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Exploring the workplace and workforce intentions of early career physiotherapists in Australia

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ABSTRACT

Background: Previous research has indicated significant concerns regarding attrition of early career physiotherapists in Australia. Despite the importance of retaining skilled and experienced professionals within the profession, the workplace and workforce intentions of early career physiotherapists remain relatively unexplored.

Purpose: The aim of this study was to investigate and explore factors influencing the workplace and workforce intentions of early career physiotherapists in Australia.

Methods: The Turnover Intention Theory was used to guide a whole-of-person qualitative exploration through semi-structured interviews with 14 participants. Transcribed interview data was subjected to reflexive thematic analysis.

Results: Four themes were generated, constructed as questions to represent participants' temporary holding of intentions: 1) What drives me?; 2) Do my expectations align?; 3) Do my values align?; and 4) What does the future hold?

Conclusion: Early career physiotherapists' perspectives encompass diverse and varied experiences that reflect an alignment, or in some cases a misalignment, of the expectations, values and resulting practices of becoming and being a physiotherapist. Early career physiotherapists experience a range of challenges within their workplaces, including significant experiences of stress, yet they express an underlying commitment to the wider profession.

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Introduction

Healthcare systems are grappling with a significant shortage of healthcare professionals, posing a challenge in meeting the demands of the community (Australian Institute of Health and Welfare, 2022). While the allied health workforce in Australia has experienced a 40% growth between 2015 and 2020 (Australian Institute of Health and Welfare, 2022), earlier reports have suggested that over half of all physiotherapists predict staying in the profession for less than 15 years (Bacopanos and Edgar, 2016; Davies, Edgar, and Debenham, 2016) and over half of all new graduate physiotherapists predict a career of less than ten years (Mulcahy, Jones, Stauss, and Cooper, 2010). Retaining healthcare professionals within the workforce has become a pressing priority. Minimizing attrition is especially relevant in the growing physiotherapy workforce where advanced clinical reasoning and skilled expertise is needed to provide supervision, lead teams and ultimately provide

high-level care (Dickson and de Zoete, 2022). Enhancing physiotherapist workforce retention necessitates the development of employment and training structures that foster lifelong, sustainable, and fulfilling careers while also promoting workforce engagement across diverse settings, including rural, remote, underserved communities, and disciplines.

“Retention” and “turnover” are terms commonly used when referring to the average length of time between commencement and termination of employment. The constructs of workplace and workforce turnover, defined as the number of workers who leave a workplace or wider profession respectively, have been challenging to explore in research given the practical challenges of both identifying and recruiting those who have left the profession. Workplace data regarding attrition is also difficult to capture given many health professionals may discontinue direct clinical practice but take on other professional roles that

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both actively use their professional skills and identify their profession. Given these challenges of capturing turnover, the term “career intention” has been used as a proxy to describe an individual’s thoughts and intentions to leave their current workplace or, more broadly, their identified profession’s workforce (Alexander, 1998). There is substantial variation in the literature however when defining career intention. The Theory of Planned Behaviour (Ajzen, 1991) is often used from a theoretical perspective where intention refers to motivational factors that influence a given behavior and therefore the likelihood of that behavior to occur (Tegova, 2010). With this in mind, career intention is considered to encompass both workplace and workforce intention and includes a person’s inclination to pursue a specific career direction (Zhang, Shi, Li, and Bian, 2020) as well as their intention to leave their current role voluntarily (Halcomb, Smyth, and McInnes, 2018) as influenced by myriad motivational factors. Several reasons have been proposed for such short career intentions in previous Australian physiotherapy research including poor remuneration, limited career pathways and a lack of recognition of skills (Mulcahy, Jones, Stauss, and Cooper, 2010; Pretorius, Karunaratne, and Fehring, 2016) with further research linking intentions to leave the workforce to low job satisfaction and limited career progression (Bacopanos and Edgar, 2016; Pretorius, Karunaratne, and Fehring, 2016). Arkwright, Edgar, and Debenham (2018) specifically explored factors contributing to the job satisfaction of Australian private practice physiotherapists across different career stages, finding significantly higher levels of satisfaction of practice owners compared to employees and those earlier in their careers. The authors highlighted the important role of professional support across career stages and access to senior clinicians and professional development. The findings also reinforced the impact of appropriate recognition and reward for skills and experience on both work satisfaction and physiotherapy workforce retention. Davies, Edgar, and Debenham (2016) similarly identified a lack of peer support and mentoring as a key factor influencing physiotherapy workforce retention specifically within private practice settings. A more recent survey of New Zealand physiotherapists (Reid, 2019) indicated that those who have left the profession were more likely to agree their job promotion prospects were poor, and that their work had a negative impact on their overall life with remuneration perceived as inadequate for their efforts. Further to this, the authors reported a strong relationship between the perceived quality of leadership within the workplace and overall job

satisfaction (Reid, 2019). Cosgrave (2020) highlighted the shared organizational challenges that contribute to poor recruitment outcomes and “avoidable” attrition of allied health professionals, specifically within rural health settings. The authors emphasized the importance of strategic leadership in providing career vision to professionals and ensuring active and visible opportunities for professional development and career advancement. Going further, the author highlighted the intangible sense of belonging within the community and workplace that is critical to allow allied health professionals to adjust to their work setting, especially where relocation has occurred (Cosgrave, 2020). More recently in the United States, Cantu, Carter, and Elkins (2022) found a moderate correlation between physiotherapists perception of ethical workplace environments and intent to leave the profession, emphasizing the importance that physiotherapists place on ethical standards within workplaces and associated policies. Outside of physiotherapy, similar findings are represented within other health professions. In Australian nursing settings, Halcomb and Bird (2020) identified workplace satisfaction, in addition to socio-demographic factors such as age, as having an influence on intention to leave the workforce, while Ashley, Peters, Brown, and Halcomb (2018) reported limited support, perceived loss of skills and inequitable remuneration as major factors. In early career general practice, survey-based research from the United Kingdom (Dale, Russell, Scott, and Owen, 2017) found that personal experience of poor work – life balance as a trainee and a lower expectation to become a general practice partner as factors influencing intention to leave the profession. Overall, this current research within and outside physiotherapy highlight the myriad personal and external factors influencing workplace satisfaction and furthermore, intention to leave one’s workplace and profession.

