“Moving Forward”: Success from a Physiotherapist’s Point of View

Rumi Takeuchi, Michelle M. O’Brien, Keli B. Ormond, Steven D.J. Brown, and Monica R. Maly

ABSTRACT

Purpose: The purpose of this study was to capture the meaning of professional success to experienced physiotherapists practising in the Greater Toronto Area (GTA).

Methods: Using a qualitative, phenomenological approach, 10 physiotherapists from the GTA each participated in a 60-minute, semistructured, face-to-face interview. Interviews were transcribed verbatim and analyzed using the vanKaam method, modified by Moustakas.

Results: Participants described success as “moving forward,” a dynamic and evolving experience that extends throughout an entire career. Study participants identified three markers of professional success: positive patient outcome, career advancement, and advancement of the physiotherapy profession. The experience of moving forward toward success applied to all of these markers and was driven by making choices. Choices made throughout a career were influenced by mentorship and self-reflection.

Conclusions: The physiotherapists in this study described different indicators of success than have been described by other health care or corporate professionals in the literature. Success in the physiotherapy profession is experienced as a circular rather than linear process. Physiotherapists, professional organizations, and employers have a role in fostering professional success. We suggest the introduction of mentorship and self-reflection programmes early in one’s career, focusing on the three markers of success: patient outcomes, career advancement, and advancement of the profession.

Key Words: assessment, career mobility, job satisfaction, mentors, patient outcomes, professional practice, qualitative research, vocational rehabilitation

Takeuchi R, O’Brien MM, Ormond KB, Brown SDJ, Maly MR. “Moving Forward”: Success from a Physiotherapist’s Point of View. *Physiother Can.* 2008;60:19-29.

RÉSUMÉ DES POINTS CLÉS

Objectif : Cette étude a pour but de saisir la signification de la réussite professionnelle pour les physiothérapeutes chevronnés qui exercent dans la Région du Grand Toronto (RGT).

Méthodologies : À l’aide d’une approche qualitative et phénoménologique, 10 physiothérapeutes de la RGT ont participé individuellement à une entrevue directe semi-structurée de 60 minutes. Les entrevues ont été transcrites mot à mot et analysées au moyen de la méthode vanKaam, modifiée par Moustakas.

Résultats : Pour les participants la réussite signifie « aller de l’avant », une expérience dynamique et en évolution sur toute la carrière. Les participants à l’étude identifient trois facteurs déterminants de la réussite professionnelle : des résultats positifs pour le patient, l’avancement professionnel, et le développement de la profession de physiothérapeute. La progression vers la réussite s’applique à tous ces facteurs déterminants et repose sur des choix. Le mentorat et l’autoréflexion influent sur ces choix.

Conclusions : Les physiothérapeutes ayant participé à cette étude décrivent des indicateurs de réussite différents de ceux mentionnés dans la documentation par d’autres professionnels des soins de santé ou d’autres professionnels. La réussite au sein de la profession de physiothérapeute est un processus circulaire plutôt que linéaire. Les physiothérapeutes, les organisations professionnelles, et les employeurs jouent un rôle dans la promotion de la réussite professionnelle. Nous suggérons l’introduction de programmes de mentorat et d’autoréflexion en début de carrière, accompagnés d’une focalisation sur les trois facteurs déterminants de la réussite : des résultats pour le patient, l’avancement professionnel, et le développement de la profession.

Mots clés, évaluation, mentors, mobilité professionnelle, réadaptation professionnelle, recherche qualitative, résultats pour le patient, pratique professionnelle, satisfaction professionnelle

Rumi Takeuchi, BKin, MScPT: *Department of Physical Therapy, Faculty of Medicine, University of Toronto, Toronto, Ontario.*

Michelle M. O’Brien, BSc, MScPT: *Department of Physical Therapy, Faculty of Medicine, University of Toronto, Toronto, Ontario.*

Keli B. Ormond, BSc, MScPT: *Department of Physical Therapy, Faculty of Medicine, University of Toronto, Toronto, Ontario.*

Steven D.J. Brown, BSc, MScPT: *Department of Physical Therapy, Faculty of Medicine, University of Toronto, Toronto, Ontario.*

Monica R. Maly, BScPT, PhD: *School of Physical Therapy, Faculty of Health Sciences, The University of Western Ontario, London, Ontario.*

R. Takeuchi, M.M. O’Brien, K.B. Ormond, and S.D.J. Brown completed this research study in partial fulfillment of an MScPT degree at the University of Toronto. M.R. Maly acted as an advisor to this group during her postdoctoral studies at the University of Toronto.

Address for correspondence: Monica R. Maly, School of Physical Therapy, The University of Western Ontario, London, ON N6G 1H1; Tel: 519-661-2111 ext 88845; E-mail: mmaly@uwo.ca.

DOI:10.3138/physio/60/1/19

The 6,270 physiotherapists currently registered with the College of Physiotherapists of Ontario are an integral part of a health care system that serves the needs of over 12 million Ontario residents.^{1,2} However, the continually changing Ontario health care environment challenges the ability of physiotherapists to provide quality care by adding to workload, reducing the availability of support services to patients, and limiting funds for physiotherapy services. In the last 2 years alone, the chief executive officer (CEO) of the Ontario Physiotherapy Association (OPA) documented the following health care changes: resolution of district health councils to form Local Health Integration Networks, privatization and closure of hospital-based physiotherapy departments, partial delisting of publicly funded physiotherapy from the Ontario Health Insurance Plan, cutbacks in auto-insurance payment models, and introduction of programmes of care by the Workplace Safety and Insurance Board (personal communication, D Sauvé, 2004). These changes represent a continued retrenchment of funding for physiotherapy, and, as a result, therapists experience greater work stress.³ Stress relates to a lack of control or influence, yet a sense of control over one's work environment is necessary for career success.³ Owing to these continual changes, physiotherapists are less likely to feel that they have had an opportunity to focus on and achieve success in their careers.

