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Cole Kampen

St. Catherine University

Nicholas Schneider

St. Catherine University

Miranda Swensen

St. Catherine University

Amy Thompson

St. Catherine University

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Political Participation in Physical Therapy: Attitudes and Perceptions Across the Practice Spectrum

Doctor of Physical Therapy Program
St. Catherine University

Cole Kampen, Nicholas Schneider, Miranda Swensen, Amy Thompson

12/1/2010

Research Advisor: Associate Professor Lisa L. Dutton, PT, PhD

ABSTRACT

BACKGROUND AND PURPOSE:

Political participation has been identified by the APTA as one way to engage in social responsibility. Among the traditional professions, including health care, political participation is encouraged as a professional duty to society through professional codes of ethics and educational preparation. Currently, no research exists on PT professionals' attitudes regarding political participation. The purpose of this study was to explore physical therapists' perceptions and experiences surrounding political participation.

METHODS:

A phenomenological qualitative approach was employed to gather data from 4 semi-structured focus groups regarding physical therapists' perceptions surrounding political participation. Participants included 22 physical therapists and 1 physical therapist assistant from the acute, outpatient, and inpatient rehabilitation practice settings. Audio data from each focus group was transcribed, returned to subjects for verification, and independently coded and themed by the researchers. Methods such as purposive sampling, member checks, peer debriefings and triangulation were used to support the dependability and trustworthiness of the study.

RESULTS:

Multiple themes emerged within four categories. The "individual" category included one's views about political participation, specifically as a professional role. The "behaviors and outcomes" category included the actions individuals engage in when participating politically and the achievements gained through said participation. The "motivators and barriers" category described the influences on the behaviors, either encouraging or discouraging political participation. The aforementioned categories exist within the larger context of the final category, the "physical therapy profession/APTA and practice setting."

CONCLUSION:

Results of this study indicate that PTs perceptions of political participation emerge from a combination of personal and experiential elements. PTs recognized the importance of political activity, but saw it as more a role of the APTA rather than the individual.

Participants had difficulty articulating the achievements of the APTA in the political arena and expressed frustration with the communication of political advocacy information. For political participation among PTs to increase, exemplary behaviors should be modeled in the school and work places, motivating factors should be increased and barriers decreased. Furthermore, there must be a direct and explicit call for physical therapists to live up to the standards charged by their profession.

RESEARCH ADVISOR FINAL APPROVAL FORM

The undersigned certify that they have read, and recommended approval of the research project entitled...

POLITICAL PARTICIPATION IN PHYSICAL THERAPY: ATTITUDES AND PERCEPTIONS ACROSS THE PRACTICE SPECTRUM

submitted by
Cole Kampen
Nicholas Schneider
Miranda Swensen
Amy Thompson

in fulfillment of the requirements for the Doctor of Physical Therapy Program

Primary Advisor Cora Routh Date 4/28/11

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CHAPTER I: INTRODUCTION

In 1999, the American Physical Therapy Association (APTA) produced a vision statement to guide the profession and set goals for the year 2020. This vision states

[p]hysical therapy, by 2020, will be provided by physical therapists who are doctors of physical therapy and who may be board-certified specialists. Consumers will have direct access to physical therapists in all environments for patient/client management, prevention, and wellness services. Physical therapists will be practitioners of choice in patients'/clients' health networks and will hold all privileges of autonomous practice. Physical therapists may be assisted by physical therapist assistants who are educated and licensed to provide physical therapist directed and supervised components of interventions.

Guided by integrity, life-long learning, and a commitment to comprehensive and accessible health programs for all people, physical therapists and physical therapist assistants will render evidence-based services throughout the continuum of care and improve quality of life for society. They will provide culturally sensitive care distinguished by trust, respect, and an appreciation for individual differences. While fully availing themselves of new technologies, as well as basic and clinical research, physical therapists will continue to provide direct patient/client care. They will maintain active responsibility for the growth of the physical therapy profession and the health of the people it serves.¹

As one element of Vision 2020, the APTA sought to define and describe “professionalism” by outlining characteristics that a doctoral graduate ought to demonstrate upon entry into the profession as a licensed physical therapist. Professionalism is defined as

[p]hysical therapists and physical therapist assistants consistently demonstrate 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.¹

In August 2003, *Professionalism in Physical Therapy: Core Values* was adopted by the APTA Board of Directors as a core document on professionalism in physical therapy practice, education, and research. The Core Values include accountability, compassion/caring, integrity, altruism, excellence, professional duty, and social responsibility.

The APTA defines social responsibility as the “promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.”¹ The APTA describes sample indicators of social responsibility including the following:

- Advocating for the health and wellness needs of society including access to health care and physical therapy services.
- Promoting social policy that effect function, health, and wellness needs of patients/clients.

- Ensuring that existing social policy is in the best interest of the patient/client.
- Advocating for changes in laws, regulations, standards, and guidelines that affect physical therapist service provision.
- **Participating in political activism.**
- 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.
- Providing leadership in the community.
- Participating in collaborative relationships with other health practitioners and the public at large.
- Ensuring the blending of social justice and economic efficiency of services.

In the complexity of today's health care system, political advocacy is an important extension of practice and professionalism because it has a strong impact on the profession, the lives of patients, communities, and overall public policy. Because physical therapists are on the front lines of health care, they have vast potential to advocate for the best interest of their patients and profession.

Currently, little to no research exists regarding PT professionals' level of or attitudes toward political participation. This qualitative research project was designed to investigate the experiences and perceptions of practicing physical therapists surrounding political participation. Questions used to guide this research included: "Are practicing PTs living up to the APTA's core value of social responsibility, specifically in regards to political participation?" and "What are the experiences and perceptions of practicing physical therapists regarding political participation?" At this historic moment in health

care history, this study aimed to identify barriers and enablers so that they may be leveraged in the future to encourage increased levels of PT political participation.

CHAPTER II: REVIEW OF RELATED LITERATURE

Political participation has been defined as “those activities by private citizens that are more or less directly aimed at influencing the selection of governmental personnel and/or the actions they take.”² In Verba and Nie’s book, *Participation in America: Political Democracy and Social Equality*, the authors investigate the political participation of the United States as a body of citizens: what political activities citizens engage in and what these activities look like to elected officials, why the amount and kind of political participation occurs, and what effect political participation has on elected officials and their formulation and legislation of policies.² The political activities that citizens engage in, as well as the amount and types of activities, are thought to affect the decisions made by elected officials in the formulation and legislation of policies, which affect the citizens to varying degrees, depending on the specificity of the policies. A broad understanding of the political activities that the general population engages in and how these activities affect the policymaking of elected officials provides a reference point to which the political activities and the subsequent outcomes of specific groups and professions can be compared.

The focus of this literature review was to examine the activities of political participation that the general public engages in, as well as the traditional professions, and health care workers. In addition, this review examined to what extent the educational preparation of health care professionals modified political participation prior to and during their careers.

An Overview of Political Activity of the General Population in the United States

Citizens of the United States can be involved in political participation, regardless of race, income, education, gender, knowledge about current or proposed policies, available time, or interest. Recent studies have examined the effect of the Internet on political participation, based on age and ethnicity.^{3,4} The likelihood of political participation has been studied from the aspect of an individual's knowledge about and interest in politics and current events, based on gender.⁵ Data can be found on voter turnout rates based on a myriad of descriptors: age, gender, race, educational attainment, income, and marital status.⁶ Although differences have been noted in voter turnout based on gender, race, education, age, and socioeconomic status, general participation in presidential elections has declined from 60-65% to 50-55% in the 1980s and 1990s.⁶ Participation in the 2000s fell in between these rates, with turnout rates of 54.7%, 58.3%, and 58.2% in 2000, 2004, and 2008, respectively.⁶ Despite no requirements of eligibility to engage in political participation—with the exception of voting—studies have shown inequalities in political participation based on various characteristics of citizens. These studies provide a snapshot of political participation amongst Americans, based on gender, race, education, age, and socioeconomic status.

Political Participation Based on Gender

Although women were granted suffrage by the Nineteenth Amendment in 1920, their voter turnout rate did not equal men's until the 1980 presidential election and the 1986 midterm elections.⁷ Since the 1986 midterm elections, women's voter turnout rate

has eclipsed men's rate in every presidential and midterm election.⁶ In the 2008 presidential election, female voter turnout rate was greater than male voter turnout rate, 60.4% to 55.7%.⁶ Outside of a voting booth, women were just as likely as men to engage in "political activities, such as signing petitions, attending school board or city council meetings, and writing to state legislators or members of Congress," in the 1990s, but their holding of political offices lagged behind men.⁷ In 2001, females comprised 13% of all U.S. Senators and 13.5% of all U.S. Representatives.⁷ Today, 17% of all U.S. Senators and 17.5% of all U.S. Representatives are female, possibly indicating that the number of women holding political office is rising.⁸

Political Participation Based on Race

In a 1993 study, Verba et al examined political participation amongst Anglo-Whites, African-Americans, and Latinos in two parts: a large-sample telephone survey and in-person interviews with some of the original respondents of the telephone survey.⁹ 15,000 homes were randomly contacted via telephone, providing the authors with information about demographics, political activity, and non-political activity. From the original 15,000 respondents, which included 1,400 African-American and 894 Latino respondents, the authors selected 2,517 persons with whom to conduct the longer, in-person interviews. Of these 2,517, the authors selected a "disproportionate number of both activists as well as members of the two minority groups," which included 478 African-Americans and 370 Latinos, due to ordinary surveys not having an adequate number of African-American or Latino respondents for analysis. There were only 157

Asian-American respondents in the original 15,000 and even fewer in the follow-up interviews, not enough to be considered for analysis.

Of those who voted in the 2008 presidential election, the turnout rate of registered voters varied for each race: 64.8% for non-Hispanic whites, 60.8% for African-American, 32.1% for Asian and Pacific Islander, and 31.6% for Hispanic voters.⁶ These turnout rates, as well as past historical turnout rates, fit with what was reported in a 1993 study by Verba et al.⁹ Anglo-Whites reported a greater voter turnout rate and a greater rate of contributing to political campaigns than African-Americans, and both groups reported greater rates in said categories than Latinos. However, African-Americans reported a greater rate of participation as campaign workers than Anglo-Whites, and both groups were more active than Latinos. The data collected by Verba et al in their 1993 study indicated a greater involvement in political organization by Anglo-Whites than African-Americans, and both groups were more involved than Latinos. Involvement in a political organization was defined as having an affiliation—as a member or as a donator of time or money—to voluntary organizations, such as “unions, professional associations, service organizations, fraternal groups, block clubs, recreational organizations, political issue organizations and the like,” or to volunteer-dependent institutions, such as hospitals, museums, or schools, within the past twelve months.⁹ However, African-Americans were more likely to participate as informal community activists than Anglo-Whites, and both groups reported greater participation than Latinos. In the same 1993 study, Verba et al noted contacting an elected official “requires a higher level of communications skills than does attending a demonstration.” Both contacting and protesting allow clear messages to

be communicated to elected officials, but racial or ethnic barriers may have to be crossed in order for minorities to get in touch with an elected official.

Protesting was an integral part of the American civil rights movement, and it has been used for minority group solidarity. African-Americans reported greater participation as protestors than Anglo-Whites or Latinos, while Anglo-Whites reported greater participation in contacting an elected official than African-Americans. Consistent with the findings for participation in other activities, both African-Americans and Anglo-Whites reported greater participation as protestors and in contacting an elected official than Latinos. By performing a regression analysis of “resources that may enhance political activity,” the authors found that “it is resources, not race or ethnicity, that determine who takes part in American political life.”⁹ These resources included, but were not limited to, education, income, and civic skills obtained on the job.

