

A dire need for recruitment of rehabilitation professionals for provision of geriatric care

Nazia Mumtaz¹, Arshad Mehmood Naz²

¹ Head of Department, Speech Language Pathology, Faculty of Rehabilitation and Allied Health Sciences, Riphah International University, Lahore, Pakistan

² In-charge Speech Therapist, Child and Family Psychiatry, Department of Psychiatry, Mayo Hospital Lahore, Pakistan

Correspondence

Nazia Mumtaz

nmumtazsp@gmail.com

Cite this article as: Mumtaz N, Naz AM. A dire need for recruitment of rehabilitation professionals for provision of geriatric care JSTMU. 2021; 4(2):73-74.

Keywords: Geriatric care, quality of life, rehabilitation, recruitment

The rapid surge in Pakistan's population is exacerbating the demand for rehabilitation professionals with attributable factors such as an aging population, rise in chronic and complex multi-system disorders, improved evaluation methods for disability,¹ advances in technology, and changes in inter-professional health service delivery models. However, health human resource (HHR) strategies for rehabilitation professionals are lagging behind in comparison to other professional groups such as physicians and nurses. A field of healthcare which has suffered from neglect or to put it in another manner is largely ignored is geriatric care.² In Pakistan the number of medical healthcare professionals is insignificant. Whether this is on account of adopting a traditional treatment plan, subscribing to palliative care, being resigned to one's fate or simply ignorance of geriatric care being an emerging discipline is debatable. What is understood that as a discipline it does not exist prominently with two major fallouts. The first being that the socio-economic burden on the caregiver increases and second fallout being the geriatric patient ceases to be a productive individual of the society thereby the load on the healthcare system rises. To analyze this existing scenario, it is imperative that a study be conducted to identify recruitment strategies of rehabilitation professionals including medical professionals, occupational therapists, speech language pathologists and physical therapists to determine and investigate the importance, selection and identification of strategies using expert panels amongst HHR, public healthcare and academia, these being essentially required for rehabilitation services.³ Further such an academic

endeavor can invoke debate, inspire research and recognition of the enabling articles/ provisions for health care guaranteed in the Constitution of Pakistan by the state to its citizens specifically the vulnerable population.⁴ The geriatric population of any developing country like Pakistan, with a fragile healthcare structure, has a vulnerable geriatric population as highlighted by the World Health Organization (WHO) wherein a high prevalence of disability of 15% has been reported by WHO,¹ with 31 million disabled in Pakistan.⁵ Disability in the geriatric population is increasing due to increase in chronic illnesses as well as the ageing population.

Geriatric rehabilitation services are part and parcel of a health system and handle persons with disabilities through an integrated multidisciplinary strategy in most effective programs and includes thorough assessment strategies and intensive rehab which is evidence based and patient targeted.⁶ This invariably commences with a physician prescribing a rehabilitation plan, be it disability arising out of diseases or trauma and involving Rehab nurse, Speech language pathologists, Physical therapist, Occupational therapist, Audiologist, Prosthetists and orthotists, social case workers, as well as Psychologists. Unfortunately, in Pakistan shortages of rehabilitation manpower are arising being a lower income country and the geriatric population being marginalized despite its size increasing, this is also aggravated by dearth of training in geriatrics & gerontology.⁷

In Pakistan geriatric rehabilitation can be classified as a comparatively new profession with physical therapy

diploma courses starting in 1956, now being offered by 69 institutes, and PhD in Rehabilitation sciences being offered in barely a few universities.⁸ Rehabilitation services in Pakistan till 2011 were marred with just a few rehabilitation departments suffering from an inherent lack of integrity of rehabilitation team, with only 38 Rehab consultants and 1000 physical and 150 occupational therapists,⁹ although the situation has marginally improved currently. Despite being the 3rd largest healthcare workforce, shortage of rehabilitation professionals including occupational therapists and speech language pathologists still haunts this critical field of healthcare as recruiting and retaining rehabilitation workforce is yet another challenge.¹⁰

