OHIO PHYSICAL THERAPISTS’ PERCEIVED LEVEL OF ENGAGEMENT IN THE WORKPLACE AND PROFESSION

A Thesis
Presented in Partial Fulfillment of the Requirements for The Degree Master of Science in the Graduate School of The Ohio State University

By
Kevin Michael Patterson, B.S., P.T.
Allied Medicine Graduate Program
The Ohio State University
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Master’s Examination Committee:
Kay Wolf, Ph.D., R.D., Advisor
Stephen Wilson, Ph.D.
Jill Clutter, Ph.D.
Employee engagement is the leading indicator of intent to stay within a given organization. Turnover is a significant problem in the physical therapy profession. Little is known about employee engagement in the field of physical therapy and it may influence turnover of physical therapists. The purpose of this study is to describe Ohio physical therapists’ perceived level of engagement in the workplace and profession.

This descriptive study used a web-based survey. A total of 78 respondents from a random sample of 385 licensed Ohio physical therapists participated in this study. Measurements of central tendencies and descriptive analysis were performed.

Ohio physical therapists’ perceived level of engagement in the workplace was 4.8 and in the profession 4.6 (1 = strongly disagree; 6 = strongly agree with a score of 5 or 6 considered engaged, 3 or 4 not engaged, and 1 or 2 actively disengaged). No significant difference was found between employment status of physical therapists, gender of physical therapists, or types of practice settings physical therapists work and perceived level of engagement in the workplace or profession. No significant relationship was found between years of work at a workplace or in the profession as well as turnover.
rate and Ohio physical therapists’ perceived level of engagement in the workplace or profession. Low response rate and unidentified errors in sampling may limit the results of this study.

Ohio physical therapists responded to the study that they are not engaged in the workplace or profession. The respondents’ demographic data were not related to employee engagement levels.
TO MY FAMILY, CINDY, MATTHEW, AND CHRISTOPHER
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VITA

January 24, 1971..........................................................Born – Findlay, Ohio

1999.........................................................B.S. in Physical Therapy, The Ohio State

University, Columbus, Ohio

1999 to present.................................................Physical Therapist

The Ohio State University Medical Center

Columbus, Ohio

FIELDS OF STUDY

Major Field: Allied Medicine
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CHAPTER 1: INTRODUCTION

Background of the Problem

Employee engagement is receiving significant attention in the business world and is starting to enter the world of healthcare. The Corporate Leadership Council defines engagement as the extent to which employees commit to something or someone in their organization, how hard they work and how long they stay as a result of that commitment. (1-2) This definition can be divided into two types of commitment, rational and emotional, leading to discretionary effort and intent to stay. Discretionary effort can be divided further into eight areas. These areas include the manager, senior executive team, compensation, benefits, new hire orientation, day-to-day work, ongoing learning and development, and the organizational culture. (2) All of these components and areas can have an impact on employee engagement in an organization. Employee engagement in return influences such things as customer satisfaction, absenteeism, sales, and turnover. (2-5) Employee engagement is the leading indicator of intent to stay within a given organization. Positive employee engagement is linked to an 87 percent decrease in stated desire to leave an organization. (2-3)
A 2006 survey performed by the American Physical Therapy Association found that the average turnover rate for full-time physical therapists was 15.9% in acute care hospitals, 85.2% in skilled nursing facilities, and 13.1% in outpatient private practice settings.\(^6\)\(^-\)\(^8\) With the negative impact of turnover on the physical therapy workplace and profession and the positive relationship that employee engagement has been shown to have on intent to stay, a logical progression would be to study employee engagement and its relationship to turnover in the physical therapy workplace and profession. The professions of nursing and physical therapy find themselves in similar situations regarding turnover and vacancies resulting in staff shortages. Several studies on employee engagement have been conducted in the field of nursing, providing a better understanding of the level of nursing engagement and how to improve working conditions to positively engage nurses and decrease turnover.\(^9\)\(^-\)\(^14\) At this time, no such study exists on employee engagement and its relationship to turnover in the physical therapy workplace and profession.

**Significance of the Problem**

Physical Therapists are facing a number of growing challenges in their ability to properly practice their profession. These challenges include the rising patient population, increasing difficulties in obtaining insurance reimbursements, and the escalating educational requirements in order to become a licensed physical therapist.
The ability of an employer and the profession to attract and retain qualified physical therapists is becoming more difficult.

A June 2007 survey conducted by the American Physical Therapy Association found that only 1.5% of physical therapists were unemployed and looking for full-time work and only 0.5% of physical therapists were unemployed and looking for part-time work.\(^{15}\) The American Physical Therapy Association performed another series of studies in 2006 on the topic of physical therapy vacancy and turnover rates in acute care hospitals, skilled nursing facilities, and outpatient private practice settings in the United States. From 2006 survey results, the study found that the average number of days to fill vacant full-time physical therapist positions took greater than 61 days 73.1% of the time in acute care hospitals, greater than one year 70.4% of the time in skilled nursing facilities, and greater than one year 67.1% of the time in outpatient private practice settings. The study also noted several areas of negative impact from these shortages created by the high turnover and difficulty filling vacant positions. Negative impact from physical therapist shortages include decreased staff development time, decreased morale, decreased volunteer time for community services, decreased time to do required documentation and updates, increased patient to staff ratios, and increased agency use or use of overtime.\(^{6-8}\)
Objectives of this Study

Several recent nursing studies on the topic of nursing engagement have been performed. The results indicated that as nursing engagement improved so did nursing retention, thus decreasing turnover in the nursing workplace. With the positive findings that these studies have had on nursing engagement and turnover along with the similarities of the nursing and physical therapy professions, it would seem logical that physical therapy should follow the lead that nursing has provided with regards to the study of employee engagement and turnover. Therefore, the purpose of this study was to describe Ohio physical therapists’ perceived level of engagement in the workplace and profession.

Research Questions

The specific research questions were:

1. What is the Ohio physical therapists’ perceived level of engagement in the workplace?
2. What is the Ohio physical therapists’ perceived level of engagement in the profession?
3. Is there a difference with regards to Ohio physical therapists’ perceived level of engagement in the workplace and employment status of physical therapists?
4. Is there a difference with regards to Ohio physical therapists’ perceived level of engagement in the profession and employment status of physical therapists?

5. Is there a difference with regards to Ohio physical therapists’ perceived level of engagement in the profession and the gender of physical therapists?

6. Is there a difference with regards to Ohio physical therapists’ perceived level of engagement in the profession and the gender of physical therapists?

7. Is there a difference with regards to the Ohio physical therapists’ perceived level of engagement in the workplace and the types of practice settings physical therapists work in?