Survey-based research has identified a wide suite of factors that impact the workplace satisfaction and career intentions of early career physiotherapists (Arkwright, Edgar, and Debenham, 2018; Bacopanos and Edgar, 2016; Mulcahy, Jones, Stauss, and Cooper, 2010; Pretorius, Karunaratne, and Fehring, 2016) although limited research has explored these factors and their influences on physiotherapists’ intentions in an in-depth way. Given that early career physiotherapists within the first five years of practice represent the largest proportion of the physiotherapy workforce, their career intentions are particularly significant in ensuring the retention of skilled professionals in the field. Qualitative research can provide valuable insights into the personal and organizational factors perceived to influence career intention. Hence, this study aimed to investigate the factors

influencing the workplace and workforce intentions of early career physiotherapists in Australia.

Methods

Design

This qualitative study sought to explore early career physiotherapists' workplace and workforce intentions using in-depth, semi-structured interviews. An inductive thematic analysis approach was used, with a constructivist epistemological orientation. The constructivist orientation was chosen as it: 1) acknowledges that individuals create or construct new understandings through the interaction of existing and new ideas, events, and activities with which they interact; and 2) offered a paradigm where the researcher could acknowledge and seek to understand collective experiences without journeying toward a single universality (Boyland, 2019). Constructivism inherently views knowledge as being constructed by individuals and researchers, and not simply discoverable from the world, and acknowledges that the construction of knowledge relies on interaction between the researcher and participants. An inductive thematic analysis approach was selected as it can be used within a range of research orientations, including constructivism (Braun and Clarke, 2021), and may be especially suited given the focus on social constructs (Joffe, 2011) of career intentions and the workplace.

The study methodology was further guided by the turnover intention theory (TIT) (Cosgrave, Maple, and Hussain, 2018). The TIT outlines that an individual's decision to continue or cease their employment is contingent upon the degree of alignment between current work experiences and professional or personal expectations. It further outlines that satisfaction is an indicator of the alignment of professional and personal expectations of their work. The selection of this theoretical framework was predicated upon its capacity to comprehensively address the myriad factors impacting individual intentions. It allowed the research team to both acknowledge and consider a whole-of-person explanation of workforce and physiotherapy career intention that could inductively guide subsequent analysis. The term whole-of-person in this case refers to consideration of all aspects of an individual's physical, mental, emotional, social, and environmental well-being as well as their roles both inside and outside of work. Within the current research specifically, the TIT helped frame intersecting constructs of personal and professional factors that influenced career decision making, direction, retention, and attrition, and offered insight into the

adjustment to change experienced by those in early career stages (Cosgrave, Maple, and Hussain, 2018). Ethical clearance was gained from University of Queensland (2022/HE002060).

Participants

A convenience sampling strategy was used to recruit "early career" physiotherapists across a range of workplace settings (e.g. private and public). To be eligible, participants were required to be in their first five years of practice (considered "early career") and had to have worked as a physiotherapist within the previous 12 months.

Professional contacts of the research team, comprising early career physiotherapists, employers of physiotherapists and members of professional bodies, were contacted via e-mail and were invited to participate or to approach colleagues or contacts meeting the inclusion criteria. If potential participants expressed interest in the study following e-mail contact, consent forms were dispatched and a mutually agreed time for interviewing on an online platform arranged.

Data collection

The TIT was used to develop interview questions that aimed to explore factors influencing career intention, such as: "What do you find most satisfying about your job? What do you find challenging? How do you feel about your colleagues and your relationships with them? How do you feel about the level of support provided by your managers? Have you considered other job opportunities, and if so, what factors influenced your decision to stay or leave?". We also explored their perception of organizational commitment by asking about their connection to the organization and the degree to which they feel supported and valued. To understand perceived alternatives and job opportunities, we asked participants about their future career plans, their interest in exploring other job opportunities, and what factors might influence their decision to stay or leave their current role. All interviews were completed by the same researcher (SW) and audio-recorded with consent. The standardized interview framework was followed by the interviewer and iteratively reviewed following the first six interviews by the lead researcher (RF) and interviewer (SW) with minor changes made throughout. This ensured that the same set of questions and prompts were used with each interviewee, minimizing the risk of variation in data collection. The interview framework underwent piloting with physiotherapists outside the current study for feedback on clarity and flow. Throughout data collection, regular monitoring was

carried out by members of the research team by reviewing interview recordings and providing feedback to the interviewer. An audit trail was maintained, where the interviewer maintained a record of meeting minutes and field notes from each interview and changes to the interview framework that was discussed with the lead researcher. The interviewer (SW) is an early career physiotherapist and experienced qualitative researcher and interviewer. The lead researcher (RF) is a mid-career physiotherapist, academic and experienced qualitative researcher.

