

Awareness of Obstetricians and Gynecologist Regarding Role of Physical Therapy in Managing Obstetric and Gynecological Patients in Private and Government Hospital

Aqsa Tahir¹, Umer Maqsood², Hafiz Sheraz Arshad³

¹Physiotherapist, Azra Naheed Medical College, Superior University, Lahore.

²Assistant Professor of Physiotherapy, Azra Naheed Medical College, Superior University, Lahore

³Assistant Professor of Physiotherapy, Azra Naheed Medical College, Superior University, Lahore

Correspondence: Umer Maqsood, Assistant Professor of Physiotherapy

Azra Naheed Medical College, Superior University, Lahore

umer.maqsood@gmail.com

Abstract

Objective: To determine and compare awareness of obstetricians and gynecologists regarding the role of physical therapy in managing gynecological and obstetric patients in private and government hospitals.

Design: It was a comparative cross-sectional study conducted in private and government hospitals of Lahore from October 2016 to March 2017

Methodology: The study participants were obstetricians and gynecologists working in private and government hospitals of Lahore. One thirty-eight participants, including 71 consultants, 67 senior registrars participated in the study. 69 participants were from private hospitals while remaining 69 were from government hospitals. Data was collected using a pre-tested 28-items self-administrated questionnaire which was taken from previous research work.

Results: The mean score for physical therapy awareness among gynecologist and obstetricians was 29.64 ± 3.622 in private and 30.36 ± 3.171 in government hospitals. P-value (>0.05) shows that there was no significant difference in awareness regarding physical therapy role in managing obstetric and gynecological patients in private and government hospitals.

Conclusion: The Obstetricians and gynecologist working in private and government hospitals are equally aware about the role of physical therapy in managing gynecological and obstetric patients and there is a need to increase their awareness level.

Keywords: Physiotherapy in obstetrics, Physiotherapy in gynecology, physical therapy awareness, Exercises in pregnancy, Stress / Urinary Incontinence.

Cite this article as: Tahir A, Maqsood U, Arshad HS. Awareness of Obstetricians and Gynecologist Regarding Role of Physical Therapy in Managing Obstetric and Gynecological Patients in Private and Government Hospital. J. Soc. Obstet. Gynaecol. Pak. 2017; Vol 7(3):144-148.

Introduction

Obstetrics and gynecology physiotherapy is a subspecialty in physical therapy which deals with the promotion of health throughout the child-bearing phase. Physiotherapists who are specific in obstetrics and gynecology require a mature blend of an attribute, and enable women to divulge some of the most intimate

and private details of their lives. Delivery of an optimal health care service is pivotal by including physical therapy services in obstetrics and gynecology. However, the utilization of Physical therapy services depends upon knowledge of gynecologist and attitudes toward Physiotherapy.¹ The role of the physiotherapist

in obstetrics and gynecology conditions like pregnancy, labor, puerperium, preoperative and postoperative periods involve role of physiotherapist.²

Pregnancy is a time period when a woman undergoes many physiological and psychological changes in body; these all changes are normal and because of growing fetus mainly changes are noticed in abdominal and thoracic regions.

Postural re-education, strengthening of pelvic floor muscles and via some modalities physical therapy can help out in obstetric and gynecological conditions.³ Earlier studies have shown that prevalence of pelvic inflammatory disease (PID) in Pakistan is 12.8 %.⁴ Pelvic inflammatory disease patients are not referred to physical therapist until condition is found to be resistant to medicine therapy and this can be treated effectively by using short wave diathermy therapy specially for those who are unresponsive to chemotherapy.⁵

In multiple studies, manual physical therapy has demonstrated an increase in the rate of conception in women having infertility.⁶ Although, Physical therapy plays an important and prominent role but awareness is rare. Due to lack of resources physical therapy is one of the neglected fields in Pakistan.⁷ Not only in Pakistan, had overall Asia and Africa lack of awareness in fields of rehabilitation medicine.⁸ Another problem in a field of physical therapy is referral system. Utilization of services depends upon the knowledge and attitude of physicians towards physical therapists and their professional skills depends upon health team members and knowledge of other team member's cooperation.¹ According to one study conducted in Pakistan, only 64.7% gynecologists are aware of prenatal physical therapy and 68% are aware of post-natal physical therapy.³

There is very concise information regarding attitudes and services utilization of obstetricians and gynecologists towards physical therapy in patient with obstetric and gynecological conditions management. However, obstetricians and gynecologists are familiar to the role of physical therapy in patient management but only some of them express their concern and refer their patients to physical therapists.

