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PHYSICAL THERAPIST PERCEPTION TOWARDS WORKING IN RURAL AREAS

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ABSTRACT

INTRODUCTION: *Physical Therapy (PT) is a dynamic profession critical for the preservation, development, and restoration of optimal physical function. PTs are essential participants in healthcare, adopting key roles in rehabilitation across diverse domains, including musculoskeletal, neuromuscular, and integumentary care. Despite the profession's comprehensive scope, providing consistent, high-quality PT services remains a challenge in rural and remote areas. Allied health professionals often face hurdles in these settings, such as professional isolation, limited resources, and social dislocation. Conversely, rural practice offers benefits like professional autonomy, a relaxed lifestyle, and opportunities for skill enhancement. This study explores the perceptions of Physical Therapists towards working in these areas to identify key deterrents and motivators, thereby informing strategies to improve workforce distribution and service accessibility.*

OBJECTIVES: *The aim of my study is to find out perception of physical therapist regarding work and serving in rural areas.*

To identify the challenges and barriers faced by physical therapists in providing services in rural settings.

To examine the motivating factors that influence physical therapists' willingness to work in rural areas.

STUDY DESIGEN: *This study was cross sectional study.*

STUDY SETTING: *This study was conducted in Physical Therapists working in both urban and outskirts centers to capture a diverse range of professional perceptions regarding rural practice in Hyderabad, Sindh*

INTERVENTION: *Data was collected through a cross-sectional survey methodology. A structured questionnaire was distributed to Physical Therapists, utilizing the Likert scale to assess their attitudes, barriers, and motivators concerning employment in rural healthcare settings.*

RESULTS: *31% Physical therapist strongly disagree and 15% were disagreed that working in rural provides more opportunities to practice variety of skills. 34% were strongly disagreed and 30% were disagreed regarding good opportunities for employment in rural area for their profession. 45% disagreed and 15% were strongly disagreed that there are many opportunities in rural areas for career development.*

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CONCLUSION: *Overall results revealed that majority of Physical therapist were not in favor of working in rural areas. Efforts should be made to address financial incentives, proper facilities, and safety and living conditions in the rural areas.*

Keywords: *Physical Therapist Perception, Rural Practice, Professional Isolation, Workforce Distribution, Recruitment, Autonomy.*

BACKGROUD: INTRODUCTION

CHAPTER 01 INTRODUCTION

Physiotherapy: Physical therapy is a dynamic profession with an established theoretical base and widespread clinical applications in the preservation, development, and restoration of optimal physical function (1)

Physiotherapy involved with the identification of problem and maximizing the movement potential that encompasses prevention, treatment, intervention and rehabilitation. It includes the interaction between the therapist, patient/client, other care givers and professionals about the goals and outcome established on the basis of skills and knowledge of physiotherapist. (3)

Role of Physiotherapist: Physiotherapist are the health care professionals that deals with the assessment, treatment and prevention of certain dysfunction and weakening of movement in the body with all required interventions and technique to restores physical, psychosocial, cognitive, emotional and social wellbeing. In rehabilitation physiotherapist help disabled people to potentially restore their capabilities of performing daily living activities independently (2). Physiotherapists are an essential participant in providing health care. They better adopt leadership roles in rehabilitation services, community and professional organization. They have an important role in developing suitable standards for physiotherapy practice to make sure accessibility, availability and excellence in providing physical therapy services. In united states approximately 1 million peoples helped by physiotherapist in terms of easing pain, prevention and progression of impairment, functional limitation and disability, limiting the changes in physical function caused due to some injury, disease or other cause, restoring and promoting overall health and fitness, maintaining optimal quality of life.(1)

Scope of Physiotherapy: The scope of physiotherapy practice is self-motivated and responsive to the health needs of patient. Technological knowledge and skills development is required to make sure that the latest and consistent evidence are obtained through practice. Future practice based on new evidences that are continually provided by research. The scope of physiotherapy is not restricted to patient/client health care but also involves public health strategies, supervising and assigning to others, leading, managing, teaching, research, implementing health policy locally, nationally and internationally (3). Physical therapy required for an individual who may suffer impairments in some parts of body, due to which they may face restriction in the participation and limit their selves to perform some activity (4).

These impairments may be amended with the correspondence of the areas of concern through musculoskeletal physiotherapy, neuromuscular physiotherapy, cardiopulmonary physiotherapy and Integumentary physiotherapy.

Musculoskeletal Physiotherapy: Musculoskeletal physiotherapy (MSK) is defined as the methods of treatments and techniques used to treat muscle and joint condition like arthritis, tendonitis, frozen shoulder, etc. (5). It is the huge area of physiotherapy in terms of patient number and practitioners. This area is commonly practiced among the world. MSK means orthopedic medicine, manual therapy, Maitland technique, active release technique, sports medicine etc. (6).

Musculoskeletal physiotherapist engaged in advanced clinical assessment and methods of diagnosis. They are specialized in diagnosis, treat and prevent the muscle and joint problems mainly the problems related to spine that results in neck pain and low back pain (5) MSK physiotherapists hold all their focus towards "hands on" manual techniques. Prescribe exercise that help in the prevention of musculoskeletal disorders as they have detailed

anatomic, physiological, pathological knowledge (6). **Neuromuscular Physiotherapy:** Neuromuscular physiotherapy involves the examination, treatment and instruction of persons in order to detect, assess, prevent, correct, alleviate and limit physical disability and bodily malfunction(7). Neuromuscular condition particularly a domain that treats disorders which affect muscles this will leads to the dysfunction and weakness like getting up stairs or running quickly. This problem may occur due to problem distressing the muscle, nerve that supplies them or the junction between the two. (8) Neuromuscular physiotherapy (NMT) emphasize on effective treatment of pain and loss of sensation by using pressure on specific myofascial trigger point by using the techniques of soft tissue manipulation that results in the minimization of pain, reduce stress and increase mobility that will lead to self-healing opportunities and avoid negative effects (7) Neuromuscular physiotherapist asses to ensure the problem detected as early as possible, identify problems with diagnosis, look changes over time to prevent secondary complications like contracture and scoliosis, treat and help an individual to walk, move, and function to restore their ability to perform activities of daily living. The aim is to maximize independence, mobility and strength to encourage the affected individual. (8).

Cardiopulmonary Physiotherapy: Cardiopulmonary physiotherapy is an area of physiotherapy that focuses on the prevention, rehabilitation and benefits of clients with heart disease like congestive cardiac failure (CCF), hypertension, angina, heart attack or heart surgery and lungs disease like asthma, chronic obstructive pulmonary disease (COPD), bronchitis, bronchiectasis, emphysema, respiratory infection (pneumonia) or surgery of lungs. These conditions may lead patient to dyspnea (shortness of breath), persistent cough due to accumulation of secretions, and reduced ability to exercise. Aim of cardiopulmonary physiotherapist first of all is to relief dyspnea through breathing exercises like pursed lip breathing, diaphragmatic breathing, breathing control techniques, active cycle breathing techniques (ACBT's), respiratory muscles training through spirometer, oximeter, and peak expiratory flow meter. Secondly clear all the secretion through coughing that also includes huffing or by chest physiotherapy that include postural drainage, percussion, and vibrations. Thirdly to strengthen the major muscle of the body though flexibility exercises which also include warm up stretching and aerobic exercises. Large group of muscles that are involve in walking, swimming cycling etc. (9).

Integumentary Physiotherapy: Integumentary physiotherapy is a vast field involves rehabilitation through the application of therapeutic techniques and methods to establish an optimal environment for wound healing and enhance wound perfusion. It may include removal of useless tissue and wound exudates, elimination of peripheral edema and management of scar tissue by using different methods and techniques like debridement, dressing, orthosis, protective and supportive devices for modification and selection of appropriate topical agents. Physical therapists recommend and prescribe all these intervention on the basis of their proper examination, diagnosis and prognosis. Physiotherapists assist to identify the factors that inhibit wound healing and functional impairment that causes wound formation and prevent wound healing. Physiotherapists provide education for an individual to modify or eliminate the factors that delay wound healing. (14)

Healthcare Facilities in Rural Area: An inequity exists between current medical services and required health care for the people in rural areas of Pakistan. Many studies have found that the major contributor to the poor health indicator to the rural areas is the non-availability of health care providers. According to world health assemblies of 1978 and 1998, global leadership recognized that the establishment of accessible, suitable, appropriate and affordable health is one of the fundamental rights. Rural areas of Pakistan also facing lack of health care providers where 66% of population is residing (10). People in

rural Pakistan suffer tremendously because they are unable to find out suitable medical treatment on time. Due to lack of enough facilities and unavailability of proper equipment they may diagnose late and can't treat the patient accurately. (12) The situation is even worst while we talk about service provision in rural areas which is not sufficient to fulfill the needs.

As well as evaluating public health service performance in Pakistan is crucial despite of the facts that belongs to improved services, rural area facilities are still not as useful as they used to be. Moreover, the poor peoples of rural areas are relatively at lower usage of services than the poor people of urban areas. As for example consider the case of urban and rural Punjab regarding antenatal care. The results revealed the coverage of 79 percent in urban areas while 60 percent in rural areas. So the overall condition of our rural health facilities is so immoral that a health care provider

thinks that he is wasting his time while working in rural setting. He hasn't anything to offer his patient for better diagnosis and treatment. (10)

Hurdles for Rural Practice: The hurdles that are associated with the practice in remote areas especially for urban based allied health students are separation from friends and family, social dislocation, issues over which the students has less control, fear of complete isolation, lack of enough facilities and equipment (13). The study found that the doctors neither get sufficient facilities nor they have trained to work in rural settings. The major hurdle they face is their social, professional and family life is seriously affected if they join rural practice. The study conducted by the Ministry of Health and World Health Organization (WHO) on utilization of rural health facilities in Pakistan in 1993, showed that out of 58 medical officers (MO) only 64% were present giving an absenteeism rate of 36%. This problem of unwillingness of therapist to work in rural areas due to lack of enough facilities and sufficient equipment is an international phenomenon, as the same was observed in countries like Brazil, India, Indonesia and Zambia as per accordance with the World Bank 2000 report (10). Other important hurdles that become a problem for students while choosing rural practice like lack of employment opportunities, lack of appropriate professional development, limited social entertainment and facilities, distant from family and friends, lack of privacy and large workloads (15)

Benefits of Rural Practice: Benefits of rural areas which make medical students to choose rural practice like the relaxed lifestyle of rural areas far away from city stresses. Calm and peaceful environment help an individual to focus on their work more efficiently. No polluted air that may affect an individual health while working in urban makes areas. Another most important benefit is professional independence which may contribute to the professional development of fresh undergraduate students. Rural areas have cheaper rent and housing for accommodation so you can easily continue practice. People lives in small towns can provide better understanding and having humble and friendly attitude. Lot of opportunities is present to enhance skills, knowledge and have the autonomy to provide specific treatment to the patient for an appropriate diagnosis (16).