A study conducted by Hoffman and Appiah looked at the influence of church involvement on race and civic engagement.¹⁰ Individuals were contacted via telephone by random digit dialing, resulting in a 28.7% response rate for a national sample. Interviews lasted 26 minutes on average. Of the responses from an oversampling of Blacks (2,942 responders) and the responses of 17,115 Whites, regression analyses found that “regular church attendance...and involvement with church...significantly relate to more civic engagement among Blacks than Whites.”¹⁰

Political Participation Based on Education

In examining data trends of voters in a 1997 study, Verba et al noted “voter turnout rates for the college educated have remained fairly constant while those for low-education groups have significantly declined over time.”¹¹ In the 2008 presidential election, the trend continued in regard to education and voter turnout: “turnout rate for people with a bachelor’s degree or higher (80%) was greater than the rate for people whose highest level of educational attainment was a high school diploma (56%).”⁶

Political Participation Based on Age

Data from the 2008 presidential election identified that voter turnout rates were greater among older citizens.⁶ The youngest group—18 to 24 years—had the lowest voting rate at 48.5%, while the next youngest group—25 to 34 years—had the next lowest voting rate at 57%. Voters of 35 to 44 years had a voting rate of 62.8%, voters age 45 to 54 years had a voter turnout rate of 67.4%. Voter turnout rates were 71.5% for voters age 55 to 64 years and 72.4% for voters age 65 to 74 years. The only other age group, voters age 75 years and older had a turnout rate of 67.8%.⁶

Political Participation Based on Socioeconomic Status

In a 1997 study, Verba et al found inequalities in political participation between the wealthy and the poor.¹¹ Families who earned \$15,000 or less were “three-fifths as likely to vote, only half as likely to go to a protest or to get in touch with a government official, only one-third as likely to engage in informal activity within the community—

and only one-tenth as likely to make a campaign donation” than families who earn more than \$75,000.¹¹ In the same 1997 study, Verba et al also found that over half of the money donated to campaigns came from families who earned over \$75,000, which made up less than 10 percent of the population at the time of the study.

Summary

Political participation is available to all citizens, but some citizens do not engage in political participation. As Verba et al noted in their 1993 study, it is the resources a person has—his education, his income, his civic skills acquired on the job—and not his race that determines if he will participate in American politics.⁹ Although voter turnout for presidential elections has been decreasing since “a recent high of 63% in the 1960 election...to its lowest level since 1924” of 49% in 1996, there has been an increase during each election since 1996.¹¹ More women are voting and are holding elected office in Congress, and Anglo-Whites, African-Americans, and Latinos all report being involved in political participation on a variety of levels, from contacting elected officials and participating in protests to being involved in a political organization and participating in a campaign.

Political Participation in Non-Health Care Related Fields

Within the general U.S. population, additional research has focused specifically on professionals and the many political roles they play within the local and/or national community.¹²⁻⁵ The bulk of this research centers on the three professional domains of

medicine, law, and academia. The medical field will be discussed later in the literature review. This section of the review will summarize the depth of research conducted on the participation in and attitudes toward political advocacy among lawyers, college professors, and other educated salaried professionals.

According to a study by Meinhold and Hadley, there are a number of factors that facilitate the political participation of lawyers.¹² This research study was based on data collected through a survey sent out to all the party activists (including county party chairs and committee members) residing in eleven southern states. Previous research has shown that the participation of lawyers within the legislative setting far outweighs any other occupational group, but this study focused exclusively on professional participation within the political party arena. According to the results, lawyer-activists tend to take positions of party leadership while maintaining a full-time career in law, an occupational flexibility that acts as one of the strongest factors encouraging their political party participation.¹² Lawyers are more likely to obtain party positions for “practice-building”, in other words, as a means to make more business contacts in order to build their clientele. Lawyers are 1.37 times more likely than nonprofessionals (defined as technical sales, service, farm/forestry/fishing, precision production, semi-skilled, etc.) and 1.63 times more likely than other professionals (defined as professional/managerial, management related/self-employed, and professional specialty) to engage in party politics with the intent of building their client base. Utilizing party politics for “practice-building” is ultimately more important to lawyers than using it as a means to eventually obtain

elected office, primarily because lawyers are recruited for these candidacy positions regardless of their political background.

In support of this point, another result of the study by Meinhold and Hadley showed that, when compared to other professionals and non-professionals, lawyers were not particularly overrepresented among party activists.¹² Political party participation and activism was not specifically defined in this study; however, political party activities were differentiated from elected political positions (e.g. legislator, governor). Political party activities require a much smaller time commitment and help a lawyer become established in preparation for future elected office. Teachers, managers, and sales and clerical workers all ranked above lawyers in political party participation. This is consistent with the fact that lawyers tend to hold more rare positions of party leadership instead of the more basic and abundant party positions. In fact, lawyers (primarily male lawyers) are 1.33 times more likely than non-professionals and 1.6 times more likely than other professionals to hold party leadership positions. Furthermore, lawyers were no more likely than nonprofessionals or other professionals to exhibit progressive ambition, which is defined as the drive to advance one's political position over time. One explanation for this result may be that because lawyers are often recruited directly for candidacy, they don't participate in politics based on a desire to build their own electability but more so to build their own practice. Political advancement is likely not a goal of a lawyer who wishes to maintain his or her own practice due to the additional time commitment and resource expenditure such a position would entail. Thus, a lawyer's ambition to move into elected office and higher elected positions may be trumped by a

conflicting desire to maintain the clientele he or she has worked so hard to develop. However, outside of law, this study found that other professionals were 1.12 times more likely than nonprofessionals to be progressively ambitious.

One study by Jenkins and Wallace focused specifically on the potential participation of educated salaried professionals in protest movements.¹³ Protest potential was divided into four sources: general scale, legal protest, civil disobedience, and violent protest. The data for this study was collected through a survey fielded in the US in 1974 and thus the results show protest potential in lieu of actual participation in protest. Protest potential was defined as the willingness to engage in “direct action” protests ranging from legal demonstrations and marches to civil disobedience and violence. The survey used in this study only reported on willingness and did not directly seek information about the actual protest experience of the participants.

On the general scale, educated professionals demonstrated significantly greater protest potential compared to blue-collar workers. Educated salaried professionals were defined as those who occupied professional or technical occupations, were not self-employed, and had a college education. Educated salaried professionals were further specified into four, undefined categories: sociocultural specialists, technical intelligentsia, public sector, and private sector. Both sociocultural specialists and public sector professionals demonstrated significantly greater protest potential compared to technological and private sector professionals. As about half (53.5%) of sociocultural specialists fell within the public sector, these two groups were considered “independent sources of greater protest potential.”

Compared to blue-collar workers and other educated professionals, sociocultural specialists reported statistically greater potential within the general scale and violent protest sources.¹³ Both sociocultural and public sector professionals also reported a greater potential for civil disobedience. Furthermore, the addition of social trend factors, including higher education and youthfulness, each produced greater protest potential in general, legal protests, and civil disobedience sources. Youthfulness was the only factor linked to greater potential for violent protest. Outside of the educated professionals category, managers were more prone to participate in legal protest yet were negative specifically toward the women's movement. For the purposes of this study, managers were not included in the professional category but represented through a series of "dummy" variables within the blue-collar workers reference category. The authors concluded that higher education obtained by professionals was the primary predictor of greater protest potential and "provides greater political efficacy and tolerance for political expression." Overall, sociocultural specialists, including university professors, demonstrated slightly greater protest potential than the general public sector group and, thus, were considered the "core activists" within potential protest movements.

A study by Maranell and Eitzen focused specifically on how discipline, region, and academic rank influenced the political attitudes of college professors.¹⁴ The disciplines examined included behavioral sciences (sociologists and psychologists), physical sciences (chemists and physicists), and fine arts ("artists" and musicians). Regions included South and non-South. For academic rank, only full professors and assistant professors were included. Professors' attitudes were determined relative to a

variety of items: individual freedom, the nature of man, laissez-faire, the welfare function of the state, and change. Each item was represented by a statement which fell somewhere along the liberalism-conservatism continuum. Behavioral scientists ranked most liberal across all items and agreed significantly more than the other two disciplines with the following three statements: 1) "It is the responsibility of the entire society, through its government, to guarantee adequate housing, income, and leisure"; 2) "The government must play an even greater part in the economic and business life of the nation than it has before"; and 3) "Poverty could be almost entirely done away with if we made certain basic changes in our social and economic system." According to this study, academic rank was not a meaningful variable. However, region was a meaningful variable, but only when correlated with discipline; as hypothesized by the researchers, Southern college professors of science were significantly more conservative.

According to the data from the Meinhold and Hadley study, teachers in general are the occupational group with the highest county party membership percentage (11%), higher than lawyers (6.5%) and engineers (2.3%).¹² A study by Hanley compares the political participation of women nurses to women of other professional occupations, including teaching and engineering.¹⁵ The participants of this study were randomly selected from membership lists of nursing, teaching, and engineering professional organizations and the data was collected through a questionnaire that showed retest reliability and construct validity. Hanley divided political participation into four categories (voting, campaigning, communal activity, and protest) similar to those identified by Verba and Nie.¹⁵ Overall, the three professional groups had relatively equal

political participation rates. Nurses were significantly less active in their own professional organization and had significantly lower voter turnout in state and local elections compared to teachers and engineers. However, when factoring in the predictor variable of education level, nurses with higher education did vote comparably to teachers and engineers. Therefore, this study suggests that higher education is an important predictor of increased political participation.

Political Participation in Health Care Related Fields

In addition to the political roles played by the general U.S. population and specific professions, a review of the literature suggests that different health care professions, such as nursing, medicine, and social work, have varying beliefs regarding their role as political advocates, as well as varying levels of participation in the arena of political advocacy.¹⁶⁻²² Within each profession, the professional association or organization played a role in political advocacy, yet the perception of this role by individual professionals varied.^{17,19,21} Regardless of whether or not a health care professional believed political participation was within his or her scope of practice, many factors modified the health care worker's ability to participate in political activities and these factors included both barriers and enablers.¹⁶⁻²²

Attitudes towards Political Participation among Health Care Workers

A review of the literature regarding health care workers' attitudes towards political participation showed mixed results in terms of perceived roles and professional

responsibilities, as well as political self-efficacy. Even within a single profession, such as nursing, attitudes towards political activism varied according to number of years in practice and practice setting.

According to a qualitative study by Winter and Lockhart, nurses who were identified as leaders in the profession viewed political participation as an inherent part of their professionalism, their personal beliefs, and as a means of empowerment.²² As part of their professional duty, leaders in nursing engaged in political activism in order for the profession to “survive in terms of reimbursement and regulations.”²² The nurse leaders also saw political involvement as an extension of their world views, or an instrument for voicing personal beliefs. Political participation gave nursing leaders a sense of empowerment in patient advocacy and social responsibility, including a means to fight injustices of all kinds.²²

A quantitative study of 108 nurses in the state of New York examined the political participation and expectation among nurses within various settings, demographics, and levels of education. The primary practice settings were nurse education and clinical practice. Political expectation was defined as “the political behavior that a person believes they are supposed to assume...in order to be considered politically active.”¹⁹ The study found that while many nurses believed their professional role included a great degree of political expectation, they did not carry out political action as much as they felt was appropriate.¹⁹ There was no significant difference in expectation between nurse educators and nurses practicing in the clinic. The heightened sense of political

expectation examined in the study was credited to the work of the national nursing association's efforts to increase political participation.

The nine political roles investigated in the study included voter, campaigner, player, monitor, network, spokesperson, negotiator, leader, lobbyist.¹⁹ The roles in this self-administered questionnaire were defined as follows: voter – one who studies the interests of political candidates and casts a ballot; campaigner – one who contributes his or her own skills and knowledge to support the appointment of a candidate; player – one who participates as a committees/board member for party of professional organizations; monitor – one who scans the social political environment consistently for changes that have implications in the health care field; networker – one who organizes communication for the purpose of increasing awareness and information exchange as it relates to political activity; spokesperson – one who is selected to speak on behalf of a political/professional organization; negotiator – one who communicates with decision makers regarding changes to rules and regulations; leader – one who assists and directs others in political activities; lobbyist – one who makes personal contact with decision makers, especially legislators, to disseminate information with the goal of influencing policy. In all roles, the participation of nurse educators was significantly higher than nurses practicing in the clinic. Participation was significantly higher for those with master's or doctoral degrees in all roles except for spokesperson. In addition, nurses with master's or doctoral degrees had significantly higher levels of expectation for the roles of voter ($p = .002$) and monitor ($p = 0.003$) than did those with baccalaureate degrees, associate's degrees, and diplomas.

