# CHALLENGES AND VISIONS OF THE PHYSIOTHERAPIST PROFESSION IN ALBANIA

## Rezarta STENA<sup>1\*</sup>, Klara HYSENAJ<sup>2</sup>, Armelda TETA<sup>3</sup>, Blerina BANI<sup>4</sup>

<sup>1</sup>Pre-clinical Department, Faculty of Medical and Technical Sciences, AL
<sup>2</sup>Clinical Department Faculty of Medical and Technical Sciences, AL
<sup>3</sup>Nursing Department Faculty of Medical and Technical Sciences AL
<sup>4</sup>Pre-clinical Department, Faculty of Medical and Technical Sciences, AL
<sup>\*</sup>Corresponding Author: e-mail: rezarta.stena@uniel.edu.al

#### Abstract

**Aims:** The purpose of this study is to highlight the problems that physiotherapists in Albania face during their daily working and to promote the role of these professionals in patient management emphasizing their visions in the further evolution of this field.

**Methodology:** This cross-sectional study was realized through self-administered questionnaires, according to the latest studies, published by PubMed, Google Scholar, Scopus and Physiotherapy Databases Evidences with keywords: physiotherapy, profession, science; as well as American Journal of Physical Therapy recommendations. The questionnaire consisted on 3 sessions. First session included general data, second session addressed problems faced in daily working and third session the visions for the future of this profession in our country. The statistical analysis was performed via SPSS system.

**Results:** In the study participated 84 physiotherapists, with a predominant age of 30, where 65.9% of them work in a private institution. The main difficulties that physiotherapists face in daily work are few referrals from doctors (39%) and the lack of standardized protocols (34.1%). The challenges of this profession in Albania are lack of support structures (44%) and pay level (25.6%). The greatest interest in the field of physiotherapy in our country is the identification and promotion of the figure of physiotherapist, professional autonomy, new therapeutic modalities and ongoing education and training.

**Conclusions:** Creating support structures that represent common interests of physiotherapists the increasing of cooperation between doctors and physiotherapists; the increasing of professional autonomy level; as well as offering education and frequent trainings based on standardized protocols and latest scientific researches.

Keywords: physiotherapy, professional, challenges, future

#### Introduction

In Albania, physiotherapy is a new branch that is not very well known to the Albanian people. At the beginning of the 19th century, physical factors of nature such as thermal waters, thermal baths, and climacteric factors were used to treat various pathologies. From a poor and small physiotherapy ward in Tirana city with empirical procedures inherited from the past, our country today has a wide network of physiotherapy wards, distributed in different cities. These wards have gradually evolved, possessing efficient and modern equipment.[4] In 2006, at the University of Tirana, the Faculty of Nursing opened for the first time a physiotherapy branch, where physiotherapists were trained and taught by Belgian pedagogues. The lack of information in this area made our first professionals go through many challenges. Society's awareness, the information from various sources, and the hard work of all the medical and academic personnel to give life to and develop this area were successful.[5] Physiotherapists in Albania, as in many other countries, still fight and work not only with patients for quality and safe health care but also for a stronger professional identity to acquire their professional competencies.[2,4] Physiotherapists promote good health by encouraging their patients to improve and increase their independence. The purpose of physiotherapy is to help patients restore normal function or reach their maximum potential. In this context,

physiotherapists focus on reducing pain, improving balance, improving muscle strength and motor control, improving cardiovascular and respiratory function, and increasing the range of motion in the joints. The physiotherapist's role also includes the education of the patient and their familiarity with managing the condition to promote maximum quality of life. [3]

Physiotherapy interventions include exercise therapy, joint manipulation, massage, hydrotherapy, thermal/cryotherapy, electrotherapy, etc.[2,8] This profession relates to other professions such as nursing or occupational therapy, chiropractic, and osteopathy. Regardless of this relationship to practice, the knowledge and approach to patient management clearly distinguish physiotherapy from other health professions. Physiotherapy includes important knowledge of all health professions in areas such as anatomy, pathology, biomechanics, psychology, etc., as well as specific knowledge for physiotherapists.[7]

