

A Review of Health Promotion Practices Among Physiotherapists In Africa

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Abstract

To cite: Musonda N, Simpamba MM. A Review of Health Promotion Practices Among Physiotherapists In Africa. *JPRM* 2021,3(1):14-19. doi: 10.21617/jprm2021.315.

Background: Physiotherapists are better placed to spearhead health promoting activities by encouraging health enhancing lifestyles as part of their practice. This study reviews health promotion practices of Physiotherapists in African countries in order to identify gaps and make recommendations to improve the health promotion practices.

Methods: This narrative review was developed from a literature review of previous studies on health promotion practices among physiotherapists in Africa, which were published in English from the years 2010-2020, retrieved from Google Scholar and PubMed. Only articles that focused on health promotion, physical activity, practices, Physiotherapy and Africa were included.

Results: Nine (9) studies met the inclusion criteria for this review. Five (5) studies were from Nigeria while one study each from Rwanda, South Africa, Ghana and Ethiopia. Most studies reviewed used quantitative cross-sectional surveys. The focus of these studies were mainly exploring Physiotherapists' knowledge, attitude and practices towards health promotion and physical activity promotion. Others looked at Physiotherapy practices with regards to counselling, risk factor assessment and interventions as well as perceived barriers and educational needs.

Conclusion: It is evident that there is little research done on health promotion practices among Physiotherapists in African countries. There is need to conduct more studies in this area in order to identify the challenges and improve the health promotion practices among Physiotherapy practitioners in the region.

Keywords: *Physiotherapy, practices, Health promotion, physical activity, African countries, barriers, facilitators.*

INTRODUCTION

The global increase in morbidity and mortality from NCDs has led the international Physiotherapy bodies to call on all Physiotherapy practitioners to adopt strategies that incorporate health promotion (HP) strategies within their practice in order to reduce the prevalence of these conditions [1]. Physiotherapists have the potential to drastically reduce the burden of NCDs and disability if they adopt a health-focused care into their practice [2].

Over the past two decades, the burden of NCDs has risen globally including in sub-Saharan Africa, due to rising prevalence of risk factors such as unhealthy diets and decreased physical activity among others [3]. WHO estimates show that close to 80% of deaths from NCDs occur in low and middle income countries (LMICs), while in Africa, deaths from NCDs are expected to exceed that of communicable, maternal, perinatal and nutritional diseases in the next two decades [4]. While individuals with NCDs in high income countries will have access to appropriate preventive and curative services including insurance cover, individuals with NCDs in LMICs such as those in Africa are less likely to have access to effective health care services or insurance cover for these conditions.

Majority of NCDs such as cardiovascular diseases, cancers, chronic respiratory diseases and diabetes are preventable because they share four common behavioural risk factors namely tobacco use, unhealthy diet, physical inactivity and harmful alcohol intake [5]. Empirical evidence indicates that the burden of NCDs can be significantly reduced by cost-effective preventive and therapeutic measures [5]. African countries which are already burdened by other health and economic challenges can take advantage of these low cost preventive measures to address the scourge of NCDs in the region.

Pharmacological management of NCDs have not yielded impressive outcomes compared to non-pharmacological and less costly behavioural health promotion interventions [6]. All health care providers are therefore called upon to address the health concerns of their patients and clients using health promotion strategies in order to improve their health and reduce the cost of care [7]. Physiotherapists, who are specialists in non-invasive modalities such as health education and exercise prescription are uniquely qualified and positioned to promote healthy communities through the wellbeing of its individuals [6]. Physiotherapists need to take up their role in

spearheading health promotion programmes other than the current prevailing situation where other health care professionals such as Physicians and nurses are taking the lead in regulating health promotion programmes [8]. The purpose of this narrative review was to investigate health promotion practices among Physiotherapy practitioners in African countries. Evidence from this review would be used to identify gaps in health promotion practices among Physiotherapists in the region and make recommendations on how these gaps can be addressed to improve the health promotion practices of Physiotherapy practitioners in African countries.

