| Research Article |

Attitude towards Physical Activity; A Comparative study of Physical Educationists and Doctors

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Abstract: *This study examined 134 (61 male teachers; 44 female teachers; 17 male doctors; 22 female doctors) attitude towards physical activities from two Tehsils of Dera Ghazi Khan Division, Pujnab, Pakistan. The study at hand was conducted using modified version of the Attitude towards Physical Activities (ATPA) by Khan et al., (2012) while differences in the participants ATPA in respect of their gender and age were also examined. The main part of ATPA scale consisted of five different domains having 32 items with 5-points Likert Scale. Data analysis techniques included frequency, percentage, mean, Std. Deviation, t-test and ANOVA. Results indicated that participants' attitude towards physical activity (ATPA) was positive (3.42 > 3.00). Profession, gender and age are three important factors that form and impacts on their ATPA differently whereas teachers reported higher mean score on overall*

attitude towards physical activity as compared with doctors (p=.001 < 0.05) and male teachers reported higher mean score on overall attitude towards physical activity as compared with male doctors (p=.003 < 0.05). Furthermore, female teachers reported higher mean score on overall attitude towards physical activity as compared with female doctors (p=.001 < 0.05). When comparing the group mean differences based on the age, the data indicated statistically significant difference in the mean score of overall attitude towards physical activity between the different age groups of the participants (p=.001 < 0.05). It has been concluded that attitude has paramount significance in shaping behaviour towards participation in physical activities. Hence, proper guidance may be given to students and general masses to develop attitude towards physical activities.

Keywords: *Attitude, profession, gender, age, physical activity*

INTRODUCTION

Measuring an attitude towards physical activity among different segments including students and teachers is not a new one (Thompson et al., 2003). It is an established fact that a person having positive attitude towards physical activity would be inclined to take part in an active program of physical activity. This fact has stemmed the interest of the researchers to work in this important area of physical activity. In this regard, physical educationists, coaches, trainers, and practionner are working to examine the advantages of regular physical activity to the public. Upon this notion, findings indicated that positive attitude helps individuals to incline them towards participation in any physical activity (Teixeira et al., 2012).

Research in the area of attitude and behavior indicated that just having knowledge of the beneficial aspects of a particular behavior is not a sufficient cause for changes in behaviour (Chatzisarantis et al., 2005). One of the important factors in the modification of behavior is one's attitude towards the beneficial aspect of a particular behavior. In this regard, Ajzen and Cote (2008) are of the view that one's behavior can be predicted with the help of his/her attitude. They further substantiated that if the attitude measured is congruent with the behaviour to be predicted and is specific rather than general. Results reported that individuals with positive attitude towards physical activity reported more frequent and intense physical activity behaviour as compared with individual having less positive attitude towards

daily physical activity (Lox et al., 2019). Attitude can be learned through exercise and as a result of teaching this psychological aspect may influence one's attitude. Therefore, advocates of physical activity have an important effect on students' attitude towards physical activity. Apparently, physical educators, trainers must show the self example for developing positive attitude towards physical activity among students and community as well.

It has been a matter of common observation that, youth in the homeland of Pakistan follow footsteps of the parents, teachers, and doctors without any concern. Additionally, students usually take permission from their Head of Institutions (HEIs) and also consents from their parents before taking part in physical or sport activity. In this regard, some families do career counseling with their children in this regard. Likewise, teachers in schools/colleges/universities also support and guide their students towards physical activities. An encouraging and supporting stimulus from doctors also proves better and of great value for students, participation in physical activities. This kind of attitude provides maximum positive results. Thus it can be safely asserted that for the participation in physical activities, normally teachers, parents and doctors are the trend setter. What teachers and doctor consider important for the students, regarding physical activities, they set it as a goal for the students and thus enhance the significance and value of physical activities. Now it has become necessary to evaluate the attitude of both, teachers and doctors, about the role of attitude towards physical activities, according to their experience, opinion, and observation in this regard. It would also be a notable point to explore the role of their opinion about physical activities and how their activities prove constructive, useful, and positive in human lives. Keeping into consideration, the present study was conducted to assess the attitude of two important segments of the community i.e., physical education teachers and doctors of Dera Ghazi Khan Division, Punjab.

HYPOTHESES

H_A 1 Teachers reported higher mean score on overall attitude towards physical activity as compared with doctors.

H_A 2 Male teachers reported higher mean score on overall attitude towards physical activity as compared with male doctors.

H_A 3 Female teachers reported higher mean score on overall attitude towards physical activity as

compared with female doctors.

H_A 4 36-40 Year participants reported higher mean score on physical activity scale as compared with other groups 20-25 years, 26-30 years, and 31-35 years.