Members of the professional organizations also had significantly higher levels of participation

While seasoned nurses view advocacy as within their role as a professional, nursing students seem to have a different perspective. According to a qualitative study by Rains and Barton-Kriese in 2001, nursing students did not see the relationship between the personal, professional, and political. When asked “What are your views on public policy?” nursing students tended to view public policy as a barrier to patient care. One student described policies as “guidelines that tell me what I can and cannot do,” and “rigid systems, with rules for all to obey.”²⁰ Interestingly, while students in the study could describe their participation in community action, they did not view the behavior as political. Examples included testimony at school board hearings and prevention/screening activities. They “‘walked-the-walk,’ but didn’t ‘talk-the-talk.’”²⁰ When asked “What are the sources upon which you base your opinions?” the students credited those they serve as a motivating force in their public policy preferences. While nursing students may not articulate their political behaviors or connect them to their professional responsibility, they may in fact be more engaged in political behavior than they are aware.

In one specialization of nursing, nurse-midwives had a moderate level of interest and efficacy in their role as political advocates. A national survey regarding nurse-midwives’ political views and levels of participation uncovered that 56.9% were “somewhat interested in governmental public affairs,” while 42.3% were “very much interested.”¹⁷ Furthermore, when asked about the amount that nurse-midwives believed they could influence local government, 73.5% believed they had a moderate amount of

effect, 18% responded very much, and 8.2% none at all. An investigation into the various political participation activities in the study showed that voting was the primary activity among nurse mid-wives (78% always voting in national elections). 64% reported that they sent letters to political leaders “only occasionally.” Nurse-midwives in this research expressed the general assumption that political participation is someone else’s responsibility, namely the role of the professional association.¹⁷

A study by Gruen, Campbell, and Blumenthal investigated the social responsibility of physicians in terms of public roles that they seek in order to address health care issues.¹⁸ The nationwide, self-report questionnaire examined the difference between physicians’ perceptions of social responsibility compared with their actual participation in public roles. The public roles defined in the study included community participation, political involvement, and collective advocacy. For each type of role respectively, the survey asked “How important is it for physicians to:

- provide expertise to local community organizations (eg. school boards, parent-teacher organizations, athletic teams, and local media)?
- be politically involved (other than voting) in health-related matters at the local, state, or national level?
- encourage medical organizations to advocate for the public’s health?¹⁸

To gauge the degree of actual participation in those roles in comparison to perceived responsibility, the survey followed those questions by asking the physicians if they had been active in each of those roles in the last 3 years. Over 90% of respondents rated each of the three public roles to be important. However, 54.3% had been active in community

participation in the past 3 years, 25.6% active in political involvement, and 24.3% active in collective advocacy. Thus, while physicians may indeed relate public roles to their role as a professional in principle, the degree to which they act on these perceptions is limited.

Demographics that were significantly associated with being “civic-minded,” according to the study, were those who “being of an underrepresented race/ethnicity, graduating from a non-US or non-Canadian medical school, being a woman, and increasing professional age.”¹⁸ Civic-minded physicians were more likely to have been active in the past three years than those who did not meet the scoring threshold to be classified as “civic-minded.” Other factors outside of civic mindedness were significantly associated with civic activity, including practice specialty, practice setting, being a preceptor of physicians in training, rural practice location, and being of an underrepresented race/ethnicity, graduating from a non-US or non-Canadian medical school.¹⁸ There was no significant difference between those who worked more or less than fifty hours per week or those who treated more or less patients insured by Medicaid or that were uninsured.

In 1998, Domanski surveyed social work leaders to explore various categories of political behaviors in which professionals are most active. Categories included Communicator, Advocate, Voter, Lobbyist, Persuader, Collaborator, Campaigner, Individualist, Witness, and Activist. To be considered active in any category, the social worker must have been engaged in at least one activity outlined in the category at some point in time. The study found that 99% were classified as Communicators – one who keeps informed about political and social policy; 97% Advocates – one who provides

advocacy services on behalf of clients; 95% Voters – one who votes in either primary, local, state or national elections; and 81% Lobbyists – one who participates in any communication with government officials including calls and letter writing.²¹ The least active categories were Witness (13%) – one who testifies at public or congressional hearings; and Activist (9%) – one who engages in organized demonstrations in support of or in protest against government policy. The authors point out that social workers' participation in the various categories fulfill social workers' many roles in society.

Factors that Influence Political Participation among Health Care Workers

Beyond one's perception of his or her role in political advocacy, many factors modify one's ability to participate, including both barriers and enablers. Themes within enabling factors among health care professions include role models, exposure to advocacy opportunities, high degrees of education, and membership in professional organizations. The roles of education and curricular content regarding political advocacy were repeatedly mentioned as important enabling factors, as well as suggestions for future emphasis. Barriers to political participation included lack of social support, role issues, apathy, and resources (especially time).

Winter and Lockhart found that for experienced, politically-active nurse leaders, becoming politically active was not due to a single experience or person, but was rather a gradual and evolving process. Factors facilitating advocacy included life experiences, family influences, role models (professors), and exposure to political behavior.²² On the other hand, nurse leaders identified poor social support, role issues, negative experiences,

and lack of resources as barriers to political participation. Poor social support from society, bureaucracy, and peers were believed to be barriers, as well as the perception that nurses should be treating at the bedside, rather than engaging in the political arena. Poor social support included gender issues, such as the societal perceptions that women are less likely to participate in political activities than men. Role issues included feelings that the workplace does not encourage nurses to get involved; fears of conflicting interests between the professional organization and work place; and lack of role models. The nurse leaders identified negative experiences in their own lives including burnout, frustration, and apathy about the political process. Lack of resources was broadly defined as having multiple roles (nurse, mother, wife, student, caretaker) that take up time, financial burdens of membership dues to professional organizations, lack of information, feeling unprepared, not knowing political involvement could be a nursing role, and being overwhelmed with too many important causes requiring action.²²

Leonard's study of nurses in New York State found that nurses with master's and doctoral degrees had significantly higher levels of political participation than those with baccalaureate degrees, associate's degrees, or diplomas.¹⁹ In addition, nurse educators had higher levels of political participation than clinical practitioners. Members of professional organizations had higher levels of participation in the roles of campaigner, player, and leader.

Rains and Barton-Kriese's qualitative study of nursing students uncovered that factors influencing the students to engage in political advocacy arose from passion for those they serve. The students noted that the role of the university was a large positive

factor in their political socialization as it allowed them to become active in student government and taught them how to “open doors” for themselves, thus improving political self-efficacy.²⁰

Ritter’s national quantitative study of social workers’ level of participation showed significant professional, demographic, and psychological variables associated with higher levels of political participation. Membership in the national professional association was the highest predictor of participation among professional variables.²¹ Demographically, living in an urban region was associated with higher levels of political participation. Significant psychological variables included interest in politics, political efficacy, family influences, and political knowledge.

The Impact of Education on Political Advocacy in Health Care Professions

Research conducted on the participation in and attitudes toward political advocacy by health care students and professionals has cited education as a key predictive factor in political participation.^{17, 20-29} As social responsibility and advocacy are charged to most health care professionals upon licensure, research has begun to support the need to discover how these professionals’ amount and quality of political participation measure up to the professions’ standards and to the needs of the general public. Research with professional health care populations, including nurses, midwives, physicians, and social workers, has cited the definite need for education of students on political topics to prepare them for socially responsible practices as their licenses require.

Researchers have also sought to discover what component parts of the educational process are most important and valuable to students to produce competent and active health care professionals. Themes and components predicting successful education in regard to politically prepared and involved professionals include political efficacy, faculty serving as role models and facilitators of the political process, exposure to the political process, opportunities to participate, continual political education throughout the curriculum, and dialogue across disciplines. A comparison of nursing and physical therapy accreditation standards regarding social responsibility and political participation has been analyzed to evaluate the current education standards regarding this topic.

Political Efficacy

Research has shown political efficacy of health care professionals and students to be a strong predictor of political participation.¹⁷ Political efficacy is defined as “the belief that one’s political action can have an effect on the political process or on decisions being made.”¹⁷ A study predicting licensed social workers’ levels of participation cited both interest in politics and political efficacy as two factors strongly related to social workers’ likelihood of participating politically.²¹ This study cited the need for departments of social work to focus their educational efforts on increasing student interest and political efficacy by providing a strong educational foundation of the topic and opportunities to participate.²¹

In a qualitative study of the implementation of a political course in a nursing curriculum, students reported moving from political apathy to involvement after gaining

greater understanding of the political process and its implications for nursing. The elective course on politics and nursing provided ample opportunities for active student involvement in the political process.²⁶ Students also reported elements of improved political efficacy as they reported a new realization of the importance and effectiveness of their involvement.²⁶ A research study on the implications for nursing education in regard to advocacy for health-related public policy cited the first step in realization of political efficacy as an understanding and belief in political advocacy as a legitimate nursing role.²⁵ This study also cited an increase in political confidence of students as a result of ample opportunities to participate in the political process along with exposure to multiple elements of advocacy as a nursing role.²⁵

Faculty as Role Models/Facilitators/Role to Empower and Encourage

Research has highlighted the role of the educator as a strong predictor of future participation of students and professionals in the political sphere. In a comparison study of the differences in political views and beliefs between nursing students and political science students, both groups of students reported the positive effects by faculty as active political participants and role models of the political process had on their own attitude toward and participation in political activities.²⁰ Another study also recommended the need for effective role-modeling by educators not only as political participants but also in analysis of activities and current political issues.²⁴ This has been shown to raise political awareness as it is relevant throughout the curriculum and exemplifies practical skills needed to participate while closely integrating involvement and education.²⁴ The need

within the curricular framework, for educators to facilitate student interest and encourage students through the process of participation has been well documented in the literature.^{20,22-4}

Research suggests that acknowledgement of the importance of participation through faculty dialogue with students and leadership by example will assist in developing student comfort with political participation as new members of the nursing profession.²³ Another study highlighted the importance of educators to empower their students to become involved and listed barriers to participation in a nursing study as lack of knowledge, apathy, lack of time, and inadequate socialization to the political process. This research concluded that the major barriers to political participation by students and by professionals can be overcome with education and educator facilitation.²² Another study found that students require a large amount of encouragement from educators and exposure to the process to become involved and participate confidently.²⁵

Curricular Preparation: The Role of Faculty and Political Courses

Beyond the faculty facilitation of interest, participation, understanding, and political efficacy, research has also studied factors within and surrounding the respective health care curricula to gain further understanding of the effects of education on political participation. Research has shown that a fundamental piece of education necessary in a curriculum to instill political efficacy was the presence of educational opportunities to participate politically and learn from process.^{17,20-9} In a study on development of professionalism in physicians, it was suggested that professionalism—including political

efficacy and involvement—must be developed in a manner similar to clinical reasoning skills, with a good base knowledge of the topic, methods to pursue excellence, and opportunity for and development of skill.²⁷ The study found that this type of professional development will not happen on its own and put responsibility on educators to create an environment and curriculum where this type of development is not only possible but encouraged.²⁷

A study of social workers drew a similar conclusion that educators must provide students the opportunity to practice advocacy skills as they are given the opportunity to practice and develop clinical skills.²¹ This study suggested that political advocacy requires commitment by and expertise of the faculty to train students successfully for political participation.²¹ Research has shown that political efficacy, involvement in one's professional organization, education, and acquisition of knowledge are significant predictors of political participation, and studies have shown that political efficacy and acquisition of knowledge can increase with education.¹⁷ In a study that followed nursing students through an elective course on politics and nursing, it was discovered that with ample opportunity to actively participate, students reported more confidence in and understanding about political participation.²⁶ Another study also found that barriers to political participation may be overcome with curriculum that provides ample opportunities for nursing students to participate in the political process.²³ In a qualitative study trying to understand nurses' political participation, politically active nurses cited their education and opportunities to participate during their schooling as a main factor in their current professional participation.²²

