Comparison Between Selected Professionalism Core Values Self-Assessment For Female Physical Therapists In Two Sectors Of Ministry Of Health, Egypt

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ABSTRACT

Purpose: This study was conducted to assess the altruism, professional duty, and social responsibility core values perception of female physical therapists in physical therapy departments in General Organization for Teaching Hospitals and Institutes (GOTHI), and Hospitals of Directorates of Ministry of Health (DMH) of Egypt.

Methods: Comparative Study. Selected core values from a questionnaire developed by APTA (2003) (altruism, professional duty, and social responsibility) were used as a self-assessment of 60 female physical therapists (PTs) on duty in Physical Therapy Departments “30 female PTs in GOTHI (Group A) and 30 female PTs in DMH (Group B)”, Cairo, Egypt.

Results: The comparison between both groups post-treatment revealed statistically significant increase in educational level in favour of group (B).

Conclusion: Higher graduations positively affect the professionalism due to curiosity and morals of research.

Key Words: Professionalism core values, altruism, professional duty, and social responsibility.

I- INTRODUCTION

The conduct, goals, or qualities that characterize or mark a profession or professionals in addition to the following of a profession for profit or standard of living define professionalism [1,2]. The APTA Core Values on Professionalism are accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility [3-6].

Professionalism can flourish with knowledge, skills, and methods, just as clinical reasoning must be based on specific knowledge, skills, and methods. The need for a broadening of the medical curriculum intellectually was discussed, so that students would not only obtain the necessary scientific and clinical knowledge, skills, and methods, but also other related tools for professional development that could only be obtained by acquiring knowledge, skills, and methods beyond the bioscience domains. Bio-scientific/empirical methods are the primary means of knowledge acquisition for medical students; other sources of knowledge are rarely explored. Oftentimes it’s in other fields of study-philosophy, sociology, literature, spirituality, and aesthetics-that compassion and social responsibility are addressed and illuminated. A full-spectrum curriculum, as well as processes to support it, are required to educate physicians with a broad base of knowledge who develop professionalism throughout their education and careers. Several scenarios were sketched out for admission, the curriculum (promoting sociological awareness, interdisciplinary thinking, and an understanding of the political / economic dimensions of health care), assessment, and licensure [7].
Health care professionals are required to place patient interests above their own, maintain competency and integrity standards, and provide expert advice to the public on health-related issues. There are three fundamental principles (patient welfare, autonomy, and social justice) and ten professional responsibilities (commitments to: professional competence; honesty, confidentiality, and maintaining appropriate relationships with patients; improving quality and access of care; a just distribution of resources, scientific knowledge, managing conflicts of interest and professional responsibilities including self-regulation) [8-13].

In Egypt, there is no curriculum about professionalism except in DPT program, Cairo University. Hence Physical Therapy is one of the professions working in the medical teams worldwide, it is important to evaluate the professionalism core values perception of PTs in physical therapy departments in hospitals. This input can assist stakeholders and policy makers in health sectors enhance the quality and objectives of the health system [14].

II- MATERIALS AND METHODS

Design

A comparative study was conducted to investigate selected professionalism core values developed by APTA (2003) (altruism, professional duty, and social responsibility) as a self-assessment of female PTs on duty in Physical Therapy Departments in GOTHI and DMH, Cairo, Egypt. Data were collected in from April, 2021 to July, 2021. Research Ethics Committee after study commencement (No. P.T.REC/012/003362) and approved in 12 of September, 2021.

Participants

Sixty female PTs on duty in Physical Therapy Departments “30 female PTs in GOTHI (10 in each of National Institute for Neuro-Motor System, Ahmed Maher Teaching Hospital, and El-Sahel Teaching Hospital) (Group A) and 30 female PTs in Hospitals of DMH (10 in each of El-Tahrir General Hospital, El-Nozha General Hospital, and Manshiet El-Bakry General Hospital) (Group B)”, Cairo, Egypt.

