



Exploring the experiences of UK-based private physiotherapists when running and progressing a physiotherapy business: a hermeneutic phenomenological study

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Abstract

Aim To explore the experiences of UK-based private physiotherapists when running and progressing a physiotherapy business.

Design A hermeneutic phenomenological approach.

Participants Six UK-based private physiotherapy practice owners were recruited via purposive and snowball sampling.

Methods In-depth, semi-structured video interviews (2 per participant), audio-recorded and transcribed. Field notes, respondent validation and a reflexive diary were used. Data underwent line-by-line analysis, identifying codes and themes. Constant comparison of data, codes and themes occurred throughout. Peer review was utilised, small sections of data and all emerging codes were independently reviewed.

Results Three interconnecting themes. *Working for myself*: participants highlighted the freedom, flexibility and independence of business ownership, whilst acknowledging the additional pressures/challenges associated with this. *Evolution of a practice*: business growth was slow, requiring income supplementation initially. Successful growth often utilised luck and unexpected opportunities. *Working with others*: participants faced decisions regarding solo or joint ownership, when/what additional staff were required, whether staff should be employed or self-employed, and how to appropriately manage/support staff.

Conclusions Private practice ownership brings an array of benefits and challenges. Areas for future research include exploring the stresses of private roles and business ownership, the evolution of private physiotherapy practices, small-scale business partnerships, and employment vs self-employment.

Contribution of the Paper

- This research suggests that although private practice ownership brings increased freedom, flexibility, and job satisfaction, this is tempered by an array of increased pressures and responsibilities.
- Practice growth was gradual, often involving luck and unexpected opportunities.
- Clinic owners face challenging decisions regarding the selection, management and support of additional staff.

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Introduction

Over 65,700 physiotherapists were registered with the UK Health and Care Professions Council (HCPC) in 2023 [S1]. Approximately 55% were employed within the NHS (National Health Service) and at least 45% worked privately for independent providers, other employers or were self-employed,

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with over 7000 private physiotherapy practices listed by the Chartered Society of Physiotherapy [1–3,S2]. Developing a private physiotherapy practice typically involves balancing clinical knowledge with business skills and healthcare economics; with business knowledge acquired through training, external help, and trial-and-error approaches, and business plans developed organically or lapsed over time [4,5].

Within the UK, websites, guides, and books are available for physiotherapists opening a private practice [6,7,S3]. However research exploring the various elements and experiences of running and progressing a private physiotherapy business in the UK is limited. Factors such as the benefits of working self-employed or running a business have been researched within other countries, including an increase in job satisfaction [8,9]. Although negative elements of business ownership have been explored, mental health promotion within small businesses is often limited and research focussed on the physiotherapy sector is lacking [10]. Physiotherapy-based research regarding how practices evolve, small-scale business partnerships and hiring staff is also significantly limited globally and lacking within the UK. The aim of this manuscript is to explore the experiences of UK-based private physiotherapists when running and progressing a physiotherapy business. It follows an exploration of the experiences of UK-based private physiotherapists' preparedness, business skills, marketing strategies and training [5].

Methods

Design

An interpretive paradigm using a hermeneutic phenomenological approach [11]. This reflexive approach adopted by Heidegger and Gadamer allows the combined exploration of researcher's and participants' interpretations [11]. The researcher's pre-understandings about the topic are reported (Table 1) [11].

The University of Hertfordshire Health, Science, and Technology ECDA granted ethical approval (protocol number: HSK/PGT/UH/04122).

Sample

Interview-based research lacks consensus regarding sample size guidance, instead recommending gaining rich,

in-depth data from a relatively homogenous group [12,13]. It was estimated that six to eight participants would balance the practical limitations of a small study undertaken as part of a Masters degree with this requirement for rich data [12,14].

Inclusion criteria: HCPC registered physiotherapists with a UK undergraduate or postgraduate physiotherapy-related degree and an established UK-based private physiotherapy practice. Exclusion criteria: anyone known to the researcher or not involved in the initial development of a practice.

The lead researcher EW identified potential participants via their practice websites, emailing them with a study information sheet. Potential participants were invited to invite others to participate [14]. Participants provided written informed consent prior to data collection. Recruitment occurred between April and November 2020. Data collection occurred between May 2020 and January 2021.

Interviews

Following a literature review, a semi-structured interview guide was developed (Table 2) by EW with input from their supervisor CML [15]. Probes were included to promote depth [16]. The guide was piloted on the first two participants and supervisor CML feedback was provided on the transcripts of the first participant and on interview technique. Owing to Covid-19 restrictions interviews were conducted online via Zoom (teleconferencing platform) at a time convenient for participants [15]. Interviews were audio recorded only and data anonymised and transcribed verbatim (by EW) assisted by otter.ai software [14]. Field notes, memos and a reflexive journal were used [15,16].

