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Original Research Paper

Identification Of Ethical Issues Encountered By Physiotherapy Practitioners in Managing Patients With Low Back Pain at Two Major Hospitals in Lusaka, Zambia.

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Abstract

Background: Physiotherapy management of patients with low back pain (LBP) raises ethical issues that may affect practitioners' efficiency and effectiveness in service delivery.
Objective: The objective of this study was to have insight into the ethical issues and dilemmas encountered by physiotherapy practitioners in management of patients with LBP.
Methodology: An exploratory study design using qualitative method was used. Two Focus Group Discussions were conducted at two major hospitals in Lusaka. Sixteen physiotherapy practitioners participated in this study. Data was analysed according to the modified principle of Giorgi's phenomenological analysis and presented verbatim.
Results: Results revealed four dimensions of ethical issues encountered in management of LBP. These included Conflict of culture and treatment process, Patient/Physiotherapy practitioner relationships, Informed Consent and dilemmas encountered in management of LBP. Ethical issues were raised concerning cultural competences and recognising professional boundaries in clinical practice.
Conclusion: Physiotherapy practitioners encountered cultural and professional boundary ethical challenges in the management of patients with LBP. These may affect in the effectiveness of healthcare delivery. Physiotherapy practitioners would benefit from further training on ethics in clinical practice.

Keywords: Ethical issues, Dilemmas, Low Back Pain, Physiotherapy Practice.

1. Introduction

Physiotherapy has evolved to the point where it is now a major healthcare profession offering assessment, diagnosis and treatment for a wide range of conditions [1, 2]. This change has brought about challenges in service delivery that border on ethical competences [3]. However, there is scanty information on ethical issues and dilemmas encountered in clinical practice particularly in the management of Low back pain (LBP). Purtilo [4], the first to focus attention on the unique nature of physiotherapy practitioners' ethical dilemmas, identified the need to determine the ethical issues encountered by physiotherapy practitioners. Literature described three distinctive ethical issues that emerge from physiotherapy practice that is, concerns of decision making about endpoints in physiotherapy; concerns of the patient/therapist relationship; and the requirement for active participation of the patient and its impact on the patient/therapist relationship which raises ethical issues surrounding recognition and maintenance of professional boundaries[1,5,6]. In physiotherapy, a patient's trust must extend beyond accepting and believing in advice and treatment suggestions to willingness to actively participate

and collaborate to achieve the physical and functional goals set by his or her therapist [7]. During an interview study of Danish physiotherapists Praestegaard and Gard [8] concluded that Danish physiotherapists were interested in the ethical dimension of physiotherapy but not consciously aware of when, why or how often ethical issues occurred in practice. In addition, this low degree of awareness is reported to have led to several immoral and sometimes even illegal actions. The impact of institutional environment on generating ethical issues and on practitioners' management of these issues needed more systematic investigations [9]. Ethical dilemmas have also been reported on peer physical examination in pelvic floor physiotherapy practice among Australian students; raising issues of feeling pressurised to participate despite their own discomfort and embarrassment [10].

Leaders within physiotherapy had repeatedly noted that increased autonomy had brought more complex ethical issues, dilemmas and responsibility [11]. The chronic nature of most of the conditions managed in physiotherapy such as LBP entails prolonged visitations to physiotherapy. For instance, at UTH patients attend physiotherapy sessions for more than three months [12]. Management of LBP involve assessment and treatment procedures which require exposure of the back to the level of the buttock and hands-on procedures of palpations and manipulations [13]. In most African cultures including Zambia, exposure of certain parts of the body is a very sensitive issue and the mere mention of the lower back may be a taboo among others therefore, it has to be handled with caution. Often, patients do not choose who they want as a healthcare provider when they visit a hospital especially in public institutions. Therefore, they are vulnerable to variations in care and to potential exploitation, and the result of poor behaviour on the part of the practitioner can have dire consequences [14]. At times, physiotherapy practitioners have found themselves handling marital problems relating to difficulties with sexual function for patients with LBP, through counselling and advice, a skill that they may not have competence. Kamau [15] also reported that patient with LBP face problems with sexual function and patients were of the opinion that their spouses needed to be given some counselling and advice to understand back problems. This extended role of physiotherapy practitioners may pose as a cultural challenge since marital issues are expected to be discussed only among married individuals.