Data analysis

All audio-recorded data were transcribed by one of two members of the research team (SW, JW) and checked by the lead author (RF) with notes and reflections made and shared by each researcher. Transcribed data were analyzed using reflexive thematic analysis consistent with Braun and Clarke (2021) and guided by the TIT. Analysis was undertaken independently by two researchers (RF, SW).

Analysis was undertaken by reviewing and re-reviewing the first set of written transcripts (P1–6), to manually assign codes which reflected individual symbolic ideas and labels, assigned to specific passages of data, resulting in the creation of 27 initial codes. Further coding was then undertaken with the remaining transcripts where new codes were added when not reflected within the first 27, and an additional 11 codes were defined (Table 1). Codes were then sorted manually within Microsoft Word and Excel and organized into different groups with clusters becoming categories. Following completion of analysis of all transcriptions, coding and categorizing was reviewed by further members of the research team (AD, SW) prior to grouping into themes. Themes were systematically contrasted to the constructs and concepts identified by the TIT, which provided a means of understanding the participants' experiences within the broader context of intention.

Recruitment and data collection continued concurrently until sufficient data were gathered. Malterud, Siersma, and Guassora (2016) framework of information power was used to guide decision

Table 1. Themes, categories and example codes.

Theme	Category	Example Codes
What drives me?	Sense of self in role	Being unsure of one's own skills Hard for others to have trust in you with inexperience Reward of helping others
	My values and their impacts	A need to be assertive Ethical issues Business imperatives Making a difference to the profession Reward of helping others
Do my expectations align?	My profession	Feeling directionless Ethical dilemmas/issues Issues in the profession Funding and policy Flexibility of the profession and options Feeling like there is limited scope/or boredom with scope
		Opportunity for growth and leadership Having autonomy Having flexibility Culture of the workplace (organization) Ethical dilemmas/issues Variation in day to day work Fairness (remuneration) Feeling taken advantage of Patients challenging (positive or negative)
	My work	Sense of community Culture of the workplace (people) Support/mentoring (positive or negative) Sensing a lack of experience to make decisions Opportunity for teaching others
	My "people"	Wanting to be challenged Going into niche areas/specialising Continuing Professional Development A desire to try new things Consolidating knowledge and skills Support/mentoring (positive or negative) Opportunity for growth and leadership
What does the future hold?	My decisions	Work-life balance Keeping options open Exploring and freedom Personal freedoms
	My learning and growth	
	Me outside work Keeping my options open and my freedom	

making of the achievement of sufficient data. Decisions on information power were determined by the interviewer (SW) and lead author (RF) following listening to each interview relating to the preceding dialogue, ideas and experiences, guided by the aims of the study.

Results

A total of 14 early career physiotherapists undertook interviews, with an average interview time of 43 minutes (range 24–62 minutes). Participant information is outlined in Table 2. Four themes were developed, which were structured as questions. This concept was agreed on by the research team following analysis to represent the “temporary holding of intentions” from participants that were flexible and open to change, rather than fixed. Each theme is described in detail and supported by corresponding participant excerpts. Themes, categories and corresponding codes are outlined in Table 1.

Theme 1: what drives me?

This theme reflects the strong influence of intra and interpersonal factors on participant’s career choices to date and their ongoing intentions to remain within their current workplace and the wider profession. These factors encompass a passion for helping patients achieve their goals as the “biggest rewarding factor” (P3) and the “reward” (P4, P7, P12, P14) of their role. Participants working in the private sector highlighted that seeing the outcomes of providing direct care over long-term periods was the most rewarding aspect of their work.

Following a patient or client over an extended period of time, you get to see all the things that they’ve achieved. It’s rewarding in that, yes, “I’ve known you

and seen you for so many years”, but they’re a constantly evolving patient as well, because they’re making progress (P3)

Actually connecting with the patients ... in private practice you can really build that rapport. I think that’s another thing that keeps me in this work. (P14)

Some participants felt the impact they were able to have on those around them, especially their patients in a long-term capacity, solidified a commitment to their profession, workplace, and those within their care: “we’re in it for the long run” (P7). The sense of making a difference to those in their care was also a major driver in initially pursuing a career in physiotherapy, and now reflected what they valued as a physiotherapist. Thus there was an alignment with their expectations and the reality of what it is to be a physiotherapist in practice.

My reason for changing (my profession) was because I (didn’t want to) end up stuck in a desk-based job, I really wanted to be able to get up and do things and interact with people. And that’s been great ... always on your feet, always busy (P9)

This theme also encompasses participant’s “frustration” (P2, P3, P4, P12) where one’s own efforts to achieve effective patient care were impeded by factors that were considered “outside their locus of control” (P2). These factors included experiences where patients were not able or willing to engage in physiotherapy, and encounters where participants’ and patients’ expectations for physiotherapy were not aligned. This reduced the perceived impact participants felt they could have on those within their care, which resulted in frustration toward both their role and identity. The juxtaposition between the reward of helping people, but the frustration of often not feeling like they were making a difference, was summarized by one participant as “patients are the best and worst thing about physiotherapy” (P2).

Table 2. Participant demographic information.