Curricular Foundation and Placement

Another component of education that has been researched is the importance of timing of political education within the curriculum. Researchers agree that this type of education is not best taught in isolation, but rather must start with a strong basis at the beginning of the curriculum and build at every educational level.²⁴ One study had similar conclusions about curricular framework in nursing education, finding that varied approaches to and viewpoints on political participation throughout the curriculum was most helpful to students.²³ Another study cited the importance of establishing political advocacy as a legitimate nursing role at the start of the curriculum; it was also concluded that nurses need exposure to this type of thinking and the political process throughout their program to apply knowledge contextually.²⁵ Researchers that studied the development of professionalism in physicians also concluded that two crucial factors to professional development and political efficacy were education throughout the curriculum and dialogue across disciplines.²⁷

Dialogue Across Disciplines

As research agreed that political exposure and education cannot happen in isolation at one point during the curriculum, research also agreed that this education should not happen in profession-specific isolation either as students have benefited from dialogue across disciplines. One nursing study concluded that dialogue across disciplines was crucial to understanding fully how other sectors influence health care and corresponding policy.²⁵ Findings in a study that compared nursing students with political

science students concluded that student/faculty dialogue across disciplines was crucial to bringing diverse perspectives to the political picture, allowing political participants to ask relevant questions of each other and process through dialogue.²⁰ A research study on development of professionalism by physicians also concluded that dialogue across disciplines was a major contributor to professionalism.²⁷ This study suggested that consistently dialoguing with other disciplines will bring about relevant questions and allow for recognition of gaps and biases in one's own profession in order to further develop an appropriate view of the complexities of health care and the politics that surrounds it.²⁷ A nursing study had similar conclusions, as it suggested it is the responsibility of faculty to facilitate and encourage students to expand their view of health care and the world in consideration of other disciplines along with views of the community.²³

Accreditation of Physical Therapy and Nursing Professional Programs

Accreditation standards are another important external factor which have the potential to influence and shape curricula in the health professions. In nursing and physical therapy, a near equivalent comparison can be made between the accrediting standards for the Clinical Doctorate of Nursing, accredited by the National League for Nursing Accrediting Commission (NLNAC) and the Doctor of Physical Therapy (DPT), accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE). This comparison between accreditation standards is meant to compare two professions at

the very foundation of what defines and is required by the education they provide in their respective professional programs.

The accreditation standards for DPT programs specifically outline the political education and exposure DPT students are to receive. Physical therapy accrediting standards, under Section 2: Curriculum Plan, Evaluation, Content, and Outcomes, under Practice Management Expectation: Social Responsibility and Advocacy, states several criteria regarding political advocacy and social responsibility: CC-5.63 Challenge the status quo of practice to raise it to the most effective level of care, CC-5.64 Advocate for the health and wellness needs of society, CC-5.65 Participate and show leadership in community organizations and volunteer service, and CC-5.66 Influence legislative and political processes.²⁸

In contrast, the accreditation standards for Clinical Doctorate Nursing programs provide a more broad definition of the political education and exposure the students should receive. For example, nursing program accreditation Standard 4: Curriculum, makes a more general mention of social responsibility in Criteria 4.3: The curriculum is designed so that graduates of the program are able to practice in a culturally and ethnically diverse global society and Criteria 4.4.1: Practice experiences reflect contemporary roles and nationally established patient health and safety goals.²⁹

This comparison of standards shows a more explicit and specific mention of political participation and education behaviors in the physical therapy standards and a more vague curricular standard for political participation and education behaviors of the nursing curriculum standards. As a wealth of research exists on the importance of

political participation and political education in the nursing field, similar research is lacking in comparison with student and licensed physical therapists in regard to political participation and preparation for such work in their education.

Due to the lack of research in physical therapy on this topic, it is unclear what role accreditation standards and professional education may play in future political participation among physical therapists. This finding highlights the need for further research on this matter to perhaps focus further political research on elements of the curriculum that have been found to have a connection to participation of the professional graduates as opposed to the accreditation standards with no evident tie-in to participation.

Research has shown the need for and effectiveness of appropriate political education of health care professionals and students. It has also been shown that a political education most effectively serves its purpose when presented at the beginning of and throughout the curriculum, includes ample opportunities for students to participate and learn from process, encourages dialogue across disciplines, promotes political efficacy, and is led by faculty example in analysis of current events and professional participation. It should be noted that although the literature shows that a change in attitude toward and/or comfort with political participation is important to the action of participation, the impact of these educational activities on future behavior is unknown due to a lack of long-term educational studies. Although health care fields are working in different ways to achieve the best care for patients, a strong congruence among fields may be beneficial to create lasting positive change in health care and within each profession itself. This literature review has also discovered the need for more research among physical

therapists and students of the profession regarding political activity and education in order to better understand improvements that can be made at any level in the professional process and to improve competency and political participation for the sake of the profession and all patients it serves.

Conclusions and Recommendations

A review of the literature suggests that political participation among the general population varies according to one's race, gender, socioeconomic status, education, and type of participation executed. Among the traditional professions (medicine, law, academia), political participation is encouraged as part of a professional duty to society through education and professional codes of ethics. Health care professionals demonstrate varying beliefs regarding their degree of responsibility and political advocacy. Research has shown that education plays a crucial role in preparing and encouraging students and professionals to participate politically.

Within the current literature addressing political participation and activities of professionals within the traditional professions and in health care, there is no research that currently addresses this topic in physical therapy. There is a clear lack of research relative to political involvement and activities in physical therapy. As physical therapy moves forward into autonomous practice and further toward Vision 2020, this literature review demonstrates a clear need for further research in physical therapy regarding our professional duty of social responsibility and all that this responsibility may entail, including political participation. As such, this qualitative research study aimed to fill the

paucity in the literature and investigate the experiences and perceptions of practicing PTs regarding political participation.

CHAPTER III: METHODS

Design

The qualitative research design of this study was phenomenological, which seeks to “understand the phenomenon of a lived experience with the assumption that there is a shared experience.”³⁰ The goal of this research was not to quantify the degree to which physical therapists participate in political activity, but rather to understand the perceptions and experiences surrounding political participation as a physical therapist. In qualitative research, reliability is referred to as dependability and is established by means of detailed description of methods, dependability audit, and/or triangulation. Another important psychometric property in qualitative research is trustworthiness, which is equivalent to validity in quantitative research, aiming to gain confidence of the reader in the study findings.³¹ The components of trustworthiness include credibility, established by member checks, peer debriefing and triangulation, and transferability, established by thick description and purposive sampling.

Participants

Our subject population included a sample of convenience of approximately 25 practicing physical therapists, complimented by a purposive selection across three practice settings: acute care, outpatient orthopedic, and inpatient rehabilitation. The purposeful sampling contributed to the transferability of this study. Clinics and hospitals were selected to participate in this study based on a sample of convenience. The sites invited to participate were those that were clinical education sites for St. Catherine

University. Among the selected clinics and hospitals, we contacted one physical therapist or supervisor to invite volunteer participation among staff at a convenient date. The number of participants at each focus group ranged from two to eleven people. We continued to conduct focus groups until all investigators were confident that saturation was reached as no new themes emerged after four focus groups. See Table 1 for demographic information.

Table 1: Demographic Information

| | | |
|--|----------------------------|-------------|
| Total number of subjects | n=23 | PT=22/PTA=1 |
| | | |
| Subjects per focus group | Group 1 (Acute) | 11 |
| | Group 2 (Inpatient rehab) | 2 |
| | Group 3 (Outpatient Ortho) | 4 |
| | Group 4 (Outpatient Ortho) | 4 |
| Age Ranges | 26-30 years old | 10 |
| | 31-40 years old | 7 |
| | 41-50 years old | 2 |
| | 51-60 | 3 |
| | Unknown | 1 |
| Gender | Male | 4 |
| | Female | 19 |
| PT Degree Earned | BS/BA | 4 |
| | MPT | 6 |
| | DPT/t-DPT | 12/2 |
| Number of Years Practicing | <1 year | 2 |
| | 1-6 years | 12 |
| | 7-20 years | 7 |
| | 21-35 | 3 |
| | | |
| APTA Membership | Yes | 15 |
| | No | 8 |
| APTA Committee/Workgroup/Section Members | Yes | 13 |
| | No | 10 |
| | | |

Procedure

This study was approved by the Institutional Review Board of St. Catherine University. Prior to the first focus group, each investigator conducted independent reflexive journaling and participated in collective peer debriefings in order to reduce investigator bias and increase confirmability. In addition, the junior investigators conducted a practice focus group with physical therapy students in order to test the focus questions and improve the researchers' experience with facilitation of the groups. After this process, when researchers felt comfortable with the process, the four focus groups were commenced. The researchers conducted four semi-structured focus groups at physical therapy clinics in order to gather multiple points of view and to encourage deeper discussion from sharing among participants.

All focus groups were conducted during the lunch hour—each lasting 45 to 60 minutes—as this was the only convenient time for staff participation. After a brief introduction to the research, the participants were invited to read and sign consent forms to orient them to the risks and benefits of participating in the study. In addition, the subjects were asked to complete a demographic form to gather data and further track the themes uncovered in the research. See appendices A and B for consent and demographic forms.

Each focus group was guided by the same set of pre-determined questions.

Primary questions included:

- 1) When you think of people who are politically active, what kinds of activities or behaviors do they engage in? What qualities do they have? What does that participation look like?
- 2) What activities related to political advocacy are you aware of that PTs are involved in?
- 3) Do you think political participation/political activism is an important professional role of the physical therapist? Why or why not?
- 4) Please describe any exposure you have had to political advocacy through your work place or other professional organizations.
- 5) What do you think encourages physical therapists to participate in political advocacy?
- 6) What do you think makes it difficult for physical therapists to participate in political advocacy?
- 7) Did you have any curricular content during your education regarding political participation or advocacy?

Follow-up questions were included as appropriate:

- 1) Political efficacy is defined as “the belief that one’s political action can have an effect on the political process or on decisions being made” – what are your perceptions about the political efficacy of physical therapy as a profession and/or your own political efficacy – why?

- 2) Have you ever been asked to participate in a political issue related to health care?
- 3) Are you politically involved with other non-health related issues?
- 4) To the extent that you can recall it, please characterize how you became politically involved.
- 5) What have you seen accomplished during your career due to health care related political participation?

Data Collection

All focus groups were digitally audio-recorded and transcribed. In addition, extensive notes were taken to further investigate any unspoken behaviors or dynamics in the groups. Equipment failure resulted in the partial loss of audio data from one focus group; however, extensive notes were taken, and the conversation was generally reconstructed. The reconstructed transcript was sent to the subjects for verification.

Data Analysis

To establish credibility, the researchers participated in peer debriefing after each focus group. To further establish credibility, all transcripts were returned to the participants for member checking to verify accuracy. Once verified, the transcripts were independently coded for themes by two researchers, also adding to the reliability and credibility via triangulation. Collaboratively, the two researchers then reconciled their findings into one agreed-upon set of themes and incorporated each additional transcript into the previous set of themes. Subsequent transcripts were coded using this framework,

looking for items that fit and did not fit. The research team collaboratively developed descriptions for each code in order to uncover possible relationships and develop a conceptual framework. New themes were added until all comments were accounted for. Other themes were collapsed as the investigators found similarities among themes and concepts in the data. This process continued for each focus groups until the researchers determined that no new data was being discovered and saturation was met. Once all four transcripts were coded, all researchers met to discuss themes and possible relationships therein. A conceptual framework was then devised to describe and visually represent the relationship among themes.

