Perceived Readiness to Practice (PRTP):
A Study among Physiotherapy Students in Abha, Saudi Arabia

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Abstract

The study tries to elucidate on the stress faced by final level students of physical therapy. Studies have found that as and when they reach the final years, the students in any stream of medicine are prone to stress. This study proposes to examine the "perceived readiness to practice" (PRTP) of physiotherapy students in conjunction with their clinical postings, theory classes, self directed learning and scope of their profession. The three constructs used in the study are factor analyzed and an ANOVA is used to understand the mean differences of perceptions among the junior level students and final level students of physiotherapy. The study points out that, final level students are more stressed and are not yet ready to be committed to their profession and their "perceived readiness to practice" is still not well defined when compared to junior level students PRTP.

Keywords: Perceived readiness to practice (PRTP), Physical Therapy (PT),Scope, Learning .

1. Introduction

"Being a health care stream student is constantly described as stressed." The large amount of information to be assimilated, skills to be imbibed, pressure of being under constant assessment, interaction with patients, financial concerns, and lifestyle changes are some of the reasons for this. Atkinson et al., 1991 has proved that stress can be associated to psychological morbidity among health care professional students. One major cause of such stress could be the feelings of un-certainty from the very beginning of their studies and such uncertainties peak when the students have

to face patients and sometimes see their suffering. The need for developing their own identities as therapist also acts up in increasing their stress.

Such heightened levels of stress would lead to self doubt and premature abandonment of the career. This concept is very important for physical therapy students because within few years they must adapt to varying teaching styles, new health care services, and analyze data from numerous sources all whilst seeking to create an identity as a therapist and also improve their practice and making competent decisions regarding a clients' health. It is important to look into the commitment of the students to their career.

Graduating physical therapy students have to cope with a new set of anxiety-provoking situations, like concern about finding a dream job, explicit job-related skills, and being successful as a professional. Unfortunately, as soon as they enter the final stages, they begin to realize that they are the ones who need to make the decisions and shoulder the responsibilities. It might not be so taxing for the junior level physiotherapy students because they still have the time and milieu to address their concerns with peers, clinical instructors, as well as their faculty. It is also interesting to note that once confident junior students emerge as indecisive about their career when reaching the graduation phase.

One study reports that 88% of graduating students report concerns on feeling anxious about entering the profession (Williams & Thomas, 2002). Studies reports that as and when they reach the final years, the students in any stream of medicine are prone to stress (Shiralkar et al., 2013,Altiok and Ustun, 2013). The transition from student to a therapist can be stressful and is known as 'transition shock' (Duchscher, 2009; Doody, 2012), when they experience feelings of anxiety, insecurity, in adequacy and instability due to anticipations of being a full time professional. Nicholson and Arnold (1989) identify four stages in the transition cycle from university to job, namely, preparation/anticipation, encounter, adjustment, and stabilisation. This paper tries to find out the preparation stage dilemmas especially of a final year physiotherapy student.

The paper tries to throw light on the differences of feelings of adequacy/inadequacy between junior level students and final level students of physiotherapy. In a consecutive study by Paris and Saville (2010), accounts that during their interview, many of the students appeared uncertain, and sometimes fearful, in relation to their future. Indeed, when asked about their feelings on readiness for work, some students were not able to well articulate what they might be expected to do in their jobs, pointing to the factor that, they are not adequately certain, if they did possess, or had developed from their studies, the skills set their future job would require. This could also affect their perceptions about the profession they have chosen. It can also leave some students confused about the readiness to start working in the same profession.

A student's ability to practise the profession, meeting appropriate standards, including the practical skills, inherent knowledge, attitudes constitutes the readiness to work. Impaired readiness to work may reduce patient safety, student safety, effectiveness of patient interventions, and educational value of the clinical experience and question the effectiveness of the whole education system itself. This study proposes to examine the "perceived readiness to practice" (PRTP) of physiotherapy students in conjunction with their clinical postings, theory classes, self directed learning and scope of their profession.

The objective of the study therefore is to find out the differences in perceptions of physiotherapy students of various levels to understand whether the professional scope and work readiness changes from junior level year to final level year students.

1.1 Research Methods

A total of 147 students of physiotherapy from various levels (Level 3 – Level7) of King Khalid University, Abha participated in the study. The design of the study is a single cross sectional descriptive research design. The responses were collected using a questionnaire, with likert (5 point scale items) as well as dichotomous items. Descriptive research design is used for this study, primarily due to two advantages of such design 1) a survey can provide statistics about an event while also illustrative how people experienced that event 2) subjects are not truthful in qualitative researches, as they feel the need to tell the researcher what they think the researcher wants to hear (social desirability error), which is not present in a questionnaire survey.

