



Employee-Supervisor Fit and Core Values in Physical Therapy Private Practice: A Mixed-Methods Case Study

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Abstract

Background: The American Physical Therapy Association (APTA) has identified altruism, social responsibility, compassion, and caring as core values of the profession. Although widely endorsed, limited research has examined how these values are behaviorally expressed in for-profit private outpatient clinical settings and how they relate to organizational culture and leadership alignment.

Objectives: This study examines the behavioral enactment of the APTA social outreach core values among physical therapists in a private outpatient practice. The research evaluates clinician perceptions of alignment between their values and those modeled by workplace leadership.

Methods: A mixed-methods design was used. Eighteen physical therapists from a private outpatient organization completed an anonymous electronic survey assessing value-based behavior using items from the societal outreach section of the APT Core Values Self-Assessment. Quantitative responses were analyzed using descriptive statistics, Spearman's rho, and the Kruskal-Wallis H test. Qualitative responses to open-ended questions were thematically coded.

Results: Compassion and caring were the most highly endorsed behaviors, with 71% of the clinicians identifying them as critical to clinic sustainability. Pro bono service had the lowest mean score ($M = 1.71$), with clinicians citing systemic and policy barriers as reasons. A significant positive correlation ($p = .761$, $P \leq .05$) was observed between employee-supervisor value alignment and perceived organizational fit. A considerable gender difference was identified between male and female clinicians in prioritizing patient-centered care intervention design, as determined by the Kruskal-Wallis H test ($H = 5.06$, $P = .024$).

Conclusion: This study highlights compassion as a foundational behavior with both ethical and operational implications in private practice care. Leadership modeling of core values appears to enhance organizational culture and employee engagement. Structural supports may be necessary to translate altruistic intent into actionable practice.

Key Words: Altruism, Social Responsibility, Compassion, Caring, Employee-Organizational fit, Professionalism in Physical Therapy: Core values Self-Assessment Survey

Introduction

Background and Purpose

The American Physical Therapy Association (APTA) emphasizes core values such as altruism, social responsibility, compassion, and caring as essential components of professional behavior [1]. These values extend beyond aspirational ideals; they serve as behavioral standards that shape how clinicians interact with patients, colleagues, and the broader community [2]. As the physical therapy profession evolves to meet the complex demands of modern care delivery, translating these values into observable clinical behaviors has become increasingly important [3]. Understanding how these values manifest in private clinical practice is crucial, particularly given their impact on organizational culture, employee-supervisor fit, and the quality of care that patients receive [4].

Value-based behaviors are recognized as ethical expectations and strategic tools that impact the quality of care, patient adherence, and clinical outcomes. In outpatient settings, where efficiency, continuity, and patient satisfaction are paramount, consistent professional values, particularly compassion and caring, often perceived as respect, can significantly influence loyalty, clinic growth, and care effectiveness [4, 5]. Leadership alignment with these values can enhance workplace culture, strengthen organizational identity, and improve workforce engagement, all of which contribute to delivering high-quality physical therapy services [6]. Framing core values as levers for advancing evidence-based physical therapy practice situates these values at the intersection of professional ethics and evidence-based management, which are key concerns for clinic leaders and rehabilitation clinicians [7]. This study aims to understand how these values manifest in private clinical practice, given their impact on organizational culture, employee-supervisor fit, and potential business stability, as well as clinician and patient retention [4, 8].

Despite widespread endorsement of these values by the APTA and academic settings, there remains limited empirical evidence on how these values are enacted in daily clinical practice, especially within the private outpatient sector. Furthermore, little is known about how clinicians perceive value alignment with supervisors or how these perceptions influence organizational culture, employee satisfaction,

or the integration of patient-centered care. This study examines how physical therapists behaviorally demonstrate core values in a large private outpatient organization known as Rehab Associates of Central Virginia (RACVA). By evaluating employee-supervisor value alignment and clinician engagement in compassion, altruism, and social responsibility behaviors, this research aims to shed light on the real-world effects of APTA-endorsed professional values on practice culture and workforce stability at the RACVA combined clinics.

