A qualitative exploration of the factors influencing the job satisfaction and career development of physiotherapists in private practice

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ABSTRACT

Objectives: The aim of this study was to investigate factors contributing to job satisfaction at different career stages, among private practice physiotherapists in Australia.

Design: Qualitative case study design utilising focus groups.

Participants: Sixteen participants allocated to 3 focus groups: new graduates (n = 6), post graduates (n = 5) and practice owners (n = 5).

Main outcome measures: Focus groups were transcribed verbatim and a thematic analysis was undertaken to determine themes and subthemes from each focus group.

Results: The key themes identified within each focus group included the role of peer support and mentoring, professional development, professional relationships, new graduate employment issues and career pathways within private practice. In particular, issues surrounding the new graduate experience in private practice were explored, with all groups noting lack of support and financial pressures were of concern.

Conclusions: Findings demonstrated that new graduates are underprepared to work in private practice and modifications to the delivery of peer support, mentoring and professional development is required. Key recommendations include physiotherapy undergraduate program reform to reflect industry requirements in private practice, an increase in private practice clinical placement numbers, as well as streamlining the physiotherapy profession to improve career development pathways.
INTRODUCTION/BACKGROUND

Australian workforce data indicates that over half of all registered physiotherapists work in the area of musculoskeletal practice with the majority of those working in private practice (1). Increasingly, graduates are being employed into private practice positions yet recent studies indicate that physiotherapy graduates predict short careers (2, 3). Only 23% of physiotherapy graduates from Curtin University in Western Australia predicted a career of greater than 20 years, with 65% predicting a career of 10 years or less (3). Similarly in a survey of physiotherapy graduates from The University of Notre Dame Australia, only 16% of graduates predicted they would remain in the profession long term (2).

Despite increasing graduate workforce numbers, attrition rates in private physiotherapy practice remain high and job satisfaction appears to be an important component of this phenomenon (2, 3). Peer support and mentoring has been cited in the literature as a strong contributing factor to job satisfaction for physiotherapists (2, 3). Additional factors identified to increase job satisfaction in physiotherapists include: access to career development opportunities, fair wage, noticeable positive progress of patients, positive relationships with co-workers, job autonomy, supervising students and a pleasant working environment (2-6). Conversely, factors which have been shown to decrease job satisfaction in physiotherapists include: an unrealistic workload, poor workplace support, lack of team communication, family responsibilities, administration requirements, poor patient compliance with treatment and lack of flexibility in schedule (4, 5, 7-9).

Evidence suggests that the motivating factors and needs of physiotherapists vary depending on their career stage (10, 11). Experienced physiotherapists seek access to professional development to update their skillset and remain informed on current clinical evidence (10). This is in contrast to graduates who participate in professional development to consolidate new knowledge and recently acquired clinical skills, as well as to follow the path into clinical specialization (10, 11). Younger, less experienced physiotherapists tend to be more motivated by remuneration and the ability to ascend to higher roles as opposed to experienced physiotherapists, who are motivated by altruism and the nature of work (10, 11).
The aim of this study was to investigate factors contributing to job satisfaction among private practice physiotherapists in Western Australia at different career stages.

METHODS

The study adopted an embedded single case design (12) where the units of analysis were three private practitioner groups at different career stages. Participants were recruited into one of three focus groups based on career stage, with the study employing criterion-based sampling. Issues surrounding job satisfaction and career development in private practice were explored within each group. The authors put aside all beliefs, coming from a pragmatic paradigm, as described in the work of Cresswell (13) and Guba and Lincoln (14), to approach the research question and methods without bias. Thus the researchers adopted a positivist approach in a quest for objectivity and neutrality.

