

Assessing the Integrations of physiotherapist healthcare providers into primary healthcare centers at Saudi Arabia: benefits and barriers

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Abstract

Background

Physical therapy services in primary health care (PHC) have gained international attention. The global trend in health care delivery is rapidly shifting toward primary care models.

Aim of the study: This study aims to examine physiotherapists' integration experiences in primary health care.

Method: Descriptive cross-sectional research design was utilized, From June to August 2024, a self-administered questionnaire with open and closed-ended questions was given to 80 physical therapists from various locations and healthcare providers in Saudi Arabia.

Results: One-third of survey participants evaluated physical participation to be at a high level (35.125%), while more than half perceived it to be moderate (57.75%). The benefits of physical therapy in primary healthcare, it can see that one fifth believe that it help for early detection and management of physical dysfunction (20%) followed by 15.5 perceived that it prevents the development of further complications to the condition and transformation into chronic disorder, followed by 11.1% perceived that physical therapist helps reduce the patient load and waiting time on tertiary care hospitals and patients living in suburban (non-central) locations will have easier geographical access.

Conclusion: Physical therapists in Saudi Arabia should prioritize their role in providing primary health care through education and training. Implementing the approach involves collaboration among authorities such as the Ministry of Health, physical therapy academic program directors. Physical therapy education and professional development should provide therapists with the necessary knowledge and abilities to function in PHC settings, while also promoting their worth.

Introduction:

Physical therapy in primary health care (PHC) has gained international attention (1-4). The current global trend in health care delivery is to shift toward primary care models (2). Primary care refers to "essential health care based on practical, scientifically sound and socially acceptable methods and technology, made universally accessible to individuals and families in the community ... (5). Physiotherapists operate in various healthcare settings, such as hospitals, schools, private clinics, home care, long-term care institutions, and primary health care organizations. However, their integration into PHC has been restricted, and demand for their services exceeds availability in PHC organizations (5). The healthcare system is facing increased pressures due to a change from treatment-focused to preventive care, as well as an increase in the older population with chronic diseases (3).

Saudi Arabia's Ministry of Health (MOH) prioritizes primary health care (PHC) as a strategic emphasis for improving preventive, curative, and rehabilitative services. Primary health care (PHC) is a comprehensive approach to healthcare that addresses health concerns early on, promotes wellness, and ensures access to health and social services in the community (1).

PHC is an organization that prioritizes multidisciplinary team collaboration to meet the health needs of the local population. It includes a diverse range of health care professionals (HCPs), including physicians, nurse practitioners, pharmacists, dieticians, social workers, and rehabilitation professionals. Incorporating these HCPs into PHC may necessitate a shift or extension of responsibilities and ways of service delivery. Lowering mortality rates, addressing health disparities, improving quality of life, reducing comorbidity, and reducing the financial burden of chronic illnesses are all benefits of this approach (4).

According to MOH statistics, movement-related diseases were the second most prevalent ailment seen in both PHC and hospital outpatient departments, accounting for 2.06 million and 1.08 million visits, respectively (7). According to the MOH health survey, over 60% of the population engages in physical inactivity and sedentary lifestyles, posing a significant burden on the national health system (9, 10). Physical inactivity is a key cause of chronic non-communicable diseases, including cardiovascular disease, obesity, diabetes, and cancer (11, 12). Diabetes mellitus is common in Saudi Arabia, with a reported prevalence incidence of 30% (13). In Saudi Arabia, 28.7% of the population has morbid obesity (classified as a BMI ≥ 30 kg/m²). Osteoarthritis affects 60.6% of the elderly (over 60 years old), leading to early functional impairment (15).

Physical therapists have the requisite knowledge and experience to promote health and prevent disease in individuals and communities (16). Physical therapists specialize in providing musculoskeletal, cardiovascular, and neurological treatment (17). Physical therapy can help prevent chronic noncommunicable diseases by promoting safe and suitable physical activity programs (18). Removing barriers to physical therapy can reduce patient waiting time, drug prescription costs, tertiary care referral rates, non-attendance, and patient dissatisfaction (19-21). This study is the first to examine the perceived benefits and concerns of offering physical therapy at PHC from the perspective of service providers.