8. Is there a difference with regards to the Ohio physical therapists’ perceived level of engagement in the profession and the types of practice settings physical therapists work in?

9. Are the years of work at a workplace associated with the Ohio physical therapists’ perceived level of engagement in the workplace?

10. Are the years of work in the profession associated with the Ohio physical therapists’ perceived level of engagement in the profession?

11. Is turnover rate associated with the Ohio physical therapists’ perceived level of engagement in the workplace?
12. Is turnover rate associated with the Ohio physical therapists’ perceived level of engagement in the profession?

**Constitutive Definitions**

**Perceived:** detected by instinct or inference rather than by recognized perceptual cues.

**Level:** at the same height as some reference; constructed as level with.

**Engagement:** the extent to which employees commit to something or someone in their organization, how hard they work, and how long they stay as a result of this commitment.

**Workplace:** a place, such as an office or factory, where people are employed.

**Profession:** the body of qualified persons in an occupation or field that requires considerable training and specialized study.

**Turnover:** in a human resources context refers to the characteristic of a given company or industry, relative to rate at which an employer gains and loses staff.

**Rate:** a specific kind of ratio, in which two measurements are related to each other.
Operational Definitions

Perceived level of engagement in the workplace: defined as the summated average of items 1 through 30 on the questionnaire based on a six point summated rating scale identifying level of agreement given a numerical value ranging from strongly disagree = 1 to strongly agree = 6.

Perceived level of engagement in the profession: defined as the summated average of items 31 through 41 on the questionnaire based on a six point summated rating scale identifying level of agreement given a numerical value ranging from strongly disagree = 1 to strongly agree = 6.

Turnover Rate: defined as demographic question number three divided by demographic question number two or otherwise stated as total number of years one has worked as a physical therapist divided by the total number of primary places of employment one has worked at as a physical therapist.

Assumptions and Limitations

This research project randomly surveyed currently licensed Ohio physical therapists. The specific questionnaire that was developed for this study does not have the ability to rely on previous research that has proven the instrument to be reliable and valid. The reliability and validity of this newly developed tool must be established while performing this current study.
A list provided by the Ohio OT PT AT Board of currently licensed Ohio physical therapists was used as the frame from which to draw a random sample. The goal was to use the most up to date and complete list possible to increase generalizability of the sample results to the population. However, physical therapists enter and exit the profession on a regular basis as well as move to and from Ohio possibly altering the frame and decreasing generalizability of the sample to the population. Due to financial restrictions, this survey was limited to the state of Ohio, thus decreasing the generalizability of the results to other areas of the United States.

Non-response is common in survey research. This can potentially limit the ability to generalize findings from the sample to the population. This study used a web based questionnaire in which early respondents were compared with late respondents to see if any differences exist. This comparison provides a feasible way to control non-response error and improve generalizability. The length of the questionnaire was also limited while attempting to maintain reliability and validity in order to improve response rate and thus generalizability.

Socially acceptable answers present yet another possible limitation of this study. The questions presented to the physical therapists in this study can be seen as sensitive in nature since the questions involve their job and profession. As a result, physical therapists may have chosen socially acceptable answers rather than be truthful in their
responses. Guarantying respondents’ anonymity should help with this potential problem.
CHAPTER 2: REVIEW OF LITERATURE

Introduction

The concept of employee engagement will be presented in this chapter to provide clarification of its origination and current use in the workplace and more specifically in the world of healthcare. The history of employee engagement will be presented to offer a background on the subject. From this development of employee engagement, various definitions and models of the term will be reviewed in depth. The relationship of employee engagement to a variety of workplace performance variables will be discussed, including the measure of turnover. The literature involving the study of employee engagement in healthcare and more specifically nursing will be presented along with pertinent findings. The potential use of employee engagement in the field of physical therapy will be discussed as well. Finally, an evaluation of the different methods of measuring employee engagement will be reviewed.

The Development of Employee Engagement

Before the 1980s, employers expected loyalty to the organization. In exchange for this commitment, employers offered lifetime employment. During this time,
human resources used financial rewards such as compensation and benefits packages as primary retention tools. (3)(17) Employees tolerated poor management, long hours, and even poor working conditions to gain financially. (3)

In the 1980s, organizations started to change this lifetime employment contract. Increasing global competition in the 1980s created a need for employers to be more flexible in their deployment of employees. Loyalty was no longer rewarded. (16) Also during this time, career progression emerged as an additional motivator. The focus of the employee became personal growth and development, to be the best and feel at ease with what one does, to be valued, and increase importance of roles in the workplace and society. (3) Financial rewards no longer were able to promote long term retention of employees. (17) High quality talent left organizations and productivity diminished. Skilled employees were not willing to put in overtime and extra effort, and employers started to see decreases in productivity. (16) Organizations were losing their competitive advantage and suffering financially. A solution was needed.

During this time, Gallup Research Group discovered that engaged employees did more, and that employee engagement positively affected several performance variables. (3-4) The term employee engagement was based on a rebranding of several older concepts combined into one such as job design, stress, and motivation theory. No other concept embraced the different facets of employee work life like engagement. (3) The factor that employers were looking to provide competitive advantage was human
resources and how these resources were managed to further engage their workforce.(4)(16) Only by acknowledging and addressing the needs of modern employees were organizations going to achieve their aspirations.(3)

Employee engagement has become the hot topic in the world of human resources.(4) Since engagement is more of a corporate concept, academic research into engagement is limited.(1)(3-4) However, the number of engagement-related publications is growing as interest in engagement does,(18) including in the area of healthcare.

**Definitions and Models of Employee Engagement**

In identifying the best measures of a company’s health, business consultant and former GE CEO Jack Welch cited employee engagement first. He states, “No company, small or large, can win over the long run without engaged employees.”(1) The problem is how does one define employee engagement? Employee engagement is a complex subject with many related issues from employee satisfaction to leadership trust to employee development to name a few.(4) Along with this, definitions of employee engagement vary greatly across organizations and consultancies.(1) The mix of factors on employee engagement are unique to each organization and continually change from year to year.(19) These conceptual inconsistencies and an overall lack of theoretical development have hampered the growth of research on employee engagement.(18) Due to the above stated factors, numerous definitions and models on employee
engagement exist. The more highly used definitions and models will be presented in this section.

