



Original article

Exploring the job satisfaction and career progression of musculoskeletal physiotherapists working in private practice in Western Australia



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A B S T R A C T

Background: Despite increasing workforce numbers, new graduate physiotherapists are reporting short career intentions due to low job satisfaction. Job satisfaction improves retention among allied health professionals, however we have limited understanding of its influence specific to physiotherapists.

Objectives: The aim of this study was to explore factors contributing to the job satisfaction of musculoskeletal physiotherapists working in private practice across different career stages (new graduates, graduates, post-graduates, and owners) in Western Australia.

Design: Mixed-methods design with an anonymous self-administered survey capturing job satisfaction and employment characteristics of Western Australian physiotherapists working in private practice. Factors including peer support and mentoring, career progression and professional development were explored.

Method: Physiotherapists were recruited through snowball sampling, with 60 practices approached to participate. Survey results were analysed using linear regression models and basic thematic analysis.

Results: Two-hundred and five surveys were completed by physiotherapists across 52 practices. The mean job satisfaction score was 41.9 out of 50, and increased job satisfaction was associated with practice ownership, salary satisfaction, established career pathways, and access to mentoring and professional development.

Conclusions: Practice owners were significantly more satisfied with their job compared to new graduate, graduate and postgraduate physiotherapists. Findings illustrated the changing needs for support across different career stages, the importance of accessible senior clinicians, and the limited recognition for the efforts made by physiotherapists to pursue ongoing education.

1. Introduction

Australian workforce data indicates approximately half of all registered physiotherapists work in musculoskeletal physiotherapy, with the majority of those working in private practice (Health Workforce Australia, 2014). Despite increasing workforce numbers, graduates are reporting short career intentions (Mulcahy et al., 2010; Bacopanos and Edgar, 2016). Sixty-five percent of graduates from Curtin University in Western Australia (WA) predicted a career of 10 years or less, citing reasons of poor remuneration, a lack of recognition of skills and limited career pathways (Mulcahy et al., 2010). A subsequent study from The University of Notre Dame Australia (WA) identified that 16% of graduates planned to remain in the profession ‘indefinitely’, with attrition rates linked to low job satisfaction and limited career progression (Bacopanos and Edgar, 2016).

Job satisfaction leads to improved retention among allied health professionals (Campbell et al., 2012; Randolph, 2005; Moore et al., 2006), however we have a limited understanding of job satisfaction in

the physiotherapy profession. Factors cited as positively influencing the job satisfaction of physiotherapists include autonomy, fair wage, access to workplace support and working rurally (Mulcahy et al., 2010; Bacopanos and Edgar, 2016; Chen et al., 2012; Davies et al., 2016; Keane et al., 2012). Conversely, factors cited as negatively influencing job satisfaction include unrealistic workloads, poor workplace support and limited flexibility in schedule (Chen et al., 2012; Bacopanos and Edgar, 2016). A recent pilot study identified factors impacting the job satisfaction of musculoskeletal private practice physiotherapists across different career stages (Davies et al., 2016) including lack of career pathways, the importance of peer support and access to professional development. The job satisfaction of musculoskeletal private practitioners and the effect of career stage on job satisfaction has yet to be quantified with a broader sample of practitioners.

The purpose of this study was to explore the job satisfaction of musculoskeletal physiotherapists working in private practice in Western Australia. Specifically, the research questions addressed were:

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1. What is the level of job satisfaction of musculoskeletal physiotherapists working in private practice in Western Australia?
2. Are there differences in job satisfaction across different career stages?
3. What factors influence the job satisfaction of musculoskeletal physiotherapists working in private practice?

It is important for the Physiotherapy profession to attempt to optimise workforce retention where graduates are reporting short career intentions. By identifying factors influencing job satisfaction and gaining a better understanding of the needs of physiotherapists across different career stages, the profession will be better equipped to optimise job satisfaction and subsequent retention within this sector.

2. Method

2.1. Design

This study employed a mixed-methods design with an anonymous self-administered survey to capture employment characteristics of physiotherapists working in private practice in Western Australia (WA).

2.2. Participants

Registered Australian physiotherapists practicing in WA were eligible for inclusion in this study, provided they were currently working in musculoskeletal private practice at least 50% of the time, and not working in a locum capacity (as determined by the practice principal).

