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# Perceived occupational prestige of physiotherapy in Nigeria among physiotherapy undergraduates: implication for public and healthcare professionals' awareness of the role of physiotherapy

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## Abstract

**Background:** The occupational prestige of any occupation is of interest to its members and prospective members. A profession's occupational prestige influences its desirability, marketability, professional autonomy and social esteem, and career selection among prospective university undergraduates. This study aimed to assess the perception of the occupational prestige of physiotherapy in Nigeria among physiotherapy undergraduates and to explore its determining factors.

**Methods:** This study employed a mixed method design. The quantitative component involved 280 students from four universities in Nigeria, while the qualitative part involved 35 students. The participants in the survey completed a questionnaire on occupational prestige, and the data obtained were analysed using descriptive and inferential statistics. In addition, the qualitative data was analyzed using content thematic analysis.

**Results:** The perception of occupational prestige obtained from the cross-sectional survey showed that 12.1% of the participants perceived it as low, 49.3% as intermediate, and 38.6% as high. Overall, 49.3% of the participants ranked physiotherapy fourth, following medicine, engineering and law. The qualitative component corroborated these findings and further explained that the perceived status resulted from public perception of the profession in relation to other jobs, especially within the health care team.

**Conclusion:** Physiotherapy is ranked intermediate occupational prestige by most physiotherapy undergraduates. The significant determinants of this ranking are poor knowledge and awareness of physiotherapy among other health care professionals and the general public. To enhance the occupational prestige of physiotherapy, there is a need for public awareness of physiotherapy and its role and inter-professional education among health care professionals.

**Keywords:** Perception, Occupational prestige, Physiotherapy, Undergraduates, Healthcare professionals

## Background

The concept of occupational prestige and the perception of a profession's image are subjects of interest to those who practice or aspire to practice a profession.

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Professions are generally rated by the esteem, power and prestige they hold within society. The International Standard Classification of Occupations (ISCO-08) defines occupation as a set of jobs whose main tasks and duties are highly similar [1]. Occupational hierarchy is said to be the principal basis for social stratification in modern societies; therefore, the perceptions of these hierarchies affect how individuals perceive themselves, irrespective of how objective they are [2–4]. These also translate into an occupation's prestige and consequently influence an individual's socioeconomic status in society.

Occupational prestige is the public perception of an individual's social standing based on their professional position rather than any unique personal attributes the individual holds [5]. It explains that a profession's social position is based on the collective belief of its worthiness to other occupations. It is socially constructed based on people's perceptions and value judgements within a social structure [6, 7]. Occupational prestige is determined by five factors: income level, education, social standing, responsibility, and usefulness to society. These factors are interrelated and are essential in maintaining a stable hierarchy and preserving organisational perceptions concerning prestige [8]. The occupational prestige of physiotherapy has been studied in developed countries in the last three decades. These studies reveal a tremendous change in the social standing of the physiotherapy profession over the years. For example, physiotherapy's occupational prestige in Australia and Albania was high [8, 9]. In England, it was intermediate in 1996 [10] and high in 2009 among first-year undergraduates in England [6]. It shows that the occupational prestige of physiotherapy in developed countries has transitioned from low or intermediate to high over the years. However, it is not sure this transition from bottom to the top has taken place in Nigeria as many Nigerian trained physiotherapists keep leaving the country to practice in developed countries, and many others leave physiotherapy for banking industries and other firms while in Nigeria. It is believed anecdotally that lower physiotherapy occupational prestige in Nigeria compared to what is obtained in developed countries amongst others is the reason for the brain drain despite the World Confederation of Physical Therapy (2017) declaration of the vital role of physiotherapists and their indispensability as members of the health team in all areas of the health [11]. There seem to be some challenges and uncertainties in Nigeria about the professional image of the physiotherapy profession, resulting in unclear perceptions and poor knowledge of physiotherapy among the general public. Two studies have been conducted on the occupational prestige of physiotherapy in Nigeria among Nigerian physiotherapists [12] and secondary school students [13]. These

studies report physiotherapy as an intermediate status among practising physiotherapists, ranking 5th among other professions but was seen as an occupation with high prestige among secondary school students. In addition, some studies on awareness, knowledge and perception of physiotherapy and physiotherapy services have been reported as poor and underutilised [14–17] among patients, health care professionals, medical students, and the general public. Undergraduates are at a pivotal point in professional training; their perception of their occupational prestige will determine if they will practice the profession or stay in Nigeria if they choose to practice. The question arising from this situation and context is how undergraduate physiotherapy students in Nigeria perceive their occupational prestige and what factors influence their perception.

## Methods

This study utilized a mixed method design consisting of a cross-sectional and exploratory qualitative design.

### Cross-sectional design

Participants were recruited using the purposive sampling technique from four universities in southwestern Nigeria. First, the minimum number of participants was recruited using Slovin's formula:  $n = N / 1 + N(e^2)$ , where  $n$  is the required sample size, and  $N$  is the total population of the physiotherapy undergraduates in Southwestern Nigeria (963), and  $e$  is the confidence level (0.05). The calculation results in  $n = 279.74$ . However, by adjusting the minimum sample size by 10% for non-response ( $N_f = n / 1 - 10\%$ ), 311 participants were recruited for the cross-sectional study where Occupational Prestige Questionnaire was used to obtain the data.

