



## Self Assessment of Professional Core Values Among Physical Therapists

by Lee Ann Guenther PT, DPT, MS / Patricia McGinnis PT, PhD, MS / Matthew Romen, DPT / Kavita Patel, DPT

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### Address correspondence to:

Lee Ann Guenther PT, DPT, MS, Assoc. Prof./DCE, School of Health Sciences,  
Richard Stockton College of New Jersey, 101 Vera King Farris Drive, Galloway, New Jersey 08205.  
Phone: 609-652-4396. Email: LeeAnn.Guenther@Stockton.edu.

**Study Design:** Descriptive; survey; non-probabilistic sample.

**Objective:** The purpose of this study was to determine the self-assessed level of integration of professional core values among physical therapists and explore a potential relationship between select participant characteristics and this integration.

**Background:** The American Physical Therapy Association has identified seven core values of the profession, leading to the development of the *Professionalism in Physical Therapy: Core Values Self Assessment* tool. This tool, however, has not been used in research.

**Methods:** Twenty physical therapists were purposively selected to participate in this study; mean age of the sample was 39.4 years with mean experience at 11.9 years.

**Results:** Participants most frequently identified experiences in the Core Values of Caring/ Compassion, Accountability, and Integrity; and least frequently identified Social Responsibility experiences. Altruistic behaviors of providing pro bono and services to the underserved/underrepresented were rare. No relationship between participants' varied professional and post-professional experiences related to the Core Values was noted.

**Conclusion:** Six of the seven professional core values were well integrated into practice for these participants; but social responsibility was not consistently demonstrated. Future researchers have many issues to explore to develop an evidence base that can be used to enhance professionalism in the physical therapy profession.

## Introduction

In 2000, the American Physical Therapy Association's (APTA) House of Delegates drafted Vision 2020 for the physical therapy profession. The main pillars of the vision statement are autonomous practice, direct access, doctor of physical therapy (DPT), evidence-based practice, practitioner of choice, and professionalism.<sup>1</sup> Vision 2020 specifically defines professionalism as, "physical therapists and physical therapist assistants consistently demonstrating core values by aspiring to and wisely applying principles of altruism, excellence, caring, ethics, respect, communication and accountability and by working together with other professionals to achieve optimal health and wellness in individuals and communities."<sup>1(p. 1)</sup> The APTA has recently set forth a new Vision Statement: transforming society by optimizing movement to improve the human experience.<sup>2</sup> In addition to this new mandate, the achievement of Vision 2020 remains a critical endeavor. To promote the achievement of Vision 2020 with respect to professionalism, the APTA's Health Policy & Administration (HPA) Section devised the Leadership, Administration, Management, and Professionalism (LAMP) continuing education program.<sup>3</sup>

To explore the core values cited in Vision 2020 and their associated meanings and behaviors, the APTA's Board of Directors (BOD) convened a consensus-based conference on this topic in July 2002. Eighteen consensus conference participants, acknowledged experts in practice, education, and research, identified seven core and 68 related sample indicators or behaviors.<sup>4</sup> The seven core values follow: 1) Accountability, 2) Altruism, 3) Integrity, 4) Caring/Compassion, 5) Excellence, 6) Professional duty, and 7) Social responsibility. Another outcome of this conference was the *Professionalism in Physical Therapy Core Values Self-Assessment* tool. In August 2003, the BOD subsequently approved the self-assessment tool as "a core document on professionalism in physical therapy practice, education and research".<sup>4 (p.2)</sup>

It appears that physical therapy researchers have not used the *Professional Core Values Self-Assessment* tool in the past 10 years, as no literature in this area has been identified. In addition, although "instilling professionalism in students has long been a goal of physical therapist educators, there is little research addressing professionalism, or the effect of professionalism education on physical therapist students. Physical therapist educators know little of how, or if, their students develop professional values."<sup>5 (p.767)</sup> Kumar specifically reported that studies on "professional development and the impact of professional development programs do not adequately reflect the knowledge, attitudes, beliefs, and experiences of therapists in [the] seven core values of professionalism," among entry-level, post-graduate, doctoral, and post-doctoral therapists.<sup>6 (p.64-65)</sup>

