

The need for public physiotherapeutic services in rural and suburban Albania

Kristi ÇELA, Msc.

LECTURER/PHYSIOTHERAPIST

EUROPEAN UNIVERSITY OF TIRANA

FACULTY OF MEDICAL TECHNICAL SCIENCES

CORRESPONDING AUTHOR

kristi.cela@uet.edu.al

Abstract

Introduction: According to Institution of Statistics of Albania 75% of Albanian population lives and is considered a rural population. Based on studies for the general health of the population it is noted that rural and suburban population reports a lower prevalence for good general health compared to the population on urban areas. Even more specifically musculoskeletal issues are seen to have a connection with rural settings but the physiotherapeutic services are missing.

Purpose: The purpose of this study is to establish the need of physiotherapeutic services on rural and suburban Albania based on the level of knowledge of this population for the medical services, benefits provided from physiotherapeutic interventions and the level of patients with musculoskeletal issues that have never received such services.

Methodology: This study included 490 subjects, 230 males and 260 females from the age of 18 to 80+, all living and receiving medical services on similar settings and backgrounds.

Results: 65% of the total population had suffered at least one musculoskeletal issue during the past 3 months. From 320 subjects that had these issues only 6% were recommended to visit a physiotherapist after visiting their local doctor. Only 49% of the whole population knew about physiotherapeutic services .91% of the population preferred to have access of physiotherapeutic services on their local

health center and 81% claimed that traveling to urban areas was an extra expense for their health care.

Conclusions: Based on the data extracted from the study Albania would benefit from providing public physiotherapeutic services in rural and suburban areas to promote public health for the population. This would give employment opportunities for younger physiotherapists and prevent the higher densities of professionists on a single area.

Key words: *Physiotherapy, Rural, Suburban, Albania, Musculoskeletal issues.*

Introduction

Physiotherapy is introduced to humanity as early as the year 460 B.C. by the physicians like Hippocrates and later Galenus. Both practiced physical therapy by using massage, manual and hydrotherapy to treat patients and advocated physical therapy as a mean of promoting good physical and mental health (1,2). Fast forward on the year of 1851 military physical Dr.Lorenz Gleich uses the word “Physiotherapie” in the German language as a way to describe the practice. In 1887 physiotherapists were given official registration by Sweden’s National Board of Health and Welfare which was then followed by other countries. The word “Physiotherapy” was coined by an English physician Dr.Edward Playter in the Montreal Medical Journal in 1894 after 43 years of the German term “Physiotherapie”.(3) Nowadays Physiotherapy is a well known science of rehabilitation and counts more than 650,000 professionists according to WORLD PHYSIOTHERAPY website.

Currently in Albania in the 5 last years there are 1270 licensed physiotherapists according to Nursing Order of Albania and a part of them provide their services in hospitals, health centers and private settings mostly in urban areas.

Urban vs Rural health in Albania

According to Institution of Statistics of Albania 75% of Albanian population lives and is considered a rural population with the expectations of the region of Tirana which is considered a urban population and the regions of Durrës and Vlorë who are considered regions with a mixed population of urban and rural residents. (4) Considering the medical system is more advanced in urban areas more of the residents living in this areas have better access on medical services including physiotherapeutic services compared to rural ones.(5,6),

Older people residing in the urban areas exhibit a significantly lower prevalence of poor self-perceived general health (about 30%) compared with

their counterparts living in the rural areas (around 46%), and particularly those living in the semi-urban areas (about 50%). (7)

On a paper from the early 2000s the Albanian Health Reform Project came to the conclusion that even in Tirana, 21% of the rural population were not registered at a health center and some did not have a family doctor. (8) So the project suggested that by the year of 2006 the goal was to establish a network of community health workers in the rural areas, (9)

Twenty-two years later citizens and patients namely in rural areas have limited access to Primary Health Care (PHC) services due to low quality of care, imperfect availability and financial costs, in some cases according to Swiss Tropical and Public Health Institute (*organization evaluating the accreditation process of Health Care Centers in Albania*) most of rural residents suffer from more chronic and acute diseases due to heavy labor and other socioeconomics factors.