Participant #	Age (yrs)	Gender	Work duration (yrs)	Current workplace setting	Previous workplace settings
1	31	Male	3	Private Practice	Nil
2	24	Female	2	Private Practice	Nil
3	26	Female	4	Community	Private Practice
4	26	Female	4	Hospital service/ Private Practice	Community
5	26	Male	3	Private Practice	Nil
6	27	Female	2	Community	Private Practice
7	24	Female	3	Community	Nil
8	26	Female	3	Hospital	Private Practice/ Aged Care
9	42	Male	3	Private Practice	Hospital
10	25	Female	3	Private Practice	Nil
11	23	Female	1	Hospital	Nil
12	26	Female	4	Private Practice	Nil
13	24	Female	2	Community	Hospital
14	28	Male	1.5	Private Practice	Private Practice

And I was like, “Oh, is this just is this is what it is?” I can try really hard and be doing most of the things that I would deem fairly right here in the clinic, like clinical practice guidelines, trying to help these people . . . but still not getting anywhere with it. (P1)

Participants acknowledged the value of having a “*variety*” (P3) of experiences within their workplace and wider practice and the influence this had on their contentment with their current work. Similarly, participants valued a sense of challenge that came from a diverse workload, especially challenges relating to the flexibility of working with different people and their varying physiotherapy needs.

I know in my time at [workplace] after a year I was pretty bored. That’s why I like really like the complex kids because they’re never the same and you know, one kid might come in with (condition) but they’ve also got you know some sort of syndrome going on or intellectual. . . like I’ve got a little one at the moment and she’s super complex and you have the good days and you have the tricky days. And yesterday we had such a - good day!. (P4)

The wider physiotherapy profession overall was also discussed by most participants as something with variability and breadth that required frequent “*problem solving*” (P9) associated with clinical care.

Physio encompasses such a broad array of things, like you’re a bloody polymath of healthcare sometimes with how much stuff that you actually have to know, like, you need to understand behaviour change, you need to understand different psychological aspects like conditioning, you need to understand all these areas of health, like it’s pretty cool how much that you combine there. (P1)

Conversely, workloads that were perceived as repetitive, lacking variability or lacking a sense of challenge were seen as “*boring*” (P3) by some and were considered a major factor influencing whether the participant planned to stay within the same workplace and area of practice long-term. For some participants, this was a major impetus in seeking a new area of practice and workplace. However, participants strongly articulated the difference between the physiotherapy profession as one of variability and the individual workplace as a threat to variability. This was made clear by some participants when describing both their future intentions around both their workplace and the wider profession.

I have considered it [leaving my role] to some degree - probably not leaving the physio profession as a whole, but leaving maybe the more clinical side of things and maybe transitioning into (other roles) (P3)

I think because we rotate [clinical areas] so frequently, I would just rotate out in a couple of months, move to the next area [of clinical work] and see how it goes. (P11)

While all participants shared a common sense of commitment to remaining in the physiotherapy profession for the “*foreseeable future*” (P7, P12, P13), a few participants spoke about the potential for pursuing opportunities outside of the physiotherapy profession. Some had given explicit consideration to these options, and acknowledged that despite their investment and passion for physiotherapy they also felt a pull toward exploring other career pathways.

I’ve got a lot of other different interests and things I’m passionate about that I enjoy doing . . . I have other areas I’d like to explore . . . before physio, I did have a second pathway that I was alternatively going to take as well. . . it was almost a flip of a coin there. And that other pathway has continued to nudge at me as well. So there’s that option to take that and it’s sort of a bit of a fear of missing out. (P1)

I’ve had a few thoughts about maybe doing med [medicine] . . . but it’s still in the works. I haven’t yet decided whether I should make that jump yet. (P10)

Others discussed leaving physiotherapy as a hypothetical eventuality, that needed to be precipitated by certain factors before they would consider it seriously.

If the right situation came about, and it [a different career] was something that I was still passionate about - I would probably leave [physiotherapy]. . . . I never really saw myself doing anything else [other than physiotherapy], but that being said, I was always around sports and physio stuff so I never really exposed myself to too much else. But yeah, if it was the right situation, right money - at a certain point in my life where the situation was a little better for me. (P14)

Theme 2: do my expectations align?

Physiotherapy practice, regardless of setting, was described by participants as being demanding, and at times overwhelming, with participants utilizing the term “*burnout*” (P4, P7), to describe their emotional, mental, and physical experiences. For some participants, this experience resulted in them actively leaving previous workplaces and areas of practice, with some having left several times already within their early career.

The private practice definitely took a toll on me faster than I realized, because we would do 10-hour days. So, it’s sort of like you would leave home, like just past six-thirty, and you’d get home at six . . . for how fatigued and tired I was, it wasn’t worth it. (P8)

Being overwhelmed by workloads related to patient care included long workdays, large numbers of patients, particularly in the private sector, and the emotional toll of being in caring roles which participants described as “*draining*” (P2, P7)

Your ability to really empathize is limited by the capacity you have because you’re seeing so many clients like you can’t be invested in every single person. (P2)

This was often followed by a sense that work as a physiotherapist and the demands from the range of workload expectations did not align with their expectation of achieving a “*work-life balance*” (P3, P7)

I have some days where I’m doing like eight o’clock until six o’clock, which means I get there at 730 am and I probably leave at 7pm. I find having a work life balance during the week isn’t really possible in this job. Like, if I do something at night, I’m racing to get there by the time I finish work and then I’m exhausted the next day. (P7)

Some participants were surprised by the unexpected administrative, documentation, leadership, and business tasks that came with the job and this was seen as an “*extra*” (P3, P5, P7) aspect of their work that was often completed outside of paid work hours and not remunerated for.

The amount of extra stuff you have to do outside of the appointments, just builds up and like completely weighs you down. I’ve found I haven’t really had much time to do it at work, and it bleeds over the weekends and nights. (P5)

Other participants had found helpful ways and systems, supported by their workplaces, to manage these workload expectations in sustainable ways.