Defining, measuring and facilitating professionalism is not only an issue in physical therapy. Within the medical field, for example, these tasks continue to be a challenge.<sup>4</sup> The Physician Charter on Medical Professionalism identified three fundamental principles of medical professionalism: 1) primacy of patient welfare, 2) patient autonomy, and 3) social justice.<sup>7 (p.134)</sup> The American Board of Internal Medicine (ABIM) also addressed professionalism by developing a set of ten professional responsibilities that include commitment to society and the maintenance of trust through the management of conflicts of interest.<sup>7</sup> Further, ABIM developed the *Taxonomy of Professional and Unprofessional Behaviors*. In 2012, Consorti, Potasso, and Toscano then identified three distinct components of professionalism as it relates to medical students: 1) sensitivity to socio-cultural differences, 2) empathetic behavior, and 3) professional skills related to self, colleagues, patients, and society.<sup>8</sup> Despite the identification of professionalism as an important part of medicine's contract with society<sup>9</sup> and the consensus that assessment of professionalism is needed, no standardized measurement tool currently exists in medicine.<sup>10</sup>

A 2007 Baylor University Medical Conference, however, identified the assessment of professionalism as the next step. A "360 degree" evaluation of medical professionalism was advocated including peers, educators, nurses, and patients for both formative and summative processes.<sup>9</sup> Robins et al., used the results of this conference in its "Project Professionalism."<sup>7</sup> Within the ABIM document, elements of professionalism for emergency medical practitioners were identified as altruism, accountability, excellence, duty, honor, integrity, and respect for others. The researchers coded verbal responses to three open-ended questions about professional standards of conduct as an attempt to assess professionalism within the emergency medicine curriculum.<sup>10</sup> In contrast to medicine, professionalism in nursing literature is more developed, including an assessment tool. Miller's *Wheel of Professionalism in Nursing* has been utilized to facilitate discussion of professional concepts over a two-year nursing program. Miller's Wheel has eight principles that describe professionalism for nurses: 1) publication/communication; 2) professional organization: participation; 3) self-regulation: autonomy; 4) research: development, use, evaluation; 5) continuing education: competence; 6) community service orientation; 7) theory development: use, evaluation; and 8) adherence to [legal] codes for nurses. This model takes a learner-centered approach utilizing case scenarios related to each of Miller's principles for student interaction. Its use has been associated with increased faculty satisfaction and student participation in classroom discussion of professional behaviors.<sup>11</sup> There is no application in Miller's Wheel, however, to professionalism in nursing practice.

In an attempt to link professionalism to the work environment in nursing, the *Professionalism and Environmental Factors in the Workplace Questionnaire* was specifically developed by Baumann and Kolotylo.<sup>12</sup> After testing from 2005-2007, this tool has emerged to assist nurses in discussing, reflecting, planning and implementing professionalism in practice. Preliminary validity, both content and face, as well as internal consistency reliability have been established, but the authors recommended continued testing of this tool with nurses in different practice settings to further determine its reliability and validity, particularly construct validity.<sup>12</sup>

The physical therapy profession must follow nursing's lead and psychometrically develop the *Professional Core Values Self-Assessment* tool so that professionalism in physical therapy can be reliably and validly measured. Given that there are no available data from this self-assessment tool, however, preliminary data are needed to illustrate basic psychometric properties such as central tendency, dispersion, and distribution; setting the stage for further, more complex, psychometric development. A reliable and valid tool will allow the profession to answer professionalism content questions such as how physical therapists with different educational and practice experiences may vary in their integration of core values into their practice. The purpose of this study, therefore, was to describe physical therapists' self-assessed participation in Core Values-related activities using the *Professional Core Values Self-Assessment* tool, with a focus on central tendency, dispersion, and distribution; and to preliminarily examine these data in relationship to educational and practice settings.