Taken for example Osteoarthritis pathology. This degenerative joint disease is a common health issue which is treated by physiotherapist. According to a study made on socioeconomic and demographic characteristics of patients with osteoarthritis in Albania it results that there was an association of female gender with a positive relationship with rural birthplace (10).

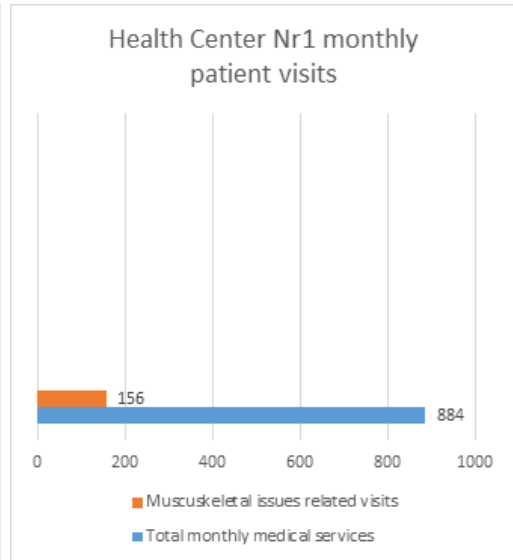
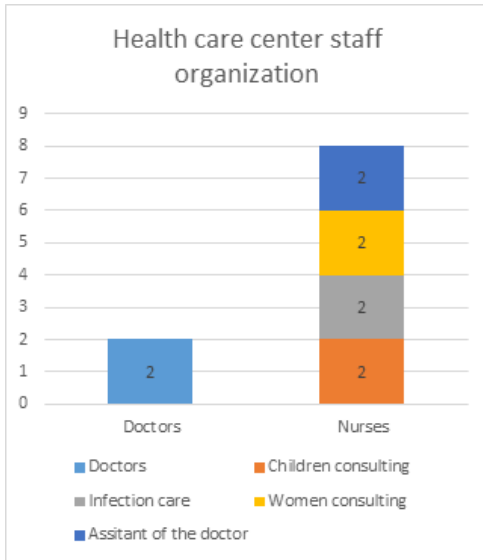
Also according to United Nations Fund for Population Activities (UNFPA) Albania (7) musculoskeletal issues are the number 5th leading causes for morbidity in Albania.

Due to the dominance of the rural population and lack of diverse medical services access on these areas there are more patients in need of physical therapy in rural and suburban areas than in rural ones. Although the number of studies regarding these topics are low.

Multidisciplinary staff and funding

Currently the Albanian health system is undergoing an accreditation process of the Health Care Centers across Albania (11). According to the documents this health care centers provide services by engaging their multidisciplinary staff which consists of: Doctors, Nurses and supporting staff although various studies suggest that having a broad multidisciplinary staff improves patient treatment significantly better. (12)

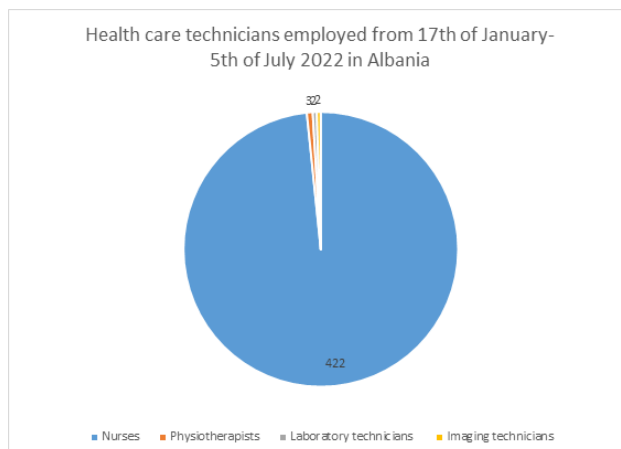
Let's look at the organic of a Health Center Nr1 undergoing the accreditation process in the city of Lushnja part of the prefecture of Fier in the region of "Karbunare e Madhe" which is an area with a rural and suburban setting and habitants.



This health center provides services for 4,700 habitants 923 of whom are chronic patients. Its staff is composed by 2 doctors and 8 nurses (2 children consulting, 2 infection medication, 2 women consulting and 2 assistant of the doctors).

