**CULTURAL AND SOCIAL BARRIER IN COMMUNITY PHYSIOTHERAPY PRACTICE: ETHICS IN INDIAN CONTEXT**

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**ABSTRACT**

Ethics becomes inevitable in the physiotherapy profession as it is concerned with professionalism and patient outcomes by avoiding patient-therapist conflicts and medical negligence. This study aims to explore the impedance faced by the community physiotherapist in implementing the code of ethics. A structured interview-based questionnaire was framed to assess the perception of ethics, role of ethics, and the barriers faced in implementing ethical guidelines by community physiotherapists during their practice. Ethics is important as it dignifies the profession and gains the confidence of the patient and helps in developing a good rapport with the patient**.** Important barriers faced by the physiotherapist in abiding by the code of ethics were the unawareness among the patient and their cultural belief alongside with lack of inter-sectorial harmony. This study concludes that educating the patients and creating an inter-sectoral harmony will be most effective in breaking the barriers in ethical implementation in practice.

**KEY WORDS:** Ethics in practice, barriers, community based physiotherapy, physiotherapy

**INTRODUCTION**

Physiotherapy is a two-way treatment program where the patient is expected to adhere and equally, participate in the tailored treatment protocol for the better outcomes1. Thus to have a good rapport with the patients, physiotherapists is expected to have a sound knowledge of professionalism and good ethical knowledge. As explained by the American Physical Therapy Association (APTA) the chief components of ethics that any physiotherapist practicing must possess were integrity, excellence, compassion, altruism, accountability, social responsibility and professional duty2,3 .

Owing to the importance of ethical knowledge and guidelines in clinical decision making, bioethics is accepted as a theoretical, academic, and practical part of health care profession4 while **Purtilo RB (2000)** has mentioned physiotherapy ethics as seeds of care5.Physiotherapists are bound to spend a prolonged duration with the patient in a treatment course6. The close physical contact throughout the treatment session makes the physiotherapist no exception in facing ethical issues in everyday life7.

This prolonged duration of treatment involving the physical contact with the patient emphasizes the importance of the ethical conduct and patient awareness to avoid inconveniences during the session. To avoid Medical negligence which has been identified as one of the major causes of death globally, ethical knowledge and its implementation becomes inevitable in the health care profession6.

Though following a code of ethics has become an integral part of the health care profession, it has been noted that there are several barriers in implementing the physiotherapy practice on ethical grounds which are also perceived by a patient that includes social, economical, and cultural barriers8,9. The study aims to explore the impedance faced by the community physiotherapist in implementing the code of ethics in their everyday practice.

**MATERIALS AND METHODOLOGY**

**QUESTIONNAIRE DESIGN**

An interview-based questionnaire was framed to find out the cultural and social barriers of the community physiotherapist. Before commencing the study Institutional ethical committee permission was obtained. A Questionnaire was designed with 5 questions which interrogated their perception towards ethics, role of ethics in their practice and their adherence to the ethical guidelines, it further involves questions that explored the impendence in implementing ethics in practice and the measures they adopt to overcome the barriers they face.

**PARTICIPANTS**

This study included 10 senior physiotherapists with a minimum experience of 10 years in community set up and who voluntarily accept to participate in the study. Prior to the commencement of face to face interview the study was clearly explained to the participant. The response of the participant was recorded.

**RESULTS AND DISCUSSION**

**ETHICS**

Seven of ten respondents recorded that ethics is an inevitable basic quality and a value that a professional should possess. Ethics is punctuality, regularity that a physiotherapist has to follow. It is all about taking the liability and staying loyal to the patient as well as his profession at all times that it brings laurels not only the one who treats but confidence to the one who is receiving the treatment.

One responded stated that Ethics is merely a guideline that: states how the profession should be practiced; demonstrates the respect, rights and the needs of the client as well as the professional; and regulates the profession of each and every physiotherapy practitioners. 1 out of 10 responses stated that, ethics is about respecting the patient, identifying the needs of the patients and providing the best available treatment on basis of ethical guidelines of the particular country that they reside by.