METHODS AND MATERIALS

Database searches were carried out for relevant peer-reviewed articles, using the search terms “Physiotherapy”, “Physical therapy”, “physical activity”, “health promotion”, “practices” and “Africa”. This review article was conducted based on the previous studies published in English from the years 2010-2020, which were retrieved from Google Scholar and PubMed. Only articles that focused on health promotion, physical activity and Physiotherapy practices in Africa were included.

Studies that were done on Physiotherapy practitioners in African countries and involved health promotion practices among the respondents between 2010 and 2020. Among the studies that were excluded from the review were those that focused on health promotion habits and physical activity levels of Physiotherapists instead of practices, and those that had Physiotherapy students as respondents.

RESULTS

Through the literature searches, 30 titles were identified from PubMed and Google scholar. Out of the 30 articles identified, only nine (9) met the inclusion criteria which was related to health promotion practices of physiotherapy practitioners in African countries. From the nine (9) studies that met the inclusion criteria, five (5) studies were from Nigeria while Rwanda, South Africa, Ghana and Ethiopia had one study each. Table 1 indicate studies that were included in this particular narrative review.

The main objectives of studies reviewed included exploring Physiotherapists' knowledge, attitudes and practices towards health promotion and physical activity, determine Physiotherapists' practices in counselling, risk factors assessment and interventions and their perceived barriers and

educational needs to improve health promotion.

Table 1: Studies that met the inclusion criteria

Author	Year of publication	Title
Bulcha, G. and Melakud, L.	2019	The role of physical therapists' knowledge, attitudes, and practices in health promotion in Arsi zone, Southeast Ethiopia.
Boakye, H., Quartey, J., Baidoo, N.A. and Ahenkorah, J.	2018	Knowledge, attitude and practice of physiotherapists towards health promotion in Ghana.
Abaraogu, U.O., Ogaga, M.O. and Dean, E.	2017	Practices of Nigerian physiotherapists with respect to lifestyle risk factor assessment and intervention: a national cross-sectional survey.
Oyeyemi, A.Y., Yunus, R.H., Oyeyemi, A.L. and Usman, Z.	2016	A survey of physiotherapists on physical activity promotion in northern Nigeria.
Abaraogu, U.O., Ogaga, M.O., Odidika, E. and Frantz, J	2016	Promotion of healthy nutrition in clinical practice: A cross-sectional survey of practices and barriers among physiotherapists in southeast Nigeria.
Abaraogu, U.O., Edeonuh, J.C. and Frantz, J.	2016	Promoting physical activity and exercise in daily practice: current practices, barriers, and training needs of physiotherapists in eastern Nigeria.
Taukobong, N.P., Myezwa, H., Pengpid, S. and Van Geertruyden, J.P.	2014	Knowledge, attitude and practice about health promotion amongst physiotherapists' in South Africa.
Frantz, J.M. and Ngambare, R.	2013	Physical activity and health promotion strategies among physiotherapists in Rwanda.
Aweto, H.A., Oligbo, C.N., Fapojuwo, O.A. and Olawale, O.A.,	2013	Knowledge, attitude and practice of physiotherapists towards promotion of physically active lifestyles in patient management.

DISCUSSION

This narrative review was conducted on studies that focused on health promotion (HP) practices among Physiotherapy practitioners in Africa. We did not find any other review that focused on studies on health promotion practices of Physiotherapy practitioners in Africa. The small number of studies included in this review could be partly due to the duration of the search period (2010-2020), narrowing search terms to studies that included only Physiotherapy health promotion practices in Africa and the paucity of research in this area in the region.