## Methods

The quantitative data in this study were collected with the *Professionalism in Physical Therapy: Core Values Self-Assessment* tool and a demographic questionnaire.

### Sample

Purposive sampling with snowballing was utilized in this pilot study. Specifically, researchers sought participants from professional contacts and other participants were identified through this first group. Individuals with the following characteristics were targeted: those currently enrolled in a post-professional DPT program, those without post-professional DPT study, recent DPT graduates, LAMP attendees, and PTs from varied areas of practice including administration. Purposive selection of this sample permitted exploration of varied professional, post-professional, and continuing education experiences in relationship to the profession's core values.

The sample consisted of 20 participants. All participants completed an informed consent approved by the Institutional Review Board of the Richard Stockton College of New Jersey.

### Measurement Tool

The participants completed the *Professionalism in Physical Therapy Core Values Self-Assessment* tool and a demographic questionnaire; data collection occurred via U.S. Postal Service mail. This tool consisted of 68 sample indicators or behaviors associated with the seven core values. Participants were asked to rate the frequency with which they exhibit each of the sample indicators using a five point Likert Scale: (1 = never, 2 = rarely, 3 = occasionally, 4 = frequently, 5 = always).<sup>3</sup> Face and content validity of this self-assessment tool have not been formally established.

## Results

The sample was comprised of 6 male and 14 female physical therapists. Their mean age was 39.4 years (range: 24 – 36 years) and the mean years of experience as a physical therapist was 11.86 (range: 1 month – 36 years). Education of the participants consisted of entry-level DPT degrees (n = 9, 45%); transitional DPT degrees (n = 7, 35%) and non-doctoral degrees (n = 4, 20%). Practice settings included acute care (n = 3, 15%); acute care/outpatient (n = 2, 10%); outpatient (n = 4, 20%); outpatient orthopedic (n = 2, 10%); inpatient rehabilitation (n = 2, 10%); long term care (n = 1, 5%); pediatrics (n = 2, 10%) and home care (n = 4, 20%). Four of the participants were administrators (20%), four attended the LAMP Program (20%), and seventeen (85%) were members of the APTA.

Participant responses to the *Professionalism in Physical Therapy Core Values Self-Assessment* tool are summarized for the sample indicators in the Table, where they are grouped by the seven professional core values. Noteworthy results are provided below.

### Caring/Compassion

The mean response to the 11 Caring/Compassion sample behaviors ranged from 4.35 to 4.65. All 20 of the respondents endorsed either *always* or *frequently* for 5 of the 11 Caring/Compassion sample indicators/behaviors. The item frequency distribution for this Core Value for all 11 sample indicators/behaviors ranged from 3 (*often*) to 5 (*always*).

**Accountability** The mean response to the Accountability sample behaviors ranged from 3.40 to 4.90. The lowest mean score of 3.40 was associated with the sample indicator/behavior: “educating students in a manner that facilitates the pursuit of learning.” All 20 of the respondents endorsed either *always* or *frequently* for six of the ten sample indicators in this category. The widest item frequency distribution for this indicator was seen with the sample indicator “maintaining APTA and other organization membership” with a range of 1 (*never*) to 5 (*always*).

