

Jak fizjoterapeuci postrzegają zdrowie? – wyniki badania kwestionariuszowego

How do physiotherapists define health? – results of a questionnaire study

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Streszczenie:

Wstęp. Fizjoterapeuta powinien znać metody oceny stanu zdrowia, wiedzieć, jakie są podstawowe pojęcia i mechanizmy psychospołeczne związane ze zdrowiem i jego ochroną. Celem pracy była ocena poglądów fizjoterapeutów na temat zdrowia oraz podstawowych uwarunkowań wyrażanych opinii.

Materiał i metody. W badaniu przekrojowym uczestniczyło 117 osób, 91 kobiet (77,7%) oraz 28 mężczyzn (22,3%) w wieku 38 ± 10 lat. Narzędzie badawcze stanowiła polska adaptacja kwestionariusza Ewlesa i Simnetta. Ankieta składała się z 23 pytań ukierunkowanych na poznanie opinii na temat komponent zdrowia: fizycznej (7 pytań), psychicznej (6 pytań), społecznej (5 pytań) oraz zdrowia jako braku choroby (5 pytań). Każdy badany został poproszony o zaznaczenie wszystkich wyznaczników zdrowia, z którymi się zgadzał. Obliczono wartość odsetkową udzielonych odpowiedzi (ilość zaznaczonych twierdzeń na 23 możliwych) oraz określono, pytania której z domen dominują.

Wyniki. Sumarycznie: badani zaznaczyli 64,5% możliwych odpowiedzi. Najczęściej wybierali te dotyczące komponenty społecznej (80%), następnie fizycznej (71,4%), psychicznej (66,7%), a najrzadziej postrzegali zdrowie jako brak choroby (60%). Kategoryzując indywidualnie opinie, fizjoterapeuci najczęściej postrzegali zdrowie w kategorii całościowej – dobrostanu bio-psycho-społecznego (38,9% osób). Kobiety częściej zgadzały się z twierdzeniami w zakresie domeny psychicznej i społecznej ($p < 0,05$). Wiek, wykształcenie, stan cywilny, miejsce i staż pracy nie miały związku z udzielanymi odpowiedziami.

Wnioski. Połowa fizjoterapeutów prawidłowo identyfikuje pojęcie zdrowia. Płeć wpływa na charakter udzielanych odpowiedzi. Ograniczeniem wnioskowania jest kwestionariuszowy charakter badania, dlatego otrzymane rezultaty powinny stać się przyczynkiem dla kolejnych prac w tym zakresie.

Słowa kluczowe:

zdrowie, kwestionariusz, opinie, fizjoterapia, fizjoterapeuta

Abstract

Introduction. A physiotherapist should know methods used in health assessment, basic definitions and psychosocial mechanism driving health and its prevention. The aim of this study was to assess opinions of physiotherapist about health with aligned basic determinants.

Methods. This cross-sectional study involved 117 subjects, 91 (77.7%) females and 28 (22.3%) males, aged 38 ± 10 years. Polish version of a standardized Ewles and Simnett questionnaire was applied. The poll consisted of 23 questions about 4 components of health: physical (7 questions), mental (6 questions), social (5 questions) and health as a lack of disease (5 questions). Subject chose all of possible 23 answers their agreed with. Percentage of given answers was calculated. On this basis, a dominant domain was established.

Results. Subjects agreed with 64.5% of all opinions of a questionnaire. Most frequently they chose those related to social (80%), then physical (71.4%) and finally to mental (66.7%) components of health. Health as a lack of disease was declared less frequently (60%). After categorization of individual answers, we found that physiotherapists defined health as the bio-psycho-social condition (38.9% of persons). Age, education level, marital status, place of work and number of years in profession were not associated with given opinions.

Conclusions. More than half of investigated physiotherapists define health inappropriately. Gender influences subjects' opinions about health. Questionnaire formula of the study is its limitation, so the results need to be verified in further researches.

Key words:

health, questionnaire, opinions, physiotherapy, physiotherapist

Introduction

The World Health Organization defines health as a state of complete physical, mental and social wellbeing, and not merely as the absence of disease or infirmity [1]. This definition is of the biological-psychological-social nature and defines health as a holistic entity [2]. Warchoń [3] draws attention to the relationship between the above mentioned health components: even if a man possessed highly efficient intellectual skills, without the mental or physical health this may prove to be only an autotelic trait. Similarly, a high level of physical fitness, without the proper knowledge base and the real-life skills, will not guarantee a successful life.

According to the Lalonde's "health field" concept, human health is mostly (in approximately 50%) influenced by the field of man's lifestyle. Among the other factors there are: impact of the environment, the genetic factors (structural), and the health care organization [4].