One of the great things about our workplace - so we’ve got an admin day that’s just dedicated to do notes, or do some paperwork based stuff and just catch up on a whole heap of other things that we have, like group meetings, and that sort of stuff. (P10)

Frustration for many tended to arise from a feeling that they were given “*little reward*” (P1) for the value that they provided for the workplace, especially when their work was seen to be financially benefitting the organization in a direct and substantial way and this remuneration wasn’t reflected back onto those doing the work. This gave some participants a sense of injustice and for some, a sense that they were being “*taken advantage of*” (P1)

It’s not based on performance or effort, or how much you’re contributing to the company or giving back. It’s not based on that at all. So I’m the kind of person who

will give back like 110%. But that’s not really rewarded in any way. Like, I feel like I couldn’t do less, even if I try because it’s just who I am as a person. But there’s no like, there’s no reward or gratification for that effort. So that’s really hard sometimes. (P7)

Some participants actively weighed up the sense of lack of remuneration for their time and effort with the benefits they perceived of being in their current workplace.

In terms of like remuneration, it definitely doesn’t feel up to par with the amount of work I’m doing. So that is one sort of like, not great aspect about it . . . I think, from what I find the main reward is just the relationships and that’s the main thing for me. (P5)

Theme 3: do my values align?

This theme refers to the role of the work environment and wider organizational culture in influencing the intention to stay or leave current or previous workplaces and the wider profession. This theme is strongly tied to an alignment or lack thereof of values and subsequent practices between the workplace and the participant, regardless of whether these were actual or perceived.

Participants strongly valued workplaces that were seen to have an embedded culture of support, mentoring and a valuing of the participant as a team member. These were considered to provide a sense of “*community*” (P5, P13) that the participant felt they could benefit from and contribute to. When looking deeper, participants expressed that they wanted a workplace that reflected their own values personally and professionally, especially in their early career stage where strong value was placed on learning and support.

It’s to do with the people that you’re working with that you’re comfortable with. I think sometimes this is something that I value a lot. You don’t want to get stuck in a setting where you just don’t really enjoy the surroundings. So right now, I think my boss, like my colleagues have been really supportive, which makes me really comfortable staying here . . . I quite treasure that part (P2)

Alignment of values with the culture of the workplace was so strong for some participants that they cited their work colleagues and corresponding positive and collegial culture as the main reason they intend to remain in their current workplace, despite other challenges.

I love so much about it, I can’t even describe it. I love the people. I love the culture. I love the work. There’s enough people to support you to challenge yourself. But then you always feel supported at the same time. (P8)

An alignment of values with the current workplace also related to how the culture was centered on client care.

I really like the fact that we're not so heavy on just trying to pump clients in and out but we actually care about them in a holistic way. And we have the full team, like we have the GPs, we have specialists, and we'd sort of refer internally and make sure that they're getting that treatment that they desperately need. (P10)

Participants described a range of experiences where their values did not align with those of their workplace or employer, which in some cases resulted in pursuing work elsewhere. This disconnect in values were factors seen as so strongly embedded in their workplace and the practices experienced in the workplace that they were not able to “*push through*” (P10), despite some attempting to change their own values or practices.

And it was very heavily . . . set in their ways, a lot of passive modalities and things that are no longer the gold standard of treatment and management of their conditions. So that was hard as well, coming straight out of uni being told that you had to do certain things when you knew they weren't evidence based was really frustrating. (P8)

Some participants expressed relief when they were unsuccessful in employment with an organization or employer who they realized had values, perspectives or priorities that did not align with their own.

The interview went really well, the two employers were really nice. They literally gave me the offer straightaway on the spot. A few days later, they called me and they're like, “Oh, we don't think you're a good fit, because you're too skinny.” Then I thought about it. I was like, I'm so glad that they actually said that so (I know what kind of) person they are. And I'm so glad I didn't work with them. (P2)

A perceived misalignment of values was also related to continued experiences of what participants viewed to be ethical differences in physiotherapy practices between their own values and what was expected and, in some cases, required by their workplace. These “*moral conflicts*” (P9) were described as situations where the values and practices of the workplace did not align with the value of the participant, leading to internal conflict and pressure. For some participants this involved “selling” equipment or services for the benefit of the business to patients who “*didn't need it*” (P10). For one participant this led them to seeking employment elsewhere.

I do understand that, you know, it is a business, it's a profitable sort of thing. But I just was not on board with that. But long term, I was like, nah, this is not a place where I see myself staying or even growing. (P10)

Similarly, participants described these situations occurring from a misalignment between what they were

expecting as physiotherapists and what their employer, or wider business setting, was expecting of them. Ethical dilemmas related predominantly to business practices and pressure to “sell” services and products to patients where the participant felt these were not reflecting ethical or evidence-based practice.

And that's when I realized, you know, I do like this, but I didn't like the KPI aspect, or I didn't like the push for like, I guess the financial sort of side of things. They were really on you for like selling equipment, like, you know, braces, or like, you know, gels that sort of stuff, they really wanted to meet those thresholds that I didn't really like, especially if someone didn't need it. (P10)

Feelings of dissatisfaction were often discussed hand in hand with experiences of losing autonomy of how the participant was able to have control over, or structure their work, especially in the private setting. Some participants had adjusted their actions and behaviors to manage this perceived lack of autonomy where they felt that with experience they were able to be more assertive about their needs around their own workloads. For some this had been successful, whereas for others, they felt this was seen as a fruitless endeavor, which led to them leaving their workplace.

I thought I'd have more autonomy over certain things like the professional development that I'd like to do. But in the end that became no, if it's not beneficial for the business. . .(P1)

The value placed on autonomy was not just important for achieving “work-life” balance for some participants, but it was also important from the perspective that being given autonomy and especially, flexibility, allowed them to feel more valued as team members and as drivers of their own careers.

