Professional Values: Results of a Scoping Review and Preliminary Canadian Survey

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ABSTRACT

Purpose: Physiotherapists in Canada do not have an agreed-on list of core professional values. The purpose of this study was to identify physiotherapy values using a scoping review and to preliminarily identify the core professional values important to Canadian physiotherapists. **Method:** We undertook (1) a comprehensive scoping review of the primary and grey literature and (2) a cross-sectional survey of Canadian physiotherapists attending the 2016 Canadian Physiotherapy Association Congress. We conducted Ovid MEDLINE, Ovid EMBASE, and CINAHL database and Internet searches to identify peer-reviewed and grey literature. Survey participants were asked to list two professional values that guided their practice. Thematic and content analyses were used to analyze the results of both activities. We combined the results of the scoping review and the survey. **Results:** A total of 23 Web sites and 11 primary articles were retained from the search; 88 physiotherapists participated in the survey. A final list of 10 professional values (accountability, advocacy, altruism, compassion and caring, equity, excellence, integrity, patient and client centred, respect, and social responsibility) was drawn up after analyzing the scoping review and survey. **Conclusions:** This study describes the first steps in the process of identifying a set of core professional values for Canadian physiotherapists. Although many of values identified in this survey aligned with values published in the literature, some were unique, and further investigation is required.

Key Words: altruism; empathy; professional practice; social responsibility; survey.

RÉSUMÉ

Objectif : les physiothérapeutes du Canada ne disposent pas d'une liste commune de valeurs professionnelles fondamentales. La présente étude visait à circonscrire les valeurs en physiothérapie au moyen d'une analyse exploratoire et à procéder à une sélection préliminaire des valeurs professionnelles fondamentales importantes pour les physiothérapeutes canadiens. **Méthodologie :** les chercheurs ont procédé à 1) une analyse exploratoire complète des publications primaires et non officielles et 2) une analyse transversale des physiothérapeutes canadiens qui ont assisté au congrès 2016 de l'Association canadienne de physiothérapie. Ils ont fait des recherches dans les bases de données Ovid MEDLINE, Ovid EMBASE et CINAHL, ainsi que dans Internet pour extraire les publications parallèles. Ils ont invité les participants au sondage à fournir deux valeurs professionnelles qui orientaient leur pratique. Ils ont recouru à des analyses thématiques et de contenu pour examiner les résultats des deux activités, qu'ils ont combinés. **Résultats :** au total, les chercheurs ont extrait 23 sites Web et 11 articles primaires de leur recherche, et 88 physiothérapeutes ont participé au sondage. Ils ont retenu une liste finale de dix valeurs professionnelles (redevabilité, prise de position, altruisme, compassion, équité, excellence, intégrité, axe sur les patients et les clients, respect et responsabilité sociale) après avoir examiné l'analyse exploratoire et le sondage. **Conclusion :** la présente étude décrit les premières étapes du processus pour circonscrire les valeurs professionnelles fondamentales des physiothérapeutes canadiens. De nombreuses valeurs du sondage correspondaient à celles contenues dans les publications scientifiques, mais certaines étaient uniques. Des recherches plus approfondies s'imposent.

Core values are at the centre of professionalism and are the determinants of professional behaviour.¹ The values of a profession are ideally upheld by all of its members² and essentially guide everyday practice.³ Thus,

these core values are accepted as the most essential and primary elements on which a profession is built.⁴

Historically, the term *value* has had many definitions, which has unavoidably led to ambiguity and

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misinterpretation about what a value is and what the word means. Davis gives a general definition of a *value* as “an operational belief that one accepts as one’s own and that determines behaviour.”^{1(p.30)} Because values are the precedents and determinants of behaviour, it is absolutely essential to understand and elucidate the core values of a profession.