Aim of the study:

This study aims to examine physiotherapists' integration experiences in primary health care.

Method

Research design :

Descriptive cross sectional research design was utilized,

Setting:

It was conducted at the PHC units at East District of Jeddah ,Saudi Arabia

Participants: 80 physical therapists were assigned to participate in this study who had at least one year experience and willing to participate in research and work in primary healthcare

Three tool was used:

Tool I: Physical therapists competent questionnaire : it was developed by the researcher based on the work of Al-Abbad & Al-Haidary 2015, to assess the competency of physical therapist in PHC settings. It consisted of 8 questions , the respondent use 5 point Likert scale start from 5 strongly agree and 1 for strongly disagree.

Tool II: benefits of physical therapy in healthcare questionnaire :

it was developed by the researcher based on the work of Al-Abbad & Al-Haidary 2015, to assess the benefit of physical therapist in PHC settings. It consisted of 12 questions , the respondent use 2 for yes and 1 for no answer .

Tool III: facilitators of physical therapist questionnaire:

It was developed by the researcher based on the work of Al-Abbad & Al-Haidary 2015, to assess the facilitators of physical therapist in PHC settings. It consisted of 9 questions, the respondent use 5 point Likert scale start from 5 strongly agree and 1 for strongly disagree.

Data collection :

From June to August 2024, a self-administered questionnaire was given to from various locations and physical therapists in Saudi Arabia.

Statistical analysis

Version 26 of the Statistical Package for Social Science (SPSS) was used to analyze the data. Data normality was tested using the one-sample Kolmogorov-Smirnov test. Numbers and percentages were used to express qualitative data. The Chi-square test or Fisher exact test, if appropriate, was used to evaluate the relationship between categorical variables. The forward Wald approach was used to enter significant factors from the bivariate analysis into a regression model.

Results:

Table 1 displays the distribution of the research participants based on their sociodemographic attributes. Their mean age was 60.05 ± 7.93 years, and 56.7% of them were female. Additionally, 73.3% of them were married, and more than 66.7% lived in rural areas. Approximately 71.7% of them required a considerable work effort,

Table (1). Distribution of the studied subjects according to their socio-demographic characteristics (n=80) Frequency

Socio Demographic Data	(No=80)	%
* Age (in years)		
< 50	5	5.0
50-<60	20	28.3
60 or more	45	66.7
- Mean \square SD	60.05 \pm 7.93	
* Gender:		
Female	40	56.7
Male	30	43.3
* Marital status:		
Married	50	73.3
Not married	20	26.6
* Residence:		
Rural	45	66.7
Urban	25	33.3
* Nature of work :		
Simple work	9	15.0
Moderate work	8	13.3
Hard work	50	71.7

According to Table 2, one-third of survey participants evaluated physical participation to be at a high level(35.125%), while more than half perceived it to be moderate(57.75%).

Table 2 the perceived level of Physical therapist competency

Table 3 pointed the benefits of physical therapy in primary healthcare, it can be seen that one fifth

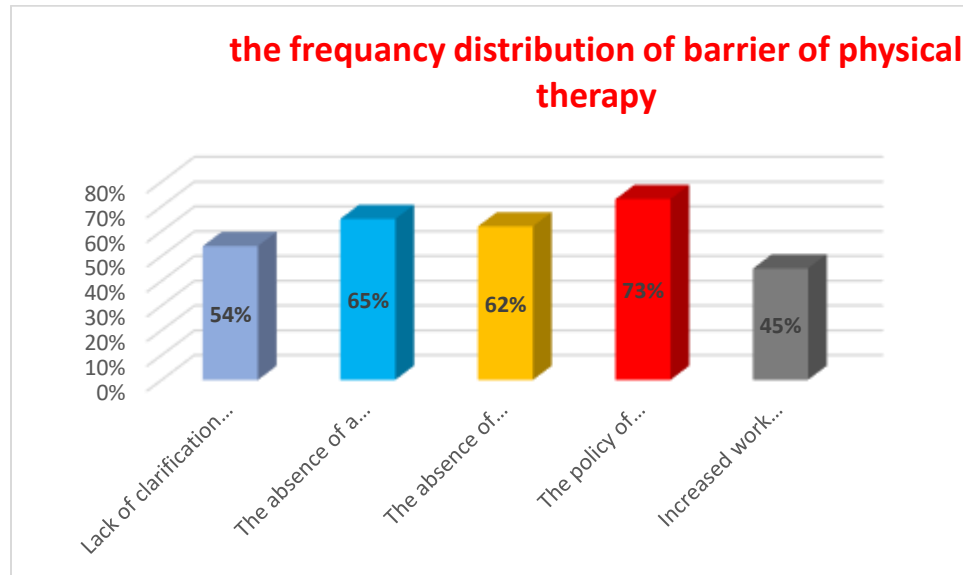
Variables	High	Moderate	Low
Physical therapist competency level	35.125%	57.75%	4.876%
Mean+ SD= 30.45+2.13			

