

PSYCHOSOCIAL RELATIONSHIPS, TRAINING AND ATTITUDES WITH REFERENCE TO PHYSIOTHERAPISTS*

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Hierdie studie het sekere aspekte omtrent die benadering van finale jaar studente tot die professie, hul opleiding, pasiënte en hulself aan die lig gebring. Vraelyste en 'n opleidingsessie het daarop gewys dat terapeute opleiding behoort te ontvang in dinamiese sielkunde.

“Successful physical therapy depends not only on physical therapy techniques but upon the psychosocial relationships which the therapist develops with the patient.”¹

Physiotherapy as a forward looking profession is becoming increasingly concerned with the psychotherapeutic potential of the relationship which the patients form with their physiotherapists. Physiotherapy is more than a collection of techniques — it appears to be a specific type of interpersonal relationship of which techniques are but a part. The functional role of the therapist is evolving into something new and diverse, but one common factor in being a physiotherapist is that of helping other persons.

* A summarised report on a survey presented to the Department of Physiotherapy, University of the Witwatersrand during undergraduate training.

“The first objective of the physical therapist is to help the patients to help themselves.”²

The psychological power inherent in the role of the physiotherapist can be understood when we consider that disability represents an attack upon the body, personality and external world of the patient. Rush pointed out that “in 50% of adults with a physical disability, emotional factors determined the success of rehabilitation: in children, the figure runs as high as 75%.”³

In this study, the author isolated the helper — the therapist — as the key variable for survey. In the helping relationship, the helper (who is functioning at high levels of interpersonal dimensions) can offer a helpee (who is functioning at low levels) the experience of being understood sensitively and deeply. The ability of the therapist to have insight, self-awareness and self-understanding will enable her to develop genuine and congruent physiotherapist-patient relationships, and ultimately both the patient and the therapist will benefit.

It was hypothesised that, after training in dynamic psychology, perception of self would change in the direction of becoming a self which would seem more comfortable, confident, less anxious and with value goals more readily achievable.

Aims of Survey

To determine attitudes and philosophies of physiotherapists. To determine levels of self-awareness of therapists before and after training.

Subjects

Fifteen final year students participated in the experiment. All subjects were English-speaking, white female and aged between 20-23 years. All had cared for patients during their third and the preceding part of their fourth year training.

The criteria for selection of subjects was experience in clinical physiotherapy. It was thought advantageous to select subjects in an academic environment because they would be more able to judge criteria for education.

Material

The study employed a questionnaire followed by a training session. Questions probed for information about the subjects themselves and their opinions concerning aspects of physiotherapy i.e. subjects' attitudes. Self-awareness was assessed using a semantic differential - the deviation of actual self, i.e. the kind of physiotherapist I actually am, compared to the ideal rating, i.e. the kind of physiotherapist I would like to be, thereby showing the degree of self-deception of self-insight.

Discussion and Analysis of Results

Statistical analysis showed that the general attitude of the subjects was people-orientated, with a 93% positive attitude towards dealing with the public. The results demonstrate that the therapists have insight into the most important motivations in doing what they are doing and are aware of their approach to their work. The subjects' basic attitudes are those which will facilitate therapy, because the primary element in the subjects' value system is other people. One can never be a helper unless one has a desire to help.

As important as the therapist's attitude towards herself is her attitude towards her patient. All the therapists felt that the patients had a right to information regarding their condition, evaluation and treatment process.

The patient's right to know implies responsibility and authority for himself in the care process, therefore decision making must be shared between patient and therapist, unlike the traditional model where the patient becomes the passive recipient of services.

Even though therapists have acknowledged acceptance of this different approach, the question is raised whether these therapists know how to cope with the dynamics of this new kind of person-centred relationship in which the patient assumes a greater authority than the traditional model allows.

Self-ideal Relationship

	Pre-training discrepancy	Post-training discrepancy
Non speaking	9	-1,7
Speaking	14	1,9

The pre-training self-ideal relationship showed a large discrepancy between the person's image of herself and her actual self - a mean score of 11,1. Fifty-three per cent of subjects had a self-ideal conflict above the mean score, showing minimal insight and considerable conflict.

"When self concepts exclude too much 'real self', a person soon experiences certain symptoms, viz. vague anxiety, depression and boredom."

Unless there is a considerable degree of insight, the therapist will not be able to recognise situations where she will be biased by her own prejudices and emotions. She will not be able to understand why there are certain types of patients or problems she is unable to treat satisfactorily.

The Self Ideal Relationship on Retest

All therapists who attended the training programme and voiced an individual statement improved in self-ideal correlations, or retained the same score. The mean pretraining score was 13,8 and the post-training score was 12,1. A mean difference of 1,7 improvement showed a greater congruency between self and ideal in these subjects. The characteristic person who completed the semantic differential has a picture of herself which is far removed from the concept of the physiotherapist she would like to be. During the process of training, sufficient change occurred to result in an increase in congruence of self and ideal at the follow-up test. This confirms the hypothesis that the discrepancy of self and ideal will be reduced over training, changes of self being in a direction of greater self understanding.

The results indicate that students will benefit from this type of training. Further evidence for the necessity of such a programme was elucidated in the follow up questionnaire. All the participants felt that the sessions were of value. In keeping with the generally positive attitude expressed, students felt that a person-centred course should be part of their training (third and fourth year). Ramsden stated that "in order to translate the helping process inherent in the role of the physiotherapist into active, effective and efficient use, the student must be exposed to the interpersonal orientation throughout his educational experience. This exposure should include theoretical and practical experience in the dynamics of interpersonal relations." Dunkel concluded that physicians and physiotherapists had a need for improvement in the areas of interpersonal relations, communications and decision making.

Subjects who did not Speak Individually

The results were greatly affected by subjects who did not expound on their personal characteristics. This group's mean pre-counselling self ideal correlation was 8,7 and the follow up mean score was 10,5 : a mean difference of -1,8, indicative of deterioration.

This has implications which should be applied to teaching. The groups must be small and time must be available for each person to speak individually. However, the results could also indicate that these subjects waited an undue length of time before speaking, thereby resisting exposure and change.

CONCLUSION

The subjects expressed strong sentiments as to having a course in human relationships throughout their physiotherapy training. Such a course would mean realisation of the full potential of physiotherapists. If the 4th year class of 1976 is to be regarded as a sample of the potential quality of physiotherapy professionals, it would be a waste of valuable resources not to take up the challenge of providing opportunities to develop the existing potential.

References

1. Goldin, G. J., The Physical Therapist as "therapist." *Phys. Ther.* 54, 5, 484, 1974.
2. Physiotherapy Careers Leaflet No. 9. B. Leyton and Co. Johannesburg.
3. Rush, H. A., *Rehabilitation Medicine*, 3rd ed., St. Louis, 1971.
4. Jourard, S. M., *The Transparent Self*, D. van Nostrand Co. New York, pp 179-207, 1971.
5. Ramsden, E. L., The Patient's Right to Know Implications for Interpersonal Communication Processes, *Phys. Ther.* 55, 2, 133, 1975.
6. Dunkel, R. H., Survey of Attitudes of Arkansas Physicians and Physical Therapists towards Professional Capacity of the Physical Therapist, *Phys. Ther.*, 54, 6, 584, 1974.

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