Gadamer believed that a participant's understanding of the topic changes over time [17]. Participants were interviewed twice: first interviews lasted between 39 to 73-minutes (mean 55-minutes), second interviews occurred between three and seven weeks later and lasted 23 to 40-minutes (mean 28-minutes) [16,17].

Data analysis

The lead researcher EW progressed through cycles of thinking, writing, and reading, combining data interpretations with their own experiences to develop new perspectives

Table 1

Pre-understandings identified by the lead researcher EW.

Background	<ul style="list-style-type: none"> • Physiotherapist • Initial NHS working • Moved to self-employed private practice under pressurised conditions in 2016 • Established a private physiotherapy clinic under further pressurised conditions within a tight timeframe
Pre-understandings	<ul style="list-style-type: none"> • Development of strong beliefs following negative experiences • Business ownership increases flexibility and autonomy and provides the opportunity to run a practice how you want • Business ownership presents additional challenges such as increased roles/responsibilities, lack of back-up/safety net, and increased financial challenges.

Table 2
Interview question examples.

Interview questions
(Participants were able to introduce new topics or avenues of discussion at any time throughout the interview and conversational prompts were used when required to maintain flow)
<ul style="list-style-type: none"> • Tell me about what led you to opening your own private physiotherapy clinic. • Tell me about any advantages or disadvantages to having a business partner. <ul style="list-style-type: none"> o (follow-up questions to explore whether the partnership is equal, when it first occurred, how tasks are distributed and what led to this). • Tell me about setting up your clinic. <ul style="list-style-type: none"> o (follow-up questions to explore whether they received any support from peers/acquaintances/independent sources, what went well, what did not go to plan). • Tell me about the journey of your clinic from the size it started to its current size. • Tell me about your staffing levels. <ul style="list-style-type: none"> o (follow-up questions to explore whether staff are employed/self-employed, how they approach staff supervision and CPD, whether they had ever felt that a member of staff was not the right fit for the team and how they approached this, when they transitioned into employing reception staff). • Knowing what you do now, if you were back in the position of opening a physiotherapy clinic for the first time, would you have done anything differently? <ul style="list-style-type: none"> o (follow-up questions to explore what and why). • What do you feel are the main differences between working within someone else's physiotherapy clinic and owning/running your own clinic? <ul style="list-style-type: none"> o (follow-up questions to explore advantages and challenges). • What would you advise someone else looking to open their own physiotherapy clinic?

Table 2 is part of a larger interview guide which also contains questions relating to business training, the acquisition of business knowledge, the development of business plans, marketing strategies, and clinical policies which are reported elsewhere [5].

[18,19]. This hermeneutic cycle creates a fusion of horizons between the experiences of the researcher and participants although, as horizons are open-ended, the truth can never be fully revealed, but these processes reveal insights into the phenomenon [19,20].

Data analysis processes are presented (Table 3). Their iterative and reflexive nature meant that sampling, data collection and initial descriptive coding occurred concurrently, however initial coding for first interviews occurred prior to conducting each corresponding second interview. Follow-up interview guides were individualised to each participant, allowing further probing into initial findings and for these to be discussed within second interviews to promote deeper shared understanding [17,21].

Rigour was promoted using a reflexive journal, peer review, field notes, respondent validation, a code-recode audit on one transcript, and constant comparison of data, codes, and themes [11,15,22]. The supervisor independently reviewed small sections of data, all emerging codes and, after completion of the MSc, the supervisor CML read all transcripts to provide further nuance and insight [22].

Findings

One hundred and fourteen physiotherapists were invited to participate, ten agreed, four withdrew prior to the first interview due to Covid-19 time-constraints. Six participants were recruited, see Table 4 for demographic details.

Analyses revealed three connecting themes (Fig. 1). The decisions and experiences of 'working for myself' directly influenced participant's 'evolution of a practice' and their choices when 'working with others'. Findings are presented below with supporting quotations (example Q1) reported in Table 5. Each quotation lists the corresponding participant followed by either 'a' indicating their first interview or 'b' from follow-up interview.

Working for myself

Stability vs constraints and risk

Participants had previously worked within NHS settings and/or other private clinics. Several participants felt working for someone else provided greater financial stability with fewer unexpected outlays "*working for...somebody else's practice, your income is much more stable*" (P5a). Conversely, "*if you're a sole trader, and then you start employing people, you haven't got a big company to fall back on if people have long term sick or have children*" (P6a). One participant commented on the uncertainty of job security when working for someone else (Q1).

Working within someone else's clinic could be frustrating and restrictive "*you can't step outside their guidelines and their boundaries*" (P5a). Participants highlighted the limitations of working within another's vision "*they're not willing to entertain it [my suggestions]*" (P1a), (Q2). One participant found working for a boss challenging "*[she] was quite a tricky character at times*" (P5a). Another felt they were never truly in charge or working for themselves "*I'm not my boss, everybody else is my boss, you're my boss because you're the patient*" (P1a). Despite unfulfilled expectations of working for themselves "*I anticipated that my partner would do more hours*" (P5a), some participants commented "*I don't know if I could work for somebody else anymore*" (P1a), (Q3).