Very few studies have attempted to define ethical issues physiotherapy practitioners routinely face in practice [11]. In the last decade, there has been a partial closing of the gap between theory and practice due to an increase in research about the "unique ethical issues encountered in physiotherapy practice [16]. Locally there is scanty information on ethical issues encountered in specific areas of physiotherapy practice including the physiotherapy management of LBP. We therefore, set out to highlight ethical issues and dilemmas encountered by physiotherapy practitioners in the management of LBP and the factors influencing them.

2. Methodology

The study was exploratory and qualitative in nature. Data was collected from two focus group discussions which involved physiotherapists from UTH and Levy Mwanawasa General Hospital (LMGH). UTH is the National referral hospital while LMGH is a tertiary hospital. Referrals from most parts of the country are attended to at these institutions and they have the largest physiotherapy staffing in the country that are exposed to patients with different social/cultural backgrounds. Ethical clearance was obtained from ERES. A tape recorder and note taking were used for data collection. Logical analysis was based on the Malterud [17] modified principle of Giorgio's phenomenon. This included transcription of audio tapes. Further, the viewpoints expressed were coded according to their frequency and relevance to the questions. The coded viewpoints were then grouped into themes and presented verbatim. The new themes that were generated from the two focus groups 'A' and 'B' were then combined through thematic analysis.

3. Results

The study had a total of sixteen participants in two FGDs. All participants were Zambian and of Christian religion, only two participants were male. Table 1 highlights the participant's social demographic characteristics. Four themes were deduced from the FGDs. These included: Conflict between culture and treatment process, Patient/Physiotherapy practitioner relationships; Informed Consent; and dilemmas (culture; over-exposure by patients; extended role of practitioners; recognising boundaries of accepting gifts; patients active involvement in their own treatment; adherence to therapy; personalisation of therapist; professional conflicts). The ethical concerns raised and experiences are illustrated verbatim in Table II and Table III respectively.

Table 1: Socio-demographic characteristics of participants

Variable	Focus group A	Focus group B
Gender		
Male	2	2
Female	6	6
Age- years		
20-24	-	1
25-35	5	5
36-45	3	2
Marital status		
Married	6	7
Single	2	1
Education levels		
Diploma EHC	6	5
Degree UNZA	2	3
Work experience		
1 - 5 years	4	4
6 - 10 years	3	1
11 - 15 years	1	3

Table 2: Ethical issues and dilemmas identified in LBP management

Dimensions	**Concerns raised**	**Influencing Factors**
1. Conflict between culture and treatment process	Differences in age and gender - exposure - Physical contact Discomfort with treatment modalities	Cultural/ religious beliefs
2. Patient/Physiotherapy practitioner relationships	Recognition and maintain ace of professional boundaries	High frequency contact with patient, misunderstanding of treatment, personalisation of PTP
3. Informed Consent	Inadequate information for informed concert. .	Low staffing level, assumption that pt understands condition, lack of teamwork
Dilemmas encountered		
Dimensions	**Concerns raised**	**Influencing Factors**
Cultural **1. Culture** **2. Over exposure by pt.** **3. Extended role of PTP**	Discomfort of PTP with Pt having beads and tattoos around waist Discomfort of PTP Discomfort of PTP giving advice on sex to elderly pt	cultural beliefs
Professional Limitations Dilemma **4. Personalisation of PTP** **5. Accepting gifts** **6. Pt active involvement in their own treatment** **7. Adherence to therapy**	Recognising pt's intension Recognising boundaries of accepting gifts Unsupervised home programmes Pt preference for alternative cures (prayers, traditional healers	cultural values nature of condition, culture Pt autonomy cultural beliefs
Professional Ethics dilemmas 8. Professional conflicts	Delayed treatment	Cultural beliefs Lack of teamwork, Respect for other professions

Key: PTP- Physiotherapy practitioner; Pt - Patient

Conflict between culture and treatment process

The cultural values of patients and practitioners raised conflicts with the management process of LBP. Most participants said that differences in age and gender with their patients brought challenges when it came to exposure of patient and physical contact during treatment. This was attributed to religious values and beliefs especially among Muslims and some Christian women. However participants themselves did not express any difficulty in treating their patients except one participant who mentioned that she was uncomfortable treating male patients. One male participant narrated encounters where female patients were uncomfortable to be treated by him because it was against their traditional beliefs and society's perception. Exercises such as lifting of the pelvic area and massage therapy were said to be related to sexual acts.