Methodology

After the approval from ethical review board of concerned institutes and Informed consent was taken from all participants, a sample size of 197 was calculated from the G Power software, version 3.0.10, by applying Chi square goodness of fit test with effect size of 0.2, alpha error 0.05 and power of test 0.8(9).

This required sample size could not be achieved due to limited time duration of study and the data was taken from 138 participants only. The gynecologists and obstetricians from 6 selected private and government hospitals were selected through non-probability convenient sampling technique.

The private hospitals were Hameed Latif Hospital, Fatima Memorial and CMATRH while government hospitals were Lady Willington, Jinnah Hospital and Mayo hospital. After approval, informed consent was taken from all the 138 participants, including 71 consultants and 67 senior registrars. An equal number of participants (69 in each) were taken from government and private hospitals. All gynecologists and obstetricians were included who were willing to participate and working as practitioner gynecologist and obstetricians for a minimum of 2 years. Subjects who ever received physiotherapy for their own gynecological condition were excluded. A pre-tested self-administrated questionnaire consisting of 28 items, having validity of 0.71¹, was used to determine awareness of obstetricians and gynecologists regarding role of physiotherapy in managing obstetric and gynecological patients by using variables antenatal, parturition, postnatal, pelvic inflammatory disease (PID), uterine prolapsed, hysterectomy, cervical incompetence and stress/ urinary incontinence. Questionnaire also seek information regarding physiotherapy contribution to well-being of obstetric patients, physiotherapy contribution to well-being with drugs and instructions, physiotherapy is expensive to afford, physiotherapy is time demanding, physiotherapist should allow to attend labor ward, physiotherapist allowed to attend surgical operations, physiotherapist not competent in managing patients, physiotherapist cause harm, adequate in their interpersonal relationships, physiotherapy contribution to the well-being of gynecological patients.

After data collection, data was entered and analyzed by SPSS version 20 software. Frequencies and percentages were used for categorical variables and independent sample t-test used to compare the awareness of obstetricians and gynecologists in both (private and government) groups. The statistical significant level was set at p-value < 0.05.

Results

138 participants include 71 consultants and 67 senior registrars from 6 selected hospitals of government. Awareness of physiotherapy role in obstetric and gynecological condition (Table I) include participants of

private (n=69) and government (n=69) hospitals. Variables for participation regarding obstetric conditions in private hospitals are antenatal, parturition and postnatal having frequencies of 27 (39.3%), 13 (18.84%) and 29 (42.03%), whereas in government hospitals frequencies are 22 (31.88%), 17 (24.64%) and 30 (43.48%) respectively. There is no significant difference of obstetric conditions awareness between private and government hospitals while having 0.516 p-values.

Variables for participation in gynecological conditions in private hospitals are pelvic inflammatory disease, uterine prolapsed, hysterectomy, cervical incompetence and stress/ urinary incontinence with frequencies of 16 (23.19%), 7 (10.14%), 6 (8.70%), 6 (8.70%), 34 (49.48%) for private and 13 (18.84%), 5 (7.52%), 12 (17.39%), 9 (13.04%) and 30 (43.48%) for government hospitals respectively with p-value of 0.479 that shows no significant differences in awareness in both group.

Table I results showed that both groups (private and government) had knowledge about physiotherapy role in obstetric and gynecological conditions.

Participant's awareness to physiotherapy services are

Table I: Awareness of the role of physiotherapist in Obstetric and Gynecological conditions					
Variables	Private n=69		Government n=69		p-value
	Frequenc y	Percentag e	Frequenc y	Percentag e	
No. of participants awarded about Obstetrics Conditions					
Antenatal	27	39.13	22	31.88	0.516
Parturition	13	18.84	17	24.64	
Postnatal	29	42.03	30	43.48	
No of participant awarded about Gynecological Conditions					
Pelvic inflammatory disease	16	23.19	13	18.84	0.479
Uterine Prolapse	7	10.14	5	7.25	
Hysterectomy	6	8.70	12	17.39	
Cervical Incompetence	6	8.70	9	13.04	
Stress Urinary Incontinence	34	49.28	30	43.48	

shown in Table-2. Services are such as: physiotherapy may not contribute to well-being of obstetric patients (p-value=0.054), for well-being with drugs and instructions (p-value=0.238), PT expensiveness (p-value=0.647), time demand (p-value=0.808), allow to attend labor ward (p-value=0.329) PT to attend surgical operations (p-value=0.372), PT incompetent to manage patients (p-value=0.175), PT cause harm (p-value=0.437), interpersonal relationships (p-value=0.821), PT may not

contribute to wellbeing of gynecological patients (p-value=0.001) for both private and government hospitals.