OBJECTIVES:

The aim of this study is to assess:

To identify and categorize the key deterrents (challenges and barriers) perceived by physical therapists regarding employment and practice in rural areas.

To determine and analyze the key motivators (benefits and opportunities) that attracts physical therapists to work in rural settings.

To explore the overall perception (positive, negative, or neutral) of physical therapists towards working in rural and remote areas.

To provide evidence-based recommendations for policymakers and healthcare organizations to formulate effective strategies for improving the distribution of the physical therapy workforce in underserved rural regions.

RATIONALE:

Physical therapist avoid working in rural areas as they are unaware about the benefits and essentials of working in rural areas and the

people in rural areas need health care professionals more than the peoples of urban areas. The study helps to identify the hurdles and lacking that prevent Physical therapist to choose rural practice that can be improve to make Physical therapist interested in rural practice.

CHAPTER 02 LITERATURE REVIEW

A descriptive study was taken by Reg Mitchell; with the aim to find out the perception of physiotherapy students regarding rural practice at the University of Sydney. He conducted this study through a self-administered questionnaire. Total 607 questionnaire were distributed out of which 546 completed questionnaire were returned. As the result of the study students describe some major inhibitors like isolation from friends and family and lack of entertainment. While some impacts that fascinates the students towards rural practice like relaxed lifestyle, lower cost of living and professional autonomy. This study is directed to aware the educator regarding positive perception of students and neglect the negative. (17)
Elizabeth Williams, Wendy D'Amore et al conducted a survey in 2007 the aim is to find out perception of physiotherapist in regional and rural Australia. Both practicing and non-practicing physiotherapist were part of the study, the response rate was 79% that include eighty four physiotherapist (79 practicing and 5 non-practicing 80% female) two-third of them worked part-time in the public sector (70%), one-third holding more than one position, one-third considered them as generalist and one-third considered as specialists. Physiotherapy considered as first career choice for 83% of respondents. Positive elements to rural practice involve part time employment opportunities, independence as health care providers and practice variety; the survey concluded that rural physiotherapy strategies emphasizing positive features of rural practice recommended health care of Australians. (18)
Khathutshelo P. Mashige piloted a cross sectional quantitative study in July 31, 2015 using a survey instrument that contain open and closed ended semi structured questions to investigate the attitude of optometry students of South Africa about working in rural Nepal and to identify the reasons that may affects their decision. 438 students responded to the questionnaire. Many respondents did not want to practice in rural areas. However, most respondents declared that they would practice in rural communities. The major causes of their refusal to work in rural areas were personal safety, poor living condition and financial concern. The study reveals that many students were not in favor but they wanted to serve rural areas after graduation. Financial and living conditions should be improved which encourage students to choose rural practice. (19)
A longitudinal survey was led on October 25, 2005 by Denese playford, Ann Larson et.al. The participants include undergraduate and post graduate students of allied health from western universities of Australia. The goal of the survey is to point out factors associated with the rural employment. Out of 429 participants 25% had moved into rural employment after graduation. Positive factors that made students to choose rural employment were rural background, health discipline, placement of four weeks or less. This survey shows that rural background and quality of a placement are major factors associated with rural employment. (20)
Descriptive study, cross sectional survey was done to investigate by Sheila Keane, Tony Smith et.al on 18th October 2010, the main purpose of the study is to discover the perception of rural and remote allied health recruitment and retention in new South Wales. 1879 respondents from more than 21 different allied health occupations. Out of which 60% are from rural origin, 84% employed in centers with 10000 or more people, 18% people were self-employed, two-third worked 35 hours per week, 49% employed full-time 11% worked in multiple sector 46% percent of positions are accounted by public sector and 40 % by private sector. The end result of this study promotes positive features of rural practice, like autonomy and diversity which helps to enhance skills and knowledge. Strategies for retention include career development opportunities and flexible employment. (21) A review led by Ian couper in June 26, 2015 to identify perspective of

medical students about rural electives. 402 students of University of Witwatersrand (Wits) Johannesburg choose to do rural electives. Major themes of review include the reason of choosing rural elective, challenges of rural electives, rural elective benefits in terms of clinical skills, self-growth and relationship issues. The overall response of the student was irresistibly positive about rural electives as they developed their clinical skills and had better understanding about their skills and their chosen career. (22) A cross sectional survey of medical officers conducted in District Abbottabad by Umer Farooq, Abdul Ghaffar et.al about the perception of doctors regarding rural health facilities to work in rural areas. The survey concluded that the doctors neither given proper services and facilities nor trained to work there. The drawback is working in rural areas can affect their social and family life. Financial reasons, professional reasons and a conductive environment are recommended to motivate doctors to retain their profession in rural health services. (23)

Mark Taylor, William Dickman et.al surveyed the attitudes of 200 medical students and their wives toward rural practice. Student's background directly related with his practice plans. The background of his wife also influences them to choose the area of their practice. This feature is important while choosing rural practice due to lack of social activities and isolation from friend and family. There was a strong influence of family interest on students regarding their choice of rural practice. (24) Julia Brook, Neil Hobbs et.al in 2015 established a case study to prepare students for rural practice. Former researches have shown that most of the health care providers are unaware about the actual impact of rural settings on personal life and professional practice. To solve this problem an interprofessional course is designed which concentrate on professional practice in remote areas. This case study enhanced the student's understandings regarding the complexity of rural practice as well as for the existing professional opportunities in rural areas. (25) An interview based study was done measure the attitudes of graduating interns of medical college in Bangalore regarding rural health services by Vaishali Gaikwad, Sudeepa D et.al in 2012. Total 75 interns were interviewed using pretest questionnaire. Only 44% interns would like to serve in rural areas, only 9% wanted to settle in rural areas and serve them. The study reveals the negative attitude of interns towards rural services. (26)

In March 8, 2006 Tolhurst HM, Adam J et al explore the interest of urban background students towards rural practice by semi-structured interviews. 82 medical students from three Australian universities participated out of which 43 urban background students show interest in rural practice. (27)

Semi-structured in-depth interviews of occupational therapist graduating from James Cook University has been done in January 2006 to find out the perception of practicing occupational therapist in rural areas regarding skills essential for rural practice. This study shows that University has to emphasize on rural health issue, skills in public health and positive approach in their graduates for rural practice. Initiative has been taken to cope with the challenges of rural practice and to enhance the rural practitioner skills. Australia has to include rural curriculum to improve recruitment and retention of occupational therapist and other health professionals. (28) Karen Wills, Jane Case-Smith et.al determine the experience of occupational therapist working in rural areas at June 5, 1995. Interviews were taken from six occupational therapists. They believed that working in rural settings require resourcefulness, creativity, self-reliance and support from the colleagues were significant to cope with the challenges of rural practice. (29)

The study was conducted during August and September 2011 among first year and second year students regarding their perception about working in rural Nepal after graduation by P Ravi Shankar and Trilok P Thapa et al. they conducted this study through a semi-structured questionnaire. Out of 200 students, 185 participated with 95 students from 1st year and 90 students from 2nd year. Students believed that doctors unwillingness to work in rural areas due

to insufficient facilities, low salary, complete isolation, problem of communication with illiterate people, less security and equipment in health centers. The outcome of the study is many students wanted to serve in rural Nepal but the services in health centers must be improved and provide better facilities for rural doctors. (30)

In 2008 from October 28th to October 30thDan K Kaye, Andrew M wanika et.al collected data from the newly admitted first year medical students through in-depth interview and open-ended self-administered questionnaire regarding working in rural areas Uganda. 107 first year medical students from different field have participated. Out of which 75% students are willing to have rural training as they have less exposure to rural healthfacilities. Factors that may attract students to rural training are availability of professional training, opportunity for career development and support of the community (31)

CHAPTER 03 MATERIAL AND METHODS

STUDY DESIGEN: This study was Cross sectional study

STUDY SETTING: These Participants were selected from different Hospitals "Isra university hospital, Hashim Medical City Hospital, Majee hospital, St.Elazibeth hospital, NICVD, PPHI rural center, Pakistan Independent Living Centre (PILC) Latifabad HYD, Sindh Institute of Physical Medicine & Rehabilitation (SIPM&R) HYD and clinics including Step to walk physiotherapy clinic, Sana Ismail medical institute, Al-Rehman rehabilitation center, Dr. Firdous Ali Physiotherapy Clinic." of Hyderabad.

STUDY DURATION: Six months after the approval of synopsis.

SAMPLING TECHNIQUE: Convenient sampling was used.

SAMPLE SIZE: 100 participants were selected for the study.

SAMPLE SELECTION CRITERIA

INCLUSION CRITERIA: Participants who were willing to participate were included. Both male and female students.

EXCLUSION CRITERIA: Therapist who is not in practice was excluded.

DATA COLLECTION TOOLS: The tool for collecting data is questionnaire which is extracted from the study conducted by ME Adams, J Dollard et al (2005). The questionnaire contains 18 items regarding the perception of students about working and serving in rural and remote areas.

DATA ANALYSIS: Data was analyzed by Statistical Package for Social Sciences (SPSS) version 22.

CHAPTER 04 RESULTS

According to my study the gender of the participants was, male participants include 46.7% and female participants include 53.3% as shown in table and figure IV-1. According to my study the age of the participants ranging from 23 years 10.7%, 24 years 18%, 25 years 15.3%, 26 years 15.3% 27 years 8.7%, 28 years 10.0%, 29 years 4.7%,

3years 3.3%, 31 years 0.7%, 32 years 2.0%, 33 years 1.3%, 35 years 4.0% 36 years 0.7%,

38 years 1.3%, 39 years 0.7%, 48 years 1.3% as shown in (Table 2).