### Occupational Prestige Questionnaire

This is a self-administered questionnaire adapted from the 2018 Questionnaire on Occupational Prestige by Akodu et al. [13] used in conducting the study "Perceptions of Physiotherapy as a possible career choice among prospective university students in Nigeria". The adapted questionnaire was content validated by a panel of three experts. In the end, this adapted questionnaire had three sections. Section A was used to obtain sociodemographic information from the participants. Section B has five categories, each containing fourteen occupations. In each category, the fourteen occupations are rated on a 5-point Likert scale (very low, low, moderate, high, and very high) based on five factors of occupational prestige: level of income, level of education, usefulness to society, level of social standing, and level of responsibility. Section C contained eleven items, and participants were asked to rate these dimensions in the hierarchy of how they perceive

their importance in influencing the occupational prestige of occupation (1 being the least important and 11 being the most important). The scores are calculated by adding scores allocated to each profession across all the domains. A score from 0 to 9 indicates a low occupational prestige, 10–14 indicates intermediate prestige, and greater than 14 indicates a high prestige.

### Exploratory qualitative design

Purposive sampling technique was used to recruit 35 consenting participants from two universities in Southwest Nigeria for the focus group discussion. The discussion was held at the Department of Physiotherapy, College of Medicine, University of Ibadan, Nigeria. We decided to use focus group discussion as the matter relates to undergraduate physiotherapy students' perspectives of a phenomenon and factors influencing such perceptions. In addition, focus group discussion is valuable for research on group norms, meanings and processes.

A focus guide was developed and used for the focus group discussions. The guide contained questions exploring: the understanding of the participants on the term "occupational prestige", the occupational prestige of physiotherapy in Nigeria, the problems/ benefits associated with the occupational prestige of physiotherapy in Nigeria and ways of enhancing physiotherapy occupational prestige in Nigeria. In addition, the trained moderator in qualitative data collection asked other questions and used comments and probes when necessary to stimulate the discussion. An independent observer took notes, and all information given by the participants during the discussions was recorded using an audio recorder. Each session of the discussions lasted for about 45 min. A transcriptionist transcribed the recorded information from the discussions verbatim, and the transcribed work served as the basis for analysis. The final data check and validity were done by comparing the recorded conversation with the note taken.

### Data analysis

Data were collected over 3 months. Quantitative data were collected, coded, and entered into an excel spreadsheet. Analysis of the quantitative data involved descriptive analysis of mean, standard deviation, frequency, percentages, bar charts, and range to summarise the results. Spearman rank correlation was used to rank the occupational prestige of selected occupations across the population, one-way ANOVA was used to test the difference between the mean scores of the perceived occupational prestige of the chosen professions across the population, and a post-hoc test was used to test where the difference lies in the perceived occupational prestige

across the population. The level of significance was set at 0.05.

Content and context analysis using a thematic approach involving a similar grouping of themes in each item, followed by identifying trends and differences across the transcript, was used for qualitative analysis. The analysis was undertaken by an expert in the field of qualitative analysis. General first thoughts were that the perception of the group occupational prestige of physiotherapy varied; low, intermediate, and high occupational prestige. Next, the authors had to investigate why they had varying perceptions of physiotherapy occupational prestige using various factors such as personality, association, academic level in the university and family background. Given the resulting conversations, the analysis took an inductive, exploratory approach.

### Results

A total of 305 questionnaires were distributed. There was an overall response rate of 95.2%, and 94.6% of the questionnaires were deemed fit for analysis.

#### Sociodemographic characteristics of participants

One hundred and nine (38.9%) were females, while 171 (61.1%) were males. One hundred (35.7%) participants were in the pre-clinical study phase, while 180 (64.3%) participants were in their clinical phase. The mean age of the participants was  $20.3 \pm 2.9$  years. A summary of the sociodemographic data is presented in Table 1.

#### Perceived level of income across various occupations

The level of income of the physiotherapy profession relative to other professions was rated fifth, with a mean

**Table 1** Sociodemographic characteristics of the participants (N = 280)

Variable	Frequency (n)	Percentage (%)
<b>Gender</b>		
Male	109	38.9
Female	171	61.1
<b>Ages</b>		
15–19	110	39.3
20–24	150	53.6
25–29	18	6.4
30–34	2	0.7
<b>Type school</b>		
Private	57	20.4
Public	223	79.6
<b>Levels</b>		
Pre-clinical	100	35.7
Clinical	180	64.3

score of  $2.4 \pm 1.4$ , following Medicine, Engineering, Architecture, and law. This is presented in Fig. 1.