Health Center Nr1 which provides medical services to this region, based on the data extracted from the medical cartels reports an average daily visit of 34 patients (n=34) with a monthly 884 (n=884) visits shared between 2 doctors. From this data there are 6 daily visits related to musculoskeletal issues or 156 monthly visits.

On 20.01.2021 The Compulsory Health Insurance Fund published the Decision nr.20 which ordered the financing of various health services including physiotherapeutic services in regional areas such as Lushnja with a predominant rural population. The physiotherapeutic staff is still missing in the multidisciplinary



staff of the Health Care Centers leaving in questions how different issues which are commonly rehabilitated by physiotherapists are managed.

Even though the funding supports the multidisciplinary staff organization the employment rate is heavily sided on the traditional staff organic composed of doctors and nurses.

From 17th of January 2022 until 5th of July 2022 according to the Portal “Nurses for Albania” which also gives the opportunity of offering employment for all the medical technician professionists there are 422 nurses employed, 3 physiotherapists, 2 laboratory technicians and 2 imaging technicians all over Albania leaving a heavy imbalance on the multidisciplinary staff employment rate.

Methodology

Purpose of the study

The purpose of this study is to establish:

- The need of physiotherapeutic services on rural and suburban Albania based on the level of knowledge of this population for the medical services.
- Benefits provided from physiotherapeutic interventions.
- The level of patients with musculoskeletal issues that have never received such services.

Sample

This study included 490 subjects, 230 males and 260 females from the age of 18 to 80+, all living and receiving medical services on similar settings and backgrounds.

Data instrument

The data was collected by using Google Forms questionnaire distributed to the target population and with onsite interviews with the staff and patients of “Health Center NR1, Karbunare e Madhe, Lushnje”.

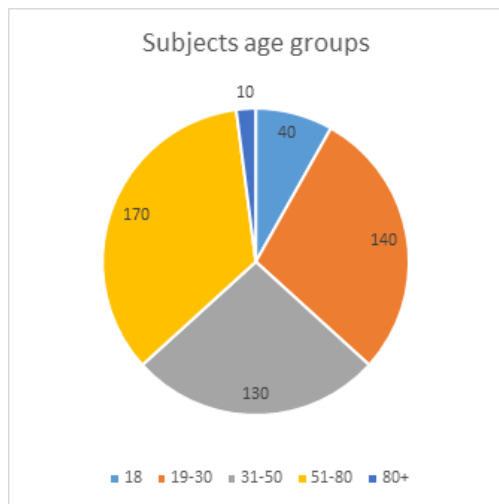
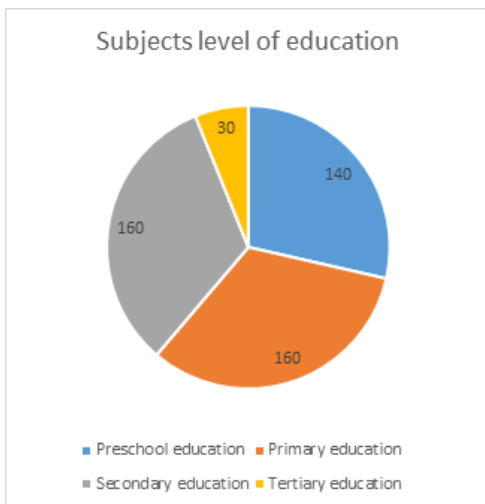
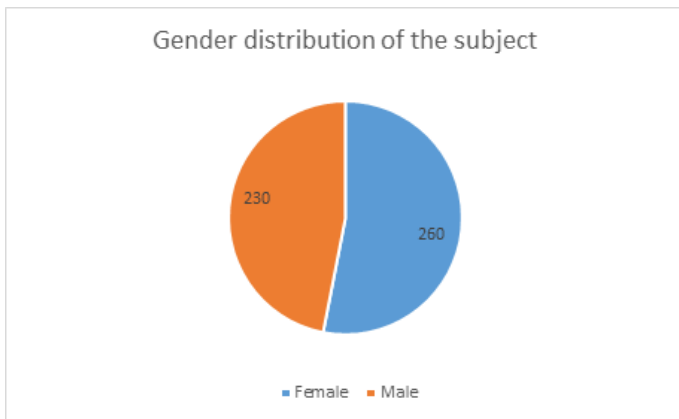
The questionnaire included 10 modules with simple questions which focused on establishing:

