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RESEARCH ARTICLE

INTEGRATING PHYSIOTHERAPISTS INTO PRIMARY HEALTH CARE IN SAUDI ARABIA: A CROSS-SECTION SURVEY

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Abstract

Purpose: This study aimed to explore the experiences of physiotherapists regarding their integration and identify the facilitators and challenges they encountered in primary health care. Understanding the perceived barriers, facilitators, and management strategies for successful integration is crucial in developing an informed framework to support future integration initiatives.

Method: The study included eligible participants who were practicing physiotherapists, regardless of gender. Inclusion criteria required active engagement in the profession and possession of a Bachelor's degree in physiotherapy. On the other hand, unemployed physiotherapists, individuals above 60 years of age, non-practicing physiotherapists, and those with degrees in technical studies were excluded from the study. Data was collected using a cross-sectional observational design through an Internet-based survey. The survey was conducted using the secure and anonymous Survey Monkey platform, ensuring participant confidentiality and obtaining informed consent. The survey specifically targeted registered physiotherapists in Saudi Arabia, allowing for the collection of valuable data from this specific population.

Results: Upon analyzing the survey data, a total of 39 responses were received. The demographic breakdown of the respondents revealed that 46% of the completed questionnaires were filled out by therapists working in the Eastern province. The survey also shed light on the work experience of the participants, with a significant portion (43%) having practiced as therapists for 6-10 years. Regarding their professional environment, 73% of participants strongly agreed on the importance of teamwork, while 68% acknowledged the role of effective communication in their work. Furthermore, a substantial 70% strongly agreed that there is a lack of efficient space for physical therapy within primary healthcare (PHC) facilities. Resources were also identified as a challenge, with 65% of respondents indicating a shortage of necessary equipment and resources for physical therapy in PHC.

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Conclusions: The survey responses provide valuable insights into the challenges and barriers related to integrating physical therapy into the primary healthcare (PHC) setting. These challenges range from a lack of understanding and clear referral processes to issues with space, resources, and workload. These findings can inform strategies aimed at improving the integration and delivery of physical therapy services within PHC, address the identified challenges, and enhance the overall quality of care.

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..... **Introduction:-**

Primary health care (PHC) is an approach to health care that extends beyond traditional primary care to address health concerns at an early stage, emphasize health promotion and illness prevention through health and wellness programs, and ensure that individuals receive accessible health and social services in their community (1). Currently, PHC refers to an organization that identifies the values of multidisciplinary team collaboration based on the local population's health needs (2) which integrates different types of health care professionals (HCPs), such as physicians, nurse practitioners, pharmacists, dieticians, social workers and rehabilitation professionals (3). Incorporating these HCPs into PHC may require a change in or expansion of roles and methods of service delivery. Consequently, helping to lower the country's mortality rate, address health inequities, increase individuals' quality of life, decrease the rate of comorbidity, and lower the financial burden of treating chronic conditions (4).

Physiotherapists work across the health care system, including in hospitals, schools, private clinics, home care, long-term care facilities, and PHC organizations. However, their integration into PHC has been limited, and the demand for their services far outstrips their availability in PHC organizations (5). This gap is highlighted by a shift from treatment-focused care to preventive care, the growth in the number of elderly individuals living with chronic conditions, and the associated demands on the healthcare system (3).

In a PHC team, physiotherapists can practice several tasks: they can work with patients with musculoskeletal and neurological conditions; provide fall prevention training; and educate patients (6). Despite the broad potential impact of integrating these physiotherapist roles into PHC, little has been published on the integration of physiotherapists into PHC teams from the physiotherapists' point of view.

Objectives:-

To describe physiotherapists' experiences with their integration and to identify their perceived facilitators and challenges regarding integration. Knowing the perceived barriers, facilitators and management strategies for successful integration is critical to creating an informed framework for assisting future integration initiatives.

Research Question

What are the perceived barriers, facilitators, and management strategies for the successful integration of physiotherapists into Primary health care?

Materials and Methods:-

Data Collection

This study aimed to investigate the participation of physiotherapists with a Bachelor's degree in Saudi Arabia. Eligible participants included practicing physiotherapists, regardless of gender. Inclusion criteria consisted of physiotherapists actively engaged in their profession and holding a Bachelor's degree. Conversely, unemployed physiotherapists, individuals above 60 years of age, non-practicing physiotherapists, and those with degrees in technical studies were excluded from the study. To gather data, a cross-sectional observational design was employed, using an Internet-based survey. The survey was conducted via the Survey Monkey platform, which ensured secure and anonymous participation. By hosting the survey online, participant confidentiality was maintained, and informed consent could be obtained. The survey targeted registered physiotherapists in Saudi Arabia, allowing for the collection of valuable data from this specific population.