Professional success has been described as an individual's perception of their psychological or work-related achievements resulting from career experiences throughout their life,^{4,5} a multifactorial concept. To date, little research has explored the breadth of factors influencing professional success, specifically for physiotherapists. Most studies of success in rehabilitation professionals have considered a small, predetermined number of variables. These quantitative studies surveyed participants to rate the relative importance of factors such as work environment, salary, and relationships with colleagues.⁶⁻¹⁰ Factors included in these surveys were identified from literature examining success in professions other than physiotherapy, but perceptions of career success vary across professions.¹¹ For example, when asked to identify factors important to career success, male business executives identified company seniority, whereas psychologists identified the social impact of their work.^{4,12} Furthermore, much work has operationalized the concept of professional success as job satisfaction.^{4,13} Job satisfaction is a limited variable that, in isolation, does not define career success.¹⁴ In fact, job satisfaction and job success can be independent of one another. Individuals may experience professional success as the president of a company owing to a favourable salary and seniority but may also be dissatisfied owing to long working hours and high levels of stress. On the other hand, workers may feel

satisfied with their job but may not feel as if they have attained success in their career.¹⁴ Although job satisfaction relates to career success, it is likely only one factor among many that mould professional success. Little is known about the broad concept of professional success in the physiotherapy profession.

A 1998 study specific to physiotherapists and professional success used a questionnaire that was based on the business literature and developed by the staff of the American Physical Therapy Association (APTA) and APTA's Advisory Panel on Women to better reflect physiotherapy.¹¹ The exact methodology for deriving these questions was unclear. Because this was the first study to embark on exploring success in physiotherapy, it was a major contribution to our understanding of physiotherapists' perceptions of success. Practising ethically, feeling career satisfaction, and improving patient health were more important determinants of career success than high income and executive status.¹¹ However, other factors that were not considered within the questionnaire could also influence the experience of success among physiotherapists, such as role stress and opportunities for career advancement.¹¹ Many important factors could remain unknown because it is unreasonable to expect that any single questionnaire can capture all of the relevant information regarding career success. To our knowledge, a complete meaning of success and its determinants among physiotherapists has not been fully explored.

Qualitative research is an excellent approach to explore multidimensional constructs such as success. This approach may identify areas previously unexplored quantitatively and account for environmental context, which, in this case, is the ever-changing Ontario health care system. Also, qualitative research emphasizes an "insider's" or emic perspective. Hughes emphasized that professional success is determined through the eyes of the beholder.¹⁵ Therefore, people construct their own meaning of success. A qualitative study provides an appropriate method for examining the meaning of success because it encapsulates and aims to derive the full meaning and richness of the experience from the perspective of the practising physiotherapist.¹⁶

The purpose of our study was to explore the meaning of professional success for experienced physiotherapists currently practising in a hospital or private clinical setting in the Greater Toronto, Ontario area (GTA). Using a qualitative approach, we asked, "What is the meaning of professional success for experienced physiotherapists currently practising in the Toronto, Ontario area?" Employers, professional associations, regulatory organizations, educators, and physiotherapists themselves can then gain insight into how to promote professional success.

METHODS

A qualitative, phenomenological approach was used to study the meaning of professional success among experienced physiotherapists. Phenomenology explores the essence of the meaning of participants' perceptions, where an essence is a concept that gives a common understanding to a phenomenon under investigation, in this case, professional success.¹⁷ Phenomenology allows an extensive inductive focus on understanding each participant's own opinion of success.¹⁶ This study was approved by the University of Toronto Research Ethics Board.

Participants

Eight women and two men, all licensed physiotherapists, participated in the study. It has been recommended that phenomenological studies include up to 10 participants to provide comprehensive understanding of the topic and yield insight into the essence of an experience.¹⁶

Participants were from the GTA, English speaking, and engaged in clinical practice at the time of the study. All had been practising in Ontario for a minimum of 5 years, with a mean work week of 30 hours. We believe that physiotherapists with less than 5 years of clinical experience will have different perceptions of what professional success means because they are just embarking on their careers.¹⁸ The participants practised in varied fields of rehabilitation, in hospitals or private clinic settings. Hospital and private clinic sectors were selected because these represent the majority of practice settings for the profession. Finally, participants had to be in good standing with the College of Physiotherapists of Ontario and provide written informed consent. These inclusion criteria were established to achieve an optimal representation of experienced physiotherapists from the most common areas of practice.

Recruitment involved two strategies. First, an electronic advertisement was sent to OPA members located in the Central Toronto District using an OPA secure electronic server. The e-mail advertisement contained the purpose of the study and invited interested and eligible participants to contact the researchers via e-mail or telephone. Using this strategy, six participants were identified (one man, five women).