Starting a business involves financial risk, uncertainty (Q4) and unexpected financial challenges; insufficient research could lead to unnecessary expenditures "*we've invested quite heavily in some major equipment...I'm not sure that it'll ever be that beneficial*" (P5a) and doing things "*because you think you should be doing them*" (P1a). Unforeseen financial outlays occurred "...*having to replace computers has been a huge expense...website management has cost a lot more than we expected*" (P5b) as did life events, "*pregnancy (leave) and things like that...That's...quite expensive...and...also side-lined business plans*" (P5b). One participant described issues from unsatisfactory advice from solicitors and accountants (Q5 to Q6).

Table 3

Summary of data analyses processes [16,20].

Source: Adapted from Watson and Minns Lowe [5].

Step	Actions	Reasons
1	<ul style="list-style-type: none"> • Familiarisation of data by researcher: <ul style="list-style-type: none"> o Audio recordings listened to and transcribed verbatim. o Transcriptions read. 	<ul style="list-style-type: none"> • Gain initial understanding of the whole text. • Maximise accuracy and reliability. • Assist with interview technique reflection and improvement. • Data immersion assisted the researcher in moving beyond the transcription words, uncovering deeper meanings.
2	<ul style="list-style-type: none"> • Initial coding (inductive coding approach): <ul style="list-style-type: none"> o Every sentence investigated to explore their meanings. • Transcripts annotated descriptively with individual words/short summaries capturing the essence of each segment. • Small sections of data reviewed by supervisor. 	<ul style="list-style-type: none"> • Helps capture the data's complexity and diversity. • Not constrained by pre-existing theoretical frameworks. • Driven by the data, allowing the researcher to explore the ontological possibilities. • Point of note: prior experiences means coding can never be completely inductive, there will always be a small element of deductive. • Review of data by supervisor promoted rigour.
3	<ul style="list-style-type: none"> • Second coding: <ul style="list-style-type: none"> o Initial descriptive codes were refined/organised into code categories based on content and meaning. o The researcher explored emerging patterns, grouping conceptually similar codes to create sub-themes with the assistance of NVIVO 12 Pro Software. o 83 initial code categories were identified. o Supervisor reviewed all emerging codes. 	<ul style="list-style-type: none"> • Data volume meant initial code categories were divided into two journal articles covering different topics. • Review of codes by supervisor promoted rigour.
4	<ul style="list-style-type: none"> • Initial theme development: <ul style="list-style-type: none"> o Identified from code categories pertaining to current article. o Review of initial theme development by supervisor. 	<ul style="list-style-type: none"> • Develops a rich and detailed understanding of the investigated phenomenon (see Fig. 1). • Review of themes by supervisor promotes credibility and rigour.
5	<ul style="list-style-type: none"> • Returning to the text: <ul style="list-style-type: none"> o Constant movement between the whole text, parts of the text, codes and categories occurred throughout - hermeneutic cycle. 	<ul style="list-style-type: none"> • Relating every sentence to the meaning of the whole text expanded the sense of the whole text, and in turn the meaning of each part.
6	<ul style="list-style-type: none"> • Identification of quotes: <ul style="list-style-type: none"> o Quotes representing the shared understanding of both the researcher and participants were identified. 	<ul style="list-style-type: none"> • Provides the reader with insights into the discussed phenomenon.
7	<ul style="list-style-type: none"> • Peer review and refining of themes: <ul style="list-style-type: none"> o Following submission of the masters project, the supervisor read and peer reviewed all transcripts. o Further discussion held regarding development of themes and consolidation of findings 	<ul style="list-style-type: none"> • Provides further nuances and insight. • Increases credibility and rigour.

The transition to private practice

Participants reported 5 to 27 years of physiotherapy experience prior to opening a private practice, only one commented their transition into private practice was a natural progression rather than a definite plan “*I played a lot of sport myself...I just...started being asked to treat things*” (P5a). The majority made conscious decisions to establish a clinic due to job dissatisfaction “*the pressures were...getting...too full on*” (P4a), “*I...got a job...doing physio triage...it was just horrible*” (P2a), (Q7). One participant wanted ownership over their work “*you...realise that you could do things better yourself and you wanted to then start to take some ownership over it rather than being told*” (P1a), another was forced into the decision sooner than planned due to changed work circumstances (Q8). A further participant explained the decision was taken “*over a drunken conversation with my partner...we said, ‘well, why don’t we do it ourselves’*” (P4a).

