



Does Turkey Require Specific Legislation Regarding Occupational Health and Safety in the Field of Physiotherapy? A Survey Based on the Clinical Experiences of Physiotherapists in the Country

Türkiye'nin Fizyoterapi Alanında İş Sağlığı ve Güvenliğine İlişkin Özel Mevzuata İhtiyacı Var Mı? Ülkedeki Fizyoterapistlerin Klinik Deneyimlerine Dayanan Bir Araştırma

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Abstract

Aim: The aim of this study is to provide the condition for the contribution of physiotherapists working in Turkey to the strengthening of public interests and the development of the country. A specific law on occupational health and safety in physiotherapy is needed for the work satisfaction of physiotherapists.

Material and Method: In this study, the survey organized for the Rights Violations Research was applied to physiotherapists working in Turkey. The current problems arising from the lack of in these occupational health and safety were identified. The prepared survey was transferred to the internet via Google form and the data was sent to e-mail groups of which 128 physiotherapists are members.

Results: The most common violations are identified as follows: failure to define job descriptions (N: 117, 91.4%), absence of workplace-provided training required for the service (N: 114, 89.1%), excessive workload beyond what an employee can handle and/or that may harm the client (N: 111, 86.7%), payment of insurance premiums with lower wages than the salary (N: 108, 84.4%), and physiological/psychological harm (N: 107, 83.6%).

Conclusion: A special law on occupational health and safety in physiotherapy is required as a solution to the rights violations and psychological/physical damages experienced by physiotherapists.

Keywords: Occupational, law, health, safety, physiotherapists

Öz

Amaç: Bu çalışmanın amacı, Türkiye'de çalışan fizyoterapistlerin kamu çıkarlarının güçlendirilmesine ve ülke kalkınmasına katkılarının önünü açmaya çalışmaktır. Fizyoterapistlerin çalışma memnuniyeti için fizyoterapide iş sağlığı ve güvenliğine ilişkin özel bir kanuna ihtiyaç vardır.

Gereç ve Yöntem: Bu çalışmada Hak İhlalleri Araştırması için düzenlenen anket, Türkiye'de çalışan fizyoterapistlere uygulandı. İş sağlığı ve güvenliği eksikliğinden kaynaklanan mevcut sorunlar tespit edildi. Hazırlanan anket, Google formu aracılığıyla internete aktararak 128 fizyoterapistin üye olduğu elektronik posta gruplarına gönderildi.

Bulgular: En sık görülen ihlaller, görev tanımının belirlenmemesi (N: 117, %91.4), verilen hizmetin gerektirdiği eğitimlerin iş yeri tarafından sağlanmaması (N: 114, %89.1), iş yükünün çalışanın kaldırabileceğinden ve/veya danışanı mağdur edecek kadar fazla olması (N:111, %86.7), sigorta priminin maaştan daha düşük ücretle ödenmesi (N:108, %84.4) ve fizyolojik/psikolojik zarar (n:107, %83.6) olarak tanımlandı.

Sonuç: Fizyoterapistlerin yaşadığı hak ihlallerinin giderilmesine ve uğradıkları psikolojik/fiziksel hasarlara çözüm olarak, fizyoterapide iş sağlığı ve güvenliğine ilişkin özel bir kanun gereklidir.

Anahtar Kelimeler: Meslek, hukuk, sağlık, güvenlik, fizyoterapist



INTRODUCTION

In case of illness, physical medicine and rehabilitation (PM&R) training of specialist physicians are related to the treatment of patients. Physicians diagnose and address medical conditions related to disabilities. PM&R physicians collaborate closely with neurologists, orthopaedic specialists, neurosurgeons, and physiotherapists to provide comprehensive care. Physiotherapist determines and applies evidence-based preventive and developer protocols by performing measurements and tests about the profession to regulate the physical activities of individuals and to increase their mobility. Physiotherapist performs the necessary applications to eliminate or improve physical dysfunction disorders. It works in cooperation with other members of the rehabilitation team in terms of the treatment of patients and gives information to the relevant physician about the course of treatment.

