# KNOWLEDGE, ATTITUDE AND PRACTICE OF PHYSICAL ACTIVITY AMONG HEALTH PROFESSIONALS IN A NIGERIAN TERTIARY HEALTH INSTITUTION

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## ABSTRACT

### *BACKGROUND*

The public health campaign on the need for people to undertake physical activity (PA) as a primary way of preventing chronic health problems such as diabetes mellitus, obesity and cardiovascular diseases can be sustained through intensive counseling of patients/clients by health care providers who are vast in the practice of PA.

### *AIM*

To assess the knowledge, attitude and practice of PA among health professionals at the Federal Medical Centre (FMC), Owo, Nigeria.

### *MATERIALS AND METHODS*

One hundred and three (103) health professionals (HP) working at the FMC, among whom 24.3%, 22.3% and 19.4% are Medical/Dental Practitioners, Medical Laboratory Scientists, and Nurses respectively participated in the study. They were required to complete a 22 item closed-ended questionnaire which was self-administered. Frequencies and percentages of proportion of respondents were computed, data were also summarized in pie charts.

### *RESULTS*

78(75.73%) respondents were found to have awareness of the health benefits of PA, 93 (90.29%) believed they were physically fit, 67(65.05%) were able to adequately define physical fitness,

while 79(76.70%) professionals have counseled patients/clients about the health benefits of physical exercises. However, only 25 (24.27%) know the true parameters for assessing physical fitness.

*CONCLUSION*

The knowledge of the sampled HPs about PA appears poor, although their attitude is positive. There is need for health care givers to be exposed to educative measures that will enrich their knowledge of PA and how to achieve optimal fitness level through PA.

## KEY WORDS

Physical activity, knowledge, health professionals

## INTRODUCTION

Physical activity (PA) is a broad term used to describe all forms of large muscle movements including sports, dance, game, work, lifestyle activities and exercise for fitness (Fahey et al, 1999). It has also been described as movement of the body that is carried out by skeletal muscles which result in energy expenditure (Babakus and Thomson, 2012)

In most parts of the world, non-communicable (NCD) diseases have become a major health challenge which is partially as a result of rapid change in lifestyles leading to reduced physical activity, changing diets, and increased tobacco use. This trend is present in all societies, rich and poor, developed and developing (Rao et al, 2012).There has been a projection that NCD will account for 73% of deaths and 60% of the global disease burden by 2020 (Rao et al, 2012). PA and sedentary time (ST) appear potentially modifiable health behaviors that can be changed to reduce risks for morbidity and premature mortality resulting from various chronic diseases (Eapen et al, 2009; Gil and Makova, 2006; Williams et al, 2010). PA plays a major role in the prevention of these non-communicable diseases. Low levels of PA and increased ST is one of the strongest risk factors for many chronic diseases and conditions, including coronary heart disease, hypertension, diabetes mellitus type 2, obesity, osteoporosis, colon cancer, depression and anxiety.

Cardiovascular disease (CVD), which includes heart attack and stroke, accounts for 16.7 million deaths globally each year, it is the leading cause of death in the UK and nearly half of all deaths in Europe are caused by CVD. PA has been found to reduce the risk of developing cardio vascular diseases by 50%.International health organizations (e.g WHO) agree that 150 minutes of moderate intensity PA or 75 minutes of vigorous activity per week are recommended to achieve health benefits (Eapen et al, 2009). Regular PA is also highly beneficial in communities and for economies in terms of reduced health care costs, increased productivity, better performance in schools, lower worker absenteeism and turnover, increased productivity and increased participation in sports and recreational activities (Ayanniyi et al, 2012)

Healthcare providers (HPs) and their staff play a unique and important role in motivating and assisting patients' healthy behaviour changes, including PA promotion. HPs are less likely to counsel patients on improved PA if their own health habits are poor. Studies have shown that PA counselling practices among health care givers are highly variable in content and frequency (USPSTF, 2003). Some physicians in Spain were reported to have considered PA promotion as a secondary task.