Data Analysis:

The data collected from the Survey Monkey platform was exported and analyzed using the Statistical Package for the Social Sciences software (SPSS) version 19. The analysis involved presenting closed and multiple-choice questions as frequencies and percentages, depending on the number of valid responses for each item. For open-ended questions, the frequencies and percentages of valid responses were calculated by grouping similar responses into categories. This approach allowed for a comprehensive examination of the data and facilitated the presentation of meaningful insights from the survey responses.

Results:-

After processing the survey data, a total of 39 responses were received. However, two of these were incomplete and excluded, reducing the number of valid respondents to 37.

The respondent demographics revealed that 46% of the completed questionnaires were filled out by therapists who work in the Eastern province.

The gender distribution among the participants was slightly skewed toward males, comprising 54% of the total response pool. The age group of 31-40 years was the most represented among the respondents, accounting for 62% of the total. This suggests that the majority of the participants were in the middle of their professional careers.

The survey also provided an insight into the respondents' work experience. A substantial portion, 43%, had been practicing as therapists for 6-10 years. This highlights that a large number of participants have a significant level of experience in the field.

However, in terms of experience in Primary Health Care (PHC), almost half of the respondents (48%) reported having less than one year experience. This suggests that many of the participating therapists are relatively new to working within the primary healthcare setting.

These findings are summarized in Table 1**Facilitators**

The survey results indicate a strong consensus among respondents on several key points toward the successful integration of physical therapy in PHC. 73% of participants strongly agreed on the importance of teamwork in their professional environment, which reflects a positive relationship among team members. This underscores the value placed on collaborative efforts in their practice.

Similarly, 68% of respondents acknowledged the role of effective communication in their work. This highlights how crucial clear and concise communication is in the context of healthcare, not only among team members but also with patients.

In terms of working in Primary Health Care (PHC), 68% of therapists viewed it as a crucial tool for prevention and public awareness enhancement. This perception illustrates the respondents' understanding of the fundamental role PHC plays in preventative healthcare and in educating the community about health issues.

In addition, 65% of respondents strongly agreed that PHC offers early access to services and reduces the time taken to reach these services. This points to the perceived benefits of PHC regarding accessibility and efficiency in service delivery.

The availability of physical therapy clinics in PHC was another point of agreement, with 70% of respondents revealing that it facilitates easy access for patients. This supports the notion that the integration of physical therapy services into PHC can improve patients' access.

Notably, personal traits of physical therapists, such as efficient communication, excellent time management, resilience, and initiative-taking, were acknowledged as significant factors contributing to the success of the project. 60% of respondents strongly agreed with this, while 40% agreed, reflecting a high consensus on the importance of these personal attributes.

Furthermore, 46% of participants strongly agreed that initiating physical therapy in PHC enhances recovery and is more beneficial. Moreover, 60% of respondents agreed that such a setup is both timely and economical, emphasizing the potential cost and time-saving benefits of this approach. These insights are visually represented in Chart 1.

Challenges

The survey responses demonstrated a variety of perspectives regarding the understanding and awareness of physical therapy roles among healthcare providers in PHC. 70% of respondents agreed that there is a noticeable lack of knowledge and understanding about these roles. Additionally, 16% of the participants remained neutral on this issue, suggesting either insufficient exposure or uncertainty about the matter.

Moreover, a consensus emerged among the majority of respondents regarding the absence of a clear policy and procedure for referring patients to physical therapy within the PHC system. Approximately 60% of participants concurred with this point, indicating a perceived gap in the operational aspects of PHC regarding physical therapy.

Space constraints were another concern highlighted by the respondents. A substantial 70% strongly agreed that there is a lack of efficient space for physical therapy within PHC facilities. This suggests that the available infrastructure may not be adequately designed or sufficiently spacious to accommodate the needs of physical therapy.

Resources were another area of challenge, with 65% of respondents indicating a shortage of necessary equipment and resources for physical therapy in PHC. This points to a perceived need for investment in equipment and other resources to better facilitate the provision of physical therapy services.