^[1,2] Hazard identification consists of identifying conditions or incidents within the workplace that have the potential to cause harm to individuals. These hazards can encompass environmental factors or be associated with specific tasks, activities, or work systems. It's worth noting that repeated muscle contractions and prolonged static loading are recognized as risk factors in the development of cumulative trauma disorders for physiotherapist. In Turkey, there has been an increasing recognition of occupational health and safety following the implementation of Law 6331.^[3] This law, known as the Occupational Health and Safety Law No. 6331, was formulated in alignment with the principles outlined in EU Directive No. 89/391 and was officially put into effect on June 30, 2012.^[3,4] It has been observed that groups, that do not have a occupational law such as a field of psychology, are also exposed to rights violations which include exposure to physical and psychological damage at similar rates.^[5]

Occupational health and safety laws establish a structure to guarantee that both employers and employees adhere to the minimum standards necessary for preventing workplace injuries. These laws can be translated into practical documents, such as industry-specific guidelines and codes of practice. Different industries or professional groups may further elaborate on these laws and codes to develop guidelines tailored to their specific work environments. These external controls are designed to minimize injuries by impacting job design and influencing the behaviour of workers on a broader scale.^[6] We observed that injuries of workers consist of not only physical harm but also psychological damage. Also, the absence of workplace-provided training essential for the required service affects negatively the job satisfaction of physiotherapist in Turkey.

Our objective is to create the conditions for physiotherapists in Turkey to meaningfully contribute to the advancement of public welfare and the progress of the country. We firmly advocate for the necessity of a specific law about occupational health and safety in physiotherapy to enhance the job satisfaction of these professionals.

MATERIAL AND METHOD

In this study, the Rights Violations Survey has been applied to physiotherapists and detects the existing problems arising from the lack of law on occupational health and safety in physiotherapy. The necessary permission was obtained from the Malatya Clinical Research Ethics Committee (Date: 27/07/2021, Decision No: 2021/2291). Since the rights violations survey was previously applied,^[5] it was applied to physiotherapists who are 22-60 years of age. The Rights Violations Survey consists of demographic information about working life and 36 closed-tipped, yes/no questions.^[5] Also, verbal questions asked in addition to the survey. The prepared questionnaire was transferred to the internet via Google form and the data was sent to the electronic mail groups where 128 physiotherapists are members. 83.6% of the participants (n: 107) work in special education and rehabilitation centres; 16.4% (n: 21) work in state institutions.

RESULTS

The answers given by the 128 physiotherapists participating in the study to the questions of rights violations encountered in working life have been attached (**Table 1**).

As shown in **Table 1** above, the most commonly observed violations of the task are the job description is not determined (N: 117, 91.4%), the absence of workplace-provided training essential for the required service (N: 114, 89.1%), the workload is more than the employee can handle and/or the client is a victim seen in the survey results as (N: 111, 86.7%). It has been observed that groups, that do not have a occupational law such as a field of psychology, are also exposed to rights violations at similar rates.^[5] In addition, depositing the insurance premium at a fee less than salary, physical and psychological damage arising from the negligence of the workplace, failure to meet basic needs (eating, drinking, toilet, etc.) in humane and healthy conditions uninsured employment, excessive work, not payment when overtime, excess working survey results should not be underestimated.

In addition to the questionnaire responses, a significant 83.6% (n:107) of respondents expressed their uncertainty about where to turn for assistance when questioned verbally about addressing rights violations. In contrast, 16.4% (n:21) indicated that they had individually reported their issues to institutional authorities but resigned due to the lack of effective resolutions. In a separate section, participants strongly advocated for the enactment of a professional law, which they considered their most pressing demand. They believe that these rights violations are primarily a result of the absence of such professional legislation and anticipate a reduction in such violations once the law is put into effect.

