COMPARISON OF PERCEPTION AND BARRIERS IN PROMOTING PHYSICAL ACTIVITY BY GOVERNMENT AND PRIVATE SECTOR PHYSICAL THERAPISTS

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ABSTRACT: Physical inactivity is the 4th worldwide leading cause of mortality. Physical activity has the highest position in the health department globally. It decreases the chance of diseases such as heart diseases. These diseases are decreased by adopting an active lifestyle. If daily physical activities or exercises are part of a lifestyle, then the death rate will be decreased up to 20 to 30 percent. This study aims to compare perceptions and barriers in promoting physical activities by a physical therapist of government and private sector. This was a Comparative Cross-Sectional study. It was conducted on Physiotherapists of all different hospitals of Multan and Lahore. Study was completed within 6 months after the approval of the synopsis. Non- probability convenient sampling was used. The sample size was 116. Self-administered questionnaire named as self-structured questionnaire for Physical therapists was used for Comparison of perception andbarriers in promoting physical activity by government and private sector physical therapists. Most of the physiotherapists (n=56, 16.48%) reported more level of perception than of the private sector. Most of the physiotherapists (n=56, 15.53%) reported more levels of barriers than ofthe private sectors. Independent sample T-test showed no significant Comparison of perception and barriers in promoting physical activity by government and private sector physical therapists. (p>.05). This study concludes that there is more level of perception in Government sectors than of the private sectors. However, there wasn't any significant Comparison of barriers and promotions in promoting physical activity by government and private sector physical therapists.

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INTRODUCTION

Physical inactivity is the 4th worldwide proceeding cause of mortality. (1) Physical activity has the highest position in the health department globally. It decreases the chance of diseases such as heart disease, musculoskeletal disturbance, obesity, depression, type2 diabetes, rheumatoid arthritis, osteoporosis, colon cancer, anxiety. These diseases are decreased by adopting an active lifestyle. If daily physical activities or exercises are part of a lifestyle, then the death rate will be decreased up to 20 to 30percents. Primary health practitioners and physical therapists are good to explain the physically fitlifestyle (2). Good and healthy life servesby decreasing the risk of death and illness from different diseases. For disabled persons, physical active living style upgrades physical functions, lower secondary health problems, and lowerimpairment.

Firstly, training to live an active and independent life with a disability is part of effective rehabilitation. It is effective action by the physical therapist to combine physical activity with a rehabilitation program. So that patients can have an active lifestyle in the future (3). Physical activity is also involved in the management of lifelong diseases like musculoskeletal problems. It is also beneficial for the management of depression and anxiety. Physical activity decreases the risk of many chronic diseases by lowering blood pressure increase glucose uptake and by reducing obesity. In Australia 40-60percent of the population take part in physical activity and have healthy life (4). Physical inactivity caused 1.9 million deaths all over the world. People with obesity, chronic diseases, and old age are less active as compared to healthy individuals. Exercises will have a

positive effect on these diseased patients but they need a small duration of exercise and extra sport at the start to maintain their physical health. Primary health care settings are the best place for these groups to meet their goals (5). Regular local space other than health care settings are useful for many patients and health care providers like physical therapists have an important position to motivate inactive people to take part in physical activities to improve their physical health status. (6). Depression is the common problem that is associated with a sedentary lifestyle and physical inactivity is the common cause of depression which leads to other chronic diseases. The behavior change technique(BA) is an important technique that combined psychological intervention for depression to reduce the risk of depression by increasing physical activity (7). The gap of this research is that there is no comparative research have been conducted in Pakistan for physical activity promotions in physical therapy settings of the government and private sector. This research will help to determine the perception and barriers of physical therapists in promoting physical activity during their practice in the private and government sector. By determining reasons for barriers in promoting physical activity, steps can be taken to overcome them in the future. Thus, the feasibility and influence of physical activity encouragement and promotion in the physical therapy setting are determined in this research.

METHODOLOGY AND OBJECTIVE

This study aimed to compare perceptions and barriers in promoting physical activities by a physical therapist of the government and private sector. A comparative cross-sectional study design was used. Data was collected from Gorki hospital, Iffat Anwar hospital, Jinnah hospital, Doctor's hospital, Mansoura hospital, Sheikh Zaid hospital, Chaudhary Muhammad Akram hospital. The duration of the study was 6 months after approval of synopsis.

The recommended sample was 116. A nonprobability convenient sampling technique was used. Inclusion criteria include male and female physicaltherapists working for at least one-year, Physical therapists working in the government and private sector, Physical therapists working for a minimum of 8 hours per day. A physical therapist working in academics only was excluded from the study. Data was collected using a self- structured and self-administered questionnaire adapted from a previous survey questionnaire used in a study and initial pilot testing was done. The adaptations were small and made to make questions relevant for the government and private sector of physical therapists. The questionnaire included demographic information so that a demographic profile of the respondents could be established. Data was collected from physical therapists after taking consent from them.

RESULTS

In our study N=116, out which 64.9% were in age from 21-30 year, 14.6 were in age 31-40 years, 45 were in age 41-50 years, 22 were in age 51-60 year. N=116 out of which the average female ratio was Mean±SD= 46.3(53.4) and male was Mean±SD= 40.3(46.3).

