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Health-Seeking Behavior Toward Body-Related Pain of Physical Therapy Patients Vs. Non-Physical Therapy Patients in Dumaguete City

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Abstract

Pain is a prevalent health concern affecting individuals worldwide, influencing their health-seeking behavior. In Dumaguete City, where a diverse population seeks various forms of pain management, it is crucial to investigate the factors of health-seeking behavior of physical therapy patients and non-physical therapy patients. The study aimed to determine the substantial differences in health-seeking behaviors and sociodemographics between the independent groups, and the relationship between health-seeking behaviors and sociodemographics. A non-probability sampling method and convenience sampling method were used ensuring representation across age, sex, and socioeconomic status of the participants. The study employed a structured health-seeking behavior questionnaire and participants were oriented about the purpose and procedures of the study while prioritizing their confidentiality. Independent T-test and Analysis of Variance (ANOVA) were utilized to determine the necessary data. The results of this study state that there is no significant relationship in health-seeking behavior and sociodemographics, and no significant differences amongst the two independent groups. In conclusion, while the study did not uncover the anticipated disparities, its insights into health-seeking behaviors and sociodemographic factors contribute valuable knowledge to the field, facilitating more informed approaches to addressing pain-related concerns in the community.

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Introduction

Background of the Study

The concept of health-seeking behavior involves the decision-making process individuals undergo to address their health issues. It can manifest as action or inaction after recognizing a health problem [1,2]. Countries exhibit varied health-seeking behaviors, influenced by factors such as economic considerations and cultural traditions. For instance, in some first-world countries like China, migrants may neglect formal healthcare due to high costs, resorting to ineffective practices like self-medication [3]. In the Philippines, traditional remedies in places like Quiapo are valued for cultural and economic reasons. Patient adherence is crucial in physical therapy, but in countries like the Philippines, a lack of awareness about physical therapy's scope can hinder adherence. Self-efficacy, therapist-patient alliance, and education are essential factors that affect a patient's adherence to their treatment plan Stickler, 2015 [4].

Quantitative methods like Knowledge, Attitude, and Practice (KAP) studies and qualitative approaches assess health-seeking behavior. Norway's health-seeking behavior questionnaire gauges student and adolescent health. SMS-based mobile surveys directly assess behavior. Moreover, health insurance, income, and work hours impact one's health-seeking behavior significantly, and it is crucial to understand these factors to provide patient-centered care and effective interventions. Beliefs like the ones common within Switzerland regarding the negative impact of low back pain has on work performance and how it could leave one disabled for the rest of their life, influence the care-seeking behavior of Swiss people for conditions like low back pain since these beliefs make them more apprehensive. Thus, seeking healthcare not only incurs costs but also affects work and recovery [5].

Understanding health-seeking behavior is crucial for patient-centered care and effective interventions. Socio-cultural factors, including income, cultural beliefs, and perceptions, play a crucial role. Patients may delay seeking healthcare if they perceive the condition as non-biomedical or unrelated to physical therapy, opting for traditional healing [6].

Statement of the Problem

Health-seeking behavior affects one's decision-making process whenever body-related pain is felt. People who believe they have a health problem are inclined to engage in health-seeking behaviors aimed at finding a suitable solution. The choice to pursue treatment and assistance itself is affected by varying factors such as gender, economic status, the expenses that come with treatment, sociocultural aspects, social networks, and even the attitude of healthcare providers. Additionally, due to the expense of prescriptions and limited accessibility to healthcare institutions, this badly affects the utilization of free government healthcare services, resulting in a rise in the adoption of alternative treatments, including herbal medicines and traditional healers [7].

According to a 2017 poll by the Insurance Commission, 18.5 million out of 110 million Filipinos have life insurance and that only makes up to 16.8% of the population who are able to avail healthcare services that are within their financial reach.

However, most people who could access healthcare facilities are those who could afford the treatment without depending on insurance. A possible primary factor affecting this is financial problems due to an unstable source of income. Apart from this, PT services are not well-known in the Philippines; therefore, many patients would not inquire for help from Physical Therapists due to the negative stereotypes they have of the said profession; thinking that PT is just 'hilot-hilot lang.'

In order to address this gap and gain understanding, the researchers conducted a study that would help to know the patients' health-seeking behavior when they have body-related pain and compare the changes in the behavior of PT patients and non-PT patients.

Research Questions

- What is the sociodemographic (age, gender, occupation, household income) profile of Physical Therapy patients and non-Physical Therapy patients?
- Is there a significant difference in terms of health-seeking behavior amongst Physical Therapy patients and non-Physical Therapy patients?
- What is the relationship of sociodemographics and health-seeking behavior between Physical Therapy patients and non-Physical Therapy patients?