Freedom, flexibility and satisfaction

All participants observed the freedom, flexibility and independence that owing a business provided “*I love the flexibility it gives me*” (P4a), (Q9 to Q10). Most discussed the advantages of independence “*being your own boss, you’re 100% free*” (P2b), and freedom to choose how they worked and treated patients “*I enjoy being my own boss and setting my own parameters*” (P3a), (Q11). “*Patient satisfaction and my satisfaction from treating patients*” (P5a) generated feelings of success amongst several participants, (Q12). Some felt working for yourself “*can be more rewarding personally, physically, financially*” (P1a), (Q13).

Pressure and responsibilities

Participants identified unpredictable challenges associated with running a business “*there will be challenges. As soon as you think that everything is going well... something goes wrong*” (P1a). Several participants discussed increased re-

Table 4
Demographic characteristics of participants.

Participant	Male/ female	Age	Prior career	Location	Practice opening	Experience prior to opening (years)	Business partner	Sole physiotherapist	Rooms	Admin staff	Additional clinical staff
1	Male	43	None	City	2004	6	No	No	4	Yes	Physiotherapists
2	Female	51	None	Rural	2017	27	No	Yes	1	No	None
3	Female	50	Professional dancer	City	2003	7	Yes	No	3+ hired hall	Yes	Physiotherapists, massage therapist
4	Male	32	None	City	2018	10	Yes	No	3+ gym	No	Physiotherapist
5	Female	63	None	Rural	1989/2009	6	Yes	No	3+ gym	Yes	Physiotherapists, Pilates instructor, nutritionist, mindfulness instructor, sports/ massage therapist, occupational therapist, podiatrist
6	Female	53	Typist	City	2009	5	No	Yes	1	No	None

sponsibility and additional roles “*there’s nobody else you can hide behind*” (P2a), (Q14 to Q15), carrying out management tasks beyond that of a clinician “*I...make appointments...all my emails...do all my ordering...take payments* (P6a). Challenges could cause significant stress “*I got very...stressed and quite low in mood at around the time of opening...I was the only bread winner temporary*” (P4a).

The evolution of a practice

Gradual growth

Business growth was generally gradual “*it was a slow build...it...wasn’t full to begin with*” (P3b), with most participants initially supplementing income with additional employment “*I was a locum as well*” (P4a), (Q16). Financial backing varied, with participants generally self-funding or relying on support from spouses or parents, without which clinic survival would have been questionable “*I’d have had to pack it up already*” (P2a). For others, expansion occurred when they were confident they’d “*gone above the level to be able to transition over*” (P3b) or wanted to increase their income whilst maintaining quality “*you realise you can’t do more appointments cause your quality starts to suffer*” (P1a). Expansion varied from occurring early “*we have...taken on another staff member... this evening*” (P4a) (Q18), to being fully established “*we’ve got a really good flourishing practice...we work at probably about 95% capacity*” (P5a).

Luck, opportunities and building a practice

Several participants successfully established a client base and steady growth to reach independence, with some suggesting luck was involved “*we established a client base reasonably quickly...probably more by luck than planning.*” (P3a), (Q19 to Q20). Participants took every opportunity they came across (Q21) and working practices evolved as businesses grew “*when I started...I did home visits...I’ve...phased them out because it just takes so much time*” (P6a) and impacted upon treatment numbers (Q22). Some initially had more insurance company patients or were “*more involved in...industries or companies.*” (P6a).

Location of practice

Only one participant went straight into an external clinic setting “*we chose on our local area...found the premises... and have not looked back since*” (P4a). Some initially worked from home; one continued, whilst others expanded into external premises (Q23). Another started out combining home-working and renting “*we hired out a (part time) room in a chiropody clinic...I did some rehab Pilates...from our...home*” (P3a), then purchased a temporary clinic location before building “*a purpose-built clinic*” (P3a). One participant began as a mobile physiotherapist before converting a room of their house. Locating suitable clinic premises was difficult for some in terms of layout and unforeseen changes of circumstances

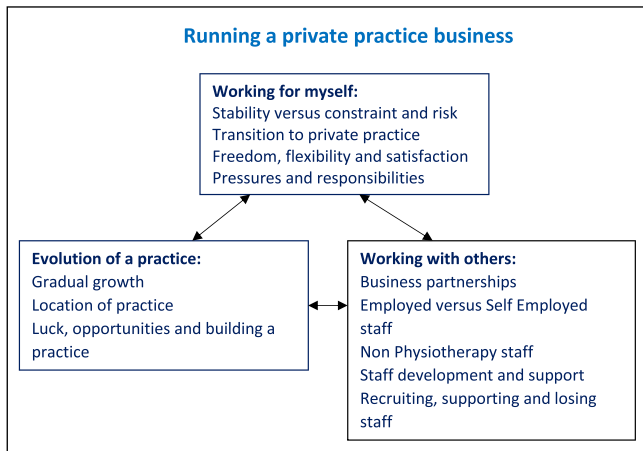


Fig. 1. Summary of relationships between themes.

“our first location...unfortunately it fell at the last hurdle... and then we crashed back to Earth” (P4a), (Q24).

