

Physiotherapy Identity: Confusion surrounding the title “*Gashi*” in Northern Nigeria

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Abstract

Physiotherapy is a branch of medical science that deals with the treatment of injuries and/or disorders by using physical agents. Health care providers have attempted to classify physical agents, mechanical modalities, and/or electrotherapy as “Physiotherapy.” Clinicians identified with a system of the body are more easily recognized for their expertise. Physiotherapy does not provide ready association with content expertise.

Physiotherapy was described in Hausa language as “*Gashi*”, loosely translated as “roasting or fire”. According to physiotherapy terminology, the term “*Gashi*” describes heat therapy. However, Hausas “*Gashi*” widely refers not only to heat therapy, but physiotherapy practice in general.

The term “*Gashi*” has limited the scope of physiotherapy practice. Hence, describing physiotherapy as “*Gashi*” is a gross misrepresentation and the greatest misnomer of the perception of physiotherapy and physiotherapists in the Northern Nigeria. Therefore, it was suggested that the word “*Gashi*” should be changed and replaced with “Physiotherapy” written in Hausa language transliteration as FISIIYOTERAFI.

Key words: physiotherapy, heat therapy, Northern Nigeria

Introduction

Physiotherapy is a health profession whose primary purpose is the promotion of optimal health and function. This purpose is accomplished through the application of evidence-based principles to the processes of examination, evaluation, diagnosis, prognosis, and intervention to prevent or remedy impairments in body structures, activity limitations, participation restrictions or environmental barriers, related to movement and health [1]. Flourishing research activities have contributed to its development, and it has become a profession with distinct autonomy, identity and with a knowledge base [2].

The profession of physiotherapy is still faced with the challenges of being misunderstood, misconstrued, under-recognized, and undervalued, particularly in Nigeria. This stems from a lack of

understanding of its meaning, scope and placement within the healthcare setting, sometimes even by fellow healthcare service providers [3].

A cross-sectional survey study, conducted by Mbada et al. [4] to determine the professional identity of physiotherapists as perceived by the general public, has demonstrated that only 16.8% of rural dwellers are aware of physiotherapy profession; moreover, the majority (60%) of study participants associated physiotherapy with masseurs and 30.8% with physicians. The study findings are disconcerting and have serious implications for the profession of physiotherapy. However, there is a dearth of literature reports on the perception of professional identity of physiotherapy in Northern Nigeria; therefore, the aim of the present study was to review the social perception of professional identity of physiotherapy based on the identity theory.

Identity Theory - a sociological perspective

The theoretical framework of this review is the identity theory, i.e. a theoretical construct supporting the ideas which privilege and place value upon the nature of interactions between the individual human beings and the societies they constitute. Identity is a set of meanings that define who one is as an occupant of a particular role in the society, a member of a particular group or claims particular characteristics that identify him or her as a unique person [5]. Social perspectives of professional identity consider the relationship between the individual, the profession and the society, thus explaining the ways that social forces impact upon professional behaviour and identity [6, 7]. This offers a useful set of ideas through which to explore professional identity. According to its central tenet, the self is constructed through social interaction and enactment of roles [8,7]. These internalised positional designations constitute a form of meanings, such as what it means to be a physiotherapist.

Positions in society carry with them certain roles and roles themselves carry with them shared sets of meanings, thus people become part of the social structure, occupying and identifying with structural positions [5]. For instance, role identities, such as being a physiotherapist, can be viewed as a form of self-definition that individuals apply to themselves as a consequence of role position, labelling and group membership. Labels associated with positions in society (e.g. physiotherapists) define individuals in terms of their position; they are relational in the sense that they tie individuals together.

Positions in society carry with them shared behavioral expectations which are known as roles. According to Burke and Stet [5], roles such as physiotherapists, are therefore not just constructed and created a new in each situation. They exist and have existed in historical time. People perceive,

react to them within society. They are shared by members of the culture and only slowly change or evolve as their use may change

Physiotherapy in Nigeria: A brief History

The history of a profession in any country cannot be discussed in solitariness, because it will potentially be influenced by the events in the other parts of the world. It was during the Middle Ages or Medieval period, which lasted from the 5th to the 15th century that occupations evolved. During that era, only divinity, medicine, and law were recognized as “learned” professions [9].

By using hydrotherapy, massage and manual therapy techniques to treat ailments as far back as 460 BC, Hippocrates, the great Greek physician and philosopher, was the first documented practitioner of physiotherapy. Globally, physiotherapy is a relatively young profession when compared to occupations that evolved during the medieval period. Physiotherapy became a bona fide occupation in 1894 when midwives and nurses in the UK took action to protect their practice of medical massage and formed the Chartered Society of Physiotherapy [9].

The importation of occupations into Nigeria is relatively recent. Medicine was the first occupation to be introduced into the region that later became Nigeria by Portuguese allopathic physicians in 1472. Subsequently, Law was introduced in 1862, followed by pharmacy in 1867, surveying in 1863, and engineering in 1896. The 1900 witnessed the importation of veterinary medicine in 1932, physiotherapy in 1945, librarianship in 1948, and accountancy in 1950 [9].

Like all occupations imported into Nigeria, the professionalization milestones of physiotherapy were influenced by several internal and external factors. Our journey as a profession began in 1945 when physiotherapy was imported to Nigeria by two British chartered physiotherapists; Miss

Manfield and Mr. Williams. Their primary role was to treat wounded and disabled Nigerians soldiers who returned home from Burma and other countries during World War II, as well as to start a training program in physiotherapy [10].