The result recommended that 31% physical therapist strongly disagree, 15% disagree, 12% were uncertain, and 21% were strongly agreed regarding question that the working in rural provides more opportunities to practice variety of skills. (Table 3)

Are there good opportunities for employment in rural area for your profession? 34% were strongly disagreed, 30% were disagreed, 15% were uncertain, 15% were agreed and 6% were strongly agreed. (Table 4)

The response of table IV showed that 45% disagreed, 15% were strongly disagreed 18% were uncertain, 18% were agreed and 2% strongly agreed about the question that there are many opportunities in rural areas for career development. (Table 5)

According to the question that the staff is more supportive to each other in rural areas 25% physical therapist responded with agreed, 22% were strongly agreed, 18 % were uncertain while 23% were disagreed and 11% were strongly disagreed. (Table 6)

On asking the question that the professional isolation is a problem working in rural areas 31% physical therapist were agreed, 19 % strongly agreed, 18% were uncertain, 19
% were disagreed and 13% were strongly disagreed. (Table 7)

The result reveal that 26% physical therapist agreed, 17 % strongly agreed, 15% were uncertain, 17 % were disagreed and 25% were strongly disagreed about the rural practice provide great opportunities for autonomy in work practice. (Table 8)

It was found that 37 % physical therapist disagreed, 20% strongly disagreed, 21% were uncertain, 17% were agreed and 4 % were strongly agreed regarding question that employment in a rural area is very desirable. (Table 9)

The question that there are things I can enjoy in rural areas. The response shows that 36% physical therapist were disagreed, 16% strongly disagreed, 15 5 were uncertain,
25% agreed and 6% strongly agreed. (Table 10)

In response of question there are people in rural areas that you could be friend with. 35% agreed, 22% strongly agreed, 17 % uncertain, 14% disagreed and 12 % strongly
disagreed. (Table 11)

While asking that there are limited place to go to socialize in rural areas 30% students agreed, 27% were strongly agreed, 10% were uncertain, 18 % were disagree and 15% were strongly disagree (Table 12)

According to the question there are poor recreational facilities in rural areas. The result shows that 29 % strongly agreed, 26% agreed, 12% were uncertain, 18% were disagreed and 13% were strongly disagreed. (Table 13)

Are the peoples in the rural areas really friendly? The result revealed that 40% physical therapist agreed, 17% strongly agreed, 8% were uncertain, 18% were disagreed and 17% were strongly disagreed. (Table 14)

Result recommended that 30% physical therapist agreed, 10% strongly agreed, 13% uncertain while 28% disagreed and 17 % strongly disagreed for the question that in rural areas new people welcome in new community. (Table 15)

On asking question that the rural workplace settings are friendly environment the response showed that 32% agreed, 25% strongly agreed, 12% uncertain, 15% disagree and
15% strongly disagreed. (Table 16)

The response of the question living in a rural area provide an enjoyable life showed that 44% physical therapist agreed, 7% strongly 23 agreed, 15% uncertain, 19% disagreed and
15% strongly disagreed. (Table 17)

While asking question that there is a great sense of community in rural areas the result shows that 41% agreed and 6% strongly agreed, 21% were uncertain, 14% disagreed and 18% strongly disagreed. (Table 18)

Is working in rural areas means being too isolated from family? The result showed that 18% agreed, 24% strongly agreed, 24% uncertain, 18% disagreed and 16% strongly
disagreed. (Table 19)

According to the question that working in rural areas means being too isolated from friends 25% strongly agreed, 24% agreed, 20% uncertain, 16% disagreed and 15 % strongly
disagreed. (Table 20)

Table 1: Gender of participants

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	70	46.7	46.7	46.7
	Female	80	53.3	53.3	100.0

	Total	150	100.0	100.0	

Table 2: Age of participants

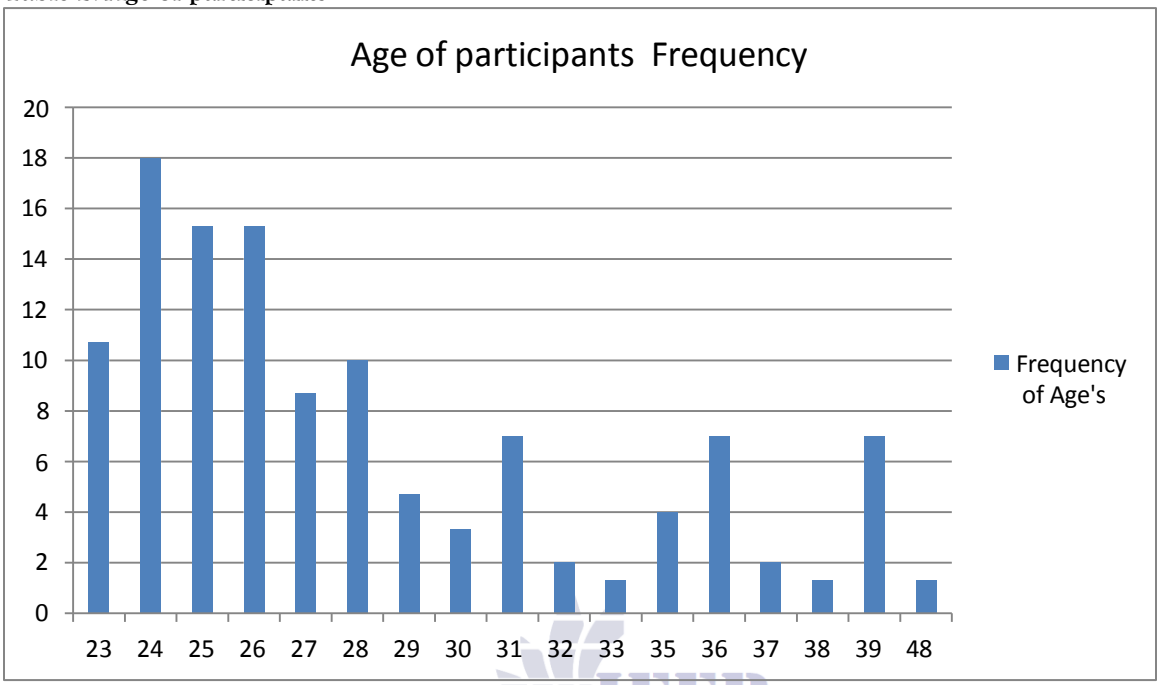


Table 3: Working in rural provides more opportunities to practice a Variety of skills

		Frequency	*Percent*	*Valid Percent*	*Cumulative Percent*
Valid	Strongly Disagree	31	31.0	31.0	31.0
	Disagree	15	15.0	15.0	46.0
	Uncertain	12	12.0	12.0	58.0
	Agree	21	21.0	21.0	79.0
	Strongly Agree	21	21.0	21.0	100.0
	Total	100	100.0	100.0	

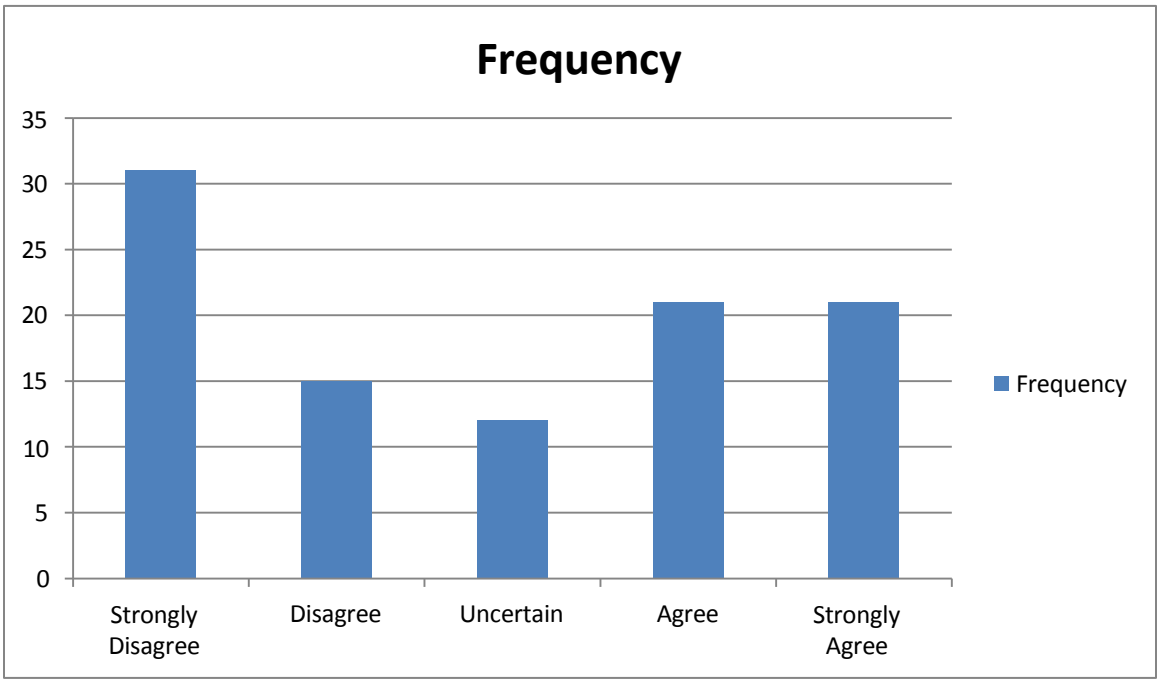


Table 4: There are good opportunities for employment is rural areas in my profession.

		Frequency	*Percent*	*Valid Percent*	*Cumulative Percent*
Valid	Strongly Disagree	34	34.0	34.0	34.0
	Disagree	30	30.0	30.0	64.0
	Uncertain	15	15.0	15.0	79.0
	Agree	15	15.0	15.0	94.0
	Strongly Agree	6	6.0	6.0	100.0
	Total	**100**	**100.0**	**100.0**	

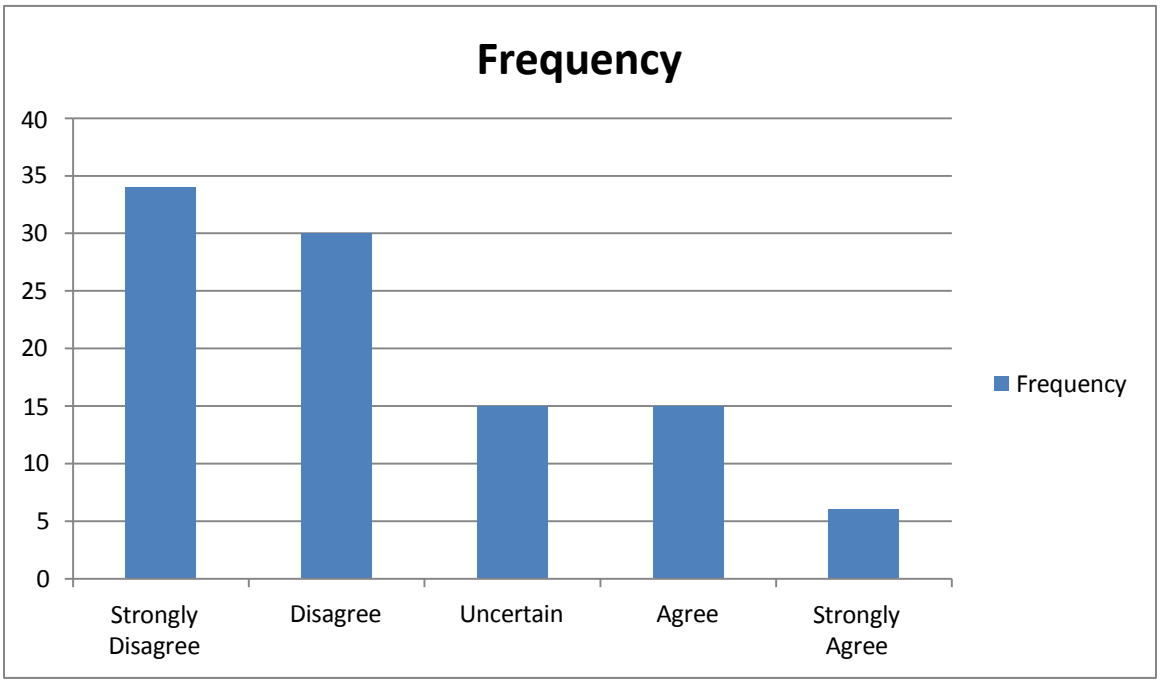


Table 5: There are many opportunities for career advancement is rural areas.