A participant recorded that, *“If a patient is economically unstable to pay, ethically he should not be devoid of treatment. It becomes our moral responsibility to provide a free treatment. Though the treatment is provided free, we should provide our best and not for name sake. And I personally feel that this is our professional ethics”.*

**THE ROLE OF ETHICS IN PHYSIOTHERAPY PRACTICE**

Around 8/10 respondents agreed to a fact that, ethics plays an inevitable role that it dignifies the profession. As a physiotherapist spends more time with client than most of the health professionals it is not uncommon for a client to open up his secrets to the physiotherapist. In that case it becomes the sole responsibility of the physiotherapist to abide by ethics and maintain the secrecy. He/she must make sure that at no costs the clients are being cheated or misused and must prove to be trust worthy.While few responded that, ethics is based on the values that one must follow and becomes mandatory. In Western countries, the ethical guidelines are strictly followed but as far as India is concerned, ethics hasn’t gained a momentum. But it has to be implemented.

One respondent recorded that, *“Following ethics in physiotherapy practice is as important as following the traffic rules. If one individual does not follow the traffic rules, the accident caused by him not only affects the particular person but a community as whole. Such that failing to abide ethics affects the career of the physiotherapist, the patient and the dignity of the profession as whole”.*

**THE BARRIERS FACED IN IMPLEMENTING CODE OF ETHICAL GUIDELINES**

Most of the respondents agreed to the fact that language is the most common barrier faced by almost all the physiotherapists. Unawareness about the physiotherapy management and the modalities that are being implied in process of treatment makes it further difficult to treat a patient was accepted as a major barrier by 9 out of 10 respondents. The Patient expects a quick relief and they trust medicines to be a remedy for all the physiological problems and have less belief on the physiotherapy management.

In contrast, one respondent recorded that, *“Unawareness of a layman about physiotherapy common phenomenon and is not actually a barrier of treatment, a common man is not bound to have knowledge about the exercises and it is the mere duty of the physiotherapy professionals to educate the patient”.*

While 2 of 10 respondents noted that, physiotherapists are expected to maintain secrecy at all costs but then when most of the relatives enquire about the condition about the client especially during house visits, Physiotherapists are bound to reveal the actual facts though they are not the stakeholders. These results were supported by the study of **Kati Kulju et al (2013)**, where they stated that physiotherapist frequently encounter barriers in ethical implementation which are quite often due to the unawareness of the patients, the role to maintain secrecy, and the problems with goal setting and the patient’s belief7.

**BARRIERS THAT STOPS FROM ABIDING CODE OF ETHICS**

In a few cases, physiotherapists act according to their own convenience and act to follow the code of ethics only when being supervised. This is owing to the reason that there are no laws being strictly implemented on ethical guidelines.

Though the physiotherapists are aware of all the norms and ethical principles, they don’t implement to the fullest in their practice. One of the ten respondents recorded that, *“the lenient laws and lack of treatment time deviates me from abiding the rules to the fullest. I give all the instructions and benefits of the treatment to the patients and I treat them with due respect both to the patient and the caregivers but then I hesitate to say the negative outcomes of the treatment”.* This single response was in contrast to the other responses who noted that though they face barriers, try to abide by the ethics at all times to the maximum as possible.

**CULTURAL AND SOCIAL BARRIERS**

Cultural, social and economic factors can’t be overseen in treating a patient because these factors are also said to have an impact not only on disease and health but also on the outcomes of treatment. 10,11,12**.** The major cultural barrier faced is that the gender difference. Especially when it comes to a female clients, they hesitate with a male therapist. Culturally some would hesitate to remove to the jewels (Mangalsuthra) that they wear and they cannot be forced to remove for the sake of treatment13. This barrier was faced by all (100%) of the respondents who participated in the study.

Nearly 60% of the responses stated that, the unawareness about the physiotherapy profession and management becomes a major barrier in physiotherapy management and lack of time becomes a major barrier to document the assessment, treatment, or consent. As in India, there are no appointments fixed for treatment and as many as patients can come in one single day. One participant added a note that, *“In Indian practice, quantity is considered more important than the quality. This makes the time to be insufficient and in most cases whenever I know I am liable, I hesitate to document the procedure to avoid further complications legally”.*

Remaining 40% of the respondents believed that, though ethical guidelines state the negative outcomes of the treatment should be explained to the client as well, it is not being implemented. This is again because of the unawareness. The patient will be already anxious and afraid of the electrotherapy modalities, in addition, if the negative outcomes of the treatment are explained, it becomes even more difficult to convince the patient to undergo the treatment.