The second recruitment strategy used was "intensity" sampling. According to Miles and Huberman, intensity sampling is a strategy that recruits information-rich cases that manifest the phenomenon intensely.¹⁹ To achieve intensity sampling, we enlisted prominent physiotherapists to invite potential participants whom they perceived to be successful. These prominent physiotherapists were leaders within the physiotherapy profession, including the CEO of OPA and university

educators. The individuals assisting in recruitment provided "information-rich" clinicians with a study advertisement, which invited potential participants to contact the researchers via e-mail or telephone. From this strategy, four additional participants were identified (one man, three women). Once potential participants contacted the researchers, they were screened to ensure that they fit the aforementioned inclusion criteria.

Several measures were taken to protect the anonymity of participants. Only the interviewer and the principal investigator had access to a master list that related participants' identification numbers to their identities. All audiotapes, field notes, and transcripts associated with individual participants were tagged with the identification number. Identifying information revealed in the interview was deleted from transcribed data, including locations, worksites, and names.

Data Collection

We conducted a 60-minute, semistructured, face-to-face interview with each participant. Two interviewers were present: one to conduct the interview and one to gather field notes. These field notes were used to facilitate the development of follow-up or probing questions at the end of the interview. The interviewers and their roles remained consistent throughout the study. All interviews were audiotaped and transcribed verbatim by one of the investigators present at the interview. After transcription, the co-interviewer checked the accuracy of transcription by comparing the transcript with the audiotape.

A semistructured framework enabled participants to convey their own meaning of success. The interview consisted of open-ended questions developed from existing literature and experience in pilot interviewing (Table 1). Neither the order nor wording of the questions was standardized to allow the interviewer to probe appropriately. Furthermore, the questions were modified throughout the data collection. This evolving data collection is a hallmark of rigorous qualitative research.¹⁶ To avoid the investigators imposing their own views, any questions

Table 1 Collection of Interview Questions Used Over the Course of the Study.

Tell me about your career starting from your PT school graduation.
Tell me about why you decided to pursue a career in physiotherapy.
When you think about your colleagues, tell me about who you think is successful and why.
How do you feel about your own success at this point in your career?
Tell me about how you think others perceive your success.
What factors contribute to success?
What factors hinder success?
What strategies have you used to facilitate your own success?
How has your perception of success changed with increasing experience?
Tell me what you think about the statement "I have arrived."
What advice you would give to new graduates?
Tell me what the word <i>success</i> means to you.

PT = physical therapy.

Table 2 Demographic Data of the Study Participants (Greater Toronto Area).

<i>Participant</i>	<i>Age</i>	<i>Gender</i>	<i>Number of Years Practising</i>	<i>Other Degrees*</i>	<i>Practice Area</i>
1	51	M	26		Outpatient orthopaedics, private practice
2	67	F	38		Outpatient paediatrics, combined private and public practice
3	64	F	44	Research master's	Outpatient paediatrics, private practice
4	40	F	18		Inpatient paediatrics, public practice
5	58	F	37		Inpatient cardiorespiratory, public practice
6	49	F	26		Outpatient orthopaedics, private practice
7	33	M	10	Research master's	Outpatient orthopaedics, private practice
8	41	F	14	Research master's	Outpatient orthopaedics, public practice
9	44	F	20	Research master's	Inpatient orthopaedics, public practice
10	30	F	8		Outpatient orthopaedics, public practice

*After becoming a physiotherapist, one participant pursued education and licensing in another health care profession. This information is not included in this table to minimize the possibility of identifying the participant.

asked by the participants were addressed after the session. After each interview, the investigators created memos regarding their impressions of the interview.

Analysis

Before embarking on the study, all of the investigators discussed, identified, and documented any experiences, values, and assumptions regarding the phenomenon of concern. Similar to the concept of bracketing used in other qualitative traditions, Moustakas defines this process as “Epoche” in phenomenology, which refers to the researchers’ self-reflections to identify and set aside biases, presuppositions, or prejudices related to the concept of professional success.²⁰

The data analysis procedures were completed as data collection took place. The vanKaam method of phenomenological analysis, modified by Moustakas, was the framework for data analysis.²⁰ As interviews were completed, a list of every expression that was important to understanding the participant’s experience of success was created. The modified vanKaam method requires that the investigator be receptive to every statement made by the participant. For this list of important expressions, each was granted equal value. Then each expression was reviewed and labelled. Repetitive and vague expressions were removed from the list. This process is called horizontalization. The investigators met regularly to discuss labelling and created a consistent labelling scheme, taking care to ensure that the common labels were not restricted by use of different language. The next step in the modified vanKaam method required that labels be clustered together into related topics, under a common theme.²⁰ These themes were defined as the core experiences of the phenomenon and were validated by identifying representative quotations.²⁰ Finally, a composite description of the experience of professional success was developed for the group of participants as a whole. The investigators used the programme NVivo (QSR International, Doncaster, Victoria, Australia)

to facilitate labelling, search the relationships between labels, and retrieve data.

FINDINGS

Demographics

The participants varied with respect to age, number of years of experience, and practice area (Table 2). Ages ranged from 30 to 67 years. All had at least a baccalaureate degree in physiotherapy. Four participants had completed a research-based master’s degree, and one other had subsequently pursued education and licensing in another health care profession. All participants were currently practising as physiotherapists in clinical settings, with one concurrently practising both physiotherapy and a second health care profession. Clinical practice experience ranged from 8 to 44 years. The participants practised in the private outpatient ($n = 4$), public outpatient ($n = 2$), or inpatient ($n = 4$) sector.

