

# The experiences of self-employed private physiotherapists: early insights

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This research aims to understand how self-employment affects the work of private physiotherapists. Initial findings and analysis reveal a variety of factors that have led physiotherapists to engage in self-employed work. The nature of self-employment and working within private healthcare has led physiotherapists to develop skills, competencies and behaviours to navigate work and provide a high level of patient care. Themes include dedication to patients, treating for free, becoming friends and humour. Some findings may be confronting or thought-provoking; however, there is an opportunity to use this research to support the physiotherapy profession to navigate their careers successfully, whilst achieving the best outcomes for patients.

## LEARNING OUTCOMES

- 1 Identify positive and negative aspects of self-employment, to inform choices about being self-employed.
- 2 Recognise that the nature of self-employment and private healthcare creates a range of moral and ethical dilemmas that self-employed private physiotherapists must learn how to navigate.
- 3 Appreciate that competencies, skills and behaviours that are not routinely taught in undergraduate training or within the NHS are required to successfully navigate a self-employed career.

## The study

The aim of this study is to explore the skills, competencies and behaviours that are required to be a self-employed private physiotherapist, understanding participants' experiences of being self-employed and working in private physiotherapy, exploring how physiotherapists secure work and factors influencing attitudes, and understanding work and career decisions. It is essential to extend knowledge in this area to support physiotherapists to navigate their careers successfully.

The fieldwork took place between October 2022 and February 2023 across England, Scotland and Wales. The research took a qualitative approach through 59 in-depth, semi-structured video interviews with 43 private self-employed physiotherapists and the following comparison groups; five industry experts, four business owners, four employed NHS physiotherapists and three employed private physiotherapists. The comparison groups were used to improve the theoretical relevance of the data.

The general principles of grounded theory approach were used. So far, 20 interviews have been fully thematically analysed using Nvivo. The project is currently within the data analysis stage, and a selection of the key emerging themes will be discussed in this article.

## Setting the scene

Historic NHS limitations such as long waiting lists, and reduced services and care, developed a social response that increased the demand for private health care. Patients turned to the private sector to supplement their care, believing the quality was superior (Maarse 2006), which raised their expectations. Patients became consumers, actively involved in their care, taking greater accountability and responsibility for their health.

Private physiotherapy mirrored other professions that were utilising self-employment to secure specialist skills, match demand, and reduce costs (Hakim 1988). Physiotherapists began engaging in freelance, self-employed and outsourced work (Nicholls 2012; Praestegaard *et al* 2015), drawn to the promise of freedom, autonomy and choice.

Working as a self-employed private physiotherapist requires clinicians to develop a range of specific competencies, skills and behaviours. These must align with the entrepreneurial mentality of private practice, whilst maintaining professional obligations and delivering quality patient care. This can lead to a series of tensions and dilemmas between earning sufficient income and providing quality care (Barzel *et al* 2011; Santos de Souza *et al* 2014). Self-employed private physiotherapists are required to maintain professional obligations, focus on patient care, be accountable to the patient consumer, generate income and focus on financial accountability (Hammond *et al* 2016).

Work, and the concept of work, has changed as physiotherapists have learned to navigate self-employment in private healthcare. This is currently an under-researched area and the experiences of self-employed private physiotherapists deserves to be analysed.

## Findings and analysis

### WHY PHYSIOTHERAPISTS BECOME SELF-EMPLOYED

The positive ideology of self-employment was seen to draw physiotherapists to the promise of increased freedom. This was not just freedom over working hours and work-life balance, but it included the freedom to deliver a higher quality of care and provide treatments that all participants in this research believed were in the best interests of their patients. This included offering longer appointments, using manual therapy modalities, and treating patients until they had successfully achieved a specific goal. Several of the participant physiotherapists worked full-time in the NHS and engaged in self-employment to practice aspects of physiotherapy that they were not able to do in the NHS.

*"Quality of care is always the number one priority in my mind and that's why I've worked in private practice for 16 years." [P019]*

For some participants, self-employment was the only option available. Others were disillusioned by employment in the private sector, leading them to seek an increase in their sense of control through self-employment

*"I sort of think I've had enough of being employed... being told when I can do things, when I can't do things ... it's a lot more liberating. It's not a simple life but it's much better." [P004]*

The self-employed physiotherapists noted a range of "trade-offs" for the freedom and control that self-employment promised. These included working long hours, sacrificing family time, earning less and experiencing financial pressures. Competencies were developed to manage these pressures, including developing perseverance, and resilience. Strategies such as using networks to gain work, working in multiple clinics, and using savings to provide a "buffer" were also cited. Female participants specifically spoke of strategies to financially manage time off to have a baby, discussing options such

as returning to employment in the NHS, or creating limited companies to enable them to receive statutory maternity pay.