Value Behavior Impact on Small Business

Altruism. Altruism refers to selfless actions that benefit others, distinct from prosocial behaviors motivated by duty or external rewards [9]. A business with strong ethical and altruistic values benefits employees, patients, and organizational outcomes, especially when hiring staff who share those values. For physical therapy practices, person–environment fit may be even more critical than in other small businesses. According to the APTA, altruism involves prioritizing patients’ needs over the therapist’s interests, as expressed through the provision of pro bono services and the serving of underserved populations [1, 3].

Social Responsibility. Social responsibility strengthens trust between clinicians and the community by addressing societal needs for health and wellness. It entails avoiding harm and actively contributing positively, as demonstrated through political advocacy and volunteerism, both of which are recognized as professional behaviors in business contexts [1, 10].

Compassion and Caring. Compassion involves identifying with a patient’s experience and expressing concern through respectful, individualized care. Evidence suggests physical therapists view compassion as a core moral orientation guiding practice, despite structural or organizational constraints [11].

Significance of the Small Physical Therapy Firm. Small private practices, typically with fewer than 50 employees, are often independently owned and unaffiliated with hospitals or corporations. There are an estimated 38,800–50,000 outpatient clinics in the U.S., with ownership structures ranging from private to corporate-backed [12]. Roughly 36–38% of physical therapists work in private practice settings, and ~3% are self-employed [12, 13].

Significance of the Study. This study examines how core values are behaviorally enacted at Rehab Associates of Central Virginia a private physical therapy organization. Prior research on these values has primarily focused on university settings, involving students and faculty, leaving a gap in understanding the organizational climate in private practice [14]. Most studies of social responsibility have centered on large enterprises, which may not capture the distinctive behaviors of small private firms [15, 16]. In contrast to small to medium-sized and large firms, private firms tend to emphasize prosocial citizenship behaviors, informality, interpersonal relationships, personal service, and community embeddedness [16–18].

Building on earlier work by Beazley, Kim, and Bolgla, this IRB-approved study explores how values influence employee-supervisor relationships, generational perspectives, and gender-based differences in patient-centered care priorities in the RACVA business. Understanding these dynamics is critical for strengthening organizational culture in private practices, thereby enhancing both patient care and employee satisfaction. Denton et al. demonstrated that the altruism, social responsibility, compassion, and caring survey, specifically, the societal outreach section of the Professionalism in Physical Therapy: Core Values Self-Assessment, provides a useful organizational analysis tool for administrators, educators, and researchers focusing on these behaviors [6, 8, 14]. This study extends the findings from the Qualitative Pilot Study: Impact of Social Responsibility and Altruism Values on Rehabilitation Employee Satisfaction, published in the Asian Journal of Physical Therapy [4].

Design and Participants

A mixed-methods, university-IRB-approved (LHS2425025) design was utilized. A total of 18 convenience-sampled RACVA physical therapists completed an electronic values-based behavior survey. The data set consisted of survey questions from the societal outreach subsection of the Professionalism in Physical Therapy: Core Values Self-Assessment survey, along with sections assessing employee-environment fit and employee-supervisor fit, with a prospective choice of 1–5, ranging from (1) never to (5) always [19]. Specific value-behaviors were supplemented with open-ended reflective comments. This study investigated the behavioral enactment of these values at Rehab Associates of Central Virginia, a private outpatient physical therapy practice.

RACVA was selected as the research site due to its exemplary commitment to core professional values and alignment with the purpose of this study. The organization emphasizes an employee-centric culture, operationalizes a clearly defined set of core values including ethics, social responsibility, and excellence, and fosters professional development through mentorship programs and a clinical advancement ladder. With over seventeen clinics throughout Central Virginia, RACVA serves diverse patient populations and operates within various community contexts, thereby strengthening its relevance for this type of inquiry (personal interview with Josh Bailey, DPT, CEO, RACVA, April 25, 2025) [20].

Moreover, RACVA’s mission to support personal and professional fulfillment among clinicians, along with its active community engagement, makes a compelling model for examining the integration of altruism, social responsibility, compassion, and caring into everyday clinical practice [21]. The organization’s established values and systems allowed for a practical, real-world setting to assess employee perceptions of value alignment and behavioral enactment. These factors collectively position RACVA as a highly appropriate and insightful case for this research.