Instrumentations

Selected core values from questionnaire developed by APTA (2003) [3] (altruism, professional duty, and social responsibility) were used as a self-assessment in face-to-face meetings. The questionnaire consisted of two sections. Section (A): represented the demographic data about the PT including name, age, hospital/institute, highest graduation (bachelor, DPT, diploma, master, or doctorate), and years of experience (up to 5 years, 5 – 10 years, 10 – 15 years, and more than 15 years). Section (B): represented the sample indicators for the altruism, professional duty, and social responsibility core values of professionalism. The number of sample indicators for the core values of altruism, professional duty, and social responsibility are 5, 7, and 12, respectively. The greatest number of points possible within the core values (if a 5 was chosen because the assessor always demonstrates the behavior) of altruism, professional duty, and social responsibility are 25, 35, and 60, respectively, yielding the highest total number of points possible of 120.

The total scores and sub-scores were categorized into six categories: < 15% is very low; 16-30% is low; 31-45% is moderate; 46-60% is fair; 61-75% is high; and, >75% is very high. In order to calculate the percentiles, the total achievable score are divided by the percentage of achieved scores [15].

Statistical analysis

The statistical analysis was done by using statistical SPSS Package program version 25 for Windows (SPSS, Inc., Chicago, IL). Mean and standard deviation were quantified for all variables, while percentage was used to describe the highest graduation and years of experience variables. P values were set at 0.05 in Levene's test to investigate homogeneity of variance; the Shapiro-Wilk analysis was used to check data normality; and one-way MANOVA was
used to compare the average values of these dependent variables (the total score of each core value and the total score of the questionnaire) between the two groups with an alpha level of 0.05, and multiple pairwise comparison tests (Post hoc tests) were used to compare core values between both groups.

III- RESULTS

The data was homogenous and normally distributed. There were significant differences (p<0.05) in the mean value of age between both tested groups; and Chi square revealed there was significant differences between both groups in graduation distribution (p<0.05), while no significant differences between both groups in years of experience distribution (p>0.05) (Table 1).

<table>
<thead>
<tr>
<th>Items</th>
<th>Group A</th>
<th>Group B</th>
<th>Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age (years)</strong></td>
<td>35.1±5.73</td>
<td>31.1±4.4</td>
<td>3.005</td>
</tr>
</tbody>
</table>

Table 1: Physical characteristics of PTs in both groups (A&B).

<table>
<thead>
<tr>
<th>Graduation distribution N (%)</th>
<th>Group A</th>
<th>Group B</th>
<th>X²</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelor</td>
<td>5 (16.7%)</td>
<td>20 (66.7%)</td>
<td>17.793</td>
<td>0.0001 S</td>
</tr>
<tr>
<td>Master</td>
<td>19 (63.3%)</td>
<td>10 (33.3%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diploma</td>
<td>1 (3.3%)</td>
<td>0 (0%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DPT</td>
<td>5 (16.7%)</td>
<td>0 (0%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctorate</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Years of experience distribution N (%)</th>
<th>Group A</th>
<th>Group B</th>
<th>X²</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 to 15 years</td>
<td>15 (50%)</td>
<td>10 (33.3%)</td>
<td>6.045</td>
<td>0.109 NS</td>
</tr>
<tr>
<td>From 5 to 10 years</td>
<td>8 (26.7%)</td>
<td>11 (36.7%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>More than 15 years</td>
<td>6 (20%)</td>
<td>3 (10%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Up to 5 years</td>
<td>1 (3.3%)</td>
<td>6 (20%)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*SD: standard deviation, P: probability, S: significance, NS: non-significant.

There was significant increase of Total score of Altruism, Professional Duty, and Social Responsibility between both groups and this significant increase in favor to group (A) as shown in table (2).

Table 2: Descriptive statistics and one-way MANOVA for the Total score of Altruism, Professional Duty, and Social Responsibility between both groups.
Comparison between total scores of responses to Altruism, Professional duty, Social Responsibility core values, and total scores of these core values in both groups:

As illustrated in table (3), group (A) showed higher scores in responses of the selected core values as well as in their total score.