Throughout the world, significant changes in populations, cultures, and healthcare systems affect in different ways the practice and organization of the physiotherapy profession. The World Health Organization (WHO, 1994) has identified the main stimulus factors for changes in health services at an international level. They include cost limitations, population aging, the impact of technological advances, increased consumer expectations and knowledge, and the desire for improved health outcomes. Physiotherapy has responded in many international ways to these challenges: physiotherapists have learned to work in a world arena, in a competitive and fast market, with changes in the local context, cooperation in teamwork, etc.[2,6] Physiotherapists must be competent practitioners demonstrating accountability and responsibility. The practice of physiotherapy demonstrates many similarities worldwide, despite local variations related to the structure and financing of health care systems; others are related to the development and profile of the profession. The Congress of the World Confederation for Physical Therapy brings together physiotherapy educators, researchers, and clinicians from around the world to review and update professional knowledge and practice.[5,7] Physiotherapy in developed countries has reached a consolidation stage of its professional development. This is proven in status level, qualification, and recognition, expanding the knowledge of this discipline, critical self-evaluation, and advances in clinical practice and specialization.[6]

## Objectives

The purpose of the study is to highlight the problems that physiotherapists in Albania confront during their daily work in order to improve the role of these professionals in patient management and to create their visions for the further evolution of this area in our country.

## Specific objectives

-Identifying physiotherapists' roles in our health-care system and emphasizing their specific competencies.

-Improvement of healthcare service models offered to their patients

-Professional practice is expanded by providing environments and equipment.

-Developing future aspirations for this area in our country

## Methods

The type of study is a cross-sectional study.

The sample of the population in the study: This study included 84 physiotherapists from private and public institutions in Albania. Physiotherapists who have emigrated or who work abroad were excluded from this study.

*Instrument:* The study was based on self-administered questionnaires, realized during the period of June– October 2022 through Google Forms, according to the latest studies published by PubMed, Google Scholar, Scopus, and Physiotherapy Databases Evidences with keywords "physiotherapy, profession, science," as well as the American Journal of Physical Therapy recommendations.[1] The questionnaires were shared electronically, and it consisted of 3 sessions. The first session included general data; the second session addressed problems faced in daily work; and the third session included visions for the future of this profession in our country.

*Statistical analysis:* Statistical analysis was performed using the SPSS for Windows version 15.0 software (SPSS Inc., Chicago, IL, USA).

*Ethic's problems:* All the physiotherapists approved of their participation in the study and filled out the questionnaire.

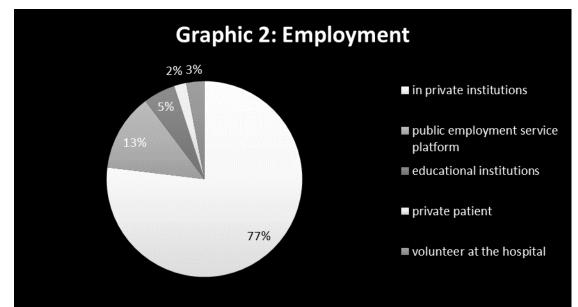
## Results

The questionnaire was completed by 84 physiotherapists, with a predominant age of 27 and a predominant gender of female (61.4%). Physiotherapists were employed at 23% in public institutions and 66.3% in private institutions. The majority of physiotherapists working in Albania (62.7%) have a master's degree, and 88% are licensed. According to their work experience, about 41% of them have 2 years of work experience, 27.7% have 2-5 years, and 31.3% have over 5 years.



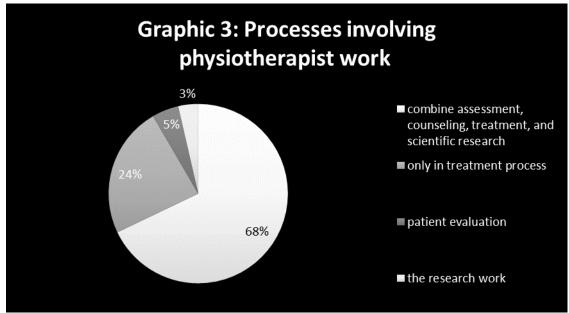
Profession chosen by personal desire (78.6%); profession chosen as a suggestion from a relative (8.3%); profession chosen for emigration(8%) (graphic 1).