In community, there's a lot of flexibility with work. And where I work at, they're really big on work life balance as well, so . . . I think that's really important - work life balance to me is really, really important because you don't (want to) work yourself to the bone (P3)

Employment arrangements also influenced participants' impression of their workplace and own practices, especially when it impacted their income, which also led to seeking employment elsewhere.

Just the unreliability of being a contractor. . . kids cancel and then I don't get paid for those sessions. And, you know, kids get sick all the time. So that's pretty common for them to cancel physio sessions. So there'd be days where I go from like eight kids down to two. And then I don't get any money for the rest of the day. So that job was really hard. (P7)

Conversely, a valuing of autonomy and flexibility led one participant to leave their previous workplace and seek independent contracting elsewhere.

Working for myself, I've had autonomy over my entire schedule. I've been able to pick and choose my hours, which has been great - that flexibility has been excellent. (P1)

Autonomy and flexibility as important values also related to how participants considered their intentions to stay within the profession, even if experiencing significant dissatisfaction with their current work, thus “*not stepping away*” completely (P5). Participants expressed an expectation that physiotherapy as a profession was possible for them to achieve flexibility in ways that were important for them now, and in the future.

I always felt like, if you hated (work), you just need to go into a different area of physio. And I still do feel like that. I feel like, until I exhaust my options of physio, I won't leave physio (P8)

There's definitely plenty of things I can do as a physio, that would be interesting, and, you know, still rewarding and different enough that it's that it's not like, oh, gosh, I need to change, I can't be a physio at all. (P5)

Theme 4: what does the future hold?

This theme reflects the diverse perspective of participants when considering their short- and long-term futures within their current workplace and the wider profession. Early in their career, many participants had a strong focus on ensuring they were keeping a range of “*options*” (P8) open, both in the work they were currently undertaking and their awareness of other workplaces and employment opportunities. Some participants spoke about “*keeping an ear out*” (P6) about other work options that were on the horizon in physiotherapy regardless of whether they were experiencing dissatisfaction with their current work. On deeper enquiry, this concept related to two major values that participants held; having freedom to change if they want or need, and the perceived importance of seeking a range of clinical experiences early in one's career. In this sense, participants tended to value the potential opportunity for changes in experiences over a strong commitment to a single workplace or clinical area of practice.

I wouldn't be mad (would be happy if opportunities arose at) my workplace like leave cover and maternity leave and people stepping out of positions that would lead me to go one way or another. Like, I'm open to that. (P8)

When explored with participants, keeping one's options open also reflected a deeper valuing of freedom within their own career choices and career directions, both within the short and long term. This was in relation to both the local workplace, or employer, and other areas of physiotherapy practice, even if substantially different from their current area of practice.

So I don't know if I'll end up traveling for like a few months and then coming back to the job or if I'll go for a year and then just come back and see what I want to do after that. I'm not too sure. I guess it's all up in the air right now. (P7)

Viewing flexibility in their career options for some stemmed from acknowledging that being a physiotherapist was a safe career choice, thus there was inherent safety if they were to make changes to their current work or lifestyle choices.

I guess physio is something that at the end of the day like, it's always with you. It's a skill that you have, like, even if something doesn't work, I can always come back to it, you can always get a job at the end of the day. (P2)

Several participants highly valued seeking a range of experiences that gave them “*generalist*” (P9, P10) skills and expressed that this was valuable for their career at this early stage. A smaller number of participants focused on pursuing leadership, teaching, or developing more specialized skills to broaden opportunities for clinical variation and flexibility while simultaneously allowing them to elevate their value as a clinician through more “*niche*” (P8) specialties or, in the case of leadership and teaching, broader and more diverse skills. Specialization of skills for some participants acted as a long-term focus that they could move toward by shaping their current decision making around seeking continuing professional development activities and shaping their workload.

I think it's just giving you that extra edge I guess, in terms of your career, because then you officially call yourself a pediatric physio. It's just really solidifying myself in that paed space as well, giving me the opportunity to be more involved in like Australian Physiotherapy Association stuff. And just growing my career that way. So yeah, just adding on all that little extra bit that's involved, that comes along with physio. (P3)

Continuing professional development (CPD) was an important aspect of both considering and shaping future career intentions. CPD was not considered only in the space of career advancement, but also reflected efforts in “*trying to be the best for my patients*” (P4). CPD was also seen as an impetus for career planning especially for those participants looking to take the “*next step in their career*” (P3) by specializing.

Some participants were more ad-hoc with their seeking of CPD, describing CPD opportunities as “*always something new that pops-up*” (P8) that they may consider rather than proactively seeking specific training opportunities. Unsurprisingly, CPD was highly valued by those participants who felt they had minimal or inadequate workplace support.

She basically said that she couldn't be a mentor for me. So I had to try and reach out to people outside the company and find my own PD courses and own ways to train - I did so much research, watching online videos, and any class could find really I did that year, because I had nothing else to go off. (P7)

For some participants, considering the future of their careers turned to considering their financial future. Some physiotherapists expressed concerns about a limited “*ceiling*” (P5) for income potential in certain workplaces either now or in the future. Participants were aware that this ceiling was not always related to the business operation of the workplace, but a limitation in the funding that could be provided for physiotherapy care within the community, regardless of public or private funding models.