Participants who strongly agree in private (n=13) and government (n=14) hospital for Physiotherapist should allow to attend labor ward service. Strongly disagree service participants are for physiotherapist cause harm in private (n=11) and government (n=11) hospitals.

Table II results showed that participation response is more in obstetric conditions. Participants in both groups think that physical therapy, causes no harm to the patient, competent to manage patients, time demanding and affordable. The Significant difference can only be seen in getting no benefit from physical therapy services in gynecological conditions (p-value 0.001).

Table II: Participants' awareness to physiotherapy service						
Physiotherapy may not contribute to well-being of obstetric patients						
Hospital	SD	D	SW	A	SA	p-value
Private n=69	5	19	22	16	8	0.054
Government n=69	1	18	27	21	1	
Physiotherapy may not contribute to well-being with drugs and instructions						
Private	3	32	18	15	2	0.238
Government	0	25	26	14	3	
Physiotherapy is expensive to afford						
Private	1	35	23	9	2	0.647
Government	0	40	19	6	3	
Physiotherapy is time demanding						
Private	3	15	43	9	3	0.808
Government	1	15	43	9	1	
Physiotherapist should allow to attend labor ward						
Private	8	3	4	42	13	0.329
Government	5	5	10	34	14	
Physiotherapist allowed to attend surgical operations						
Private	9	9	13	39	0	0.372
Government	11	11	10	33	3	
Physiotherapist not competent in managing patients						
Private	10	23	27	8	2	0.175
Government	5	25	20	17	1	
Physiotherapist cause harm						
Private	11	49	8	1	1	0.437
Government	11	39	16	1	1	
Adequate in their interpersonal relationships						
Private	3	4	33	29	1	0.821
Government	1	6	30	30	1	
Physiotherapy may not contribute to the well-being of gynecological patients.						
Private	9	29	16	12	4	0.001
Government	2	16	39	9	2	

Mean \pm standard deviation and score of awareness of participants working for private (29.64 ± 3.622) and government (30.36 ± 3.171) hospital. P-value= 0.213

shows that there is no significant difference in participants awareness and both the groups were equally aware about the role of physical therapy. These results are summarized in table III.

Table III: Participants' awareness to physiotherapy service (comparison of awareness score)				
	Private (n=69)	Government (n=69)	T	P value
(Mean±SD)	29.64±3.622	30.36±3.171	-1.25	0.213

Discussion

Current study was focused on awareness of obstetricians and gynecologists regarding role of physical therapy in managing obstetric and gynecological patients in private and government hospitals. Most of the previous literature is focused on gynecological and obstetric conditions and their medical attitudes. A previous research showed physical therapy importance in obstetric patient's management while there's no literature found in our country's setups regarding doctors' awareness assessment. The main focus of this research is regarding physical therapy role in obstetric patients management and conclude that there is lack of referral system to physical therapy in gynecological/ obstetric departments.⁽³⁾ A study by NA Odunaiya et al, 2013 was conducted to assess attitude and practice of obstetricians and gynecologists towards involvement of physiotherapists in management of obstetric and gynecological conditions. Their findings narrate that gynecologist/ obstetrician consultants have more knowledge and awareness about physical therapy than senior registrar due to their experience exposure. They knew the role of physical therapy in postnatal care (98.5%) antenatal care (82.1%) and parturition (56.7%). They also reported that participants have some knowledge about physical therapy role in uterine prolapsed (98.5%), hysterectomy (70.1%), pelvic inflammatory disease (32.8%) and cervical incompetence (7.5%).¹

RS Acharya et al, 2012 conducted a study on physiotherapy awareness among clinical doctors in hospitals. This is believed that Private hospitals have better knowledge about health care options and provide better treatment but in a country like Pakistan where majority of the patients visit government hospitals for gynecological and obstetric problem, it is important to increase awareness about physical therapy among doctors working in government setups in order to provide better health care options to females. This study shows that most of GP's refer their patients to physical therapy for musculoskeletal disorders. Another

survey done in Pakistan among clinical doctors showed that they have even better awareness as 90.0 % were aware of the role of physiotherapy.⁹