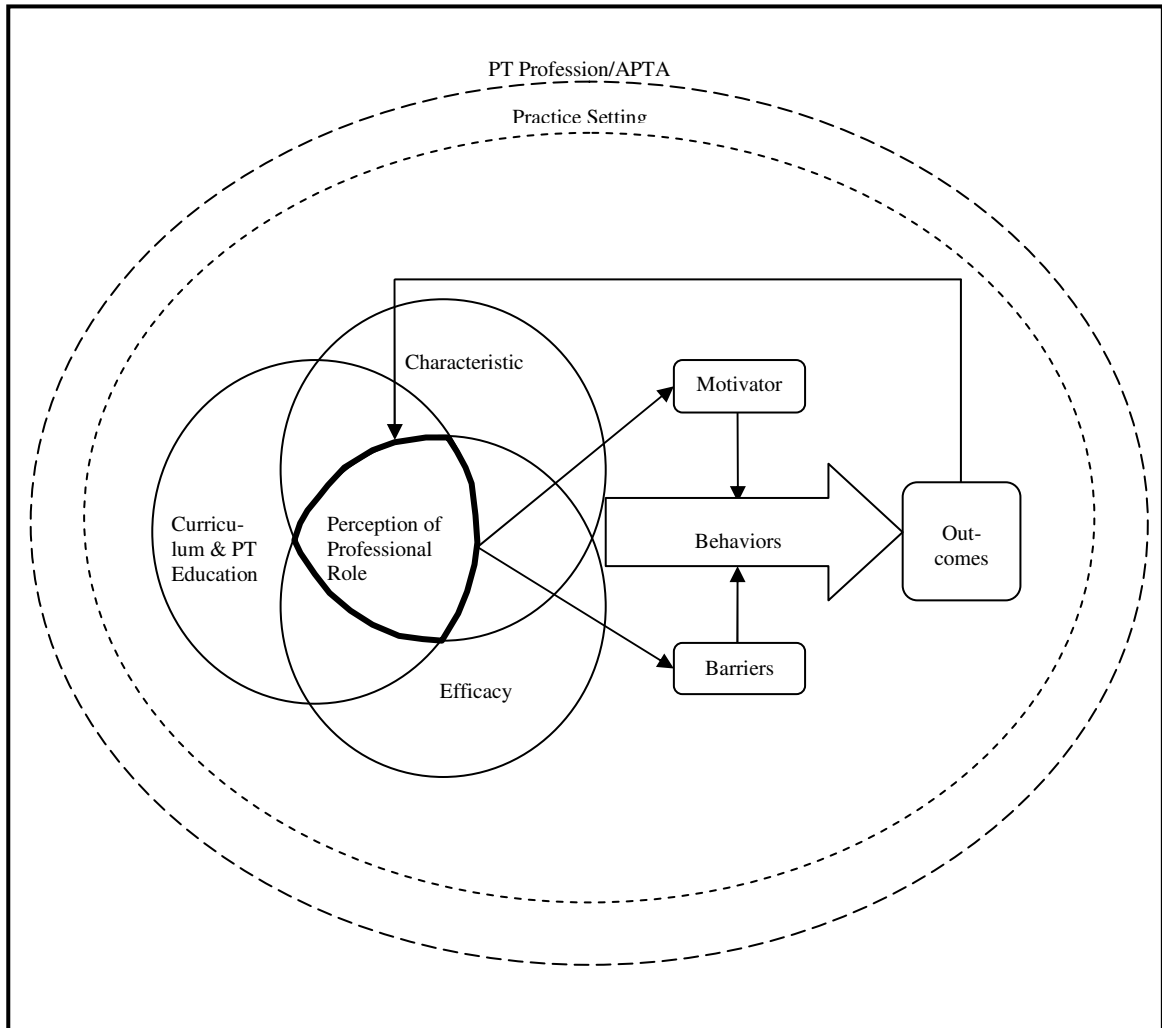
CHAPTER IV: RESULTS

Conceptual Framework

The results of this study are best represented by a conceptual frame work to demonstrate the process by which each individual physical therapist experiences political participation. A visual representation of this conceptual framework is presented in Figure 1. Each primary theme uncovered in the study is represented in the different areas of the framework, some of which contain subthemes. Furthermore, the layout of the framework describes the relationships among themes.

Choosing to participate in the political process is a decision made by each individual physical therapist. The physical therapist's perception of his or her professional role is influenced by the individual's previous curriculum and physical therapy education, his or her beliefs of political efficacy, and the personal characteristics of a politically active individual, as identified by the individual. The individual's perception of the professional role influences his or her choice to engage or not in behaviors that affect the political process. These behaviors are influenced by motivators and barriers that the individual perceives, based on his or her perception of the professional role. The behaviors, being influenced by motivators and barriers, yield perceived outcomes of political participation, which then influence the individual's perception of his or her professional role and/or efficacy therein. All of the individual's perceptions, behaviors, and outcomes within the context of the physical therapy profession and the APTA are acutely influenced by the practice setting in which he or she practices.

Figure 1. Conceptual Framework.



The Individual

As the framework suggests, individual physical therapists practice and participate professionally, according to their central understanding of their own professional role. This personal perception of one's professional role was shown to be influenced and shaped by personal characteristics or perceptions of political characteristics, perceptions and beliefs of efficacy, and prior exposure through educational experiences. At the heart

of these elements is the individual's perception of their professional role, which then guides the way they practice and participate as a physical therapist. This perception of professional role is constantly evolving as it is not only affected by past experience and personal perceptions, but also by feedback from actions taken and outcomes achieved. This research suggests that an individual's understanding of his or her professional role as a physical therapist is a very unique perception, which evolves constantly.

Characteristics

Personal characteristics were recognized by physical therapists in this study as playing a role in defining or determining those who are politically active. Participants were asked to describe those who they viewed as politically active, but were not directly asked about their own personal characteristics. Personal characteristics were described by subjects with either positive or negative connotations.

Characteristics of a politically active physical therapist that were themed as positive included: intelligence, passion, pride in what they do, and charisma. These characteristics were noted to not only positively promote political action but to sustain a political agenda and corresponding action.

Along with passion, I'd say pride. I'd say people are pretty prideful of what they do in their careers and in terms of how you treat people and think of what your skills are, in terms of manual therapy and that type of thing. People are really proud of that and they don't want to spend a lot of time and money and energy gaining them only to just give them up. So people are gonna fight for that. – Casey, Outpatient Orthopedic Setting

Some individual characteristics that were identified to hold a negative connotation included aggressive, strongly opinionated, and blinded by passion. Some participants

held a stereotypical tone, in that some equated ‘political people’ with ‘poor politics’ or unethical behavior. For example, one physical therapist was put off by a political person’s attitude. Perhaps, depending on the prior exposure of the participant, passion may be viewed as aggression and vice versa.

I think some people can be really aggressive and really strongly opinionated in one way, and like to sway people to their beliefs... and that is super annoying to me. I have no problem with people that like to share and have their beliefs I think that’s great, but people that really try to dig at you and get you to conform to them drive me crazy. – Abby, Acute Care Setting

Efficacy

Political efficacy is defined as “the belief that one’s political action can have an effect on the political process or on the decisions being made.”¹² In the conceptual framework (Figure 1), efficacy is an element of the individual that influences the individual’s perception of their professional role as a physical therapist in regard to political participation. The participants of this research study were asked about their feelings of efficacy within the context of physical therapy as a profession and their own personal efficacy. Results regarding efficacy were thoroughly mixed, recognized as either negative, neutral or positive. Some physical therapists believed their actions truly made a difference or that the association was very effective in its work politically. Other participants held little personal efficacy but felt the efficacy of the association and the profession was strong. For example, Brent mentioned that the profession had better efficacy than his individual efficacy, stating, “We’re pretty good”. He specifically

commented on the profession's accomplishments related to direct access and the Medicare caps-

Although a few participants did report efficacy personally or of the association, more participants held negative connotations in regards to efficacy – professional or personal. The depth of negative connotations surrounding efficacy seemed greater in this study, as the majority of participants reported decreased personal efficacy and were unclear about their thoughts of the profession's efficacy, secondary to decreased understanding of specific actions taken or outcomes achieved by the profession. Participants seemed to assume the profession was more efficacious than themselves but were unable to cite particular action of the profession. The majority of the negative comments in this category revolved around frustration with 'the system' and 'losing faith in the process.' As exemplified by the following quote, several participants expressed decreased trust in the political system and process. In this case, the participant was ultimately left with feelings of low efficacy personally and professionally.

I'm starting to lose faith in the system again...I'm seeing all of these little parliamentary things that are just aggravating the stew out of me and causing me to lose faith that either I or the APTA can really make a whole huge difference...I'm just losing faith in the entire governmental system and I'm sorry about that. – Alyssa, Acute Care Setting

The majority of participants explicitly expressed low levels of personal efficacy. In terms of the profession, participants supposed that the APTA was more efficacious than the individual but lacked understanding of how or to what degree. Overshadowing the above perceptions of efficacy was a reported 'loss faith in the greater system' which most likely added to participants' negative perceptions of efficacy.

Physical Therapy Curriculum/Educational Experience

When questioned about their prior exposure to political participation, the majority of participants recounted events that revolved primarily around their physical therapy curriculum and educational experience overall. This strong theme of curriculum overlaps with two other prominent themes, those being ones' personal characteristics and political efficacy. Together, these three overlapping themes compose the individuals' perception of their professional role as a physical therapist. Generally, participants described the events of their curricular experience as motivators to their current participation. However, themes from the transcripts suggest that prior experience to political advocacy through curricular exposure did not necessarily correlate with or fully predict political participation as a practicing physical therapist. The primary sub themes within curricular experience included participation in Legislative Day, required APTA membership, physical therapy school clubs, and other courses and lectures.

Several participants recounted that their involvement in Legislative Day, whether or not it was required within their physical therapy curriculum, was often their first exposure to political participation and its importance within the physical therapy profession.

...Legislative Day my second year at [PT school] really was the impetus to kind of be more involved. – Asa, Acute Care Setting

... [W]e weren't required to do things but I remember going to Legislative Day several times and going to talk to my legislators... "Hi. Nice to meet cha." And that just opens your eyes to how important it is. It was the faculty members letting us know how important it was for our core profession to kind of trumpet what we do, and again with their involvement with doing things. – Conner, Outpatient Orthopedic Setting

While some participants remembered Legislative Day as their only exposure to politics as a PT student, others recalled additional curricular events, either optional or required, that promoted political involvement. Two participants during one focus group discussed how they didn't have specific curriculum devoted to political participation, but that it was integrated within, for instance, with lectures from prominent political leaders within the physical therapy field. One participant described how their required curricular content included a course designed to promote discussion of and participation in the current political issues within the profession.

... We actually had a course where you had to be in groups of 2 and you had to pick an issue and discuss it... they really brought it to our attention and made us aware.... – Aster, Acute Care Setting

Another participant recalled that her voluntary involvement in her school's PT club was what kept her abreast of the political issues. Although this participant reports substantial political exposure and involvement during her educational experience, her self-reported lack of participation as a professional indicates that prior curricular exposure cannot always be correlated with increased participation professionally.

... my school had a PT club on campus and we met every Wednesday. ... we would have lobbyists come and present, we would discuss the current topics, what the APTA was doing, ... or ya know whatever came up, and that kept me pretty involved and in the loop. But now that that's gone away, obviously I'm not at that university anymore, but I guess I'm not as active as I could be... - Alba, Acute Care Setting

Several participants recounted that APTA membership was required as students within their respective schools and that this influenced their perception of political participation:

my school, which is totally ironic because I am not political at all, but my school was very gung-ho and encouraged it. We all were required to be APTA members... – Abby, Acute Care Setting

We had to be part of the APTA. [Others agreeing]. So that's being part of an organization that is our political voice. – Dina, Outpatient Orthopedic Setting

Perception of Professional Role

The investigation of the professional role sought to uncover what activities or duties PT's believed were part of their job as a physical therapist. Results from this study indicate that whether or not the physical therapist views political participation as an aspect of their professional role is based on the culmination of many influences and experiences. Physical therapists' understanding and experience of their professional role is not only based on intrinsic individual factors such as personal characteristics, educational experiences, and efficacy but is also affected by extrinsic contextual influences.

In general, respondents in this study did not necessarily believe that political participation was a significant aspect of their individual role as a professional, but viewed advocacy as a role of the professional association. However, many therapists cited their APTA membership as an important professional duty and an indirect way to participate.