The overall findings from this review showed that Physiotherapists in Africa had good knowledge and positive attitudes towards health promotion practices. However, some studies found no association between having knowledge and positive attitudes towards health promotion with the actual practices [9, 10, 11]. The most

common health promotion practice among Physiotherapists was giving advice on physical activity or encouraging their patients and clients to lead physically active lifestyles. Other health promotion practices involved risk factor assessment such as cardiovascular risks and diabetes, educating patients about health related risks, giving advice on diet, injury prevention, emotional support, advice on work place ergonomics and posture correction.

Although respondents reported these practices, some studies showed that only a few Physiotherapists would incorporate these health promotion strategies into their practices [12, 10]. In a study that was done in Nigeria to determine the practices and barriers to diet counselling among Physiotherapists, it was reported that despite acknowledging the importance of dietary counselling, majority of the respondents only considered using dietary counselling on patients

that had risk factors [13]. In order to improve their health promotion practices, Dean [6] noted that Physiotherapists are expected to have competencies in health and risk factor assessment as well as prescription of interventions to enhance the health and well-being of their patients and clients. Proposed areas of Physiotherapy health promotion interventions are smoking reduction and cessation, weight control, physical activity, exercise prescription, stress reduction and management, sleep hygiene and optimisation and alcohol/drug abuse [6].

In this review, most studies also reported on barriers and facilitators to health promotion practices among physiotherapy practitioners. Facilitators that were reported in the reviewed studies included covering health promotion content at undergraduate level, longer clinical work experience, a positive attitude towards health promotion, good knowledge of health promotion strategies and having attended short courses in health promotion. These facilitators were slightly different from those reported in some high income countries. A comprehensive list of facilitators of health promotion practices among Physiotherapists from a high income country was extracted from a study that was done in the UK. The main objective of the study was to understand the Physiotherapists' experience of physical activity promotion in clinical practice [14]. The facilitators that were reported are as follows: 1) Follow-up patient/client appointments which provided flexibility for discussing physical activity with clients; 2) Availability of supporting resources such as smart phone apps, assessment tools, wall displays and policy documents; 3) Collaboration with other services that support physical activity; 4) Physiotherapists' personal experiences with physical activity and; 5) Positive alliances between the Physiotherapists and their patients or clients [14].

Barriers that were reported in studies reviewed in the current review included lack of time (most cited), lack of access to specialists such as dieticians and counsellors, inadequate knowledge about health promotion strategies and uncertainty about which health promotion strategies to use for specific risk factors such as smoking and harmful alcohol intake. In addition, one study that was done in Rwanda cited lack of policies on physical activity and health promotion practices, cultural influences, nature of the Physiotherapists work and lack of infrastructure [15]. From the high income countries, complexity of patients in terms of co-morbidities and diverse

social and economic circumstances, cultural differences among Physiotherapists and the acute setting of physiotherapy practice environment were all reported to make it difficult to practice health promotion within the Physiotherapists' practices [14]. Other barriers which were mainly from high income countries as reported by Benzer [7] are as follows: Lack of time; Lack of interest or awareness of patient/client, other health care providers and the public about Physiotherapists being providers of health promotion services; lack of education or knowledge, lack of reimbursement, lack of resources, limited counselling skills, lack of self-efficacy, focusing on secondary and tertiary prevention and the perception that the Physiotherapy work environment is not ideal for practicing health promotion.

Health promotion practices among physiotherapy practitioners in Africa

All the studies reviewed showed that physiotherapists have good knowledge and positive attitudes towards health promotion and some of them actually use these strategies in their practice. Most common health promotion strategies used include giving advice or promoting physically active lifestyles. Other strategies used are assessment of health education or advice on healthy diet and risk factor assessment. One study that was done in Nigeria to describe lifestyle-risk factor assessment and intervention among Nigerian Physiotherapists reported that physiotherapists were more likely to assess patients for risk factors, especially physical inactivity and blood pressure, on the first visit than on follow-up visits [12].