Table 1: Number and rates of physiotherapists' exposure to rights violations

Rights Violations Parameters	Yes		No	
	Number (N)	Percent (%)	Number (N)	Percent (%)
1-Dismissal	81	63.3	47	36.7
2- Periodic, contracted employment	78	60.9	50	39.1
3- Unemployment by non-renewal of the contract	94	73.4	34	26.6
4- Employment in connection with the company	84	65.6	44	34.4
5- Force to resign	90	70.3	38	29.7
6- Not receiving compensation after dismissal	78	60.9	50	39.1
7- Not getting paid on time	81	63.3	47	36.7
8- Working without insurance	93	72.7	35	27.3
9- Paying the insurance premium at a lower wage than the salary	108	84.4	20	15.6
10- Physical/psychological damage	107	83.6	21	16.4
11- Working outside working hours	86	67.2	41	32.0
12- Not being able to receive overtime payment when working overtime	93	72.7	35	27.3
13- Being pressured as a result of being involved in unions and social organizations	77	60.2	51	39.8
14- Dismissal as a result of involvement in unions and social organizations	71	55.5	57	45.5
15- Being pressured as a result of participating in a rally, press release or protest	87	68.0	41	32.0
16- Dismissal as a result of participating in a rally, press statement or protest	77	60.2	51	30.8
17- Physical inadequacy of working conditions (heat, ventilation, etc.)	105	82.0	23	18.0
18- Failure to meet basic needs (eating, drinking, toilet, etc.) in humane and healthy conditions	104	81.3	24	18.8
19- The workplace does not provide the materials required for the study	77	60.2	51	39.8
20- The absence of workplace-provided training essential for the required service	114	89.1	14	10.9
21- Obtaining the necessary information for working practice (supervision, etc.) for a fee	70	54.7	58	45.3
22- Exposure to ethnic, religious or gender discrimination	86	67.2	42	32.8
23- Exposure to physical/psychological violence	79	61.7	49	38.3
24- Sexual harassment (staring, verbal, etc.)	13	10.2	115	89.8
25- The job description is not determined	117	91.4	11	8.6
26- Making a contract with another, less secure profession definition at the place of employment (being employed under contract in another position - with less rights)	78	60.9	50	39.1
27- Violation of client privacy	49	38.3	79	61.7
28- Training the expert in a way that serves a certain thought or ideology and forcing them to practice these practices	78	60.9	50	39.1
29- The workload is more than the employee can handle and/or is too much to victimize the client	111	86.7	17	13.3
30- Insufficient meeting time (insufficient time allocated to clients/service recipients due to work conditions)	87	68.0	41	32.0
31- Being exposed to threats to remain silent in the face of ethical violations committed by the institution	75	58.6	53	41.4
32- Being punished or left alone if ethical violations committed by the institution you work for are reported	77	60.2	51	39.8
33- Offering bribes (by the workplace or by service recipients with the encouragement of the employer, etc.)	66	51.6	62	48.4
34- Not allowing to continue educational activities	100	78.1	28	21.9
35- Being watched through cameras or in some other ways at work	96	75.0	32	25.0
36- The employer controls how and where the break periods will be spent.	72	56.3	56	43.8

DISCUSSION

Our study is unique in the literature for the existence of psychological and physical damage experienced by physiotherapists and proposes a specific law on occupational health and safety in physiotherapy as a solution.

Cromie et al researched that the majority of physiotherapists (91%) encounter work-related musculoskeletal disorders (WMSDs) during their careers, and one out of every six professionals changes their career due to these issues. Many of these disorders are attributed to the manual handling of patients. This article presents recommendations aimed at reducing the risk of WMSDs. These guidelines are formulated based on Australian legal requirements, insights from a survey conducted among Australian physiotherapists, and existing

literature on injury prevention. The guidelines encompass various aspects of environmental and job design, as well as the physical capabilities of individual physiotherapists, all within the framework of legal regulations. The article concludes by emphasizing the need for further research to delve deeper into this area of injury prevention within the field of physiotherapy.^[7] 107 (83.6%) of 128 physiotherapists who participated in the study in the results of our study were physical and psychologically damaged.