Patient/Physiotherapy practitioner relationships

Participants raised ethical issues surrounding recognition and maintenance of professional boundaries were patients developed an emotional and physical attraction to them, or vice versa. This was attributed to; high frequency of contact with patients, misunderstanding treatment procedure, and personalisation of therapists.

Informed consent

Obtaining informed consent for treatment from a patient was an issue that had mixed opinions from participants. Initially participants insisted that the information given to patients when they come for treatment was adequate; insisting that patients were aware of reasons of referral to physiotherapy from their doctors. Nevertheless, later in the discussions, participants revealed that information given is not detailed because the specific diagnosis and effects of the treatment are not usually explained to the patient. This poor communication when obtaining consent for treatment was attributed to staffing level and work over-load.

Table 3: Focus group discussions participant's experiences

	Themes identified	Experiences
1	Conflict between culture and treatment process.	*"Patients refuse treatment because of the therapist's age, gender, and ethnicity."* *"The Asian community mostly Muslims are usually selective with practitioners; even Christian ladies would prefer to be treated by fellow ladies"* *"This older lady in her 50s found me in the clinic. She bluntly denied me to treat her, and asked for a lady therapist."* *"The patient said he was more comfortable to be treated by a fellow man."* *"Patient said I was too young for him to undress."* "*In my culture no other man is allowed to touch a woman's waist."* "*Touch mostly massage is part of sexual arousal*; *Elderly patient refused to do bridging and related it to a sexual act. Patient asked therapist to climb on top when asked to do bridging."*
2	Patient/Physiotherapy practitioner relationships	*"Patient phoned me and said she felt she had found a man when she saw me in the clinic. She was proposing and it was quite challenging."* *"You put electrolytes on them, interferential; they would feel good there and start making advances at you"* *"Patient left without treatment on a day I wasn't working because he said he just liked the way I massage."* *"This patient I have treated for 4 sessions even calls me to find out if I am at work before he comes for treatment"* *"I fell in love with one patient but it was after the hospital arrangement."*
3	Informed Consent	*"We assess patients when they come but don't fully explain the findings, treatment and the benefit."* *"It's not always that you explain to patients because of reduced manpower; there is no time."* .
4	Dilemmas encountered	*"I was very uncomfortable treating a female patient who was wearing beads around waist and had to cover the beads."* *"One woman hesitated for me to treat her and said that in her culture no other man is allowed to touch a woman's waist. So I called a nurse to help me treat her."* *"I have felt uncomfortable with patients of the opposite sex who over expose themselves, looking at the private part."* *"When I went in the treatment cubicle my boss was in his pant, it was difficult for me to treat."* *"We ask patient to rest the back from sexual activity but in so doing we interfere on conjugal rights."* *"Advising couples on sex in a home becomes a challenge when the couple is elderly. But you have to help them"* *"the culture surrounding gifts is that when one is not given a gift they feel unappreciated."* *"You can see that the gift is not genuine; if patient says the gift is genuine then accept it."* "*This patient started inviting me for beers, and buying shirts and trousers for me. After discharge, she came back next day complaining of severe pain, then offered another invitation for beer, so to avoid her, I decided to go on leave, that's how her backache went* (stopped attending physiotherapy)*."* *"In rehabilitation, work shifts from physiotherapist to patient directly, but unsupervised, may not reach intended goals"* *"Some patients will want to concentrate on prayer or traditional healers instead of coming to the hospital."* *"Patient had heard stories that my massage is good, so he wanted me to touch his waist."* *"Patient had destruction of lumbar spine on X ray, and doctors said it was nothing. It was difficult to convince them until after sometime they did some test and found that this patient actually had TB of the spine."*

Dilemmas encountered

Participants mentioned several dilemmas encountered in managing patients with LBP.

Cultural Dilemma

Culture, in relation to traditional norms and social aspects raised issues of physiotherapy practitioners'/patients' comfort with treatment process and consequently affecting the effectiveness of treatment. Participants said that some female patients wear traditional beads around the waist; this makes (therapists) uncomfortable to assess or treat the patient because they do not want to touch or even look at the beads. Over-exposure by the patient was also a source of discomfort as reported by some participants. Patients would over-expose themselves, undress down to the pants despite receiving instructions to only expose the back. This made administering treatment difficult for the participants especially with patients of the opposite sex because they were uncomfortable to touch the patient. A participant narrated that she once had to treat her boss who over-exposed himself; she was very uncomfortable during the treatment. Extended roles; Participants mentioned that due to the nature LBP, sexual dysfunction was usually an associated problem. Participants said that in their observation, most persistent backache result from sexual activity. To solve this problem they have often had to involve themselves in their patient's personal lives through advice and counselling. Others expressed discomfort in giving advice and counselling elderly patients but felt compelled to do so because of their profession.