Working with others

Participants faced decisions regarding sole working or forming a business partnership, when and what additional staff are taken on, whether staff should be employed or self-employed and how staff are managed and supported.

Business partnerships

Partnership formats ranged from silent support through to equal ownership, from spouses to relative strangers. Half the participants had a business partner, two with spouses *“50-50 stakeholders...we both put the same amount of money in”* (P4a) or *“(I’m) the one that makes all the decisions”* (P3b). The third participant planned expansion when a prior contact approached them *“she has 40% of the business and I have 60% of the business”* (P5a), upholding a strict *“business relationship I think that’s one of the reasons it’s worked.”* (P5a). Participants highlighted advantages, being able to *“bounce ideas off the other person”* (P3b), (Q25), utilising each other’s complementary skills *“seeing what each other’s strengths and weakness are”* (P4a) and understanding each other’s role. The benefits of balancing personality styles were considered (Q26) leading to specific division of labour *“I deal with the financial side...she deals with the social media and the computers”* (P5a), (Q27). This was sometimes deliberate *“we did... some profiling of our working patterns...it really showed that I was actually better at admin”* (P4b).

Not everyone had/wanted a business partner, *“I am a control freak...I don’t know whether I’d end up clashing with them”* (P2a). Another highlighted strain caused by partnering with a spouse (Q28). Both spousal partnerships identified blurred work-life boundaries *“sometimes...it’s impossible. As we sit there on a Saturday morning having coffee...we end up inevitably talking about business”* (P4b),

highlighting that a neutral setting could be useful (Q29). Strategies utilised when differences of opinion arose included shelving an issue to revisit later, discussing and altering expectations (Q30) and acknowledging differences *“I have my own way of how I would like it to be and look... this is different”* (P4a), (Q31).

Employment vs self-employment

All four participants with other members of physiotherapy staff stated these were self-employed, either from habit (Q32) or because of the *“low hours...and...the whole rigmarole of PAYE, NI, annual leave”* (P4a). Self-employment provided *“flexibility to have as many weeks off (as) they want”* (P3b). Participants (including one without staff) believed self-employment provided clinics with some financial protection, *“other physios...they are never employed, they are always taken on as self-employed...that does...protect you a bit”* (P6a), whilst incentivising staff to work harder (Q33). One used incentives within contracts, providing different pay rates depending on performance *“[contracts are] based on a percentage of turnover”* (P1b). Another participant paid all staff identically regardless of experience *“everyone should be on the same rate”* (P3b).

Non-physiotherapy staff

Table 3 reports additional clinical staff working for each participant. Only one participant operated a multi-disciplinary clinic beyond physiotherapists and massage therapists. Another planned to do so, with both believing this improved learning opportunities and collaboration *“we can talk to each other. We don’t have to pick up the phone”* (P5a), (Q34), and provided a holistic service in one location for *“a patient’s rehabilitation all the way through...onto Pilates, or mindfulness, or the... nutritionist”* (P5a).

Half the participants utilised administrative or reception staff. Other responsibilities, such as ordering stock, emails, and sorting accounts, varied (Q35 to Q36), with administrative staff being either on-site or virtual to ensure prompt answering of phone calls (Q37). In-house administrative staff were used when it was no longer cost-effective to be performing the tasks themselves or became overwhelming *“you start to realise that actually if you paid somebody that it would more than pay for itself”* (P1a), (Q38). Another intended to employ a receptionist *“when our physiotherapy requirement outweighs our admin requirements”* (P4b), however someone else disliked the idea of relinquishing full control of their calendar *“I wouldn’t want someone to run my diary for me”* (P6a).

Staff development and support

Supervision and continuing professional development (CPD) varied. Some participants held team meetings ranging from *“a couple of times a year”* (P5a) to *“every month we have a team meeting...every two months we have... proper CPD”* (P1b). Staff supervision ranged from formal shadowing and appraisals *“everyone would shadow once a*

Table 5
Interview quotations to support the themes.