		Frequency	*Percent*	*Valid Percent*	*Cumulative Percent*
Valid	Strongly Disagree	15	15.0	15.3	15.3
	Disagree	45	45.0	45.9	61.2
	Uncertain	18	18.0	18.4	79.6
	Agree	18	18.0	18.4	98.0
	Strongly Agree	2	2.0	2.0	100.0
	Total	100	100.0	100.0	

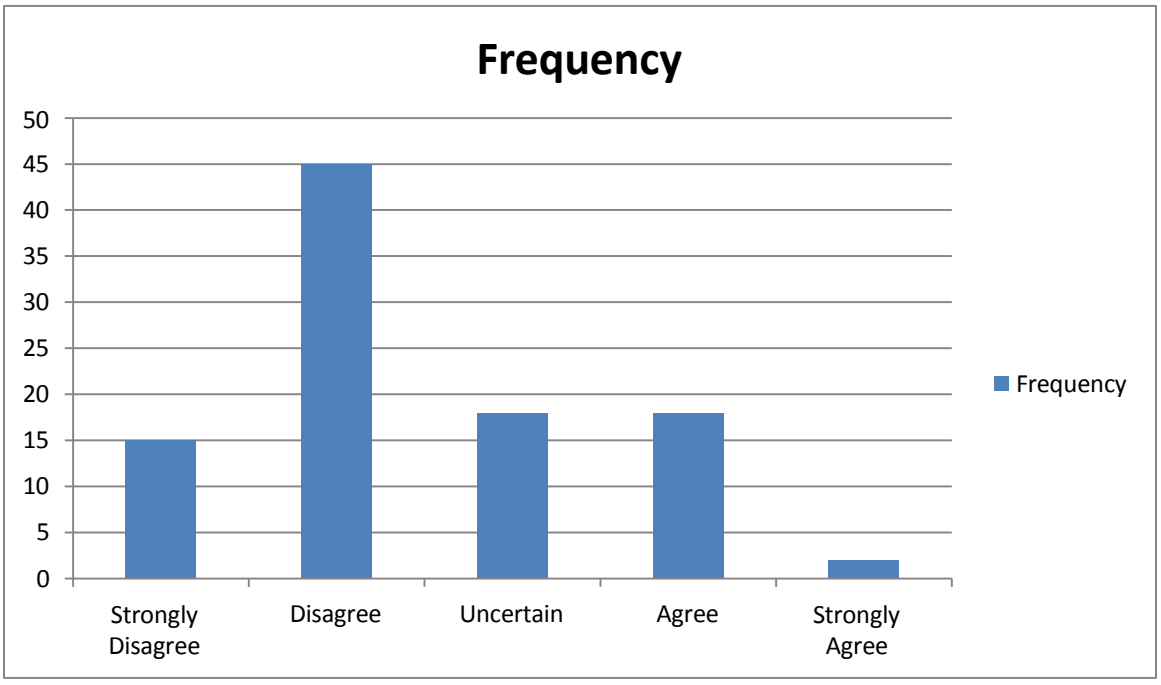


Table 6: Staff is more supportive to each other in rural areas.

		Frequency	*Percent*	*Valid Percent*	*Cumulative Percent*
Valid	Strongly Disagree	11	11.0	11.1	11.1
	Disagree	23	23.0	23.2	34.3
	Uncertain	18	18.0	18.2	52.5
	Agree	25	25.0	25.3	77.8
	Strongly Agree	22	22.0	22.2	100.0
	Total	99	99.0	100.0	

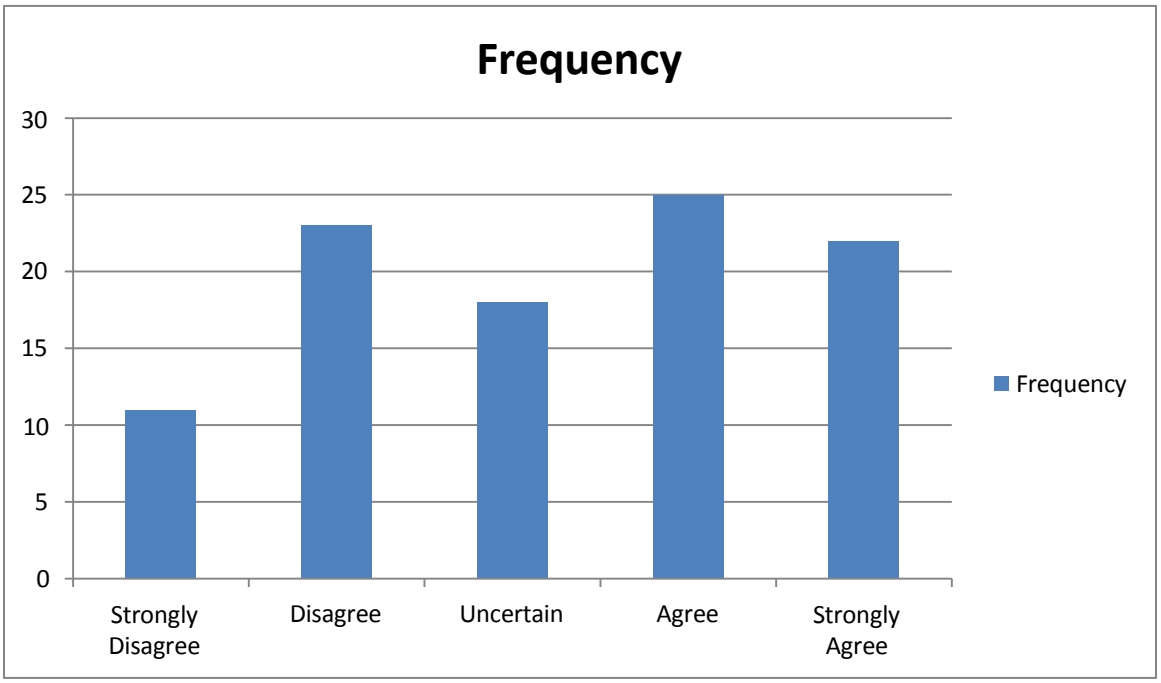


Table 7: Professional isolation is a problem when working in rural areas.

		Frequency	*Percent*	*Valid Percent*	*Cumulative Percent*
Valid	Strongly Disagree	13	13.0	13.0	13.0
	Disagree	19	19.0	19.0	32.0
	Uncertain	18	18.0	18.0	50.0
	Agree	31	31.0	31.0	81.0
	Strongly Agree	19	19.0	19.0	100.0
	Total	**100**	**100.0**	**100.0**	

IEER
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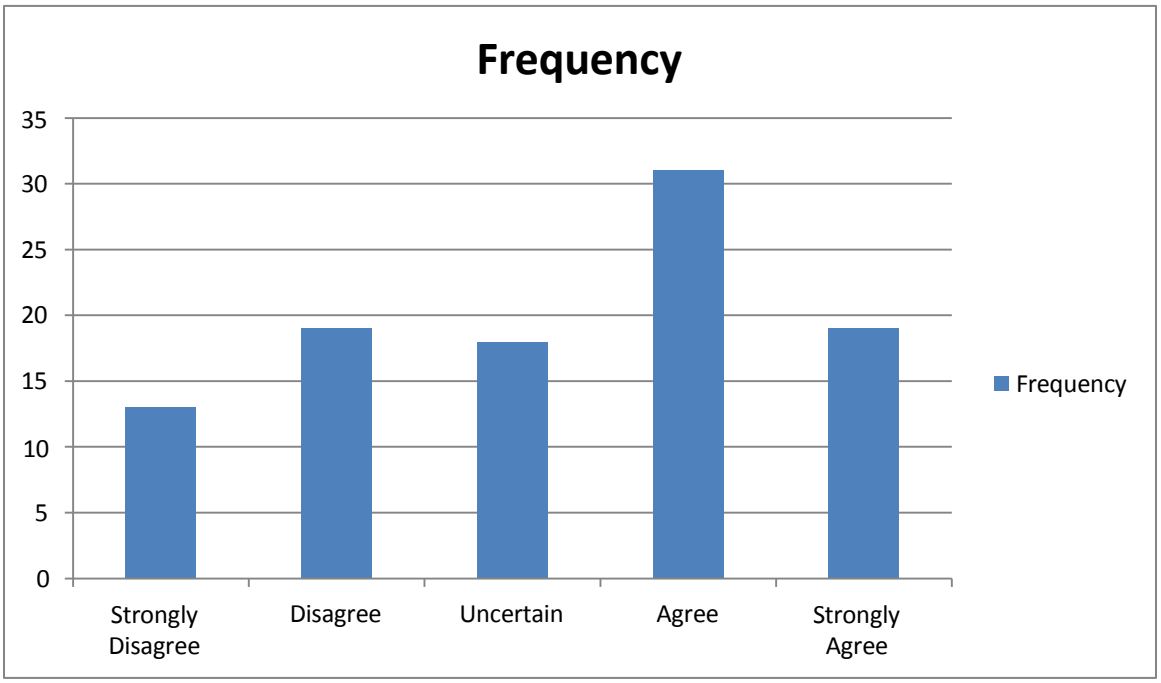


Table 8: Rural practices provide great opportunities for autonomy in work practice.