Professional Limitations Dilemma

The other dilemma was recognising boundaries of accepting gifts from patients. Participants mentioned that there was a conflict of professional ethics with culture, where gifts are considered as a way of appreciating. However, participants disagreed on which gifts were acceptable, with some feeling that accepting gifts can compromise the profession. Some participants reported that they were forced to discharge or refer patients to another practitioner because they were uncomfortable with the gifts. In one encounter, a participant said he was forced to go on leave to avoid the patient when her frequent gifts started making him feel uncomfortable. Personalization of physiotherapy practitioner; some patients insist on a particular physiotherapy practitioner to treat them, so much that the practitioner was unclear about the patient's intensions. In another incidence a participant said that a patient at private clinic threatened to go to another hospital if she was not available to massage him. The patient's active involvement in their own treatment also raises dilemmas in practice, such as unsupervised home programmes and lack of professional follow up through community based rehabilitation programmes, Participants said that they have to trust in feedback from caregivers or trust that patients are doing the correct things at home. Adherence to therapy; Patients may or may not adhere to therapy due to religious and traditional beliefs, Participants said that they cannot stop patients who want to concentrate on prayers or traditional healers instead of physiotherapy.

Professional Ethics Dilemma

Another dilemma was the issue of professional conflicts. Participants revealed that some referring medical professions hesitate to consider physiotherapy practitioner's impression on patient's diagnosis hence delaying treatment.

4. Discussion

Medical and health professionals encounter ethical issues in the course of their day-to-day practices which are not solely constituted by the decisions they have to make, but also by those that would be made by the patients [20, 11, 22]. In addition, in physiotherapy decision-making is not limited to the point of care alone; it often extends beyond treatment options. Furthermore, the four traditional ethical principles; respect for autonomy, beneficence, non-maleficence and justice guide the professional in evaluating situations and making decisions. However, these principles can be a source of conflicts and dilemmas in daily physiotherapy practice [23, 3]. This study revealed ethical issues concerning: conflict of culture and treatment process; patient/physiotherapy practitioner relationships; informed consent; and several ethical dilemmas.

Most participants raised issues of conflicts between culture and treatment process of LBP; citing challenges of patient's discomfort with exposure and hands-on techniques during treatment relaying to practitioner/patient's differences in age and gender, use of massage therapy and exercises like lifting of the pelvis which patients related to sexual acts. Respect for cultural values is cardinal to biomedical ethics; therefore, physiotherapy strives for cultural safety in clinical practice [24, 25, 26]. Patients have no influence on which physiotherapy practitioner to treat them [13]. All people belong to a culture, and some might even share more than one culture [26, 27, 28]. Flores [28] laments that in spite of the world having over 6000 languages, little is known about culture in health care and that clinical ramifications of culture are rarely evaluated. Further, "failure to consider a patients culture and linguistic issues can result in inaccurate histories and decreased satisfaction with care".

Physiotherapy practitioners often develop close relationships with their patients such that recognition and maintenance of professional boundaries becomes a challenge. This study revealed that patient/physiotherapy practitioner relationships do occur. This was attributed to high frequency of contact with patients. These findings are synonymous to Poulis [2] who echoed that physiotherapy practitioners often develop intimate relationships with their patients. In a study done earlier, a panel of experts identified future ethical issues relating to: the

sexual and physical abuse of patients by physiotherapy practitioners or those supervised by physiotherapy practitioners; and the need for practitioners to define the limits of personal relationships within the professional setting [29]. In a more recent study, physiotherapy practitioners reported having felt sexually attracted to a patient; having been sexually harassed by a patient; and having been told their touching or treatment was sexually inappropriate [6].

This study raised ethical questions surrounding informed consent raising concerns of how much information is given to the patient about their condition, treatment plan, effects of treatment and prognosis. It was concluded that physiotherapy practitioners were more concerned about treating the patient than explaining specific diagnosis, treatment process and effects of the treatment. This was attributed to low staffing level and work over-load. Practitioners also seemed to rely more on the assumption that the patients where well informed by referring doctors. The question that arises is; are the rights of the patient to autonomy being upheld? Similarly, another study also found that physiotherapy practitioners considered informed consent as a routine clinical explanation, rather than a process of providing explicit patient choices. They are concerned with information that led to a beneficial therapeutic outcome, rather than to enhance autonomous patient choice [30].