### DEDICATION TO PATIENTS

All participants spoke of their dedication and "love" for treating patients. This was noted to be a motivating factor and cited as the most enjoyable and rewarding part of the role. Many participants spoke of physiotherapy as being a vocation rather than work, leading many participants to happily engage in unpaid work, going above and beyond to do their best for patients. This highlights the importance that participants assigned to their work in comparison to other aspects of their lives.

*"I love my career. It's not work. I see it more as a vocation." [P020]*

Private practice physiotherapists usually saw patients regularly, from the beginning to the end of the specific episode of treatment, often assisting the patient to achieve a specific goal. This boosted the confidence of the physiotherapist who received real-time positive feedback from patients.

Participants who had recently, or currently worked in the NHS noted that they didn't often receive this real-time positive feedback from NHS patients as they usually only saw a patient once or twice, and were rarely involved in continuity of care. Participants based in the NHS also had to manage frustrations and expectations related to NHS waiting times, and what was possible within the service on offer.

All participants felt that patient expectations and demands were higher in the private sector, due to the patient being a paying consumer. Patients often

expected to get better quickly or wanted an instant "fix", adding to the pressure experienced by some private physiotherapists. Participants discussed the expectation that when a patient pays for 30 minutes, they expect to be treated for 30 minutes. They do not expect the notes or plans to be written up during this time, resulting in this work being done in the physiotherapist's own time. Some physiotherapists also discussed feeling the need to use a range of techniques during the session, so patients could clearly "see" value for money.

High patient expectations and dedication to patients led to a conscious need for the private physiotherapist to deliver exceptional service, value for money, and to provide the "best possible care". Some participants spoke of feeling obligated to get patients better, taking personal responsibility for their care. This resulted in them engaging in unpaid work, never cancelling sessions, returning from holidays early to treat patients and being contactable 24/7. Some private physiotherapist participants felt conflicted about this, citing that this level of empathy and dedication to patients "made them who they are" and was an essential element of being a "good" physiotherapist, whilst at the same time being acutely aware of the impact this had on them, discussing episodes of burnout and empathy fatigue.

### TREATING FOR FREE

Literature suggests that private doctors offer "gifts" to keep patients coming back. These gifts include staying late, fitting in extra patients and extending clinic hours (Marynissen & Spurrier 2018). Self-employed physiotherapists appear to "treat for free", for two distinct reasons. The first is linked to obtaining word-of-mouth referrals and aligns with the ➡

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motivations of private doctors found in the Marynissen & Spurriers (2018) study.

*"She can't afford to come in and see me. She just wanted advice, so I said come in. I'll give you a free session..."*

*"It's not complete altruism... I've helped this lady out, which is great for her."*

*"She might come across someone and say, 'Oh, you need physio. Go and see this really nice guy.'" [P006]*

However, the second statement suggests that physiotherapists offer free treatments out of a sense of obligation to their patients, a desire to get patients better, and because they really care. Self-employed participants were noted to experience internal conflict and moral dilemmas around the financial aspect of private healthcare, believing that quality healthcare should be accessible to everyone, not just those that can afford it. These participants vocalised this struggle and discussed the strategies they had adopted to manage it, including treating for free, offering free advice, and only charging for half a session. They believed this made them good physiotherapists but not good business owners or private practitioners.

*"You know, and I don't charge. I haven't charged him in six months. And that would have been easy because he sees me once a week." [P002]*

The internal conflict and moral dilemmas experienced appeared to be more pronounced in some self-employed participants than others, and seemed to be linked to the view these participants hold about what makes a "good" physiotherapist. Further data analysis is required to confirm the possibilities in this theme.

## BECOMING FRIENDS

The nature of private healthcare gives patients consumer control and raises their expectations about the quality of care and the service they will receive. All participants were very aware that patients needed to have a good experience at their first appointment for

them to rebook. This involved not only delivering good quality care but also developing a rapport, trust and a positive connection with the patient. Findings suggest that physiotherapists develop "friendships" with patients to influence the way patients feel and act (Brook 2013) and ensure they come back.

*"If a patient doesn't like you, they will not come back." [P001]*

This issue of whether a patient liked the physio, and in relation to returning patients, was a significant theme discussed by all participants. At times genuine friendships did develop when patients and physiotherapists had common interests. This may be exacerbated by the lack of social interaction inherent in self-employment and the dedication and obligation that some self-employed participants felt towards their patients. Further data analysis is needed to confirm these possible connections. When genuine friendships did develop this blurred the boundaries between work and personal life, creating ethical dilemmas.

