



Original Article

Evaluation of Ageism Attitudes of Clinical Physical Therapists

Kamishwa Noor¹, Tahreen Khalid², Saima Jabbar³, Abdullah Khalid Khan^{4*}, Hafsa Azam⁴, Arslan Anwar⁴ and Umar Khalid Khan⁴

¹Department of Rehabilitation Sciences, The University of Faisalabad, Faisalabad, Pakistan

²College of Physical Therapy, Government College University Faisalabad, Pakistan

³Department of Rehabilitation Sciences, The Green International University, Lahore, Pakistan

⁴University Institute of Physical Therapy, The University of Lahore, Lahore, Pakistan

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*Corresponding Author:

Abdullah Khalid Khan
 University Institute of Physical Therapy, The University of Lahore.
abdullahkhalidkhan8@gmail.com

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ABSTRACT

Considering rising number of older people worldwide, provision of quality healthcare services has become matter of concern. Since, healthcare practitioners' attitudes towards ageism affect quality of the care provided to the older population. **Objective:** To evaluate the ageism attitude of clinical physical therapists towards older people. **Methods:** A cross sectional study was conducted at various public and private sector clinical settings in Faisalabad. 118 participants who were clinical physical therapists with at least one-year clinical experience, currently practicing and willing to participate were included. Geriatrics attitude scale and facts on aging scale were used as outcome measures. SPSS(V.24) was used for analyzing the data and results were interpreted using frequency tables and chi square. **Results:** The 83.1% participants belonging to age group 24-30 years while 79.7% were female physical therapists. 80.5% had been working for more than one year. Attitude was measured with GAS at once time. 68.5% of the people gave positive attitude toward older people. Knowledge was measured with FAQ scale at once time. 51.1% of the participants have maximum knowledge about older people. Interpretation of chi square showed there was no correlation between attitude and knowledge of the physical therapy clinicians ($p > 0.05$). **Conclusion:** This study concluded that clinical physical therapists were bearing positive attitude towards older people being aware of the ageism facts. However, there was no correlation found between clinician's knowledge and ageism attitude.

INTRODUCTION

Ageism is defined as stereotypes, prejudice and discrimination that is how we think, how one feels, how one acts toward the older people [1]. Ageism is about partiality against the older people or the association of negative attribution against the old people [2]. Aging is one of the most important demographic issue of the 21st century [3]. The older people are becoming one of the leading users of the health care resources that are present in the health care system. The increase in the number of older people have modified the family structure of the population and increase the need of the health care professional for them outside the family environment [4]. The rise in the elderly

population are being observed in the whole world and same kind of trends are present in Asia and also in Pakistan. A developing country like Pakistan who are facing many challenges that makes the life difficult and challenging for the elderly population like weak pension system, unsteady economic growth, instability in politics, less savings for elder people. In Pakistan, the medical needs and psychosocial needs are not properly filled. The limitations in the assessments of older people in Pakistan are due to lack of awareness about geriatrics, lack of support, carelessness and negative attitude towards the older people [5]. Over 2 million senior citizens were living in Pakistan in 1951

according to population census and the number increases in 1998 to 7.3 million. Today, the number of senior citizens in Pakistan are more than 20 million. The expectancy of life in Pakistan has increased over the last 3 decades and it is estimated to about 72 years by 20236. In Pakistan, the age of retirement from the job is 60years, the people who are beyond 60 years are considered as old. They do not get proper medications and healthcare services for themselves due to financially dependency on others [6]. In Pakistan, the older people are mostly dependent on the family financially and they have to seek help from the family members to meet their medical needs after retirement, this trend also plays role in decline of health status of the older people [7]. Geriatrics focuses on the health of the older people to improve their quality of life and to prevent the diseases and disabilities in them [6]. Physical therapist study geriatrics as part of their course work, a specialized area of medical field that is not even recognized in the Pakistan and nor practiced [8]. In Pakistan, the geriatrics is not recognized as a separate field and the old people are treated by the common practitioners and other specialists [9]. Health system of Pakistan is not fully developed and many areas of the field is neglected, geriatrics is one of them. The ignorance of the geriatrics affects the health of the older people in the Pakistan in a negative way [7]. With the increase in the age, the level of disability also increases. To deal with the increase in the disability, there is need of more physiotherapy consultants [9]. There is increase in the number of physical therapy clinicians across the country over the years. The attitude towards the older people depends on the culture of that particular society and vary from one culture to another. In some communities older people have high status and are treated with respect and in some communities older people are considered as useless and this negative attitude towards older people have adverse effect on their health. The increase in the number of older people increases the need of physiotherapists. The negative opinions of the physiotherapists towards the older people also have negative affect on their desires to treat the older people and to work with them [10]. The negative or positive attitude of the health care providers towards the older people affect the quality of care. The negative and wrong attitude of health care providers toward the elder population decrease the effectiveness of the health care services [11]. The physiotherapist's ignorance and generalization of the older people cause negativity in their behavior towards the older population. The physiotherapists who interact with the older people on the daily basis and have better communication have more positive attitude towards them as compared to the physiotherapists who do not interact with the older people

on daily basis. The physiotherapist with more positive attitude towards the older people can provide better rehabilitation to them to maintain and improve their health [12].