The present study has been designed to assess the knowledge, attitude and practice of PA among HPs at the Federal Medical Centre (FMC), Owo, Nigeria.

## MATERIALS AND METHODS

One hundred and 150 HPs working at the FMC, Owo volunteered to complete a closed-ended questionnaire which was self-administered.

## DATA ANALYSIS

Frequencies and percentages of proportion of respondents were computed, data were also summarized in pie charts.

## RESULTS

A total of one hundred and fifty (150) questionnaires were distributed among various health professionals in FMC, Owo. One hundred and three (103) respondent returned their questionnaires and their data were used for analysis. 59(57.3%) of the respondent are male while the remaining 44(43.3%) are females 49(47.6%) of them are married.

## DISCUSSION

78(75.73%) respondents were found to have awareness of the health benefits of PA, 93 (90.29%) believed they were physically fit, 67(65.05%) were able to adequately define physical fitness, while 79(76.70%) professionals have counseled patients/clients about the health benefits of physical exercises. However, only 25 (24.27%) know the true parameters for assessing physical fitness.

Most previous studies have focused on the attitudes and practice of PA among physicians. There is paucity of studies on awareness and knowledge of PA among HPs .Ribera et al (2005) found 85% of their surveyed physicians/nurses promoted PA but they did it infrequently. Physician physical activity counselling (in Canada) ranges from a low of 11.8% to a high of 70%. Rheman et al (2003) reported just about 12.1% of physicians in three Canadian Regions providing exercise prescriptions that meet the current physical activity recommendations, and only 11.8% counselled more than 75% of their patients.

Wilson and Ciliska (1992) investigated the effect of training on physical activity counselling and found that the intervention-trained physicians counselled 35% of patients on physical activity, while the non-trained physicians counselled only 8.6% of their patients and concluded that physicians trained about physical activity counselling are more likely to counsel their patients

## CONCLUSION AND RECOMMENDATION

The knowledge of the sampled HPs about PA appears poor, although their attitude positive. There is need for health care givers to be exposed to educative measures that will enrich their knowledge of PA and how to achieve optimal fitness level through PA.

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**Table 1: Professional Distribution of Respondents**

| Professional Status | Frequency | Percentage% |
|---|---|---|
| Doctors/Dentist | 25 | 24.3 |
| Physiotherapist | 7 | 6.8 |
| Nurse | 20 | 19.4 |
| Pharmacist | 9 | 8.7 |
| Medical Lab Scientist | 23 | 22.3 |
| Medical Lab Technician | 2 | 1.9 |
| Dental Therapist | 1 | 0.997 |
| Plaster Technician | 2 | 1.9 |
| Community Health Worker | 2 | 1.9 |
| Medical Image Scientist | 1 | 0.97 |
| Environmetal Health Worker | 4 | 3.9 |
| Health Information Managers | 4 | 3.9 |
| Others | 3 | 2.9 |
| Total | 103 | 100 |

**Table 2: Frequency Distribution of Participants Responses to Physical Activity Related Questions**

| Item | Frequency | Percentage (%) |
|---|---|---|
| Awareness of health benefit of PA | 100 | 97.09 |
| Awareness of increase concern for health benefit | 99 | 96.12 |
| Knowledge of health benefits of PA | 78 | 75.73 |
| Knowledge of meaning of physical fitness | 67 | 65.05 |

| | | |
|---|---|---|
| Professionals that believed they are physically fit | 93 | 90.29 |
| Professionals that know the parameters for assessing level of fitness | 25 | 24.27 |
| Professionals that know their height | 74 | 71.84 |
| Professionals that know their weight | 89 | 86.41 |
| Professionals that know their BP | 79 | 76.70 |
| Professionals that believe exercise can improve fitness level | 75 | 72.82 |
| Professionals that engage in PA that achieve fitness | 65 | 63.11 |
| Knowledge of factors to consider before embarking on fitness programme | 48 | 46.60 |
| Professionals that engage in exercise at least 3days per week | 40 | 38.83 |
| Professionals that have counseled patients/clients about health benefits of physical exercises | 79 | 76.70 |

