ethical understanding, patient concern, and moral reasoning are all beneficial elements. Research in pediatric occupational therapy by Clare et al. observed the ethical challenges of sharing information and making decisions with a single family. According to the findings, reflecting on the ethical dimensions of communication with families assists in building

techniques for mutual decision-making in therapeutic practice. Professional ethics were specified a wide range of different implications. Lack of harmony from three different facets of professional ethics i.e. virtue (goodness) oriented, policy and treatment oriented and professional identity which was currently used. The objective of this study is to estimate if today's physiotherapists follow the therapist's ethical code and fulfil their tasks efficiently.

Methods:

A cross-sectional survey with a sample of 385 physiotherapists was conducted. A non-probability convenient sampling technique was used for the selection of samples. A standard questionnaire with a 4-point Linkert scale was used as a data collection tool. The authors completed this study within four months. The research ethics committee of the University of Lahore Gujrat campus gave the ethical approval. The selected participants were screened according to the inclusion and exclusion criteria. These practitioners (both males, females) had one year of job experience, regularly practicing in both the Government and private sectors of the Gujranwala division within rural or urban areas, were included in the study. Whereas, the practitioners with no experience, no contact with patients, were excluded. After taking the consent from the subjects, data were collected through questionnaires and analyzed.

The collected data were entered and analyzed in statistical package for social sciences (SPSS) software version 22. Kolmogorov Smirnov test was applied to assess the normality for numerical data. For the association between gender and ethical ranks, chi square test was conducted. P-value ≤ 0.05 was considered as a significant value. All the data was analyzed at a 95% confidence interval.

Results:

Mean age was calculated as 30.26 ± 3.87 years. Among the total 385 participants, 192 (49.8 %) were males and 193 (50.1%) were females.

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	Number of Items (N)
0.795	0.819	46

Table 1: Reliability Statistics (Cronbach's Alpha)

The value for Cronbach's alpha of 0.819 showed that the reliability of questionnaire and meant that questionnaire is acceptable to find an association between the variables of our desire and ranking of ethical issues.

Activities		Not At All	Rather Poor	Fairly Well	Excellent	Rank	
10	Take the responsibility for the actions	n		63	322	1	
		%		16.4	83.6		
8.	Act independently	n	6	140	239	2	
		%	1.6	36.4	62.1		
6.	Support a colleague	n	6	32	142	205	3
		%	1.6	8.3	36.9	53.2	
5.	Have the courage to discuss difficult topic	n	6	32	142	205	4
		%	1.6	8.3	36.9	53.2	
7.	Take the responsibility that the client gets good care despite of insufficient resources	n		51	200	134	5
		%		13.2	51.9	34.8	
3.	Work according to client need even if it conflicts with own values	n	6	128	128	123	6
		%	1.6	33.2	33.2	31.9	
9.	Take care of own well being	n		1.6	36.4	62.1	7
		%		89	180	116	
2.	Work in cooperation with different Professional groups	n	71	26	198	90	8
		%	18.4	6.8	51.4	23.4	
4.	Work according to client need if even it conflicts with organizational value	n	12	103	181	89	9
		%	3.1	26.8	47.0	23.1	
1.	Promote the best of the client	n	19	13	107	246	10
		%	4.9	3.4	27.8	63.9	

Table 2: Ranking of Strength

Activities	Not At All	Rather Poor	Fairly Well	Excellent	Rank
10. Listen to the client	n %		44 11.4	341 88.6	1

Table 3: Ranking of Awareness

Activities (n=385)			Not At All	Rather Poor	Fairly Well	Excellent	Rank
1.	Professional activity is guided by the ethics guidelines	n	6	19	154	206	6
		%	1.6	4.9	40.0	53.5	
2.	Knows laws governing professional activity	n			70	315	2
		%			18.2	81.8	
3.	Clients understand the purpose of therapy	n	6		89	290	3
		%	1.6		23.1	75.3	
4.	Ask client informed consent	n	19		70	296	4
		%	4.9		18.2	76.9	
5.	Use experts in ethical problem solving	n	13		218	154	9
		%	3.4		56.6	40.0	