Although debate continues about whether values can change over time, it is generally believed that certain core values remain unaltered.⁵ These unchanging core values often include those related to the hallmark characteristics of a profession and its associated and expected high standard of ethics, such as non-maleficence and beneficence.⁵ Whereas changes in knowledge, social attitudes, and personal experience may appear to alter values, a thorough examination of these changes suggests that those values prone to change are actually secondary or derived values, not core values.⁵ Thus, the core values of a profession can be seen as unchanging, or at least as changing very slowly, and can be used to unite its members.⁵ These core values can offer coherence to a profession⁵ and can assist in defining it because they represent what is important to its members.⁶ Furthermore, core values can be considered the building blocks that underpin the ethical principles of individual professional conduct, and they can dictate one’s behaviour and influence one’s actions.⁷

Although members of the physiotherapy (PT) profession in Canada have a long-standing history of having a code of ethics, there is not an agreed-on set of professional core values. With the profession’s relatively recent transition to autonomous and self-regulated practice⁸ come its responsibilities and duty to not only operate in the public interest but also ensure that the public perceives this to be the case.⁹ This duty underscores the importance of having a set of common, explicit core values to guide daily practice and promote the provision of the highest quality of patient care.

It was once assumed that student health care professionals automatically adopted the values and associated behaviour of their new profession; however, this is now understood to not be the case.¹ Rather, the process of developing a professional identity and adopting professional values is a conscious process that begins as one enters a profession.¹⁰ Role models, mentors, and individual professional experiences influence the process of professional socialization, in which one’s personal identity integrates with a professional one.¹⁰ Professional socialization is important for individuals to develop their own personal values in the context of their new professional culture,¹⁰ and, thus, it can best occur when the core values of a profession, such as PT, are explicit instead of implied. If values are explicitly documented, they can be more readily integrated into the curriculum, and they can provide a consistent framework to be followed by all physiotherapists across a nation.

Professional organizations in other countries have recognized the importance of identifying a unified set of values and behaviour for the PT profession. As part of its pursuit to transition to a doctoring profession, for example, the American Physical Therapy Association (APTA) undertook to explicitly conceptualize its professionalism and professional values.¹¹ After a review of the relevant literature on medical professionalism, 18 physical therapists participated in a consensus conference to identify a final list of seven core values – accountability, altruism, compassion and caring, excellence, integrity, professional duty, and social responsibility – that encompassed and represented the PT profession in the United States.¹¹ The physical therapists decided on the ideal nomenclature for these values, which they believed had sufficient breadth and depth to capture professionalism in PT practice.¹¹ In 2003, this document, which defined each value and provided sample indicators, was adopted as an official document of the APTA.¹¹

In a recent study, McGinnis and colleagues explored the development and integration of these seven core values into the practice of 20 physical therapists.⁶ The therapists described how personal values were the foundation for the development of professional values, and they reported that not all seven core values were consistently integrated into their practice. For example, 90% of the therapists indicated that the core value of integrity was a perceived area of strength, whereas 75% reported that the core value of caring and compassion was an area of strength. However, the vast majority of participants (95%) indicated that an area of improvement was related to behaviour associated with the core value of social responsibility.⁶

Recognizing that the PT profession of each country requires a unique set of values that align with the organizational culture and health care system in which it operates, Australian physiotherapists took on a similar initiative to identify their own list of values.¹² A qualitative study of 14 experienced Australian physiotherapists aimed to identify common values to begin to identify a specifically Australian set of values and behaviour.¹² Researchers conducted semi-structured interviews with participants, asking them a set of questions designed to stimulate reflection on professional values. After the interviews, three overarching themes of values emerged from the data: those relevant to the patient and the patient–therapist partnership; those pertaining to PT knowledge, skills, and practice; and those that represented altruistic values.¹²

Until now, no initiative has been undertaken to identify the core values of Canadian physiotherapists; thus, the profession has no set of defined core values that are specific and unique to PT practice in Canada. However, one group of researchers from the University of Western Ontario took a step in this direction when, in 2001, it

published a list of key PT professional behaviours: accountability, communication, adherence to legal and ethical codes of practice, respect, sensitive practice, client-centred practice, critical thinking, and professional image.¹³ These behaviours were identified by students ($n = 4$), clinical instructors ($n = 3$), and faculty members ($n = 2$) through a consensus process.¹² The resulting list became the foundation of a Comprehensive Professional Behaviours Development Log,¹⁴ which is now used in the assessment of Canadian PT students' competence in clinical placement, recognizing the importance of professionalism in addition to clinical knowledge and skills.¹⁴

We believe that it is important to explicitly define the core values of practitioners in the current Canadian PT context. As the PT profession in Canada evolves – with an expanding scope of practice, the emergence of new roles, and an increasing emphasis on the contextual factors that influence the patient–therapist relationship – a list of core professional values can, in fact, provide direction. Therefore, the purpose of this study was to take the first steps in identifying a comprehensive set of core values relevant to Canadian physiotherapists. The results of this study will inform the development of a more comprehensive survey, which will undergo a Delphi consensus process to identify an agreed-on, national list of core professional values.