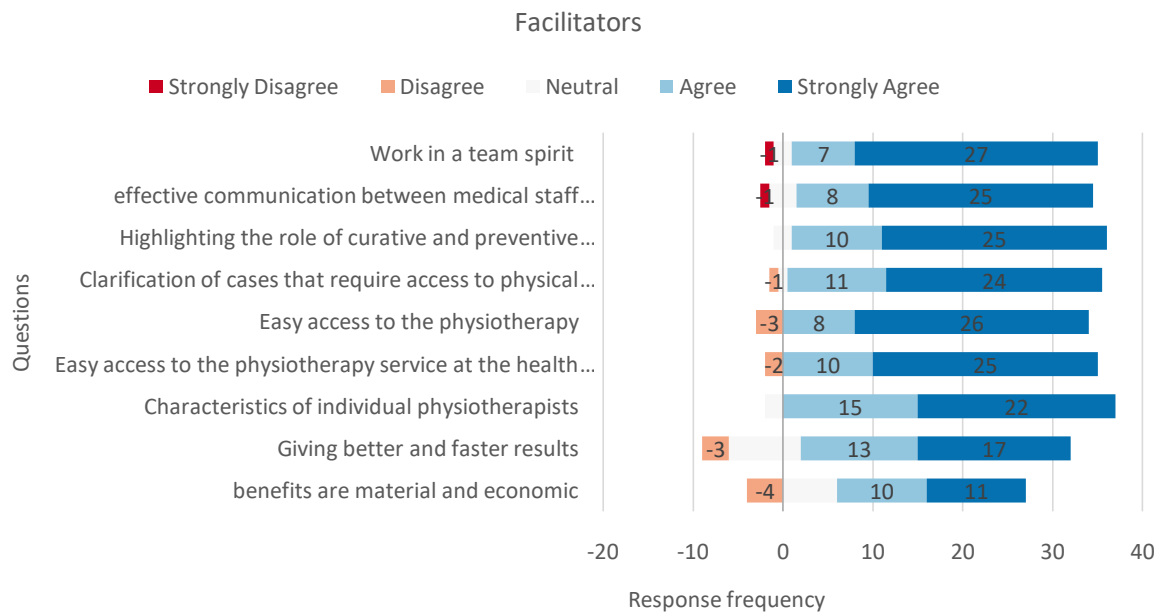
Lastly, 41% of the respondents commented that working in PHC contributes to an increased workload. This may reflect the broad scope of services and responsibilities encompassed by PHC, which might lead to an increased workload for healthcare providers, including physical therapists. These challenges are represented in Chart 2.

Calculation of attributable: There was significant attribution toward agreement of easy access in the Eastern Province therapists and years of work in PHC. There was also agreement on benefits, economic advantages, and lack of roles. On the other hand, there was no correlation between agreement facilitators nor challenges with physiotherapist experience, gender, and therapist age.

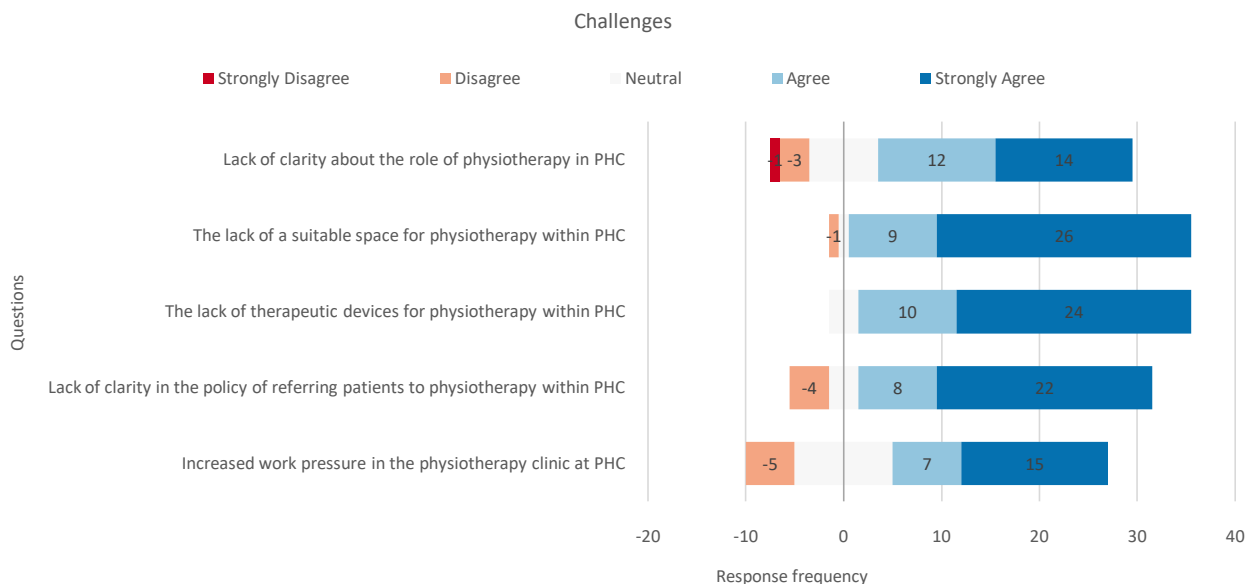
Table 1:- Demographics distribution by frequency and percentage.