Data Collection and Analysis

Descriptive statistics, Spearman’s rho correlations, Kruskal-Wallis H tests, and Z-scores were used to analyze quantitative data. Cronbach’s alpha ($\alpha = .877$) indicated strong internal reliability of the survey. Qualitative data were collected via reflective responses to open-ended survey items and analyzed for relevant themes.

Generative Alternative Intelligence (AI) was employed strictly to assist with data organization and preliminary analysis. All final interpretations and statistical validations were conducted and verified by the researcher. AI has demonstrated efficacy in data analytics and statistics, and most notably, can contextualize findings and offer recommendations, identifying complex patterns and trends that might be difficult to find manually [22, 23].

The data set consisted of electronic survey questions stored in a password-protected environment using Google Forms, with prospective choices ranging from 1 (never) to 5 (always). The survey data were transposed into an Excel spreadsheet. Generative AI facilitated the execution of tests such as the Kruskal-Wallis H test, Spearman rho correlations, and other fundamental descriptive statistical tests. Additionally, researchers implemented spot-checking procedures to ensure coherence between the input data and the generated result.

Results

The RACVA population yielded a sample response rate of 38% ($N = 18/48$). The sample consisted of all physical therapists holding a Doctor of Physical Therapy degree (DPT); however, none of the five physical therapist assistants (PTAs) responded to the survey, nor did other clinicians educated at the master’s or bachelor’s level. Notably, 50% of the sample consisted of either clinic owners or directors, as shown in Table 1. Millennials (8, 44%) and Generation X (6, 33%) are the strongest generational groups, with Generation Z (3, 17%) emerging as a distinct group. The cohort primarily consisted

of full-time clinicians (16/18, 89%). The Shapiro-Wilk Test, with a W-statistic of 0.7004 and a P-value of 0.00056, rejected the null hypothesis that the data sample was normally distributed. Second,

given the small sample size, the findings should be interpreted cautiously, particularly in terms of generalizability.

CATERGORIES	TOTAL NUMBER & PERCENTAGES
Gender: Total Numbers and Percentages	
Female	12 (67%)
Male	06 (33%)
Generation: Total Numbers and Percentages	
2001 – 2012 Generation Z	03 (17%)
1981 – 2000 Millennial	08 (44%)
1965 – 1980 Generation X	06 (33%)
1946 – 1964 Baby Boomer	01 (05%)
1925 – 1945 Silent / Mature	00 (00%)
Employment Status: Designation, Total Numbers, and Percentages	
Full-Time Salaried	16 (89%)
Full-Time Hourly	00 (00%)
Part-Time Hourly	00 (00%)
PRN – as needed	02 (11%)
Highest Level of Education	
Associates Degree	00 (00%)
Bachelor's Degree	00 (00%)
Master's Degree	00 (00%)
Doctor of Physical Therapy (DPT)	18 (100%)
Doctor of Philosophy	00 (00%)
Other Academic Degree: EdD, DSC	00 (00%)
Clinical Professional Designation	
Physical Therapist (PT)	18 (100%)
Physical Therapist Assistant (PTA)	00 (00%)
Supervisory Role	
Owner	05 (28%)
Director of Clinic	04 (22%)
Staff Therapist	09 (50%)

Table 1. Participant demographics at RACVA (N=18)

Demographic Analysis

Table 2 presents the descriptive data on value behaviors across three categories: altruism (items 1-5), social responsibility (items 6-14), and compassion and caring (items 15-24). Each item was measured

on a 5-point Likert scale (1 = never, 5 = always) with responses reflecting the frequency with which clinicians perceive themselves demonstrating these values in the workplace.

BEHAVIORS	CENTRAL VIRGINIA N=18		
	Mean	Mode	Range
1. Placing the patient's / client's needs above the Physical Therapist.	4.71	5.00	4.00-5.00
2. Providing pro bono services.	1.71	2.00	1:00-3:00
3. Providing physical therapy services to the underserved and underrepresented populations.	3.65	3.00	3:00-5:00
4. Providing patient/client services that go beyond expected standards of practice.	4.65	5.00	4:00-5:00
5. Completing patient / client care and professional responsibility before personal needs.	4.53	5.00	4:00-5:00
6. Advocating for society's health and wellness needs, including access to health care and physical therapy services.	4.41	4.00 5.00	4:00-5:00
7. Promoting cultural competence within the profession and the larger public.	4.18	4.00	4:00-5:00

Table 2. to be cont...