METHODS

We used two approaches: (1) a comprehensive scoping review¹⁵ of the primary and grey literature and (2) a preliminary survey of Canadian physiotherapists. To maintain consistency when determining whether to include a value, we used Davis's definition of a value as described earlier.¹

Primary literature review

Search strategy

Two researchers (AMB, KFF) independently searched three electronic databases, Ovid MEDLINE, Ovid EMBASE, and CINAHL, using a search strategy developed in collaboration with a research health librarian. A variation of the following search terms was used for each database: *physiotherapy* or *physical therapy* in combination with *professional* adjacent to *value*, *belief*, *moral*, *standard*, or *ideal*. The initial strategy was developed for Ovid EMBASE and modified accordingly for the remaining searches. All databases were searched for terms used from 1980 up to and including February 29, 2016. The results of the searches were compiled by two researchers using the Web-based citation management software RefWorks (ProQuest LLC, Ann Arbor, MI), available to students and faculty in the Faculty of Health Sciences at our university.

Inclusion criteria

Peer-reviewed articles were included if they had been published in English and addressed the professional values that were specific to PT.

Data extraction

The same two researchers who had searched the electronic databases (AMB, KFF) reviewed each article independently for relevance using title and abstract screening. Articles were included if they met the inclusion criteria given earlier. Any disagreements about inclusion were resolved through discussion between the two researchers. After they had removed the excluded articles, they put the remaining articles through a full-text review to extract explicit values. The researchers compiled a list of these values and synthesized them into a single list. The list was then discussed with a third researcher (PAM), and when the three agreed that a value was appropriate, it was kept for further discussion with the rest of the research team, in preparation for the development of an amalgamated list of values identified through both the primary literature search and the grey literature search.

Grey literature review

Two other reviewers (JJD, KMM) performed a separate grey literature search, using the search engine Google (Alphabet Inc., Mountain View, CA) to identify information about the values that had been published by PT regulatory bodies and associations. Sources included the Web sites of national and regional (province or state) PT organizations and associations in industrialized and primarily English-speaking countries with entry-level PT degree requirements similar to Canada's (e.g., United States, United Kingdom, Australia, and New Zealand). Regulatory board Web sites were identified using Google by combining the country or region of interest with the words *physiotherapy* or *physical therapy* and *board* or *college* or *governing*. Professional association Web sites were identified using Google by combining the country of interest with the words *physiotherapy* or *physical therapy* with *association*.

An identified Web site was then searched systematically using its search function, when available, with the following key words: *value*, *values*, *core value*, *professional*, *professional value*, *beliefs*, *ideals*, *ethics*, or *principles*. If the Web site did not have its own search function, the Google search engine was used to combine the regulatory area and these key words. These searches were conducted in February 2016.

Inclusion and exclusion criteria

We included grey literature if it had been published in English and addressed the professional values specific to PT (e.g., as a mission statement, list of values, code of ethics). If a U.S. state regulatory board or association Web site linked to the APTA core values,¹¹ we did not identify them as new values.

Data extraction

Relevant Web pages and documents were saved for further review. Selections were made to emphasize

inclusiveness so that we would not miss any relevant source. As in the primary literature review, two researchers (JJD, KMM) identified values and synthesized them into a single list. This list was then discussed with a third researcher (VD), and when they agreed that a value was appropriate, they kept it for further discussion with the rest of the research team. To avoid ambiguity, values that were considered associated, aligned, or related (e.g., access and equity) were combined to form a single value.

Data summary and synthesis

Each team of three researchers reviewed the list of values they had identified in the primary and grey literature searches. Values that the researchers thought were synonymous were amalgamated into a single value, represented by the term that was most commonly used for that word. Definitions of terms were also identified to guide the process. When a team disagreed about a value, they held a discussion to reach consensus. If consensus was not achieved during this first round, the value was brought to the entire team for discussion.

This process yielded two lists of values, one from the primary literature and one from the grey literature, which we synthesized into one list. When there were discrepancies about ambiguous value terms, all six group members discussed them until a consensus was reached. This process yielded a single, final list of values identified from the two literature searches.