Several corporations have made available their definitions of employee engagement. Caterpillar defines employee engagement as the extent of employees’ commitment, work effort, and desire to stay in an organization. Dell Inc. also stresses various forms of commitment in its definition of employee engagement. Dell Inc. states that to compete today, companies need to win over the minds (rational commitment) and the hearts (emotional commitment) of employees in ways that lead to extraordinary effort and thus employee engagement. Intuit, Inc. as well pulls from an employee’s rational and emotional processes in order to define employee engagement. Intuit, Inc. describes employee engagement as how an employee thinks and feels about, and acts toward his or her job, the work experience, and the company.(1)(20)

Many consultants and researchers have also published their descriptions of employee engagement. The Gallup Organization says that employee engagement is the involvement with and enthusiasm for work. Development Dimensions International definition of employee engagement is the extent to which people enjoy and believe in what they do, and feel valued for doing it. The Institute of Employment Studies defines employee engagement as a positive attitude held by the employee toward the organization and its values. An engaged employee is aware of business context, and works with colleagues to improve performance within the job for the benefit of the
organization. *Towers Perrin* states that employee engagement is the extent to which employees put discretionary effort into their work, beyond the required minimum to get the job done, in the form of extra time, brainpower or energy.\(^1\)(4) *The Society for Human Resource Management* describes employee engagement as the state by which individuals are emotionally and intellectually committed to the organization or group, as measured by three primary behaviors: say, stay, and serve.\(^4\) This last definition incorporates what is known as the *Say, Stay, and Strive (serve) Model of Engagement*.

**The Say, Stay, and Strive Model of Engagement** measures employee engagement by how engaged, involved, satisfied, and committed individuals feel in their job and as an employee by looking at three key factors: say, stay, and strive. *Say*: employees advocate for the organization by referring potential employees and customers, are positive with co-workers and are constructive in their criticism. *Stay*: employees have an intense desire to be a part of the organization and they stay with that organization. *Strive (serve)*: employees exert extra effort and engage in behaviors that contribute to business success.\(^1\)(19-20) This model is able to tell companies which factors are driving employee engagement and the ability to take appropriate action to further engage their employees.\(^19\)

**The Role Based Model of Employee Engagement** provides a different interpretation of how to define employee engagement. This model states that an employee occupies five specific roles at work. These roles are the core role and the
non-core roles: entrepreneur/innovator role, team member role, career role and organizational member role. The core role is important, but it alone will not result in long-term competitive advantage. Employee engagement improves when employees are successfully working in both the core job role and the non-core job roles. The result of spending time and doing the non-core job roles well is company specific assets that cannot be easily copied. These assets, then, drive long-term competitive advantage and firm performance. (16)(20)

Some experts state that employee engagement is basically the Job Characteristics Model developed in the 1970s. This model focused on the impact of job design on worker motivation and productivity. It proposed five core motivational job characteristics: skill variety, task identity, task significance, autonomy, and performance feedback. Jobs that have these characteristics promote internal motivation, personal responsibility for performance, and job satisfaction, in short, employee engagement. (1)

Research on the topic of burnout resulted in another definition of employee engagement. Burnout is defined as a three dimensional construct that consists of exhaustion, cynicism, and lack of professional efficacy all resulting in a state of mental weariness. Employee engagement, as described by researchers on the topic of burnout, is the opposite of burnout namely as an attempt to cover the entire spectrum from employee unwell-being (burnout) to employee well-being (employee engagement). These researchers define employee engagement as a positive, fulfilling, work related
state of mind that is characterized by vigor, dedication, and absorption. It was discovered that employee engagement and burnout are moderately negatively related with correlations ranging from -.30 to -.65. (21)

A series of nursing engagement studies provided an employee engagement model that states that structural empowerment indirectly and areas of work life directly leads to either employee engagement or burnout. Structural empowerment incorporates opportunity, information, support, resources, formal power, and informal power. Areas of work life include control, value congruence, reward, community, fairness, and work load. When structural empowerment and areas of work life are good, employees are engaged. Three nursing engagement studies each randomly surveyed 500 hospital based nurses in the providence of Ontario, Canada. The studies had a 59% and two 69% response rates for mailed questionnaires. Each study used a series of different scales and subscales combined into one questionnaire to measure the different areas of the model. In general, it was discovered that structural empowerment influenced areas of work life and areas of work life further influenced burnout/engagement. (9-11) One study reported a $b=+.67$ for the relationship between structural empowerment and areas of work life and a $b=-.54$ for the association between the areas of work life and burnout/engagement. (10)

No one definition or model has been proven to be more effective or appropriate than another. As stated earlier, the mix of factors on employee engagement are unique
to each organization and continually change from year to year. The key to effective measurement and implementation of employee engagement will be rooted in the flexibility of approach most appropriate for each individual organization.

The definition felt to be most appropriate for this particular research study comes from the Corporate Leadership Council. The Corporate Leadership Council defines employee engagement as the extent to which employees commit to something or someone in their organization and how hard they work and how long they stay as a result of that commitment. Commitment is broken down into two types: rational commitment and emotional commitment. Rational commitment is described as the extent to which employees believe that managers, teams, or organizations are in their self interest such as financial, developmental, or professional. Emotional Commitment is stated as the extent to which employees value, enjoy, and believe in their jobs, managers, teams, or organizations. The output of this commitment is discretionary effort and intent to stay. Discretionary effort is defined as an employee’s willingness to go above and beyond the call of duty, such as helping others with heavy workloads, volunteering for additional duties, and looking for ways to perform their jobs more effectively. Intent to stay is described as an employee’s desire to stay with the organization, based on whether they intend to look for a new job within a year, whether they frequently think of quitting, whether they are actively looking for a job, or have begun to take tangible steps like placing phone calls or sending out resumes. Since commitment drives effort and intent to stay this results in improved performance and
retention. More specifically it was found that a strong rational commitment leads to a
stronger intent to stay; however, emotional commitment plays a significant role as well.

From the Corporate Leadership Council’s 2004 survey of 50,000 employees from 59
organizations, in 30 countries, and 14 industries, it was discovered that strong rational
commitment to the manager, team, and organization had a 30%, 38.8%, and a 50%
improvement on intent to stay. It was also found that strong emotional commitment to
team, job, manager, and organization had a 25.4%, 33.2%, 33.7%, and a 38.6%
improvement on intent to stay.(2)

**Relationship of Employee Engagement to Performance Measures (Turnover)**

According to numerous studies, many performed by the Gallup Organization,
data indicates that approximately one in four people are fully engaged in work, while
three out of four are not.(16) (22-24) A 2006 Gallup Management Journal states 29% of
U.S. employees are actively engaged in their jobs, while 54% of U.S. employees are not
engaged and 17% of U.S. employees are disengaged.(24) That means that over 70% of
U.S. employees are not engaged and no organization is immune from this problem.(23)
If highly engaged people within an organization are also the company’s strongest
performers,(19) what does a company have to do in order to engage its employees?