8. Promoting social policy that affects the function, health, and wellness needs of the patient/clients.	4.35	4.00	4:00-5:00
9. Ensuring that existing social policy is in the best interest of the patient/clients.	4.53	5.00	2:00-5:00
10. Advocating for changes in laws, regulations, standards, and guidelines that affect physical therapist service partners.	4.18	4.00	4:00-5:00
11. Promoting community volunteerism.	4.00	3.00	3:00-5:00
12. Participating in political activism.	3.76	4.00	1:00-5:00
13. Participating in the achievement of societal health goals.	4.12	4.00	3:00-5:00
14. Understanding current community-wide, nationwide, and worldwide issues and how they impact society's health and well-being and the delivery of physical therapy.	4.12	4.00	3:00-5:00
15. Understanding the political, sociocultural, economic, and psychological influences on the individual's life in the environment.	4.53	5.00	4:00-5:00
16. Understanding the individual's perspective.	4.71	5.00	4:00-5:00
17. Being an advocate for patients' and clients' needs.	4.76	5.00	4:00-5:00
18. Effectively verbally and nonverbally communicating with others, taking into consideration individual differences in learning styles, language, and cognitive abilities.	4.71	5.00	4:00-5:00
19. Choosing tests and measures and designing patient and client Interventions congruent with the patient and the client's needs.	4.71	5.00	4:00-5:00
20. Empowering patients and clients to achieve the highest level of the function is possible, and to exercise self-determination In their care.	4.71	5.00	4:00-5:00
21. Focusing on achieving the most significant well-being and the highest potential for a patient and client.	4.76	5.00	4:00-5:00
22. Recognizing and refraining from acting on one's biases, such as social, cultural, gender, and sexual biases.	4.53	5.00	4:00-5:00
23. Attending to the patient's and client's needs and comforts.		NA	
24. Demonstrating respect for others and considers others as unique and of value.		NA	
^a Mean and modal responses for each value-based behavior are measured on a 5-point Likert scale with 1 = never to 5 = always among RACVA clinicians (N=18). ^b Items 23 and 24 were inadvertently omitted from participation due to survey design limitations and are not represented in the analysis.			

Table 2. Descriptive statistics for altruism, social responsibility, compassion, and caring behaviors

In values-based behavior ratings, Kruskal-Wallis testing revealed no statistically significant differences across generational cohorts (Gen Z, Millennials, Gen X, and Baby Boomers), suggesting broad intergenerational consistency. However, a gender-based analysis revealed a statistically significant difference ($H = 5.06$, $p = .024$) in the behavior of “choosing tests and measures and designing interventions congruent with patient needs.” Male clinicians demonstrated higher agreement ($M = 4.50$) than female clinicians ($M = 3.36$), suggesting gender-based differences in prioritizing patient-centered intervention design. These findings suggest an area for future exploration, particularly regarding the role of board certification, advanced training, or clinical specialization.

Overall, the results affirm that clinicians across demographic groups at RACVA endorse and perform the APTA core values behaviors; however, full enactment appears to be dependent on leadership

modeling, institutional support, and structured realities within outpatient clinic practice.

Behavioral Value Findings

Clinician responses demonstrated strong engagement with the professional values of altruism, social responsibility, compassion, and caring, as assessed using a 5-point Likert scale. Compassion and caring behaviors emerged as the most prominently enacted values, with mean scores consistently ranging from $M = 4.76$ to $M = 5.00$, and modal responses of “always” (see Table 2). Seventy-one percent of participants identified compassion and caring as the most critical behaviors for clinic stability, highlighting the centrality of trust, empathy, and communication to therapeutic success and organizational growth. Clinicians linked an emotional connection with patients to improved adherence, retention, and referrals, affirming compassion as a moral imperative and a clinical and business asset.

