

## Professional Motivation and plan amongst Graduating Nigerian Physiotherapy Students

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**ABSTRACT** The study sought to identify the long term plans of graduating physiotherapy students from a Nigerian university. Eighty-four graduating students participated in this study. Sample of convenience was used to recruit participants in this study. A structured three- part questionnaire was used to collect data which was analysed with descriptive statistics. Some important patterns of long term practice preference among graduating students of physiotherapy were identified. The issue of brain drain as one of the challenges that the profession is facing was disproved by participants.

### INTRODUCTION

Planning is making decisions about the future of our cities, towns, personal life and country side (Chimezie 2004). Nevertheless, personal development of strategic planning in the 1980s emphasized its use as a rational tool for orderly, systematic management as a discipline effort to produce fundamental decisions and actions that shape and guide what an individual is, what it does and why he/she does it (Bryson 1998).

The issue of planning cannot be over-emphasized among students. Mintzberg has explicitly argued that the need for individuals not to face retrogression in life, one has to effectively have a long term plan for his/her life (Mintzberg 1994). It was also noted by Bishop and Wilson-Jones, that long term plan has several benefits, as it helps one to establish his vision and mission about his life belief, it also provides a path to accomplish his/her desired future and data driven priorities (Bishop and Wilson-jones 2005). It has being noted that any profession that doesn't checkmate her members is bound to retard its growth (Hicks and Qullet 2004).

Long term planning is in the arena of large scale military operations, national-international statesmanship and the corporate world, not until now that the health sector started adopting it (Kaufman 1995). The physiotherapist is responsible for clinical decision making, choice of treatment and methods of evaluation, all of which requires a theoretical base, authority and professional independence accompanied by ethical

rules. The development of knowledge in his or her professional role, as well as on awareness of differences in communication and problem-solving skills can influence patient participation (Abrandt 1997).

Two chartered physiotherapists from Britain (Miss Manfield and Mr Williams) introduced science-based physiotherapy into Nigeria in 1945 (Oshin 1999). They were employed by the government of Nigeria and attached to the Orthopaedic Hospital, Igbobi, Lagos. Their primary assignments were to treat wounded and disabled Nigerian soldiers returning home from the Second World War and start a three year (diploma) training programme in physiotherapy. The graduates from the training programme at Igbobi were designated as assistant physiotherapists and were required to work strictly under the supervision of chartered physiotherapists who were trained in England (Oshin 1999). The training programme at Igbobi eventually gave way to a Bachelor of Science (B.Sc.) degree in Physiotherapy at the University of Ibadan in October 1966 (Oshin 1999).

Physiotherapy education throughout the world has undergone a number of changes over the past few decades. The most significant of these is the transfer of programme from colleges and hospitals where they were predominantly "vocational" or clinically focused to universities where they have assumed applied sciences and clinical sciences framework (Oshin 1999). As products of a university education, physiotherapists are now expected by the general

community to possess not only discipline-specific skills, but also skills common to all university graduates, such as critical thinking, learning techniques and problem-solving ability (Hunt et al. 1998). More is demanded of our new graduates in physiotherapy than even a decade ago. Largely as a result of the changes in funding and organising of healthcare and skills in management, healthcare focus on quality of outcome of patient care and on the need to minimise health costs, graduates must be well equipped to demonstrate the economic value of their service and to evaluate the outcome of their treatment (Bezold 1998; Selker 1995). However, there seems to be different levels of satisfaction and dissatisfaction among physiotherapists. Satisfaction and dissatisfaction are not simply opposite. Poor working condition may not necessarily lead to satisfaction or motivation (hygienic factors) (Useh 2012). Herzberg in 1954 noted that extrinsic factors such as salary and working conditions reflect the context of job and are external to the employee and the job. These are controlled by someone other than the employee. Though, do not provide long term motivation they are necessary in preventing the dissatisfaction and their absence prevents the employee on concentrating on high-level needs. Motivators are intrinsic in nature and reflect the content of the job (Useh 2012). No superior dispenses them to the employee; each employee controls and administers them personally. These opinions affect the students during their training days; eventually it may contribute to their choice after training. According to Herzberg, the answer to motivation problem lies in the design of work itself, to make it more challenging and interesting and to provide opportunities for responsibility growth, and recognition (Useh 2012). Job enrichment is an alternative to scientific management, also called Taylorism, where specialised and standardised job leads to monotony, boredom, and psychological stagnancy (Useh 2012). A dissatisfied employee cannot be motivated. It is therefore important that management first give attention to the hygiene factor before introducing motivator into the employee's job (Nel et al. 2008). Herzberg developed the two-factor theory of motivation. Herzberg identified two sets of factors, hygiene and motivator factors. Hygiene factors are closely related to the working environment. They in-

clude organisational policy and administration, equipment, supervision, interpersonal relationship with colleagues, superiors and subordinates, salary, status, working conditions and work security (Nel et al. 2008). Hygiene factors also called maintenance factors do not motivate. If they are inadequately met, they cause dissatisfaction. If they are adequately met, the employee is neither dissatisfied, nor satisfied (not motivated) but feels neutral about his or her job. The opposite of dissatisfaction is not satisfaction but no dissatisfaction (Nel et al. 2008). It is therefore important that the employee is satisfied at work, in order to enhance high level of productivity and also to prevent lack of motivation which can be contagious in work environments. These feelings can affect work output can lead to burnout in the life of the employee. The purpose of the study was to observe how motivated the graduating student were about practicing their profession and also to see their plans for the future after graduating from the profession. Knowing the long term plan of the professionals, especially the young ones, will go a long way to promote policy making that will promote the growth of the profession. The issue of brain drain in the country especially in the physiotherapy profession has prompted the researchers to do this work.