#### Perceived level of education across various occupations

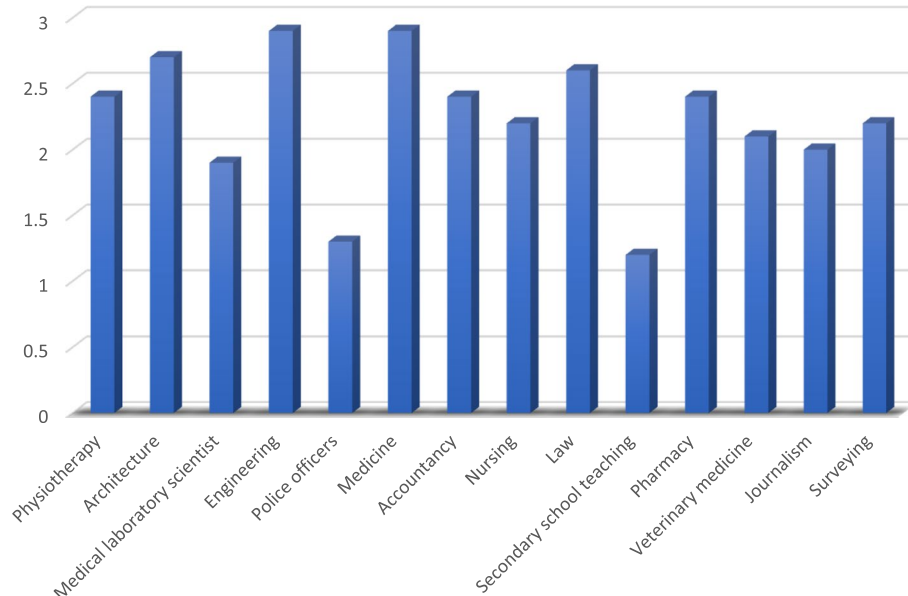
The level of physiotherapy education relative to other professions was rated third place, the same as the rating of Engineering and Pharmacy, with a mean score of  $3.1 \pm 0.8$ , following Medicine and Law, followed by Architecture. This is presented in Fig. 2.

#### Perceived level of usefulness across various occupations

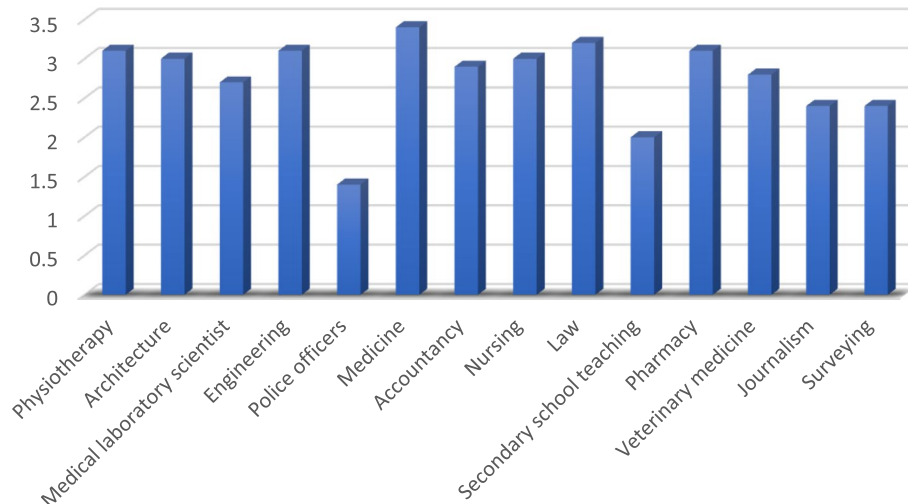
The usefulness level of physiotherapy relative to other professions was rated second alongside Nursing with  $3.4 \pm 0.9$ , following Medicine, with the highest score of  $3.6 \pm 0.7$ , as shown in Fig. 3.

#### Perceived level of responsibility across various occupations

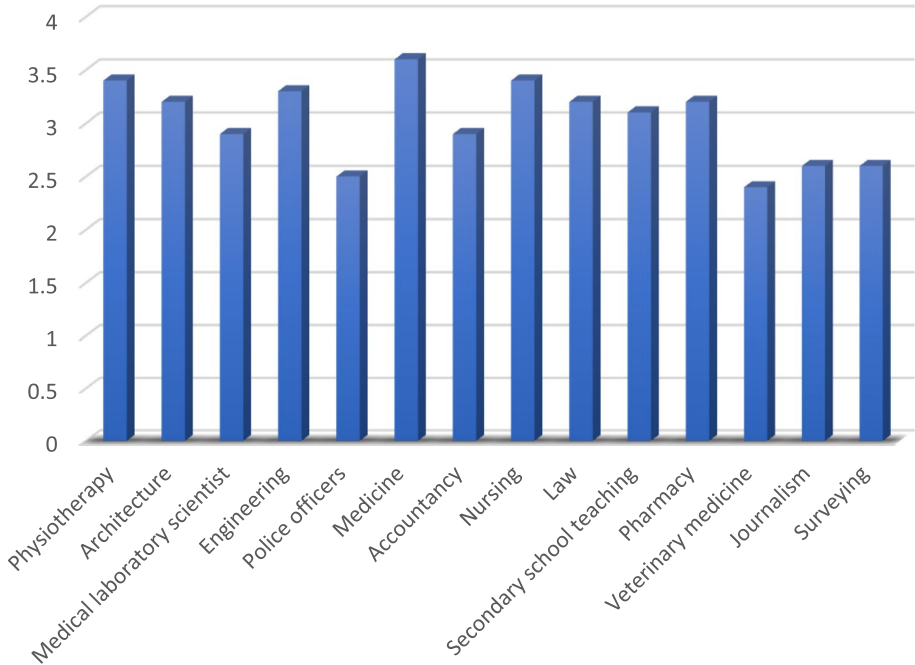
The level of responsibility of the physiotherapy profession relative to other occupations was rated second, which is also the same as Nursing, with a mean score