In contrast, altruistic behaviors exhibited greater variability. Although high scores were noted for prioritizing patient needs ($M = 4.71$) and fulfilling professional responsibilities before personal ones ($M = 4.53$), providing pro bono services received the lowest mean score ($M = 1.71$), representing a significant outlier ($Z = -3.39$). Qualitative reflections revealed that systemic barriers, including

insurance restrictions, legal limitations, and financial restraints, hindered clinicians' ability to provide uncompensated care, despite their professional endorsement of altruistic ideals (see Table 3). This disconnection underscores the tension between aspirational values proposed by the APTA and organizational feasibility.

BEHAVIOR	KEY TAKEAWAYS
Pro Bono Services	Workplace, legal, and insurance restrictions often prohibit offering free services. Financial challenges and geographic limitations reduce the feasibility of providing such care. Some clinicians wish to provide pro bono care but have not acted due to these constraints.
Services to Underserved Populations	Access is shaped by local demographics, clinic models, and financial policies. Some clinics implement small-scale programs, while others depend on standard payment systems. Commitment to equity varies by site.
Political Activism	Advocacy is more likely when leadership initiates it. Most participation is occasional and dependent on available time. Some clinicians are skeptical about the effectiveness of political activism or prefer a politically neutral stance in the workplace. A minority are highly engaged and hold leadership roles.
Values Essential to Financial Success	Patient trust is viewed as essential for retention and referrals. Compassion is consistently identified as the most critical value underpinning altruism and social responsibility. Clinicians emphasize the need to balance ethics with business sustainability, advocating for an integrated approach that prioritizes both ethics and business sustainability. The emphasis on values varies by personal and professional philosophy.
^a Clinician-reported summary of constraints limiting participation in pro bono care, political advocacy, and services to underserved populations.	

Table 3. Clinician-Identified Barriers To The Enactment Of Selected Value-Based Behaviors

Social responsibility behaviors were endorsed moderately, with mean scores ranging from $M = 4.00$ to $M = 4.53$ (see Table 2). Behaviors directly tied to patient welfare, such as ensuring that social policies serve patient needs, were rated highly. In contrast, broader civic engagement activities, including political activism ($M = 3.76$) and community volunteerism ($M = 4.00$), received lower ratings (see Table 2). Reflective responses indicated clinicians were more likely to engage in advocacy initiatives when encouraged or supported by leadership.

Thematic analysis of open-ended responses (see Table 4) reinforced that compassion is a foundational value underpinning altruism and social responsibility. Clinicians emphasized that balancing ethical care with business sustainability is essential, as summarized by the view that "a margin is required for the mission." These insights highlight the importance of leadership modeling and organizational support at RACV in cultivating a values-driven culture within outpatient physical therapy practices.

KEY TAKEAWAYS	SUMMARY	REPRESENTATIVE QUOTE(S)
Trust & Relationship (Most Common Theme)	Trust fosters compliance, retention, and success.	"Patients desire to be heard...that drives success, appointment arrival, and adherence to compliance and treatment. "The patient-provider relationship is crucial."
Compassion Drives Referrals	Valued patients are more likely to return and refer.	"If patients feel cared for...they will return and even refer friends and family here, thereby increasing the number of patients."
Foundational Role of Compassion	Compassion underpins altruism and social responsibility.	"Compassion is the building block of the other two."
Financial Realism	Values must align with clinic sustainability.	"Margin is required for the mission." "If the business cannot be open, we cannot help."
Balanced Values	Integration of all values to optimal outcomes.	"You need a balance of all these to succeed."
Personal Philosophy	Values reflect individual beliefs.	"Professional belief".
^a Clinician-reported comments were thematically analyzed to demonstrate the importance of trust, communication, and empathy in outpatient practice.		

Table 4. Thematic summary of key reflective responses related to compassion and caring behaviors

Relationships Across Data

Spearman's Rho testing, shown in Table 5, demonstrates the strength and significance of a relationship between two variables. For this sample, no altruistic value behaviors are significant to these clinicians about their work environment or supervision. Four social responsibility values are substantial, particularly in the context of supervision rather than the workplace environment. Four compassion and caring values are significant and equally important in the workplace and with supervision.