Participants

Physiotherapists were approached via either phone or email through the professional connections of the research team, with further snowball sampling through the networks of those contacted. Participants were eligible for inclusion in the study if they were Australian qualified physiotherapists working in private practice at least 50% of the time. Thirty physiotherapists were contacted with eleven physiotherapists unable to attend due to work or other commitments at the focus group times offered. A further three did not reply or return phone calls or emails. Sixteen participants were recruited and none withdrew from the study. Participants were classified as ‘new graduate’ for this study if they had graduated from their physiotherapy degree less than 5 years ago and had no formal postgraduate education. Six new graduates were recruited, 4 females and 2 males with age ranging from 21 to 31 (mean age 24.67 ± 3.56 years). Participants were classified as ‘postgraduate’ if they had at least 5 years’ experience as a physiotherapist and formal postgraduate qualifications. Five postgraduates were recruited, 4 males and 1 female aged 28 to 65 (mean age 37.60 ± 15.74 years). The ‘practice owner’ focus group included participants who owned their own
private practice or were a practice principal. Five practice owners were recruited, 3 females and 2 males aged 26 to 34 (mean age 31 ± 3.08 years).

**Ethics approval:** Ethical approval was gained from the Human Research Ethics Committee of The University of Notre Dame Australia (014170F) and participants provided informed consent prior to participation in the focus groups.

**Procedures**

Pilot interviews were conducted individually with three physiotherapists representing one from each career stage, to develop questions and issues to be explored in the focus groups. Participants from the pilot interviews were not recruited into the focus groups. Focus group questions were developed from expert opinion following the three pilot interviews. Focus groups were conducted at the host university with each group running for approximately one hour and facilitated by the same researcher, who had no relationship with any of the participants. Each focus group followed a semi-structured format with pre-set questions as well as the opportunity for open-ended discussion. Questions included exploration regarding the factors which positively and negatively influenced participants' job retention and satisfaction. Participants were also asked to discuss their future career intentions and the development of their career as a private practitioner. Further issues explored included the level and type of professional support they were receiving in their current workplace. The focus groups were audio-recorded and transcribed verbatim. Descriptive field notes were taken by the researcher conducting the focus groups. To ensure participants gave their opinions freely, they were reassured that anonymity would be upheld with no one individual named in the process of collecting, analysing and reporting the data, with confidentiality assured.

**Analysis**

A thematic analysis of the data was completed with transcripts imported, sorted and coded using NVivo qualitative data analysis software (QSR International, Version 10, Melbourne) (15). Data were coded into themes and further into subthemes for each focus group. Research team members analysed the focus
group transcripts independently in order to identify and describe the key themes expressed by participants. This enabled clarity and credibility around the key themes. Discussion regarding key themes were then undertaken to reach consensus of opinion. Conceptual maps were developed to assist with interpretation of data and theme development. An overview of the focus group discussions together with the main themes and sub-themes identified in each group, is presented in the results and identified in the coding framework (Figure 1).

RESULTS
The key themes identified within each focus group included the role of peer support and mentoring, professional development, professional relationships, new graduate employment issues and career pathways within private practice.

Peer support and mentoring
New graduates reported increased job satisfaction when well supported and mentored, particularly when the practice owner or seniors were readily accessible and approachable. One new graduate commented that *if you have the support you’ll tend to want to stay in private practice, but if you don’t you will go somewhere else (NG1).*

Postgraduates identified a lack of avenues available to them for access to peer support and mentoring. They described seeking opportunities for informal meetings between colleagues both within and external to the practice to create peer support and education networks, with one postgraduate noting that *having that sense of collaboration I think, whether it’s social or work based with your colleagues is important (PG2).*

Creating an environment where colleagues could access peer support and mentoring was important to practice owners, however practice owners themselves felt under-supported. One participant identified that the Australian Physiotherapy Association (APA) was well positioned to support practice owners but did not believe they were receiving sufficient assistance. One practice owner commented *they’ve got to realise that if 55% of jobs are coming out of private practice then*
they need to support the private practice owners so that they can do a better job (PO1).

**Professional development (PD)**

New graduates identified that PD was important for advancing their skills but it was largely too expensive to access. Participants commented that it was important for the employer to assist in paying for courses when the skills acquired benefited the practice. Practice owners concurred that new graduates appeared reluctant to spend their own money on PD however noted that it was unjustified for the business to contribute to payment; as one owner commented *there’s no guarantee that they are going to stay with you* (PO5). Thus there was an apparent conflict between graduates and practice owners as to who should pay for PD.