Our current, consumerist and sedentary lifestyle, creates an artificial needs structure. It has no positive effect on the correct development and the furtherance of the health - neither the health defined holistically nor its individual components [5, 6]. What is more, nowadays a significant emphasis is being put on the intellectual development, often at the expense of the physical element [7], which disrupts the proper interaction between the health components. Numerous data available in the domestic literature indicate the negative impact of modern civilization on the human health [8, 9, 10, 11, 12].

The present times call for a specific kind of man, one who would demonstrate not only knowledge and wisdom, but also emotional sensitivity, responsibility and ability to cope with a variety of conflicts [13]. Because the National Qualifications Framework for Higher Education stresses, that a physiotherapist should know the methods for assessing the status of health, know what are the basic psychosocial concepts and mechanisms related to health and health care, be aware of the principles of health and healthy lifestyle promotion, and finally be ready to undertake diagnostic, preventive, nursing, therapeutic and educational measures, adequate to the needs of individuals and of social groups, to ensure their health [14] – these views do fit perfectly well with the holistic approach to health.

The aim of this study has been to assess the physiotherapists' notions on health and to provide the analysis of the basic conditioning of the expressed opinions, i.e. gender, age, education or the job properties.

Materials and Methods

The project has been an epidemiological cross-sectional study in nature. 220 persons had been invited to participate in the study, they were physiotherapists employed on the basis of an employment contract, commission agreement or a civil law contract at the Upper Silesian Rehabilitation Center "Repty" in Tarnowskie Góry (GCR), the Spa Company "Ustroń" in Ustroń (PU) and at the Rehabilitation Branch of the Medical University Of Silesia in Katowice (GCM). An official consent to carry out

the research in the above listed institutions had been obtained from the heads of those institutions. Our invitation to participate in the study had been accepted by 117 persons (participation factor: 53.2%), including 60 of the total of 90 physiotherapists from GCR, 45 of 88 persons from PU and 12 of 42 persons from GCM. The project had been carried out from January to March 2013.

The research tool applied was a Polish adaptation of the standardized Ewles and Simnett questionnaire [6]. The questionnaire consisted of 23 questions, aimed at the opinions survey on the various health components: physical (7 questions), mental (6 questions), social (5 questions) and health as the absence of disease (5 questions). Every participant had been asked to select all determinants of health, with which he/she agreed.

The analysis encompassed the ratio assessment of the answers within the above listed domains, as well as the summary results (the number of selected answers on the 23 possible). There was also an evaluation made, as to which of the above listed domains of the questionnaire had been most frequently selected by the participants, and on the basis of this evaluation the opinions on health had been categorized as being oriented to: the absence of disease, the physical, mental, social aspect or – in case when the participant provided similar answers in all domains – to health understood as the bio-psycho-social wellbeing.

Further, we have evaluated the relationship between the summary results, the answers in the particular domains of the questionnaire, and the demographic data, education, and the physiotherapist's job-related variables.

Statistical analysis

Statistical analysis has been carried out on the basis of the procedures available in the licensed MedCalc software. Quantitative variables with normal distribution pattern are presented in the form of the arithmetic mean and standard deviation, while the abnormal distribution pattern in the form of: median and range (min-max). The distribution characteristics of the quantitative variables were verified with the Kolmogorov–Smirnov test. Qualitative variables are presented in the form of absolute values and/or percentages. The between-groups differences for quantitative variables have been verified on the basis of Student's t-test or ANOVA or Kruskal-Wallis tests, and the qualitative variables, on the basis of Chi-squared test. The correlation between variables has been evaluated on the basis of the value of the Pearson correlation coefficient and its statistical significance. For the variables with the distribution pattern deviating from normal a logarithmic transformation of such parameters had been made. The statistical significance value of $p < 0.05$ had been assumed.

Results

Characteristics of the study participants

In the project participated 117 physiotherapists, 91 women (77.7%) and 28 men (22.3%), at the age of 38 ± 10 years.

Detailed characteristics of the study participants is shown in Table 1. No differences, within the surveyed variables, had been found in the participants coming from the particular institutions (i.e. GCR, PU and GCM; $p > 0.05$ for all).