The Corporate Leadership Council’s research discovered that minimal differences
in employee engagement exist among demographic segments; however, dramatic
differences exist across organizations.(2) Through a series of surveys involving a variety
of organizations and performed over several years in the 1980s, *Linkage Research* found several common themes to highly engaged employees. They are pride in employer, satisfaction with employer, job satisfaction, opportunity to perform well at challenging work, recognition and positive feedback for one’s contributions, personal support from one’s supervisor, understanding the link between one’s job and the organization’s mission, and prospects for future growth with one’s supervisor. (1)

*Development Dimensions International* states that a leader must do five things to create a highly engaged workforce. The leader must align efforts with strategy, empower, promote and encourage teamwork and collaboration, help people grow and develop, and promote support and recognition where appropriate. (4)

The *Gallup Organization* research reports that employees become more engaged when their basic needs are met. Basic needs in the workplace start with clarity of expectations and basic materials and equipment being provided. *Gallup Organization* research also discovered the importance of person to job fit allowing employees to do what they do best and feel that they are contributing to the organization. (25) Lastly, The Say, Stay, and Strive Model of Employee Engagement states that results in the areas of say, stay, and strive are influenced and driven by relationships (coworkers/managers), organizational leadership, organizational culture/purpose, quality of work life, career opportunity, work activities, and total compensation. (20)

When a company develops engaged employees, what are some of the benefits the organization would expect to see from having an engaged workforce?
When an organization provides the right environment for employee engagement to occur, the company is expecting a positive impact on performance variables to follow. A Meta Analysis published in the *Journal of Applied Psychology* found that employee engagement is related to meaningful business outcomes at a magnitude that is important to many organizations and that these correlations generalize across companies.\(^{24-25}\) Independent data from *Gallup Organization, The U.S. Department of Labor, The American Compensation Association, Towers Perrin, and Rutgers University* all show engaged people are more likely to have lower turnover, absenteeism, and accidents, and higher customer satisfaction, customer loyalty, profitability, productivity, sales per employee, market value, and gross return on capital than those who are not engaged.\(^{3-5}\) *Linkage Research* performed numerous studies over the past couple of decades that have shown a correlation between employee engagement themes and business results such as sales volume, profitability, customer loyalty, employee safety, attendance, and retention.\(^{1}\) Research by *Towers Perrin* found that companies with engagement levels above their industry sector’s scores average outperformed their peer group, on aggregate, by 17\% in terms of operating margin.\(^{3}\) The *Corporate Leadership Council* found tangible links between employee engagement and productivity/work quality (up to 57\% increase in discretionary effort), and engagement and turnover (up to 87\% reduction in stated desire to leave an organization).\(^{3}\) *Gallup Organization* research estimates the annual cost of lower productivity from disengaged employees in the U.S. to be between $250 billion to $350 billion.\(^{4}\)(22) Translating this information
to the company level, the difference in employee engagement amount to differences in
dollar value of productivity of more than $1,000 per person. For companies of 1,000
employees, this relates to more than $1 million.(26)

Turnover is one performance variable that concerns many companies. Gallup
Organization research finds that employee engagement is a leading indicator of intent
to stay within a given organization.(27) Gallup Organization research also found that
when one studies the companies in the top 10% and the bottom 10% of profitability,
and companies’ retention statistics, one finds a clear statistical correlation between the
loss of staff and the low profit margin on an enterprise.(23) Corporate Leadership
Council research reports that employees with high level of commitment are significantly
less likely to leave. The Corporate Leadership Council developed the “10:9” rule that
states that a 10% improvement in commitment can decrease an employee’s probability
of departure by 9%.(2)

Two actual applications of improving employee engagement to decrease
turnover will be presented. The first involves a financial services company with a
turnover rate of 55%. The company acted on results of a survey that pinpointed the
source of its retention problem, the turnover rate next year dropped to 22% and then
down to 14% the following year after a second survey was performed. The firm
documented savings of $2 million annually by reducing turnover.(28) The second looks
at a technology company. This organization identified turnover as a major contributor
to cost. The company indentified two critical engagement related issues that were contributing to 80% of the turnover. The first issue involved engineers not feeling like they had an impact on the organization and the second one concerned the engineers not feeling valued. Turnover was drastically reduced by focusing engagement efforts on these two factors. Turnover decreased from 22% to 12% saving nearly $6 million.(5)

**The Current Status of United States Healthcare**

The United States healthcare system is on life support. It costs too much; saps the economic vitality of those who need to use it; achieves far too little return on investment; and is not distributed equally.(29) The current downturn in the economy has only made a bad situation worse. Hospitals are losing millions of dollars on public assistance patients whose care is not fully reimbursed by the government, a situation that has worsened as the unemployment rate has soared.(30) Add to this, cuts in government programs, a squeeze by private insurers, the spread of high deductible insurance plans all greatly impacting the bottom line of such medical institutions as hospitals and nursing homes.(31)

Another result of increasing unemployment is the increasing number of uninsured. Currently, approximately 47 million Americans are uninsured. The majority of the uninsured have very little means to pay medical bills should they get sick. If the number of persons uninsured increased to 75 million, the additional effect on hospitals and physicians would be severe. Financially strapped individuals will often postpone
care or forgo treatment and those who finally end up in the hospital are usually more acutely ill. (32)

To make matters worse, healthcare is also experiencing work force shortages in such areas as nursing, primary care physicians, and numerous other healthcare fields. The current healthcare system only produces 60% of the primary care physicians needed each year. (32) Medical students are turned off by the hassles in the primary care practice environment: the paperwork, insurance issues, pace of work, and expectations to get the work done quickly without having adequate time to spend with patients. (33) Nursing shortages along with increasing indirect patient care demands are putting patients at risk. (34,35) Add to this such things as extended work shifts for healthcare professionals such as medical interns, and the threat for the health of the patients they treat is greatly increased. (36)

The stressors of the healthcare system are tremendous for anyone employed in the medical field. Unfortunately, the stressors previously discussed as well as many others, can lead to turnover of healthcare professionals further impacting other healthcare workers, patients, and financial bottom lines.

**Employee Engagement and Healthcare**

The world of healthcare is taking note of the positive impact that employee engagement can have on performance variables including turnover. Hospitals, physicians, and nurses are starting to study and implement employee engagement
strategies of their own to improve the level of workforce engagement along with the related performance variables.

Gallup Organization research on employee engagement in the hospital setting has shown direct linkages to patient loyalty, financial performance, malpractice experience, staff productivity, and turnover. (37) Additional studies have found employee engagement in hospital organizations to have a positive impact on retention, absenteeism, patient safety, patient care outcomes, patient satisfaction, and brand reputation. (17) The benefit of decreased turnover continues to come up. Several studies look at employee engagement and turnover in hospitals.