METHODS

A cross sectional study design was used in this research. Data were collected from multiple hospitals and private physiotherapy clinics. Duration of 4 months was spanned to complete this study after seeking approval from the ethical committee of the University of Faisalabad. Both male and female practicing clinical physiotherapists with more than 1 year's experiences working in either public or private sector organizations were eligible in this study. Freshly graduated physical therapists, academicians and other healthcare providers were excluded. Sample size of 118 participants was calculated using Openepi sample size calculator. Non probability purposive sampling technique was used to access the study participants. First of all, participants were asked to give written consent form and demographic information. Two tools were used to measure the attitude and knowledge of the clinicians' physiotherapist about older people. One is GAS (geriatrics attitude scale) and second is FAQ (facts on aging scale). GAS is used to measure the participant's attitudes towards older people. GAS consists of 14 different questions with 5 grades; 1 is strongly disagree, 2 is somewhat disagree, 3 is neutral, 4 is somewhat agree and last one is strongly agree. FAQ is used to measure the participant's knowledge towards older people. It consists of 50 different questions about older people. It was knowledge based question with YES or NO options. SPSS (Version 24.0) was used for the purpose of data analysis. Qualitative variables were interpreted using frequency and percentage while quantitative variables were expressed using mean and standard deviation. The correlation between attitudes and knowledge of physical therapists was measured using chi-square test whereas $p < 0.05$ was considered significant.

RESULTS

Sociodemographic profile of the participants is shown in Table 1 where 60.2% of the participant was working on their private clinics, 9.3% of the participant was working on public set ups, 30.5% participant work on both public and private setups. 79.7% of the participant was female and 20.3% was male. 46.6% of the participant was done with their post-graduation.

Parameters	Frequency	Percent	
Gender	Male	24	20.3
	Female	94	79.7
	Total	118	100.0
Clinical setting	Public	11	9.3
	Private	71	60.2
	Both	36	30.5

Age Group	Total	118	100.0
	24-30	98	83.1
	31-35	19	16.1
	36-40	1	0.8
	Total	118	100.0

Table 1: Sociodemographic Characteristics of Participants

The descriptive statistics of both outcome measures is shown in Table 2 where the mean score of geriatric attitude scale (GAS) and facts on aging scale (FAQ) was interpreted along with standard deviation. 68.5% of the people give positive attitude toward older people (3.42 ± 0.55). 51.1% of the participants have maximum knowledge about older people based on FAQ questionnaire (0.51 ± 0.07). The interpretation of chi square test showed there was no correlation between attitude and knowledge of the physical therapy clinicians.

	Minimum	Maximum	Mean+SD	p-value
GAS	1.00	5.00	3.42+0.55	0.928
FAQ	0.38	0.72	0.51+0.07	
N	118			

Table 2: Descriptive Statistics of GAS and FAQ

DISCUSSION

The study was conducted to evaluate the attitude of physical therapists towards the older population as the use of physical therapy services are increasing day by day and it is necessary to prepare the physical therapists to manage the increase demand of the services. The results of the study were comparable with the previous literature. Blackwood et al., conducted study in Turkey to evaluate the attitude of the physical therapy students towards the older population showed the mean UCLA-GA score was 48.18 ± 5.67 . Female students demonstrated more positive attitude towards the elderly population ($t = -1.983$, $p < 0.05$). The students who were living with the old person shows more positive attitude as compared to others ($t = 2.864$, $p < 0.05$) [12, 13]. Another research conducted by Açıkgöz et al., in University of Sydney demonstrated similar results where result of the study showed students results 78.3% positive responses on the GAG scale with no change in over time ($p = 0.56$). The initial responses on FAQ1 were 43.6% were correct that change with 51.7% over time ($p = 0.0001$) [14]. The results of the study also coincide with the previous research conducted in Turkey to evaluate the attitude of students of rehabilitation towards the ageism. Bakirhan et al., study results showed that mean score on AAS was 81.0 ± 9.5 . The mean scores of the "restricting life of elderly", "positive ageism", "negative ageism" were 34.3 ± 4.0 , 28.7 ± 5.2 , and 18.0 ± 3.4 respectively [15]. The female students have more positive attitude towards the older population. As majority of this study participants are females hence supported by the evidence. Another study was conducted to determine the attitude of physical therapists towards

the older people and the factor analyzing the have impact on the attitude of the physiotherapists towards the elderly population. The Kogan attitude towards Elderly scale and Jefferson Empathy Scale were used in the study. The average Kogan Attitude towards Elderly scale was $M(SD) = 100.7(17.46)$. Results of study augmented the evidence that the empathy is the factor that prevent the negative attitude of the physical therapist towards the older population [16-19]. While a research was carried out among different healthcare professionals and to determine the attitude of different health professionals towards the older population. This study suggests that the physicians have more negative attitude towards the older population as compared to nurses, therapists. The personal aging anxiety is also linked with more negative attitude towards the older population [20-23]. Current study did not compare the attitudes of physical therapists with other health care professionals, so the comparable attitude towards ageism could not be expressed.

CONCLUSIONS

This study concluded that clinical physical therapists were bearing positive attitude towards older people being aware of the ageism facts. However, there was no correlation found between clinician's knowledge and ageism attitude.

Conflicts of Interest

The authors declare no conflict of interest

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