Postgraduates recognised their drive to seek PD had changed, with one participant reflecting

> You’re a lot pickier with what PD you want to do and you wait for the topics that interest you…and beyond the post grad really your next level is specialisation which is pretty in depth…so sometimes you get lost in a bit of a void... (PG2)

PD options identified as being most useful for postgraduates included conferences, masterclasses and case studies, the latter explained by one participant as *getting together with your other colleagues on a regular basis to discuss cases [as a] good way of learning* (PG3).

Although practice owners were reluctant to pay for PD, they reported greater job satisfaction when staff were appreciative of the money spent on them for PD and were motivated to advance their clinical skills.

**Professional relationships**

**Colleagues**

New graduates and postgraduates reflected that working with others helped to create a comfortable working environment and assisted in further developing their skills. Being isolated from other physiotherapists reduced job satisfaction, with the
need for professional networks highlighted by one postgraduate stating *I think the better your network of people around you the more fulfilling it is* (PG2).

For practice owners, receiving positive feedback from patients about their colleagues improved their job satisfaction. One owner noted that working *with people who aren’t just clock watching…they enjoy being at work and they try to achieve things at work* (PO3) improved their job satisfaction. However they also reported that their colleagues negatively impacted their job satisfaction at times, particularly when *you train them, you invest all this time into them and you spend money on courses and they leave* (PO5) and *they just don’t have that work ethic or that drive to look after their patients as much as I would* (PO1). Practice owners identified having colleagues who reflected their clinical standards and attitudes, a strong work ethic and an understanding of the business component of private practice, improved their job satisfaction.

**Employer**

New graduates and postgraduates reflected that having an understanding and reasonable employer with whom they had frequent communication improved their job satisfaction. Both new graduates and postgraduates reported increased stress and reduced job satisfaction when their employers were centred predominantly on making money. New graduates identified that pressure from their employer on their use of time and making money reduced their job satisfaction, particularly when this detracted from time spent helping patients. One postgraduate reflected on the pressure experienced by new graduates stating *that’s what causes the attrition rate. That’s why they drop out, because they just get bombarded with too much and they can’t handle it* (PG3).

**New graduate experience**

**Benefits of new graduates in private practice**

New graduates emphasised the positive qualities they bring to a private practice. One new graduate highlighted that *they’re getting someone who they can kind of sculpt around what they want…they’re also getting a hard worker, so it might cost them definitely initially but we also have a lot to offer* (NG2). Despite an acknowledgement that they *cost the business* one new graduate reflected *they*
should cost the business to start with because it’s an investment. You’re taking on someone who should be very good to your clinic in the long run if you support them and nurture them at the start (NG1). One postgraduate reflected new grads make the business a lot of money because they’ll do stuff that other people won’t. I think they’ll work longer hours and they have a smaller cut (PG5).

**Ethical issues**
A common theme throughout each focus group was the ethical dilemma new graduates face regarding meeting their employers’ expectation to make money whilst balancing doing the right thing by their patients. One new graduate reflected that fine line between…getting good pay but still being able to learn and give a good quality service especially being new in the industry…I found that really hard (NG2). Similarly, another new graduate noted this real conflict between the patient and what I’m being told from higher authorities and what’s best for them (NG5).

Practice owners recognised that new graduates have difficulty with this concept, with one participant noting:

> They’re really uncomfortable with that idea, the rebooking of patients and doing things like that because it’s costing the patient money. It’s like they come out of uni feeling guilty for taking a patients’ money…that’s a systemic problem with the way that they are educated (PO3).

Postgraduates also recognised this ethical dilemma however one participant acknowledged at the end of the day they’ve got to pay rent, they’ve got to make a profit, it’s a business for whoever is owning it (PG4).

**Lack of preparation and support**
New graduates reported that they did not receive sufficient support when entering the private practice workforce and this resulted in lowered job satisfaction. Participants commented that often they were promised professional development and support but experienced reduced job satisfaction when these were not delivered. One participant reflected:
I think having someone promise you something when you go into a private practice and then actually deliver above and beyond what they’ve said they will is perfect. I had the opposite. I was promised all of that, and then it only happened if I made it happen (NG3).

New graduates identified that their time at university did not prepare them for private practice:

I didn’t really get taught how much marketing I was going to have to do going into private practice…they don’t really say you’re going to come into a practice with no patients go find your own…that was the biggest negative side of private practice for me (NG3).