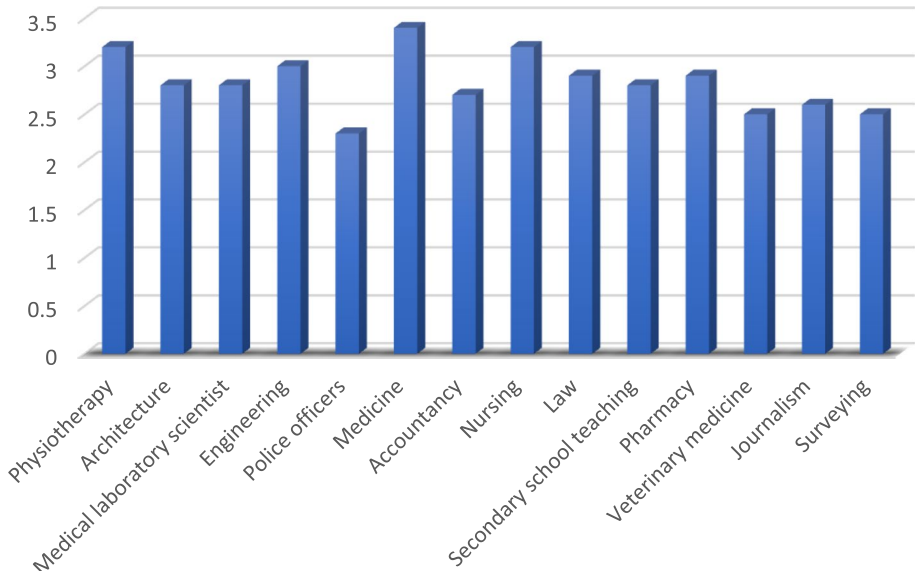
**Fig. 1** Perceived level of income across various occupations



**Fig. 2** Perceived level of education across various occupations



**Fig. 3** Perceived level of usefulness across various occupations



**Fig. 4** Perceived level of responsibility across various occupations

of  $3.2 \pm 0.8$ , preceded by Medicine ( $3.4 \pm 0.7$ ). The details are shown in Fig. 4.

#### Perceived level of social standing across various occupations

The perceived social standing of physiotherapy prestige relative to other occupations was rated eight, with a mean of  $2.5 \pm 0.9$ , preceded by Medicine, Law, Engineering, Pharmacy, Nursing, and Accountancy, in decreasing order. This is shown in Fig. 5.

#### Overall perception of occupational prestige of physiotherapy profession relative to other professions

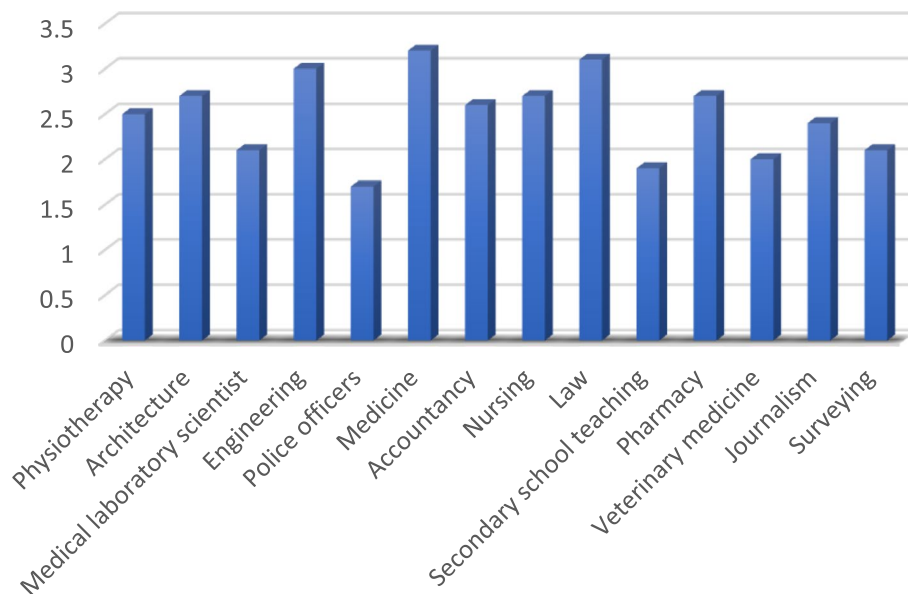
Table 2 represents the overall mean score of all occupations' perception of occupational prestige based on the five domains. The overall mean score of the occupational prestige of physiotherapy was  $14.5 \pm 3.0$ , which represents an intermediate occupational prestige. Thirty-four (12.1%) participants perceived physiotherapy to be of low occupational prestige, 138 (49.3%) perceived it to be of an intermediate occupational prestige, and 108 (38.6%) of the participants perceived physiotherapy to be of high occupational prestige, as shown in Table 2. The highest mean occupational perception score was observed for Medicine ( $16.5 \pm 2.8$ ), followed by Engineering ( $15.2 \pm 2.7$ ) and Law ( $15.0 \pm 3.0$ ).