Survey of Canadian physiotherapists

A cross-sectional survey was designed to solicit the thoughts and opinions of attendees at a national professional conference about what values and associated behaviour influenced their practice. We determined that the survey should be straightforward and not take much time to complete because it was to be distributed at the conference. Respondents were asked to (1) provide demographic information (including years of professional practice and province of employment) and (2) answer the following two questions: "What are *two core professional values* that guide *your* everyday practice? What associated professional behaviour(s) would you link with each value?" Respondents were given Davis's definition of a value.¹ Survey responses remained anonymous. For the purposes of this article, we report only the results related to the identification of values. The data regarding behaviour will be incorporated into the subsequent Delphi process. Approval to conduct the survey was secured from the Hamilton Integrated Research Ethics Board.

Survey distribution

The survey was made available on paper and electronically. Survey data were collected at the annual Canadian Physiotherapy Association (CPA) Congress in Victoria, British Columbia, on May 26–28, 2016. This venue was se-

lected because it is the largest professional conference in Canada, and it would give us access to a large number of physiotherapists, students, and other PT stakeholders from across the nation.

Data analysis

The research team used both thematic¹⁶ and content analysis¹⁷ to analyze the survey results. Thematic analysis is a qualitative approach that looks to identify, analyze, and record themes or patterns in the data collected; we used it to identify themes in the responses using the participants' voices. Content analysis focuses on coding and categorizing the data in a way that reveals trends and patterns in the words used, including frequency of use;¹⁸ we used this approach to categorize the data and determine the frequency of responses. Beforehand, we had established clear and explicit decision-making rules to guide the thematic analysis and maintain consistency when determining which values to include (see Figure S1 and Table S1 in online Appendix 2), a process guided by the values we had identified from the literature and the definition we had used. To achieve consensus about whether to include a value, agreement was required by a minimum of four of the six research team members (67%).

Amalgamation of results

Once these two processes were completed, the team of six researchers met and reviewed the results of both the literature review (both peer-reviewed and grey) and the survey to identify all similar values that made up the final list.

RESULTS

Primary and grey literature reviews

After removing duplicates, we identified 234 articles from the three electronic databases (see Figure 1). After removing excluded articles on the basis of title and abstract screening, we undertook a full-text review of 43. Of these articles, 10 included explicit values.^{12,19–27} From these articles, 66 value-related terms were extracted and compiled into a list. After discussion among the three researchers, 12 values remained.

Of the 152 Web sites searched (see Appendix 1), 23 (15%) explicitly included a list or set of values or value statements. From all 152 Web sites, 15 values were identified, 9 of which (integrity, altruism, professional duty or professional practice, excellence, accountability, social responsibility, respect, compassion, caring) were also found in the primary literature. Table 1 lists the values extracted from the literature search.

Survey

Participants

A total of 88 respondents (60 women, 27 men, 1 unidentified) completed the survey in hard copy ($n = 78$) or online ($n = 10$). The majority of respondents were

Figure 1 Results of primary and grey literature searches.

Note: A minimum of 4–6 research team members needed to reach agreement at each stage.

Table 1 Values Extracted from the Literature Search

Unique to the primary literature	Unique to the grey literature	Common to both
Collaboration	Credibility	Accountability
Going the extra mile	Cultural competency	Altruism
Patient centredness	Equity	Caring
	Honesty	Compassion
	Justice	Excellence
	Truthfulness	Integrity
		Professional duty or professional practice
		Respect
		Social responsibility

practising physiotherapists (59%), with a range of experience. The remaining respondents were students (34%), PT stakeholders (5%) or retired (2%). Most respondents resided in Ontario (40%) and British Columbia (32%), while other provinces of origin included Quebec (6%); Alberta, Manitoba, and Nova Scotia (3% each); and New Brunswick, Newfoundland, and Saskatchewan (1% each). Among those respondents who were currently working, 57% ($n = 29$) had been working 10 years or less. Eight respondents (9%) did not identify a province of practice,

and one did not identify years of practice (1%). Details of participant characteristics can be found in [Table 2](#).