A 2001 UnifiNetwork/PricewaterhouseCoopers study found that turnover costs a typical hospital $14million to $27million a year. (17) American Hospital Association research estimated the cost of replacing salaried hospital employees to be 100% to 200% of annual earnings and benefits. The American Hospital Association stated that in order to improve retention a hospital organization needs to foster meaningful work and improve workplace partnership by creating culture in which hospital staff are valued, have a sustained voice in shaping institutional policies, and receive appropriate rewards and recognition for efforts. (17) In short, hospitals need to engage their workforce. Finally, Gallup Organization observed St. Lucie Medical Center in Florida and found that high turnover and low morale were barriers to hospital success. In 1998 St. Lucie ranked in the bottom quartile of Gallup’s worldwide employee engagement database. St. Lucie
took a closer look and discovered that even though the overall hospital engagement level was low, several engaged workgroups existed. The hospital studied these groups and applied the strengths that were found to the rest of the hospital. Two years into the strengths based development and employee engagement intervention, St. Lucie’s turnover had declined by almost 50% and employee engagement scores jumped to the top quartile of Gallup’s database.(26)(38)

No employee engagement study involving specifically physicians and turnover is known to exist. This is a potential area for further research. However, one physician engagement study is worth noting. Mercy and Unity Hospitals 2003 physician engagement survey showed low scores in physician satisfaction with their ability to influence hospital affairs. At the time, doctors were divided into four large physician departments that reduced interaction between leaders and individual physicians. Realignment with physician involvement led to the development of eleven smaller departments increasing management contact and physician say resulting in improved positive responses in the 2004 survey. Improvement in positive responses was noted in several key areas: perceptions of senior management, perceptions of the care improvement process, perceptions of quality improvement, and improvement in overall advocacy ratings (would one recommend Mercy and Unity). By simply realigning departments with physician involvement based on negative findings from previous satisfaction surveys turned negative findings into positive concrete results.(39)
The best comparisons to the study of employee engagement in the field of physical therapy can be made by looking at employee engagement in the field of nursing. Like physical therapy, nursing is experiencing a severe shortage. Many nurses are near the end of their careers and fewer people are choosing nursing as a profession. It is imperative to improve nursing working conditions to both retain and recruit. (11)

Along with forecasts of staff nurse shortages, hospital restructuring in the 1990s decreased management positions and those who remained had significantly expanded responsibilities and larger spans of control. This reduced their visibility and their availability to nursing staff. (11) The decreased number of existing nurse managers along with the shorter tenure of current nurse managers is creating a leadership vacuum. (11-13) A strong correlation exists between staff nurse retention and the positive relationship of staff nurses with their nurse managers. (12) Staff nurses leave managers, not organizations. (13)

A study of nurse manager engagement and retention uncovered some key findings. This study looked at a convenience sample of 30 nurse managers in six hospitals in the United States. The nominated nurses were provided an open-ended nurse manager engagement questionnaire that prepared them for a 90 minute face to face interview. Results found that nurse executives concerned with the critical nurse shortage should begin by seeking to engage and not just retain nurse managers. Managers who feel supported by their organizations reciprocate this support with their staff. The study also suggests that nurse executives who build cultures of nurse
manager engagement are reducing the number of vacancies and developing the leadership pipeline and bench depth of their organizations. They are also cultivating staff nurse longevity and vitality which translates into high quality care and patient satisfaction.(12)

Another study on the topic of span of control and employee engagement found that by the simple addition of nurse management positions, the areas affected saw a positive change in the staff nurse engagement mean score in the survey results the following year.(14)

As stated in a previous section, a significant number of staff nurse engagement studies look at the topic of empowerment and its relationship to employee engagement. A common finding with the studies was that when nurses felt empowered to accomplish their work in meaningful ways, they were more likely to experience a fit between their expectations and their working conditions. Reasonable workloads, control over their work, having good working relationships, being treated fairly, being rewarded for their contributions, and having values congruent with the organization’s values all resulted in a more engaged workforce.(9-11) Access to empowerment structures are important to nurse engagement and their feelings that there was a fit between their own values and those of the organization. These factors have been shown to be important for nurse retention.(11)
Employee Engagement and Physical Therapy

Like nursing, the physical therapy profession is experiencing issues with shortages and turnover. A June 2007 survey conducted by the APTA found that only 1.5% of physical therapists were unemployed and looking for full time work and only 0.5% of physical therapists were unemployed and looking for part time work. (15) Another recent series of APTA studies discovered significant concerns in the areas of turnover and vacant positions in the physical therapy workplace. Three settings were reviewed. These settings included acute care hospitals, skilled nursing facilities, and outpatient private practices. Turnover of full-time physical therapists based on the 2006 survey results varied significantly with 15.9% in acute care hospitals, 85.2% in skilled nursing facilities, and 8.3% in outpatient private practice. Vacancy rates of full-time physical therapists from this same survey were more consistent with 13.8% in acute care hospitals, 18.6% in skilled nursing facilities, and 13.1% in outpatient private practice. Another significant figure is the number of days to fill vacant positions. In acute care hospitals, it took over 61 days to fill 73.1% of available full time physical therapist positions. The numbers are more significant with the other two settings studied. It took over one year to fill 70.4% of full time physical therapist positions in skilled nursing facilities and 67.1% of full time physical therapist positions in outpatient private practice. (6-8) With the rate of unemployment low and turnover and vacancies high in the physical therapy profession, it is vital that employers nurture existing talent within their organizations, rather than look elsewhere. (3) The study of physical
therapist engagement in the workplace and profession would be of great benefit. It would give employers a guide on how to further motivate their physical therapists to do more with less as well as direct the physical therapy workplace and profession on how to reduce turnover and increase longevity at both levels.

Currently there is no research available on the study of employee engagement and physical therapy. Nursing is the closest area where research is available on employee engagement. There is also no research on employee engagement at the level of a profession. Past research on employee engagement has looked at the organizational level and below, such as departments and work units. However, turnover in a profession can occur just like turnover in the workplace. An individual might decide to change careers or leave the profession prematurely to pursue other areas of interest. This study takes a first look at physical therapists perceived level of engagement in the workplace and profession as well as how they might be related to turnover.

**Employee Engagement Measurement Tools**

Research into employee engagement and models used to measure it are almost non-existent. To date, much employee engagement research has been conducted by consulting firms. Owing to their proprietary status, these studies validating engagement models have yet to appear in referred scientific journals. Most of this research is unavailable to outsider scrutiny. To further complicate the issue of measuring employee engagement, employee engagement is a complex subject with many related
Definitions of employee engagement vary greatly across organizations and consultancies. The key to effective employee engagement and the ability to measure it will be rooted in the flexibility of the approach most appropriate for each individual situation.