**Table 2** Overall perception of occupational prestige of physiotherapy profession relative to other professions

Occupation	Mean	SD	Range
Physiotherapy	14.5	3.0	5–20
Architecture	14.4	2.7	7–20
Medical laboratory science	12.2	3.1	3–20
Engineering	15.2	2.7	8–20
Police	9.1	3.5	0–18
Medicine	16.5	2.8	8–20
Accountancy	13.5	2.9	7–20
Nursing	14.4	2.9	6–20
Law	15.0	3.0	6–20
Secondary school teaching	10.9	2.8	4–18
Pharmacy	14.4	2.8	3–20
Veterinary medicine	11.8	3.3	1–20
Journalism	12.0	3.2	3–20
Surveying	11.8	3.2	2–20

#### Pre-clinical and clinical students' perception of occupational prestige of physiotherapy in relation to other professions

There was no significant difference between the perceived occupational prestige of physiotherapy among participants in the pre-clinical and clinical phases of the study compared to other occupations where there were differences in the perceived occupational prestige. This is shown in Table 3.



**Fig. 5** Perceived level of social standing across various occupations



**Table 3** Pre-clinical and clinical students' perception of occupational prestige of physiotherapy in relation to other professions

Occupations	Levels	Mean	SD	P value
Physiotherapy	Pre-clinical	14.8700	3.24941	0.10
	Clinical	14.2556	2.85423	
Architecture	Pre-clinical	14.6000	2.73769	0.32
	Clinical	14.2722	2.61673	
Medical laboratory science	Pre-clinical	12.8600	3.06172	0.01*
	Clinical	11.9056	3.05572	
Engineering	Pre-clinical	15.6900	2.87692	0.03*
	Clinical	14.9833	2.54012	
Police officers	Pre-clinical	9.4300	3.62443	0.26
	Clinical	8.9389	3.44820	
Medicine	Pre-clinical	16.7500	3.04967	0.21
	Clinical	16.3167	2.62237	
Accountancy	Pre-clinical	13.9700	3.19550	0.07
	Clinical	13.2944	2.76994	
Nursing	Pre-clinical	14.8900	3.03812	0.05*
	Clinical	14.1889	2.74582	
Law	Pre-clinical	15.3800	3.22484	0.08
	Clinical	14.7389	2.81330	
Secondary school teaching	Pre-clinical	11.5700	3.10833	0.01*
	Clinical	10.5944	2.54501	
Pharmacy	Pre-clinical	14.9300	3.01597	0.02*
	Clinical	14.1000	2.68474	
Veterinary medicine	Pre-clinical	12.3900	3.47253	0.03*
	Clinical	11.5000	3.10253	
Journalism	Pre-clinical	12.5900	3.08497	0.02*
	Clinical	11.6833	3.25538	
Surveying	Pre-clinical	11.9800	3.20977	0.51
	Clinical	11.7167	3.17510	

**Table 4** Demographics of focus group participants (N = 35)

	Male	Female	Total
<b>Focus Group Discussion (FGD) 1</b>	2	8	10
<b>FGD 2</b>	0	8	8
<b>FGD 3</b>	4	5	9
<b>FGD 4</b>	3	5	8
<b>Total</b>	9	26	35

### Qualitative study result

Thirty-five consenting physiotherapy undergraduates participated in the focus group discussions. Four focus group discussions were conducted with the mean age of participants as  $20.2 \pm 0.8$  years old. Details on the participants' demographics in each discussion are presented

in Table 4. The analysis of the discussion generated five themes. This is shown in Table 5.

### Theme 1: Understanding occupational prestige

This theme centres on the students' definition of occupational prestige. It generated four (4) subthemes that showed the perspective from which the students understood occupational prestige. The subthemes include Occupational prestige as the way the public views an occupation; the ranking status of a career in relation to other occupations; the admiration and honour of a particular profession; and pride; as worth/financial reward attached to a profession. It is shown in the excerpts below:

#### *Occupational prestige is the way the public views an occupation*

*"I feel it is the way the public sees an occupation." (A 20-year-old female clinical student)*

*"I don't think it is the standing of an occupation in the society. I think it should be a particular sector in which that occupation is based". (A 20-year-old male clinical student)*

#### *Occupational prestige is the ranking status of an occupation in relation to other occupations*

*"I feel occupational prestige means: for each occupation, how do people view them or what is their rank among other occupations? For example: in the medical profession, people take doctors as the highest prestige in rank, then nowadays, physiotherapists are seen as second in rank to doctors, after the doctors, the physiotherapists before other health practitioners are seen. So, occupational prestige is just how the occupations are ranked in status in relation to other professions". (A 20-year-old female clinical student)*

#### *Occupational prestige is the admiration and honour of a particular profession and as a pride.*

*"That is the admiration we have for, like based on the admiration we have for a particular occupation." (A 21-year-old female clinical student)*

*"I think occupational prestige is just like the respect people give to like a particular occupation as she said now doctors are given the highest respect in medical worlds." (Another 21-year-old female clinical student)*

**Table 5** Themes and subthemes of the qualitative study

S/N	Themes	Sub-themes
1	Understanding occupational prestige	Definitions of occupational prestige. Varied definitions
2	Perception of occupational prestige among physiotherapy students	Mixed perceptions of occupational prestige Low Intermediate High
3	Perceived problems associated with low occupational prestige in the physiotherapy profession	Brain drain Physiotherapy as an evolving profession in Nigeria Lack of physiotherapists in mainstream national politics
4	Perceived factors determining occupational prestige of the physiotherapy profession	Knowledge of the public and other health care professionals about physiotherapy The superiority complex of other health professionals Unhealthy rivalry among healthcare professionals Level of income and education Societal impact and knowledge Scope of practice Level of importance and lack of title such as “Dr”
5	What can be done to improve the occupational prestige of physiotherapy?	Outreaches Involvement in mainstream politics Inclusion of inter-professional education in the medical school curriculum Establishment of postgraduate organisations.