- Musculoskeletal issues reported by the subjects on the last 3 months
- Knowledge of the subjects on physiotherapeutic treatments for such issues

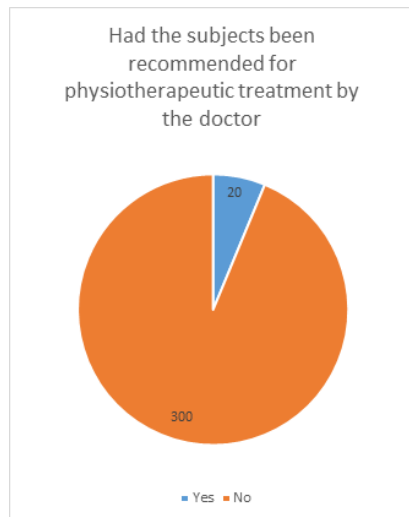
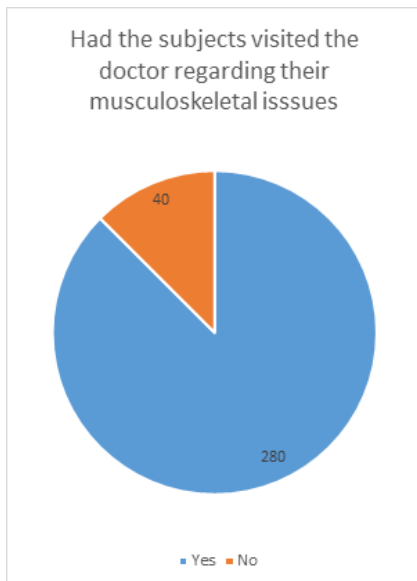
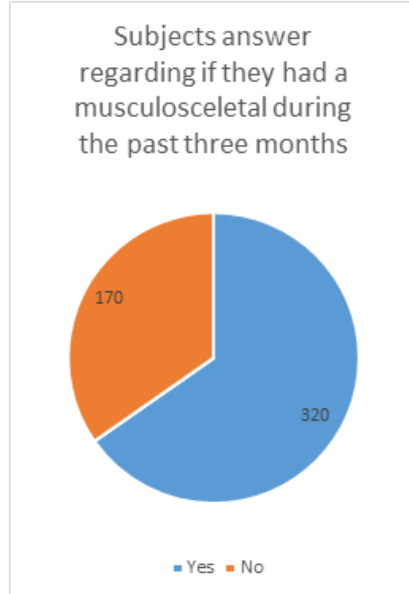
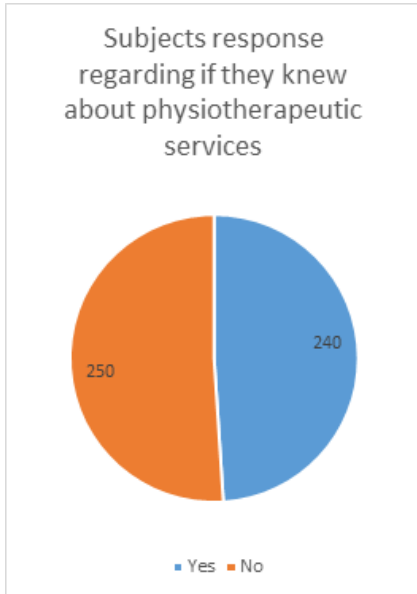
- Effects of missing physiotherapeutic services near their community
- Their opinion on the benefits of introducing this services to the community.