MATERIALS AND METHODS

The methods section describes actions to be taken to investigate a research problem. It defines rationale for the application of specific procedures or techniques used to identify, select, process, and analyze information applied to understanding the problem. The methodology section of a research answers two main questions: How was the data collected or generated? And, how was it analyzed? (Kallet & Richar, 2004). Therefore, the chapter described various steps which the researcher used to conduct the study at hand.

Research Design

Before starting methodology, researchers need to decide how to design the study. The research design refers to the overall strategy that researcher choose to integrate the different components of the study in a coherent and logical way to effectively address the research problem. It constitutes the blueprint for the collection, measurement, and analysis of data (De-Vaus, 2001). Research problem determines the type of design you should use (Trochim & William, 2006). Henceforth, the current study was supported with descriptive survey research design. Descriptive design was chosen in this study, as to allow the researcher to collect the numerical and descriptive data to reach at certain findings and conclusion (Saunders et al., 2012).

Population and Sampling

Population is a set of elements and objects which are being investigated for some purpose. As the population of this study consisted of physical educationists and doctors, therefore; potential respondents were selected to collect requisite information. As the population of the current study was finite, therefore; census method of sampling was used. A representative sample consisted 134 (61 male teachers; 44 female teachers; 17 male doctors; 22 female doctors) was selected to survey their attitude towards physical activities from two Tehsils Of Dera Ghazi Khan Division, Pujnab, Pakistan.

Research Instrumentation

The Questionnaire of the study was designed in two sections. The demographic information of participants were gathered in first section and the second on the other hand was employed the modified version of the Attitude towards Physical Activities (ATPA) by Khan et al., (2012) to collect information from respondents (Physical Educationists and Doctors), attitude towards physical activity.

The ATPA scale is proposed because it is a carefully prepared instrument focusing on the multi-dimensionality of physical activity and has been used to evaluate attitude toward physical activity both overseas and in Pakistan (Khan et al., 2012). This instrument categorized the perceived attitude toward physical activity into five sub domains as follows:

a) as a social experience

b) as health and fitness

c) excitement

d) aesthetic experience and

e) as catharsis.

Data Collection Procedure

Data were collected by the use of famous quantitative tool of data collection is five point likert scale. The respondents of the question items can indicate the tendency of disagreement or agreement against each item by using following option of scoring: 1. Strongly disagree 2. disagree 3. Undecided 4. agree 5. strongly agree .

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
I	2	3	4	5

Statistical Analysis

Frequency and percentage were used to describe the demographic information of the participants. Mean and Std. Deviation were used to to analyze item-wise analysis. The effect size in the perspective of two genders were measured with the help of independent sample t-Test. whereas, one-way analysis of variance (ANOVA) was applied to calculate the differences in the means score of participants based on their demographics including age of the participants.

Results and Discussion

Section Descriptive information regarding Demographics Attributes

This portion of the research presented the data which helps in describing the demographic characteristics and research variables as well. Descriptive statistics have paramount significance in which the information provided can help better understand to describe the research variables under study.

Table 4.1 Age of the Participants (n=134)

Age of the Participants

		Frequency	Percent	Valid Percent	Cumulative Percent
Age of Participants	20-25 Year	22	16.3	16.4	16.4
	26-30 Year	40	29.6	29.9	46.3
	31-35 Year	43	31.9	32.1	78.4
	36-40 Year	29	21.5	21.6	100.0
	Total	134	99.3	100.0	

The above table No. 3.1 presented age of the participants. According to the analysis, 22 (16.3%) respondents have 20-25 Years, 40 (29.6%) respondents have 26-30 Years, 43 (31.9%) respondents have 31-35 Years, and 29 (21.5%) respondents have 36-40 Years. It means that 31-35 years category reported higher frequency as compared with other age groups.

Table 4.2 Gender of the Participants (n=134)

Gender of the participants

		Frequency	Percent	Valid Percent	Cumulative Percent
GenderofParticipants	Male Teachers	61	45.2	45.5	45.5
	Female Teachers	44	32.6	32.8	78.4

	Male Doctors	17	12.6	12.7	91.0
	Female Doctors	12	8.9	9.0	100.0
	Total	134	99.3	100.0	

This table depicted gender-wise frequency and percentage of the participants. Out of 134 participants, 61 were male teachers and 44 were female teachers. Likewise, 17 were male doctors and 12 were female doctors.

Table 4.3 Nature of Job of the Participants (n=134)

Job Nature of the participants

		Frequency	Percent	Valid Percent	Cumulative Percent
Nature of Job	Physical Education Teacher	105	77.8	78.4	78.4
	Doctors	29	22.2	21.6	100.0
	Total	134	99.3	100.0	

Table No. 3.3 presented job of the participants. According to the analyzed data, 105 (77.8%) were physical education teachers and 29 (22.2%) were doctors. It means that physical education teachers were more than the doctor community.