Objectives of the Study

The primary aim of the study was to compare the health-seeking behaviors of PT patients and non-PT patients regarding body-related pains within Dumaguete City, along with the city's chosen PT rehabilitation centers and clinics from three (3) selected barangays: Daro, Tinago, and Looc. In accordance with this, the researchers also sought to evaluate the influences of perceived pain severity, prior healthcare experiences, and socioeconomic position on health-seeking behaviors among people with body-related symptoms. The results of this study mainly focus on raising awareness regarding the healthcare strategies and services influencing healthcare decisions, particularly in the context of body-related pains and physical therapy, so that respondents in Dumaguete City will be more aware and have a comprehensive understanding of the complex relationships between the respondent's perceptions, healthcare accessibility, and treatment options ultimately improving patient-centered care and health outcomes.

Hypotheses

H01: There is no significant difference in the sociodemographics between PT patients and non-PT patients who are experiencing body-related pain.

H02: There is no significant difference in the health-seeking behavior between PT patients and non-PT patients who are experiencing body-related pain.

H03: There is no significant relationship between the health-seeking behavior and sociodemographics of PT patients and non-PT patients.

Significance of the Study

The study aims to identify the possible differences in health-seeking behaviors regarding body-related pain between PT patients and non-PT patients that could interfere with their decision-making in choosing healthcare services, resulting in either delayed or urgent care in relation to the socio demographics within Dumaguete City.

By identifying the differences in health-seeking behaviors, physical therapists may incorporate this awareness into their practice to foster better patient care by creating treatment plans that align with the patient's preferences and tendencies by conducting the survey using the health-Seeking Behavior Questionnaire to achieve a result that can compare the possible difference of the subjects and see how different factors can affect the changes.

This study will contribute to the broad literature investigating and comparing health-seeking behaviors regarding body-related pain. It will provide a basis for future research that discovers other factors that may cause a conflict in the decision-making between PT patients and non-patients.

Scope and Limitations

The main focus of this study were the individuals of Dumaguete City, in which the participants are those who (a) underwent physical therapy and (b) individuals who did not pursue nor seek physical therapy regarding body-related pains. Consequently, it focused on adults of both sexes (male and female), aged between eighteen (18) and seventy (70), with varying occupations, and different household monthlyncomes. The researchers mainly aimed to compare the health-seeking behaviors, such as what theseparticipants usually do to alleviate pain, between PT patients and non-PT patients regarding body-related pains. The primary goal focused on examining how sociodemographic factors (age, sex, occupation, and household monthly income) affect the groups' response to the occurrence of body-related pain.

This study involved conducting a cross-sectional analytic study wherein the questionnaire utilized for this study included questions that focused on theparticipants' sociodemographic information, which may influence their decision-making when seeking care

for their health because of body-related pain. The variables addressed by the researchers in this study were PT patients and non-PT patients. Time-location sampling was also utilized since the subjects' responses were affected for the reason that the immediate environment might bring about reoccupation. The participant's response to the questionnaire was also affected by time, whereas other factors brought about by the environment affected how the subjects answered. However, there was no assurance that the reported difference in their health-seeking behavior for body-related pain was solely due to their sociodemographics since other factors also had a role. The researchers were not able to gather data at Negros Oriental Provincial Hospital (NOPH) and ACE Dumaguete Doctors due to time constraints and delayed or late approvals from the hospitals, which became one of the factors that affects the quality of the data gathered. The researchers used the article "Health-Seeking Behavior and Quality of Life of Patients with Diabetes Mellitus in Iloilo, Philippines" by Espinosa et al. as a guide in making a questionnaire since it contains similar information that is being investigated in this study [8].

Definition of Terms

The following are the terms that have been used and mentioned in this study:

Health-seeking behavior (HSB) is an action or inaction that an individual seeks for a proper remedy that will be the solution of the health problem that they believe they acquired [8]. This definition in the research will be applied to the research instrument and in understanding the research questions.

Curative Health-Seeking Behavior

Actions taken by the patients to relieve symptoms, manage disease, and regain health. It is the act of healing, curing, and relieving.

Preventive Health-Seeking Behavior

Actions taken by patients to reduce or avoid the risk of health-related problems. This refers to the behavior of an individual to prevent any body-related pain from worsening.

Promotive Health-Seeking Behavior

Proactively adopting habits, seeking information, and educating oneself and others to enhance and maintain overall well-being. It is the act of promoting and inquiring about anybody-related pains.