The Meaning of Professional Success

Moving Forward

All participants experienced success as a dynamic, evolving, career-long phenomenon. The success experience was influenced by making choices and moving forward (Figure 1): “I think that [success is] an evolving process. I don’t think that...we can arrive at a certain point and stop there” (participant 8). In fact, success was viewed as a journey by participant 10:

I kind of feel [success] is a journey, so I think when I was younger I probably would have seen it as “I arrived,”...and I think where that comes from is thinking that once you get there you will feel like a better therapist... So I kind of look at it now like a journey, not a destination. I think even if you retired, there is probably stuff you want to do professionally...

Figure 1 The experience of success for physiotherapists working in an urban, Canadian setting. Moving forward throughout one's career defined success. Markers of success include moving forward in terms of patient outcomes, career advancement, and advancement of the profession. Making choices is required to move forward. These choices are influenced by mentorship and self-reflection.

Evolving was expressed by participants as pivotal in the journey of success. It was defined as an experience in which clinicians are continually learning as they move through their career:

You're continuing to learn that you're continuing to evolve and not just staying on top of what's latest in research or the literature, but that you need to have the attitude that it's a continuing process, you can't just stop here. . . You're always reassessing what you're doing in your career; then I think that's more success. That means more in terms of professional success than achieving a certain level of whatever education. (participant 7)

The notion that success was a journey through one's career, described as a positive experience, was the perspective of most participants. However, the dynamic nature of success could make an individual perceive success as unattainable as well:

I think success is that kind of never attainable sort of target [laughing]. Maybe it is part of being successful is that you're always—you never stop. . . I don't feel like I'm...doing okay, but I don't feel like, you know, you kind of think you are going to get to a point where

you're—you can kind of rest on your laurels, and I don't think I will get there. I am not, you know, . . . I am okay, but I don't know that I would call myself successful in any great measure. 'Cause as I said, like you just feel like there is more that you have to do. (participant 8)

I would never arrive, maybe when I retire maybe, but I even think when I retire I won't have arrived because I think that what happens, . . . as you get to a spot you see potential and possibilities. (participant 9)

These findings demonstrate that, for the participants, success was an evolving experience that extends throughout one's career. Clear markers of success were also evident from the experiences of the participants.

Markers of Success

Participants consistently described three markers of professional success: positive patient outcome, career advancement, and advancement of the profession (see Figure 1). Success was noted by moving forward in all three markers.

Positive patient outcome was a prominent factor identified by all participants as a benchmark of success. Participants identified their own success through making a difference in the lives of their patients, that is, helping their patients move forward:

I see success in my clinical practice; I think that I have worked with children and families and provided them with a high level of standard of practice leading to an improved quality of life both for the child and the family through the provision of physiotherapy services and in partnership with families. (participant 4)

I get very energized talking about ideas, talking about possibilities and talking about what impact we can have, what a difference we can make, how is this going to help, whether it's a stroke patient managing in the community or a back pain patient being able to cope better and getting back to their job. (participant 9)

In addition to making a difference, a sense of competence in the level of care provided was important to the therapists:

My success is in the area of a comfort level of being able to assess and determine the options open to a child or a young adult or

to the family of a child. I think I can comfortably give them a picture of different options open to them in the way their child could still make some gains. (participant 3)

For these physiotherapists, moving patients toward positive outcomes in a competent manner was the goal they aimed to achieve throughout their careers.

Participants also identified a marker of success to be advancing one's career to autonomous practice that receives recognition from patients and colleagues. When asked to identify what elements make up a successful therapist, participants suggested that improving one's skills from those of a new graduate, who may need help in clinical decision making, to feeling competent in clinical decision making was important to success. Also, participants wanted to experience freedom to practise as they chose to: "So success...is doing what I like professionally" (participant 2). Career advancement into an autonomous practice also meant working without limitations imposed by other clinicians or practice leaders:

[Successful physiotherapists are] the folks who have the autonomy who are, you know, helping to call the shots...and sort of have a voice. I think that's ultimately the success. (participant 8)

Participants also identified experiencing recognition from patients and colleagues for their efforts and achievements as an important marker of career advancement: "I love it...appreciation from my colleagues, appreciation from my students!" (participant 2). Participants described how recognition for good clinical skills, teaching, and research initiatives helped them identify that they had achieved career advancement:

People who've been moving their career, or their profession, their area of interest forward. I think that's recognized by their peer group, recognized by the clients and families that they work with, and those are some of the values that I put on success. (participant 4)

Therefore, autonomy in clinical decision making and recognition were important markers of career advancement to the participants.

Lastly, participants identified the importance of advancement of the physiotherapy profession as a whole as a marker of success. Participants described how they felt an inherent drive to contribute to moving the physiotherapy profession forward:

There's an element of professionalism that I consider success as well, that I sort of feed

into my consideration of success in my career. And that would be my involvement with the national professional organization...and the [specific area] division and now a research division and in the [specific area] division. So, you see,...it's not so cleanly clinical or academic—it's another layer of interest. (participant 4)

This drive to advance the profession was seen, at a research level, as providing physiotherapists with the evidence to support practice and, at the clinical level, to engage in and implement evidence-based practice to achieve positive patient outcomes:

I think we should have a very good groundwork for what we are doing... We're always moving ahead, and clinical has always been ahead of research practice, [which] is always ahead of theory—and so that's what we need to have... (participant 3)