Section (B) Frequency Distribution

This portion of the research deals with the frequency and percentage of the participants on each item for measuring sub-scales of Physical Activity Questionnaire. This may help the readers to understand that how the participants react about the items included in each sun-scale of the questionnaire. The following scale was used to measure the responses of the participants.

Strongly Disagree (SD-1)	Disagree (D-2)	Neutral (N-3)	Agree (A-4)	Strongly Agree (SA-5)

Table 4.4 Physical Activity as a Social Experience

NO	Physical Activities as a Social Experience	SD f/%	DA f/%	N f/%	A f/%	SA f/%

1	Physical Activities are the source of interaction with people	-	1/ 0.74	35/ 26.11	67/50.00	31/ 23.13
2	National and annual day and other celebrations promote socialization	-	4/ 2.98	26/ 19.40	58/ 43.28	46/ 34.32
3	Physical Educationalist must avoid close intimacy with the people because it lowers his honor	33/ 24.62	46/ 34.32	55/ 41.04	-	-
4	The parents must allow their children for physical activities because it enhances his relationship with other segments of the society.	-	-	28/ 20.89	62/ 46.28	44/ 32.83
5	Physical activities are promoting the positive attitude towards people.	-	5/ 3.73	37/ 27.61	57/ 42.53	35/ 39.55
6	Participating in physical activities gives public identity to participants.	-	-	3/ 2.23	22/ 16.41	109/ 81.34
7	The physical activities have an impact on moral behavior	-	45/ 33.58	56/ 41.79	27/ 20.14	6/ 4.47
8	Educational abilities of the students are promoted while participating in physical activities	5/ 3.73	48/ 35.82	61/ 45.52	20/ 14.92	-
	Overall Mean	3.59				

Significant level for Average Scale = 3; SDA = Strongly Disagree, DA = Disagree, N = Undecided. A = Agree, SA = Strongly Agree

Table No. 4.4 presented frequency, percentage, and overall mean of the participants' reaction on a sub-scale of physical activity as social experience. Eight items were included in this sub-scale and their responses have been presented in the above table No.3.4. According to the table, majority of the participants either opted strongly agree or agree upon the statement that physical activities are the source of social experience. For instance frequency and percentage found 50% agree, 23%, 43%, and 34% respectively for item 1 and 2. Likewise, 46% clicked agree and 44 % opted strongly agree against items 4. After that, 42% and 39%; 16% and 81% either opted agree or strongly agree respectively against item 5 and 6. The above table also showed the overall mean of physical education teachers and doctors

regarding physical activities as a social experience and the overall mean were found greater that the hypothetical mean 3.59 > 3.00. It indicated that participants reported positive attitude towards physical activity as a social experience.

Table 4.5 Physical Activity for Health and Fitness

NO	Physical Activity for Health and Fitness	SD f/%	D f/%	N f/%	A f/%	SA f/%
9	To promote better health conditions, the students may take part in the physical activities.	-	-	14/ 10.44	70/ 52.23	50/ 37.31
10	Physical activities are one of the source for fitness	-	-	8/ 5.97	60/ 44.77	66/ 49.25
11	Posture deformities can corrected by taking part in physical activities.	6/ 4.47	44/ 32.83	58/ 43.28	24/ 17.91	2/1.49
12	Participation in physical activities reduces the risk of heart diseases.	-	19/ 14.17	63/ 47.01	41/ 30.59	11/ 8.20
13	To get rid of all the worries, tension, and illness one should take part in physical activities	-	-	7/ 5.22	67/ 50.00	60/ 44.77
14	Growth and development factors affected by movement can be enhanced through participation in physical activities.	-	-	41/ 30.59	76/ 56.71	17/ 12.68
	Overall Mean	**3.84**				

Significant level for Average Scale = 3; SDA = Strongly Disagree, DA = Disagree, N = Undecided. A = Agree, SA = Strongly Agree

The second sub-scale was physical activity for health and fitness. Responses of the participants were assessed through six different statements and their frequency and percentage have been presented in the Table No. 4.5. According to the analyzed data, majority of the participants either agreed or strongly agreed with item 1 & 2 (52.23%; 37.31%; 44.7%;49.25). Likewise, 50 % agreed and 44.77% strongly agreed with item 5 and 56.71 % agreed; 12.68% strongly agreed with item 6. The overall mean as highlighted in the table was found greater that the significance level 3.84 > 3.00. Therefore, it can be said that physical education teachers and doctors also reported positive attitude on physical activity for health and fitness.