Non-Physical Therapy (Non-PT) Patients

Patients in Dumaguete City who are not receiving physical therapy (PT) as part of their treatment plan or care. This refers to the individuals of Dumaguete City who receive any health care except treatment from the Physical Therapists (PT). This definition in the research was applied to the overall information of the study and helps understand the results of the research instrument.

Physical Therapy (PT) Patients

Patients in Dumaguete City who are receiving physical therapy (PT) as part of their medical treatment or healthcare plan. This refers to the individuals of Dumaguete City who receive direct intervention and care from physical therapists.

Sociodemographics

Pertains to the age, sex, occupation, and household monthly income of individuals in Dumaguete City. Pertains to the biological and demographic advantages, as well as the social characteristics and factors, that are necessary for the individuals of Dumaguete City. This definition in the research was applied to the research instrument and help to understand the results.

Methodology

Research Design

This study used a non-experimental descriptive approach to provide an in-depth description of the chosen population's well-being approach, explicitly focusing on health-seeking behavior when dealing with pain.

The choice of research design was driven by the need to thoroughly characterize how individuals of this population address their well-being as a response to pain without manipulating pain.

A cross-sectional analytic design was employed to achieve this, enabling observation of both PT patients and non-PT patients and their respective ap proaches to well-being when exposed to pain. With this design, data was collected at one time point from PT rehabilitation centers and clinics from selected

barangays in Dumaguete City; namely Daro, Tinago, and Looc by distributing and utilizing Google form questionnaires. Through this, valuable insight into the respondents' immediate behaviors and attitudes related to well-being and pain management was gained.

Research Environment

The study was conducted in the chosen PT rehabilitation centers and clinics of Dumaguete City; this includes the Institute of Rehabilitative Sciences Free PT Clinic (IRSFC) and Silliman University MedicalCenter (SUMC). It also took place in the barangays, namely Daro, Tinago, and Looc.

Circumstances arose that influenced the data gathered in this study, which researchers experienced throughout the process, including limitations in terms of funding, access to participants such as the recruitment process that was affected due to patient availability and different healthcare facilities' policies regarding research involvement, and lastly, the coordination with both the participants and PT rehabilitation facilities.

Research Respondents

This study consisted of 100 participants in Dumaguete City from the chosen PT rehabilitation centers and clinics, with 50 PT patients and 50 non-PT patients as participants. The researchers visited the barangays of Daro, Tinago and Looc to invite non-PT patients by approaching the local City Health Office and inquired the appointed doctor for assistance in gathering the target demographic. The inclusion criteria included the following: (1) ages 18 - 70 years old, (2) received PT services and those who have not, (3) participants must be located in the city of Dumaguete and from the chosen PT rehabilitation centers and clinics, and lastly, (4) must have the willingness to participate in the study while the exclusion criteria are as follows: (1) participant's age was outside the specified age range, (2) refused to partake and sign the provided informed consent, (3) language or communication barrier, and (4) participants' condition was not related to body pains.

Sampling Procedure

This analysis used a non-probability sampling method wherein the participant selection consisted of various participants: (1) those who received PT services from the mentioned centers and clinics and (2) those who did not have any history of PT services or interventions but with different life backgrounds who live in Dumaguete City, particularly in the barangays of Daro, Tinago and Looc. Subsequently, the participants were chosen using a convenience sampling method in which the researchers selected the participants based on their convenience and accessibility. The researchers submitted a letter to each of the PT rehabilitation centers, clinics and barangays mentioned above to request permission to conduct the study in their area.

Research Instrument

This research used a modified Health-Seeking Behavior Questionnaire (HSB-Q), initially developed by Espinosa et al., as its primary data collection tool to compare health-seeking behavior between PT and non-PT patients and assess their approaches to managing body-related pains [8]. The questionnaire was designed in a self-administered, online-based questionnaire through Google Forms, ensuring ease and accessibility to all populations. With this, participants were encouraged to provide honest responses, minimizing potential external influences and enhancing data accuracy. The questionnaire consisted of two (2) sections: Section 1 comprised the sociodemographic information of the respondents, which included their age, sex, occupation, and household monthly income; Section 2 comprised three (3) sections: Promotive, Preventive, and Curative, with each section containing five (5) questions. The response options were to gauge the frequency of experience or behaviors in the following way: 1 for never, 2 for sometimes, 3 for often, and 4 for always. The scores in Section 2 were interpreted using the following criteria: a mean score falling between 3.0 and 4.0 will be categorized as "Good," scores within the range of 2.0-2.99 as "Fair," and scores falling within 1.0-1.99 were considered as "Poor."