		Frequency	*Percent*	*Valid Percent*	*Cumulative Percent*
Valid	Strongly Disagree	25	25.0	25.0	25.0
	Disagree	17	17.0	17.0	42.0
	Uncertain	15	15.0	15.0	57.0
	Agree	26	26.0	26.0	83.0
	Strongly Agree	17	17.0	17.0	100.0
	Total	100	100.0	100.0	

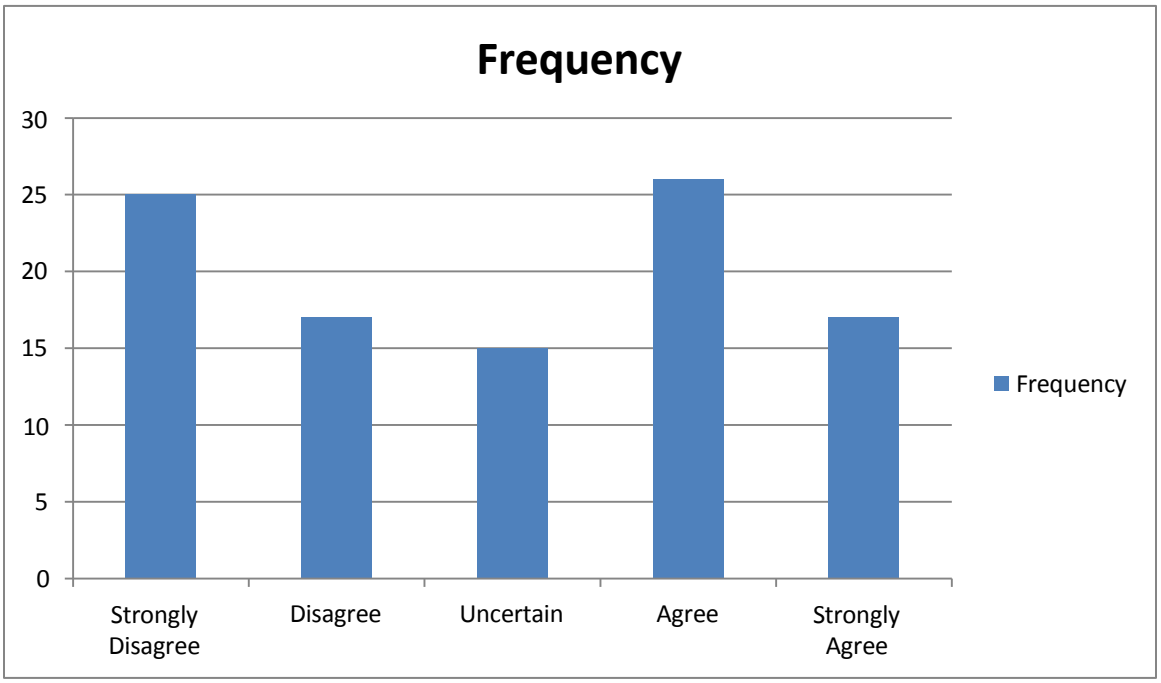


Table 9: Employment in a rural area is very desirable.

		Frequency	*Percent*	*Valid Percent*	*Cumulative Percent*
Valid	Strongly Disagree	20	20.0	20.2	20.2
	Disagree	37	37.0	37.4	57.6
	Uncertain	21	21.0	21.2	78.8
	Agree	17	17.0	17.2	96.0
	Strongly Agree	4	4.0	4.0	100.0
	Total	100	100.0	100.0	

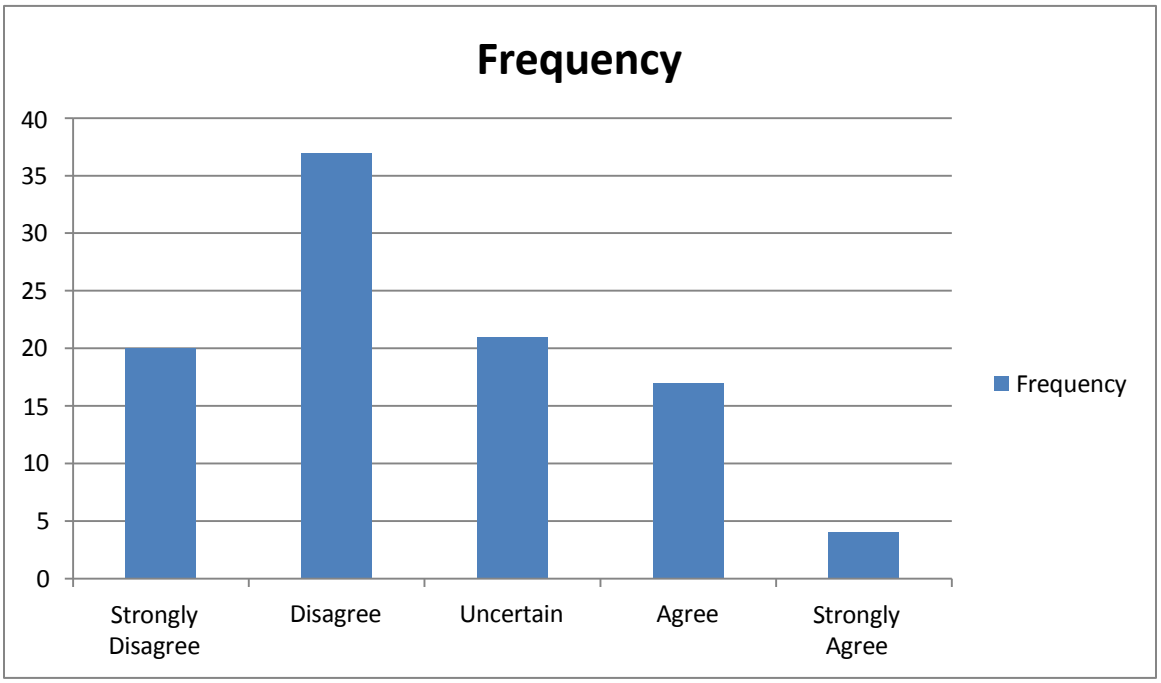


Table 10: There are things I enjoy in rural areas.

		Frequency	*Percent*	*Valid Percent*	*Cumulative Percent*
Valid	Strongly Disagree	16	16.0	16.3	16.3
	Disagree	36	36.0	36.7	53.1
	Uncertain	15	15.0	15.3	68.4
	Agree	25	25.0	25.5	93.9
	Strongly Agree	6	6.0	6.1	100.0
	Total	100	100.0	100.0	

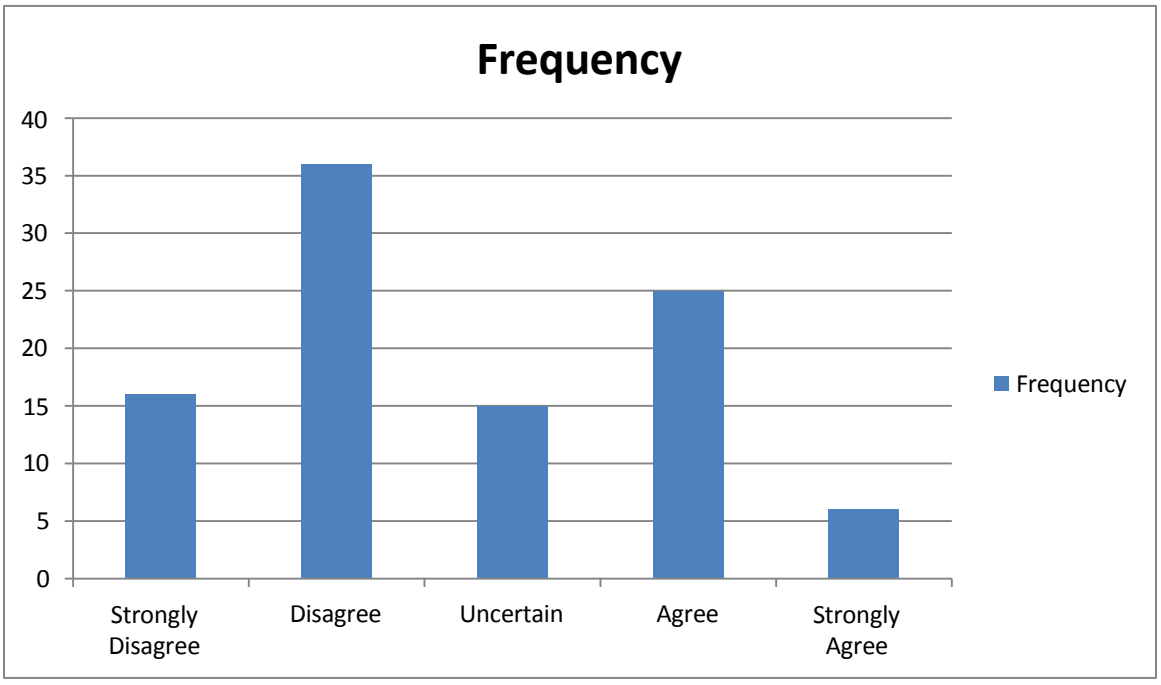


Table 11: There are people in rural areas that I could be friend with.

		Frequency	*Percent*	*Valid Percent*	*Cumulative Percent*
Valid	Strongly Disagree	12	12.0	12.0	12.0
	Disagree	14	14.0	14.0	26.0
	Uncertain	17	17.0	17.0	43.0
	Agree	35	35.0	35.0	78.0
	Strongly Agree	22	22.0	22.0	100.0
	Total	100	100.0	100.0	

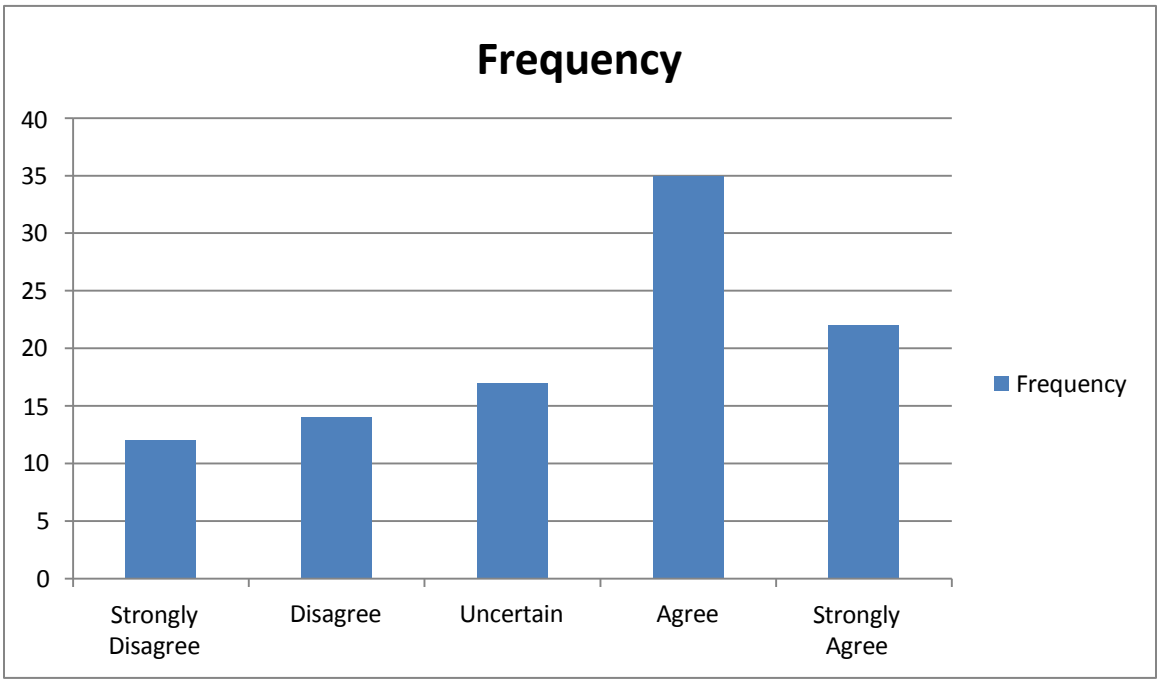


Table 12: There is limited place to go to socialize in rural areas.