Although the markers of professional success were clear among all participants, it is also important to identify the factors that participants described as not being integral to achieving success. These factors, specifically money and professional benchmarks, were described as unimportant to success. Benchmarks were described as postgraduate levels of training, particularly within orthopaedics. Even after attaining the credentials from these professional development courses, participants' perception of success remained unchanged. Participant 10 stated: "There is an empty feeling. My practice hasn't changed as a result of getting this new certificate on the wall." Another participant said: "When I first graduated, I thought if you were going to be a good orthopaedic therapist you had to have your part B's, and I started on that track and I don't think that anymore." Similarly:

I really thought that...there [are] certain benchmarks to meet; ...certainly, when I was a new grad, if I thought, "Wow, they're working in the university" or "Wow, they've done these courses or they're teaching all these courses" would have been things that I would have put as being a really successful therapist...so those would have been benchmarks, and I don't believe them anymore. (participant 8)

The credentials themselves did not relate to improving patient outcomes, advancing their career (e.g., in terms of promotion), or advancing the profession. Instead, participants indicated that skills, such as sound and autonomous clinical decision making, whether achieved through postgraduate courses or not, were more important to success.

Salary was not a significant marker for success. Participants either did not mention money in the interview or commented that money was not a useful marker for their professional success: "Success is not measured in power or money. Definitely, I think in our profession it is not measured like that at all" (participant 5). Furthermore, one participant went on: "I mean [money] is very nice...; you need money, but if you always think everything is money, then people are going to feel it and are going to see it" (participant 1). To this therapist, being perceived as striving for money alone was not desirable and certainly not sufficient to define success.

In working toward the markers of professional success, that is, positive patient outcome, career advancement, and advancement of the physiotherapy profession, the participants discussed making choices in their physiotherapy career.

Making Choices

Setting and achieving goals was a necessary element to making career choices that facilitated the experience of success for participants:

Strategies for success... goal setting and targeting and that, can be across the board from clinical skills, goal setting with your clients and families, to goal setting around your career, what you're doing in your annual performance review, and your short- and long-term goals...that's been able to establish some ground rules for forward movement. (participant 4)

In making choices to move forward in one's career, many factors influenced career decision making. Participants in the study focused on mentorship and self-reflection as having the greatest impact on the career choices they made.

Participants felt that being mentored and acting as a mentor for others were important to the development of their own career success. Mentorship provides feedback in the form of recognition and support for career goal setting. As such, mentorship was very valuable to promoting improved patient outcomes by providing a forum for clinical decision making:

Sometimes we do need a mentor or we do need someone who is always a possible mentor to us no matter how many years you have been in practice. It is good to sometimes go and bounce things off people. (participant 3)

I think that [mentorship] is very important because there is no way that when you come

out of university, especially now...you are doing the same things all the time. You don't get ideas... So, if you have somebody who really knows and has the experience and you have a problem and you can ask, "Okay, so now I got the trunk control, so what do I do now?" I think that is very important. (participant 2)

Mentors also benefit from this relationship by continually challenging their practice:

I very much enjoy working with...my younger colleagues because they know a lot more different types of things than I do, their way of thinking is different, and I really find it very refreshing, so I think that the two different generations working together is...wonderful. (participant 5)

Furthermore, mentorship was identified as key in the advancement of the profession of physiotherapy:

[Mentorship] should be built into the system...; the system should allow that kind of relationship that when you come out, I know that you are highly educated, but still someone has to support that student. (participant 5)

I think that whole idea of teamwork is working with others to continue learning... Because if you are not working closely enough with other therapists or you don't welcome students or you don't take courses or you don't teach even, and...there are opportunities to be involved in the university in some areas. If you were to slip back there, I think you could do a lot of harm to the profession. (participant 3)

Mentorship is an important mechanism for participating in the profession and aids making choices to facilitate career success. As a result, mentorship influences all of the markers of success described by the participants.

Self-reflection was also identified as a strategy for recognizing one's strengths and weaknesses to help achieve professional success. This quality was particularly important to goal setting for career advancement. Self-reflection was defined as "critically analyzing your own practice, your own action to move forward" (participant 4). In practical terms, self-reflection was described as follows:

I'm reflective in a sense that...I kind of plan my day in my head and then I evaluate how did it go...what did I do well, what didn't I do

well, what could I do better, [and] how would I handle this situation differently. (participant 10)

Another participant elaborated on the experience involved in self-reflection:

So there were a lot of times in my life that those little things have happened, big things, little things, powerful, that provided me with opportunity to reflect and say, "Whoa, look what's happened..." Each step you take forward you learn from it, you receive information to say, "Do I want to do this again? How can I do it better? Or what can I change and how could I go forward because what does it mean to me?" (participant 6)

This process of evaluating one's own clinical practice was essential to making the choices that facilitate moving forward in one's career. Thus, self-reflection contributed to the journey toward success for the participants.

DISCUSSION

The purpose of this study was to gain an understanding of the meaning of success to experienced physiotherapists. The findings add to the existing literature by revealing that physiotherapists experience success as dynamic, with discipline-specific markers of success. Success is a circular experience of moving forward and making choices (see Figure 1). Markers of success included positive patient outcome, career advancement, and advancement of the physiotherapy profession. Mentorship and self-reflection were critical components that influenced making career choices to achieve success.