I think membership is the very least you can do to promote your profession because if you ever go to any advocacy forum and see what they can do for advocacy for our profession at the national level you're just humbled by how important it is to be a member and be contributing to that process... – Cara, Outpatient Orthopedic Setting

Another participant also emphasized the importance of her APTA membership, not as an extension of her political effort but as a sort of compensation for what she felt she personally lacked.

I think some people participate by financially supporting almost like they are hiring someone that that is what their expertise is in – because I don't feel educated in the political arena that's not an area that I'm passionate about but I do still feel strongly about the APTA and that we have advocates for us politically, but I don't feel that's a skill that I necessarily have... – Amber, Acute Care Setting

Although participants did not overall view participation as a primary professional role, they expressed a general sentiment that they could or should be more politically active. For example, when asked specifically if political participation is an important role of the physical therapist, this participant made the following statement:

I think it probably should be an important role, but I don't think, as professionals, we have a lot of time to commit to it. So it kind of gets put on the back-burner, and we kind of leave it to our lobbyist to take care of it. – Dina, Outpatient Orthopedic Setting

A few other therapists came to the conclusion that lack of political inclination or interest was not just an individual characteristic, but rather a trait of the entire profession.

I just don't think that the most or a lot of us are interested in politics, you know what I mean? We're not political people. We're physical therapists. – Dina, Outpatient Orthopedic Setting

We're not a very boisterous crowd when it comes to politics...you know...we're very scientific, but we're not political. – Darryl, Outpatient Orthopedic Setting

Physical Therapy Profession, the APTA, and the Practice Setting

As shown in the conceptual framework (Figure 1.) physical therapists experience political participation within the context of their environment, including their workplace, and the profession of Physical Therapy.

The Professional Association

Whether or not a PT is a member of the APTA, he or she is subject to the APTA standards and impacted by the APTA's state and national legislative activities. The majority of participants within each of the four focus groups expressed a common perception that a major role of the APTA is to advocate for the profession and that it is important for physical therapy professionals to support this role through their personal membership.

The behaviors of the APTA, and the ways in which they communicate with licensed PT's, impact the way physical therapists experience and respond to the political process. Several participants expressed frustration when speaking on the role of the association in political advocacy. This participant expressed that the APTA perpetuates polarized political agenda instead of remaining neutral yet advocating strongly.

And I feel like with the APTA, the Minnesota APTA, some of the emails they send out I feel like are really forceful and aggressive and it was just deterring. I mean that's not how I interact, I feel like I prefer to be more educational and more one on one, but the emails I got as a student in grad school sometimes seemed really immature and seemed like they were trying to fight a war versus come to a middle ground – and it seemed kind of self-seeking versus being – trying to look at the greater good and patient care. – Alba, Acute Care Setting

I find it very frustrating when both sides of an issue cannot be discussed.

– Alyssa, Acute Care Setting

Although participants in this study recognized that membership is important, one participant expressed potential barriers to maintaining APTA membership:

Well I think too, it's a money thing because membership isn't cheap. And people don't see their connection of membership to political advocacy to as great of a degree as they should. They just see, well I get my magazines. So they just look at it as getting magazines. And it's like, no. Most of what the APTA does for you is not your magazines! – Cara, Outpatient Orthopedic Setting

Practice Setting

Many participants reported that their particular practice setting influenced not only their experience of political participation, but also their likelihood to participate. The practice settings represented in this study include acute care, inpatient rehabilitation, and outpatient orthopedics.

Participants expressed a large connection between the setting in which they practice and their participation politically. Several participants highlighted the importance of political participation to the specific financial system of their respective practice setting, often comparing it to other settings:

Well I think that because we work in acute care, and our payment system is spread out. I think the impact is different; whereas if I worked in an outpatient setting and I was doing this or I worked in a world that had ATCs or more competition that way, I would feel more strongly about those things but in this setting I don't feel that impact personally. But I find that lots of the political things the APTA goes after are a lot of times more out-patient focused. – Amber, Acute Care Setting

...just being a private practice outpatient clinic, [it's] pretty important... to be involved because I think it directly affects us a little bit more than... at the institution. They have a little bit more leeway in their budgeting, or how the figure things out, or how that works. It's not in your face every day and it's just another expense to them. So they might pay a little less, or they might pay some, but definitely not as much, it's not as important, it's not as daily in the decision-making and billing efforts and everything like that, as it is in this type of situation. – Casey, Outpatient Orthopedic Setting

Participants also seemed to recognize a type of work-place culture, separate from but influenced by the setting specifically. Participants reported on these cultures as affecting their likelihood to participate, in that some work-place cultures encouraged or enthused a political participation as part of their professional physical therapy role.

I think a lot of students, like myself and Casey; we started at a big institution. I was at Allina and she was at Fairview, right out of school. So, all this passion you gain in school, you know, like Casey said, you kind of lose it because you're in a big system where it's not as pushed as it is here. So for me I think that's where I kind of think I lost my drive a little bit to get involved and I started here and now my pay is involved and now I need to get involved. – Conner, Outpatient Orthopedic Setting

Behaviors and Outcomes

Behaviors

Participants in the focus groups were asked to identify activities in which politically active individuals participate. Themes from this study suggest that, in part, a physical therapist decides to participate in political activities or behaviors based on the aforementioned individual characteristics, including his or her perception of the role of the PT as a professional. Furthermore, various motivators and barriers exist in this

context which increase or decrease the likelihood of participation, as outlined later in the results.

Participants identified direct and indirect methods in which people participated in the political process. The direct methods that participants identified included voting, attending town hall meetings, participating in caucuses, and participating in Legislative Day. Some methods focused on involvement with a campaign, such as assisting with a campaign, attending fundraisers, and donating money.

Yeah, and I think it's important, even just going to a town hall meeting just so they get to see your face and get to know who you are when you do send them an email and so they have that recognition of, and then money is important too, you gotta have money, and that's attending the fundraisers and stuff to support them. – Cate, Outpatient Orthopedic Setting

Other direct methods involving direct contact with elected legislators include making phone calls, writing e-mails and letters, and educating officials.

I remember emailing my congressperson and saying you know, this is an important issue, I want you to go this way. I heard back from him and I think, 2 or 3 emails, like 'Tell me more,' so I wrote him back and, "Tell me more." I was like, "Holy Moly." I mean, this guy's actually getting emails from [my email address], or whatever, and to me that was like, cool. – Conner, Outpatient Orthopedic Setting

Fewer participants identified indirect methods of participation, such as educating the public about what physical therapy does, research supporting the effectiveness of physical therapy, and having a booth at the State Fair. These indirect methods were suggested as actions that could possibly have a positive effect by indirectly increasing public support and advocacy for physical therapy.

And others they can support the political activism in a completely different way, like if they are doing research showing that physical therapy is effective or helping design or describe what a physical therapist role ought to be in an area; they may not be doing it with the direct goal of being active but their information can be very helpful. – Alicia, Acute Care Setting

Fewer participants identified being a member of the American Physical Therapy Association as an indirect method of political participation. They felt that their membership enabled lobbyists at the state and the national levels to advocate for the physical therapy profession, yet they were not well-apprieved of the particular APTA governmental issues and actions.

...I don't feel educated in the political arena that's not an area that I'm passionate about but I do still feel strongly about the APTA and that we have advocates for us politically, but I don't feel that's a skill that I necessarily have... – Amber, Acute Care Setting

The actions of the individual—and of the APTA as a body representing the physical therapy profession—lead to and influence the outcomes of political participation as seen in Figure 1.

Outcomes

Participants within each of the four focus groups were able to identify outcomes as a result of political behaviors or activities; however, many of the outcomes were identified by numerous individuals with great vagueness, being able to identify a broad issue by name only. When asked to expand on what had been achieved specifically, many participants stated openly they did not know what had happened exactly.

Protection of the scope of practice of physical therapists was the most frequently identified outcome of political participation, specifically in relation to chiropractors and athletic trainers. Challenges have been made of physical therapists' scope of practice by chiropractors with the right to perform manipulations as the primary point of contention. Physical therapy has opposed proposed changes in the scope of practice of athletic trainers with the ability to treat all patients rather than only athletes as the main change proposed.

And then there are a lot of things as far as like, Athletic [Trainers], and kinda monitoring other professions too and always kinda keeping an eye on the chiropractors what they're up to trying to restrict our practice... expansion of the scope of practice for the massage therapists. – Cara, Outpatient Orthopedic Setting

Participants identified direct access, an often contested and often defended practice act, as a primary the outcome of political participation by physical therapists.

[P]eople still have to have a referral because insurances won't pay, so it was huge, and I think it's a stepping stone, but we got to take it a step further and get insurance on board with it because it doesn't really help our access really. You still have to go to the doctor to get that referral to come here. – Dina, Outpatient Orthopedic Setting

Other outcomes due to political advocacy that were identified by focus group participants were holds on the Medicare therapy cap and manual therapy reimbursement issues with Blue Cross Blue Shield.

The behaviors of the individual—and of the APTA as a body representing the physical therapy profession—influence and contribute to the outcomes of political participation. The outcomes, in turn, influence the individual's perception of his or her professional duty regarding political participation, as seen in Figure 1. However, the

behaviors of the individual are influenced primarily by the motivators and the barriers that the individual perceives to influence his or her decision about choosing to engage in political advocacy.

Motivators and Barriers

Physical therapists in this study were asked to describe factors that increase or decrease their inclination to participate in political advocacy. In other words, what are the motivators and barriers that influence their behaviors related to advocacy? Some motivators and barriers were found to be related to, or influenced by, the individual attributes of characteristics, curriculum, efficacy, and perception of professional role.

Motivating Factors

All focus groups described factors that either hinder or enhance the physical therapist's inclination to participation in political advocacy. Motivating factors were described in five primary themes: financial/job security, role modeling, patient care, education, and APTA influence. Financial security and patient care were two themes that seemed to be attached to a particular political issue. The presence of a role model, education, and APTA influence were more general motivating factors, not tied to a particular issue, but more broadly encouraging therapists to become engaged in political advocacy in general.

Financial/job security. Physical therapists in this study explained that threats to or changes in reimbursement were strong drivers for political action. In general, the subjects explained that they felt a direct relationship between changes in insurance policy to their ability to practice as they felt most appropriate. The fact that reimbursement legislation would have a direct impact on their personal experience in practice was motivating.

When it affects your paycheck, your job, and your reimbursement,...I think that will get people fired up – Dina, Outpatient Orthopedic Setting

[Physical therapists] see the connection of their income to their practice and what regulations impact their bottom line... – Cara, Outpatient Orthopedic Setting

One distinctive factor about the theme of financial/job security is that all comments in this category came from physical therapists in the outpatient orthopedic setting. One therapist described this relationship in terms of the difference in reimbursement sources in various settings:

Medicare dollars and patients' dollars are being limited. And especially in...outpatient, it's different than someone going into a hospital. You know, it's different Medicare. So you have definitely more restrictions. – Cate, Outpatient Orthopedic Setting

Furthermore, one therapist described that he was less involved in political action while working in an acute setting, but has become more involved now that he works in an outpatient setting.

I started [in the outpatient setting] and now my pay is involved and now I need to get involved. – Conner, Outpatient Orthopedic Setting

Overall, this theme begins to highlight that some motivating factors are closely linked to the therapist's direct relationship to a particular issue.

Role Modeling. Role modeling was a strong theme in this study where physical therapists described role models from different areas of their lives, including school, work, and family settings. Overall, the presence of another person who is engaged in political advocacy is encouraging for a physical therapist to participate. Some of the role modeling was aimed at directly encouraging a physical therapist to participate, while other role modeling was more passive, encouraging simply by example.

In the school setting, several therapists commented on the impact that faculty role models can have on the students' perception of political advocacy.

I felt like faculty did a good job of facilitating being leaders in that capacity and showing us what being active meant, being role models for their students. – Asa, Acute Care Setting

[I]f you have that person on the faculty, you might just create a generation of PTs who are politically involved. –Darryl, Outpatient Orthopedic Setting

In the work place, the role model theme was supported strongly across settings.