		Frequency	*Percent*	*Valid Percent*	*Cumulative Percent*
Valid	Strongly Disagree	15	15.0	15.0	15.0
	Disagree	18	18.0	18.0	33.0
	Uncertain	10	10.0	10.0	43.0
	Agree	30	30.0	30.0	73.0
	Strongly Agree	27	27.0	27.0	100.0
	Total	**100**	**100.0**	**100.0**	

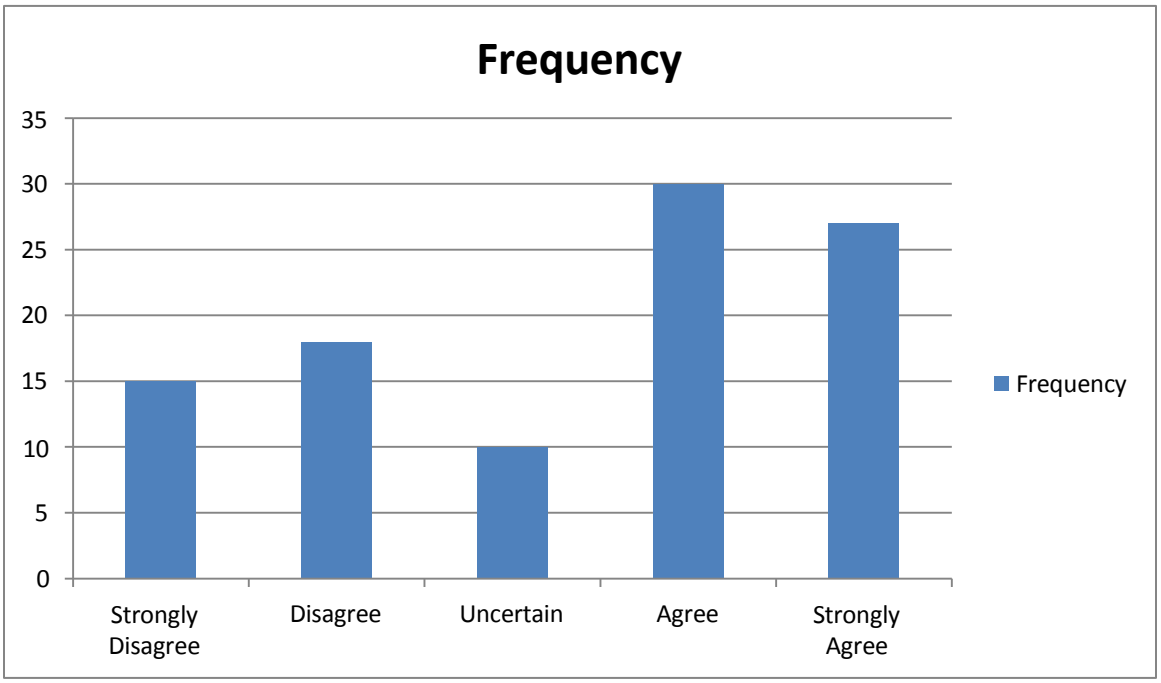


Table 13: There are poor recreational facilities in rural areas.

		Frequency	*Percent*	*Valid Percent*	*Cumulative Percent*
Valid	Strongly Disagree	13	13.0	13.3	13.3
	Disagree	18	18.0	18.4	31.6
	Uncertain	12	12.0	12.2	43.9
	Agree	26	26.0	26.5	70.4
	Strongly Agree	29	29.0	29.6	100.0
	Total	**100**	**100.0**	**100.0**	

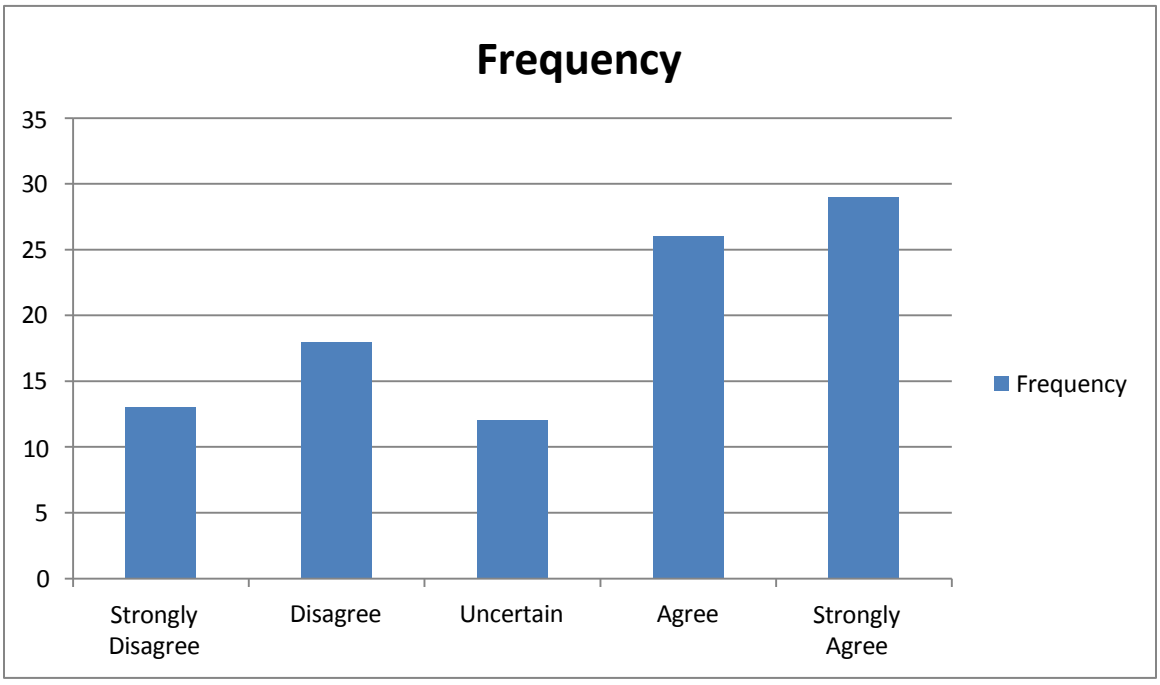


Table 14: Peoples in rural areas are really friendly.

		Frequency	*Percent*	*Valid Percent*	*Cumulative Percent*
Valid	Strongly Disagree	17	17.0	17.3	17.0
	Disagree	18	18.0	18.4	35.0
	Uncertain	8	8.0	8.2	43.0
	Agree	40	40.0	40.5	83.4
	Strongly Agree	17	17.0	17.6	100.0
	Total	100	100.0	100.0	

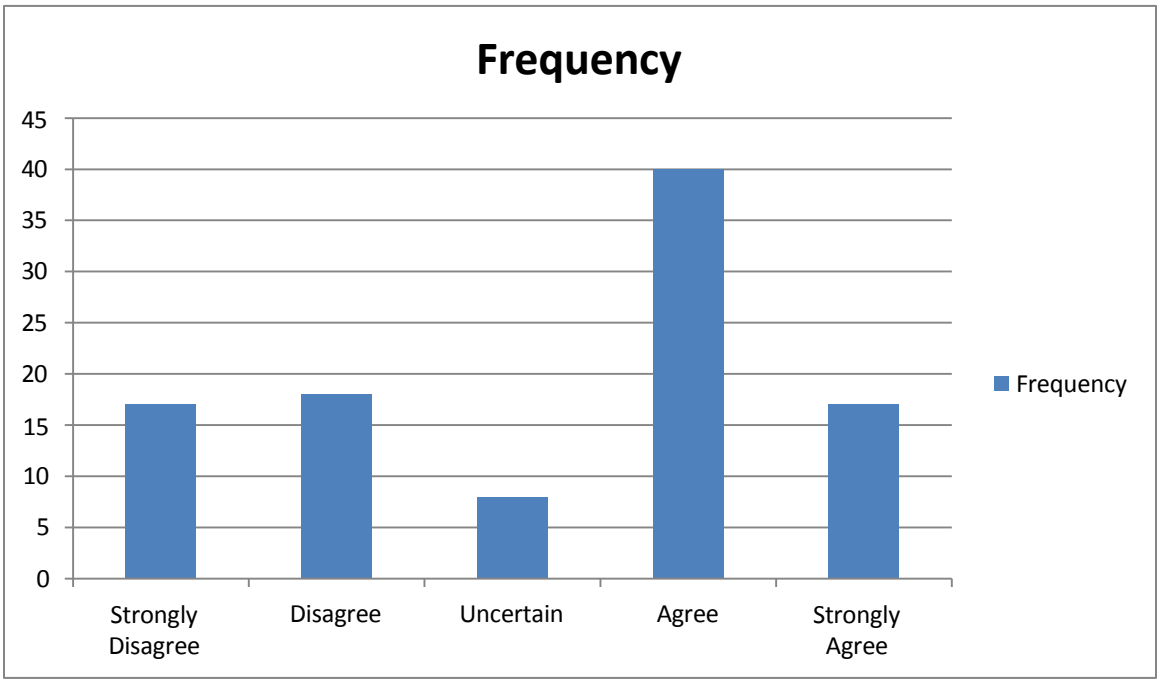


Table 15: In rural areas new people welcomed in new community.