Participants experienced success as dynamic and evolving, a career-long endeavour of searching for new opportunities. These findings elaborate on those of Rozier and colleagues, who acknowledged that career success involves "achievements over time" by emphasizing the active role physiotherapists play in making choices to move their careers forward.¹¹ To compare, the Dreyfus model of skill acquisition has been used to explain how a nurse moves through her or his career by beginning at a novice level and progressing to advanced beginner, competent, proficient, and, finally, expert. Developed originally by a mathematician and philosopher to describe skill acquisition in chess players, air force pilots, and other military occupations, this five-stage model emphasizes a specific outcome, namely becoming an expert, as a marker of success.²¹

Our findings suggest that even the most senior participants did not feel that they were experts; in fact, some

stated that, ultimately, success was an unattainable goal. For these physiotherapists, success did not equate to skill acquisition. Physiotherapists in this study suggested that success was the journey through their careers, perhaps because the profession attracts individuals who inherently desire continuing challenges and opportunities. The survey literature supports this notion by demonstrating that physiotherapists show patterns of self-motivation and self-direction.⁶ The dynamic experience of success may also reflect the young nature of the profession, which must change regularly to maintain relevance in the health care environment, as indicated by Sauvé, the CEO of OPA (personal communication, 2004). Unfortunately, our findings do not describe how the meaning of success changes from beginning to late career.

In addition to revealing that physiotherapists experience success as dynamic and evolving throughout one's career, the markers of success were specific to rehabilitation. First, participants indicated that patient outcome was a powerful marker of success. Rozier and colleagues showed that "improvement of patient health" was ranked in the top 12 of 26 factors for success for physiotherapists practising in the United States.¹¹ Our findings, however, suggest that positive patient outcomes were more critical to perceptions of success. Making a positive difference in their patients' quality of life was necessary for the participants to perceive themselves as successful. When therapists observe improvements in a patient's quality of life and interactions with family and community and a reduction in impairment, they are provided with positive feedback on their clinical reasoning and handling skills and can directly observe the beneficial results, a rewarding experience.

Career advancement was identified as a second marker of success. Our findings suggest that career advancement encompasses autonomy and recognition. Previous research suggests that these factors interrelate and influence one another. A control theory developed by Connell and Wellborn proposed that autonomy and recognition encourage a sense of fulfillment.²² Based on this theory, if physiotherapists perceive autonomy in clinical and career decision making and recognition for these efforts, they will feel fulfilled and motivated to engage in further activities to advance their career. Indeed, providing physiotherapists with autonomy facilitated a greater role in high-quality patient care and the establishment of their own goals to advance their career.²³ A lack of independence in patient care was related to job turnover in 44% of the physiotherapists surveyed.²⁴ Therefore, having input into decisions within the workplace and having control over patient care appear to be critical for career advancement.

The third marker of success, previously unidentified, was a drive to advance the profession. Participants identified the importance of conducting research and

incorporating evidence-based practice and best practice models into clinical practice. Jette and colleagues found that 90% of physiotherapists believed that evidence-based practice improved patient care and facilitated clinical decision making.²⁵ Our findings support the work by Jette et al. by demonstrating that therapists involved in this study believed that relationships exist among evidence-based practice, advancement of the profession, and perceptions of success. Participants in this study suggested that incorporating evidence-based practice was important to set a higher standard of patient care. Improved patient care would benefit the patients involved, the sense of success for the treating therapist, and, overall, a perception of success for the physiotherapy profession.^{25–27} Establishing a strong professional identity facilitates the advancement of the profession.²⁸ Our findings provide greater depth by illustrating that physiotherapists perceive that improved patient care allows other health care professionals, the public, and patients to recognize the benefits of physiotherapy, thereby enhancing the overall image of the profession.

Obtaining credentials from postgraduate courses and salary were not seen often as important markers of success. Providing further evidence that success is a discipline-specific phenomenon, our findings contradict the business literature, which emphasizes both salary and hierarchy as measures of success.^{4,5,29–31} Existing quantitative literature specific to physiotherapy supports the notion that a postprofessional degree bears little significance to the perception of success among physiotherapists.¹¹ Participants in our study, including those who completed postgraduate courses, emphasized that courses or titles alone did not necessarily improve patient outcomes, advance the profession, or advance their careers, and some evidence exists to support this finding.³² Our participants emphasized that true success must be identified by each individual (goal setting), and these markers change throughout one's career. The only instance in which completing postgraduate courses facilitated success was if the postgraduate course fulfilled a specific goal.

Similar to postgraduate courses, salary was not viewed as a marker of success. Physiotherapists have rated attaining work satisfaction higher than income as a determinant of career success.¹¹ Because salary increments are relatively small for additional clinical experience, postgraduate courses, or advancement into senior positions,^{5,33} these factors likely limit the influence that salary has on perceptions of success within the profession. Interestingly, though, previous work reported that salary was considered by physiotherapists in selecting their present position and willingness to stay in the profession.^{11,33} The qualitative findings of our study differ somewhat but suggest that salary is more important in choosing a work environment than in identifying a successful practice. Further work is necessary to clarify

the role of salary in professional success for physiotherapists.