**Table of Descriptive statistics for responses on the Professionalism in Physical Therapy Core Values Self-Assessment**

Core Value	Sample Indicator	Mean/Mode (Range) <sup>a</sup>
Compassion/Caring	1. Understanding the socio-cultural, economic, and psychological influences on the individual's life in their environment	4.35/4.0 (3-5)
	2. Understanding an individual's perspective	4.45/4.0 (4-5)
	3. Being an advocate for patient's/client's needs	4.60/5 (3-5)
	4. Communicating effectively, both verbally and non-verbally, with others taking into consideration individual differences in learning styles, language, and cognitive abilities, etc.	4.55/5.0 (3-5)
	5. Designing patient/client programs/interventions that are congruent with patient/client needs	4.65/5.0 (4-5)
	6. Empowering patients/clients to achieve the highest level of function possible and to exercise self-determination in their care	4.5/5.0 (3-5)
	7. Focusing on achieving the greatest well-being and the highest potential for a patient/client	4.4/5.0 (4-5)
	8. Recognizing and refraining from acting on one's social, cultural, gender, and sexual biases	4.55/5.0 (4-5)
	9. Embracing the patient's/ client's emotional and psychological aspects of care	4.15/4.0 (3-5)
	10. Attending to the patient's/client's personal, needs and comforts	4.4/4.0 (3-5)
	11. Demonstrating respect for others and considers others and unique and of value	4.65/5.0 (4-5)

### Integrity

The mean response to the 12 Integrity sample behaviors ranged from 3.65 to 4.90. The lowest mean item response of 3.65 was for “confronting harassment and bias among selves and others.” All 20 of the respondents endorsed either *always* or *frequently* for 4 of the 12 Integrity sample indicators. The full range of responses (1-5) was only seen with “choosing employment situations that are congruent with practice values and professional ethical standards.”

### Professional Duty

All participants indicated a strong sense of safety, security, and confidentiality in all professional contexts. A majority of respondents (n = 19, 95%) reported demonstrating beneficence by providing “optimal care” and facilitating each individual's achievement of goals for function, health, and wellness. Promoting the profession of physical therapy (n = 17, 85%) and mentoring others to realize their potential (n = 16, 85%) were also strongly endorsed Professional Duty behaviors. There was a wide frequency distribution of responses for the sample behavior “being involved in professional activities” beyond the practice setting: *never/rarely* (n = 3, 15%), *occasionally* (n = 6, 30%) and *frequently/always* (n = 11, 55%).

**Table of Descriptive statistics for responses on the Professionalism in Physical Therapy Core Values Self-Assessment**

Core Value	Sample Indicator	Mean/Mode (Range) <sup>a</sup>
Accountability	1. Responding to patient's/client's goals and needs	4.85/5.0 (4-5)
	2. Seeking and responding to feedback from multiple sources	4.20/4.0 (3-5)
	3. Acknowledging and accepting consequences of his/her actions	4.40/5.0 (4-5)
	4. Assuming responsibility for learning and change	4.30/5.0 (4-5)
	5. Adhering to code of ethics, standards of practice, and policies/procedures that govern the conduct of professional activities	4.90/5.0 (4-5)
	6. Communicating accurately to others (payers, patients/clients, other health care providers) about professional actions	4.55/5.0 (4-5)
	7. Participating in the achievement of health goals of patients/clients and society	4.05/4.0 (3-5)
	8. Seeking continuous improvement in quality of care	4.45/4.0 (4-5)
	9. Maintaining membership in APTA and other organizations	4.35/5.0 (1-5)
	10. Educating students in a manner that facilitates the pursuit of learning	3.40/5.0 (2-5)

### Excellence

Respondents reported “*frequently/always*” demonstrating the following sample indicators: “conveying intellectual humility in professional and personal situations” (n = 19); “engaging in acquiring new knowledge” (n = 19, 95%) and “use of evidence” (n = 18, 90%) “through the use of multiple sources” (n = 18, 90%); “sharing with others” (n = 19, 95%) and “using high levels of knowledge, skill, and evidence to support professional decisions/outcomes” (n = 16, 80%). Eight of the participants indicated occasional “tolerance for ambiguity in clinical practice.”

