

## A Review Of Physiotherapy Profession In India With Swot Analysis

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### Abstract

**Background & Purpose:** After six decades of independence, India has become one of the largest economies in the world. Soon, India is going to be a nation with most number of young and technically sound work forces. This speedy expansion and socio-economic development appears to have a detrimental impact on the health of people. As such, the profession of physiotherapy may be in a extraordinary position to tackle this issue by providing health promoting interventions. Hence, this study was done to explore the current state of physiotherapy in India and provide recommendations for future development and growth.

**Method:** A qualitative research approach was used to conduct an online survey of Physiotherapists & other stake holders in India. The strengths, weaknesses, opportunities and threats framework was used to categorize the emerging themes and provide a basis for strategic directions for the profession.

**Results:** Informants reported that strengths included more requirements for human resource requirement, strong knowledge background, good clinical exposure, increasing awareness and good communication abilities of physiotherapists. Weaknesses included lack of central council, job market, effort-reward imbalance, social prestige, future work force projections and lack of research funding. Opportunities were opening up physiotherapy clinics in rural area, introducing evidence based physiotherapy practice and encouraging the continued physiotherapy education. Threats addressed included increasing trend for home care provider agencies and physiotherapy quacks.

**Conclusion:** SWOT analysis of Physiotherapy profession indicates that status of Physiotherapy profession in India is not up to the mark due to the absence of central regulatory authority.

**Key words:** Physiotherapy profession, status, SWOT Analysis.

### Introduction:

South Asia comprises of India, Nepal, Bhutan, Bangladesh, Pakistan, Srilanka and Maldives. It is the seventh-largest country in the world with the second-most population (with over 1.2 billion people). India is considered to have the populous democracy with fastest growing economy in the

entire world. India has a long land frontier and coastline. It's bounded by the Indian Ocean, Arabian sea, the bay of Bengal to the south, south west and south east respectively, it shares land borders with Pakistan, China, Nepal, Bhutan, Myanmar, Bangladesh to the west; north-east; and to the east respectively. In the Indian Ocean, India lies in the proximity of Sri Lanka and the Maldives; in addition, India's Andaman and Nicobar Islands share a coastal border with Thailand and Indonesia.[1] Soon, India is going to be a nation with most number of young and technically sound work forces.[2]

Ischemic Heart Diseases, COPD, stroke, diarrheal disease, lower respiratory infections, preterm birth complications, tuberculosis, self-harm, falls, road injury are considered

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to be amongst the major causes for mortality and morbidity in India as stated by World Health Organization (WHO2012). The WHO Country Office for India have incorporated the new Country Cooperation Strategy (CCS) 2012-2017 which focuses on promoting access and utilization of reasonable, suitably networked and feasible quality services by the entire population, aiding the Government of India in global health and help them to encounter the new epidemiological reality.[3]

The earliest article in physiotherapy was written by Per Henrik Ling in the year 1813. Later other countries collaborated to different researches. Four Nurses from Great Britain started the Chartered Society of Physiotherapy in the year 1894. Modern physiotherapy was started in 19<sup>th</sup> century. During the 1<sup>st</sup> world war women trained in physiotherapy were enlisted to work with the injured soldiers to rehabilitate them so that they could lead a pain free independent life.[4] In India, this profession is growing up tremendously over the last half century from two year diploma qualified Physiotherapist to Physiotherapist with postdoctoral qualifications. Today, it has become an integral part of health care and an essential requirement for the health care offered to varieties of clients from neonates to elderly with physiotherapy sub-specialties and emerging areas like home based rehabilitation and health promotion.[5]

The evolving public health scenario in India will probably require an equally complex and multifaceted solution involving many sectors. Given that the conditions described as major causes of mortality and morbidity are largely preventable and involve a fundamental element of activity and disability, the role of physiotherapy holds much significance.[6]

However, a literature search on the physiotherapy profession in India produced few relevant published papers, especially as it is related to their role in addressing the most prevalent burden of disease in the country. Thus, in the nonappearance of research evaluating the state of affairs in physiotherapy in India, it may be a challenge for decision-makers and policy-makers to support or expand the carrier options for physiotherapy.

Authors believed that there may be a link between research and policy and hence to support and expand this profession in India there is a clear need to assess the status of

Physiotherapy profession in India. To achieve this objective SWOT format which is an established tool was used for evaluation.

**Methodology:** Qualitative study design in form of online mixed questionnaire survey was used for this research purpose. The study was conducted in three phase such as 1) Identification of key participants, 2) Collection of online survey data and 3) Data analysis. Ethical approval for this study was obtained from institutional ethical committee of Dr. A. P. J. Abdul Kalam College of Physiotherapy, Loni, India- 413736.