The final element of the success experience for the participants involved making choices. If success is a moving target, then physiotherapists must make decisions about what targets to pursue. For example, participants described making choices about practice settings and participation in research and indicated that both mentorship and self-reflection influence the experience of making choices. First, all participants indicated that mentors influenced their career decisions throughout their career, including their decision to enter the profession. Mentoring is a noncompetitive, nurturing relationship between more and less experienced people.³⁴ The mentor acts as a role model, specifically to lead and guide a less experienced person.^{35,36} These findings are consistent with the literature that suggests that mentorship can empower the protégé and foster the growth and success of the individual's professional identity.^{37,38} Furthermore, the participants indicated that providing mentorship contributed to their own success. Mentors benefit by enhancing their own knowledge and skills gained from engaging in discussion with more recently trained colleagues and by the empowerment they receive by helping develop someone else's career.^{36,38} Second, self-reflection was necessary to make career choices that promote success. Others have previously identified reflective practice as being integral in aiding professional development and success.^{38,39} Reflection allows learning from previous experience and provides a template for future clinical encounters, thus turning their "experience into practice."³⁹

In addition to identifying some of the factors that are relevant to success, the qualitative approach allowed us to identify how, from an emic perspective, success can be achieved. Therefore, we make some recommendations aimed at fostering professional success for physiotherapists. First, academic institutions, professional associations, and employers can foster career success for physiotherapists. Mentorship programmes can be valuable, and professional organizations have already demonstrated initiatives in this area. For example, the Canadian Physiotherapy Association has included mentorship in their 2005–2008 strategic plan, and the American Physical Therapy Association currently has a "members mentoring members" programme.^{36,40}

Our findings also highlight features that could facilitate the effectiveness of these programmes. Participants described the importance of mentorship even when choosing this career; mentorship programmes could be implemented early, perhaps by academic institutions during professional training. To benefit fully from a mentoring programme, a holistic approach incorporating three components is necessary: continuing education, personal support, and professional development.³⁸ Our findings suggest that a continuing education

programme could focus on promoting patient success through enhancing skill in sound and autonomous decision making rather than focusing on credentials, whereas personal support likely promotes professional success through guiding goal setting and career choices that will foster success. Second, self-reflection is a skill essential for physiotherapists to attain success and could be introduced in entry-level programmes through journal writing, an effective learning tool within nursing.³⁹ Through early introduction and continued emphasis at the workplace, self-reflection can aid in furthering knowledge and skills. Third, advancement of the profession was identified as one of the markers of success for therapists. Physiotherapists may benefit from participating in professional activities, for example, by giving input and implementing evidence-based practice into the clinical environment, volunteering for a professional association, or mentoring students and colleagues. Finally, the importance of recognizing efforts and achievements, perhaps through a formal volunteer awards or recognition programme, can be implemented by employers, educational institutions, and professional organizations.

The limitations of this study must be acknowledged. Of the 10 participants, only 2 were men. This proportion is reflective of the physiotherapy population and therefore likely represents a realistic view of success within the profession. However, we were unable to assess whether differences existed between the experiences of men and women. Our findings are also limited to reflecting the views of therapists working in a major urban Canadian centre. We also acknowledge that many of the participants in this study are active volunteers within the profession; therefore, the findings may not reflect the perspectives of physiotherapists who do not participate in such activities. In terms of future work, research could examine the process of how the experience or perception of success changes from the perspective of a new graduate to a physiotherapist ready to exit the profession. Because grounded theory is an excellent approach to examine processes such as becoming a successful physiotherapist, this qualitative tradition would be ideal for future work.

CONCLUSIONS

Success is a dynamic experience of moving forward that evolves throughout the career for practising physiotherapists. Markers of success include positive patient outcomes, career advancement, and advancement of the physiotherapy profession. The experience toward success was described as active, in which physiotherapists work toward moving forward and making choices. Making choices was largely influenced by self-reflection and mentoring. Self-reflection allowed therapists to monitor their performance, re-evaluate, and determine their

strategy for success. Mentorship influenced physiotherapists choosing to enter the profession and advance their career. Receiving mentorship facilitated improved positive patient outcomes and making decisions that advanced one's career, whereas providing mentorship advanced the physiotherapy profession.

KEY MESSAGES

What Is Already Known on This Subject

Although studies of health professionals demonstrate that a sense of professional success facilitates job retention and improves patient care, little research has explored the determinants of career success specific to physiotherapists. In this context, success is an individual's perception of the psychological or work-related achievements resulting from career experiences.

What This Study Adds

The findings from this study revealed that, unlike other professions that model success as a linear process that results in an "expert," physiotherapists experience success as an ongoing circular process. Therapists make choices throughout their careers to move their patients, their careers, and the profession forward. Physiotherapists, professional organizations, and employers can foster success using mentorship and self-reflection programmes.

ACKNOWLEDGMENTS

We wish to thank Dorianne Sauvé and OPA for facilitating recruitment and Cheryl Cott for providing insight into study design.

REFERENCES

1. College of Physiotherapists of Ontario. Annual report 2004 – 2005 [cited 2007 Aug 8]. Available from: <http://www.collegept.org/college/content/pdf/en/AR.04.05.pdf>.
2. Statistics Canada. Population by year, province and territory [cited 2007 Aug 8]. Available from: <http://www40.statcan.ca/l01/cst01/demo02c.htm>.
3. Blau R, Bolus S, Carolan T, Kramer D, Mahoney E, Jette DU, et al. The experience of providing physical therapy in a changing health care environment. *Phys Ther*. 2002;82: 648–57.
4. Judge TA, Boudreau JW, Bretz RD. Job and life attitudes of male executives. *J Appl Psychol*. 1994;79:767–82.
5. Melamed T. Career success: the moderating effect of gender. *J Voc Behav*. 1995;47:35–60.
6. Atwood CA, Woolf DA. Job satisfaction of physical therapists. *Health Care Manage Rev*. 1982;7:81–6.