Results

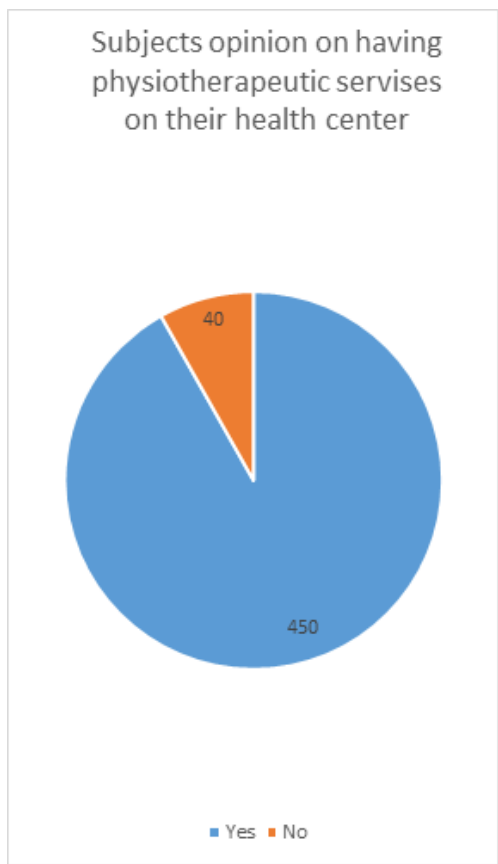
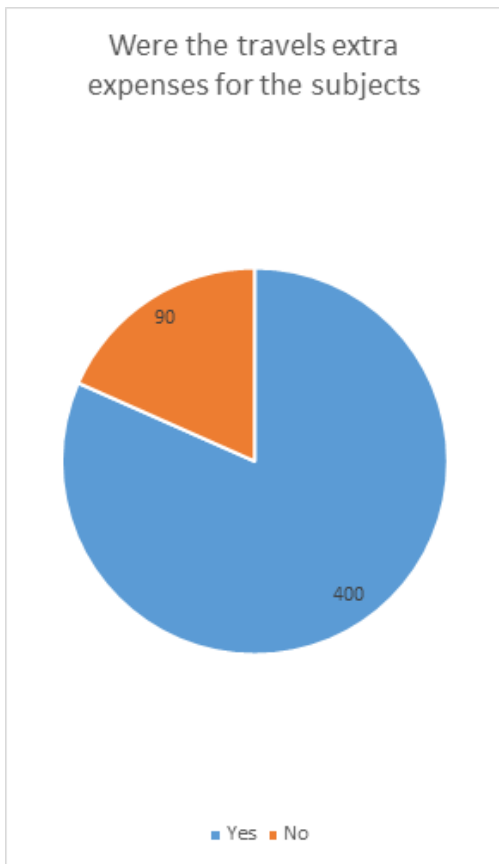
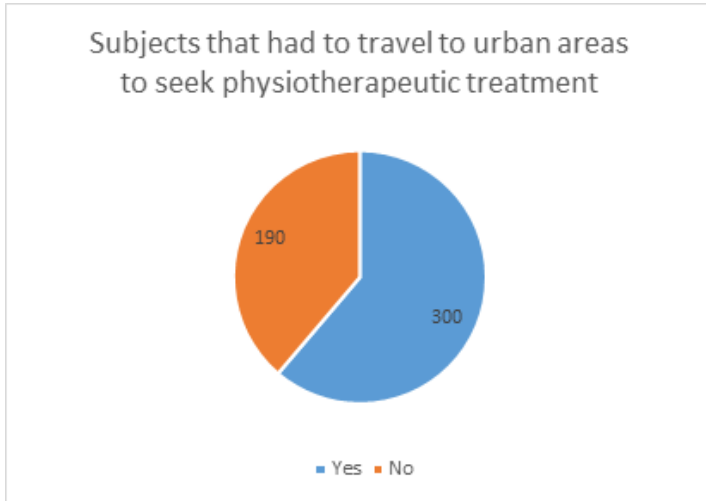
Modules 1-3 collected information regarding the general data such as gender, age and level of education.



Module 4-7 indented to gather information regarding the subject's knowledge to physiotherapeutic services, their musculoskeletal health on the period of 3 months and the medical approach for this problems by the health center where the subjects seek treatment.



Module 8-10 intended to gather information regarding the cost of seeking physiotherapeutic services on the urban areas away of their community and their opinion on having this services on their local health center.



By analyzing the data provided by the questionnaire it results that:

65% of the total population had suffered at least one musculoskeletal issue during the past 3 months. From 320 subjects that had these issues only 6% were recommended to visit a physiotherapist after visiting their local doctor. Only 49% of the whole population knew about physiotherapeutic services. 91% of the population preferred to have access of physiotherapeutic services on their local health center and 81% claimed that traveling to urban areas was an extra expense for their health care.