believe that it helps for early detection and management of physical dysfunction (20%) followed by 15.5% perceived that it Prevents the development of further complications to the condition and transformation into chronic disorder, followed by 11.1% perceived that physical therapist Helps reduce the patient load and waiting time on tertiary care hospitals and Patients living in suburban (non-central) locations will have easier geographical access.

Table 3. Perceived benefits of physical therapy in primary health care.

Items	%	Rank
1. Consultative support for PHC clinicians' decision-making for diagnosis and early planning of care	8.9%	4
2. Patients living in suburban (non-central) locations will have easier geographical access	11.1%	3
3. Creates greater job opportunities	6.7%	5
4. Helps reduce the patient load and waiting time on tertiary care hospitals	11.1%	3
5. Early detection and management of physical dysfunction	20.0%	1
6. Prevents the development of further complications to the condition and transformation into chronic disorder	15.6%	2
7. Expands the scope of physical therapy as a profession and public awareness	8.9%	4
8. Helps reduce the patients' consumption of medications	2.2%	7
9. Individuals and public health education programs on well-being through physical activity and chronic disease risk factors	4.4%	6
10. Group treatment classes for similar chronic conditions to improve motivation	2.2%	7
11. Accentuates the reputation of the profession and relationship with other health care professionals	8.9%	4

Figure 1 painted the frequency distribution of barriers of physical therapy in primary health centers



Discussion:

Physiotherapists have a crucial role in health prevention, wellness, and self-management in various healthcare settings, making them ideal for designing and delivering personalized education programs (Davis and Chesbro 2003). There is widespread support for integrating physical therapy services into primary health care. Saudi Arabia can benefit from other countries' experiences when developing and implementing physical therapy services in primary health care clinics (22). Physical therapists are part of multi-professional health teams in various nations, including North America, Europe, Australia, and New Zealand (23). The assumption that this aligns with current

physiotherapy practice is problematic, as both health care (Epstein et al, 2010; Australian Institute of Health and Welfare, 2014) and physiotherapy training (Australian Physiotherapy Association (APA), 2013) have evolved significantly since then. There is a lack of research on the attitudes of physiotherapists towards patient, therapist, and context-specific aspects that impact patient education practices in Australia.

The results of this preliminary poll reveal that the majority of physical therapists support transitioning to this PHC paradigm. They have a clear awareness of the benefits and requirements for implementing this potentially useful healthcare practice. Over 1.25 million physical therapy visits were channeled to eleven MOH rehabilitation centers across the Kingdom⁶, highlighting the benefits of spreading patient treatment. This is evident in our survey. 96% of respondents thought that having access to physical therapy in a primary health care environment was preferable to hospitalization.

The study found that participants agreed on critical elements for successfully integrating physical therapy in PHC. Respondents emphasized the value of excellent teamwork and communication in the workplace. They underlined the importance of collaboration and open communication to ensure a successful practice. A comprehensive assessment of eight publications found that patients with musculoskeletal problems who received physical therapy directly outperformed those who received referrals from a physician (24). The review found that drug use was higher in physician referral groups compared to direct access patients in three studies comparing pharmacological therapies. Three studies found that physician referrals resulted in higher imaging orders compared to direct access groups. Our respondents were less convinced in the benefits outlined in the systematic review. Out of the respondents, two (8%) disagreed or strongly disagreed that physical therapy in primary care would minimize drug prescriptions, while 19 (73%) agreed with the systematic review findings. Our survey found that only 14 (54%) respondents believed physical treatment in the PHC model would result in fewer radiological investigations, whereas 8 (31%) strongly disagreed. This could indicate a lack of understanding among participants regarding global experience with physical therapist competences in the direct access model²⁵). Further research is needed to address concerns about participants' awareness and experience with Saudi Arabian practice patterns.