Theme headings	Quotations
Stability vs constraints and risks	<p>Q1 “if the person that owns the business has a change of heart...we were all...suddenly...told to leave” (P6a)</p> <p>Q2 “my boss was super...but she made different business decisions to what I would have made” (P2a)</p> <p>Q3 “I would never...want to go back to working for anybody ever again” (P4a)</p> <p>Q4 “I wasn't ready in the fact that I didn't have a client base...it took a while to build up...I wouldn't have earned a living from it to start with” (P6a)</p> <p>Q5 “the accountants...we got a recommendation...they seem good...And as we then found out downtime, maybe not” (P4a)</p> <p>Q6 “we registered...as a LLP (limited liability partnership) initially...we took...advice from solicitors...they...sold us some duff information, which...then led to us now...changing the status of the business, which is...going to create more problems with HMRC (tax office)” (P4a)</p>
The transition to private practice	<p>Q7 “I decided (to do my own thing) after being put...on-call for Christmas after having my first child” (P3a)</p> <p>Q8 “I started looking into setting my own business up just to...run alongside, but things came to a head with the whole clinic. And so I was...thrown in the deep end and had to get on with it” (P6a)</p>
Freedom, flexibility and satisfaction	<p>Q9 “(I) have greater clinical judgement of for how long and how I treat that patient (P3a)</p> <p>Q10 “I can get a good home-work-life balance” (P6a)</p> <p>Q11 “I...prefer longer with each patient than the others do” (P5a)</p> <p>Q12 “the feedback I'm getting...people...like the service that I'm offering” (P2a)</p> <p>Q13 “you've got more job satisfaction...I'm very privileged” (P5a)</p>
Pressure and responsibilities	<p>Q16 “I...had to supplement it with bank work...for about four years” (P6a)</p> <p>Q17 “my business partner...finances aren't...an issue for them...and I put a little bit in... we didn't need to approach banks” (P5a).</p> <p>Q18 “starting next week, we are...opening a satellite clinic” (P4a)</p>
Gradual Growth	<p>Q16 “I...had to supplement it with bank work...for about four years” (P6a)</p> <p>Q17 “my business partner...finances aren't...an issue for them...and I put a little bit in... we didn't need to approach banks” (P5a).</p> <p>Q18 “starting next week, we are...opening a satellite clinic” (P4a)</p>
Luck, opportunities and building a practice	<p>Q19 “the practice just steadily grew and expanded...I think I've just been really lucky” (P5a)</p> <p>Q20 “where we are now fell into our lap quite nicely and we've never looked back since” (P4a)</p> <p>Q21 “I've started to pick up one or two folks in old people's homes...a good thing and a surprising thing” (P2a)</p> <p>Q22 “if it takes me half an hour to get there and half an hour to get back that's an hour's worth of another person I could be seeing” (P2a)</p>
Location of practice	<p>Q23 “ultimately you say now I need...a building that I can grow into that can last the test of time...it was a natural progression” (P1a)</p> <p>Q24 “the office area was upstairs and patients were... sitting downstairs...there wasn't...much connection between the practice manager and the clients” (P3a)</p>
Business partnerships	<p>Q25 “Not taking it all on board myself” (P4a)</p> <p>Q26 “I'm...the...level-headed...practical person. Whereas my partner's... looking at the bigger picture, which is great because I don't do that” (P4a)</p> <p>Q27 “we both then have our own roles...I have a lot of the...admin...to do...whereas she's doing a lot more of...getting contracts...(and) a lot of all the rehabilitation” (P4a)</p> <p>Q28 “living and working with your partner is something that's challenging... then you throw in the stress of your own business and then it's like oh my word” (P4a)</p> <p>Q29 “we do utilise...walking meetings...we get out of our clinical (and) our home environment...so you're in a neutral grounding” (P4a)</p> <p>Q30 “she wants to take out more money straight away, whereas I would want to cushion the practice” (P5b)</p> <p>Q31 “she'll arrive on the dot when she's due to start work and leave on the dot...and doesn't know the work that has gone into getting the clinic ready for her” (P5b)</p>
Employment vs self-employment	<p>Q32 “that's what I'd always done, rather than there being any significant reason” (P3b)</p> <p>Q33 “it's in their interests to work...they only get paid for when they work...and...we don't then have to pay pension contributions and sick pay and holiday pay” (P5a)</p>
Non-physiotherapy staff	<p>Q34 “other professions...will add different elements to our treatment base, to our CPD (continuing professional development)...to how we operate” (P4b)</p> <p>Q35 “she (clinic manager) deals with the majority of the phone calls and... email responses. She does the weekly accounts” (P3a)</p> <p>Q36 “the practice manager does the...accounting side. One...receptionist does all the ordering, the other receptionist arrives on the dot and leaves on the dot...the other two are youngsters who fill in” (P5a)</p> <p>Q37 “also use virtual admin...in terms of bookings...it's a back-up.” (P1a)</p> <p>Q38 “I was spending really quite a lot of time doing the administration side. It was falling behind” (P3a)</p>
Staff development and support	<p>Q39 “If we're not happy with what someone is doing, I have a word with them quietly. Andthey know that they can always come and talk to us” (P5a)</p> <p>Q40 “I definitely felt really well supported within the NHS in terms of clinical supervision and support...I don't get that as much” (P3a)</p>

Table 5 (Continued)