Value responses

All but one participant who completed the survey identified two values; that respondent noted one value. Therefore, 175 individual value responses were received. Ten responses were excluded on the basis of the decision rule criteria outlined in Figure S1 in online Appendix 2, which excluded items deemed not to be values. The final

Table 2 Participant Characteristics (*N* = 88)

Characteristic	No. (%)
Gender	
Male	60 (68.2)
Female	27 (30.7)
Unknown	1 (1.1)
Status	
Practising	52 (59.1)
Student	30 (34.1)
Stakeholder	4 (4.5)
Retired	2 (2.3)
Years of practice	
New graduate (< 2)	14 (15.9)
2–10	15 (17.0)
11–30	13 (14.8)
> 30	9 (10.2)
Not practising	36 (40.9)
Unknown	1 (1.1)
Province	
Ontario	35 (39.8)
British Columbia	28 (31.8)
Quebec	5 (5.7)
Alberta	3 (3.4)
Manitoba	3 (3.4)
Nova Scotia	3 (3.4)
New Brunswick	1 (1.1)
Newfoundland	1 (1.1)
Saskatchewan	1 (1.1)
Unknown	8 (9.1)

Note: Percentages may not total 100 because of rounding.

list compiled from the survey results consisted of 21 values (see Table 3). Integrity (*n* = 18) and empathy (*n* = 17) were the most commonly identified values, followed by caring (*n* = 15) and patient-centred care (*n* = 15).

Combined results

The synthesized results from the primary and grey literature and the survey were then combined to identify recurring values. Thirteen values were common to both sets of results; an additional 6 were found exclusively in the literature and 7 exclusively in the survey; this resulted in 26 distinct values (see Table 4). We then further refined this list by amalgamating some values when they were closely aligned and identifying others as the behaviour associated with those values. We obtained a final list of 10 values (see Table 5).

DISCUSSION

The purpose of this preliminary study was to begin to identify the values and associated behaviour deemed important to Canadian physiotherapists. The research used a two-pronged approach: we synthesized the results

Table 3 Results of Content Analysis of Survey Responses (*N* = 88)

Value	No. of verbatim responses of participants	No. of responses coded as corresponding value	Total
Integrity	16	2	18
Empathy	16	1	17
Caring	9	6	15
Patient-centred care	4	11	15
Honesty	9	4	13
Evidence-based practice	1	12	13
Excellence	3	8	11
Compassion	8	3	11
Lifelong learning	2	9	11
Respect	8	2	10
Ethical practice	4	6	10
Advocacy	4	3	7
Collaborative practice	4	3	7
Altruism	1	5	6
Accountability	1	3	4
Stewardship	2	2	4
Quality care	4	0	4
Equity	1	2	3
Hard work or work ethic	3	0	3
Innovation	1	0	1
Social responsibility	1	0	1

of a review of the primary and grey literatures to develop a comprehensive list of values relevant to the PT profession around the world, and we solicited the opinions of Canadian physiotherapists. This study is the first to identify core professional values specific to Canadian physiotherapists, and the results will provide the foundation for a subsequent national Delphi consensus exercise, which is under development.

From our review of the literature, it is evident that there is a dearth of evidence and published work specific and relevant to the professional values of physiotherapists. The review identified only 11 articles from which values relevant to the PT profession could be extracted. Moreover, the number of explicit value statements or sets of values published by PT associations and regulatory boards across select countries was also limited, appearing on only 23 of 152 Web sites searched (15%). The limited attention paid to professional values in the PT literature underscores the need for an increased awareness of the importance of values in PT practice and the necessity of future research in this area. These results highlight the importance of seeking national consensus on the

Table 4 Values Identified through the Literature Review and Survey

Source	Values
Literature review	Credibility
	Cultural competency
	Going the extra mile
	Justice
	Professional duty
Survey respondents	Truthfulness
	Advocacy
	Empathy
	Ethical practice
	Evidence-based practice
Both literature review and survey	Lifelong learning
	Quality care
	Stewardship
	Accountability
	Altruism
	Caring
	Collaborative practice
	Compassion
	Equity
	Excellence
	Honesty
	Innovative practice
	Integrity
	Patient-centred care
	Respect
	Social responsibility

Table 5 Values Amalgamated to Achieve the Final List

Final value	Values amalgamated
Accountability	Ethical practice
	Stewardship
Advocacy	Advocacy
Altruism	Going the extra mile
Compassion/caring	Empathy
Equity	Justice
Excellence	Evidence-based practice
	Innovative practice
	Lifelong learning
	Professional duty
	Quality care
Integrity	Credibility
	Honesty
	Truthfulness
Patient/client centredness	Cultural competency
	Collaborative practice
Respect	Respect
Social responsibility	Social responsibility

professional core values underpinning the actions of both the members of the profession and the profession itself.