Health care professionals are responsible for fulfilling the goals of health care services-to promote well-being, cure illness, and ease suffering; certain ethical principles can guide their efforts. But which principle should take precedence can be a huge dilemma [31]. Five main dilemmas were raised in this study.

First was the discomfort of Physiotherapy Practitioner with patient associated to traditional beliefs, over exposure by patients, personalization of practitioners and extended roles: Culture in relation to traditional norms and social aspects raised issues of physiotherapy practitioners'/patients' comfort with treatment process and consequently affecting the effectiveness of treatment. Traditional norms of wearing beads and/or having tattoos around the waist seen in LBP patients' causes discomfort for practitioners especially where patients came with fresh tattoos. This study also showed that practitioners found it very difficult to treat patients who tend to over expose themselves despite being asked to only expose the lower back. The other source of discomfort for practitioners was the personalization of the practitioner. Some patients insisted on being seen by a particular practitioner so much that their intensions were questionable. *"Patient had heard stories that my massage is good, so he wanted me to touch his waist."* A study on ethical dilemmas of peer physical examination in pelvic floor physiotherapy practice among Australian students raised the issue of how students could feel pressurised to participate despite their own discomfort and embarrassment [32]. The question that arises is, should practitioners be obliged to treat patients despite their own discomfort? It was also observed that LBP brings about associated problems of sexual function in patients, which more often than not led to the practitioners becoming advisors and counsellors to the affected patients, furthermore, some patients would appreciate if their spouses were counselled on sex in relation to their LBP [14]. Most practitioners expressed discomfort in giving advice and counsel to elderly patients but felt compelled to do so because of their profession. Health professionals agreed that patients' sexual issues needed to be addressed and discussed in health services; however, they were poorly trained, ill prepared and rarely participated in such discussions [33]. This suggests that training in sexuality and sexual issues should be implemented as part of the training of physiotherapy practitioners.

The second dilemma was accepting gifts from patients. Physiotherapy practitioners face conflict of professional ethics and social/cultural norms, where gifts are considered as a way of appreciation. The physiotherapy ethical code of practice does not allow accepting gifts or other considerations that influence or give an appearance of influencing their professional judgment from patients [34, 35, 36]. Physiotherapy practitioners are faced with a dilemma and are most of the times compelled to accept the gifts or see them as a sign of appreciation. Third ethical concern was the patients' active involvement in their own treatment raised concerns of unsupervised home programmes and lack of professional follow up through community based rehabilitation programmes. In rehabilitation patients are given home programmes but physiotherapy practitioners have to trust in feedback from caregivers or trust that patients are following the programme. McLean et al [1] also noted that patients are given exercise programmes to follow at home with no professional supervision [37]. The questions that arise are: Can the physiotherapy practitioner be sure that the patient is doing the correct pattern of exercise? Who is responsible for effective rehabilitation, the patient, the caregiver or the professional?

Adherence to therapy raised the fourth dilemma, *i*t was noted that patients may or may not adhere to therapy. Despite knowing the benefits of physiotherapy, practitioner cannot stop patients who want to concentrate on prayers or traditional healers instead of physiotherapy. Other authors also identified factor to adherence which appear to be common to all nations but unique to third world countries like India were issues of social and cultural factors were raised [38]. Physiotherapy practitioners in this study had also related to the cultural factors posing a challenge to adherence. Lastly the fifth dilemma raised concerns of professional conflicts: Participants revealed that some referring medical professions hesitate to consider physiotherapy practitioner's impression on patient's diagnosis hence delaying treatment. The physiotherapy practitioner sees the patient's condition deteriorate and has the challenge of convincing the doctor to re-examine patient.

5. Conclusion

Physiotherapy practitioners faced many ethical challenges in managing patients with LBP. A patient's right to make her or

his own choices exists even when experts disagree with the choices the person is making. Conflict can arise because physiotherapy practitioners also have a responsibility to avoid causing harm, as expressed by the ethical principle of no maleficence. Physiotherapy practitioners are also obliged to give treatment that is beneficial to the patient (beneficence) and to uphold the principle of justice in their delivery of healthcare.

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Conflict of interest declaration

None

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