6. Use literature in ethical problem solving	n %	13 3.4		250 64.9	122 31.7	10
7. Recognize limits as a professional	n %			56 14.5	329 85.5	1
8. Work in multi-professional cooperation in accordance with ethical principles	n %	84 21.8		140 36.4	161 41.8	8
9. Identify the ethical conflict	n %	13 3.4		159 41.3	213 55.3	5
10. Identify the need to educate more in ethical issues	n %	19 4.9		172 44.7	194 50.4	7

Table 4: Ranking of Skills

Activities			Not At All	Rather Poor	Fairly Well	Excellent	Rank
5.	Act confidentially	n %	6 1.6	19 4.9	50 13	329 85.5	1
4.	Tell the truth to the client	n %			64 16.6	321 83.4	2
3.	Promote the client best	n %			77 20	308 80	3
2.	Treat client equally	n %		6 1.6	84 21.8	295 76.6	4
1.	Act according to ethical values	n %		13 3.4	109 28.3	263 68.3	5
7.	Commit to providing high quality care	n %		19 4.9	114 29.6	252 65.5	6
8.	Get educated in ethics	n %		6 1.6	147 38.2	232 60.3	7
9.	Act evidence-based	n %		12 3.1	159 41.3	214 55.6	8
10.	Justify therapy choices	n %		12 3.1	172 44.7	201 52.2	9
6.	Act according to what I think is right	n %			249 64.7	136 35.3	10

Table 5: Ranking of Will

Ethical Ranks	Gender	P-Value
Ranking of Strength	Male	0.000
	Female	0.000
Ranking of Awareness	Male	0.000
	Female	0.000
Ranking of Skills	Male	0.000
	Female	0.000
Ranking of Will	Male	0.000
	Female	0.000

Table 6: Chi-square association between gender and ethical ranks

The authors used Chi square test to evaluate association between gender and ethical issues ranking and was found to be statistically significant with p-value 0.000.

Discussion:

The purpose of this study is to rate ethical dilemmas in terms of strength, awareness, competence, and will power. We have utilized

the PECEC questionnaire to score ethical dilemmas in terms of strength, awareness, competence, and willpower. A survey was done to determine the ranking of ethical concerns such as strength, awareness, skill, and will. Previous research intended to uncover ethical challenges faced by physical therapists in their profession, as well as immoral ethical circumstances faced by physiotherapists, to improve ethical quality and raise ethical awareness.- This study concluded that ethical concerns arise not only at the human level, but also at the organizational and societal levels. Physiotherapists had moral authority to speak out for patients, but inadequate resources made them feel insufficient. Nonetheless, quality care could be provided in collaboration with other health care providers. Physiotherapists must be aware of the ethical obligations that shape our profession and the practice of health care as a whole. Initially, real-world data was used in this study in real-world contexts. As a result, when compared to previous study findings, the research findings are more generalizable. Second, we compared the link between factors ethical concerns, such as strength, awareness, skill, and will, and guideline demographics and competency. The matching procedure reduces the likelihood of selection bias in observational research. A prior study attempted to investigate variables linked to the occurrence and utilization of Informed Consent at the time of physiotherapy arrival among Romanian physiotherapists. It was established that when it came to informed consent awareness, ethical understanding, patient concern, and moral reasoning were all favorable factors. Furthermore, study was required to determine the ways for raising Romanian physiotherapists' knowledge of informed consent.

Conclusion:

This was the first research to rank ethical issues in the context of physiotherapy. The ultimate purpose was to improve physiotherapists' ethical understanding and awareness of moral

challenges, as well as demonstrate the importance of ethics in physiotherapy. A step toward attaining this aim has been the development of a tool that allows self-evaluation of these characteristics in physiotherapy settings. It indicates that ethical aspects such as strength, awareness, skill, and will be given equal weightage based on rank, and that all ethical problems are interrelated, and that if one is lacking, total physiotherapy competency will be harmed.

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