**Phase 1-Identification of key participants:** A list of potential participant physiotherapists was generated by the researchers. This included fresh physiotherapists, physiotherapists who occupied junior level, senior level as physiotherapists, faculty members, post graduate students and physiotherapists with Indian educational background working abroad. A total of 59 individuals were invited to participate in this survey through email and social media contacts like face book. The inclusion criteria for this study was willingness to participate in the study and ability to understand and reply this survey in English language.

**Phase 2-Collection of online survey:** For digital and speedy collection of the information,

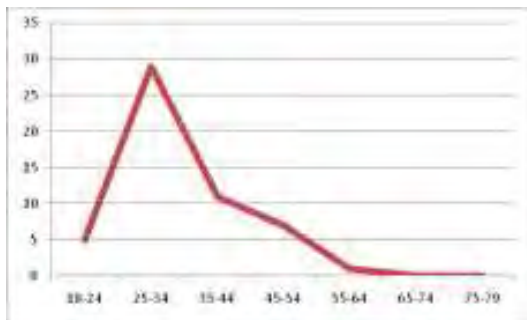
questionnaire was prepared (with the help of [www.surveymonkey.com](http://www.surveymonkey.com)). This was a mixed questionnaire with four closed and four open ended questions (Appendix 1). The questionnaire was sent to participants through email and shared on Face book page repeatedly so as to get better response rate. After one week from 6<sup>th</sup> June 2016 to 11<sup>th</sup> June 2016 the data collection was closed and the data received was analyzed.

**Phase 3-Data Analysis:** The data analysis was done with analyze option in [www.surveymonkey.com](http://www.surveymonkey.com). The research team used a model developed by Houben et al. (1999), along with collective knowledge and perceptions of the profession of physiotherapy to develop operational definitions for the components of SWOT Analysis. As such, 'strength' was identified as a competitive merit internal to the profession. For this study, strength was outlined as any capability of the mutual group of physiotherapists in India that inspire growth and development of the profession.

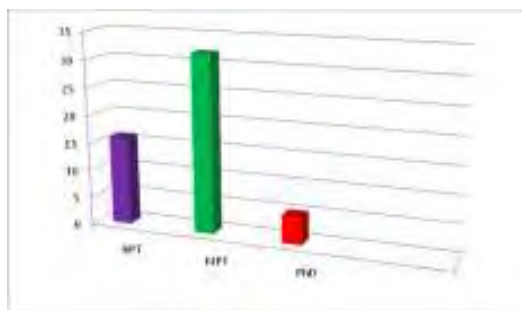
Conversely, ‘weakness’ was defined as the restrictions within the organization that hindered. ‘Opportunity’ were perceptions regarding the strengths similarly, ‘threat’ was defined as any circumstances that could act as a hindrance to the profession.

**Results:**

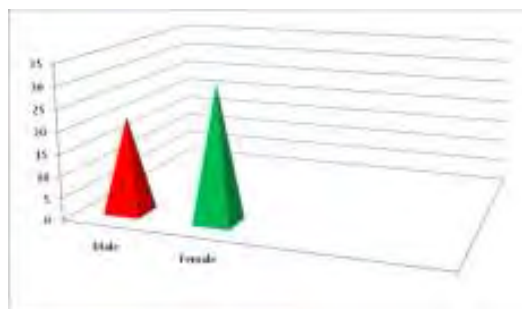
A total of 54 participants completed the questionnaire. This included 27 completed responses through face book social media invitation and 26 through email invitations. Only five email invitations bounced back due to technical reasons. The demographic details of the participants showed that majority of the participant belonged to 25-34 years age group(54.72%), 60% of the participants were female(31/53,) 60.38% MPT( 30/53) qualified physiotherapists and 33% of participants were having less than ten years of experience.(Graph 1-4).



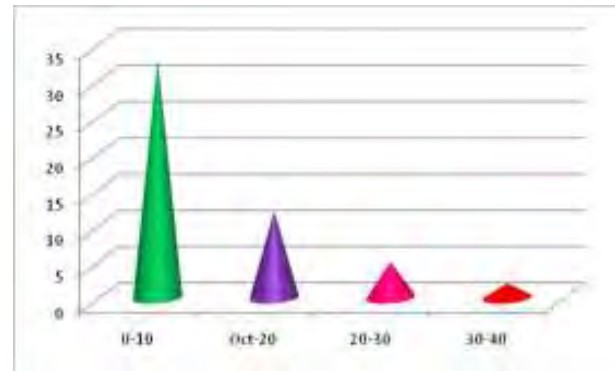
Graph 1: Age of the participants



Graph 2: Qualification of participants



Graph 3: Gender of participants



Graph 4: Work experience of participants

**Strengths:** Lot of responses were put up by the participants but when they were categorized themes like human resource requirement, strong knowledge background, good clinical exposure, increasing awareness and communication were identified as strengths of the physiotherapy profession in India.