The results of the survey suggest a lack of understanding among the respondents attending the CPA Congress of what constitutes a value. Participants were asked to list two values that guided their everyday practice, and some of the most commonly identified values were integrity, empathy, caring, patient-centred care, compassion, evidence-based practice, excellence, lifelong learning, and respect. However, several participants documented what they valued, rather than documenting a value. For instance, “prompt appointments,” which one participant provided, is not a professional value; rather, it represents what (e.g., behaviour) the respondent values.

Although each response was compared with the researchers’ agreed-on definition of a value,¹ the purpose of the survey was to discover the perceptions of Canadian physiotherapists. Thus, although not all participants’ value responses precisely met our definition, we retained them because they were inclusive and represented the opinions of Canadian physiotherapists.

It is interesting to note that some of the values ultimately identified in this study aligned with some of the professional behaviours published by MacDonald and colleagues: lifelong learning, client centred, respect, empathy or sensitive practice, and evidence-based practice.¹³ This confusion between values and behaviours will likely continue to challenge those conducting future research in this area, and it potentially highlights the lack of education about the meaning and role of values in the profession. These results should prompt action among educators, regulators, and those in our professional association to consider strategies to address this issue.

The challenge of identifying core values and their associated behaviours is not specific to physiotherapists practising in Canada. A prime example of how values and behaviour can be mistakenly interpreted as synonymous is evidenced by the research undertaken with Australian physiotherapists.¹² This qualitative study identified three overarching themes of values: the patient and the patient-therapist partnership; PT knowledge, skills, and practice; and altruistic values. Within these themes, 22 values emerged.¹² However, on further scrutiny, it becomes clear that a number of these proposed values represent value-associated behaviour – for example, “being a professional,” “having leadership,” and “being a good communicator.”¹² Although the Australian physiotherapists recognized “being a good communicator,” “practicing safely,” and “being educators” as important values of their PT profession, these were not identified in the present study of Canadian physiotherapists.

Also, McGinnis and colleagues noted that the discussion of values and associated behaviour was further complicated by the fact that some behaviour associated with

one core value can also be affiliated with another core value.⁶ There appears to be an important opportunity here for further studies that explore the commonalities among and differences between national professional values and their associated behaviour.

However, there are several similarities between the values identified in our Canadian survey and those identified by physiotherapists in the United States and Australia. Our survey identified six of the seven APTA values – namely, accountability, altruism, compassion and caring, excellence, integrity, and social responsibility,¹¹ professional duty was not among them. The most represented values in our survey were caring and compassion, integrity, and excellence (reported 26, 18, and 11 times, respectively), whereas social responsibility was identified by only one respondent. These findings are similar to those reported in the recent study of American physical therapists by McGinnis and colleagues⁶ and serve to support the validity of our study's results.

Moreover, many of the values identified by the Canadian physiotherapists fit into the three themes identified by the Australian physiotherapists – that is, the values of excellence, evidence-based practice, and lifelong learning correspond with several values listed under the Australian survey's theme of PT knowledge, skills, and practice: having, mastering, and updating skills and knowledge and having an evidence base.^{11,12} The Canadian physiotherapists also identified several altruism- and integrity-related values that were identified by the Australian physiotherapists, such as honesty, respect, compassion, and empathy.¹²

One must be cautious when interpreting the frequency of survey responses because we had a small sample, and participants were asked to list only two values. Thus, a participant's response did not necessarily include all the values that guide their practice. In addition, because the responses were collected at one time (during a conference), the participants may have been under a time constraint and may therefore have been more likely to respond with the first value that came to mind, such as the more commonly used terms of *caring* and *compassion* as opposed to less frequently used terms such as *professional duty* and *social responsibility*.