Based on these data, we conclude that the physiotherapy profession is very desired in Albania, and most participants chose this profession on their own. The main information sources that physiotherapists use were: 39.3% hospital practices; 27.4% seminars and training; 20% bachelor's and master's degrees; and 14% access to literature. The majority of the study's population is based on hospital practices and seminars to educate themselves prior to practicing their profession.



According to employment: 76.9% in private institutions and 12.8% through the public employment service platform. (graphic 2)

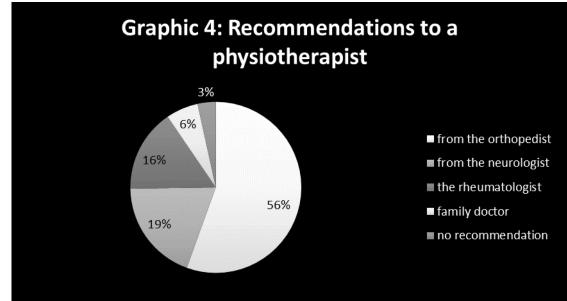
The employment process in public institutions is very difficult for the professionals in Albania because about 80% of these professionals work privately.



Most of physiotherapists in Albania (67.9%) during their work combine assessment, counseling, treatment, and scientific research, and 23.9% are focusing only in treatment process. (graphic 3)

The main competencies considered to make "a good physiotherapist" according to the responses to the questionnaire were: professionalism; communication and collaboration; ongoing training and education. Physiotherapists in Albania used a combination of processes to treat patients on a daily work such as manual, neurodevelopment techniques, cardiopulmonary, and electrotherapy cited by 46.4% of physiotherapists in the study.

The respondents refer that they use both types of techniques with patients, such as separate manual therapy and that combined with instruments.



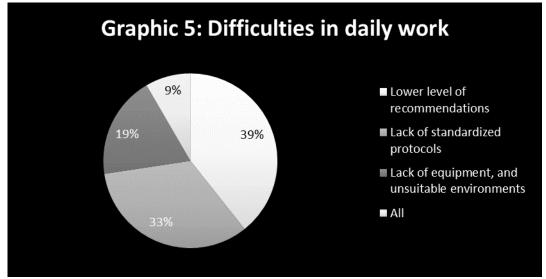
Recommendations from the orthopedist were 54.8%, 19% from the neurologist, and 15.5% from the rheumatologist. (graphic 4)

The most frequent collaborations with physiotherapists in Albania are with orthopedists. The average number of patient treated by physiotherapist per day is more then 5 patient per day cited by 44% of physiotherapist in the study, 1-3 patient treated per day is cited by 33% and 3-5 patient treated per day is cited by 23% of physiotherapists. Almost half of physiotherapists treat more than 5 patients a day.

Specialists doctors recommend 3-5 patients per week. Physiotherapists refer that the patient comes with a clear diagnosis from the doctor but requires a re-evaluation from a physiotherapeutic point of view. 44.1% of physiotherapists refer that they need 11 to 30 minutes to structure a rehabilitative program; 24% require 31 to 45 minutes; and 21% require 1 to 10 minutes. Physiotherapists in Albania are sufficiently (53%) updated with new modalities and international protocols.

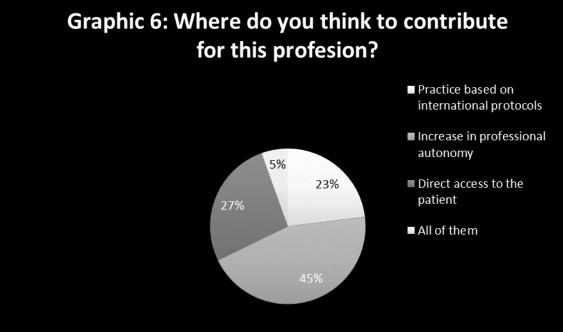
The most efficient approaches used for clinical cases are systematic reviews (47.6%), clinical guidelines (26.2%), and descriptive studies (22.9%).

Physiotherapists report that they use the Internet most of the time (50-70% of the time) to search for information about their work. The most used electronic databases are 46.4% PubMed and 42.9% Google Scholar.