Discussion

Albania is still on the process of reforming its medical system and physiotherapeutic services are still seen as secondary services without a primary importance. Even so this doesn't imply that there is no room for future improvement by looking at the model of more developed countries.

A. A. Hall et al; studied the general knowledge of physiotherapeutic services on a rural town in British Columbia, Canada. According to this study the 100 subjects interviewed preferred to seek this treatment although most of them were confused about physiotherapy (13).

Another group of subjects similar to the subjects in Albania who did not have physiotherapeutic services as concluded in this study were seen in Canada as pointed out in the study by Tracy Miller Mifflin et al;(14) and the study by M. Thomas. (15) In difference with the situation in Albania according to the studies it is stated that monthly visits were provided near nursing centers by physiotherapists in remote areas of Canada (15).

Studies by Tayyab I. Shah et al and Brigid McFadden; (16 ,17) come to the conclusion that there is an unequal distribution of physiotherapeutic services between rural and urban areas, with rural areas having the disadvantage. Xiaoxiao Liu et al found that patients with OA (osteoarthritis) tend to travel longer for health care because physiotherapeutic services were missing near their local health care institutions (18). As concluded by my study the rural population in Albania also has the tendency to travel seeking medical care not available near their local facilities.

Elizabeth Williams et al; who studied the benefits of the regional and rural physiotherapy services in Australia came to conclusion that having physiotherapeutic services in these areas provided access in developing career paths and helping new graduate students. (19) Romany Martin et al; also came to similar results about post-graduate physiotherapists working on rural areas. (20)

Australia also is providing improvement to these services in rural areas even by having shared services between private practitioners and public funding's in rural

areas, so even though public facilities maybe missing there's a chance to use private facilities to provide public services. (21)

Conclusion

The population of subjects involved in this study could benefit by having local physiotherapeutic services near their local health care facilities, due to the high percentage of subjects suffering from a form of musculoskeletal problems. On the other hand, we see a low percentage of this subjects receiving this services or being aware that they exist.

Further studies on different areas of Albania must be concluded in order to further determine the need for these services and how can they be implemented.

Bibliography

1. Kleisiaris, C. F., Sfakianakis, C., & Papatthanasidou, I. V. (2014). Health care practices in ancient Greece: The Hippocratic ideal. *Journal of medical ethics and history of medicine*, 7, 6.
2. Thomas JA Terlouw. (2006) "The origin of the term 'physiotherapy'" *Physiotherapy Research International*2006 Vol. 11; Iss. 1
3. Sharma Krishna N., Exploration of the History of Physiotherapy (the Scientific Research Journal of India. SRJI Vol-1 No-1 Year 2012)
4. Gjergji FILIPI, PhD (2014)A NEW URBAN-RURAL CLASSIFICATION OF ALBANIAN POPULATION. INSTITUTI I STATISTIKAVE ISBN: 978 - 9928 - 188 - 10 -6
5. Gaffney, A. W., Hawks, L., White, A. C., Woolhandler, S., Himmelstein, D., Christiani, D. C., & McCormick, D. (2022). Health Care Disparities Across the Urban-Rural Divide: A National Study of Individuals with COPD. *The Journal of rural health : official journal of the American Rural Health Association and the National Rural Health Care Association*, 38(1), 207–216. <https://doi.org/10.1111/jrh.12525>
6. Qin, V. M., McPake, B., Raban, M. Z., Cowling, T. E., Alshamsan, R., Chia, K. S., Smith, P. C., Atun, R., & Lee, J. T. (2020). Rural and urban differences in health system performance among older Chinese adults: cross-sectional analysis of a national sample. *BMC health services research*, 20(1), 372. <https://doi.org/10.1186/s12913-020-05194-6>
7. Dr Arjan Gjonca1, Dr Genc Burazeri2, Dr Alban Ylli3 Blerina Subashi and Rudin Hoxha4 (2019) DEMOGRAPHIC AND HEALTH CHALLENGES FACING ALBANIA IN THE 21ST CENTURY. ISBN 978-9928-149-91-6
8. IBF International Consultants & Department of Sociology Tirana University (2000) *The Albanian Public's Perceptions of the Health Care System*, Tirana, Albania; World Bank. 38 Economist Intelligence Unit (2001) *Country Profile 2001: Albania*, The Economist
9. TOWARDS A HEALTHY COUNTRY WITH HEALTHY; PEOPLE PUBLIC HEALTH AND HEALTH PROMOTION STRATEGY, HEALTH SYSTEM RECOVERY AND DEVELOPMENT PROJECT (Credit 3067-ALB)COMPONENT I: NATIONAL CAPACITY BUILDING