In a few cases, the clients themselves will be in hurry to leave due to some works or wants to get cured within one or two days. In such cases, they cannot be effectively treated ethically according to the professional norms. On the whole 6 respondents considered time as a barrier while 8 0f 10 respondents considered unawareness as to the major barrier.

In contrast to all the above-mentioned barriers, one of 10 respondents stated Social media-Google as a barrier to their treatment. He recorded that, *“Owing to the unawareness and anxiety, patient tend to google their symptoms and treatment. By the time they come to the physiotherapist, they are prefixed with the googled treatment and it becomes hard to make the patient understand the approach and treatment we give in our setups. This makes the patient unsatisfied”.*

When barriers are discussed, language can never be neglected. It becomes more difficult when it comes to treating a patient who speaks a language which is not a well-versed language by the therapist. It makes it more difficult to explain the treatment and gain the confidence of the patient14,15.

Ethically, every patient has the right to treatment but practically in the access of people living in rural areas to physiotherapy remains a struggle which may deny them from receiving the treatment on time16,17. On the other hand, the mode of physiotherapy management to be given to the patient is highly influenced by other health care specializations which again becomes a barrier to choose the treatment according to the patient’s needs and treatment goals.

**POSSIBLE MEASURES TO TACKLE CULTURAL AND SOCIAL BARRIERS**

As discussed earlier the rate of success of physiotherapy management depends upon the two-way efforts for which the engagement of the patient becomes inevitable. Thus it becomes important for a physiotherapist follow culturally adapted approaches that improve the patient’s involvement18.Nearly 80% of the respondents felt that, educating the common people about the physiotherapy and creating awareness about physiotherapy management is an essential and integral part in removing the obstacles in implementing the practice as per the code of ethics.

But 4 of 10 responses stated that, as the individual cannot be forced to remove the ornaments, it is best advised to modifing the treatment such that the accessories that the client wears neither hinders the treatment not causes harm to the individual who receives the treatment.

One respondent stated that, *“As a measure to tackle the knowledge barrier, it is advisable for the physiotherapist to learn a few key word in the language that the patient can understand in the subsequent visits. Also, the physiotherapist must try to make the client understand through video demonstrations, actions, and gestures”.*

Another responded recorded that, *“If distance or economy becomes a barrier and if I know the patient requires treatment mandatorily, I will see to that the patient gets treated, if I am unable to go, I will refer someone who can actually treat him. I will make sure that he is not deprived of from treatment”.*

The limitation of the study was these results were assessed qualitatively, to understand the barriers that are most commonly faced by the physiotherapists, a quantitative study must be conducted. The study only examined the impediments faced by the community physiotherapists in the ethical implementation in practice. Further studies should assess and compare the impediments faced by both community and institutionalized physiotherapists. The relationship between the breach of ethical implementation and the outcomes of the treatment was not examined in the study.

A Study conducted by **Saipriya Vajravelu et al (2013**.), was on par with the results of our study where they explained that physiotherapists treat patients and plans protocol only based on their needs and not based on their socio-economic status and treat them with no partiality given towards their status and are with due respects to the cultural and religious beliefs19.

**Jeanette Praestegaard et al (2015)**., have stated in their study that the first session of treatment is the most important part of the session as it has a higher impact on the patient. It is at this session the therapist has to establish a good relationship with the patient and his family and should make them understand the treatment which helps in gaining the confidence in the patient. This helps in avoiding the breach of ethics due to the above-mentioned barriers20. **Dhara Patel et al** (2017) stated that physiotherapists lacks the knowledge about the importance of ethics in their student life which again becomes a barrier in the implementation of ethics in their professional life2. Implementation of bioethics stands on top of the priority list of the health care professional as it has importance and significance in making doctor-patient, patient–therapist, and inter-sectoral relationship healthier. This makes it necessary to overcome all the barriers set in implementing ethics in practice5.

**CONCLUSION**

Lack of awareness about physiotherapy among people alongside of cultural, economic and social factors, lack of inter-sectorial harmony and their interference impedes the ethical implication. This study concludes that educating the patients and creating an inter-sectoral harmony will be most effective in breaking the barriers in ethical implementation in practice.