The modified questionnaire used in this research underwent face validity assessment by five (5) panel of experts. Their feedback indicates that the questionnaire effectively measures the constructs relevant to the research questions. While most responses were positive, the psychometricians suggested minor changes to improve format and grammar. Overall, the questionnaire demonstrates strong face validity, with minor refinements recommended for enhanced clarity and coherence.

The general Cronbach's alpha of the 15-item research questionnaire in its entirety is 0.750, suggestive of moderate to good internal consistency reliability. Nevertheless, despite some differences in the reliability estimates for the three (3) sections (Promotive, Preventive, and Curative), the overall reliability of the questionnaire is still acceptable. The Promotive section has an alpha value of 0.763 implying consistent internal reliability. The Preventive section has a lower alpha coefficient (0.686) that suggests moderate internal consistency among items. On the other hand, the Curative section had a minimum cronbach's alpha coefficient (α= .462) revealing a low level of internal consistency.

In summary, the questionnaire has a fairly acceptable rating as far as questionnaires are concerned though it may be needful to pay attention to individual sections especially Curative, so as to enhance overall rating of the questionnaire. As for itself, further improvement on issues relating to Curative packages can give this instrument more advantages with regard to measuring properties and trustworthiness of findings in researches carried out.

Data Gathering Procedure and Timetable

Prior to beginning this study, the researchers sought approval from the research class panel and adviser. Following approval, the researchers conducted the following data-gathering procedures:

- Prior to commencing the study, the researchers obtained approval from the author of a cited study via a letter requesting permission to utilize their study as a reference in developing a questionnaire to be used in data gathering.
- The researchers formulated a pilot questionnaire and had it undergone face validity and reliability testing (pilot testing) prior to administering the questionnaire to the selected population.
- In order to conduct the study, the researchers sought approval from the directors of the chosen centers and clinics as well as from the barangay captains and health centers of the aforementioned barangays to ask for permission to conduct the research by intercepting patients when they leave the center or clinic for a quick interview. The researchers also sought approval from the chosen facilities to endorse the questionnaires to their patients.
- By utilizing a non-probability sampling, the researchers used the convenience sampling technique wherein the respondents of Dumaguete City, along with its chosen PT rehabilitation centers and clinics, were intercepted and invited to participate in the study.
- Individually, participants were asked to primarily read and agree with the given informed consent and non-disclosure letter on the first part of the Google form questionnaire. The survey was only conducted if participants agreed to partakein the study.
- Upon signing the informed consent form and documentation, the online survey questionnaire was administered through a designated device provided by the researchers. Participants were then directed immediately to the second part of the Google form survey questionnaire, in which they were asked to finish answering a series of questions. Rest assured that the anonymity of the data was guaranteed to all participants.

A face validation was first administered prior to data gathering, followed by a reliability testing with a sample size of 30 participants in Dumaguete City. Afterwards, the researchers then gave the digital questionnaire to the selected participants by providing a device for them to access it quickly and to ensure that the answers were collected. Questions mainly revolved around Preventive, Promotive, and Curative were used to collect data. With that, a total of 100 responses were collected and analysis of the results took place over a month.

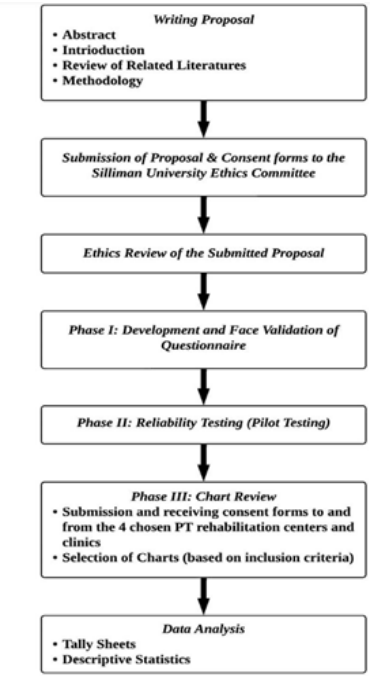


Figure 1: Methodological Framework.

Data Analysis Procedure

The researchers used and independent t-test based on the second question that focused on the differences of health seeking behavior and socio-demographics amongst PT patients and non-PT patients and to determine the sociodemographic profile of the participants. The advantage of using this test was that it enabled the researchers to determine group differences or if there was a statistically significant difference between groups. Analysis of Variance (ANOVA) was used to determine the relationship or correlation between health-seeking behaviors and socio-demographics; to see how it affects one another.