Demographic	Frequency (No.)	Percentage (%)
Age (Years old)		
20-30	5	14%
31-40	23	62%
41-50	6	16%
50<	3	8%
Gender		
Female	17	46%
Male	20	54%
Region		
Central	1	3%
Eastern	17	46%
North	5	14%
Southern	9	24%
western	5	14%
PT experience (Years)		
5> years	3	8%
11-20 years	13	35%
21-30 years	5	14%
6-10 years	16	43%
working in PHC (Years)		
1> years	18	49%
2 - 5 years	17	46%

6< years	2	5%
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Graph 1:- Frequency distribution by facilitators question.



Graph 2:- Frequency distribution by challenges question.

Discussion:-

In this study, we aimed to explore the experiences of physiotherapists integrated into Primary Health Care (PHC) organizations to gain a deeper understanding of the factors contributing to the successful integration of physical therapy within the PHC setting. The findings of the study revealed a strong consensus among the participants regarding several key points that were considered crucial for the effective integration of physical therapy in PHC. One primary factor highlighted by the respondents was the importance of effective teamwork and communication within their professional environment. They emphasized that a collaborative approach and open lines of communication were essential for the smooth functioning of their practice.

Effective teamwork among healthcare professionals has been widely recognized as a critical element in providing comprehensive patient care. In the context of physiotherapy in PHC, it was emphasized that collaboration with other healthcare providers, such as general practitioners, nurses, and occupational therapists, was instrumental in delivering holistic and coordinated care to patients(7, 8).Physiotherapists value the opportunity to work closely with their colleagues, exchange knowledge and expertise, and collectively address the diverse needs of patients and play a meaningful role within the PHC setting (9).

Furthermore, clear and concise communication was another vital aspect highlighted by the participants. Not only did they stress the importance of effective communication within the interprofessional team, but they also emphasized the significance of communication with patients. Physiotherapists recognized the need to convey information to patients in an easily understandable manner, ensuring that patients are well-informed about their condition, treatment options, and therapy goals. Effective communication with patients was seen as crucial for building trust, promoting adherence to treatment plans, and achieving positive outcomes (10, 11).

Successful integration of physical therapy in Primary Health Care (PHC) settings relies on various factors beyond effective teamwork and communication. Leadership and organizational support are crucial, as they create an environment that values and promotes physiotherapy, encourages collaboration, and provides necessary resources. Interprofessional education and training foster a shared understanding among healthcare professionals, enhancing communication skills and facilitating collaborative decision-making(12, 13). Clear role definition and scope of practice for physiotherapists minimize ambiguity, enabling effective contributions to patient care and fostering appreciation from other team members. Accessible referral pathways ensure timely access to physiotherapy services, supported by efficient communication channels and referral criteria (14, 15).Utilizing electronic health records (EHRs) and promoting information sharing facilitates coordinated care and enables physiotherapists to access relevant patient data, contributing to informed decision-making. Incorporating outcome measurement and evaluation processes enables monitoring of intervention effectiveness, patient outcomes, and satisfaction, allowing healthcare organizations to assess value, identify areas for improvement, and make evidence-informed decisions. Considering and addressing these factors enhances integration, leading to improved patient outcomes, enhanced collaboration, and a comprehensive approach to primary healthcare delivery (16).