Theme headings	Quotations
Recruiting, supporting and losing staff	<p>Q41 “it’s not like you have a list of physios who fit that mould and you can just say ‘yeh, sorry, next’” (P1b)</p> <p>Q42 “I’m...clear with people what the benchmarking is...the support that will be given, what I expect of them and what they get in return” (P1a)</p> <p>Q43 “it’s trying to...empower our therapists...they are independent autonomous practitioners...but just try and...stick to the club rules” (P4a)</p> <p>Q44 “massage therapists, sports therapists, we probably get through more quickly...because physically they struggle (P5a)</p> <p>Q45 “I’ve been through scenarios that I never thought I would have to do. A member of staff had breast cancer, a member...had serious family difficulties... you’re becoming the person that’s trying to help manage them through that. And you have no training for... it” (P1a)</p>

week in some...form, be shadowed or shadow...quarterly reviews” (P1b) to the opposite “I don’t do appraisals, because I hate appraisals” (P5a), with support as required (Q39). Another participant utilised impromptu support and an open-door approach as required. CPD activities also varied across the clinics, from self-study “you’re constantly reading...I subscribe to a journal” (P1b), to encouraging staff to attend CPD events externally “Our local...private hospital, puts on monthly events” (P3a) or internally “We had consultants coming to the practice, we get in physios” (P5a). External support was also used “We’ve got a...network of other professionals which we can call upon” (P4a). Clinics with staff working within the NHS expected them to access CPD there instead. The potential for isolation and reduced clinical support within some private practice environments was viewed negatively by some participants “being on my own...I don’t have those colleagues around me” (P6a), (Q40).

Recruiting, supporting and losing staff

Some participants discussed issues with recruitment (Q41) and applicant experience “the...physios that come in are more recently qualified” (P3b) or “haven’t had a lot of hand-on experience” (P3a). Several identified clear expectations during interviews “we make it quite clear as to what our priorities are, and what we expect of them” (P5a), (Q42). There is a balance between nurturing clinician autonomy and individuality whilst maintaining clinic procedures (Q43). Staff turnover varied depending on role, with lower turnover seen for physiotherapists, but higher turnover seen within massage roles (Q44). Variability in staff quality was also discussed “over the years there have been 20 people...some were really good, some clearly not so good” (P1a), along with the challenges of deciding when support/help is required, or when the situation was not “‘working out’...it’s for both of us, because probably people are going to be happier elsewhere” (P1b). Difficulties supporting staff through unexpected scenarios was also highlighted (Q45).

Advice for running a business

Participants words of advice to future clinicians contemplating clinic ownership are provided in Table 6.

Discussion

This first UK-based study, joining limited research worldwide, explored the experiences of private physiotherapists when running and progressing their physiotherapy business. The depth and richness of data gained will allow individual readers to assess whether results can be extrapolated to their situation, however further research is required to assess overall transferability.

Participants expressed increased job satisfaction from working for themselves, highlighting increased flexibility, improved home-work-life balance, greater autonomy and improved satisfaction personally, physically and financially. UK Job satisfaction has been explored in an NHS or advanced practice physiotherapy setting, which differs to private practice owners [23]. An Australian survey ($n=205$) however, concluded private practice ownership was a strong predictor of increased job satisfaction [8]. The link between increased autonomy and higher job satisfaction highlighted by current study participants has also been confirmed amongst private physiotherapists [9,24]. Regarding financial stability, study participants were divided; some believed private practice ownership bought improved financial rewards, others that financial stability was better when working for someone else. Mulcahy *et al.* [25] concluded private practice owners reported higher financial satisfaction, leading to higher job satisfaction, whereas a survey ($n=581$) of employed/self-employed Australian physiotherapists found no significant difference in satisfaction with financial security between groups [24]. Others assert that financial uncertainty as a common cause of increased work-related stress [26,27].

Negative aspects to practice ownership included added pressure/s, increased responsibilities, additional management tasks/roles, and increased strain. Participants described the role of a small business owner as more ambiguous, with extra tasks, administration and tight deadlines than those of employees, increasing work-related stress [28,29]. Long hours, social isolation, risk of failure, reputational threat and a lack of a ‘safety net’ are further stressors for small business owners [10,27]. Despite business owners’ high risk of experiencing work-related stress, burnout and depression, mental health promotion is often lacking and future research is needed [10].

Table 6
Advice for running a business.