Ethical Considerations

Prior to collecting data, approval from Silliman University's Research Ethics Council (UREC) was acquired. Each participant was given the option to either accept or decline to participate in the study as part of the informed consent process before the study can begin. It also included participants being ensured that coercion was avoided, and that allowed autonomy of their choices. The participants were informed about the benefits and risks to ensure transparency of the process and the study itself. This process went into great depth about the study and its procedures. Additionally, the participants were guaranteed the confidentiality of their personal information and anonymity of all the data acquired. Furthermore, all data coming from the respondents were kept confidential since their replies were saved in Google Spreadsheet, which can only be viewed through the researchers' Google Drive and Google account. The data that was collected will only be used for educational purposes and will be kept for five (5) years for publication. Afterwards, the Google spreadsheet and Google account used contained the participants' responses will then be deleted.

Presentation, Analysis, and Interpretation of Data Results

The study consisted of one hundred (100) respondents, selected through convenience sampling. Among these, fifty (50) Non-PT patients were drawn from three (3) barangays specifically Barangay Daro, Barangay Looc, and Barangay Tinago, while the remaining fifty (50) PT patients were gathered from the Physical Therapy Departments within clinics or hospitals in Dumaguete City, specifically in SUMC and IRSFC. This deviation from the initial recruitment plan was necessitated by delayed or late approvals for conducting surveys within hospitals, which did not align with the researchers' timeframe for data collection.

Sociodemographic Profile

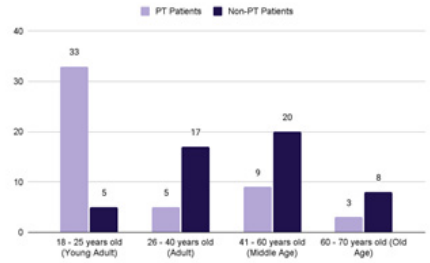
Figure 4 showed the comparison between PT patients and non-PT patients across a range of socio-demographic categories and offered insights into healthcare utilization and potential differences in the availability of physical therapy. First, the data revealed that there were different age profiles, with youth and middle-aged people (18-25 years and 41-60 years respectively) prevailing among PT patients, whereas the 26-40 age group (adults) was more common among non-PT patients. This suggested different trends in the prevalence of injuries or conditions within those ages. Furthermore, there was a significant gender imbalance as more males were seen among PT patients while most non-PT patients were females. Gender differences implicated a variety of health issues requiring physical therapy.

Correspondingly, occupational comparison demonstrated that employment status may be an important determinant of individuals' attempts to access medical care through health insurance schemes with higher

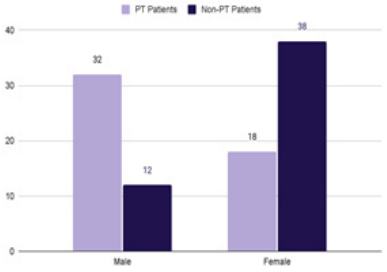
rates of unemployment being witnessed among non-PT patients than others. Finally, household monthly income brackets analysis revealed the importance of cost and ease of use when it came to accessing physical therapy services by users from lower economic background levels. The results showed most of the non-PT patients chose the "below ₱10,957" bracket. According to Ahmed et al. socioeconomic status was the most pervasive determinant of health-seeking behavior, surpassing age and sex, and emphasized how household poverty status significantly influenced the choice of healthcare provider. Moreover, they emphasized in their study the importance of promoting health literacy in order to enhance individuals' capability to make informed decisions [27].

Figure 2: Comparison of PT-Patients and Non-PT Patients' Socio-Demographic Profile.

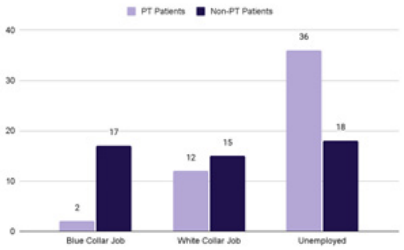
I. Age
A. 18 - 25 years old (Young Adult)
B. 26 - 40 years old (Adult)
C. 41 - 60 years old (Middle Age)
D. 60 - 70 years old (Old Age)



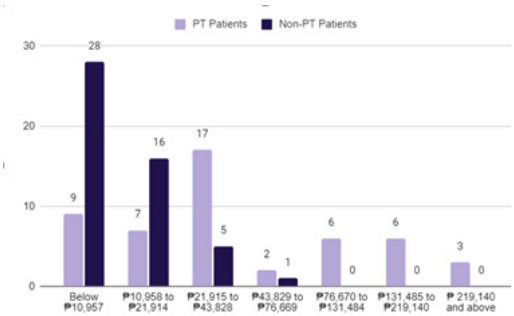
II. Sex
A. Male
B. Female



III. Occupation
A. Blue Collar Job
B. White Collar Job
C. Unemployed



IV. Household Monthly Income
A. Below ₱10,957
B. ₱10,958 to ₱21,914
C. ₱21,915 to ₱43,828
D. ₱43,829 to ₱76,669
E. ₱76,670 to ₱131,484
F. ₱131,485 to ₱219,140
G. ₱ 219,140 and above