Physiotherapy’s identity in Nigeria

I believe that a united front with a strong professional identity cannot be over emphasised. Clearly, the health care professions identified with a system of the body are more easily recognized for their expertise and role in preventing, diagnosing, and treating dysfunctions of the system than the health professions identified with an intervention but not a system [1]. The expertise of the cardiologist, the neurologist, and even the dentist is well understood. Their professional title connotes the system they are responsible for.

The term “Physiotherapy” does not provide ready association with content expertise [1]. The words of Rothstein [11] that physiotherapists have not developed a true sense of whom and what they are, and are defined by the tasks they do, have many faces and no singular image, which holds water even in our generation. For instance, kinesiotherapy, meaning exercise therapy, is another name given to physiotherapy. While it is just a term, such as electrotherapy, that describes the task of a physiotherapist. It is obvious to have identity crises in describing or defining physiotherapy in the community rooted in different history and geographical variation. Likewise, it may be difficult to find a right and well comprehensive word that translates “Physiotherapy” into Hausa language.

Physiotherapy in Nigerian indigenous language

One of the probable factors still limiting understanding and appreciation of physiotherapy in Nigeria is the non-availability of its standard definition in the indigenous languages. The

three major Nigerian indigenous languages are Hausa, Igbo and Yoruba [12]. Anecdotally, Yoruba Nigerians often associate physiotherapy with labels such as bonesetters (dókítàèlégun), masseurs and passive movement practitioner (nọ́páno ̀sè), among others [4]. According to oral history, its old description as “kó’ moórìn” in Yoruba was occasioned by its central role in helping to restore the walking function among children who had lower limb paralytic poliomyelitis [3]. But the term may have become obsolete and so may make no sense to the future generation, given the fact that Nigeria may soon be declared poliomyelitis free by the use of Salk vaccines.

Hausa has its largest number of speakers in West Africa; it is spoken as a first language by about 34 million people and as a second language by about 18 million more, giving an approximate total of 52 million people [13]. Similarly, physiotherapy has been described in Hausa language as “Gashi” in Northern Nigeria, loosely translated as “roasting or fire”, which may have been connected with the advent of physiotherapy by the use of heat therapy (Infrared lamp) as the most common physical modality used in treatment of musculoskeletal problems.

Confusion surrounding the term “Gashi”

The term “Gashi” has therefore limited the definition, meaning and scope of physiotherapy to just one of the modalities that is used in physiotherapy. It does not really translate close enough to what is physiotherapy is all about. Moreover, the use of the term “Gashi” appears to have no import or bearing in some physiotherapy specialities, such as cardio-pulmonary and ergonomics where heat therapy may not be used. Hence, to describe physiotherapy as “Gashi” is a gross misrepresentation and it is the greatest misnomer of the perception of physiotherapy and physiotherapists, especially in Northern Nigeria.

Currently, most of these vernacular labels are often used in a derogatory sense. Therefore, the physiotherapy profession identity seems to be trapped in misconception that often reflects in improper referral practices, ignorance of physiotherapeutic modalities, poor inter-professional relations, and patronage of alternative traditional healers [4].

Moving forward: appeal for change

Movement is the core of physiotherapy. The movement system is important for functions at all levels of the organism and for life. Because of the importance of this system to health and function, physiotherapists are obligated to monitor the patients' movement system across the lifespan, to guide optimal development, to aid prevention, as well as to diagnose and treat dysfunction and/or impairments [1]. Therefore, physiotherapy should be identified with the human movement system, which will make it easy to have better recognition for its expertise and role in preventing, diagnosing, and treatment of dysfunctions of the system. In view of the foregoing, all descriptions of physiotherapy using local languages should denote optimizing movement and function.

To define the profession of physiotherapy in such a way as to strengthen its identity, the use of one name should be helpful. Certainly, this presents many challenges, especially when both terms (Gashi and physiotherapy) are rooted in their own history and geographical variation [14]. "Physiotherapist needs professional and public recognition for who they are and what they do". Changing a name is never easy. There are hosts of other names to consider and worst of all they may lose public confidence. This review suggested that the word "Gashi" should be changed and replaced with physiotherapy written in Hausa language transliteration as FISIIYOTERAFI. However, health

care providers should be able to explain when asked what FISIIYOTERAFI is based on the expected outcome of patient care in terms of movement and function. Or simply tell patients to go and see the FISIIOTERAFIST not "Gashi".

Conclusion

Acceptance of new terminology is just a matter of information dissemination and publicity. We all know how well Google and Apple have demonstrated the point. Lastly, with greater sense of responsibility, we should work together to bridge the widening communication gap that has been doing harm to our teeming patients and clients.

The WCPT advocates that the profession of physiotherapy is responsible for articulating the profession's scope of practice and defining the roles of physiotherapists. National physiotherapy associations are responsible for defining the roles of physiotherapy and physiotherapists relevant to their nation's health service delivery needs, ensuring that they are consistent with the accepted international guidelines set out by WCPT [15]. Therefore, the Nigerian Society of Physiotherapy has a responsibility to seek support for recognition with various state chapters to describe physiotherapy in the major Nigerian indigenous languages.

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