### Altruism

All of the respondents reported *frequently/always* for the indicators of “completing patient care” and “professional responsibility prior to personal needs,” while nineteen (95%) reported “placing patients’ needs above that of the physical therapist.” Seventeen (85%) of the respondents reported providing “care above expected standards of

practice.” A wide range of frequency distributions among respondents was demonstrated for the following sample indicators: “providing pro-bono services,” *never/rarely* (n = 8, 40%); *occasionally* (n = 8, 40%) and *frequently/always* (n = 6, 30%) and “provision of physical therapy services to the underserved and underrepresented population” *never/rarely* (n = 6, 30%) *occasionally* (n = 8, 40%) and *frequently/always* (n = 6, 30%).

### Social Responsibility

Respondents reported *frequently/always* “advocating for health and wellness needs” (n = 12, 60%); “demonstrating cultural competence” (n = 11, 55%); and “understanding current community-wide, nationwide, and worldwide issues and their impact on physical therapy services” (n = 12, 60%). Respondents indicated *occasionally* “providing leadership in the community” (n = 15, 50%); “ensuring that existing social policy is in best interest of patient/client” (n = 8, 40%); “promoting social



**Table of Descriptive statistics for responses on the Professionalism in Physical Therapy Core Values Self-Assessment**

Core Value	Sample Indicator	Mean/Mode (Range) <sup>a</sup>
Integrity	1. Abiding by the rules, regulations, and laws applicable to the profession	4.90/5.0 (4-5)
	2. Adhering to the highest standards of the profession (practice, ethics, reimbursement, Institutional Review Board [IRB], honor code. etc.)	4.30/5.0 (3-5)
	3. Articulating and internalizing stated ideals and professional values	4.30/4.0 (3-5)
	4. Using power (including avoidance of use of unearned privilege) judiciously	4.35/5.0 (4-5)
	5. Resolving dilemmas with respect to a consistent set of core values	4.60/5.0 (3-5)
	6. Being trustworthy	4.85/5.0 (4-5)
	7. Taking responsibility to be an integral part in the continuing management of patients/clients	4.80/5.0 (4-5)
	8. Knowing one's limitations and acting accordingly	4.55/5.0 (3-5)
	9. Confronting harassment and bias among ourselves and others	3.65/4.0 (2-5)
	10. Recognizing the limits of one's expertise and making referrals appropriately	4.65/5.0 (3-5)
	11. Choosing employment situations that are congruent with practice values and professional ethical standards	4.45/5.0 (1-5)
	12. Acting on the basis of professional values even when the results of the behavior may place oneself at risk	4.15/5.0 (2-5)

policy that effects function, health, and wellness" (n = 9, 45%); and "advocating changes in laws, regulations, standards, and guidelines that affect physical therapy services" (n = 6, 30%). Respondents indicated *never/rarely* promoting community volunteerism (n = 8, 40%); "participating in political activism" (n = 8, 40%); and "participating in achievement in societal health goals" (n = 7, 35%) outside of the career.

## Discussion

The purpose of this study was to determine the self-assessed level of core values among practicing clinicians. The three most frequently demonstrated core values in clinical practice were Caring/Compassion, Accountability, and Integrity.

The results indicate that Caring/Compassion behaviors are highly integrated into clinical practice. New and experienced practicing clinicians unanimously endorsed taking personal interest in their patient's experiences, providing high level of care, demonstrating strong communication skills, and advocacy of patient care. These findings are supported in the literature, which has reported high interest in establishing caring/compassion skills through meaningful clinical affiliations,<sup>13</sup> family upbringings,<sup>13,14</sup> and patient perspectives.<sup>14</sup> Among the participants in this study, no differences could be identified based upon their entry-level degree, area of practice, years experience, or exposure to LAMP content.

