Promotion of physical exercise by primary health care physicians in Riyadh city

Mohammad Z. Al-Shahri, MBChB, Sameeh M. Al-Almaei, MBBS

ABSTRACT
Background: The major health benefits of aerobic exercise need not be overemphasized. However, the activity of primary health care (PHC) physicians in promotion of such a healthy habit was not previously studied in KSA. Objectives: The aim was to explore the activity of male PHC physicians in promotion of aerobic exercise. Methods: About 50% of the male PHC physicians in Riyadh city were selected at random and asked to fill a self-administered questionnaire. Results: The response rate approached 99%. About 55% of physicians were not properly exercising. Health education was satisfactorily practiced by only 24% of physicians. Conclusions: The better the physical activity of the physicians, the better was their health education activity (P<0.023). Conclusion: Promotion of regular physical activity among PHC physicians is probably a pre-requisite for promoting the habit in the community.

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Regular physical exercise is essential for positive health. However, such a low-cost healthy habit is sub-optimally practiced by people even in the industrialized countries. Primary health care (PHC) physicians are potentially possessing a key role in modifying people’s behavior. This study aimed at exploring the activity of PHC physicians in promotion of regular physical exercise among their patients. The personal physical activity of physicians was also studied.

Methods. About 50% of male physicians practicing in the 58 PHC centers in Riyadh were selected at random. An anonymous self-administered questionnaire was distributed to participating physicians (n=89), by personal delivery, and recollected after being filled. The questions examining health-education practices of physicians were modified from the questionnaire developed by Wells et al. A scoring system was adopted to quantify health-education practices of physicians, whereby a more comprehensive approach was given a higher score. The cut-off point for satisfactory scores was determined to be 70%, as recommended by some evaluation experts. Physicians were also asked about frequency, duration and type of physical exercise they used to practice. For a physician to be labeled as physically active, he was to practice aerobic exercise three times or more per week for half an hour each.

The content of the instrument was validated by two experts in health promotion and another in behavioral sciences. The questions measuring physicians’ health education activity showed an excellent reliability with a Cronbach’s alpha of 0.87.

Results. The overall response rate was approaching 99%, for only one physician refused to participate. The age of the participants were in the range of 26 to 60 years, with a mean (M) of 42.4 and a standard deviation (SD) of 6.5 years. The year of graduation of physicians from medical schools ranged from 1960 to 1994 and about 80% of them had no postgraduate qualifications. Of those who carried Masters Degrees and Diplomas, only one had a Diploma in PHC. Approximately 12% of physicians reported to receive training courses in PHC for periods ranging from one to nine weeks. More than half of the physicians (55%) did not have a satisfactory level of physical

From the Sultan City PHCC (Al-Shehri) and the Department of Family & Community Medicine, (Al-Almaei) King Faisal University, Dammam, Kingdom of Saudi Arabia.

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Address correspondence and reprint request to: Dr. M.Z. Al-Shahri, Family Physician, PO Box 451, Abha, Kingdom of Saudi Arabia.
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Figure 1 - Distribution of physicians according to their personal physical activity.

Exercise. Furthermore, about 21.5% were not exercising at all, and only 23.5% were considered to have satisfactory regular physical activity (Fig 1). The most frequently practiced exercise was walking (62 physicians) followed by swimming and biking (12 physicians each). The pattern of physical exercise by physicians was not different from one age group to the other. Less than one quarter of physicians (24.7%) achieved satisfactory scores in health-educating their patients about physical exercise. Indeed, 10% of the participants never counseled their patients about physical exercise and as little as 12.4% reported counseling all patients (Fig 2). The mean health-education score achieved by physically active physicians (M=19.14, SD=7.1) was higher than that of under-active (M=16.5, SD=5.5) and physically inactive ones (M=14, SD=9.3) (p<0.023) Counseling about physical exercise was not significantly different between those who received training in PHC and those who did not. More than one third of physicians (39.3%) provided patients with educational pamphlets, 64% suggested specific physical exercise regimens and 70.8% encouraged patients to join available exercise clubs.

Discussion. The response rate was apparently high probably in part due to the anonymity of the questionnaire and the guaranteed confidentiality of participants’ responses. The results might have been shifted towards the socially acceptable direction, being dependent on self reporting. The findings, therefore, are probably more accurate when describing what the participants were not doing. Personal delivery of the questionnaire was preferred by the investigators based on the assumption that it provides an opportunity to verbally explain the purpose of the study to all participants and hence improves the rate and reliability of the responses. The level of physical activity of this sample of physicians seemed to fall midway between the findings of Chambers on the one hand, and those of Lewis et al and wood et al on the other hand.

Figure 2 - Physicians' level of activity in health-educating patients about physical exercise.

Walking was the most popular physical exercise reported by physicians in our sample, just similar to what Chambers had found. The interesting association between physicians' own lifestyle and their counseling practices was not unexpected, as such a link was demonstrated by researchers who studied other habits.

Neither the lifestyle nor the counseling practices of the PHC physicians in Riyadh city were found to be exemplary. Persuading physicians to adopt a healthier lifestyle as regards physical exercise is probably one prerequisite to improve their health-education practices in this regard. It is likely, though yet to be studied, that providing PHC physicians with recreational exercise facilities at low cost will improve the rate of physical activity among them.

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