Along with having the flexibility to make the measurement tool for employee engagement specific to the situation, the survey needs to be able to relate to the bottom line. Good surveys are ones that query progress on key organizational goals and tie results data to business plans. An important element in the usefulness of any applied instrument and process is the extent to which the variable under study can be changed. Surveys which aim at measuring employee engagement give managers data that prompt action, because the results pinpoint potential problems with employees that managers are expected to address. To fully engage employees, companies need to turn survey results into actionable items on the business plan.

The Gallup “Q12” is the most popular employee engagement survey used today. The Q12 goes by several other names as well such as the Gallup Workplace Audit, the Gallup Engagement Index, and the Employee Engagement Index. This questionnaire consists of 12 statements developed by the Gallup Organization. Content and face validity have been established for this measurement tool by the experts at Gallup along with the significant number of external managers that helped narrow the questionnaire down to 12 items. Reliability on the Q12 was established by a series of test-retests.
providing Pearson product moment correlation coefficients ranging from .66 to .92. A Meta Analysis was performed on the 12 statements in the Q12 and each item showed a generalized relationship to one or more of the following business outcomes: customer satisfaction, profitability, productivity, and turnover. On the other hand, several of the questions appear to be less directly actionable by the immediate supervisor limiting its possible usefulness.(25) The Gallup Organization states that the Q12 can be generalized across various organizations. However, given the specific nature of this study, the Q12 does not offer enough flexibility to meet the explicit needs when developing a questionnaire for this topic.

Numerous other measurement tools for employee engagement have been created by various organizations and consultancies. Each one with its own little variations based on the definition and/or model it was being designed from. No one measurement tool has been proven to be any better than the rest.

The measurement tools for two different nursing studies warrant closer scrutiny. The first nursing engagement study initially provided participants with a nurse manager engagement questionnaire with open ended questions and followed this up by a face to face interview.(12-13) The measurement tools chosen for this study make it difficult to replicate thus limiting its reliability and in turn validity. The second nurse engagement measurement tool to be reviewed involves three studies using the following model of employee engagement: structural empowerment -> areas of work life ->
engagement/burnout. These studies used one or more questionnaires and/or scales in each area of the model. One study used three measurement tools, another four, and yet another ten different questionnaires and/or scales. None of the studies measured employee engagement directly. All three used the Emotional Exhaustion Subscale of the Maslach Burnout Inventory – General Survey to measure burnout.\(^{9-11}\) Burnout, as stated earlier, is presumed to be the opposite of engagement with a moderately negative correlation ranging from \(-.30\) to \(-.65\).\(^{21}\) The focus of this current study is on physical therapy engagement. It does not involve looking directly at the topic of burnout or any other area in the model, thus eliminating the use of this survey as well as any of the other measurement tools used in these nursing studies.

The physician engagement study presented earlier in this chapter used a physician engagement survey created by a consultant for the hospital system specifically for physicians within the hospital system.\(^{39}\) The flexibility in the creation of an engagement survey specific to the needs of the physicians in the hospital system along with statements that allowed action to be taken on to improve physician engagement proved to be successful. This current research will create a questionnaire that is specific to the needs of this study and that uses statements where actions can be implemented.

This study will use the definition of employee engagement provided by the Corporate Leadership Council in the design of the questionnaire to be implemented. To review, the definition states that employee engagement is the extent to which
employees commit to something or someone in their organization and how hard they work and how long they stay as a result of that commitment. (1-2) This definition can be broken into four parts, the two types of commitment in rational and emotional commitment leading to discretionary effort and intent to stay. Eight areas of discretionary effort are also provided: compensation, benefits, learning and development, day to day work, senior executive team, on boarding, direct manager, and organizational culture. The Corporate Leadership Council provides statements in all four parts of its definition that can be used in questionnaire development along with even further options in all eight areas of discretionary effort. (2) This provides the ability to create an appropriate questionnaire to address physical therapists’ perceived level of engagement in the workplace and profession along with a possible relationship with turnover. Since the questionnaire will be specific to this study, the reliability and validity established by the Corporate Leadership Council’s Employee Engagement Survey cannot be used in this study. This study will have to establish its own reliability and validity.

**Summary**

The emerging concept of employee engagement provides organizations a way to look at the many different facets of employee work life using only one term. The study of employee engagement in companies allows them to acknowledge and address the needs of modern employees in order to achieve gains themselves. (3) However, employee engagement is a complex subject that is unique to each organization and
continually changes from year to year.(4)(19) This leads to numerous definitions and models on the concept of employee engagement none proven to be any better than the others.

Approximately one in four people are fully engaged in work.(16)(22-24) Numerous recommendations are given in order to engage employees such as empowering, person to job fit, building relationships, helping people grow and develop, recognition, career opportunities, and so on.(1)(4)(20)(27) As an organization implements engagement strategies attempting to increase the number of engaged employees research has shown lower turnover, absenteeism, and accidents, and higher customer satisfaction, customer loyalty, profitability, productivity, sales per employee, market share, and gross return on capital.(3-5) *Gallup Organization* research finds that employee engagement is a leading indicator of intent to stay within a given organization.(27)

The world of healthcare is taking notice of the positive impact that employee engagement can have on performance variables. Hospitals, physicians, and nurses are starting to study and implement employee engagement strategies of their own to improve the level of workforce engagement along with the related performance variables such as turnover. However, the physical therapy profession has yet to study physical therapist engagement in the workforce and profession. With unemployment low and turnover and vacancies high in the physical therapy profession, it is vital that
employers nurture existing talent within their organizations, rather than look elsewhere. The study of physical therapist engagement in the workforce and profession would be of great benefit. It would give employers a guide on how to further motivate their physical therapists to do more with less as well as direct the physical therapy workplace and profession on how to reduce turnover and increase longevity at both levels.

Limited research exists on employee engagement and modes to measure it; however, a couple of things are known. The key to employee engagement measurement tools is the flexibility of the approach most appropriate for each individual situation and the ability for the survey to relate to the bottom line. Numerous measurement tools for employee engagement have been created by various organizations and consultancies, each with its own little variations based on the definition and/or model it was being designed from. No one measurement tool has proven to be any better than the rest.