Difference of Health-seeking Behavior amongst Physical Therapy Patients and Non-Physical Therapy Patients

In Table 1, an independent sample t-test was conducted to compare the mean scores on health-seeking behavior between physical therapy (PT) patients (M = 2.755, SD = 0.335, n = 50) and non-PT patients (M = 2.809, SD = 0.466, n = 50). The results revealed no significant difference between the groups, t (98) = -0.674, p > .05 (one-tailed).

There was also no significant difference in health-seeking behavior between PT and non-PT patients. Confidence intervals for the mean difference ranged from -0.162 to 0.088. Assumptions of the t-test were met with findings suggesting that the overall variation in socio-demographics as well as contact with physical therapists had no discernible effect on patients' (PT vs Non-PT) health-seeking behavior.

Table 1: Difference of Health-Seeking Behavior Between PT-Patients and Non-PT Patients on their Socio-demographics.

HSB	n	df	t-Stat	p-value (one-tail)
PT patients	50	98	-0.674	0.251
Non-PT patients	50			

n = sample size df = degrees of freedom HSB = Health-seeking Behavior

Health-seeking behaviors were divided into three categories, namely Promotive, Preventive and Curative as shown in Table 2. Each section looks at the mean responses of PT and non-PT patients that indicates varying levels of perceived effectiveness across different aspects of HSB. For PT patients, preventive HSB scored higher with a mean score of 3.0, indicating a "good" level of effectiveness, while promotive and curative HSB scored 2.4-2.6, indicating "fair" or moderate level of effectiveness. In contrast, non-PT patients scored higher in the preventive HSB with a mean score of 4.0, indicating a "good" level of perceived effectiveness, compared to the promotive and curative HSB with a mean score of 2.4, indicating "fair". Therefore, the results of PT patients and non-PT patients provided similar mean scores, thus indicating that was significant differences in their health-seeking behavior.

Table 2: Summary of Respondents According to Promotive, Preventive, Curative Health-Seeking Behavior.

	Promotive n	Interpretation	Preventive n	Interpretation	Curative n	Interpretation
PT Patients	2.6	Fair	3.0	Good	2.4	Fair
Non-PT Patients	2.4	Fair	4.0	Good	2.4	Fair

Score Interpretation: 3.0-4.0 = Good, 2.0-2.99 = Fair, 1.0-1.99 = Poor (Espinosa,2017)
n = mean of responses

Relationship between Sociodemographic and Health-seeking Behavior

In Table 3, a correlation analysis was conducted to examine the relationship between socio-demographic factors and health-seeking behavior. The Pearson correlation coefficient (r) between age (r=0.11), sex (r=0.14), occupation (r=0.10), and household income (r=0.16) indicated a positive but weak relationship between the variables. Despite the positive correlation between sociodemographics (age, sex, occupation, household income), the associated p-value (p > 0.05) was not statistically significant suggesting correlation occurred by chance as there was insufficient evidence that there is a true relationship between the given socio-demographics and the population studied.

Table 3: Correlation Between Socio-Demographics and Health-Seeking Behavior

Variable	Multiple R	Significance F	t-Stat	P-value
Age	0.106	0.291	1.060	0.292
Sex	0.141	0.163	1.047	0.163
Occupation	0.098	0.332	0.975	0.332
Household Monthly Income	0.164	0.103	-1.643	0.103

Note: Correlation analysis using Regression Statistics and ANOVA

It is plausible that other unexamined variables could exert stronger influence thus caution should be exercised in interpreting findings. Including a more comprehensive understanding of health-seeking behavior should examine a broader range of factors beyond socio-demographics such as larger sample sizes, measurement error, and the specific characteristics of the chosen population. In the study, the researchers examined the health-seeking behavior toward body-related pains of PT patients and Non-PT patients in Dumaguete City with results showing no significant difference in the health-seeking behavior between PT patients and non-PT patients, raising questions about previous assertions by Gahimer and Domholdt (1996) regarding the integral role of patient education. Gahimer and Domholdt highlighted educational statements clustered around various themes such as information about illness, home exercises, and advice and information. Notably, patients demonstrated attitudinal and behavioral changes in these areas. Moreover, the study findings suggested that physical therapists in outpatient orthopedic settings are fulfilling educational roles effectively. Their patient education efforts encompassed providing information, offering advice, and prescribing home exercises tailored to each patient's chief complaint.