7. Randolph DS. Predicting the effect of extrinsic and intrinsic job satisfaction factors on recruitment and retention of rehabilitation professionals. *J Healthcare Manag.* 2005; 50(1):49–60, discussion 60.
8. Barnes MR, Crutchfield CA. Job satisfaction-dissatisfaction: a comparison of private practitioners and organizational physical therapists. *Phys Ther.* 1977;57:35–41.
9. Eker L, Tuzun EH, Daskapan A, Surenkok O. Predictors of job satisfaction among physiotherapists in Turkey. *J Occup Health.* 2004;46:500–5.
10. Speakman HG, Pleasant JM, Sutton GB. The job satisfaction of physical therapists. *Physiother Res Int.* 1996;1: 247–54.
11. Rozier CK, Raymond MJ, Goldstein MS, Hamilton BL. Gender and physical therapy career success factors. *Phys Ther.* 1998;78:690–704.
12. Bedeian AG, Burke BG, Moffett RG. Outcomes of work-family conflict among married male and female professionals. *J Manage.* 1988;14:475–91.
13. Markiewicz D, Dwine I, Kausilas D. Friendships of women and men at work: job satisfaction and resource implications. *J Managerial Psychol.* 2000;15:161–84.
14. Heslin PA. Self- and other- referent criteria of career success. *J Career Assess.* 2003;11:262–86.
15. Hughes EC. *Men and their work.* Glencoe (IL): Free Press; 1958.
16. Creswell JW. *Qualitative inquiry and research design: choosing among five traditions.* Thousand Oaks (CA): Sage Publications; 1998.
17. Streubert HJ. *Qualitative research in nursing: advancing the humanistic imperative.* 2nd ed. Philadelphia: Lippincott; 1999.
18. Solomon P, Miller PA. Qualitative study of novice physical therapists' experiences in private practice. *Physiother Can.* 2005;57:190–207.
19. Miles MB, Huberman AM. *Qualitative data analysis.* Thousand Oaks (CA): Sage Publications; 1994.
20. Moustakas C. *Phenomenological research methods.* Thousand Oaks (CA): Sage Publications; 1994.
21. Dreyfus HL, Dreyfus SE. *Mind over machine: the power of human intuition and expertise in the era of the computer.* New York: Free Press; 1986.
22. Eccles JS, Wigfield A. Motivational beliefs, values, and goals. *Annu Rev Psychol.* 2002;53:109–32.
23. Smith DM. Organizational socialization of physical therapists. *Phys Ther.* 1989;69:282–6.
24. Harkson DG, Unterreiner AS, Shepard KF. Factors related to job turnover in physical therapy. *Phys Ther.* 1982;62: 1465–70.
25. Jette DU, Bacon K, Batty C, Carlson M, Ferland A, Hemingway RD, et al. Evidence-based practice: beliefs, attitudes, knowledge, and behaviors of physical therapists. *Phys Ther.* 2003;83:786–805.
26. Shirey MR. Evidence-based practice: how nurse leaders can facilitate innovation. *Nurs Adm Q.* 2006;30:252–65.
27. Palfreyman S, Tod A, Doyle J. Comparing evidence-based practice of nurses and physiotherapists. *Br J Nurs.* 2003;12: 246–53.
28. Miles-Tapping C, Rennie GA, Duffy M, Rooke L, Holstein S. Canadian physiotherapists' professional identity: an exploratory survey. *Physiother Can.* 1992;44:31–5.
29. Thompson JW. An internal validation of London house's STEP battery. *J Bus Psychol.* 1994;9:81–96.
30. Gasser M, Flint N, Tan R. Reward expectations: the influence of race, gender, and type of job. *J Bus Psychol.* 2000;15: 321–30.
31. Kirchmyer C. The different effects of family on objective career success across gender: a test of alternative explanations. *J Voc Behav.* 2006;68:323–46.
32. Wolpert R, Yoshida K. Attrition survey of physiotherapists in Ontario. *Physiother Can.* 1992;44:17–24.
33. Pearl MJ. Factors physical therapists use to make career decisions. *Phys Ther.* 1990;70:105–7.
34. Cuesta CW, Bloom KC. Mentoring and job satisfaction. *J Nurse Midwifery.* 1998;43:111–6.
35. Owens BH, Herrick CA, Kelley JA. A prearranged mentorship program: can it work long distance? *J Prof Nurs.* 1998;14: 78–84.
36. Ridout S. Mentoring: guided by the light. *PT Magazine* [serial on the Internet]. 2006 [cited 2007 Aug 8];14(1). Available from: <http://www.apta.org/AM/Template.cfm?Section=Archives3&Template=/Customsource/TaggedPage/PTMagIssue.cfm&Issue=01/01/, 2006>.
37. Bohannon RW. Mentorship: a relationship important to professional development. *Phys Ther.* 1985;65:920–3.
38. Freeman R. Towards effective mentoring in general practice. *Br J Gen Pract.* 1997;47:457–60.
39. Plack MM, Driscoll M, Blissett S, McKenna R, Plack TP. A method for assessing reflective journal writing. *J Allied Health.* 2005;34:199–208.
40. Canadian Physiotherapy Association. Mentoring and the leaders of tomorrow. *Contact.* 2006;July/August:9–10.