The Corporate Leadership Council provides the definition of employee engagement used to design the questionnaire that will be implemented in this study. The definition states that employee engagement is the extent to which employees commit to something or someone in their organization and how hard they work and how long they stay as a result of that commitment. The Corporate Leadership Council provides statements that cover the entire spectrum of the definition that can be
used in questionnaire development. This provides the ability to create an appropriate questionnaire to address physical therapists’ perceived level of engagement in the workplace and profession along with a possible relationship with turnover. Since the questionnaire will be created specifically for this research, this study will have to establish its own reliability and validity.
CHAPTER 3: METHODOLOGY

Introduction

This chapter describes the design of this study, research questions along with definitions of independent and dependent variables, subject selection, development of instrumentation, and statistical procedures.

Research Design

The purpose of this study was to describe Ohio physical therapists’ perceived level of engagement in the workplace and profession. The specific objectives were to determine if there were any differences between to Ohio physical therapists’ perceived level of engagement in the workplace and profession in type of practice setting, employment status, and gender. The study determined if any relationships existed between Ohio physical therapists’ perceived level of engagement in the workplace and profession and years of work at a workplace, years of work in the profession, and turnover. To describe these perceptions and discover if any differences and relationships existed, descriptive research utilizing the chosen method of research was deemed appropriate to be used for this study.
A web-based questionnaire was chosen to be used to survey the Ohio physical therapist population. The web-based questionnaire was chosen as the survey instrument due to the reduced amount of time and cost in implementing the survey. Web-based questionnaires also allow for immediate display of results from completed surveys as well as ease of follow up for reminders and follow up on non-respondents. Some concerns regarding the web-based questionnaire include that not everyone is computer literate, the on-line survey could be viewed as junk mail, and the decision to not respond is likely to be made more quickly using web-based questionnaires. (41)

With web-based questionnaires, respondents can complete the questionnaires at their own pace and convenience. (42) Web-based questionnaires allow for respondent information to remain anonymous which may result in more truthful answers and decrease the chance of individuals answering in a socially acceptable manner. Measurement error that can occur with socially acceptable answers is identified as one of the primary threats to survey research validity. Thus by providing anonymity, measurement error can be reduced and improve the validity of this study. (43)

Non-response error is a disadvantage of web-based questionnaires. Other disadvantages include limited ability to answer questions of respondents and obtain further information beyond the basic questions asked. (42)
When considering non-response error, late respondents were considered to be equal to non-respondents in order to control for non-response error. The web-based respondents that responded after the first notification and before the last notification were considered the early respondents and the web-based respondents that responded after the last notification were considered the late respondents. The two were compared to see if any differences existed in order to decrease the non-response error and allow for the increased ability to generalize the results from the sample to the population if both the early and late respondents turned out to be similar. (44)

All of the above were taken into consideration during the development of this questionnaire in order to limit the potential for errors and decrease the possible disadvantages that could occur with this type of research.

**Focus of the Study**

The focus of this study was to describe Ohio physical therapists’ perceived level of engagement in two dimensions, the workplace and the profession. This study used a summated mean rating scale to measure the perceived level of engagement in these two dimensions. This study also looked at the relationship of Ohio physical therapists’ perceived level of engagement in the workplace and profession compared to the number of years in the profession, number of years at a workplace, and turnover rate. Any possible differences in Ohio physical therapists’ perceived level of engagement in the workplace and profession taking into consideration the physical therapist
employment status (full-time, part-time, or per diem), gender, and type of practice setting was looked at as well.

The primary independent variables in this study were the dimensions of engagement in the workplace and profession. These dimensions were defined by the series of chosen statements on the questionnaire developed by using the definition of employee engagement provided by the Corporate Leadership Council while taking into consideration the nature of the physical therapy workplace and profession. For the purpose of this study, a summated rating scale was used as the measurement tool to rate these statements in order to obtain the perceived level of engagement of Ohio physical therapists in the dimensions of the workplace and profession.

The primary dependent variable in this study was the Ohio physical therapists’ perceived level of engagement. The Corporate Leadership Council provided the definition of employee engagement used in formulating a summated rating scale questionnaire in order to measure Ohio physical therapists’ perceived level of engagement in the two dimensions of engagement in the workplace and profession. The individual scores from each statement used in a dimension were averaged into one total score in order to come up with the physical therapist’s perceived level of engagement for that dimension.

A series of close ended demographic questions at the end of the questionnaire provide this study with the ability to compare a physical therapist’s perceived level of
engagement in the workplace and profession to gender, current employment status, the
type of physical therapy practice setting, number of years worked in the profession,
number of years at a workplace, and turnover rate in order to observe if any
relationships may exist.

The dimensions of engagement in the workplace and profession were each made
up of a series of statements. Based on responses to these statements, action can be
taken to improve the level of perceived engagement on statements that may have
scored lower on the summated rating scale in order to improve the overall engagement
of the dimension the statement was a part of. By improving engagement on individual
statements within a dimension one can thus improve engagement in the overall
dimension being looked at.

**Subject Selection**

The target population in this study consisted of currently licensed physical
therapists in the state of Ohio; more specifically physical therapists currently employed
in some capacity. The employment status of the physical therapist could be per diem,
part-time, or full-time.

A random sample was drawn from the most recently updated disc provided by
the Ohio Occupational Therapy, Physical Therapy and Athletic Trainer Board consisting
of currently licensed physical therapists in the state of Ohio. A random sample of 385
physical therapists was drawn. This sample size was chosen based on the
considerations of a +/- 5% margin of error at the 95% confidence level with the hypothesized population proportions being equal.\(^{(45)}\) The disc was checked before the random sample was drawn to make sure individuals were only listed once so that each individual had an equal chance of being selected. Physical therapists provided on the disc were each given an individual number, and then 385 random numbers were drawn forming the random sample used in this survey study. This process reduced the risk of sampling error, selection error, and frame error increasing the ability to generalize the results of the sample to the population being studied.

**Instrumentation**

The method of data collection used in this study was a web-based questionnaire.\(^{(Appendix\ A)}\) The questionnaire used a summated rating scale design for data collection. The questionnaire contained two sections that include the dimensions of engagement in the workplace and engagement in the profession.

The summated rating scale was chosen due to its ability to measure the affective domain. Ohio physical therapists’ perceived level of engagement is considered an affective domain. The summated rating scale allows for the averaging of multiple item scores to produce an overall score for the description of an attitude toward a particular dimension of the area intended to be measured. Since this study focused on two dimensions of Ohio physical therapists’ perceived level of engagement, using a summated rating scale provided a good fit to describe the overall attitudes in these two
dimensions. Summated rating scales are also commonly used in research, easy to complete, and easy to score and analyze.(43)

A six point summated rating scale was used for this questionnaire ranging from 1 = strongly disagree, 2 = disagree, 3 = slightly disagree, 4 = slightly agree, 5 = agree, and 6 = strongly agree. A score of 5 or 6 on an item was considered engaged, while a score of 3 or 4 was considered not engaged and a score of 1 or 2 was considered actively disengaged. Respondents had the option to answer n/a as well if they did not have the necessary information to make a decision about an item. Items that were negatively worded were scored in reverse to positively worded items in order to maintain consistent scoring throughout the questionnaire.