The main difficulties encountered in their daily work are few recommendations from the doctor (39.3%), a lack of standardized protocols (33.3%), a lack of equipment, and unsuitable environments (19%). (graphic 5)

Some of the challenges of the physiotherapist profession in Albania are the lack of support structures cited by 44% of the physiotherapists in the study, the lack of databases and documents cited by 21% of them, the low level of salary cited by 18% of them, and the lack of professional autonomy cited by 14% of them.



It is essential in Albania to contribute in practice based on international protocols, professional autonomy and direct access to the patient to raise the role of physiotherapist in health services and community. (graphic 6)

## Conclusions

It is important to create support structures to represent the common interests of physiotherapists for a stronger professional identity and the acquisition of specific professional competencies. Another important conclusion is that an expanded scope of professional practices and ongoing education and treatments based on standardized protocols and the latest scientific research will improve the quality and safety of care delivery. Increasing the level of professional autonomy and direct access to the patient will strengthen the role of the physiotherapist in our country. A high level of cooperation between doctors and physiotherapists will increase the recommendations to physiotherapists, and we will have more patients to evaluate and treat with physiotherapeutic techniques.

*Ethics Committee Approval:* All the physiotherapists approved of their participation in the study and filled out the questionnaire. For all these data, the principle of confidentiality will be applied, based on Law no. 9887, dated March 10, 2008, "for the protection of personal data" in the Republic of Albania.

*Data Sharing Statement*: The data that support the findings of this study are available from the corresponding author upon reasonable request.

*Author Contributions:* RS conceived and designed the study. All authors collected the data. AT analyzed and interpreted the data. KH, BB drafted the manuscript. All authors critically revised the manuscript for important intellectual content; all authors gave approval of the version to be submitted; all authors agree to be accountable for all aspects of the work.

*Conflict of Interest:* The authors declared no conflicts of interest with respect to the authorship and/or publication of this article.

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#### References

- Alnaqbi A, Shousha T, Al Ketbi H, Hegazy FA. Physiotherapists' perspectives on barriers to implementation of direct access of physiotherapy services in the United Arab Emirates: A cross-sectional study. PLoS One. 2021 Jun 11;16(6):e0253155. doi: 10.1371/journal.pone.0253155. PMID: 34115810; PMCID: PMC8195403
- [2]. Bury TJ, Stokes EK. Direct access and patient/client self-referral to physiotherapy: a review of contemporary practice within the European Union. Physiotherapy. 2013 Dec;99(4):285-91. doi: 10.1016/j.physio.2012.12.011. Epub 2013 Mar 26. PMID: 23537881.
- [3]. Dean E. Physical therapy in the 21st century (Part I): toward practice informed by epidemiology and the crisis of lifestyle conditions. Physiother Theory Pract. 2009 Jul;25(5-6):330-53. doi: 10.1080/09593980802668027. PMID: 19842862.
- [4]. Dizon JM, Grim mer-Somers K, Kumar S. The physical therapy profile questionnaire (PTPQ): development, validation and pilot testing. BMC Res Notes. 2011 Sep 19;4:362. doi: 10.1186/1756-0500-4-362. PMID: 21929815; PMCID: PMC3182925
- [5]. Kumar SP.Physical Therapy: past, present and future- a paradigm shift. 2010 Jan, J Phys Ther. 2010; 1:58-67
- [6]. Kurunsaari, M., Tynjälä, P., & Piirainen, A. (2021). Stories of professional development in physiotherapy education. Physiotherapy Theory and Practice, 1–14. doi:10.1080/09593985.2021.1888341
- [7]. Nicholls DA, Holmes D. Discipline, desire, and transgression in physiotherapy practice. Physiother Theory Pract. 2012 Aug;28(6):454-65. doi: 10.3109/09593985.2012.676940. PMID: 22765216.
- [8]. Ponomarenko GN. [Physical therapy: prospects for the systematic development]. Vopr Kurortol Fizioter Lech FizKult. 2017 Dec 28;94(6):59-64. Russian. doi: 10.17116/kurort201794659-64. PMID: 29388935.
- [9]. Tartari. N, Vreto. J, Fizioterapia, 1978,3-9