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**REFERENCES**

1. Poulis I. Bioethics and physiotherapy. J Med Ethics 2007;33:435-436.
2. Dhara Patel et al.,The knowledge of ethical values in physical therapy practice amongst physical therapists J Nov Physiother 2017, 7:6(Suppl)
3. Shojaei A, Ghofrani M. Professional Ethics in Physiotherapy: Existing Challenges and Flaws. Journal of Modern Rehabilitation. 2018 Feb 1:39-44.
4. Ladeira TL, Koifman L. The interface between physical therapy, bioethics and education: an integrative review. Revista Bioética. 2017 Dec;25(3):618-29.
5. Swisher LL. A retrospective analysis of ethics knowledge in physical therapy (1970–2000). Physical Therapy. 2002 Jul 1;82(7):692-706.
6. Sant SS and Phalke VD.2017, Awareness About Ethical Concepts And Practice of Bioethics in Physiotherapy. *Int J Recent Sci Res.* 8(9), pp. 19875-19877.
7. Kulju K, Suhonen R, Leino-Kilpi H. Ethical problems and moral sensitivity in physiotherapy: a descriptive study. Nursing Ethics. 2013 Aug;20(5):568-77.
8. Peek K, Carey M, Mackenzie L, Sanson-Fisher R. Patient-perceived barriers and enablers to adherence to physiotherapist prescribed self-management strategies. New Zealand Journal of Physiotherapy. 2018 Nov 1;46(3).
9. Jack K, McLean SM, Moffett JK, Gardiner E. Barriers to treatment adherence in physiotherapy outpatient clinics: a systematic review. Manual therapy. 2010 Jun 1;15(3):220-8.
10. Henschke N, Lorenz E, Pokora R, Michaleff ZA, Quartey JN, Oliveira VC. Understanding cultural influences on back pain and back pain research. Best Practice & Research Clinical Rheumatology. 2016 Dec 1;30(6):1037-49.
11. Yoshikawa K, Brady B, Perry MA, Devan H. Sociocultural factors influencing physiotherapy management in culturally and linguistically diverse people with persistent pain: a scoping review. Physiotherapy. 2020 Jun 1;107:292-305.
12. Norris M, Allotey P. Culture and physiotherapy. Diversity in Health and Social Care. 2008;5(2):151-9.
13. Marwaha K, Horabin H, McLean S. Indian physiotherapists’ perceptions of factors that influence the adherence of Indian patients to physiotherapy treatment recommendations. Int J Physiother Rehabil. 2010 Aug 9;1:9-18.
14. Sze-Mun Lee T, Sullivan G, Lansbury G. Physiotherapists’ communication strategies with clients from cultural diverse backgrounds. Advances in Physiotherapy. 2006 Jan 1;8(4):168-74.
15. Grandpierre V, Milloy V, Sikora L, Fitzpatrick E, Thomas R, Potter B. Barriers and facilitators to cultural competence in rehabilitation services: a scoping review. BMC health services research. 2018 Dec 1;18(1):23.
16. Australia. Parliament. Senate. Community Affairs References Committee. The factors affecting the supply of health services and medical professionals in rural areas. Parliament of Australia, Canberra, Australian Capital Territory; 2012.
17. Igwesi-Chidobe C. Obstacles to obtaining optimal physiotherapy services in a rural community in southeastern Nigeria. Rehabilitation research and practice. 2012 Jan 1;2012.
18. Brady B, Veljanova I, Schabrun S, Chipchase L. Integrating culturally informed approaches into physiotherapy assessment and treatment of chronic pain: a pilot randomised controlled trial. BMJ open. 2018 Jul 1;8(7):e021999.
19. Vajravelu S, Solomon P. Barriers and facilitators to family-centred paediatric physiotherapy practice in the home setting: a pilot study. Disability, CBR & Inclusive Development. 2013;24(4):107-15.
20. Praestegaard J, Gard G. Ethical Issues Related to the Physiotherapist Patient Relationship during the First Session-The Perceptions of Danish Physiotherapists. Journal of Clinical Research & Bioethics. 2015 Jan 1;6(4):1.