Although the results of this study align well with the available literature, both reveal the ambiguity and ongoing discourse about the definition and understanding of *value*. This lack of understanding emphasizes the need for increased awareness and knowledge translation about values and how they guide PT practice. This study's findings suggest a need for a more explicit approach to educating practising and student physiotherapists about the role of core values, and their associated behaviours, both in individual practice and in the profession.

The results of this study will be used to inform future research by incorporating the values it identified into a

future nationwide survey of Canadian physiotherapists. Although Canadian physiotherapists can consider the values identified by PT organizations in other countries, those values may not align with their own. Because it is understood that the core values of a profession are the foundation for the development of professional behaviours in practice,⁶ there are benefits to identifying those values unique to Canadian physiotherapists. An agreed-on set of national, professional core values could be incorporated into entry-level and continuing education programmes to inform the professional socialization process.²⁸ Moreover, a well-defined list of values and associated behaviour could inform the practice of both student and practising physiotherapists as well as the actions of the CPA.

Although this study is the first to identify the values of Canadian physiotherapists, several limitations should be noted. First, the survey component was circulated to a small convenience sample of Canadian physiotherapists. With approximately 17,600 practising physiotherapists in Canada,²⁹ the responses represented only 0.005% of all physiotherapists across the nation. Second, the majority of participants were from Ontario and British Columbia; thus, their responses may not represent the thoughts and opinions of physiotherapists across the country. However, these limitations are balanced by our thorough review of the primary and grey literature. Thus, the results can be considered to be a comprehensive list of professional values for the international PT profession and an appropriate starting point for establishing a list of core professional values for Canadian physiotherapists.

Third, the results of the survey were limited by the participants' responses, requiring interpretation and recoding. Although we may have misinterpreted a participant's intended response, this limitation highlights the importance of undertaking a national project to identify the core professional values of Canadian physiotherapists.

CONCLUSION

This is the first study to identify prevalent professional values from the perspective of Canadian physiotherapists. Although many of the respondents' values aligned with value statements previously published by APTA¹¹ and reported by practising therapists in the United States⁶ and Australia,¹² a number of unique responses were identified: advocacy, empathy, ethical practice, evidence-based practice, quality care, lifelong learning, stewardship, and hard work. The results of this study are an important first step in the process of identifying the core professional values and associated behaviour of Canadian physiotherapists and will inform future research.

KEY MESSAGES

What is already known on this topic

Core values are an integral aspect of professionalism, and they guide professional behaviour. To date, a set of core professional values has not been identified by Canadian physiotherapists.

What this study adds

We identified 10 values relevant to physiotherapists by conducting a scoping review of the primary and grey literature and a survey of participants attending the 2016 Canadian Physiotherapy Association Congress. This list is an important starting point for a national initiative to identify the core professional values of the Canadian physiotherapy profession.

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APPENDIX 1: SOURCES OF VALUE STATEMENTS IN THE GREY LITERATURE

Country	Province, State, or Jurisdiction	Country	Province, State, or Jurisdiction
Australia	n/a		New Mexico
Canada	Alberta*		New York*
	British Columbia*		North Carolina
	Manitoba*		North Dakota
	New Brunswick		Ohio
	Newfoundland and Labrador		Oklahoma*
	Northwest Territories		Oregon
	Nova Scotia		Pennsylvania
	Nunavut		Rhode Island
	Ontario		South Carolina
	Prince Edward Island		South Dakota
	Quebec*		Tennessee
	Saskatchewan		Texas
	Yukon		Utah*
Hong Kong	n/a		Vermont
Australia	n/a		Virginia
New Zealand	n/a		Washington*
Republic of Ireland	n/a		West Virginia*
United States	Alabama		Wisconsin
	Alaska		Wyoming
	Arizona	United Kingdom	England
	Arkansas		Scotland
	California*		Northern Ireland
	Colorado*		Wales
	Connecticut	South Africa	n/a
	Delaware*		
	Florida		
	Georgia*		
	Hawaii		
	Idaho		
	Illinois		
	Indiana		
	Iowa*		
	Kansas		
	Kentucky		
	Louisiana		
	Maine		
	Maryland		
	Massachusetts		
	Michigan		
	Minnesota		
	Mississippi*		
	Missouri		
	Montana*		
	Nebraska		
	Nevada		
	New Hampshire		
	New Jersey		

*The Web site(s) of this region's regulatory board or college or its association set out a value statement or list of values.

n/a = not applicable.