Table 1. Subjects’ characteristics

Variable		Value
Gender: Female / Male n (%)		91 (77,7%) / 28 (22,3%)
Age [years]		38 ± 10
Education n (%)	High School	39 (33,3%)
	Higher – Bachelor	34 (29,1%)
	Higher – Master	41 (35%)
	Higher – PhD	3 (2,6%)
Marital Status n (%)	Single	42 (35,9%)
	In a Relationship	75 (64,1%)
Current Workplace n (%)	Dispensary / outpatient	14 (12%)
	General Rehabilitation Department	49 (41,9%)
	Department of Cardiology	3 (2,6%)
	Department of Neurology	21 (17,9%)
	Department of Musculoskeletal System	12 (10,2%)
	Department of Surgery	1 (0,9%)
	Private Practice	1 (0,9%)
	Surgery Treatment Room	16 (13,7%)
Time of Employment [years]		16 ± 10
Time of Employment in the Current Job [years]		13 ± 10

Questionnaire survey results

The total score of the questionnaire amounted to 64.5% (median). Most respondents selected answers from the social component (median: 80%, range: 0-100%), then the physical (median: 71.4%, range: 0-100%), then the psychological (median: 66.7%, range: 0-100%), and most seldom the respondents saw health as the absence of disease (median: 60%, range: 0-100%) (Figure 1A-D). The statistically significant correlation between the different domains of the questionnaire has been determined, as shown in the Table II. After categorizing the individual responses it has been established that majority of the respondents see health as an overall category, that it as the bio-psycho-social wellbeing (38.9%), and slightly less frequently they would place it within a particular domain, this is presented in the Table III.

Table 2. Correlation between answers given for consecutive domains of a questionnaire

	Fizyczna Physical	Psychiczna Psychological	Spółeczna Social	Brak choroby Lack of Disease
Physical	-	0,616 (<0,001)	0,499 (<0,001)	0,552 (<0,001)
Psychological	0,616 (<0,001)	-	0,542 (<0,001)	0,692 (<0,001)
Social	0,542 (<0,001)	0,566 (<0,001)	-	0,499 (<0,001)
Lack of Disease	0,692 (<0,001)			0,552 (<0,001)

Table 2. Correlation between answers given for consecutive domains of a questionnaire

Health Domain	Percentage of the Physiotherapists
Lack of Disease	4,4%
Physical	8%
Social	20,4%
Psychological	22,1%
Physical + Lack of Disease	8%
Social + Lack of Disease	3,5%
Health Perceived Holistically	38,9%

Only the respondents' gender differentiated the responses with statistical significance – women more often agreed with the questionnaire in terms of psychological and social domain ($p < 0.05$) (Figure 2A-B), which was also reflected in the total score (median F: 67.4%, median M: 58.7%; $p=0.05$). Neither

the education, marital status, nor the place of work has had an impact on how the respondents perceived health. Also, there has been no correlation determined between the nature of the answers provided and the age of the physiotherapists or their length of employment.

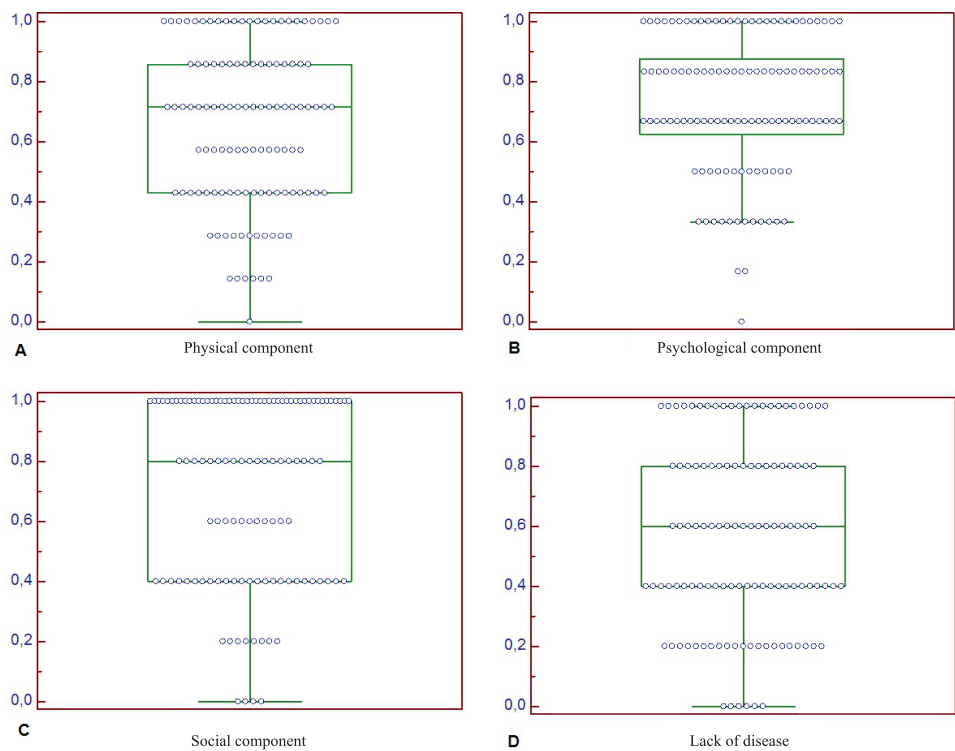


Figure 1. Percent of answers for consecutive domains of a questionnaire (A: physical, B: mental, C: social, D: health as a lack of disease)