Table 4.6 Physical Activity as a Search for Excitement

NO	Physical Activity as the search for excitement	SD f/%	D f/%	N f/%	A f/%	SA f/%
15	Physical activities are the source of thrill.	-	23/ 17.16	59/ 44.02	52/ 38.80	-
16	Pleasure can be achieved through physical activities.	-	60/ 44.77	58/ 43.28	16/ 11.94	-
17	Participation in physical activities is dangerous and risky for children	-	20/ 14.92	67/ 50.00	47/ 35.07	-
18	Mental satisfaction can be achieved while participating in physical activities.	-	19/14.17	54/ 40.29	45/ 33.58	16/ 11.94
19	A person who participates in physical activities has control over his body.	-	-	43/ 32.08	69/ 51.49	23/ 17.16
20	Participation in physical activity develops self-control in trying situations.	-	3/ 2.23	50/ 37.31	54/ 40.29	27/ 20.14
21	Taking part in physical activity give you a personal satisfaction.	-	-	45/ 33.58	60/ 44.77	29/ 21.64
22	Participation in physical activities may cause physical handicap	-	5/ 3.73	44/ 32.83	59/ 44.02	26/ 19.40
23	Physical activities are life threatening experiences	-	-	46/ 34.32	61/ 45.52	27/ 20.14
	Overall Mean	3.31				

Significant level for Average Scale = 3; SDA = Strongly Disagree, DA = Disagree, N = Undecided. A = Agree, SA = Strongly Agree

Physical activity as search for excitement was assessed through nine (09) different questions and the results have been presented in Table No. 4.6. According to the table, majority of the participants opted "Agree" on various items. The overall mean was found than the significance level 3.31 > 3.00. Hence, it can be concluded that participants exhibited positive attitude towards physical activity as search for excitement.

Table 4.7 Physical Activity as an Aesthetic Experience

NO	Physical Activity as an Aesthetic Experience	SD f/%	D f/%	N f/%	A f/%	SA f/%
24	Good body shape can be developed through participation	15/ 11.19	63/ 47.01	51/ 38.05	5/ 3.73	-

	in physical activities.					
25	Participation in physical activities enhances the sense of appreciation of others.	-	22/ 16.41	65/ 48.50	43/ 32.08	4/ 2.98
26	Physical activities are one of the sources of developing good personality.	60/ 44.77	63/ 47.01	11/ 8.20	-	-
27	Physical activities are adding aesthetic movement in an individual.	-	-	20/ 14.92	65/ 48.50	49/ 36.56
28	Creative movements and skills are developed while participating in physical activities.	-		32/ 23.88	65/ 48.50	37/ 27.61
	Overall Mean	3.09				

Significant level for Average Scale = 3; SDA = Strongly Disagree, DA = Disagree, N = Undecided. A = Agree, SA = Strongly Agree

Physical activity as an aesthetic experience was assessed through five (05) different questions and the results have been presented in Table No. 4.7. According to the table, majority of the participants opted "Agree" on various items. The overall mean was found than the significance level 3.09 > 3.00. Hence, it can be concluded that participants exhibited positive attitude towards physical activity as an aesthetic experience.

Table 4.8 Physical Activity as a Catharsis

NO	Physical Activity as a Catharsis	SD f/%	D f/%	N f/%	A f/%	SA f/%
29	Participation in physical activities controls the emotions of an individual.	-	37/ 27.61	67/ 50.00	30/ 22.38	-
30	Engagement in physical activities is the best use of leisure.	-	31/ 23.13	75/ 55.97	28/ 20.89	-
31	The students may take part in some sort of physical recreational activities to remove any sign of boredom	-	3/ 2.23	49/ 36.56	61/ 45.52	21/ 15.67
32	Harsh behavior can be modified while taking part in physical	-	23/ 17.16	48/ 35.82	50/ 37.31	13/ 9.70

	activities.					
	Overall Agreement	3.27				

Table No. 4.8 described participants' frequency and percentage on physical activity as a Catharsis. Four (04) different questions were asked to rate their responses on the sub-scale of Catharsis. Analyzed data revealed that majority of the participants favoured the option "Agree" on various items regarding physical activity as a Catharsis. The overall mean was also found greater than the significance value 3.27 > 3.00, which means that the participants exhibited positive attitude on physical activity as a Catharsis.

Table 4.9 Overall Score on Attitude Scale towards Physical Activity

No.	Overall Agreement on Scale	Mean
1	Physical Activities as a Social Experience	3.59
2	Physical Activity for Health and Fitness	3.84
3	Physical Activity as the search for excitement	3.31
4	Physical Activity as an Aesthetic Experience	3.09
5	Physical Activity as a Catharsis	3.27
	The overall attitude regarding physical activities	**3.42**

This table presented the overall mean score on physical activity scale. The mean score was found greater than the significance level (3.42 > 3.00).