**Occupational prestige is the worth/financial reward attached to a profession.**

*“The occupational prestige means the pride attached to my occupation, what will be my venture in the future, my source of income and what I will earn as my keep. So, basically, the pride in what I do.” (A 19-year-old, female clinical student)*

*“Occupational prestige, from my perspective, means the perception, what people outside there feel about your profession and then it will go a long way in determining the profession’s progress. Prestige itself means the worth, the carriage, the usefulness, societal impacts or importance of that profession.” (A 23-year-old male clinical student)*

**Theme 2: Perception of occupational prestige among physiotherapy students**

The discussants had different perceptions of occupational prestige. Some participants perceived physiotherapy as lacking prestige, stating that the course is not as well-known as other courses in Nigeria. Some further explained that the general public often compares physiotherapy with Medicine and Surgery or perceives the profession in relation to masseurs. This is shown in the excerpts below:

*“I feel like most people don’t have the in-depth knowledge about Physiotherapy, like when they see us, they just think that they can go and learn how to massage”. (A 20-year-old female clinical student)*

*“I feel physiotherapy is one of the most underrated health care professions. I feel that even normal people just feel that it is massage that we do. That you just come and “bami pa arami” in Yoruba. And so will I go to school for five years just to pa, ara (just to learn to rub people’s bodies?) You know, I feel like not only people in the health sector view physiotherapy as a low-placed profession, people outside too. And I feel it is because people in the health care professions are not even; they don’t know how to show its importance. That is why the general public also views physiotherapy as massager and arranger of bones.” (A 21-year-old female clinical student)*

Despite these opinions and beliefs, the perception of a few of the participants was different. They rated physiotherapy quite high, expressing their pride in the profession. However, most of the participants rated the prestige of the profession as moderate. In addition, some of the respondents disclosed that they also agree with the public that physiotherapy is on a lower scale compared with other health professionals. This is as shown in the excerpts below:



*"Physiotherapy is a very prestigious occupation or profession. We have a lot of positives to offer, and then we try to provide quality services to our clients and patients. Compared to other professions that are very popular, people think they are very prestigious, like engineering, medicine, and law. Compared to them, I still believe physiotherapy has low occupational prestige." (A 19-year-old female pre-clinical student)*

*"I perceive the occupational prestige to be high as a physiotherapy student, and that is because I think, for instance, we are part of the health team, but in relation to other generally prestigious professions like medicine and engineering, I don't think that we are seen as having the same occupational prestige as them yet, in terms of salary, and importance and societal understanding of what we do." (A 21-year-old female clinical student)*

### **Theme 3: Perceived problems associated with low occupational prestige of the physiotherapy profession**

The general perception of the occupational prestige of the physiotherapy profession was rated as intermediate. The participants expressed that this low rating makes the profession poorly respected by the general public and other health care professionals. It was also stated that this rating leads to a constant brain drain, as many qualified physiotherapists relocate to other countries where their impacts are valued and appreciated. Some agreed when asked if they would relocate post qualification, while others disagreed. Some also pointed out that this relatively low rating might be the probable cause for the relatively slow progression or growth of the physiotherapy profession in Nigeria, as young, skilled physiotherapists relocate or hope to relocate to developed countries for a better professional experience, leading to a more detrimental outcome on the profession in Nigeria. Excerpts on some of the quotes are stated below:

*"I would say not many people have so much respect for the profession because physiotherapy is still an evolving profession in Nigeria. If I tell someone now that I am a medical student, before they ask me, they will ask, are you a doctor, are you a nurse, nobody even talks about you being in physiotherapy or? Instead, they assume probably it's only doctors that are in the medical field. So, it is not that respected the way it is supposed to be." (A 20-year-old female clinical student)*

*"Yes, I would want to go overseas. I think they have better facilities to help patients there. So you get*

*to derive more satisfaction seeing your patients get better earlier. Then, I think the pay there is also way better than whatever we have here in Nigeria, though their cost of living is high. From what I have heard from people, physiotherapists overseas are way more respected than physiotherapists in Nigeria do. So, I think those are good reasons to practice there." (Another 20-year-old female clinical student).*

### **Theme 4: Perceived factors affecting occupational prestige of physiotherapy**

The discussants explained some factors contributing to Nigeria's low perception of the profession. They stated that ignorance of the public and other health care professionals on the course and profession entails being one of the major determinant factors of the occupational prestige of the physiotherapy profession. Some of the other factors expressed were the apparent feeling of superiority among healthcare professionals and the seeming competition among healthcare professionals. Other factors noted were level of income and education, the societal impact of physiotherapy compared with other professions, the scope of practice of physiotherapy, and the level of importance and lack of title such as "Dr". This is highlighted in the excerpts below:

*"I feel one of the major determinants for low occupational prestige is ignorance. Ignorance in the sense that Nigeria has not accustomed itself to the fact that the world is now moving from curative medicine to preventive medicine." (A 17-year-old female pre-clinical student)*

*"I think one of the determinants is the fact that most health care workers don't even see the reason for the profession. They don't see what the profession is meant to be. I will also say it is two in one. Some of them know, but they undermine and underrate the profession." (A 20-year-old female clinical student)*