10. Hoxha, F., Tafaj, A., Roshi, E., & Burazeri, G. (2015). Demographic and Socioeconomic Characteristics Among Primary Health Care Users Diagnosed with Osteoarthritis in Albania. *Materia socio-medica*, 27(3), 163–166. <https://doi.org/10.5455/msm.2015.27.163-166>
11. Manual në mbështetje të procesit të akreditimit të Qendrave Shëndetësore (2019), HAP “health for all” project.
12. Gupte, P., & Swaminathan, N. (2016). Nurse’s perceptions of physiotherapists in critical care team: Report of a qualitative study. *Indian journal of critical care medicine : peer-reviewed, official publication of Indian Society of Critical Care Medicine*, 20(3), 141–145. <https://doi.org/10.4103/0972-5229.178176>
13. Hall AA, Kirkby RJ. Community knowledge of physiotherapy in a rural victorian town. *Aust J Physiother*. 1979 Feb;25(1):23-5. doi: 10.1016/S0004-9514(14)61224-1. PMID: 25026185.
14. Miller Mifflin T, Bzdell M. Development of a physiotherapy prioritization tool in the Baffin Region of Nunavut: a remote, under-serviced area in the Canadian Arctic. *Rural Remote Health*. 2010 Apr-Jun;10(2):1466. Epub 2010 Jun 18. PMID: 20572750.
15. Thomas M. (1998). Delivery of physiotherapy services to some First Nations communities in Manitoba. *International journal of circumpolar health*, 57 Suppl 1, 697–701
16. Shah, T. I., Milosavljevic, S., Trask, C., & Bath, B. (2019). Mapping Physiotherapy Use in Canada in Relation to Physiotherapist Distribution. *Physiotherapy Canada. Physiotherapie Canada*, 71(3), 213–219. <https://doi.org/10.3138/ptc-2018-0023>
17. McFadden, B., Jones McGrath, K., Lowe, T., Thiessen, C., Irinici, S., Shah, T., Milosavljevic, S., & Bath, B. (2016). Examining the Supply of and Demand for Physiotherapy in Saskatchewan: The Relationship between Where Physiotherapists Work and Population Health Need. *Physiotherapy Canada. Physiotherapie Canada*, 68(4), 335–345. <https://doi.org/10.3138/ptc.2015-70>
18. Liu, X., Seidel, J. E., McDonald, T., Patel, A. B., Waters, N., Bertazzon, S., Shahid, R., & Marshall, D. A. (2022). Rural-Urban Disparities in Realized Spatial Access to General Practitioners, Orthopedic Surgeons, and Physiotherapists among People with Osteoarthritis in Alberta, Canada. *International journal of environmental research and public health*, 19(13), 7706. <https://doi.org/10.3390/ijerph19137706>
19. Williams, E., D’Amore, W., & McMeeken, J. (2007). Physiotherapy in rural and regional Australia. *The Australian journal of rural health*, 15(6), 380–386. <https://doi.org/10.1111/j.1440-1584.2007.00931.x>
20. Martin, R., Mandrusiak, A., Lu, A., & Forbes, R. (2020). New-graduate physiotherapists’ perceptions of their preparedness for rural practice. *The Australian journal of rural health*, 28(5), 443–452. <https://doi.org/10.1111/ajr.12669>
21. Farquhar, E., Moran, A., & Schmidt, D. (2020). Mechanisms to achieve a successful rural physiotherapy public-private partnership: a qualitative study. *Rural and remote health*, 20(3), 5668. <https://doi.org/10.22605/RRH5668>