A 25 item questionnaire was developed for the purpose of the study. There are three constructs of study "readiness" includes motivation for the job, awareness about the job. The second construct is "Learning and Skill acquired" which includes classroom training and clinical posting information. The third construct is "scope of the profession", measured in terms of respect for the profession, job prospects and scope.

1.1.1 Analysis Results

An exploratory factor analysis is used to develop and validate the variables underlying the constructs.CFA analysis is not in the scope of this particular study. An ANOVA is used to find out the differences in work readiness as well as continuing professional commitment of the students in various levels of education.

Demographic Profile:

Out of the 147 students 40.1% of students are 20 years of age and another 40.1% are 21 years of age. There are 12.9% of students who are 22 years old. Among the 147 students 74.8%were males and the rest 25.2% were females. Out of the 147 students of physiotherapy who participated in the study, 25.2% were from 3rd level of the course, 9.5 were from 4th level, 19.7% were from 5th level, 26.5% from 6th level and 19% were from 7th level of physical therapy education and are given below in Table 1.

Table 1: Percentage of respondents in relation to age, gender and levels of education

Age of the respondents	Frequency (n=147)	Percent
19	8	5.4
20	59	40.1
21	59	40.1
22	19	12.9
23	2	1.4
Gender of the respondents	**Frequency (n=147)**	**Percent**
Male	110	74.8
Female	37	25.2
Levels of education	**Frequency(n=147)**	**Percent**
3	37	25.2
4	14	9.5
5	29	19.7
6	39	26.5
7	28	19.0
Total	147	100.0

In order to understand the underlying dimensions of the items and the data a factor analysis is used. The KMO Bartlette's test of Sphericity and KMO sampling adequacy is found significant. The numbers of factors were predetermined to be three. The factors were "readiness" includes motivation for the job, awareness about the job. The second factor is "Learning and Skill acquired" which includes classroom training and clinical posting information. The third factor is "scope of the profession", measured in terms of respect for the profession, job prospects and scope. And it is seen that all the three constructs are correctly loaded on factors. The total variance explained is 41.241% by three factors. A varimax rotation is used for a better understanding of the factor loadings. The factor loadings table are given below in Table 2.

Table 2. Factor loadings for the three constructs of the study

Items in the study	Component		
	Learning	Readiness	Scope
choice of profession		.489	
aware of course before joining		.227	
joined because I wanted to be a PT		.613	
my potentials are rightly utilized in the course		.548	
receive respect for the field			.565
other professionals aware of PT scope			.607
ready to work as PT in future		.395	
recommend others to join		.619	
clinical postings available	.374		
good theoretical background on patient assessment and treatment	.643		
sufficient opportunity to see patient therapy	.834		
theoretical teaching is associated with patient assessment and treatment	.644		.
excellent opportunity to asses cases and discuss with faculty	.727		

wide ranges and variety of cases are seen during clinical postings	.699	
satisfied with patient exposure in my level	.528	
continued medical education and workshops help in learning	.452	
self learning enhances my learning	.293	
four year course is apt to apply what we have learnt	.292	
clinical teaching available is appropriate	.592	
learning more about PT as courses are progressing	.301	

The robust loadings of each of the indicator variables on the dimensions which they are purported to measure indicate that the items are closely related to the latent variables (in this case factors/dimensions), therefore an EFA would suffice for this study. According to Brown (2006), factor loadings equal to or more than 0.3 are salient, therefore factor loadings of less than 0.3 are items that could be considered for elimination except if those items are fundamental to the theory on which the model specification is based. Therefore three items with less than 0.3 factor loadings is also used for the study.

Once the constructs are established the hypothesis is tested. The hypothesis for the study is *there is a significant difference between perceptions of readiness, scope of the profession and learning and skill acquired among various levels of physiotherapy students,* an ANOVA (analysis of variance) is used.

The levels (3-7) are considered as the factors and the items that fall under the three constructs are considered as the variables. It is understood from the table that 4th level students are more aware of the course before joining followed by 5th level students. The 7th (3.5357) and 6th level (3.281) students seem less in admitting about their awareness before joining the course.

Likewise for the variable about their joining the course to be a Physiotherapist, again lower level students 4th, 3rd, 5th and 6th show more focus than the 7th level students. These level students show very little readiness (4.1071) in admitting that they want to be a PT when compared with other level students.