Discussion

The results of this study revealed that there were no statistically significant differences in health-seekingbehavior between physical therapy (PT) and non-physical therapy (non-PT) patients despite notable differences in their sociodemographic profiles. This finding indicated that the health-seeking behavior of individuals experiencing body-related pain was not strongly influenced by their age, gender, occupation, or income level. While age, gender, income, and employment status have traditionally been considered key indicators of healthcare access and utilization, the study's results indicated that these variables did not significantly influence the health-seeking behavior of patients. This aligned with emerging literature suggesting that sociodemographic characteristics are only part of the influencing factors of seeking medical attention. The weak correlations found between these factors and health-seeking behavior suggested that other variables – potentially including cultural beliefs, health literary, attitude towards healthcare providers, and the availability of healthcare resources – may have more substantial effects on health-seeking decisions.

The higher representation of unemployed and low-income individuals among non-PT patients underscored the potential barriers these groups faced in accessing care. However, the lack of significant differences in behavior between PT and non-PT groups implied that access to physical therapy services alone did not necessarily modify broader health-seeking tendencies. This indicated that simply providing services without addressing underlying economic or systemic barriers may have not been enough to change behavior patterns.

The findings opened further investigation into how non-demographic factors such as health-literacy and cultural norms, might have mediated the impact of sociodemographics. It was plausible that individuals with similar profiles might have behaved differently based on their understanding of healthcare options or cultural attitudes towards physical therapy. This could explain the lack of difference in terms of behavior patterns among groups with higher income or education.

The consistency in preventive health behavior across both groups suggested a general awareness of maintaining health, but this may not have extended to specialized care such as physical therapy. This highlighted a potential gap in patient education or outreach efforts, as individuals may not have perceived physical therapy as a necessary or accessible option for addressing

body-related pain.

Given the limited influence of sociodemographic factors on HSB, the findings suggested that physical therapy practice could benefit from a more personalized and holistic approach when engaging with patients. This suggested an approach beyond demographic profiling and develop a more comprehensive understanding of individual patient needs, beliefs, and expectations such as integrating patient education and support tailored to specific beliefs about body pain which might have enhanced engagement in PT services.

This approach also highlighted the importance of addressing the economic and accessibility barriers that lower-income and unemployed individuals faced, which were evident among the non-PT group. While physical therapy services may have been available but remained financially or logistically inaccessible, health-seeking behavior was unchanged. Therefore, addressing these broader social determinants of health could have been crucial in modifying healthcare utilization patterns.

The study underscored the need for future research to move beyond sociodemographic characteristics and investigate more deeply the psychological,cultural, and systemic factors influencing HSB. Qualitative research could provide insights into patients' perceptions and beliefs about physical therapy and explore why certain groups did not perceive it as an effective or necessary option for pain management. Additionally, longitudinal studies could track how changes in economic status, healthcare access, and exposure to physical therapy services over time influenced health-seeking behaviors.

Conclusion and Recommendations

Summary

With the gathered and analyzed data from 100 respondents, the findings revealed the following insights:

Sociodemographic Profile of PT Patients and Non-PT Patients: Physical therapy and non-physical therapy patients have different age profiles; PT patients tend to be younger and middle-aged, whereas non-PT patients are primarily adults between the ages of 26 and 40. A significant gender disparity exists, with a higher proportion of males among PT patients and females among non-PT patients. Furthermore, non-PT patients exhibit greater unemployment rates, indicating that access to medical care is influenced by employment status. The majority of non-PT patients come from lower-class families, which emphasizes the importance of cost and accessibility when looking at household income bracket analysis. Thus, there is no significant evidence to reject the null hypotheses for the first research question.

Health-Seeking Behavior of PT patients and Non-PT Patients: There was no significant difference in the health-seeking behavior of physical therapy patients compared to non-physical therapy patients according to the independent sample t-test due to obtaining similar mean scores in each aspect of HSB. This implies that patients' health-seeking behaviour is not significantly impacted by sociodemographic diversity or their interaction with physical therapists. Thus, there is no significant evidence to reject the null hypotheses for the second research question.

Relationship Between Sociodemographics and Health-Seeking Behaviors: The correlation analysis indicate that there are weak positive relationships between sociodemographic factors (age, sex, occupation, household income) and health-seeking behavior. However, the p-values (> 0.05) which go with thosecorrelations indicate insignificance showing that probably these relations were realized occassionally as may be evidenced by t-statistics given which implies that they could have happened by chance alone; therefore, there is no enough evidence to prove any true relationship between these variables among people under investigation here. Thus, there is no significant evidence to reject the null hypotheses for the third research question [29-30].