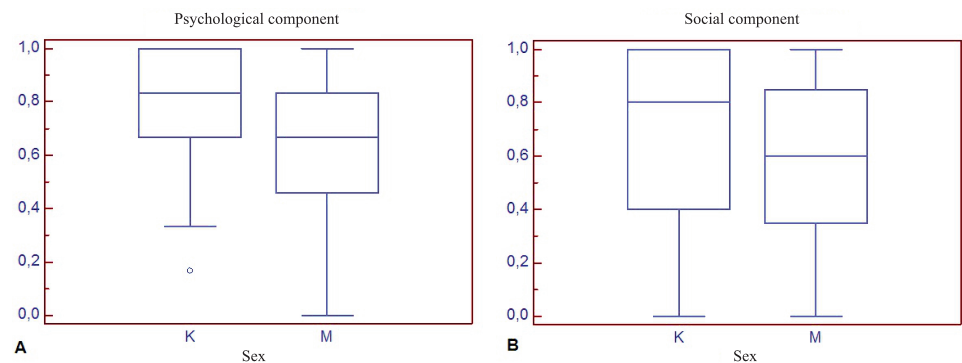


Figure 2. Answers for physical (A) and social (B) domains by gender category (K –Female, M – Male)

Discussion

The aim of this study has been to assess the physiotherapists' notions on health and to provide the analysis of the basic conditioning of the expressed opinions, including factors related to their job properties. It has been shown, that even though a significant proportion of the respondents correctly perceived health, as the bio-psycho-social wellbeing, still more than 50% of the physiotherapists identified health only within particular domains. It is important, however, that only a few respondents perceived health as the absence of disease. The only statistically significant variable having an impact on the responses had been the respondents' gender.

Hinz et al., in their study on a representative group of the German population have indicated, that health is the most important determinant of a good life [15], and its significance increases with age, and that it does depend on gender and on economic status. Similar responses were recorded in a research examining the subjective health perception by young (11-13 and 15 years old) Germans in 2002 and 2010 [16]. Wojnarowska et al. [17] have examined the perception of health in 11, 13 and 15 year-olds from the European Union countries, and the changes in the perception of health among the Polish teens between the years 2002 and 2006 and found, that – within the scope of the research - there are significant differences in the particular countries depending, among others, on: cultural, social and economic factors, which will have an impact on the future results, over the coming years, with the respect to the European adults. Importantly, in all the countries it was the girls who statistically perceived their health much worse than the boys. It is a valuable piece of information in the context of our study results. A paucity of the literature data regarding the health perception by physiotherapists does limit the ability to compare the other results obtained.

Studies show, that from year to year the health situation in Poland deteriorates [18]. According to CEBOS [19] more than half of the Poles (52%) rate their health status at least as good, of which every eighth person (12%) believes it to be very good. Dissatisfaction expressed 17% of the respondents, and almost one in three persons (31%) evaluates his/her health as "so-so" - neither good nor bad. How this situation translates into the knowledge of health issues - unfortunately we do not know. Taking under consideration the current guidelines for the physiotherapists training, a special emphasis should be put on the health education for this occupational group, health conditioning factors and activities towards the health preservation (but also improvement). Every student, upon completion of the first year of the first stage of the higher education, should know the methods for assessing the status of health, know what are the basic psychosocial concepts and mechanisms related to health and health care, be aware of the principles of health and healthy lifestyle promotion, and finally be ready to undertake diagnostic, preventive, nursing, therapeutic and educational measures, adequate to the needs of individuals and of social groups, to ensure their health [14]. In the light of our survey results, as cited in the study, the above becomes especially significant, since more than a half of our respondents identified

health - instead as a holistic entity - only within the particular domains. To draw the proper conclusions from this observation, our results of the questionnaire survey research would require, however, verification in prospective studies.

Conclusions

1. Half of the physiotherapists correctly define the concept of health.
2. Respondents' gender does influence the nature of the answers.
3. A limitation for the final conclusions is the questionnaire type of the survey, so the results we came up with should constitute the basis for further studies.

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