Healthcare workers acknowledge the need of effective teamwork in providing comprehensive patient care. Collaboration with other healthcare providers, including general practitioners, nurses, and occupational therapists, is crucial for providing comprehensive and coordinated care to patients during physiotherapy in primary health care (7, 8). Physiotherapists welcome the opportunity to collaborate with colleagues, share information and skills, handle patients' different requirements, and contribute to the PHC setting (9). Participants also stressed the need of clear and straightforward communication. They underlined the need of efficient communication both within the interprofessional team and with patients. Physiotherapists identified the requirement. Participants also stressed the need of clear and straightforward communication. They underlined the need of efficient communication both within the interprofessional team and with patients. Physiotherapists prioritize clear communication with patients to ensure they understand their illness, treatment options, and goals. Effective communication with patients is critical for establishing trust, promoting adherence to treatment regimens, and obtaining positive outcomes (10-11). Integrating physical therapy in Primary Health Care (PHC) requires more than just efficient communication and teamwork. Effective leadership and organizational support foster a positive environment for physiotherapy, promote teamwork, and provide required resources.

Interprofessional education and training improve healthcare workers' communication abilities and decision-making (12, 13). Clear role definitions and scope of practice for physiotherapists reduce ambiguity, leading to better patient care and gratitude from team members. Efficient communication channels and referral criteria provide prompt access to physiotherapy services (14,

15). Physical therapists currently provide a wide range of health-related services, from wellness promotion to disability prevention.

Empirical data supports interventions in PHC aims, including injury prevention and chronic illness management (26). Evidence suggests that physical therapists play an important role in promoting health. This includes prescribing physical activity programs, workplace assessments, and programs tailored for the elderly (27-29). The World Physical Therapy Confederation (WCPT) promotes culturally and socioeconomically appropriate physical therapy services in primary health care, ensuring equitable access to effective care (30).

Implementing physical therapy in primary health care in Saudi Arabia demands commitment from policymakers at all levels. To shift perceptions of rehabilitative therapies as preventative care, strong communication and well-planned measures are essential. To address obstacles, it's crucial to assess the present situation and collaborate with all stakeholders to identify the necessary steps. To provide satisfactory healthcare, resource restrictions, financial constraints, facilities, equipment, education, and staffing levels, as well as the necessary skills and competencies, must be considered (30). Physical therapists in Saudi Arabia should prioritize their role in providing primary health care through education and training. Implementing the approach involves collaboration among authorities such as the Ministry of Health, physical therapy academic program directors, and the Saudi Physical Therapy Association. In recent years, the number of universities offering a bachelor's degree in physical therapy has increased from 6 to 16, and there are enough graduates (31).

Physical therapy education and professional development should provide therapists with the necessary knowledge and abilities to function in PHC settings, while also promoting their worth. Further research is needed to understand the perspectives of medical professionals, including general practitioners and family medicine, as well as patients who may benefit from PHC services. Next, assess physical therapists' ability to assess and manage patients with mobility problems at PHC.

Conclusion

This result concluded that improving physiotherapy integration in Primary Health Care (PHC) settings, effective teamwork and communication, leadership and organizational support, interprofessional education and training, clear role definition and scope of practice, accessible referral pathways, utilization of electronic health records, outcome measurement and evaluation, and evidence-based self-management programming are essential. Limited space and resources can hinder the implementation of physical therapy services in primary health care. Successful integration of physiotherapy in PHC requires addressing issues and developing methods to improve patient outcomes. Physical therapists in Saudi Arabia should prioritize their role in providing primary health care through education and training. Implementing the approach involves collaboration among authorities such as the Ministry of Health, physical therapy academic program directors. Physical therapy education and professional development should provide therapists with the necessary knowledge and abilities to function in PHC settings, while also promoting their worth.

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