**Human resource requirement:** Considering the population of India there is a huge requirement for qualified Physiotherapists who can work in primary, secondary and tertiary health care. In the words of one of the respondents ‘*The need and demand for Physiotherapy is very high. Due to India’s large population, the profession has a very important place in the society.*’

**Strong knowledge background:** Curriculum covers theoretical background in Medical and Physiotherapy subjects that improves the comprehension abilities of physiotherapists that helps them to serve as an expert in movement dysfunction. One of the respondent with foreign academic background and higher experience involved in teaching physiotherapy in India stated ‘*Strong theoretical knowledge on anatomy, physiology, pathology, movement science and research methodology*’ as one of the strengths of Indian Physiotherapists.

**Good clinical exposure:** Early clinical exposure to different types of patient (real life clinical experience) right from undergraduate education in India offers clinical confidence in Physiotherapists all over India. One of the respondent mentioned that ‘*Independent decision making on treatment without role of medical insurance company is possible in our country*’ and the other partaker answered ‘*Due to high number of orients, Therapist*

*get acquainted to all kinds of patients. Practical Experience can help develop more skills than text books ever can!*

**Increasing awareness:** There is increasing awareness about Physiotherapy profession especially in urban areas however efforts through mass media are presently almost missing in this area. Into the words of a female participant who is in the early phase of work experience stated *'The growing awareness and knowledge about physiotherapy is helpful for physiotherapy profession to grow...the willingness to call the therapists him as in home visits is a good thing'*

**Communication:** Physiotherapists get more time to communicate with patients as compared to other health care practitioners and effective communication improves interpersonal relations, confidence and faith in physiotherapists. *'Effective communication due to higher contact time does wonderful things in terms of patient's belief and can be very well seen in metro cities'* expressed one of the respondent.

**Weakness:** Lack of central regulatory authority that can control the profession, job market, effort reward imbalance, social prestige, future work projections and lack of research funding were identified as weaknesses of Physiotherapy profession in India. Despite of repeated efforts by physiotherapists, Central council for this profession has not come into the existence and Physiotherapists in general expect that central council may establish high standards for the profession in terms of pay, position, respect and curb the malpractice.[7] Respondents pointed out weaknesses as *'Physiotherapist does not get the respect and remuneration that he deserves. Lack of central council puts a lot of restrain in the growth'. 'Most important: Lack of unity, lack of independent Centralized Council. Other medical professionals exploiting Physiotherapists to work for cheap salary hence physiotherapists exploiting each other, Physiotherapist approach isn't like doctor as other medical professionals dominate over us'. 'Problem is that we don't have central council and one or two state councils are like toothless tigers'*

**Job market:** The number of jobs available in government sector is less, they are less frequently advertised despite of the vacancies. Pay scale and the grade of pay offered

are extremely low. Private sector jobs offer more or less the same amount but due to increased interaction and availability of social media information, job vacancy reaches faster and easily to interested physiotherapists.[8] One of the respondent informed that *'Pay situation in India is pathetic and physiotherapist does not get respect and remuneration that he deserves'*.

**Effort-reward imbalance:** The average salary for a Physiotherapist is Rs 199,504 per year. Most people with this job get rewarded to other positions after 10 years in this field. Many years of experience strongly influences income for this job. So in general, there is an imbalance between the amounts of effort in financial reward gained through your work as Physiotherapists. *'To meet the financial expenses most of us have to work for an extra hours in clinics or provide home based physiotherapy care'. 'Physiotherapy In India Is Really Pathetic. Nearly 90% of the Physiotherapists who pass out are involving themselves in BPO jobs which give more money. The truth is that one can never ever imagine getting decent living out of Physiotherapy profession in India. This is primarily because of low salaries, no standardization of salaries all over the country and no national council.'* stated two of the respondents.

**Social prestige:** In contemporary society a person's social position, level of education and intelligence are assumed from an occupational label. Some of the participant thought that there is less social prestige for Physiotherapist as compared to doctors.[9] One of the participant mentioned that naturopathy people have assistant who puts on mud therapy and similar interventions and they are called therapists and when you say you are compared to them.

*One of the participant mentioned that he comes from rural area and when he was asked by an old man what he is doing. He said I am working in a hospital as Physiotherapist. Further question that he faced was, was he a doctor and he said no, then he got another question like is he a nurse, he replied no and now this old man saidohh, now I understood, you must be a ward boy.*

**Future workforce projection:** One of the participant stated that there is clear lack of work force projection pertaining to Physiotherapy profession in India that may serve basis for analyzing annual supply of and demand for

physiotherapists across the country. Further, due to the absence of national regulatory authority for Physiotherapy there is no national database stating the number of therapists working, number of graduates likely to get added every year, estimated attrition rate, number of permanent exits from the profession, number of PTs migrated, ratio of PT as compared to population so that estimated number of shortage or surplus number of Physiotherapists is known to the stakeholders.[10]

*‘Unlike developed countries, we do not have system that regulates the number of students coming in physiotherapy against the exact job requirement or available vacancies and that’s how you see waves of saturation or sudden increase in demand’* pointed out one of the answerer.