Just seeing what they put-in and just the passion of those people. It's inspiring, it can be at least, and gosh, maybe I should get involved because they are. – Conner, Outpatient Orthopedic Setting

In the family setting, therapists noted how both parents and children motivate them to participate in political advocacy.

I have a younger daughter who's very much a social advocate and social justice kind of gal, and she got me back involved in politics. – Alyssa, Acute Care Setting

It was kinda...barked at me all growing up so I do have that sense that it's...my duty maybe and that at least I can say I tried. – Betsy, Inpatient Rehabilitation Setting

Patient Care. A lesser theme that arose as a motivating factor in this study was patient care. Only a few therapists, primarily in the acute care setting explained that the need to advocate for their patients drove them to participate in political action. Again, this theme describes a motivating factor directly related to the therapist's clinical practice experience, in this case the ways that policy affects their patient. One stated that her interest in political advocacy was peaked when an issue arose that was directly related to one of her patients.

[For] a patient that is being affected negatively, you're more inclined to make a change and to get involved and you probably are a little bit more educated on what issues are at stake... – Adia, Acute Care Setting

Curriculum. Curriculum, or exposure to political topics and advocacy opportunities in school, was a less notable theme as a motivator for political participation. While some mentioned that this early exposure to political advocacy was important to set a standard of participation, others commented on the difficulty of maintaining this advocacy once in the work setting.

I think it's really important to catch a student early to let you know how important it really is because if you don't have when you get out it's just a matter of where you happen to fall. – Cara, Outpatient Orthopedic Setting

[W]e had a PT club and we would have lobbyists come and present, we would discuss the current topics, what the APTA was doing...and that kept me pretty involved and in the loop, but now that that's gone away, obviously I'm not at that university anymore, but I guess I'm not as active as I could be. –Alba, Acute Care Setting

Although exposure through curriculum is a motivating factor for physical therapists in general, the extent to which this motivator carries over into a career is not able to be determined from this study.

Influence of APTA. The influence of the APTA as a motivator was a very small theme noted in this study. Only one therapist stated that the APTA motivated her to become more politically engaged.

[Being in the APTA and getting all the emails and all this, and it makes me more interested. – Alice, Acute Care Setting

On the contrary, another therapist commented that

[Physical therapists] don't see their connection of membership to political advocacy to as great of a degree as they should. – Cara, Outpatient Orthopedic Setting

Barriers

Barriers to political participation among subjects in this study included: time, disinterest, complexity financial considerations, and technology/communication. Time was the most predominant barrier, and contained several sub-themes including life balance and workplace priorities.

Time. Above all other barriers to political participation, perceived lack of time was the most commonly mentioned hindrance to participation across all settings. In general, therapists commented on the busy clinical schedule during the day, coupled with family demands in the evenings that competed for their time.

[Y]ou're finishing-up on charting during the middle of your lunch and you don't have a lot of time during your workday to spend time doing even just the smaller things..., I have family, two kids, and they take-up a lot of time. – Cate, Outpatient Orthopedic Setting

I barely have time to read e-mails, much less act on that – Dina, Outpatient Orthopedic Setting

Life Balance. Closely related to time is the element of life balance or energy. Many therapists reported that they put their energy into family or other endeavors at the end of the work day, leaving little remaining for political participation.

[There's] only so much you can give. Only so much energy in a day. If you sell yourself to your pts all day, and then you sell yourself at the capital all day, you've got nothing left to sell when you go home to your family. – Brent, Inpatient Rehabilitation Setting

[F]amily comes first, so it's I choice I made I guess. – Conner, Outpatient Orthopedic Setting

In contrast, Cate noted how those that were politically active in their clinic had more time to do so because “their children [were] older and they're not taking care of them.”

Workplace priorities. Several subjects described how other workplace priorities take up any time that is available to the therapist. In particular, they mentioned “documentation,” “patient care,” “continuing education,” and “evidence-based practice” as higher on the priority list for professionals.

Disinterest. Another primary theme was disinterest. Many physical therapists reported that their personal inclination to participate in political activities was low due to

a variety of individual factors. This theme also uncovered the beliefs of several therapists that some people are somehow political by nature and others are simply not.

I myself am not a real political person... I would be the one to send an email or do something if it was real easy, but I also guess I'm a little selfish... like if it doesn't directly impact me, I'm not going to spend the time to do it. -- Abby , Acute Care Setting

Another noted that she was 'just kinda lazy.' – Aster, Acute Care Setting

Complexity. The primary theme of complexity as a barrier was built from comments of therapists who were so frustrated with the political system and the issues that they were deterred from political participation. Overall, therapists reported that difficulty navigating the progress of bills and issues as well as staying current on the most recent changes.

I would like for the information to be more available for our entire political system, without having to get a poli-sci degree. – Alicia, Acute Care Setting

In addition, therapists noted that they did not feel that the political process was straightforward or trustworthy. One therapist reported,

[A] lot of frustration...not being able to find out how things are going to happen, they'll say 'we're going to do this' but nobody will tell you how they are going to do that or what the plan is for it. -- Alicia , Acute Care Setting

Another therapist cited that:

[W]hat frustrates me about politics is that there will be a really good bill and then you get to the end of it and in the small fine print they tack on something really ridiculous. – Alba, Acute Care Setting

Financial Considerations. Financial considerations was a lesser theme in this study. A few therapists across different settings viewed financial obligations as barriers to political participation, as well as APTA membership.

[A]s a new professional I wasn't already established and I wasn't willing to put in the money for [membership]. – Casey, Outpatient Orthopedic Setting

One negative about giving legislators funds is that the emails don't stop—asking for more money. – Alice, Acute Care Setting

Technology/Communication. Another lesser barrier was the manner in which information was disseminated. For some therapists, the increased use of technology for communication and political activism was a barrier. Interestingly, technology as a barrier was not specific to older therapists, but was seen in ages from as young as 26.

I was much more up on the issues and stuff when we were getting paper copies in the mail, of a bulletin or a legislative session or the sound waves – but since everybody has switched over to electronic I haven't read one... I read everyone when it was on paper and its been what, 2-3 years since its went electronic? I haven't read one. – Asa, 26 years old, Acute Care Setting

Well I'm older than the rest of the group, so I'm not as good on the computer. Most the things come through the computer, and I'm doing better. I've sent letters through the computer as long as you can just click on things to write a letter, I'm okay; but when you have to do cutting and pasting and things like that, then I'm not so good. – Alice, 35 years old, Acute Care Setting

Conclusion

Each individual PT practices within the context of their profession as a whole, with the APTA being the primary governing body, as well as within their practice setting.

The context provided by the APTA and the practice setting influence the entire political process as experienced by each individual PT. Several individual factors shape whether or not a PT perceives political participation as a professional role, including their personal characteristics, political efficacy, and prior exposure through PT curriculum and education. According to subjects in this study, a litany of motivating and hindering factors determine whether or not a PT will engage in various political behaviors, which lead to certain outcomes affecting the profession.

Example

Jeff, a novice physical therapist practicing for 2 years in an acute setting finds a new job in an outpatient orthopedic setting. In his prior acute care setting, evidence-based practice was more of a professional development focus than was political participation. There was nary a mention of political participation among colleagues. He is finding that at his new outpatient setting, therapists frequently discuss reimbursement issues over the lunch hour. This context exemplifies how the role of the setting might influence his perception of his professional role as a PT.

His physical therapy education included coursework on current events in physical therapy politics and his entire class was required to maintain an APTA membership and participate in Legislative day. Jeff never considered himself ‘a political person,’ and is frustrated by all of the polarity he sees in the political

process today – especially in health care. These characteristics exemplify some of the many individual factors that influence Jeff’s perception of his professional role.

Based on Jeff’s experience previously and currently, the barriers and motivators he encounters may encourage or discourage his inclination to engage in political behaviors, such as calling his representative or sending/reading political emails from the APTA. As Jeff’s career progresses, he may experience outcomes from his actions that reinforce or not, his decision to participate and/or inform his professional role.

Overall, the strongest themes were that therapists believe that political advocacy is a primary role of the APTA, but a less significant role of the individual. The setting in which the PT practices significantly determined whether or not a PT viewed political participation as an important professional role, in particular in the outpatient setting. Whether or not political advocacy was included in curricular content did not seem to play a significant role in determining future participation. Primary behaviors or activities noted in this study included voting, participating in Legislative Day, involvement with a campaign, contacting legislators, and educating officials. The primary factors that significantly motivated PT’s to participate included financial/job security and role modeling. The primary barriers to participation were lack of time, disinterest, and complexity. Overall, PT’s in this study had a difficult time communicating the outcomes

that were achieved by political participation in the PT profession. Although, the participants did cite direct access, practice act disputes, and Medicare legislation as outcomes of the political process, the majority of participants seemed unclear about the specifics surrounding APTA's political accomplishments.

CHAPTER V: DISCUSSION

After conducting the focus groups and analyzing the findings, similarities were identified between the results of this study and previous literature. Participants of the focus groups identified similar behaviors related to political participation to what had been highlighted in a review of the literature: voting, educating, contacting elected officials, participating in political campaigns, donating money to political campaigns, and protesting, although protesting was identified by only one participant out of all the focus groups.^{2,4,6} Behaviors identified in the literature, but not by participants in this study included networking, lobbying, and monitoring the political environment.

Interestingly, the perception of the professional role was similar to previous research on political participation of nurses. Both previous and current research point to mixed results as some, but not all, individuals believe political advocacy is a role of the professional. Furthermore, those who see advocacy as a professional role believe that the levels of participation should be greater. More specifically, PT's and other health care professionals view advocacy as the role of the professional association. In this study, the majority of participants did not recognize or report political participation as a personal professional role.

The literature suggested that political efficacy of health care professionals increased with curricular exposure and frequent opportunities to participate politically.^{12,16,21} The responses of participants in this study indicated a negligible relationship between political efficacy and experiences with political participation throughout the educational curriculum. Participants explained how curricular content or

participating in the political process as a student increased their awareness of political advocacy, but that awareness did not translate into increased political participation or personal efficacy as a professional.

Motivating factors identified by the participants in this study were in concert with those found in a review of the literature, namely the presence of role models, exposure to advocacy opportunities through workplace culture, membership in the professional organization, financial security, and patient care.^{15-7,22} The barriers listed by the participants were similar to the barriers previously identified in the literature: lack of time, lack of knowledge on the issues, apathy, and not understanding the political process.¹⁷

In the literature, education was repeatedly cited as a tool to overcome the barriers of low efficacy, lack of knowledge, and apathy. Although results of this study did not support the direct relationship of curricular content to increased political participation in the career, this may have been due to the frequency, content, and method of delivery of the political exposure in education. Because participants in this study cited similar barriers to those in the literature, education should still be leveraged as a means to reduce barriers and increase political engagement for students, encouraging active professional.

Overall, the results of this study are similar to previous literature in that they both support the idea that an individual is not inclined toward political participation due to one cause or factor, but instead results from a combination of personal and experiential elements that accumulate over time. An example of this was the way in which exposure through curriculum influenced some towards advocacy, but not others. This may be due

to the way other factors in the PT's life unfolded, such as workplace setting, role models, etc.

Implications

The results of this research study have professional and educational implications as the physical therapy profession continues to move forward. There is a responsibility amongst the APTA as the professional organization, the accredited institutions educating future physical therapists, and the individuals as members of the physical therapy profession in promoting and reinforcing the core value of social responsibility through political participation as a professional role of the physical therapist.

This research implies that there is a very real disconnect between the actual political actions taken by and for physical therapists, and the understanding or recognition of these actions by practicing physical therapists. The majority of participants in this study were unclear of what qualified as political action historically and/or currently by physical therapists and the APTA. The results imply that the majority of physical therapists are unclear of not only what specific actions are taken but also of the implications of those actions to the profession. Participants did report confusion and communication barriers to understanding through emails of the APTA, but did not report a personal motivation or responsibility to seek out their own understanding despite those barriers among others. It seemed that the majority of physical therapists in this study were overwhelmed with or confused by the political process itself, perhaps discouraging their participation or even awareness.

This research also implies that physical therapists overall, did not view personal political participation as a tangible part of their professional role. Although participants seemed to recognize the importance of political activity and were appreciative overall of the efforts of APTA, they did not seem to identify personal political action with their role as a physical therapist.