Section (C) Factor Analysis

Table 4.10 Factor Analysis on Social Experience

KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		**.469**
Bartlett's Test of Sphericity	Approx. Chi-Square	64.669
	Df	28
	Sig.	.000

Communalities

	Initial	Extraction
Social Experience 1	1.000	.652
Social Experience 2	1.000	.685
Social Experience 3	1.000	.542
Social Experience 4	1.000	.668
Social Experience 5	1.000	.734
Social Experience 6	1.000	.653
Social Experience 7	1.000	.743

Social Experience 8	1.000	.515

Extraction Method: Principal Component Analysis.

Total Variance Explained

	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
Component	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	1.550	19.370	19.370	1.550	19.370	19.370	1.441	18.011	18.011
2	1.303	16.293	35.664	1.303	16.293	35.664	1.282	16.027	34.038
3	1.203	15.036	50.700	1.203	15.036	50.700	1.245	15.568	49.607
4	1.134	14.170	64.870	1.134	14.170	64.870	1.221	15.263	64.870
5	.918	11.477	76.347						
6	.770	9.627	85.974						
7	.617	7.716	93.690						
8	.505	6.310	100.000						

Extraction Method: Principal Component Analysis.

Kaiser-Meyer-Olkin (KMO) and Bartlett tests are used to measure the validity of the sub-scale of recreation as a social experience. The KMO value was found .449 and the value of Bartlett test was found 64.66. It means that the social experience has appropriate validity about sampling adequacy. Additionally, the significance value of Bartlett's Test of Sphericity was found less than the critical value ($p < 0.05$). Moreover, each item has greater value as compared with the required value (.4). Therefore, the obtained results have enough confirmation about instrument validity of the subscale of recreation as a social experience.

Table 4.11 Factor Analysis on Health and Fitness

KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		**.467**
Bartlett's Test of Sphericity	Approx. Chi-Square	86.746
	Df	15
	Sig.	.000

Communalities

	Initial	Extraction
Health and Fitness 1	1.000	.735
Health and Fitness 2	1.000	.815
Health and Fitness 3	1.000	.671
Health and Fitness 4	1.000	.733

Health and Fitness 5	1.000	.640
Health and Fitness 6	1.000	.585

Extraction Method: Principal Component Analysis.

Total Variance Explained

	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
Component	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	1.768	29.463	29.463	1.768	29.463	29.463	1.525	25.412	25.412
2	1.294	21.567	51.030	1.294	21.567	51.030	1.373	22.885	48.298
3	1.117	18.614	69.644	1.117	18.614	69.644	1.281	21.347	69.644
4	.783	13.051	82.696						
5	.632	10.538	93.234						
6	.406	6.766	100.000						

Extraction Method: Principal Component Analysis.

In the current study, Kaiser-Meyer-Olkin (KMO) and Bartlett tests are used to measure the validity of the sub-scale of recreation as health and fitness. The KMO value was found .467 and the value of Bartlett test was found 86.74. It means that the social experience has appropriate validity about sampling adequacy. Additionally, the significance value of Bartlett's Test of Sphericity was found less than the critical value ($p < 0.05$). Moreover, each item has greater value as compared with the required value (.469 >.4). Therefore, the obtained results have enough confirmation about instrument validity of the subscale of recreation as a health and fitness.

Table 4.12 Factor Analysis on Excitement

KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.548
Bartlett's Test of Sphericity	Approx. Chi-Square	137.490
	Df	36
	Sig.	.000

Communalities

	Initial	Extraction
Excitement 1	1.000	.607
Excitement 2	1.000	.679
Excitement 3	1.000	.527
Excitement 4	1.000	.643
Excitement 5	1.000	.719

Excitement 6	1.000	.647
Excitement 7	1.000	.744
Excitement 8	1.000	.752
Excitement 9	1.000	.601

Extraction Method: Principal Component Analysis.

Total Variance Explained

	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
Component	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	1.956	21.734	21.734	1.956	21.734	21.734	1.816	20.176	20.176
2	1.563	17.365	39.099	1.563	17.365	39.099	1.457	16.191	36.367
3	1.270	14.112	53.211	1.270	14.112	53.211	1.333	14.810	51.177
4	1.130	12.550	65.761	1.130	12.550	65.761	1.313	14.584	65.761
5	.777	8.633	74.394						
6	.730	8.109	82.502						
7	.643	7.149	89.652						
8	.501	5.570	95.222						
9	.430	4.778	100.000						

Extraction Method: Principal Component Analysis.

Kaiser-Meyer-Olkin (KMO) and Bartlett tests are used to measure the validity of the scale. The KMO value was found .548 and the value of Bartlett test was found 137.49. It means that the social experience has appropriate validity about sampling adequacy. Additionally, the significance value of Bartlett's Test of Sphericity was found less than the critical value ($p < 0.05$). Moreover, each item has greater value as compared with the required value (.4). Therefore, the obtained results have enough confirmation about instrument validity of the subscale of recreation as an excitement.