2.3. Survey

The survey captured information on participant demographics, career intentions, and employment characteristics such as salary, salary satisfaction and employment status. A job satisfaction rating scale (Bacopanos and Edgar, 2016) was included with participants ranking 10 statements (Table 1) on a 5-point Likert scale, thus providing a global job satisfaction score out of 50 for each participant. Key themes identified by Davies et al. (2016) as important to the job satisfaction of private practitioners were included in the job satisfaction rating scale and further explored in open-ended questions.

Career stage was classified using the definitions outlined in Table 2 (Davies et al., 2016). In identifying the nature of each participant's workplace (e.g. small, large, multi-disciplinary or network), descriptions were provided as per the definitions provided by the 'InPractice 2025' report (Australian Physiotherapy Association, 2013).

2.4. Procedures

Prior to distribution, the survey was pilot-tested by two musculoskeletal private practitioners practising less than part-time in the sector. The survey instrument was refined based on feedback provided

Table 1
Job satisfaction rating scale statements.

Job Satisfaction Rating Scale Statements
I enjoy working in my current position.
I have opportunity to progress my career in my current position.
I have access to mentoring and/or peer support in my current position.
I have opportunity to further my professional development in my current position.
I have opportunity to participate in additional workplace duties, outside of my regular role.
I am committed to the organisation that I work for.
I have the ability to make autonomous work decisions.
I have flexibility in my workload hours.
My work is challenging.
I am recognised for my skills and experience in my current position.

Table 2
Definitions of career stage.

Career Stage	Definition
New Graduate	Graduated from physiotherapy degree less than five years ago and no formal postgraduate qualification
Graduate	Graduated from physiotherapy degree more than five years ago and no formal postgraduate qualification
Postgraduate	Formal postgraduate physiotherapy qualification completed
Owner	Self-identified. Practice owners who also identified with other groups were allocated into the 'owner' group only

and pilot study responses were not included in the results.

Physiotherapists were recruited via email or phone through the professional contacts of the research team, with further snowball sampling through the networks of those contacted. Additional rural practices (localised according to Australian post-coding conventions) were contacted via contact details publicly available online to ensure a spread of locations across WA were sampled. Sixty practices in total were approached for this study, with 87% (n = 52) agreeing to participate. Practices were included in this total if at least one employed physiotherapist completed the survey. Survey distribution was arranged with the liaising physiotherapist in each practice, and surveys were delivered in hard-copy within a sealable envelope to practices in person, or by post with a reply-paid envelope to some rural locations. The practice received a survey for each employed physiotherapist, as well as any additional copies requested by the liaising physiotherapist. Written instructions were provided to the practice for survey distribution and collection, including instructions for each survey to be returned to the sealable envelope once completed to maintain confidentiality. Completion of the anonymous survey was optional for each physiotherapist within the practice with no incentive provided to practice owners or individual physiotherapists to complete the survey. Physiotherapists were given two weeks to complete the surveys, with a reminder email sent one week following delivery. Additional time was provided if requested, with weekly emails sent to track survey completion. Completed surveys were collected in person, or returned by post.

2.5. Analysis

Prior to analysis, all categorical data was numerically coded. The association between mean job satisfaction and demographic or employment variables was investigated using univariate linear regression models (IBM SPSS Statistics Version 24), with $p < 0.05$ constituting statistical significance. All significant univariate predictors were entered into a multivariate model simultaneously, and then the least significant predictor ($p < 0.05$) was dropped and the model refitted until all predictors left in the model were significantly associated with the outcome (backward stepwise procedure). Wald Chi-square tests (χ^2) and pairwise comparisons were conducted when indicated. Residuals were visually inspected and all approximated the normal distribution.

Answers from open-ended questions were transcribed verbatim and collated into a word document. A basic thematic analysis of responses per question was undertaken as per Braun and Clarke (2013) with the three members of the research team independently analysing responses to identify themes and sub-themes within the data. The thematic analysis was then discussed and consensus was reached by the researchers.

2.6. Ethical approval and consent

Ethical approval was gained from the Human Research Ethics Committee of The University of Notre Dame Australia (016199F) and participants provided implied consent through completion and return of the survey.

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