Table 3: Comparison between total scores of responses to Altruism, Professional duty, and Social Responsibility.

<table>
<thead>
<tr>
<th></th>
<th>Group A</th>
<th></th>
<th></th>
<th>Group B</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>x</td>
<td>%</td>
<td>x</td>
<td>%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Altruism</td>
<td>20/25</td>
<td>80%</td>
<td></td>
<td>18/25</td>
<td>72%</td>
<td></td>
</tr>
<tr>
<td>Professional Duty</td>
<td>30/35</td>
<td>85.7%</td>
<td></td>
<td>27/35</td>
<td>77.1%</td>
<td></td>
</tr>
<tr>
<td>Social Responsibility</td>
<td>47/60</td>
<td>78.3%</td>
<td></td>
<td>41/60</td>
<td>68.3%</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>97/120</td>
<td>80.8%</td>
<td></td>
<td>86/120</td>
<td>71.7%</td>
<td></td>
</tr>
</tbody>
</table>

x = Mean of Total Scores, and % = Percentage.

IV- DISCUSSION

The finding of this study indicates that higher graduations positively influence the level of professionalism because of gaining more knowledge, research morals and curiosity, and deep thinking of how to provide better health care services.

PTs in Egypt have been under strain from government rules and regulations affecting the national health care system, and they are finding it difficult to exercise their autonomy.

The promotions / upgrades in GOTHI are clinical (depending on the years of experience) as well as university scientific degrees (depending on postgraduate degrees gained), while in DMH depend only on the years of experience. This makes much more motivation about gaining postgraduate degrees in GOTHI rather than in DMH.

Factors affecting the results: knowledge, attitudes, beliefs and behaviors (internal / clinician related factors), as well as public opinion-related, and professional leadership - local and national (external / organization-related factors) affect the reported levels of professionalism. The actual behaviors might be different from attributions by individuals [15, 16-20].

When PTs feel restrained and unable to practice their autonomy, they become defensive and remain passive in medical practice. Such behavior distorts the medical profession's values and may have negative consequences for
patient care. Additionally, medical and health services may suffer greatly. The actions and conduct of PTs must always be within the bounds of professional code of ethics governing PTs in each country [21].

So, it is necessary to implement continuous professional development (CPD) program to reinforce the autonomy of physical therapy profession and promote PTs’ professionalism. CPD refers to the systemic, ongoing, and structured learning process that forms the basis professional practice. CPD allows PTs to preserve, develop, and improve their professional and personal skills, behaviors, knowledge and ongoing practice competence. This is, in turn, advances practice, service delivery, and ultimately outcomes for patients / clients. All PTs should engage in learning programs that will help them maintain or improve their professional competence [22].

Also, many governmental rules should be modified as well as providing educational programs for undergraduates, PTs, and teachers of physical therapy.

A profession working to effect economic and social justice all over the world is a social work candidates. Through advocacy and social / political actions it aims to promote social justice; to prepare for the alleviation of poverty, oppression, and other social injustices; to understand their profession's value base, ethical standards and principles, and to practice in accordance with them [23].

Study limitations:
This study was limited to: Consistent with many measures of professionalism, the professionalism core values self - assessment is dependent on a clinician’s ability to self-assess[24]; PTs from different cultures, political systems, beliefs and levels of resources report and evaluate similar experiences of health system differently; and The different graduation levels.

V. CONCLUSION

Physical therapists in hospitals can be judged on their professional competence. Professionalism can flourish with knowledge, skills, and methods, just as clinical reasoning must be based on specific knowledge and skill sets. Higher graduations positively affect the professionalism due to curiosity and morals of research.

Acknowledgement:
The authors would like to thank all individuals who participated in this study.

Disclosure statement:
No author has any financial interest or received any financial benefit from this research.

Conflict of interest:
Authors state no conflict of interest.

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