For the question "whether they were willing to work as Physiotherapist in future" the 7th level students show least interest than the 3rd 4th, 5th, 6th level students. When they were asked whether they would recommend others to join the course, interestingly the 7th level students again show less interest than the 3rd 4th, 5th,6th level students. The result of the level wise ANOVA about readiness to job is given in table 3.

Table 3: ANOVA using levels of education and perceived readiness to job

Readiness	Level	N	Mean	F value	Significance P<0.01,0.05
Aware of course before joining	3	37	3.8919		
	4	**14**	**4.0000**		
	5	29	3.9310	2.524	0.044
	6	*39*	*3.2821*		
	7	28	3.5357		
	Total	147	3.6803		
Joined because I wanted to be a PT	3	37	4.6216		
	4	**14**	**4.9286**		
	5	29	4.4828	3.685	0.007
	6	39	4.6667		
	7	*28*	*4.1071*		
	Total	147	4.5374		
Ready to work as PT in future	3	36	4.2500		
	4	14	4.1429		
	5	**29**	**4.6552**	5.473	P<0.001
	6	39	4.3590		
	7	*28*	*3.6071*		
	Total	146	4.2260		
Recommend others to join	3	37	4.1892		
	4	14	4.2857		
	5	**29**	**4.5862**	3.922	0.005
	6	39	4.3077		
	7	*28*	*3.7143*		
	Total	147	4.2177		

A second ANOVA is used to test the level wise difference on student perception about the "Scope for the profession" shows that the 7th level students are still indecisive about the scope for their profession and but is aware that the profession is accepted by other professionals in medical field. Whereas, the 3rd level students are not yet fully aware of the scope of the profession, which would be since they are still novices to clinical postings. Quite interestingly, the 7th level students are apprehensive about the respect they would receive in the profession, than the 3rd, 4th,5th, and 6th level students. The result of this analysis is provided in table 4.

Table 4. ANOVA using levels of education and perceived scope about physical therapy

Scope	Level	N	Mean	F-value	p values
Other professionals are aware of Physiotherapy Scope	**3**	**37**	**3.3784**		
	4	*14*	*2.2143*		
	5	29	2.9655	2.561	0.041
	6	39	3.1538		
	7	28	3.2143		
	Total	147	3.0952		
Receive respect for the field	3	37	3.7207		
	4	**14**	**4.0714**		
	5	29	4.0345	2.175	0.075*
	6	39	3.4872		
	7	*28*	*3.2857*		
	Total	147	3.6667		

p<0.05**, p<0.1*

A third ANOVA for understanding the differences among the physiotherapy students on the construct *learning and skill acquired*, shows that, regarding clinical postings available 5th level students are more satisfied and 6th, 3rd students are not so satisfied. But 7th level students are still satisfied in comparison. 7th level students seem happy about the good theoretical background on patient assessment and treatment opportunities provided to them, but not as happy as the 5th level students and not as bad as the 4th level students. The 7th level students are satisfied with the sufficient opportunity to see patients, but not as much as the 5th level students. The 7th level students are not satisfied with the theoretical teaching is associated with patient assessment and treatment, but 5th level students are satisfied about that also. The 5th level students feel that they have excellent opportunity to assess cases and discuss with faculty and the 7th level students also feel so. The students of the 5th level are satisfied with the wide ranges and variety of cases are seen during clinical postings, so are 7th level students, but 6th level students feel that they need to see more cases. The 5th, 6th and 7th level students are very satisfied with the patient exposure in their level, but the 3rd level students seem to differ in the opinion. The 7th level students are extremely satisfied with the continued medical education and workshops and holds that they help in learning. 7th level students seem to ask for more experiential knowledge than classroom teaching. 5th, 6th and 7th level students engage in self learning than compared to the other 2 junior levels. The 7th level students are very apprehensive about the adequacy of the four year course to apply what they have learnt, which is a best example for the job performance anxiety they have. The 6th level students are least happy about the clinical teaching available but the 7th and 5th level students seems to differ in opinion. The result of this analysis is provided in Table 5.