Practice owners agreed that new graduates come out prepared to work in a hospital or in the public sector, and severely underprepared to work in private practice (PO3). Further, one owner observed they have no understanding of workers comp systems, MVA [Motor Vehicle Accident] systems, what they can refer for for imaging and things like that. They don’t know, no one has ever told them (PO3).

‘Generation Y’
Practice owners reported that the current generation of new graduates were not only under-prepared for private practice, but also came with unrealistic expectations. This resulted in reduced job satisfaction of staff and was a source of conflict and confusion. One owner commented that this stemmed from unrealistic staff expectations; I don’t want to work Saturdays, I don’t want to be in a rotation, I don’t want to work in the afternoons, I don’t want to work in the mornings…I don’t want to work, I want 50% [commission] (PO5). One practice owner observed they lack a bit of initiative these days…I’m generalising but it’s the generational thing (PO5). Similarly, one new graduate identified generational differences, stating I think with our generation we are a little bit spoilt…that probably does affect some job satisfaction (NG1).

What needs to change?
Physiotherapy program
Practice owners identified that physiotherapy programs were not sufficiently weighted towards private practice education as one owner stated the physio graduates business acumen in understanding of how the private industry in general works is poor (PO3). Participants discussed the possibility of extending the undergraduate course to five years to include one year of business. However one practice owner commented I think sometimes they just need to be pushed out into the real world to get on with it (PO4).

Postgraduates discussed the idea of different pathways within an undergraduate degree with one participant suggesting an extra bit of time focussing on the area you want to go down…and then that structure could be really beneficial moving on within that area (PG4).

New graduate program
Graduates highlighted the value of a new graduate program where new graduates are supported in the workplace with regular professional development, basic business education, mentoring opportunities and a base wage or salary. One new graduate commented that having a structured grad program with …known income, how to build your clients, learning the knowledge over that two year period sounds ideal (NG1). Another new graduate discussed the reduced stress they experienced as a result of the new graduate program because we’ve got salary at the moment on the grad program I haven’t had the pressure to make a lot of money (NG6). However one owner commented we [have a new graduate program] but we feel like we shouldn’t have to teach them a lot of that stuff (PO3). One practice owner identified the importance of new graduates having an understanding of the costs of running a business as this gave them some idea of how expensive it is for us to actually just have the doors open (PO2).

Career pathways
Physiotherapy profession
Participants had mixed responses when they reflected on the varied nature of career pathways within the profession. One new graduate commented I like the fact that within physio you can change your career path without having to change
your job completely…you can add to the one that you already have (NG3).

However a postgraduate reflected:

…yes it’s great that we can do all these different things, but I think as a profession it will serve us well if we can come back to being much more streamlined and structured and I think the specialisation is a good step in the right direction towards that (PG2).

Private practice

The lack of career pathways available within private practice was discussed by each focus group, with each career stage offering different outlooks.

New graduates identified that the only way to progress their career was to move into ownership or managerial positions as you can kind of hit that limit in private practice and unless you then open up your own practice or get into that manager side of it you’re going to stop at a particular level (NG2). One participant remarked that in the future:

I still see myself in physio, but I’d like to probably transfer more into the public system… [because] I get a lot of the same types of things. A lot of the business side as well, I don’t really enjoy it at all…that’s just not what really what I went into physio to do (NG4).

Another new graduate commented that she needed more stability financially once she shifted to commission, stating I do plan on staying in private practice because I like it. But I just want to have something with a bit more security once I finish the grad program (NG6).

Postgraduates reported further education or specialisation would advance their career with one participant stating they were ten times more inspired [with their career] (PG1) following postgraduate education. One participant remarked I am happy with private practice and I think I just found I’m probably going to go down the route of my PhD (PG5). Further career pathways raised by postgraduate participants included specialisation, further postgraduate degrees and lecturing.
Practice owners highlighted that creating pathways for their staff to nurture their career was their responsibility, with one participant commenting the lack of career progression, that’s another issue …it’s our job to create that. Create a way for our physio graduates to progress, and we try and do that (PO3).