The situation is not so simple that merely demand and supply would influence both recruiting and retaining decisions of rehabilitation professionals in tertiary care hospitals as healthcare professionals are only of late in Pakistan inclined to advocate geriatric care. Academia and hospital administrators need to focus as well as to minutely study geriatric health issues in the perspective of patients' rights as the self-esteem and physical, psychological and social aspects of quality of life of this vulnerable strata is being compromised,¹¹ accentuated by the fact that they traditionally and culturally assert their productivity and non-dependency potential. As productivity of the elderly and aged population is compromised their earning capacity and self-esteem suffers as well. The scope of any study may incorporate making sources of data available for structural improvements, guarantee the overall study of whole rehab manpower irrespective of individual specialty, to staff less served areas for increasing education, attraction and tele-health, to promote different policies in settings of rural or urban and to replicate international evidence based best practices.

It goes without saying that in developing countries like Pakistan, rehabilitation services require further integration in hospital healthcare system along with stressing upon educational needs and ethical and professional development to produce and later recruit rehabilitation professionals. With stigmas and cultural norms hindering tucking-in the disabled into the society,⁹ it can be safely concluded that there is a myth prevalent amongst the public health profession at large that the healthcare structure of Pakistan cannot cater to the geriatric population which is most vulnerable including the disabled.

Compromise on public health amounts to compromise on a country's development agenda and is the worst form of intellectual dishonesty.

References

1. World Health Organization. World report on disability 2011. WHO; 2011.
2. Memon AR, Sahibzada NM, Azim ME, Siddiqui FA. Physical therapy as a profession and its educational development in Pakistan. JPMA. J Pak Med Assoc. 2016; 66(11):1472-4.
3. Mirza T, Ahmed Z. Rehabilitation: Health Research Perspectives And Challenge. Pak J Med Dentistry. 2018; 7(2).
4. Mumtaz N, Saqulain G, Mumtaz N. Dilemma of health rights of vulnerable citizens: A narrative review. J Pak Med Assoc. 2021;71(12):2782-2786.
DOI: <https://doi.org/10.47391/JPMA.2078>
5. Rathore FA, Mansoor SN. Disability rights and management in Pakistan: time to face the bitter truth. J Coll Physicians Surg Pak. 2019; 29(12):1131-32.
DOI: <https://doi.org/10.29271/jcpsp.2019.12.1131>
6. Jónsson A, Gustafson Y, Schroll M, Hansen FR, Saarela M, Nygaard H, Laake K, Jónsson PV, Valvanne J, Dehlin O. Geriatric rehabilitation as an integral part of geriatric medicine in the Nordic countries. Dan Med Bull. 2003 Nov;50(4):439-45.
7. World Health Organization. World Report on Ageing and Health 2015. World Health Organization. Geneva, Switzerland.
8. Babur MN. A flagship journey of physical therapy & rehabilitation sciences profession in Pakistan. Isra Med J. 2015; 7(4):233-34.
9. Rathore FA, New PW, Iftikhar A. A report on disability and rehabilitation medicine in Pakistan: past, present, and future directions. Arch Phys Med Rehabil. 2011; 92(1):161-6.
DOI: <https://doi.org/10.1016/j.apmr.2010.10.004>
10. Tran D, Hall LM, Davis A, Landry MD, Burnett D, Berg K, Jaglal S. Identification of recruitment and retention strategies for rehabilitation professionals in Ontario, Canada: results from expert panels. BMC Health Serv Res. 2008; 8(1):1-7.
DOI: <https://doi.org/10.1186/1472-6963-8-249>
11. Franak J, Alireza K, Malek M. Self-esteem among the elderly visiting the healthcare centers in Kermanshah-Iran (2012). Glob J Health Sci. 2015; 7(5):352.
DOI: <https://doi.org/10.5539/gjhs.v7n5p352>