Table 5. ANOVA using levels of education and perceived scope about physical therapy

Learning and skill acquired	Level	N	Mean	F value	P<0.05
Clinical postings available	3	37	3.8919		
	4	14	4.0000		
	5	**29**	**4.6207**	3.47	0.01
	6	*39*	*3.7436*		
	7	28	4.0000		
	Total	147	4.0272		
Good theoretical background on patient assessment and treatment	3	37	3.8108		
	4	14	3.2857		
	5	**29**	**4.6552**	9.761	P<0.001
	6	39	3.6923		
	7	*28*	*3.5357*		
	Total	147	3.8435		

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Sufficient opportunity to see patients	3	37	3.7568		
	4	14	3.1429		
	5	**29**	**4.7931**	12.389	P<0.001
	6	39	3.5897		
	7	28	3.8571		
	Total	147	3.8776		
Theoretical teaching is associated with patient assessment and treatment	3	37	3.7027		
	4	14	2.9286		
	5	**29**	**4.5172**	11.186	P<0.001
	6	39	3.7949		
	7	28	3.0714		
	Total	147	3.6939		
Excellent opportunity to asses cases and discuss with faculty	3	37	3.6486		
	4	14	3.2143		
	5	**29**	**4.0690**	2.683	0.034
	6	39	3.4103		
	7	28	3.8571		
	Total	147	3.6667		
Wide ranges and variety of cases are seen during clinical postings	3	37	3.7838		
	4	14	3.2857		
	5	**29**	**4.3793**	10.77	P<0.001
	6	39	2.7949		
	7	28	4.0000		
	Total	147	3.6327		
Satisfied with patient exposure in my level	3	37	3.0270		
	4	14	3.4286		
	5	**29**	**4.3448**	7.337	P<0.001
	6	39	3.3333		
	7	28	3.7500		
	Total	147	3.5442		
Continued medical education and workshops help in learning	3	36	3.8056		
	4	14	3.7857		
	5	29	3.8966	3.954	0.005
	6	39	3.1282		
	7	**28**	**4.0357**		
	Total	146	3.6849		
Classroom teaching helps to gain knowledge	**3**	**37**	**4.0000**		
	4	14	3.4286		
	5	29	3.9655	4.065	0.004
	6	39	3.9231		
	7	28	3.1071		
	Total	147	3.7483		
Self learning enhances my learning	3	37	3.5946		
	4	14	3.2143		
	5	**29**	**4.2759**	4.333	0.002
	6	39	3.8718		
	7	28	3.7143		
	Total	147	3.7891		
Four year course is apt to apply what we have learnt	3	37	4.0000		
	4	14	3.5714		
	5	**29**	**4.1034**	2.721	0.032
	6	39	3.6154		
	7	28	3.2857		
	Total	147	3.7415		
Clinical teaching available is appropriate	3	37	4.0270		
	4	14	3.5000		
	5	**29**	**4.1034**	4.743	0.001
	6	39	2.9487		
	7	28	3.7143		
	Total	147	3.6463		

2. Discussion and Conclusion

There are very less research papers available about physiotherapy student's career choice, self-assessment,

employment and factors influencing the vocational choice of physiotherapy and the perception of future career among students. This study would definitely act as a crucial one considering the empirical understanding it provides.

Studies have shown that in reality, many graduates doubt their own competence (Reagor, 2010) pointing fingers at the lack of perceived confidence shown by the final level students in this study. Candela and Bowles (2008) found in a study that 77% of the new graduates who were surveyed stated that they needed more clinical time with real patients, even when they were satisfied with the amount of education they received (Zimmerman, 2012). The results of this study show that there is a clear hesitation in the higher level students regarding their commitment to the profession. The study shows that the higher level students perceive less readiness to work. Readiness to work can be understood in terms of Attachment theory (Bowlby, 1969). According to him, for adults, work (like early childhood play and exploration) is a major source of actual and perceived competence, which is construed in the study as work readiness. The lack of readiness among the students does not indicate their actual competency, but it can be a perceived doubt about the future performance and meeting job expectations. We regard that this lack of readiness is short term and would disappear after joining the job.

There is also a clear indication that the higher level students show doubt about whether their profession is respected, whether they will receive the same respect from others if they are in that profession known as occupational prestige. The higher level students seem clear about their value among other health care professionals, but are apprehensive about social status. It can be considered as a perceived insider status, where one feels that the co-workers would provide them with respect. This can be related to equity theory by Stacy Adams (1963), who proposes, that a person's motivation is based on what he or she considers being fair when compared to others. It is again proposed that these doubts would only be till they get a job.

It is seen that all the higher level students are generically happy about the knowledge imparted by the University in their transition of career. Their considerations for the need for more clinical postings are only indications of self doubt. The 7th level students are even wondering about the effectiveness of the in-depth, experiential four year program they have undergone in order to capacitate them to practice. When the students feel that there is availability of expert staff and instructors, level acuity and complexity of patients provided by the University, it would match the skills of the student, value and acceptance of the students, without any doubt. It is only a matter of time.

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