The importance of these implications lies in the future of the physical therapy profession and the quality of care physical therapists will ultimately be able to offer patients. If this sample of physical therapists is representative of the profession as a whole, then physical therapists are not only not representing themselves as a strong voice politically, but are failing to recognize the importance of this process at all. As the complexity of the health care field inevitably increases, it is ever important that physical therapists not only recognize the importance of their participation politically but are driven to action in the first place. The voices of physical therapists in the legislative and political process have a great, if not tangible for some, impact on the PT practice and ultimately on the care provided to patients.

Recommendations

The findings of this study can be translated into action plans charged to the individual professional, the curriculum of physical therapy schools, the APTA, and the workplace setting. The findings of this study suggest that for political participation among physical therapists to increase, there must be an aim to increase the motivation for participation and decrease the barriers that keep professionals from participating.

As recognized in the review of the literature and reinforced in this study, physical therapists valued exposure to the political process as a student. However, perhaps it needs to be a more explicit goal of the physical therapy curriculum, to familiarize students with the political process in order to produce politically competent professionals. By analyzing political topics and providing not only exposure but opportunities to participate throughout the curriculum, perhaps physical therapy programs will be more apt to cultivate a political interest and facilitate political confidence in students. Something as simple as facilitating discussion throughout a student's curriculum of current topics and the role of PT in that may improve confidence and spark interest. As students are given opportunity to grow professionally and given opportunity to improve clinical skills and competency, this study suggests that the profession may benefit from this political education taking its place in today's physical therapy curriculums – thereby increasing the likelihood of professional participation. As no long-term studies have been done to consider the effect of curricular exposure on clinical practice, it is difficult to make this direct recommendation. However, this research supports erring on the side of politically knowledgeable entry-level practitioners into the field, with a strong educational foundation on which to stand.

The APTA is a crucial organization to the vitality and success of the physical therapy profession, as it leads the physical therapy field in all aspects of care. This study suggests that physical therapists do not feel connected to the important happenings that the APTA is involved with, and that this disconnect makes physical therapists less likely to recognize and/or seek opportunities to participate politically. The APTA was viewed

by participants as having many roles, but one key role identified was as a disseminator of information regarding key legislative issues impacting physical therapists. The vagueness with which legislative issues and outcomes were identified by the participants, as well as some inability of participants to identify key legislative issues, indicated a needed review of how legislative-related information is disseminated by the national and state chapters of the APTA. This includes the medium and the language with which the APTA chooses to communicate pressing legislative issues to its members. The current medium of choice used by the APTA—e-mail—was identified by numerous participants as ineffective, easily discarded, and easily overlooked due to the myriad of e-mails received each day. Likewise, the language used by the APTA in the subject line of their e-mails, identified by participants as, “URGENT! Immediate action required!,” was easily overlooked. Participants noted that the aforementioned subject line was used every time the APTA was encouraging physical therapists to contact their elected legislator(s). In addition, there was confusion on the appropriate category for each issue, such as direct access as a legislative-related issue and private reimbursement as an insurance-related issue. However, participants widely viewed the APTA as the primary advocate for all physical therapists. Consequently, there was not a great sense that political participation was viewed as a professional role of the individual physical therapist, as this responsibility was viewed as one that should be taken on by the APTA. A recommendation to address this gap would include a task force to improve communication between the APTA and physical therapists. Perhaps those who participate politically could more explicitly communicate the political happenings at hand – whether through a website or some other

medium, the participants of this study expressed a need for clear information and neutral representation of issues. If physical therapists do not know what is at stake or ways to participate, chances are low that they will participate.

The practice setting in which an individual practices, as well as the culture of each workplace, influenced strongly when and for what one would engage in political participation. Social responsibility is one of the Core Values of Physical Therapy. One of the seven areas of social responsibility, according to the APTA, is political participation. Although a number of the participants indicated engaging in political participation, a large number of the participants indicated they do not engage in political participation due to the perceived barriers outweighing the benefits of the perceived motivators. The practice setting in which an individual practices, as well as the culture of each workplace, strongly influenced when and for what one would engage in political participation. People typically engaged in political participation only when it directly influenced the practice setting in which they worked, rather than advocating for all physical therapists in all practice settings. The current polarized bipartisan nature of politics also seemed to influence the culture of each workplace, as what may seem like simple solutions that advocate for patients may be construed as “conservative” or “liberal” in their approaches. Personal beliefs and party politics seem to hold sway over what may be in the best interest of patients, as recommended by the APTA. Politics has long been considered one of three things a person should never talk about with coworkers, and that belief seems to be observed in some of the physical therapy settings in which participants worked. Physical therapists can be socially responsible, as stated within the Core Values of the

APTA, by engaging in patient advocacy and civil discussion about how physical therapists can impact policymaking to promote physical therapy and the rights of patients within the workplace, even though this type of culture may not be present currently.

Making advocacy part of the workplace culture and discussion, as well as allowing employees some allotted time for participation may increase participation. If the profession values political participation as the Code of Ethics and Vision 2020 state it should, employers should promote a culture and enthusiasm in political involvement, in whatever form that may take. Perhaps employers can provide benefits, incentives, and/or at least some time given to the participant to participate. Political participation by physical therapists in Minnesota currently focuses on direct access. This is of value to employers because it relieves patients, physicians, physical therapists, and the health care system as a whole by avoiding “hoop jumping” for a physical therapy-appropriate patient to obtain unrestricted care, rather than having to spend health care dollars on an office visit to obtain the authorization by a physician to be deemed appropriate for physical therapy. In addition, political participation can provide an avenue to better inform the public about health care issues related to physical therapy, which may give some employers positive publicity for having the public’s health in their interests.

It is time that the physical therapy profession practices within and views their professional role with a wider lens. Physical therapists that are currently politically active may best benefit colleagues and the profession overall by serving as a role model to get involved and seek opportunities.

Recommendations for future research include a quantitative study on the number of PT's that are active in advocacy in various settings, and at various points in the career path. A more in-depth analysis of DPT curricular content would also be an interesting, especially on how graduates participate several years out of the programs.

Limitations

The limitations of this research study relate to the questions asked of the participants as well as the sample size of participants from certain practice settings. Equipment failure resulted in the partial loss of audio data from one focus group. This may have decreased the accuracy of this transcript; however it was verified by participants following reconstruction.

Participants were not asked directly in what ways and how frequently they participate politically, as this would have provided a clearer picture of whether or not physical therapists are living out the core value of social responsibility through political participation. The sample size of participants from an inpatient rehabilitation site was very limited at only two participants, while we were able to conduct a focus group of four participants at both a private practice outpatient clinic and a large institution outpatient clinic. The focus group format allowed many ideas and opinions to be obtained, but it did not allow for identification of the specific activities each participant engaged in and with what frequency, as well as how familiar each participant was with the specific outcomes that have been obtained through political participation.

Sixty-five percent of participants in this study were members of the APTA, which is higher than the national average of 29%³². Therefore, this study may be most transferable to APTA members, and may not be as reflective of non-APTA members.

Conclusion

In conclusion, this study supports the need to directly and explicitly call physical therapists to practice to the standard charged to professionals upon licensure. For political participation to increase, the profession of physical therapy must unify across the spectrum from PT education to experienced clinicians, to discuss and educate on this important aspect of required practice standard.

^Social responsibility is one of the Core Values of Physical Therapy. According to the APTA, political participation is one of the twelve sample indicators of social responsibility . Although a number of the participants indicated engaging in political participation, a large number of the participants indicated they do not engage in political participation due to the perceived barriers outweighing the benefits of the perceived motivators.

Physical therapists can be socially responsible, as stated within the Core Values of the APTA, by engaging in patient advocacy and civil discussion about how physical therapists can impact policymaking to promote physical therapy and the rights of patients within the workplace, even though this type of culture may not be present currently.

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APPENDIX A: PARTICIPANT CONSENT FORM

Political Participation: Are Physical Therapists Living Up To The Core Values? RESEARCH INFORMATION AND CONSENT FORM

Introduction:

You are invited to participate in a research study investigating the attitudes toward and participation in political advocacy as experienced by practicing physical therapists. This study is being conducted by Cole Kampen, Nick Schneider, Miranda Swensen, and Amy Thompson, students in the Doctor of Physical Therapy Program at St. Catherine University. You were selected as a possible participant in this research because you are a practicing physical therapist in the Twin Cities Metro area. Please read this form and ask questions before you decide whether to participate in the study.

Background Information:

The purpose of this qualitative research project is to determine physical therapists' perceptions of political advocacy. The study seeks to discover and understand themes surrounding the actions, attitudes, motivators, and barriers that influence physical therapist's professional political participation. Approximately 40 people are expected to participate in this research, with approximately ten participants in four separate focus groups.

Procedures:

Your participation is voluntary. If you decide to participate, you will be asked to attend a one-time focus group meeting lasting 60-90 minutes. If you decide to participate, you may choose not to answer any question that makes you uncomfortable and can end your participation in the focus group at any time. The group meeting will be held at St. Catherine University, on the Minneapolis campus (School of Health Building). Upon arrival, each participant will be oriented to the project and asked to then sign this consent form. We will structure the meeting around a series of 7 predefined primary questions, with follow-up questions as appropriate. This meeting will be tape-recorded and take approximately 60-90 minutes to complete.

The focus group will be audio taped so that information obtained from the focus group discussion can be analyzed. The researchers will then type the information from the focus group. Audio taping of the focus group is a requirement for participation in this study. You may be asked to review the transcript for accuracy once it is complete.

Risks and Benefits:

This study has minimal risks. The nature of the open-ended interview format may include probing for personal or sensitive information. You may choose to disclose whatever information you wish and decline to answer any of the questions. Some basic identifying information will be collected and maintained by the researchers in confidentiality.

There are no direct benefits to you for participating in this research.

Confidentiality:

Any information obtained in connection with this research study that could identify you will be kept confidential. In any written reports or publications, no one will be identified or identifiable

and only group data will be presented. We will keep the research results in a password protected computer and/or a locked file cabinet in Dr. Dutton's office and only we, the researchers, as well as Dr. Dutton, will have access to the records while we work on this project. We will finish analyzing the data by May 15, 2011. We will then destroy all original reports and identifying information that can be linked back to you, including written notes. All tape recordings will be erased or destroyed by May 15, 2011.

Voluntary nature of the study:

Participation in this research study is voluntary. Your decision whether or not to participate will not affect your future relations with your employer, the APTA, St. Catherine University, or any other cooperating institutions in any way. Again, you can refuse to answer any of the questions if you choose to do so. If you decide to participate, you are free to stop at any time without affecting these relationships, and no further data will be collected.

New Information:

If during course of this research study we learn about new findings that might influence your willingness to continue participating in the study, we will inform you of these findings.

Contacts and questions:

If you have any questions, please feel free to contact the faculty advisor, Dr. Lisa Dutton, Research Advisor, at 651-690-8126. You may ask questions now, or if you have any additional questions later, the faculty advisor will be happy to answer them. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher(s), you may also contact John Schmitt, PhD, Chair of the College of St. Catherine Institutional Review Board, at (651) 690-7739.

You may keep a copy of this form for your records.

Statement of Consent:

You are making a decision whether or not to participate. Your signature indicates that you have read this information and your questions have been answered. Even after signing this form, please know that you may withdraw from the study at any time and no further data will be collected.

I consent to participate in the study and I agree to be audio taped.

Signature of Participant

Date

Signature of Researcher

Date

APPENDIX B: PARTICIPANT DEMOGRAPHIC FORM

Demographic Information

Name: _____

Phone #: _____

Email: _____

Age: _____ Gender: M F

Highest Degree Obtained (circle one):
Associate/Certificate BS/BA MPT DPT t-DPT PhD Other: _____

College/University: _____

Total # of Years in Practice: _____

Current Place of Work: _____

Type of Practice Setting (circle one):
Ortho OP Acute Care Rehab SNF GP Private Other: _____

APTA Member: Yes No

APTA Committee(s): _____