Quotations
<i>"Think long and hard about what it is that you want...who it is you want to be and what it is you're looking for really"</i> (P1a)
<i>"It is and it should be hard work. I think a lot of people...think...it's easy because I just have to do my own thing"</i> (P1a)
<i>"I'd be really apprehensive if somebody was coming straight out of physio school and going 'I love what you do in your job, I want to get straight into it'. I'd be like 'hang on, at least go to a clinic where there's more than just you"</i> (P2a)
<i>"If that's what you want to do and you feel that that's your place, get on and do it...having some planning is ideal, but...sometimes learning on the job is ok too"</i> (P3a)
<i>"Starting small...do it as part time and then gradually build up, that would be a safer option"</i> (P3a)
<i>"There's often a lot more behind the scenes than you realise beforehand. But if you're prepared for that, that's fine"</i> (P5b)
<i>"Do it and give it a chance...if you succeed, great, if not, well...the worst thing to do is not try and then you'll forever be wishing"</i> (P4a)
<i>"There's plenty of...people to speak with...we've spoken with so many private practice owners who've been happy to tell you about what they've done wrong and what they've done right"</i> (P4a)
<i>"Not setting your expectations too high...it probably takes ten years to get it properly established...it's not going to happen in the short term"</i> (P5a)
<i>"Choose very carefully where they do it, where there's the demand"</i> (P5a)
<i>"It's worth making the effort and...being prepared to think that...financial gain isn't everything"</i> (P5a)
<i>"You need to be prepared to...realise that it's not going to be a fully running clinic...overnight"</i> (P6a)
<i>"It's just a case of doing what you have to do to keep the ball rolling. Because I wouldn't have earned a living from it to start with"</i> (P6a)
<i>"Look after yourself as well, look after your posture. Have a bed that goes up and down, don't have a fixed plinth. And from a safety point of view, if you're on your own, just let people know what time you're expected home"</i> (P6a)
<i>"Have courage in your convictions"</i> (P6a)

'The evolution of a practice' narrates clinic growth. Previous research in this area was not found. The narration of participants' journeys provides readers with in-depth understanding of participants' realities and points of view for six private practices, allowing readers to apply findings to their own context [30,31]. Three participants highlighted advantages and challenges associated with having a business partner, no research was located for small private practices partnerships, only research examining business partnerships for large/multinational corporations or private-public partnerships.

Participants with additional staff chose to hire physiotherapists on a self-employed basis; reasons included habit, simplicity, incentives to boost staff performance and protecting the business. However the HM Revenue and Customs regards employment as working regular hours, receiving supervision, being unable to send someone else to do their job, and working in a business location [S4]. This mismatch raises questions around how private physiotherapy businesses are structured and whether employment or self-employment is appropriate.

Staff supervision ranged from shadowing to informal, impromptu support. CPD practices varied from reading research to consultant talks or peer support. Two participants highlighted their isolation without colleagues or the NHS CPD

structure. Attitudes to CPD vary, affected by career stage and working within the NHS or private practice [32]. This survey found the volume of CPD across settings to be similar but identified that increased staff pressures within the NHS led to larger CPD barriers and reduced time allocation, with private sector physiotherapists exhibiting more positive attitudes towards CPD [32]. Electronic CPD methods are valuable, especially electronic journal articles [33] and self-reflection is common although there can be a disconnect between reading articles and implementing findings into practice [34].

Discussions surrounding staff management included staff recruitment, retention, and support; these are similar across UK healthcare settings. The CSP's Leadership Development Programme [S5] responds to the lack of leadership and development opportunities designed for physiotherapists, restrictions in time, funding, and perceived opportunities which result in managers experiencing low confidence and aims to improve leadership skills [35]. Managers consider building successful relationships with staff as key to effective leadership, so leadership training could enhance skills and increase confidence [36].

The lead researcher's pre-understandings developed throughout this research, she still believes business ownership comes with 'pros and cons'; the benefits and improved job satisfaction need weighing-up need against the additional challenges and responsibilities. The journey to establishing a successful clinic is not straightforward, can provoke significant stress, and greater awareness of business owner mental health is required.

Limitations

Covid-19 restrictions prevented face-to-face interviews. During interviews one participant took delivery of a package, another felt uncomfortable using video, and three were briefly interrupted by video/audio-feed failures. Participants repeated inaudible sections, but these disrupted the flow of interviews and sections were not repeated word-for-word but paraphrased/ altered, although rapport did not appear adversely affected. Impact of interrupted flow varies amongst studies; some report negatively whilst others reported that overcoming technical issues creates a positive bonding effect [37,38].

Recruitment was slower than anticipated due to Covid-19, with physiotherapists declining participation owing to pandemic-related reasons, weakening the intended purposive sampling. Recruitment moved towards convenience sampling to obtain sufficient participants, achieving a wide range of participant demographics and rich data [39]. The self-selecting nature of participants means the sample may not be typical of all practice owners [40].

Conclusion

This research suggests that although private practice ownership brings increased freedom, flexibility, and job satisfaction,

this is tempered by an array of increased pressures and responsibilities. Practice growth was gradual, often involving luck and unexpected opportunities. Clinic owners face challenging decisions regarding the selection, management and support of additional staff. Further research is required to assess this exploratory study's transferability. Areas identified for future research include exploring the stresses of private roles and business ownership, the evolution of private physiotherapy practices, small-scale business partnerships, and employment vs self-employment.

Ethical Approval

The University of Hertfordshire Health, Science, and Technology ECDA granted ethical approval (protocol no : HSK/PGT/UH/04122).

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Appendix A. Supporting information

Supplementary data associated with this article can be found in the online version at [doi:10.1016/j.physio.2024.04.349](https://doi.org/10.1016/j.physio.2024.04.349).

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