And care plans each year, they're only given five sessions for a year. And for them to come every two months, like that's not helpful. And then they go back to GP and they're like, “Oh, physio is not helping me.” I was like, I don't know. You're not consistent yourself from the beginning. So these are just a frustrating bits that you can't control as a clinician. (P2)

... it's opened my eyes to like the possibilities of how well these patients can be cared for when ... funded well, the right resources and knowledge. (P8)

Discussion

This study utilized Cosgrave and Maple's TIT as a framework to explore a range of factors that influence the workplace and workforce intentions of early career physiotherapists in Australia (Cosgrave, Maple, and Hussain, 2018). The themes generated from the data encompass diverse and varied experiences that reflect an alignment or, in some cases, misalignment of the expectations, values and resulting practices of becoming and being a physiotherapist. The themes also highlight a range of challenges encountered within workplaces and the wider profession by early career physiotherapists, which may ultimately influence their career intentions. Aligning with the TIT, the findings emphasize that an individual's current workplace, and in some cases workforce intention is influenced by the alignment between their own expectations of their work life and

career and the reality of their current experience (Cosgrave, Maple, and Hussain, 2018).

Previous research has highlighted that career intentions of health professionals are influenced by myriad interactions that encompass personal, professional and organizational elements (Sutton et al., 2016). Existing research emphasizes the positive impact of opportunities for professional development and other factors including perceived autonomy, community connectedness and diversity of work activities and caseloads (Campbell, McAllister, and Eley, 2012; Pretorius, Karunaratne, and Fehring, 2016; Roots and Li, 2013). Negative impacts reflect similar organizational and professional constructs, including a lack of access to professional development, supervision and support, and experiences of professional isolation (Campbell, McAllister, and Eley, 2012; Couch et al., 2021; Pretorius, Karunaratne, and Fehring, 2016). These factors, alongside the key findings of this study, are discussed in depth below.

Workload

The current study identified high perceived workloads and the associated stress of such workloads as significant factors affecting immediate and future workplace intentions. For some participants, such experiences led to voluntarily leaving and seeking new workplaces, even multiple times within their early career. Contributors to stressful experiences included perceived unsustainable clinical workloads, administrative tasks that were not compensated, and long work hours which took both an emotional and physical toll.

Evidence from previous studies has suggested that the COVID-19 pandemic has further increased the workload of health workers which may contribute to workplace stress. An online survey of 7,846 frontline health workers conducted by Smallwood et al. (2021) indicated that during the pandemic, over 20% of health professionals increased their paid and unpaid work hours, with moderate-severe burnout reported by over 70% of respondents. Aligning with our study, this research indicated greater experiences of stress in those in allied health roles and of younger age (Smallwood and Willis, 2021). Even prior to the pandemic, instances of stress, high workloads, and burnout have been frequently reported in the field of physiotherapy, underscoring an ongoing concern for the profession (Carmona-Barrientos et al., 2020; Scutter and Goold, 1995). It is imperative for the physiotherapy profession, as well as other health professions, to recognize the consequences of burnout on early career professionals and to actively investigate and promote

measures to address these contributing factors. This may be achieved through providing professional support, establishing clear career pathways, improving working conditions, and securing adequate funding for healthcare services, particularly at a governmental level.

Workplace satisfaction and balance

Although the current study did not explicitly investigate workplace satisfaction, the results identified various workplace-specific factors that influenced career intentions. These included: 1) strong personal reward derived from patient care; 2) decision-making flexibility affecting both themselves and their patients; 3) workplace culture; 4) remuneration; and 5) autonomy over their work. These factors align with previous research which has emphasized the importance of: perceived control over practice (Graham et al., 2011; Halcomb and Bird, 2020); positive organizational relationships, remuneration (Doran and Fullwood, 2007); and workload flexibility (Curtis and Glacken, 2014; Delobelle et al., 2011; Storey, Cheater, Ford, and Leese, 2009; Stuart, Jarvis, and Daniel, 2008; Tourangeau et al., 2014). Moreover, the current study revealed negative experiences within the physiotherapy workplace influenced by: 1) high perceived workloads both administratively and clinically; 2) a lack of alignment in continuing professional development priorities between participants and their employers; and 3) a perceived imbalance between effort and reward, particularly remuneration. These findings are also consistent with previous research (Curtis and Glacken, 2014; Delobelle et al., 2011; Lavoie-Tremblay et al., 2008; Stuart, Jarvis, and Daniel, 2008). Of note, Hayes et al. (2012) reported that younger health professionals' workplace intentions are primarily influenced by a perceived work-life imbalance, rather than a lack of other professional privileges like recognition and intellectual stimulation, which tend to be more significant factors for those in later stages of their careers. Such a focus on work-life balance may not only reflect the values of those early in their careers, but may also reflect the values and expectations inherent in the Gen Z workforce (Ernst and Young Global Ltd, 2016) which represent most of the current study participants.

Profession specific factors

Participants perceived that their immediate and future career intentions were strongly influenced by the degree to which their expectations, values, and perceived impact on patient care aligned with the reality of their practice. These factors were further shaped by perceived limitations in their role and the subsequent care they

could provide due to limited patient engagement or inadequate funding for the services they could offer. Although participants were concerned about these limitations, they strongly believed that other workplaces or fields of practice, within the physiotherapy profession, could better meet their expectations and needs if these were not achieved within their current workplace. These beliefs were reflected in a desire to keep their options open and, in some cases, actively explore alternative work opportunities while staying within the same profession. These findings align with the characteristics of the Gen Z generation, who are known to have higher expectations of career instability and a more flexible approach to their professional paths (Deloitte, 2019).