In Cromie et al.'s research, it was discovered that work-related musculoskeletal disorders (WMSDs) had the highest annual prevalence in the lower back region (63%), followed by the neck (48%), and the upper back (41%). Additionally, WMSDs were also prevalent in the thumb (34%), shoulder

(23%), as well as the wrist and hand (22%). The study revealed that therapists who engaged in manual therapy, repeated the same task frequently, had a high patient load in a single day, and did not have sufficient rest breaks faced an elevated risk of injuries in the neck and upper limbs, including the thumb. Specifically, thumb symptoms were linked to the performance of manipulation and mobilization techniques, with the prevalence of symptoms increasing with the duration of performing these techniques. Postural factors and the act of moving or transferring patients were associated with a higher risk of experiencing spinal symptoms (in the neck, upper back, and lower back). These specific body areas and their corresponding risk factors form the foundation for conducting risk assessments within the context of physiotherapy practice.^[8] We found that a lot of physiotherapists in Turkey exposure physical and psychological damage because of occupational deformation and the pressure of the workplace. This study suggested that specific law on occupational health and safety in physiotherapy is needed for working satisfaction of physiotherapist.

Physical therapists employed in Kuwait face the potential of work-related musculoskeletal disorders (WMSDs). Yet, there is limited documentation regarding the prevalence rates and associated risk factors. Alrowayeh et al aimed to ascertain the prevalence, attributes, and consequences of WMSDs among physical therapists working in Kuwait. Work-related musculoskeletal disorders (WMSDs) were frequently observed among physical therapists in Kuwait, primarily impacting the lower back and neck. Lower back and neck WMSDs were associated with participant characteristics, while hand/wrist WMSDs were linked to the work environment. Further, they said that research is necessary to explore the influence of risk factors such as physical workload, psychosocial stress, and overall health status on the prevalence of musculoskeletal disorders.^[9] Our study showed that physical inadequacy of working conditions (heat, ventilation, etc.) can result in physical and psychologically damaged.

Milhem et al researched that healthcare professionals, particularly those engaged in direct patient care, are among the occupational groups with the highest incidence of work-related musculoskeletal disorders (WMSDs), including physical therapists (PTs). This review aims to summarize the existing information concerning the prevalence, risk factors, and preventive measures for WMSDs among PTs. They conducted searches in Pubmed, Google Scholar, and PEDro databases, covering WMSDs in PTs from their inception to 2015. The prevalence of WMSDs among PTs was notably high, with a lifetime prevalence ranging from 55% to 91% and a 12-month prevalence varying from 40% to 91.3%. The lower back was the most frequently affected area, with estimates indicating a lifetime prevalence ranging from 26% to 79.6% and a 12-month prevalence between 22% and 73.1%. The neck, upper back, and

shoulders were also commonly affected. The risk factors for work-related low back pain (LBP) included activities such as lifting, transferring patients, repetitive movements, assuming awkward and static postures, experiencing physical load, treating a high volume of patients in a single day, and working while injured. Low back pain appeared to be influenced by age and gender, with a higher prevalence observed among females, younger PTs, and those working in rehabilitation settings. They suggested that physical therapists, as a result of work-related LBP, may seek treatment, adjust their daily routines and leisure activities, utilize assistive tools and equipment, or even consider changing their specialization within the profession or leaving it altogether. It should be noted that possessing knowledge and skills related to proper body mechanics does not guarantee the prevention of work-related injuries. PTs should adopt mechanical aids for patient transfers and innovative strategies should be devised to reduce WMSDs while maintaining the quality of patient care.^[10] Our findings indicated that many physiotherapists in Turkey experience physical and psychological harm due to occupational strain. This study highlights the necessity for the implementation of dedicated legislation concerning occupational health and safety in physiotherapy to enhance the job satisfaction of physiotherapists.

CONCLUSION

This study plays an important role in the fact that physiotherapists are informed about the violations of rights they may face and strive in the face of these violations. The lack of occupational laws of physiotherapists is undoubtedly a major deficiency and studies should be carried out to eliminate this deficiency and rights violations. Also, a special law on occupational health and safety in physiotherapy is required as a solution to the rights violations, deficiency of job satisfaction and psychological/physical damages experienced by physiotherapists.

ETHICAL DECLARATIONS

Ethics Committee Approval: The necessary permission was obtained from the Malatya Clinical Research Ethics Committee (Date: 27/07/2021, Decision No: 2021/2291).

Informed Consent: For this type of study informed consent is not required (Retrospective study).

Referee Evaluation Process: Externally peer-reviewed.

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