DISCUSSION

The aim of this study was to explore job satisfaction and issues affecting career development of physiotherapists at different career stages working in private practice in Australia. Whilst previous studies have explored the workforce trends and job satisfaction of new graduates, this is the first study to explore the factors influencing these trends specific to private practice across all career stages (2, 3). Key issues identified were: the need for peer support, mentoring and professional development opportunities across all career stages, perceived deficiencies in career pathway structure and suggestions for physiotherapy program reform.

This study highlights a need for peer support and mentoring of new graduates upon entering the private practice workforce as they are perceived to be underprepared for this sector. A recent study exploring new graduates’ preparedness for private practice highlighted support from colleagues as the most important factor in the ‘early development’ of novice private practitioners (16). Peer support and mentoring has a critical influence on job satisfaction thus a focus on this aspect in early career stages may improve retention (2, 4, 5). Previous studies have reported that the majority of physiotherapists in this demographic expect to have short-term careers of 10 years or less (2, 3). When participants in all three focus groups reflected on the attrition rate of early career physiotherapists they identified a lack of peer support and mentoring as a key factor in driving colleagues away from private practice. Practice owners in this study highlighted the cost of new graduates to their business, with this factor likely contributing to new graduates feeling under supported in private practice. New graduates and postgraduates recommended strategies to optimally support new graduates in this sector including: longer consult times, access to one-on-one time with seniors, less pressure on patient numbers and receiving a salary as opposed to commission.
While the results from this study identified that new graduates support a structured new graduate program and the strategies outlined previously, comments from practice owners indicated that the responsibility to educate new graduates in private practice should be placed with the universities. Practice owners recommended that education comprise aspects of business management including rebooking patients, how to build and maintain a caseload, marketing, working on commission and the costs involved in running a private practice. Whilst practice owners were keen for more curriculum focus on private practice, private practice clinical placements are limited in Australia with few practices offering opportunities to universities, comparative to public sector placements (17). This mismatch of clinical placements to workforce numbers needs to be addressed by the profession if graduates are to be better prepared for employment in this sector. 

There is a link between curriculum, clinical placements and workforce numbers, thus addressing only curriculum issues will not necessarily influence ongoing workforce numbers including attrition rates (18). Furthermore, a recent report by the APA indicated the ongoing and increasing role of physiotherapy in the public health system and push to further strengthen the relationships between physiotherapy programs and the public workforce (19). This highlights the issue of competition for space within the physiotherapy curriculum, with each sector attempting to impose their workforce needs on educational institutions.

The results of this study highlighted that the career progression of private practice physiotherapists is extremely varied and appears to lack structure, suggesting an opportunity to explore career development reform within the profession. Consideration of a structured career pathway for physiotherapists working in private practice was indicated through discussions with each group, with findings suggesting that undergraduate and postgraduate reform is required to better support clinicians. This issue is evident across all areas of physiotherapy, with a recent report by the APA identifying career progression in the public health system as unclear and in need of streamlining (19).

Whilst the focus group sizes were optimal for the purpose of this study, the authors acknowledge the small sample size as a limitation of this study. As such, this is a pilot study and the results may not be generalisable to all private practice
contexts or settings. This study was conducted specific to the Australian physiotherapy private practice sector and therefore findings should be transferred internationally with care. Further research is needed including review of greater numbers of practitioners in each career stage, with either additional focus groups or survey design, to determine if the findings from this pilot study are more broadly applicable.

**Conclusion**

This study has identified the factors which affect the job satisfaction of physiotherapists at different career stages in private practice, in order to improve the support and retention of staff in this sector. Findings from this pilot study demonstrated that new graduates are underprepared to work in private practice and modifications to the delivery of peer support, mentoring and professional development is required. Key recommendations include physiotherapy undergraduate program reform to reflect industry requirements in private practice, an increase in private practice clinical placement numbers, as well as streamlining the physiotherapy profession to improve career development pathways. It is expected that the application of these recommendations will improve job satisfaction and career development of physiotherapists across all career stages in private practice.

**REFERENCES**


15. NVivo qualitative data analysis software. 10 ed: QSR International Pty Ltd.; 2012.


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<td>• Lack of avenues for support as career progresses (PG)</td>
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NG = New graduate; PG = Post graduate; PO = Practice owner