A Spearman's rho correlation analysis revealed a positive association at $P < .01$ between these three variables: a.) advocating for changes in laws, regulations, standards, and guidelines that affect physical therapy service partners ($p = 0.621, P < .01$), b.) understanding the political, sociocultural, economic, and psychological influences on an individual's life within their environment ($p = 0.75, P < .01$), and c) focusing on achieving a patient-client's most significant well-being ($p = 0.714, P < .01$) and the intensity of these values displayed by the immediate supervisor. This suggests that as the supervisor's implementation of these variables intensifies, the clinicians' satisfaction increases, indicating a significant relationship between the clinicians' perception of employee fit with their value behaviors and those of the supervisor.

Four value behaviors are moderately significant for employee

satisfaction with supervisors. These values are: a.) participating in achieving societal health goals ($p = 0.503, P < .05$), b.) understanding current community-wide, nationwide, and global issues and their impact on society, health, and well-being, as well as the delivery of physical therapy ($p = 0.503, P \leq .05$), c.) recognizing and reframing one's social actions, as well as cultural, gender, and sexual biases ($p = 0.511, P \leq .05$), and d.) attending to the patient's and client's needs and comforts ($p = 0.544, P \leq .05$). This suggests that as the supervisor's implementation of these variables intensifies, the employee's satisfaction increases, indicating a moderately significant relationship between the clinicians' perception of fit with their value behaviors and those of the supervisor.

One value behavior is exclusive to the work environment rather than the supervision. This value is a.) understanding the individual's perspective ($p = .0528, P \leq .05$). This value, dependent on the work environment, creates a better employee fit when this value is substantial in the work environment. Twelve of seventeen clinicians chose the value behaviors noted in the compassion and caring category as the most valuable for a financially successful private practice. Understanding the individual's perspective is essential to a culture of kindness and caring; thus, validating the employee's choice of compassion and caring is the most critical value behavior for a stable, financially successful business.

Value Behaviors	Alignment with workplace values	Alignment with supervisor values
1. Match between your desired values of altruism, social responsibility, compassion, and caring, and those displayed in the workplace where you work the most frequently.	$p = 0.76, P < .05$	$p = 0.76, P < .05$
2. Advocating for changes in laws, regulations, standards, and guidelines that affect physical therapy service partners.	$p = 0.527, P < .01$	$p = 0.621, P < .05$
3. Participating in the achievement of societal health goals.	-----	$p = 0.503, P < .05$
4. Understanding current community-wide, nationwide, and global issues and their impact on society, health, and well-being, as well as the delivery of physical therapy.	-----	$p = 0.503, P < .05$
5. Understanding the political, sociocultural, economic, and psychological influences on an individual's life within their environment is essential.	$p = 0.543, P < .01$	$p = 0.75, P < .05$
6. Understanding the individual's perspective.	$p = 0.052, P < .05$	-----
7. Focusing on achieving a patient-client's greatest well-being and highest potential	$p = 0.685, P < .01$	$p = 0.714, P < .05$
8. Recognizing and reframing one's social actions and cultural, gender, and sexual biases.	$p = 0.588, P < .05$	$p = 0.511, P < .05$
9. Attending to the patient's and client's needs and comforts.	-----	$p = 0.544, P < .05$

Table 5. Spearman's Rho results between behaviors

Discussion

The results of this study demonstrate that core professional values, particularly compassion and caring, are widely endorsed by these clinicians and enacted in this private outpatient practice. These values emerged as essential components of patient-centered care and

are closely linked to clinician-patient relationships, treatment adherence, and perceived clinic sustainability. The findings reinforce that value-driven behavior is foundational to both ethical care and operational effectiveness, highlighting how these clinicians perceive their alignment with workplace and supervisory values. Importantly,

the results suggest that when organizational leadership visibly models these values, the RACVA culture fosters greater employee engagement, a stronger workplace culture, and potential improvements in workforce stability, a critical factor in an evolving healthcare environment where burnout and turnover remain pressing concerns.

Interpretation of Findings

The findings confirm that values-based behaviors are deeply ingrained in the culture of this outpatient physical therapy business and are crucial to advancing patient-centered care. Compassion and caring emerged as strategic drivers of positive health behaviors and clinical effectiveness. Participants consistently linked emotional connection and trust with improved adherence, higher return rates, and increased word-of-mouth referrals, positioning compassion as both an ethical imperative and a tangible business asset. Moreover, the alignment between employee and supervisor values suggests that leadership modeling of care behaviors in this business enhances perceived organizational fit, professional satisfaction, and workforce stability. These clinicians position professional values as essential to ethical practice and operational success.