*"I would like to talk about medical students: MBBS and physiotherapy. They see it as a competition like you are trying to take their place. They feel like if the profession is allowed to be rated higher, then, maybe, there will be an imbalance, like you are taking their place or something. Patients will not recognise them and attribute all their problems solving to them." (A 20-year-old female clinical student)*

*"I think the salary, the income that physiotherapists get, is one thing that determines how prestigious it is. And then, as he said, the quality of education; most people believe that the more strenuous education is,*

*the more prestigious the occupation. For example, comparing medicine and physiotherapy, most medical doctors believe that their occupation should be more prestigious than ours because they spent more years with more vigorous training." (A 21-year-old female clinical student)*

*"I think it will have to be, first of all, the influence those who practice the profession has on society. How popular they are, what they have done to make people respect them or give them a sense of worth and how much they earn because people need to know that you earn a lot in your profession. And then, I also think another thing is the quality of education required to become a physiotherapist, the level of education required." (A 22-year-old male clinical student)*

#### **Theme 5: What can be done to improve the occupational prestige of physiotherapy?**

Discussants mentioned some ways to curb the factors contributing to the relatively low prestige physiotherapy profession. Some of these strategies were outreaches, involvement in mainstream politics, the inclusion of career literacy in medical schools' curriculum, eradication of superiority complex among health professionals, policymaking, public awareness, educating health care professionals on timely referral, proper treatment of patients, and alumni programmes and establishment of postgraduate organisations. Some quotes stating these approaches are highlighted below:

*"Firstly, I feel we should create awareness, let everybody know the importance of physiotherapy. Awareness should be done by talks online and so on. You are not advertising your profession but telling us what physiotherapy is. Also, I feel power goes a long way. If we try our best to get to high places in Nigeria, that will enable us to help change policies." (A clinical student)*

*"I think lack of involvement in professional and mainstream politics has also affected negatively or adversely the profession. How do I mean? If we have physiotherapists in positions of power, take, for instance, in the national assembly, at least we will be able to get some policy documents that will really go a long way in shaping the profession and also take, for instance, the university college hospital, if we have a physiotherapist as the Chairman, Medical Advisory Committee (CMAC) or the Chief Medical Director (CMD), that will go a long way in improving the quality of care and the perception and the*

*way we, the structure of physiotherapy in this hospital."*

#### **Discussion**

This study represents the first attempt to investigate the perceived occupational prestige of physiotherapy in relation to other professions among Nigerian physiotherapy undergraduates. Considering the response rate for this study was (95.2%), the sample could represent physiotherapy students in Nigeria because responses were obtained from the four universities that offer physiotherapy and have both the pre-clinical and clinical phases in Nigeria. Furthermore, there were more male participants than female ones (61.1 to 38.9%), implying that there are probably more male physiotherapy students in Southwest Nigeria.

The overall findings from the study showed that physiotherapy is of intermediate occupational prestige, ranked fourth below the occupations considered to be the "big three" in Nigeria (Medicine, Engineering, and Law in decreasing order). These findings agree with a similar study conducted by Akinpelu et al. (2011) among practising physiotherapists in Nigeria, where physiotherapy was also rated intermediate [12]. This is in contrast to the study conducted by Akodu et al. (2018) among secondary students that reported a high occupational prestige of physiotherapy [13], which may be indicative that practising physiotherapists, as a result of being in the profession, have a better knowledge of physiotherapy, the services and the environment they work in more than secondary school students. These findings agree with another Nigerian study [12] representing their self-worth as students, which could affect their decision to practice after graduation [18]. However, it is essential to note that physiotherapy is ranked 4th instead of 5th [12]. Therefore, it can be inferred that physiotherapy is either moving up the scale or participants do not have adequate knowledge to judge physiotherapy occupational prestige because they are undergraduate students.

The focus group discussion findings reveal that most participants perceive the occupational prestige of physiotherapy to be of intermediate status, corroborating the quantitative component of this study. The intermediate status ascribed to physiotherapy during the qualitative study was noted to be a result of public view or perception of the profession. Within the profession, the students perceive their profession to be prestigious, but in relation to other professions, especially within the health care team, they rated their profession lower. Akinpelu et al. (2011) study's finding among Nigerian physiotherapists also corroborates these findings that physiotherapists

regard the profession with high prestige [12]; however, the public and Nigerian health system or professionals do not have the same perception. However, the participants limited this perception to Nigeria and stated that they perceive the profession's occupational prestige to be higher in developed countries.

There was no significant difference between the perceived occupational prestige of physiotherapy among participants in the pre-clinical and clinical phases of the study, in contrast to medical laboratory science, engineering, police, law, nursing, pharmacy, journalism, and secondary school teaching, where there were differences in the perceived occupational prestige. This could be because orientations and seminars are organised every session for pre-clinical and clinical physiotherapy students, giving each group a privilege to gain more insight into the profession, thereby ensuring that every student, regardless of their stage of training, has a minimum of the basic knowledge of the profession.

Using the criteria of determining occupational prestige of physiotherapy, the level of income of the physiotherapy profession relative to other professions was rated fifth, following Medicine, Engineering, Architecture, and law. This result agrees with the findings from a similar study conducted in Nigeria among secondary school students, another one conducted among practising physiotherapists [12, 13] in relation to other occupations. In decreasing order, the different occupations that ranked higher were engineering, architecture and law. This could be due to the extensive public knowledge of these professions and the seemingly high income generated in these professions because of their tendencies towards being in private and industrialised sectors, unlike physiotherapists employed mainly by the government who pays fixed salaries and expect full commitment.