		Frequency	*Percent*	*Valid Percent*	*Cumulative Percent*
Valid	Strongly Disagree	17	17.0	17.3	**17.3**
	Disagree	28	28.0	28.0	**45.9**
	Uncertain	13	13.0	13.0	**49.2**
	Agree	30	30.0	30.0	**89.8**
	Strongly Agree	10	10.0	10.0	**100.0**
	Total	**100**	**100.0**	**100.0**	

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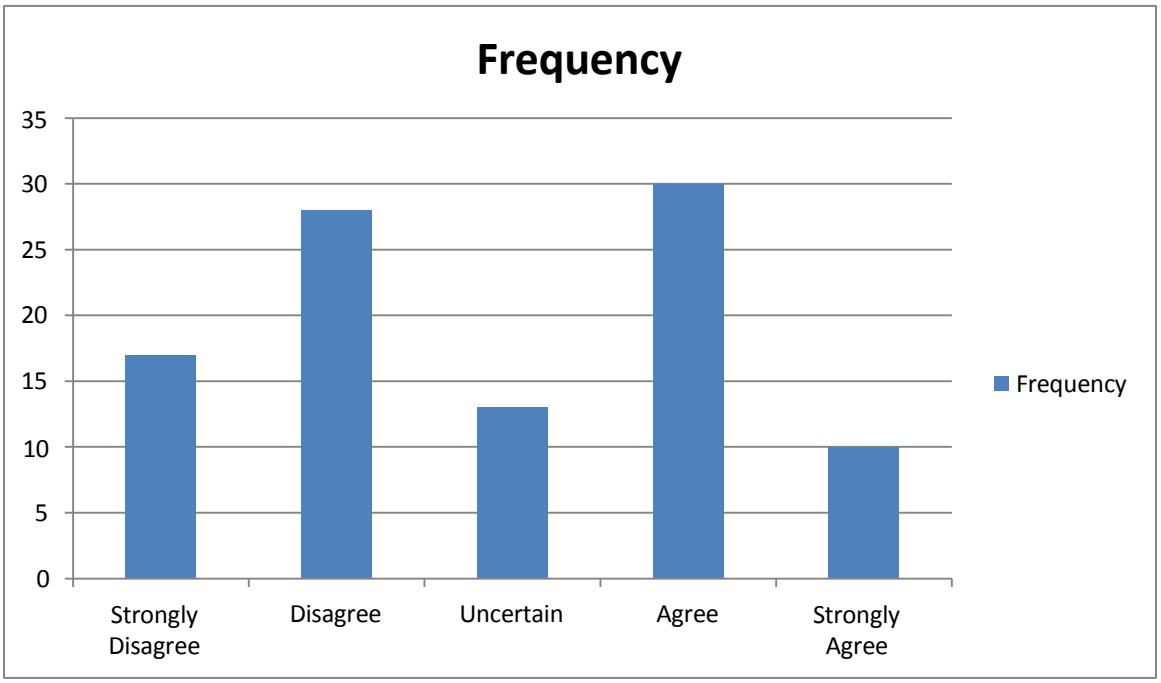


Table 16: Rural work place settings are friendly environment.

		Frequency	*Percent*	*Valid Percent*	*Cumulative Percent*
Valid	Strongly Disagree	15	15.0	15.2	15.2
	Disagree	15	15.0	15.2	30.3
	Uncertain	12	12.0	12.1	42.4
	Agree	32	32.0	32.3	74.7
	Strongly Agree	25	25.0	25.3	100.0
	Total	100	100.0	100.0	

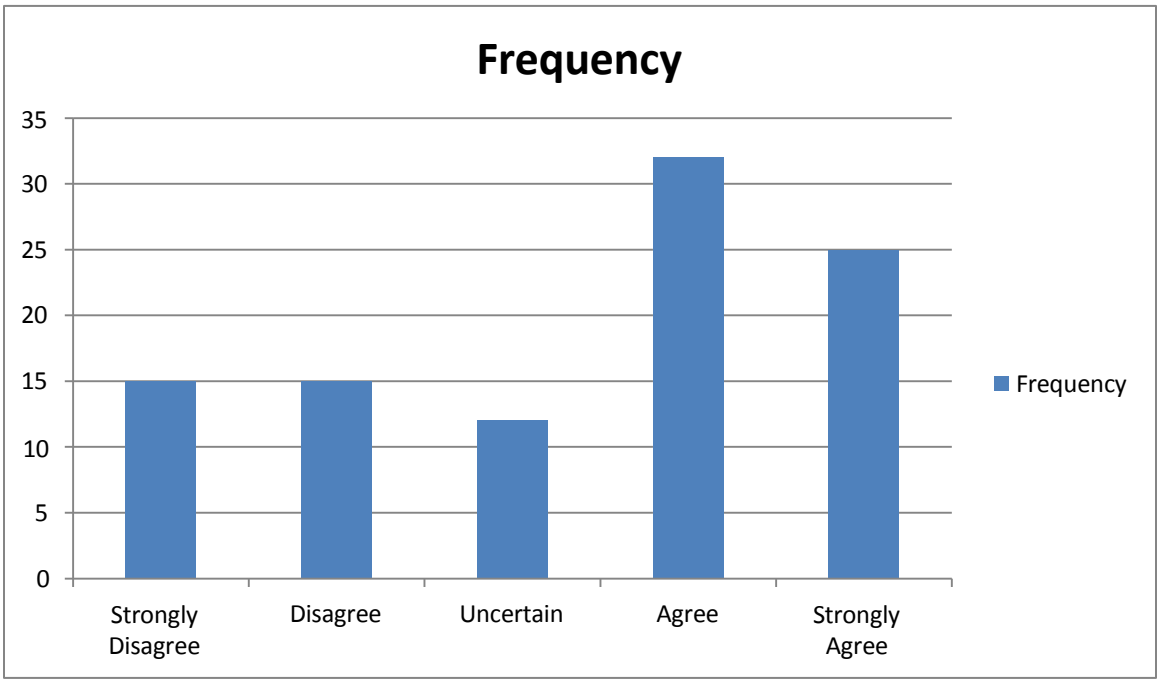


Table 17: Living in a rural area provide an enjoyable life.

		Frequency	*Percent*	*Valid Percent*	*Cumulative Percent*
Valid	Strongly Disagree	15	15.0	15.0	15.2
	Disagree	19	19.0	19.0	34.0
	Uncertain	15	15.0	15.0	49.0
	Agree	44	44.0	44.0	93.0
	Strongly Agree	7	7.0	7.0	100.0
	Total	100	100.0	100.0	

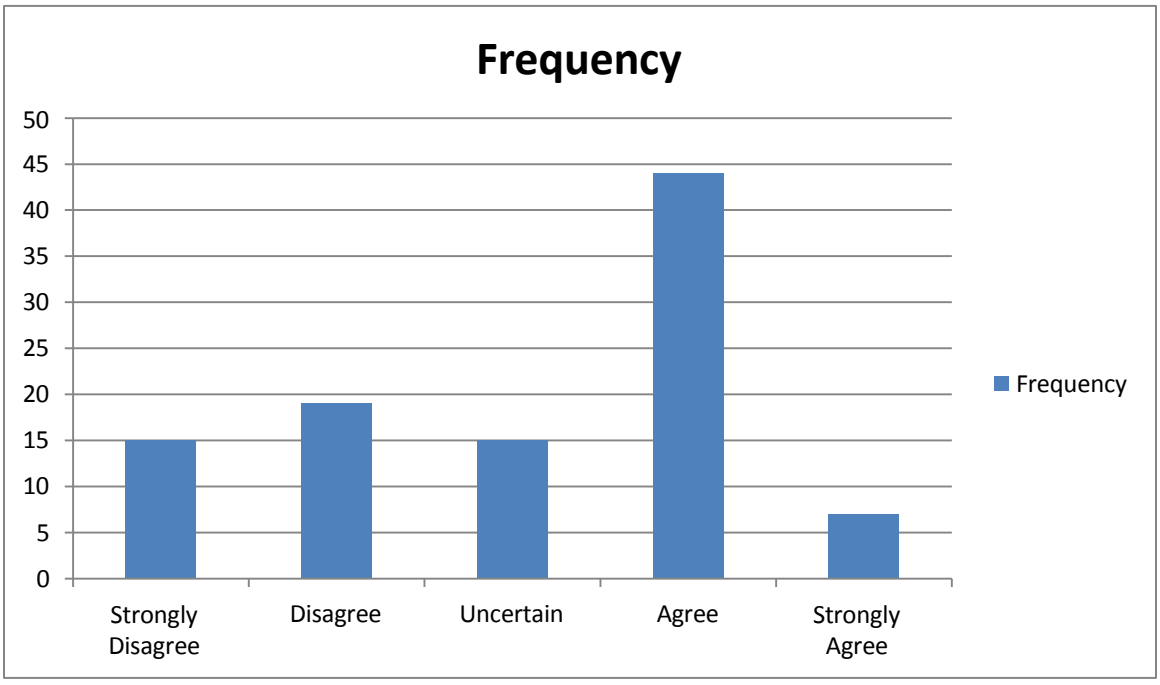


Table 18: There is great sense of community in rural areas.

		Frequency	*Percent*	*Valid Percent*	*Cumulative Percent*
Valid	Strongly Disagree	18	18.0	18.0	18.0
	Disagree	14	14.0	14.0	14.0
	Uncertain	21	21.0	21.0	21.0
	Agree	41	41.0	41.0	41.0
	Strongly Agree	6	6.0	6.0	100.0
	Total	100	100.0	100.0	

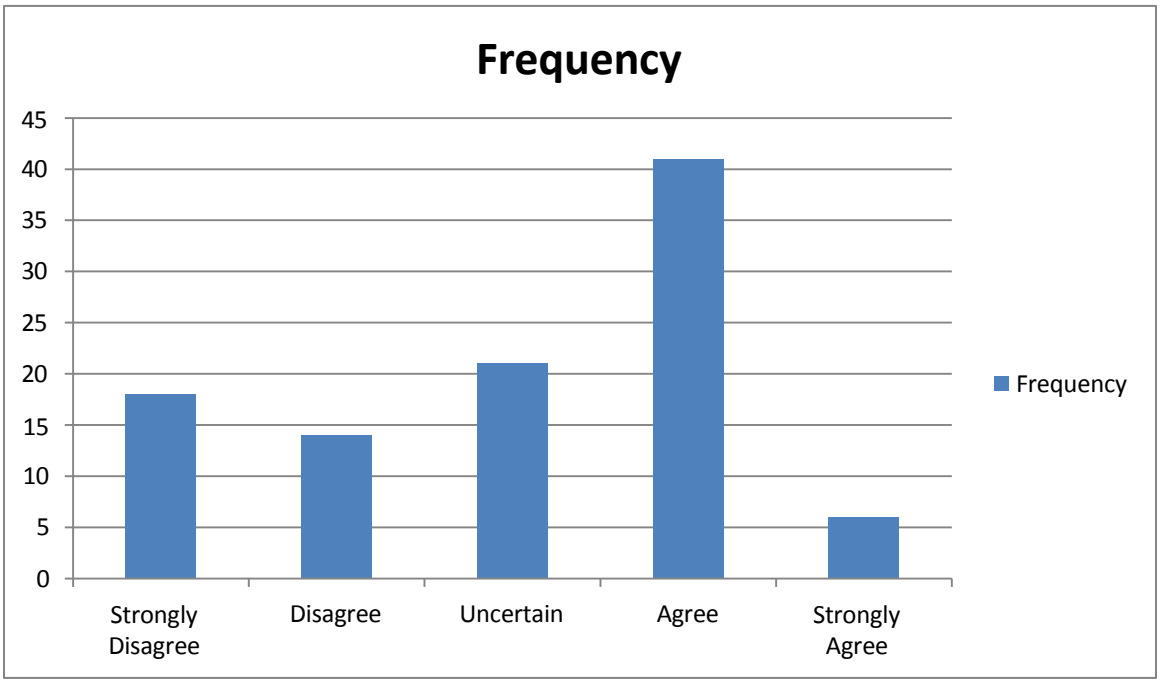


Table 19: Working in rural area means being too isolated from family.