Implications for Practice at RACVA

The small sample size of 18 participants is a limitation of this study, and restricts the generalizability of the data to other private practice firms. However, there are applicable strategies that may be recommended to other physical therapy businesses. Leadership strategies that explicitly model a core professional vision, including values, are critical in sustaining a positive business and clinical environment, as well as promoting sustainability [18, 21]. Supervisors who visibly embody compassion, altruism, and social responsibility contribute to a stronger organizational culture and better alignment of ethical practice within the business [21]. These findings suggest that value alignment between leadership and clinicians may protect against burnout, disengagement, and turnover.

Addressing barriers to altruistic practices, such as pro bono services and political advocacy, requires structural innovation. The RACVA clinics may benefit from creating sustainable volunteer opportunities or advocacy initiatives that align with clinicians' professional values while maintaining financial viability. Leadership endorsement and structured support for these activities may enhance professional satisfaction and community trust in physical therapy services. Third, several clinicians emphasized the need to balance ethical care with financial sustainability, articulating a nuanced view that affirms values while recognizing real-world constraints. This suggests a compelling opportunity for leadership to frame core values not as idealistic but as integral to clinical quality and business viability. Incorporating values-based assessment tools, such as the APTA Core Values Self-Assessment, into staff development, hiring practices, and leadership training represents a practical, evidence-based strategy for strengthening clinic culture and enhancing patient-centered care delivery.

Implications for the Physical Therapy Field

This study demonstrates the applicability of the APTA Core Values societal outreach survey as a tool for organizational consulting, linking culture-driven behaviors to leadership practices. By embedding value-based assessment frameworks into pre-forensic development and clinical management, patient outcomes and workforce satisfaction may be elevated. These findings emphasize that cultivating, modeling, and sustaining core professional values enhances ethical care, clinical excellence, organizational resilience, and long-term success in this outpatient physical therapy practice, providing a strong foundation for the following condition. These findings suggest that fostering a values-aligned clinical culture, especially one centered on compassion and care, may support the humanistic and operational goals of outpatient physical therapy practice. Strategic alignment between leadership and staff clinicians

may be a key approach to enhancing ethical care delivery, improving clinician satisfaction, and supporting the long-term sustainability of this private practice model, and is supported in business literature [4, 6].

Conclusion

Altruism, social responsibility, compassion, and caring are not abstract ideals; they are observable, measurable behaviors with tangible implications for clinical quality, patient outcomes, organizational culture, and employee engagement. This research asserts that these values foster employee and patient satisfaction, as well as organizational sustainability, when aligned with leadership practices. This study confirms that outpatient private practices, such as RACVA, which intentionally cultivate and align professional values and vision across all levels of their organization, may be better equipped for sustainable success in an evolving healthcare environment [4, 6].

This study was limited by a small sample size ($N = 18$; 38% response rate) and non-normal data distribution (Shapiro-Wilk $W = .7004$, $P = .00056$). The lack of respondents among physical therapist assistants, as well as the absence of physical therapists educated at the master's or bachelor's level, limits the generalizability of the data. Similarly, a sample of 50% ownership respondents may positively skew the results. While the compassion and caring data are rated high and universally noted to be high across generations, the current format does not allow for differentiation of which values are most significantly important. Additionally, the final two value behaviors in the compassion and caring subset were inadvertently omitted due to a design error. Additionally, the absence of certification data (APTA or otherwise) may limit insight into how advanced training or specialization influences the frequency of values-based behaviors. These factors may impact the generalizability of findings to broader clinical populations.

Importantly, research should further explore how leadership strategies, board certification, residency training, and workplace policies influence the enactment of professional values across different clinical environments. Expanding the investigation across diverse practices, regions, demographics, and larger sample sizes could enhance generalizability and reveal new strategies to strengthen value-based behaviors and measurable patient outcomes, such as adherence, satisfaction, and recovery timeline. It could also offer critical insights for optimizing both clinical and business models.

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