Career advancement and planning

Career advancement opportunities play a crucial role in retaining professionals in health professions. This is also relevant for physiotherapists, where a lack of perceived opportunity for career advancement has been linked to attrition (Bacopanos and Edgar, 2016). Interestingly, in contrast to other studies, participants in the current study did not explicitly express concerns about a perceived lack of career advancement opportunities. Rather, the study findings revealed diverse perspectives regarding intentions for further training and career advancement among participants. Participants indicated a balance between valuing focused opportunities to specialize their skills, which was seen as valuable within the physiotherapy profession, and the desire to gain a range of skills and experiences early in their careers. This may indicate that early career physiotherapists prioritize acquiring immediate skills and diverse experiences to guide their career trajectory. Furthermore, the findings of this study suggest some early career physiotherapists may prioritize work-life balance and personal goals, such as travel, over career advancement. It is important to acknowledge that most participants belonged to the Gen Z generation, which is reported to have a more relaxed approach to careers and career advancement compared to previous generations (Deloitte, 2019). Nonetheless, participants felt a sense of security within the profession and with their qualifications, which provided them with a perceived flexibility in making choices such as changing workplaces or taking breaks from the workforce. It is worth noting that the findings may represent a snapshot in time for the physiotherapy profession, where substantial employment opportunities are available, which may influence health professionals' intentions to leave their current employment if they perceive better job prospects elsewhere (Hayes et al., 2012; Kovner, Brewer, Greene, and

Fairchild, 2009). This consideration is important, given the high agreement among participants in the current study regarding actively keeping their options open, actively seeking other opportunities, or having already sought employment elsewhere.

Workplace support and mentoring

Workplace and workforce intention among early career health professionals, such as physiotherapists, is significantly influenced by the presence of support and mentoring within the workplace (Bacopanos and Edgar, 2016; Davies, Edgar, and Debenham, 2016; Foster and Sayers, 2012). Notably, Davies, Edgar, and Debenham (2016) found that physiotherapists in the private sector identified a lack of peer support and mentoring as a crucial factor when reflecting on the attrition rate of early career professionals. The current findings align with this previous research, reflecting an acknowledgment by early career physiotherapists that mentoring and support are important, especially when embedded into the workplace culture.

Generational considerations

A potentially important consideration when reviewing the results of this study and interpreting implications of study findings is that all but two participants within the current study were Gen Z. Gen Z have been found to possess distinctive characteristics in terms of their career intentions and aspirations when compared to previous generations (Barhate and Dirani, 2022). Compared to earlier generations, Gen Z individuals are inclined to pursue careers and maintain motivation in their work for organizations that closely align with their personal values, particularly those that emphasize serving others (Bohdziewicz, 2016). Our study findings support these stereotypes, as the primary factor influencing whether physiotherapists intend to stay or leave their current workplace is the perceived alignment, or lack thereof, between their values and those of the organization. Additionally, Gen Z individuals are highly motivated when their contributions are recognized and rewarded by their team and supervisors (Fodor and Jaekel, 2018; Hampton and Welsh, 2019; Silinevica and Meirule, 2019) as evident in our results. These considerations are important for both workplaces and the broader profession to be responsive to the values and motivations of early career physiotherapists, who are predominantly from Gen Z, align with their workplace and that these values are clearly communicated and enacted to ensure alignment. Moreover, our study findings, along with recent research, underscore the

significance of workplace community, relationships, and team culture in the inclusion of Gen Z health professionals.

Limitations

Several limitations of the current study must be considered. Firstly, this research pertains to the predominant representation of a single generation within the study sample. The dominant proportion of this demographic may restrict the transferability of our findings beyond the specific generational cohort studied (Gen Z), potentially limiting our ability to explore variations in generational mind-set across different age groups. The study's restriction to a single country limits application to international settings, as the findings may not necessarily encompass the diverse socio-cultural contexts of physiotherapy as a profession across other settings. The current study recruited and included participants who were actively practicing as a physiotherapist, thus the perspective of participants who have left the profession has not been included. Response bias may have influenced results and subsequent interpretation of data through participants providing answers to questions in a way that they may have deemed helpful for the study. Response bias may have been further heightened using convenience sampling where participants or colleagues may have known members of the research team. While the study methodology accounted for de-identification of data and ensured this to participants, participants may have chosen not to provide insights or data that were sensitive or potentially identifiable regarding current or previous employment. Lastly, an implication of the use of convenience sampling in the present study is that participants are unlikely to be representative of the broader population.

Final implications

This study has provided a range of diverse perspectives from early career physiotherapists regarding the factors that influence their current and future career intentions. By addressing modifiable factors and recognizing those that are less modifiable, it may be possible to address career attrition concerns (Pretorius, Karunaratne, and Fehring, 2016), particularly considering concerning workforce attrition rates (Bacopanos and Edgar, 2016; Mulcahy, Jones, Stauss, and Cooper, 2010). Important interventions include providing workplace support and professional mentoring, establishing and promoting organizational values especially by those in leadership roles, and effectively managing the expectations of early career physiotherapists regarding workload and reward.

It is critical for the profession to advocate for support mechanisms for health professionals when considering workplace standards, funding and policy decisions, and legislative changes.

Conclusion

This study has explored and articulated the complex and individual interaction of factors, both workplace and workforce specific, that influence the current career intentions of early career physiotherapists in Australia. The findings highlight that the emerging generation of physiotherapists' immediate and future career intentions are influenced by the alignment between their own expectations of their workplace and career and the reality of their current practice. The results highlight workplace factors as strongly influencing immediate and future career intentions, especially workplace attrition; however, the results indicate a strong commitment to the profession and a belief that the profession provides flexibility and ongoing opportunities for one's career.

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