Also, the level of education of physiotherapy relative to other professions was rated third place, which is the same as the same rating of Engineering and Pharmacy, following Medicine and Law, and followed by Architecture. This finding is similar to the studies conducted in Nigeria and England among practising physiotherapists and physiotherapy students, respectively, where physiotherapy was rated second; rated third in Australia among physiotherapy students and fourth in another study in England among physiotherapy students [6, 8, 10, 12]. It is interesting that physiotherapy students rate their profession below Law and above Nursing, Medical Laboratory Science (MLS), and Veterinary Medicine. There is a possibility that physiotherapy students rate their profession below law because of the additional 1 year spent by law students before they get called to the bar; however, physiotherapy students also rate their profession above nursing, MLS, Veterinary Medicine, and Architecture,

even though they require 5 years of study with nursing and MLS, 6 years of study, for veterinary medicine at the university level, and M.sc as a minimum requirement for architecture practice. This may suggest that the number of years required at the university level did not influence their perception of education, but public perception and the general belief that students of medical sciences have a higher level of education above other professions were considered more than years spent in school.

Furthermore, physiotherapy's level of usefulness and responsibility relative to other professions was rated second alongside Nursing, following medicine, which had the highest score. This finding agrees with the findings among secondary school students in Nigeria [13] and the findings among physiotherapy students in Albania [9], where physiotherapy was also placed second on the level of responsibility. It is also similar to the study by Turner in 2001 among physiotherapy students in Australia [8]. The high ratings of physiotherapy students perceive their level of usefulness and responsibilities in society as healthy. These could be a result of their understanding of the role and importance of physiotherapy since they are training to become physiotherapists. Therefore, they are more likely to be more knowledgeable about its usefulness and responsibilities in society. However, this rating above their counterpart in medical sciences is a subject of interest that may be further looked into.

In addition, the social standing of the physiotherapy profession relative to other professions was rated eight, preceded by Medicine, Law, Engineering, Pharmacy, Nursing, and Accountancy, in decreasing order. Despite the high ratings of the other factors, the social standing of the physiotherapy profession in relation to other professions, as perceived by physiotherapy students, is low. This may be because these occupations are better known in society because they have existed for a longer period in Nigeria and have experienced faster professional growth than physiotherapy. Hence, the public is more familiar with other professions than physiotherapy.

Findings from the qualitative study show that participants had a good understanding of occupational prestige. Occupational prestige is one of the factors considered when making career choices. Therefore, a good grasp of the meaning of occupational prestige seen among the discussants is likely a show level of accuracy in their perception of the physiotherapy profession while making decisions on the choice of their course of study in the university. Furthermore, poor knowledge of physiotherapy and physiotherapy services among the public was identified as the paramount determining factor of occupational prestige in Nigeria. Other factors include unhealthy inter-professional rivalry and competition, lack of inclusion of physiotherapists in the mainstream politics of the nation

and poor remuneration. These qualitative findings reveal that physiotherapy students rated their profession lower majorly as a result of the public view of the profession and not necessarily from their own personal view, which was higher. This shows that the participants used more of an objective approach in their responses than a subjective one. The participants, during the course of the qualitative study, provided possible and problem-directed solutions. The factors listed by the participants can be said to be “extrinsic”, differing from the “intrinsic” recommendation made in a study among Nigerian physiotherapists [12]. The recommendation suggested that a way to improve the occupational prestige and self-worth of physiotherapy professionals is a better understanding of the role and value of physiotherapy by the public, other health care professionals and mainstreaming of physiotherapists in the national politics to inform policy that will enhance the professional image of physiotherapy.

## Conclusion and recommendations

Undergraduate physiotherapy students perceive the overall occupational image of physiotherapy to be intermediate. The major factors influencing the perceived occupational prestige of the physiotherapy profession in Nigeria among undergraduate students are the level of usefulness and level of responsibility, with the level of social standing having a relatively degrading effect on its prestige. It is recommended that strategies such as public awareness and inter-professional education on the role and importance of physiotherapy in the health care system be implemented to enhance the occupational image of physiotherapy in Nigeria.

## Abbreviations

ISCO: International Standard Classification of Occupation; ANOVA: Analysis of variance; FGD: Focus Group Discussion; UI/UCH: University of Ibadan/University College Hospital; Dr.: Doctor; MBBS: Bachelor of Medicine, Bachelor of Surgery; CMAC: Chairman, Medical Advisory Board; CMD: Chief Medical Director; MLS: Medical Lab Science.

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## Authors' contributions

NAO, AKO, CTS, TBA, and ACO made substantial contributions to the conceptualisation and design of the study, data collection, analysis and interpretation, manuscript writing and editing. TBA was involved in manuscript revision and editing. All authors read and approved the final manuscript.

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## Availability of data and materials

The data used and/or analyzed for this study are available from the corresponding author on reasonable request.

## Declarations

### Ethics approval and consent to participate

Ethical approval was sought and obtained from the University of Ibadan/University College Hospital (UI/UCH) Research Ethics Committee (approval no: UI/EC/19/0430). Informed consent was obtained from all the participants.

### Consent for publication

Not applicable.

### Competing interests

The authors declare that they have no competing interests.

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