**Table of Descriptive statistics for responses on the Professionalism in Physical Therapy Core Values Self-Assessment**

Core Value	Sample Indicator	Mean/Mode (Range) <sup>a</sup>
Professional Duty	1. Demonstrating beneficence by providing "optimal care"	4.55/5.0 (3-5)
	2. Facilitating each individual's achievement of goals for function, health, and wellness	4.55/5.0 (3-5)
	3. Preserving the safety, security and confidentiality of individuals in all professional contexts	4.70/5.0 (4-5)
	4. Involved in professional activities beyond the practice setting	4.35/5.0 (2-5)
	5. Promoting the profession of physical therapy	4.30/4.0 (3-5)
	6. Mentoring others to realize their potential	4.15/4.0 (2-5)
	7. Taking pride in one's profession	4.90/5.0 (4-5)
Excellence	1. Demonstrating investment in the profession of physical therapy	4.45/5.0 (4-5)
	2. Internalizing the importance of using multiple sources of evidence to support professional practice and decisions	4.15/4.0 (4-5)
	3. Participating in integrative and collaborative practice to promote high quality health and educational outcomes	4.25/5.0 (2-5)
	4. Conveying intellectual humility in professional and personal situations	4.40/4.0 (4-5)
	5. Demonstrating high levels of knowledge and skill in all aspects of the profession	3.95/4.0 (3-5)
	6. Using evidence consistently to support professional decisions	4.05/4.0 (3-5)
	7. Demonstrating a tolerance for ambiguity	3.75/3.0 (2-5)
	8. Pursuing new evidence to expand knowledge	4.15/4.0 (3-5)
	9. Engaging in acquisition of new knowledge throughout one's professional career	4.10/5.0 (3-5)
	10. Sharing one's knowledge with others	4.40/4.0 (3-5)
	11. Contributing to the development and shaping of excellence in all professional roles	4.10/5.0 (3-5)

**Table of Descriptive statistics for responses on the Professionalism in Physical Therapy Core Values Self-Assessment**

Core Value	Sample Indicator	Mean/Mode (Range) <sup>a</sup>
Altruism	1. Placing patient's/client's needs above the physical therapists	4.55/5.0 (3-5)
	2. Providing pro-bono services	2.80/3.0 (1-5)
	3. Providing physical therapy services to underserved and underrepresented populations	2.95/3.0 (1-5)
	4. Providing patient/client services that go beyond expected standards of practice	4.10/4.0 (3-5)
	5. Completing patient/client care and professional responsibility prior to personal needs	4.55/5.0 (4-5)
Social Responsibility	1. Advocating for the health and wellness needs of society including access to health care and physical therapy services	3.75/4.0 (2-5)
	2. Promoting cultural competence within the profession and the larger public	3.65/4.0 (2-5)
	3. Promoting social policy that effect function, health, and wellness needs of patients/clients	3.45/3.0 (2-5)
	4. Ensuring that existing social policy is in the best interest of the patient/client	3.30/3.0 (1-5)
	5. Advocating for changes in laws, regulations, standards, and guidelines that affect physical therapist service provisions	3.70/3.0 (1-5)
	6. Promoting community volunteerism	2.80/2.0 (1-5)
	7. Participating in political activism	2.80/1.0 (1-5)
	8. Participating in achievement of societal health goals	2.75/3.0 (1-5)
	9. Understanding of current community wide, nationwide and worldwide issues and how they impact society's health and well-being and the delivery of physical therapy	3.70/4.0 (3-5)
	10. Providing leadership in the community	3.20/3.0 (1-5)
	11. Participating in collaborative relationships with other health practitioners and the public at large	3.10/3.0 (3-5)



In terms of accountability, participants were most clearly accountable to their patients, and to a lesser degree to their ethical code and standards of practice. Ross and Haidet<sup>15</sup> found that participants exhibited more patient-oriented responses after a patient-centered educational experience compared to before the educational experience. The present study, however, did not identify a link between entry-level education or LAMP participation and the level of participants' patient-oriented responses. The participants demonstrated accountability towards their own practices and standards; but they did not feel as strongly towards non-patient care-related behaviors like maintaining APTA membership and educating students. This was surprising given the high rate of APTA membership (n = 17, 85%) among the participants. This may relate to educators not requiring, or more strongly encouraging, students to be active members of the association.<sup>16</sup>