A study conducted by Monica Mattsson et al, 2000 described that physical therapy practice has evolved and developed from a general form of physical therapy to specialized services. Physical therapy plays an important role in obstetric patients both in antenatal and postnatal period as well as in gynecological patients.⁽¹⁰⁾ C Dumoulin et al, 2004 conducted a study to check that multimodal supervised physiotherapy programs are more effective in treatment of women with persistent postnatal stress urinary incontinence.¹¹

Another study conducted by PB Gleeson et al, discuss that physical therapist have many services to provide to a pregnant woman including postural re-education, stress management teaching and exercises. Physical therapy is a relatively underutilized service due to lack of understanding about its role in obstetrics. By enhancing awareness we can better individualized a treatment program to meet the health needs.¹²

Therefore, it was one of the objectives of the study and the result there showed no significant difference in awareness about physical therapy in both private and government sector. Both groups had an equal level of awareness, refer patients to physical therapy department and both equally utilize physical therapy services. The reason could be that public is now more aware of physical therapy services and demands to be treated in a better and safe way, medicine more or less causes harm to a patient but physical therapy cause no harm. Another reason could be that every hospital has a specific well-established physical therapy department and doctors refer patients there.

Limitations: A larger sample size could have helped in amplifying the scope of the study by generalizing to entire population of Lahore

Recommendations: The knowledge of obstetricians and gynecologists regarding the role of physical therapy in managing gynecological and obstetric patients should be improved. There is a need of better communication and interaction among obstetricians, gynecologists and physical therapists via conducting clinical meetings, seminars and workshops.

Conclusion

The Obstetricians and gynecologist working in private and government hospitals are equally aware about the role of physical therapy in managing gynecological and

obstetric patients and there is a need to increase their awareness level.

References

1. Odunaiya NA, Ilesanmi T, Fawole AO, Oguntibeju OO. Attitude and practices of obstetricians and gynecologists towards involvement of physiotherapists in management of obstetric and gynecologic conditions. *International journal of women's health*. 2013;5:109-14.
2. Barlow B, Colgan A, Cox J. The work of the obstetric physiotherapist. *Physiotherapy*. 1978;64(8):229-30.
3. Munawar H, Tasadduq A, Zehra N. Awareness of Obstetricians/Gynecologists Regarding the Role of Physiotherapy Services in Managing Obstetric Patients. *Pakistan Journal of Medicine and Dentistry*. 2013;2(01):17-23.
4. Sajani F, Fikree F. Perceived gynecological morbidity among young ever-married women living in squatter settlements of Karachi, Pakistan. *JPM The Journal of the Pakistan Medical Association*. 1999;49(4):92-7.
5. Balogun JA, Okonofua FE. Management of chronic pelvic inflammatory disease with shortwave diathermy: a case report. *Phys Ther*. 1988;68(10):1541-5.
6. Khalid MT, Sarwar MF, Sarwar MH, Sarwar M. Current role of physiotherapy in response to changing healthcare needs of the society. *International Journal of Education and Information Technology*. 2015;1(3):105-10.
7. Babur MN, Siddique FR, Awan WA. Future of physical therapy in Pakistan-Satisfaction amongst Pakistani physical therapists about their profession. *Isra Medical Journal*. 2014;6(1):25-7.
8. Chino N, Ishigami S, Akai M, Liu M, Okajima Y, Koike J, et al. Current status of rehabilitation medicine in Asia: a report from New Millennium Asian Symposium on Rehabilitation Medicine. *J Rehabil Med*. 2002;34(1):1-4.
9. Acharya R, Khadgi B, Shakyia N, Adhikari S, Basnet S, Sharma SWG, et al. Physiotherapy awareness among clinical doctors in Nepal. *Journal of Institute of Medicine*. 2012.
10. Mattsson M, Wikman M, Dahlgren L, Mattsson B. Physiotherapy as empowerment-treating women with chronic pelvic pain. *Advances in Physiotherapy*. 2000;2(3):125-43.
11. Dumoulin C, Lemieux M-C, Bourbonnais D, Gravel D, Bravo G, Morin M. Physiotherapy for persistent postnatal stress urinary incontinence: a randomized controlled trial. *Obstet Gynecol*. 2004;104(3):504-10.
12. Gleeson PB, Pauls JA. Obstetrical physical therapy: review of the literature. *Phys Ther*. 1988;68(11):1699-702.