Table 4.13 Factor Analysis on Aesthetic Experience

KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.494
Bartlett's Test of Sphericity	Approx. Chi-Square	32.074
	Df	10
	Sig.	.000

Communalities

	Initial	Extraction

Aesthetic Experience 1	1.000	.571
Aesthetic Experience 2	1.000	.683
Aesthetic Experience 3	1.000	.592
Aesthetic Experience 4	1.000	.347
Aesthetic Experience 5	1.000	.457

Extraction Method: Principal Component Analysis.

Total Variance Explained

	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
Component	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	1.471	29.415	29.415	1.471	29.415	29.415	1.357	27.141	27.141
2	1.179	23.585	53.000	1.179	23.585	53.000	1.293	25.859	53.000
3	.973	19.454	72.454						
4	.792	15.836	88.291						
5	.585	11.709	100.000						

Extraction Method: Principal Component Analysis.

According to the analyzed data, the KMO value was found .494 and the value of Bartlett test was found 32.07. It means that the social experience has appropriate validity about sampling adequacy. Additionally, the significance value of Bartlett's Test of Sphericity was found less than the critical value ($p < 0.05$). Moreover, each item has greater value as compared with the required value (.4). Therefore, the obtained results have enough confirmation about instrument validity of the subscale of recreation as an Aesthetic Experience.

Table 4.14 Factor Analysis on Catharsis

KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.499
Bartlett's Test of Sphericity	Approx. Chi-Square	13.151
	Df	6
	Sig.	.041

Communalities

	Initial	Extraction
Catharsis 1	1.000	.694
Catharsis 2	1.000	.625
Catharsis 3	1.000	.614

Catharsis 4	1.000	.484

Extraction Method: Principal Component Analysis.

Total Variance Explained

	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
Component	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	1.293	32.331	32.331	1.293	32.331	32.331	1.291	32.285	32.285
2	1.124	28.096	60.426	1.124	28.096	60.426	1.126	28.141	60.426
3	.856	21.401	81.828						
4	.727	18.172	100.000						

Extraction Method: Principal Component Analysis.

According to the analyzed data, the KMO value was found .499 and the value of Bartlett test was found 13.15. It means that the social experience has appropriate validity about sampling adequacy. Additionally, the significance value of Bartlett's Test of Sphericity was found less than the critical value ($p < 0.05$). Moreover, each item has greater value as compared with the required value (.4). Therefore, the obtained results have enough confirmation about instrument validity of the subscale of recreation as Catharsis.

Section (D) Testing of Hypotheses

H_A 1 Teachers reported higher mean score on overall attitude towards physical activity as compared with doctors.

Table 4.15 Results of t-Test

	Overall ATPA				`Levene's Test for Equality of Variance		T-Test For Equality of Means		
Designation	N	Mean	Std. Deviation	Std. Error Mean	F	Sig	t	Df	Sig. (2-Tailed)
Teachers	105	3.4417	.20454	.01996	3.639	.059	2.670	132	.009
Doctors	29	3.3355	.11891	.02208			3.568	78.371	.001

The first hypothesis was formulated to check the difference between teachers and doctors on overall attitude towards physical activity and the results of t-test have been presented in Table No. 3.16.

The mean score for each of the two groups are shown in the left of the table. The third column shows that the mean score for teachers is 3.44 and 3.3 mean score for doctors.

To check the results of the t-test for the differences in the two means, find the p-value for the test. The p-value is labeled as "Sig." The p-value was found .001, implying that the differences in mean score of two different groups i.e., teachers and doctors is statistically significant at the 0.05 level. Henceforth, the H_A 1 is accepted.

H_A 2 Male teachers reported higher mean score on overall attitude towards physical activity as compared with male doctors.

Table 4.16 Results of t-Test

Overall ATPA					`Levene's Test for Equality of Variance		T-Test For Equality of Means		
Designation	N	Mean	Std. Deviation	Std. Error Mean	F	Sig	t	Df	Sig. (2-Tailed)
Male Teachers	61	3.4407	.24739	.03167	2.278	.135	.107	76	.107
Male Doctors	17	3.3382	.14019	.03400			.033	46.485	.033

The second hypothesis was stated the test means difference between male teachers and male doctors on overall attitude towards physical activity. The results shows that male teachers have higher mean score as compared with male doctors on overall attitude towards physical activity (3.4407 > 3.3382. Additionally, the p-value was found less than the significant level 0.05 (p=.003 < 0.05). Therefore, H_A 2 is also accepted.

H_A 3 Female teachers reported higher mean score on overall attitude towards physical activity as compared with female doctors.