In another study that was conducted in South Africa, it was reported that although 79% of respondents had good knowledge and attitudes towards health promotion, only 47% were reported to have been integrating health promotion practices in their work [10]. In a study that was done in Ghana, it was reported that the health promotion practices among Physiotherapists included advising clients to use seat belts when driving to prevent injuries, giving advice on ergonomic work station at work place and educating their clients on posture correction and lifting techniques [9].

Facilitators to health promotion practices among Physiotherapy practitioners

Factors that were found to enhance health promotion practices among physiotherapists from the reviewed studies included: 1) covering health promotion content at undergraduate level; 2)

longer clinical work experience; 3) having a positive attitude towards health promotion; 4) having good knowledge in health promotion strategies and; 5) attending continuous professional development courses in health promotion. Others also reported being physically active and advancing age as facilitators of health promotion practices [10, 15].

Barriers to health promotion practices among Physiotherapy practitioners in Africa

The review identified a number of barriers to health promotion practices among Physiotherapists in Africa. The most commonly cited barriers were lack of time or time management. Other barriers were lack of proper materials for client education, lack of access to specialists such as dieticians, inadequate knowledge about health promotion strategies and uncertainty about what health promotion strategies to use for specific risk factors such as smoking and harmful alcohol consumption. In addition, lack of policies on physical activity and health promotion practices, cultural influences, nature of the Physiotherapists work and lack of infrastructure that support physical activity and health promotion practices were also cited as barriers [15].

Recommendations proposed from the reviewed studies

Some of the reviewed studies also reported on the recommendation from respondents as well as authors on strategies that could be used to improve health promotion practices among Physiotherapists. Among the recommendations proposed by respondents were need for continuous professional education in HP practices such as counselling on smoking cessation, dietary and alcohol advice and physical activity promotion. Significant recommendations were also made by some of the authors of the reviewed studies. For instance, Abaraogu and colleagues [16, 17, 18] proposed developing physical activity guidelines specifically for Nigerian populations, incorporating written prescription for physical activity in policy statements and providing materials for physical activity education in hospitals and clinics. There is need to develop and adapt health promotion guidelines for Physiotherapy practitioners in Africa which are currently available in most high and middle income countries. However, instead of developing individual country guidelines as suggested in some studies reviewed, we propose that Physiotherapists in the region, through World Confederation of Physical Therapists-Africa region (WCPT-A), can develop guidelines which

individual countries can adapt to suit their cultural and social economic circumstances. It is also important for African governments to include HP practices in policy documents which incorporates all the four lifestyle risk factors for non-communicable diseases. This would motivate all health care professionals to be actively involved in health promotion practices including research activities related to these practices.

LIMITATION

The major limitation of this narrative review was the small number of studies reviewed and hence difficult to generalise to the whole region. There is need to conduct a much broader systematic review to capture other areas related to Physiotherapy and health promotion that were not included in this review.

CONCLUSION

The few studies reviewed in this study is a clear indication that there is paucity of research going on in African countries with regards to Physiotherapy involvement in health promotion practice. Physiotherapists in African countries need to be more proactive in spearheading health promotion programmes including conducting evidence based research in order to reduce the growing prevalence of NCDs and improve the health and wellbeing of the populations in the region. This review only included nine studies that were conducted in African countries, with five of the nine studies originating from Nigeria. The review has shown that majority of Physiotherapists in Africa are knowledgeable and have positive attitudes towards health promotion practices.

Despite having the knowledge and positive attitudes, most of the Physiotherapists did not use health promotion interventions in their practices and some of those who practiced health promotion such as risk assessment only did so to patients with risk factors. Although most of the studies reviewed reported their respondents as having good knowledge about health promotion practices, in their recommendations, majority of Physiotherapists requested for more trainings in health promotion courses especially counselling skills in smoking cessation, dietary intake and alcohol advice. Facilitators and barriers to health promotion practices among Physiotherapists in Africa were also reported and a comparison with those from high income countries shows some similarities and differences in both facilitators and barriers. Some of the reviewed studies made significant recommendations on strategies that can be used to improve health promotion practices among Physiotherapists.

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