Physiotherapists play a crucial role in supporting client self-management by implementing evidence-based self-management programming.This programming is based on research and best practices in chronic disease management, providing patients with practical strategies and techniques to better manage their condition. The focus is on equipping patients with the skills and tools they need to monitor their symptoms, adhere to treatment plans, engage in appropriate physical activity, and make lifestyle modifications that promote overall well-being. By applying evidence-based self-management programming, physiotherapists move beyond the traditional role of educators and become facilitators of behavior change. They work collaboratively with patients to set goals, develop personalized action plans and provide ongoing support and guidance. This approach acknowledges that patients are active participants in their own care and that their unique experiences, beliefs, and preferences should inform the self-management strategies employed (17-19). Therefore, clarifying the role of all team members can be an important factor in supporting the effective integration of a physiotherapist into a program-based care model. This aligns with previous research that reported the importance of strong leadership and role clarification in facilitating the integration of a new physiotherapist into a PHC team(15, 20-22).

However, space constraints in PHC settings can significantly impact the delivery of physical therapy services. Limited space makes it challenging for physiotherapists to provide appropriate treatment modalities and conduct a wide range of therapeutic exercises. The restricted area may hinder the implementation of certain interventions that require specific equipment or movement patterns. Moreover, the lack of sufficient space can impede the integration of necessary equipment and tools (23). Physiotherapy often requires specialized equipment such as therapy beds, exercise machines, or rehabilitation devices. Inadequate space may limit the ability to accommodate and utilize these resources effectively, compromising the quality of care provided. Furthermore, a cramped environment can restrict the ability of physiotherapists to create a conducive setting for patient assessment, treatment, and rehabilitation. Patients may feel uncomfortable or have limited mobility during their sessions, which can affect the effectiveness of therapy. Additionally, privacy concerns may arise if there is insufficient space for confidential discussions or individualized care.

The study also highlights resource shortages specific to physical therapy in PHC. Insufficient resources, including equipment, tools, and technologies, can significantly impact the delivery of high-quality care (24). Physiotherapists may lack access to essential equipment necessary for specific treatment techniques or assessments. This limitation can hinder their ability to provide optimal care and may lead to suboptimal outcomes. Resource shortages can also limit the range of interventions and modalities available to physiotherapists. Evidence-based practice in physical therapy often requires a diverse set of resources to address various patient needs. When resources are scarce, physiotherapists may have to rely on a limited range of interventions, which may not adequately meet the needs of all patients(25).

The integration of physical therapy in primary healthcare (PHC) faces challenges related to limited knowledge and understanding of the role of physical therapists among healthcare providers, a lack of clear referral policies and procedures, and inconsistencies in patient selection and referral criteria. These issues can result in missed opportunities for early intervention, delayed access to care, and disparities in resource distribution and patient outcomes. Addressing these challenges is important for improving the integration of physical therapy in PHC and ensuring equitable access to services (6, 15, 20).

Conclusion:-

The integration of physiotherapy in Primary Health Care (PHC) settings can be enhanced through 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. However, challenges such as limited space and resource shortages can impact the delivery of physical therapy services in PHC. Addressing these challenges and implementing strategies to overcome them is crucial for the successful integration of physiotherapy in PHC and ensuring optimal patient outcomes.

Limitation:

The study acknowledged limitations regarding the survey questions and the incomplete coverage of physical therapists in PHCs across Saudi Arabia. These limitations were addressed by employing a well-designed semi-structured questionnaire guide and utilizing social media platforms for participant recruitment. The sampling strategy aimed to ensure diversity in terms of healthcare centers and geographical locations, with a focus on major cities. However, urban settings were overrepresented in the study due to the higher availability of participants in those areas.

Clinical implication

Physiotherapists demonstrated a collaborative approach by engaging with healthcare professionals, prioritizing patient-centered care by involving patients in decision-making, and acting as advocates for their patients and the profession. These actions and values facilitated their integration into primary healthcare organizations and enhanced the effectiveness of physiotherapy services in that setting.

Recommendations:-

The efficiency of physical therapy services in primary healthcare centers (PHCs) in Saudi Arabia needs further investigation, including reaching all physical therapists working in PHCs across the country. Future studies should explore the integration process of physiotherapists from the viewpoints of other team members and patients to gain a comprehensive understanding of their experiences and perspectives. By considering these factors, we can assess the overall effectiveness and impact of integrating physiotherapy services in PHCs and improve the quality of healthcare delivery.

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