Thus the aims of this work was to know the plan of graduating physiotherapy Students on the practice of physiotherapy after their training in the university and the clinics and to determine the factors that might influence their decision which will in turn provide data for policy making in the profession.

## METHODOLOGY

A sample of convenience was used to select eighty- four out of ninety- six graduating students of the Department of Medical Rehabilitation in one of the south-east universities in Nigeria participated in the study. Both sexes were involved in the study with an age range of 15-35 years. Data was collected with a 3- part structured questionnaire which was assessed for face and content validity; and test- retest reliability (0.91). The informed consent form was shared and received alongside with the questionnaire by hand delivery to the subject. Ethical approval was sought and obtained from the University

Ethical committee prior to the commencement of the study All participants gave their informed consent, descriptive analyses was used to summarize the plans of the students and the factors that affect the choice of decision.

## RESULTS

A total number of 84 subjects participated in this study with the majority being males (53.6%). Respondents were mostly single (60.7%) and aged 25.9± 13.21 years, the highest number of people who participated, entered the course of study through supplementary admission.

Table 1 reveals that most of them got to know about the course through a physiotherapist (33.3%) while some of the respondents (44%) were aware of the course (physiotherapy) before admission.

Table 2 indicated that about 57 % of the respondents enrolled to study physiotherapy because of their passion for the sick with most of them enjoying the practice of physiotherapy now (60%).

Most of the respondents chose to practice physiotherapy (39.3%), while 23.8% indicated that they will go for another course in which medicine was the highest option. With regards to the country of choice of practice, about 46% indicated that they would work in Nigeria, 21.2% will practice in USA, 30.3% Europe and no one wants to practice in an Asian country. The reason behind their choice is to promote professional growth (60.6%). Many of the participants showed interest in post-graduate studies. About 48% of the participants will want to enrol for the Masters programme and 40% for the PhD outside physiotherapy related discipline (37.5% enrolling for Masters or PhD in Public Health Administration and management, while 17.5% will rather study business administration and pharmacology). Out of the 33 participants who would want to practice physiotherapy, 23(69.7%) indicated interest in clinical work. Among those that want to be in academics, 88% wanted to specialize in sports.

Table 3 reveals that majority of the respondents (60%) were happy to practice, 5% were confused, 2% regretting while 19% were just willing to practice for the sake of earning a living.

**Table 1: Sources of information about physiotherapy**

<i>Sources</i>	<i>Frequency</i>	<i>Percentage</i>
Friends	20	23.8
Jamb brochure	11	13.0
Internet	4	4.7
Television	5	6.0
Newspaper	1	1.2
Physiotherapist	28	33.3
Other health workers	10	12.0
Relatives	5	6.0

**Table 2: Reason for studying physiotherapy**

<i>Responses</i>	<i>Frequency</i>	<i>Percentage</i>
Passion for the sick	48	57.1
Peer group influence	1	1.2
Parental influence	4	4.8
Prestige	3	3.6
Job security	11	13.1
Frustration	6	7.1
Others	4	4.3
No response	7	8.3

**Table 3: Disposition towards the profession**

<i>Reasons</i>	<i>Frequency</i>	<i>Percentage</i>
Just there	16	19.0
Confused	5	6.0
Enjoying	50	60.0
Regretting	2	2.0
I don't know	11	13.0

## DISCUSSION

This study was aimed at investigating the plan of graduating physiotherapy students on the practice of physiotherapy after their training in the university and the clinics and also to determine the factors that might influence their decision. Most of the participants indicated interest in working as clinicians. The specialisation of choice by most participants was sports physiotherapy. This choice was made by those who also chose to remain in academics. The reason for this might be that majority of the role models or lectures were in sports physiotherapy. This tends to agree with the assertion by Johnson and Johnson who documented collegial influence on upcoming professionals (Johnson and Johnson 2002).

Physiotherapy awareness as a discipline is poor in the eastern part of Nigeria. This might be responsible for minimal awareness of the pro-

fession prior to university enrolment. This agrees with the work done by Research Institute of Medikka (Agu 2007). This work also documented a good male representation as against female in south- eastern Nigeria which was at variant with the work of Odebiyi and Adegoke (2005) on the sex distribution of physiotherapy graduates from Nigerian universities especially with regards to the "boy drop out syndrome" in southeast Nigeria. Most of the participants indicated that they chose to enrol into the physiotherapy programme because of the love and passion for the sick. This agrees with previous study by Research Institute of Medikka (Agu 2007).

Age, sex, marital status, and mode of admission were found to influence long term plan of a graduating physiotherapist from this institution. More female and younger participants indicated that they were going to practice physiotherapy. This finding agrees with those of South African Personnel Management Institute (Adein 2003).

So many factors might have influenced the responses of participants. Amongst these are the traditional values, sociocultural and socioeconomic factors of participants

### CONCLUSION

This study was carried out in order to know the long term plan of the graduating physiotherapy students. Age, sex and mode of admission were found to play a role in long term plan of participants. This study identifies some important patterns of long term practice preference among graduating students of physiotherapy. Similar studies from other Nigerian Universities may enhance quality of evidence in this direction. Although the practice of the profession in Nigeria recorded a high rate and may go a long way to help in the professional growth and awareness. There is no institute that will control the plans of every graduating student in every department.

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