There was strong endorsement of the sample indicators related to the core value of Integrity. Specifically, indicators related to demonstrating self-integrity were strongly endorsed, as was acting on the basis of their professional values, even when that action created risk for themselves. These results are interesting in contrast to Swisher's findings of low moral reasoning scores by physical therapists in her 2010 study.<sup>17</sup> However it is unclear if or how self-integrity and moral reasoning are related, creating an area for future research. Sisola<sup>18</sup> suggests that including ethics and jurisprudence in entry-level physical therapy programs promotes sound ethical decision-making. As no striking differences between any of the subgroups of participants in this study was noted, the influence of education, specifically ethics and jurisprudence content, on the integration of behaviors for the Integrity core value is another area to be explored.

The sole, less frequently endorsed behavior for the Integrity core value was confronting harassment and bias within self and others. Other research has looked at these issues, including Thompson's,<sup>19</sup> which showed that some physical therapists use humor to avoid these issues and escape confrontation with their colleagues. The current study reinforces that these are difficult issues for physical therapists, which also call for additional research.

The core value of Social Responsibility had the least frequently demonstrated sample indicators, especially for the behaviors of political activism and community volunteerism. This is of concern because research has identified that participation in the community, if implemented during the educational process, is beneficial in shaping a health care professional.<sup>20</sup> Furthermore, students who participated in a community service experience stated that they had an increase in awareness of

their social responsibility.<sup>20</sup> Volunteers with a singular service experience, compared to volunteers with more frequent experiences, have shown an understanding and awareness of their social responsibility, but did not continue to perform service.<sup>21,22</sup> It may be that students must have multiple experiences to fully understand, appreciate, and practice social responsibility later in their professional careers.

The concept of community involvement is represented in the core values of Professional Duty and Social Responsibility. Social Responsibility includes a sample indicator promoting community volunteerism; Professional Duty includes participation in professional activities beyond the practice setting. Wojciechowski also identified volunteering as an important component of physical therapy professionalism.<sup>23</sup> Adding weight to the concern about physical therapists' integration of the Social Responsibility core value are the two less frequently demonstrated Altruism sample indicators, which were "providing pro-bono services" and "serving the underserved and underrepresented." Palombaro and Lattanzi<sup>20</sup> reported that developing pro-bono clinics in a physical therapy curriculum improves not only the education of the students, but their community involvement and leadership skills as well.

Several important limitations must be considered when considering this study's findings. Utilization of a non-probability, purposive sample is the greatest concern and therefore the current results should be considered preliminary. Given the strong connection to LAMP, and other professional activities, e.g. APTA membership, these results probably overstate integration of the core values into physical therapy practice. Despite this probable bias towards involved professionals, Social Responsibility stands as a Core Value that is not highly integrated into physical therapy practice. Future Core Values' research should have two foci: first, although the *Professionalism in Physical Therapy Core Values Self-Assessment* tool "has been widely used through the consensus-based development," more rigorous psychometric analyses should be undertaken according to Jody Frost, PT, DPT, PhD (email communication, 04/02/13). Construct-based research should focus on developing a more robust understanding of the degree to which physical therapists have integrated the APTA's Core Values into their practice, determining the characteristics that are associated with high levels of integration and identifying efficient and effective strategies to improve that integration. It is important to understand how and why Social Responsibility differs from the remaining core values and to generate strategies to facilitate its integration along with the other Core Values.

## Conclusion

The participants in this study reported frequent performance of behaviors associated with six of the seven APTA core values, as measured by the *Professionalism in Physical Therapy Core Values Self-Assessment* tool. While this study likely overstates integration of these values into practice due to the biased sample, it offers the first empirical look at this important feature of physical therapy practice. Future researchers have many questions to explore in order to develop an evidence base that can be used to enhance professionalism and ultimately further the physical therapy profession's achievement of Vision 2020.

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