## HUMOUR

Humour was a widely used form of communication to put patients at ease, get patients on board, ease tensions, manage conflict and achieve better outcomes. To use humour successfully, emotional intelligence is required to determine if the patient will respond positively, and the level of humour and banter that will be seen as acceptable and appropriate.

The nature of self-employment, limited teamwork opportunities, and a sense of camaraderie for many private physiotherapist participants, reduced the ability for them to use humour with co-workers to ease tension and have fun.

*"The one thing I have learned is that I love being in the team, so I really missed that. I don't love being the only person here." [P026]*

Interestingly, as a consequence of working alone, many participants

engaged in humour with patients to make work more enjoyable and to continue to have fun at work.

## Proving your worth

Participants were aware of the importance of delivering a good experience, ensuring that what they did was resulting in positive patient outcomes, and that they were making a difference to patients. They believed that this was directly linked to their reputation for doing things properly and doing a good job.

*"In private practice, there is a business side, so obviously wanting people to get better but trade was based on your reputation. So, you had to do a really good job." [P013]*

*"You spend the whole hour just being your very best self. Super polite, super nice, and convincing them of your extended scope of knowledge." [P019]*

Delivering positive patient outcomes means that patients don't need to return for follow up appointments. All participants spoke of using these positive experiences to build a strong reputation and to attract more patients through word-of-mouth referrals.

*"Because I want to get people better, I then need to make sure that I'm getting more people in, so the only way that's going to work is by doing what I do really bloody well and earning a good reputation." [P009]*

The importance of word-of-mouth referrals as a method of building their businesses was recognised by all participants and led them to consciously focus on delivering high standards of care, outcomes and an enjoyable patient experience.

One participant spoke about how collecting data using the Physio First data collection tool was a way of measuring the patient experience, whilst others mentioned that they requested feedback directly from patients and used this to not only prove their worth, but

also to provide reviews and testimonials for their websites.

## Conclusion

Initial findings and analysis suggest that the nature of self-employment and working in private healthcare has led physiotherapists to develop a range of skills, competencies and behaviours to navigate work and provide a high level of patient care. Findings have raised a series of interesting points, and moral and ethical dilemmas that self-employed, private physiotherapists encounter. Understanding this offers the opportunity to support the profession, and manage and navigate these challenges to achieve the best outcomes for patients whilst improving working conditions for self-employed physiotherapists.

The driving factors for physiotherapists to become self-employed include their dedication to patients, a desire to deliver high-quality care, and the freedom to practice as they see fit. Self-employment has the potential to provide workers with control and freedom over the way they work. However, it is also a precarious step that could result in the physiotherapist working longer hours, and potentially earning less, especially initially. It is vital, therefore, to inform and educate physiotherapists on the realities of self-employment, and it should be noted that most participants in this study advocated gaining experience in the NHS, or as an employee in private healthcare before considering a self-employed career.

Dedication to patients and having the freedom to practice in ways that achieves high-quality patient care was identified by the participants as the most motivating, enjoyable and rewarding part of being a self-employed physiotherapist. However, this dedication participants felt towards their patients appeared to increase the already high patient expectations. This led to participants not only working longer hours, but being accessible out of hours, experiencing additional pressure and feeling personally responsible for patient outcomes.


Managing patient relationships was of vital importance for all participants. The pressure to deliver a positive and enjoyable experience appears to be exacerbated by patient choice and consumerism inherent in private healthcare. Dedication to patients and viewing the profession as a vocation meant that all participants genuinely cared about their patients. Managing expectations and boundaries regarding the therapeutic relationship was seen as a key skill that several participants noted comes with experience, and is only possible when a successful patient list has been established. Support, guidance and strategies must be provided to help physiotherapists manage these interconnected dilemmas and tensions.

Some self-employed participants offered free treatment, owing to their personal values and ethical beliefs that quality care should be accessible to all. Empathy was cited as a key skill to being a good physiotherapist, and whilst dedication to patients was a motivating factor, a balance must be struck to avoid burnout, stress and empathy fatigue. Awareness, discussion and transparency are encouraged to help participants manage these thoughts, feelings and dilemmas, with support on how to ethically navigate these concerns.

## About the author

Penny Davis is an experienced HR practitioner within private healthcare, and a lecturer in Human Resources, Leadership and Management. She is in the fourth year of a part-time PhD studying Organisations, Work and Employment at the University of Central Lancashire. Her research aims to understand how self-employment affects the work of private physiotherapists and how this frames their understanding and attitudes toward work and careers.

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**"MOST PARTICIPANTS ADVOCATED GAINING EXPERIENCE IN THE NHS OR AS AN EMPLOYEE IN PRIVATE HEALTHCARE BEFORE CONSIDERING SELF-EMPLOYMENT"**