**Research funding:** Research funding opportunities for physiotherapy research are almost lacking and physiotherapists in general are far away from making research as career [11] One of the respondents reported that *‘One can easily see that only academic research without funding happens in our country and clinicians are neither interested nor involved in funded physiotherapy research’*

**Opportunities:** Opening up physiotherapy clinics in rural area, introducing evidence based physiotherapy practice and encouraging the continued physiotherapy education were some of the opportunities categorized through this survey.

**Rural physiotherapy clinics:** There is lack of physiotherapy clinics located in rural area and Physiotherapists do not dare to open the clinics in such areas considering the out of paying capacity of patients and awareness.[13] So the real opportunities for the development of this profession are to start clinics in rural areas.

**Evidence based practice:** Majority of participants suggested that as today we are practicing more of experience based physiotherapy practice rather than evidence based practice and the concept of evidence based physiotherapy practice needs to be taken up to the grassroots specially to those who are experienced and

didn’t study this as part of their curriculum during their professional education.

**Continued Physiotherapy Education:** There is less attention by employers about acquiring new skills or updating the physiotherapy skills by their physiotherapists. So continued physiotherapy education needs to be made mandatory for physiotherapists, administrators like doctors need to understand that by updating their physiotherapist’s skills quality physiotherapy services can be offered to clients.[14] *There is need for cost-effective continued physiotherapy education and physiotherapists should be educated about its importance.*

**Threats:** Participants felt that various threats/barriers for physiotherapy profession in India may include increasing trend for home care provider agencies and physiotherapy quacks.

**Home based care providers:** Recently home based physiotherapy care providers have come into the market and this might be a potential financial threat for individual physiotherapists offering home care. It is likely that these kinds of agencies will share the profit earned through the efforts of physiotherapists and there is patients may approach these health care providers due to advertisements and app based services that will have more trust.[15] *Physiotherapy home care visits will have growing challenge from home care providing agencies.*

**Physiotherapy Quacks:** At present there is no central controlling authority for physiotherapy profession and hence there is increasing number of physiotherapy quacks with other health care working knowledge or physiotherapy assistant without even graduate qualification offering physiotherapy services.

*‘In our country we need to make people aware that they should ask professional registration or qualification of their physiotherapist but due to absence of central council we are helpless and cannot legally stop the quacks’* states one of the respondent.

**Discussion:**

Objective of this survey was to get an insight into the factors that influence the status of Physiotherapy profession in India. Information regarding internal and external factors obtained through this research may be helpful to decision-makers and policy-makers to guide and amplify this profession. Demographic details of the participants showed that majority of physiotherapists in India are young, master qualified with less than ten years of experience and hence their professional expectations are higher than reality and this mismatch may be one of the challenges to be tackled by professional leadership in this country.

On the basis of the data obtained through this research we strongly feel that so physiotherapy professional associations in India are far away from the trust of practicing physiotherapists Klinger (2000) explored the significance of professional organizations for learning throughout life and noted that perhaps the most applicable use is for professional networking.

Further, we observed that majority of the participants have mentioned that there is increasing awareness while some of them mentioned that there is lack of awareness and after studying this issue we realized that compared to past there is better awareness about physiotherapy in India but we strongly believe that there is still an opportunity for increasing the awareness through mass media and professional physiotherapy organizations are far away from systematic, planned integrated approach in this regard.

Limitations: Survey data collection was limited to only one week. We could not reach to some of the rural physiotherapists who don't have internet availability, whose email id/ social contact was unknown to us and very old experienced physiotherapist who were not well worst with internet surveys and who have taken permanent exit from the profession. It was difficult to check and verify the identity of each participant and the response rate could not be calculated precisely since the link to survey was shared on social media to physiotherapists and non-physiotherapists also.

**Recommendations:** In future similar research may be carried out for longer duration data collection, with software like survio. Audio or video interview may be added for the data collection.

**Implications of the study:** Findings of the study clearly indicate that there is absence of central regulatory authority to protect the physiotherapy profession in India and to achieve and maintain the standards of this profession in par with global standards there is an urgent need for central council. Further, the government should take necessary actions on priority basis to safeguard the physiotherapy profession in India.

**Conclusion:**

SWOT analysis of Physiotherapy profession indicates that status of Physiotherapy profession in India is not up to the mark due to the absence of central regulatory authority.

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