Table 4.17 Results of t-Test

Overall ATPA	`Levene's Test for Equality of Variance	T-Test For Equality of Means

Designation	N	Mean	Std. Deviation	Std. Error Mean	F	Sig	t	Df	Sig. (2-Tailed)
Female Teacher	44	3.4432	.12566	.01894	2.919	.093	2.886	54	.006
Female Doctors	12	3.3317	.08590	.02480			3.574	25.375	.001

The above hypothesis was formulated to find out the difference between two groups female teachers and female doctors on overall attitude towards physical activity and the results have been given in table no 3.18. To check the hypothesis, t-test was applied. t-Test usually gives two important sections of information. Descriptive statistics including (n) denotes sample size, mean, standard deviation, and standard errors. In the current study, female teachers were 44 and female doctors were 12. The mean score for female teachers were noted as 3.4432 and the mean score for female doctors was recorded as 3.3317.

The right section of the table gives us two pieces of information including **Levene's Test for Equality of Variance and T-Test for Equality of Means.** Since p-value .001 is less that the chosen significance value (p=.001 < 0.05), therefore; the formulated hypothesis is accepted. The acceptance of hypothesis means that mean score for female teachers and female doctors on overall attitude towards physical activity is significantly different.

HA 4 36-40 Year participants reported higher mean score on physical activity scale as compared with other groups 20-25 years, 26-30 years, and 31-35 years.

Table 4.18 Results of ANOVA

Age wise ANOVA Statistics

Variable	Age in Years	N	Mean	Std. Deviation	F	Sig.
Overall	20-25 Year	22	3.3868	.21866	5.927	.001
	26-30 Year	40	3.3700	.22887		
	31-35 Year	43	3.3953	.14467		
	36-40 Year	29	3.5448	.13029		

Total	134	3.4187	.19396

One-way Analysis of Variance (ANOVA) provides two different pieces of information. First part provides descriptive statistics, including (n) sample size, mean, and std. deviation. The second part shows the output of ANOVA analysis to check whether there exists statistically significant difference between the mean score of different groups under study. According to the data analysis, the sig. value is .001 (p=.001), which is below 0.05. Therefore, there is a statistically significant difference in the mean score of overall attitude towards physical activity between the different age groups of the participants. Based on the results, it can be said that the H_A **4** is accepted.

Discussion

The role of physical activities in the lives of individuals is confirmed by the analyzed data. The abilities of social interaction, socialization health, and fitness in a sustained manner are considered to be crucial attributes for professionals and general people in Pakistan, and the abilities to exhibit these abilities is important for those professionals who are looking for the development and promotion of healthy societies.

When consider different questions relating to the role of physical activities in various aspects including social experience, health and fitness, excitement, aesthetic experience, and catharsis, all aspects show the teachers and doctors were very having very positive attitude that this role existed. Majority of the participants, for example, either agreed or strongly agreed with different statements. The teachers and doctors were also having clear attitude that they considered the importance physical activity in developing various attributes such as social experience, promoting health, and fitness in addition to pleasure enjoyment, sense of aesthetic and catharsis.

As indicated in the literature, the attitudes shown by educators regarding physical exercise, fitness, and general health have a profound impact on the impressionable minds of the students they instruct. The presence of enthusiasm, determination, and an authentic desire for physical well-being has the potential to motivate pupils to embrace favorable dispositions towards engaging in exercise. On the other hand, a deficiency in enthusiasm or the presence of negative attitudes may unintentionally deter students from adopting a physically active way of life (Hughes et al., 2019). Promoting the establishment of personal

fitness objectives, offering options for activity selection, and fostering a nurturing educational atmosphere are all approaches that exemplify favorable dispositions towards the comprehensive growth of students. These attitudes extend beyond the immediate academic context and have a lasting impact on people' overall well-being as they continue to embody these attitudes throughout their adult lives. The attitudes held by physical education professionals also play a significant role in shaping their capacity to effectively respond to the different requirements of pupils (Patel et al., 2018). A constructive and all-encompassing perspective towards unique disparities among individuals, including diverse physical capabilities, hobbies, and cultural heritages, fosters an atmosphere that facilitates inclusivity and engagement for everyone. The capacity for flexibility plays a significant role in cultivating a favorable and encouraging environment that promotes good attitudes towards physical activity among a student population characterized by diversity. Furthermore, physical education professionals that acknowledge and affirm the significance of incorporating cultural views into the field of physical education contribute to a more comprehensive comprehension of health and well-being (Song et al., 2019).