Independent sample T-test was applied for the comparison of perception in government and private physiotherapists The results of the comparison of perception between government were (n=56, Mean ± SD=16.48(2.24)) and private (n=60, Mean ± SD=15.68 (1.50); conditions t =2.26, $p<0.05$, 95% CI [0.9995,1.497]. As P value is less than 0.05 so there is significant difference between government and private(Table 1).

Independent sample T-test was also applied for comparison of barriers in government and

private physiotherapists. The results of the comparison of barriers between government showed that t (n=56, Mean ± SD=15.53(3.06)) and private (n=60, Mean ± SD=15.25(3.06); conditions t =4.75, p<0.05, 95% CI [-0.905,1.47]. As P value is more than 0.05 so the difference is not significant (Table 2).

Independent sample T-test for comparison of promotion in government and private physiotherapists. The results of the comparison of promotion between government were (n=56, Mean ± SD=9.85(2.84)) and private (n=60, Mean ± SD=10.18(2.87)); conditions t =-614, p<0.05, 95% CI [-1.37,.72]. As P value is more than 0.05 so the difference is not significant (Table 3). The overall comparison among Government and Private Hospital physiotherapists regarding perceptions, barriers and promotions in promoting physical activity is shown in Fig 1.

DISCUSSION

This study compares perceptions and barriers in promoting physical activity by government and private sector physical therapists. According to the study, there was more level of perception in the government sector as compared to the private sector, and Study there was no significant comparison between barriers and promotion of physical activity by private and government sector physical positive attitude toward local referral of patients they think that proper collaboration is required for a local referral. (6). One more study was taken in Barcelona to examine the physical activity promotion in general practice which conclude that general physician and primary care staff thought that their practice was different from the others professionals so it was one major factor which for the lack of integration of physical activity. (8).In 2013 a study was taken in Rwanda which showed results similar to our research a study concludes that although physical therapists experienced some barriers they have good practice for physical activity promotion (9). The study suggests that only proper knowledge, collaboration, and coordination with other professionals are required for the promotion of the physical activity. This study is restricted only to the physical therapist of government and private sector hospitals of Lahore. One more limitation of the study is that it is a comparative study it only compares the two different groups of the same profession.

CONCLUSION

This study concludes that there was more level of perception in Government sectors than of the private sectors physical therapists. However, there wasn't any significant Comparison of barriers and promotions in promoting physical activity by government and private sector physical therapists.

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Table 1: Comparison of perception in government and private physiotherapists

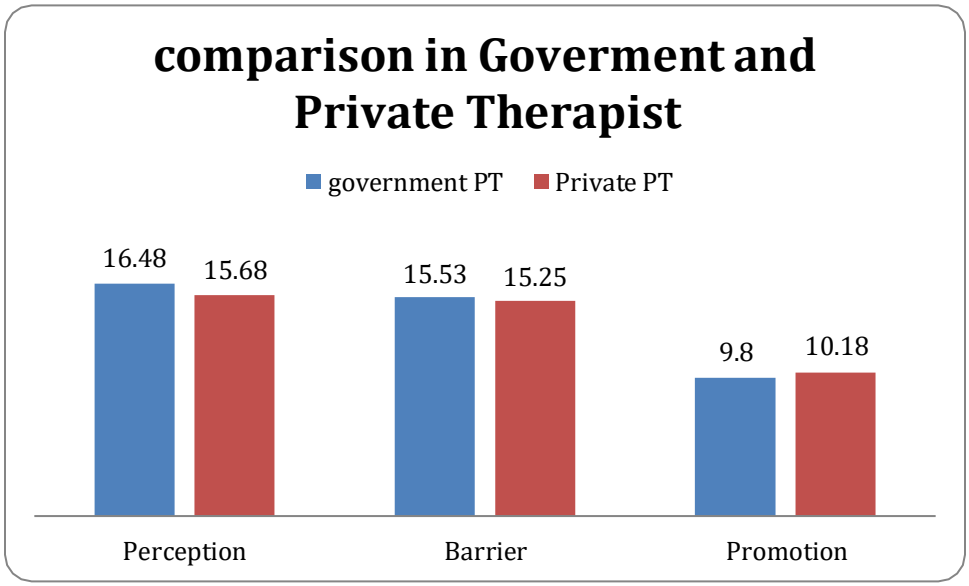
	Government (n=56)	Private (n=60)	T	P value	Mean difference	95% confidence interval
	Mean (SD)	Mean (SD)				
Total Score Of perception	16.48(2.24)	15.68(1.50)	2.26	0.025	0.798	0.9995,1.497

Table 2: Comparison of barriers in government and private physiotherapists

	Government (n=56)	Private (n=60)	T (105)	P value	Mean difference	95% confidence interval
	Mean (SD)	Mean (SD)				
Total Score of barriers	15.53(3.06)	15.25(3.38)	4.75	0.635	0.285	-0.905,1.47

Table 3: Comparison of promotion in government and private physiotherapists

	Government (n=56)	Private (n=60)	T (105)	P value	Mean difference	95% confidence interval
	Mean (SD)	Mean (SD)				
Total Score of promotions	9.85(2.84)	10.18(2.87))	-614	.540	-.326	-1.37,.72


comparison in Goverment and Private Therapist
government PT
Private PT
16.48
15.68
15.53
15.25
9.8
10.18
Perception
Barrier
Promotion

Graph: 01