Conclusion

The study investigated the influence of sociodemographic factors on health-seeking behavior (HSB) among physical therapy (PT) and non-physical therapy (non-PT) patients experiencing body-related pain in Dumaguete City and provided insights about the complexities of healthcare decision-making. Despite expectations that factors such as age, gender, employment status, and income would significantly influence HSB, the study's findings did not support this hypothesis. This suggested that traditional demographic factors may not be as pivotal in determining healthcare behavior.

All three null hypotheses were accepted, emphasizing differences – although present – did not translate into significant variations in health-seeking patterns. This outcome challenged the notion that demographic variables alone can predict or influence the likelihood of seeking physical therapy or other medical interventions for body-related pain. Instead, the findings highlighted the need to look beyond these traditional markers when understanding healthcare behavior.

The lack of significant correlation indicated that other dimensions, such as cultural beliefs, health literacy, or personal experiences with healthcare, may play a more substantial role in shaping behavior. These factors might provide a more accurate and nuanced understanding of why individuals choose – or choose not – to engage in healthcare services.

These findings call for a shift in how healthcare providers and researchers approach patient engagement and accessibility strategies. Focusing on demographics without addressing broader systemic and personal influences may limit the effectiveness of interventions designed to increase healthcare utilization. Future investigations should prioritize the explorationof these non-demographic factors to capture the depth and complexity of individual healthcare experiences.

By expanding the scope of inquiry beyond sociodemographic profiles, healthcare systems and physical therapy practices can develop more targeted and effective strategies that resonate with patients' motivations, barriers, and needs, ultimately improving accessibility and patient outcomes.

Recommendations

Based on the findings of the study the following recommendations are proposed to improve health-seeking behavior, improve physical therapy practices, and guide future research:

Expand education and Outreach Programs: Developing community-based programs that educate the public on the benefits and scope of physical therapy and target underrepresented groups (e.g. lower-income individuals and the unemployed) to improve understanding and utilization of PT services.

Holistic Assessment and Individualized Care Plans: Healthcare providers should routinely assess patients' health-seeking behavior and perceived barriers to care. This can inform the development of personalized care plans that address the specific needs, beliefs, and preferences of each patient.

Promoting Self-Efficacy: Encouraging patients to take an active role in their healthcare can improve their confidence in managing their health conditions by providing resources and tools that promote self-efficacy helping them take an active role in managing their health conditions. These include self-management programs, educational materials, and support groups.

Address Economic and Accessibility Barriers: Collaborating with local government agencies and non-governmental organizations to provide subsidized or free physical therapy services for low-income communities and engage with insurance companies and policymakers to expand coverage for physical therapy services, reducing financial barriers for those who may otherwise not seek care.

Promoting Preventive Care: Encouraging patients to adopt preventive behaviors by providing information on healthy lifestyles, including proper nutrition, exercise, and stress management.

Collaboration with Other Health Disciplines: Partnering with other healthcare providers such as psychologists, dietitians, and social workers to address non-physical factors that may influence health-seeking behavior, such as mental health, nutritional status, and social support.

Expand Research on Non-Demographic Factors Influencing Health-Seeking Behavior: Future studies should include qualitative approaches to explore personal beliefs, cultural influences, and healthcare perceptions that may affect individuals' decisions to seek physical therapy. Understanding these factors can help develop culturally appropriate interventions that resonate with the community. Longitudinal studies are also suggested to track changes in health-seeking behavior over time, particularly as individuals experience changes in employment status, health literacy, or exposure to physical therapy services.

Diversified Sampling Techniques: Utilize stratified random sampling methods to ensure a more representative sample of the population, including various income levels, age groups, and cultural backgrounds, to gain a more comprehensive view of health-seeking behavior.

Incorporation of Larger and more Diverse Sample Sizes: Expanding the sample size and diversity can improve the generalizability of findings and may provide a deeper understanding of how different sociodemographic factors might interact with cultural and psychological variables.

Use of Standardized HSB Assessment Tools: Employing validated and standardized tools for assessing health-seeking behavior may increase the reliability and comparability of results across different studies. Adjustments should also be made to ensure cultural sensitivity and applicability to local contexts.

By implementing these strategies, healthcare providers can foster more proactive health-seeking behavior, which could improve patient outcomes and reduce the burden of body-related pain on individuals and the healthcare system.

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