Likewise, doctors that possess positive attitudes acknowledge the need of promoting a conversation rather than engaging in a monologue. This strategy promotes patient engagement by fostering a culture of enquiry, encouraging patients to pose enquiries, seek elucidation, and actively engage in decision-making processes pertaining to their healthcare. The prioritization of successful communication attitudes has a positive impact on patient comprehension, enabling patients to make well-informed decisions about their treatment (Rhodes, Zhang, et al., 2020). The attitudes of healthcare personnel have a significant impact on the emotional well-being of patients. The experience of receiving a diagnosis, treatment plan, or undergoing hospitalization often leads to emotional anguish for individuals. It is crucial to recognize that the manner in which healthcare personnel communicate information and provide support has a key role in shaping patients' emotional well-being (Freedland, 2020).

Results of the current study indicated that gender produced significant effect on changing the mean score on attitude towards physical activity from various perspectives. Same findings have been obtained by the study conducted by Garcia and Patel (20202) investigated the correlation between gender and attitudes, specifically focusing on the variations in exercise approaches between male and female physical

educationists. The research revealed that male physical education instructors had a tendency to prioritize competitive sports and conventional exercise methods, while their female counterparts were more inclined to integrate a diverse range of activities that emphasized inclusion and the promotion of pleasure. The presence of gender-related disparities in attitudes has the potential to impact the educational experiences of students, underscoring the need of a curriculum that is both equitable and inclusive (Donnelly et al., 2016).

Conclusion

Within the framework of this research, individuals specializing in Physical Education and Doctors may be identified as separate professional groups, each contributing various viewpoints to the domain of physical activity. Physical education professionals, equipped with their specialized expertise in exercise science and pedagogy, are anticipated to possess a deep comprehension of the significance of engaging in physical activity. In contrast, doctors, as members of the healthcare profession, may adopt a preventative and therapeutic perspective when considering physical activity, emphasizing its potential impact on general well-being (Filipovic-Pierucci et al., 2017). The inclusion of Dera Ghazi Khan Division in Punjab as the geographical focal point adds a contextual dimension to the research. Attitudes towards physical activity may be greatly influenced by regional variances, cultural factors, and the availability of resources. Comprehending these subtleties is crucial in order to customize therapies and foster a culture of physical well-being that aligns with the particular attributes of the group under investigation.

The study used a comparative methodology in order to identify possible variations in attitudes across professionals in the fields of Physical Education and Medicine. Through an examination of the fundamental elements that influence these views, this research provides significant contributions to our understanding of the intricate dynamics among professional background, personal values, and geographical setting in shaping people' perceptions and participation in physical activity (Noll et al., 2017). Surveys have the capacity to use established measures in order to evaluate attitudes pertaining to physical activity, but interviews possess the potential to provide a more profound comprehension of the motives, obstacles, and contextual elements that impact these attitudes. The integration of quantitative

and qualitative data increases the comprehensiveness of the investigation, enabling a more nuanced interpretation of the results. The potential results of the study may uncover compelling trends and variances in the views of professionals in the fields of Physical Education and Medicine (Beecher et al., 2020). Understanding the many elements that shape these attitudes may provide valuable insights for the development of tailored treatments and educational activities that cater to both professional groups. In addition, acquiring knowledge of regional subtleties provides a fundamental basis for the formulation of culturally aware approaches aimed at fostering physical activity within the Dera Ghazi Khan Division of Punjab.

Recommendations

The following recommendations are framed for the purpose of improvement in physical activity attitude and then participation.

1. Results indicated that attitude has paramount significance in shaping behaviour towards participation in physical activities. Hence, proper guidance may be given to students and general masses to develop attitude towards physical activities.
2. Participation in physical activities needs necessary human and material resources. Henceforth, authorities both at public and private sectors must guarantee the provision of human and material resources.
3. Reform physical education curriculum and physical activity programs, so that the students can not only enjoy participation in physical activity but can improve their important aspects of body and life as well.
4. It is recommended to improve learning environment in educational institutions that will impact on the promotion and development of students' attitude towards physical activity.
5. Likewise, local seminars in collaboration with doctors and health practioners can be useful in promoting and developing attitude towards physical activity among different segments of the society.

6. It is also recommended that the physical educationists, doctors and other policy makers to consider gender features and device physical activity programs that are suitable for their gender and majors characteristics.

Limitations and Future Suggestions

The present study examined the teachers and doctors ATPA using modified version of the Attitude towards Physical Activities (ATPA) by Khan et al., (2012). Despite the current study produced unique information, however, a few limitations have been mentioned below:

1. The first limitation was that the current study selected small sample size which can limit the scope of the study. Henceforth, a large sample size from other areas of the country is recommended to generalize results of the study.
2. The second limitation due to lack of time on part of doctors especially; the current study did not able to consider behaviour and participation in physical activity. Therefore, future research can be conducted by adding two important variables such as behaviour and participation in physical activities.
3. In the current study, only teachers and doctors were included. One can research a follow-up study to compare the physical education teachers and doctors with students, parents and other segments of the community such as lawyers and businessman.

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