		Frequency	*Percent*	*Valid Percent*	*Cumulative Percent*
Valid	Strongly Disagree	16	16.0	16.0	16.0
	Disagree	18	18.0	18.0	34.0
	Uncertain	24	24.0	24.0	58.0
	Agree	18	18.0	18.0	76.0
	Strongly Agree	24	24.0	24.0	100.0
	Total	100	100.0	100.0	

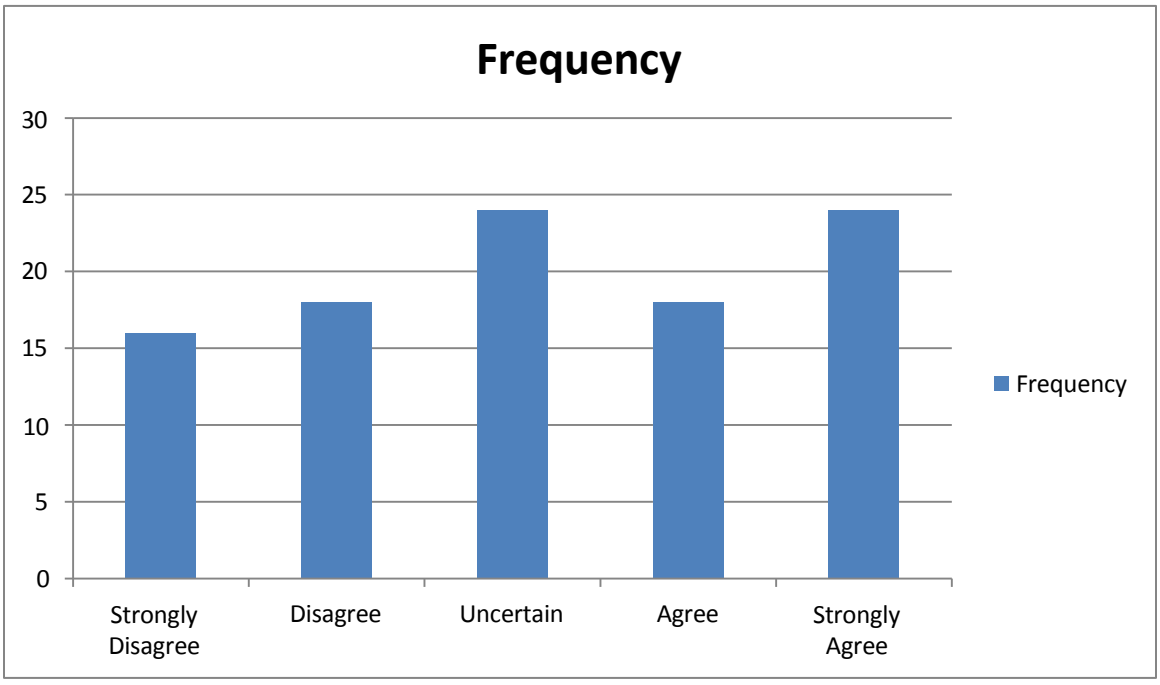
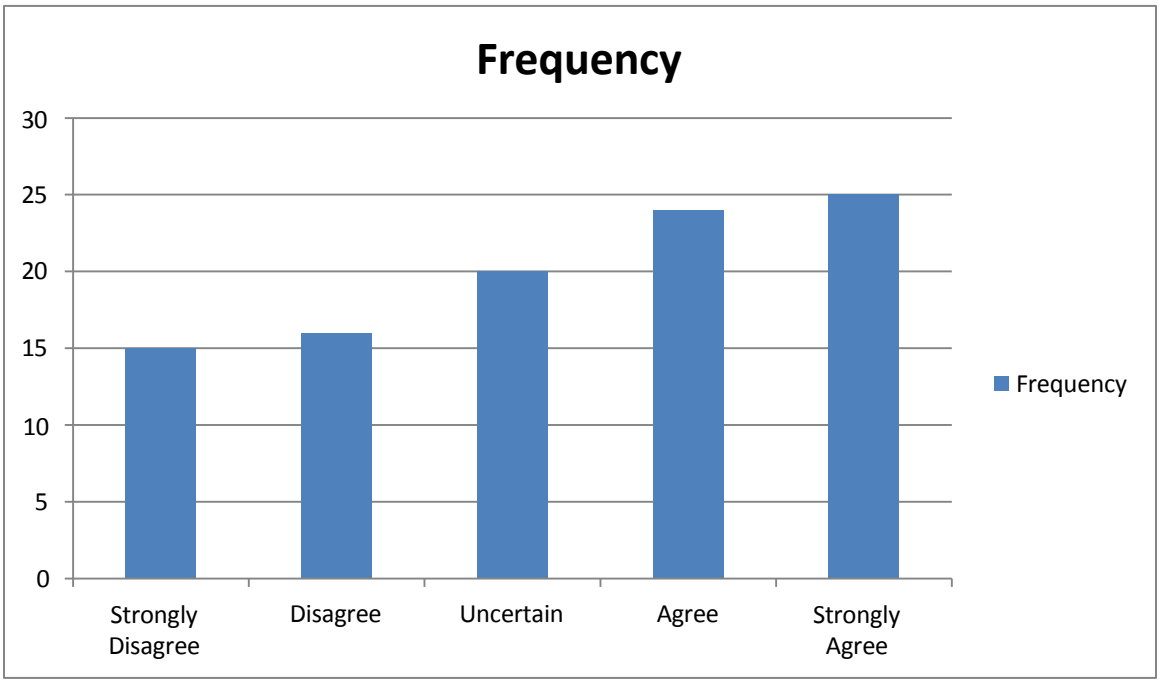


Table 20: Working in rural area means being too isolated from friends.

		Frequency	*Percent*	*Valid Percent*	*Cumulative Percent*
Valid	Strongly Disagree	15	15.0	15.0	15.0
	Disagree	16	16.0	16.0	31.0
	Uncertain	20	20.0	20.0	51.0
	Agree	24	24.0	24.0	75.0
	Strongly Agree	25	25.0	25.0	100.0
	Total	100	100.0	100.0	

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CHAPTER 05 DISCUSSION

An inequity exists between current medical services and required health care for the people in rural areas of Pakistan. Physiotherapists are an essential participant in providing health care. They better adopt leadership roles in rehabilitation services, community and professional organization. They have an important role in developing suitable standards for physiotherapy practice to make sure accessibility, availability and excellence in providing physical therapy services.

It was found that 25% of physical therapist felt that working in rural areas means isolation from friends and family whereas in the study conducted by ME adams and J dollard in 2005 (32) mean value of is -0.76 agreed that isolation from family and friend while working in rural areas, similar to this another study conducted by reg Mitchell (16) 63% of responded that they feel isolation from family and friends by working in rural areas.

According to this study 31% participants feel professional isolation by working in rural areas alike this another study was carried out by ME adams and J dollard in 2005 (32) showed mean value of -0.60 of professional isolation while working in rural areas. Like this another study conducted by Reg Mitchell (16) 28% felt professional isolation.

Regarding recreational facilities the study shows 29% physical therapist agreed about poor recreational facilities in rural areas. In contrast to this another study conducted by ME Adams and J dollard in 2005 (32) shows -0.74 mean value of poor recreational facilities. Another study carried out by Reg Mitchell (16) 15% of agreed regarding poor recreational facilities in rural areas.

This study shows that 26% physical therapist feel autonomy in work practice in rural areas while in 2005 ME Adams and J dollard (32) carried out the study which shows 0.62 mean value of autonomy in work practice.

Similar to this Reg Mitchell (16) study shows 39% believe in autonomy in work practice in rural area.

CHAPTER 06
CONCLUSION

Overall results concluded that many physical therapist were not in favor of working in rural areas. Efforts should be made to address financial incentives, safety and living conditions in the rural areas. Meanwhile, the variety and autonomy that appears to be valued in rural practice should be supported and positively reflected the results of this study have implications for the future of availability and accessibility of physiotherapy services to those living in the rural and remote areas of the country.

STRENGTH

To the best of our knowledge, no any study conducted on PHYSICAL THERAPIST PERCEPTION TOWARDS WORKING IN RURAL AREAS.

RECOMMENDATIONS

The lack of facilities and awareness make physical therapist to avoid choosing rural practice. Educational programs should be made aiming to spread awareness regarding benefits of working in rural areas. The functioning of rural health facilities should be improved. Provision of services like electricity, safe water should be ensured. Furthermore services should be conducted with the aim of assessing the perception of physical therapist.

ACKNOWLEDGEMENT: I take this opportunity to express my sincere gratitude to those people without whose support and concern this project would not have been a great success. I am grateful to all my study subjects for co-operating with me in carrying out this study, as without them it would have been impossible to complete the project.

DEDICATION: The work is a fruit of countless and arduous sacrifices. Though the researcher's effort, this work is heartily and proudly dedicated to the people who serve as an inspiration. From parents and guardians, to great teachers, classmates, and circle of friends, co-workers and students whom extended their help in the midst of problems while doing this research. We would like to acknowledge and thank our supervisor Dr Shuaib Manzoor (PT) Senior Lecturer of Jeejal Maau Institute of Physiotherapy and Rehabilitation Sciences, Hyderabad, for all the motivation and guidance which made this study possible. It was an honor for us to work under her supervision. Above all, to our God Almighty ALLAH who showered us his blessings in our every-days life, especially for the strength, courage, patience, wisdom, time and guidance in realization of this work?

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