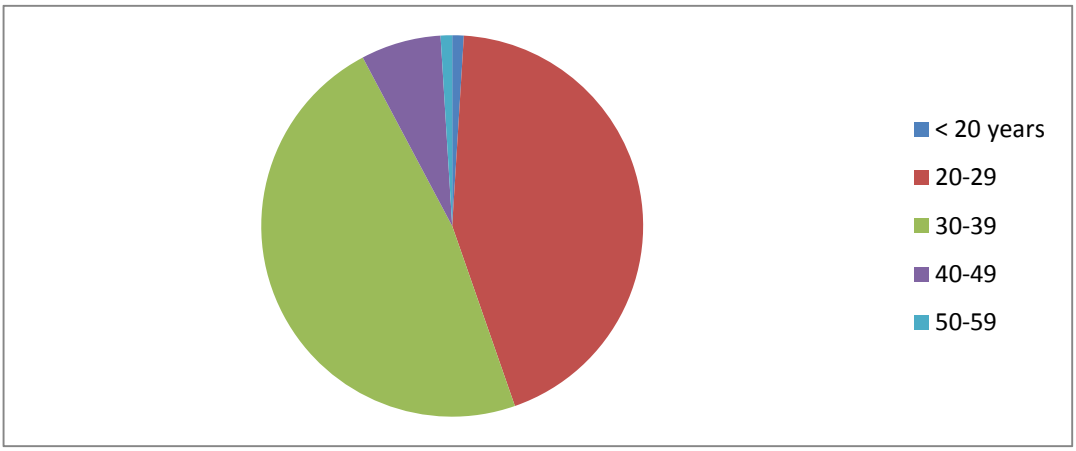


**Figure1: Age Distribution of Respondents**

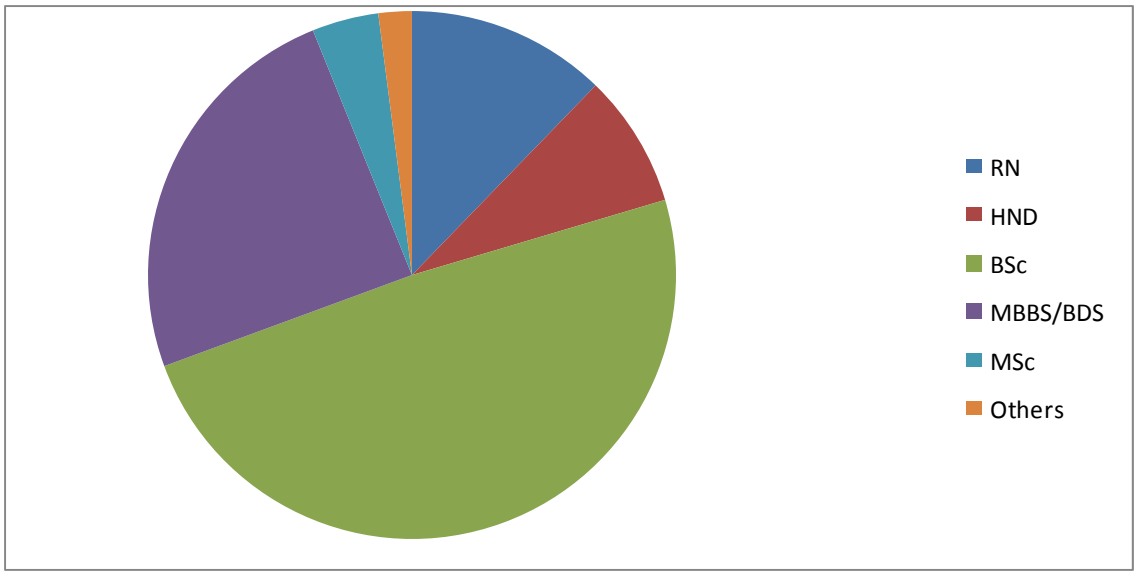


**Figure2: Educational Qualifications of Respondents**