The *Corporate Leadership Council* provided the definition of employee engagement that supplied the items used in the development of the statements that formed the two sections of this questionnaire. The *Corporate Leadership Council* defines employee engagement as the extent to which employees commit to something or someone in their organization and how hard they work and how long they stay as a result of that commitment.(1-2) This definition can be divided into four parts. These parts include emotional and rational commitment that lead to discretionary effort and intent to stay. Eight areas of discretionary effort are also provided: compensation, benefits, learning and development, day to day work, senior executive team, on boarding, direct manager, and organizational culture. The *Corporate Leadership Council*
provides statements in all four parts of its definition that can be used in questionnaire development along with even further options in all eight areas of discretionary effort. This provided the ability to create an appropriate questionnaire to address Ohio physical therapists’ perceived level of engagement in both the dimensions of engagement in the workforce and engagement in the profession. Statement selection and development was also based on professional knowledge and experience of the researcher and colleagues.

The first section measured the dimension engagement in the workplace. This section consisted of 30 statements related to engagement in the workplace. These items covered emotional and rational commitment along with the various areas of discretionary effort and intent to stay. All of these items have shown to impact employee engagement in some way.

The second section measured the dimension of engagement in the profession. This section consisted of 11 statements related to engagement in the profession. These items also covered emotional and rational commitment along with discretionary effort and intent to stay; however, they were modified to address the much larger picture of the profession versus the workplace. In general the questions asked were broader in scope thus requiring fewer statements to cover the spectrum of engagement in the profession.
Six demographic questions were asked at the end of the questionnaire. They included total number of years one has worked at their most recent workplace, total number of primary places of employment one has worked as a physical therapist, total number of years one has worked as a physical therapist, the type of facility they currently work at, current employment status, and gender. The responses to these questions were used to find if any possible relationships or differences existed between the information provided in the demographics and Ohio physical therapists’ perceived level of engagement in the workplace and profession. The responses were also used to help describe the respondents.

**Validity**

Validity was established in two ways. Content validity of the items on the questionnaire was determined by how these items related to the Ohio physical therapists’ perceived level of engagement in the workplace and profession. The content validity of this questionnaire was established by a panel of five expert judges in the area of physical therapy and the allied health care field. This panel of expert judges would also be knowledgeable in the area of human resources, which includes the topic of engagement. For an item to be included in the questionnaire it had to gain at least 80% acceptance from the panel of expert judges. A field test was also used to establish the face validity of the newly developed questionnaire. The questionnaire was provided to ten physical therapists that reviewed and ascertained appropriateness and clarity of the
items. The feedback offered by the panel of expert judges as well as the field test was used to improve the questionnaire prior to sending out the first round of e-mails.

**Reliability**

Reliability was established by providing a web-based pilot test to a group of Ohio State University Medical Center physical therapists. This group of physical therapists was diverse with regards to gender, age, area of practice, and number of years at their current workplace and in the profession. These therapists anonymously completed the questionnaire and recorded the time it took to finish it. Cronbach’s Alpha was performed upon completion of the questionnaires with a minimum acceptable alpha level set at 0.60. Cronbach’s Alpha is a well-accepted statistical measure of internal consistency for summated rating scale instruments measuring in the affective domain.(46)

**Procedures and Data Collection**

Data collection consisted of providing a web-based questionnaire to a random sample of currently licensed Ohio physical therapists followed. An initial postcard was mailed informing the sample of the study and the forthcoming questionnaire. Approximately one week from the initial postcard mailing the web-based questionnaire was launched. Participants received an e-mail providing background and instructions along with a link to the questionnaire. One week from the initial launch a reminder e-mail was sent kindly reminding participants of the importance of the study and to
complete the web-based questionnaire. Eleven days from the first reminder a final reminder was sent to participants again kindly reminding them to complete the web-based questionnaire and that the web-based questionnaire would be open for eleven more days.

Response rate was a concern with web-based questionnaires. Numerous steps were taken to improve participant response rate. First, an initial postcard informing the sample of the study and forthcoming web-based questionnaire was provided. Second, the initial e-mail provided information on the importance and relevance of the study and the participants' responses, how long it should take to complete the questionnaire, and clear instructions. Third, two reminder e-mails were sent. Fourth, a professional approach with some personal touches was used to increase the appeal of the survey and questionnaire. Lastly, the questionnaire was of appropriate length to properly measure the affective domain but not too long to turn off respondents from completing it. It was the goal of the researcher that taking these steps and approaches would increase the response rate to an adequate level in order to generalize the findings from the sample to the population being studied.

Complete anonymity was possible due to the ability of the web-based survey program to monitor who had responded to the questionnaire without the researcher's knowledge of this information. Informed consent was provided to the potential respondent by providing information in the e-mails regarding the relevance of the study.
and giving the respondent the ability to control whether he/she clicked on the link to the questionnaire or not.

**Statistical Analysis**

In order to obtain the Ohio physical therapists’ perceived level of engagement in the workforce and profession, a score for each of the two dimensions on the questionnaire was produced by averaging item responses from each dimension. An item mean for the sample was substituted for items not answered by respondents or that are marked as n/a (not applicable). Individuals who failed to answer more than six questions in the engagement in the workplace dimension or more than two questions in the engagement in the profession dimension were excluded from the study. The score for each dimension was correlated with responses provided in the demographic section of the questionnaire in the following two areas years of work at a workplace and years of work in the profession as well as the calculated turnover rate (total number of years one has worked as a physical therapist divided by the total number of primary places of employment one has worked as a physical therapist) to identify if any possible relationships existed. A Pearson product-moment correlation coefficient was used to calculate correlations involving number of years and turnover rate with the two dimensions studied. A t-test was used to calculate if any differences existed in Ohio physical therapists’ perceived level of engagement in the workforce and profession with regards to gender. An ANOVA was used to calculate if any differences existed in Ohio
physical therapists’ perceived level of engagement in the workforce and profession with regards to the therapists’ primary type of facility and employment status. Descriptive statistics were also used to describe the respondents.
CHAPTER 4: ARTICLE

Ohio Physical Therapists’ Perceived Level of Engagement in the Workplace and Profession

ABSTRACT

Background: Employee engagement is the leading indicator of intent to stay within a given organization. Turnover is a significant problem in the physical therapy profession. Little is known about employee engagement in the field of physical therapy and it may influence turnover of physical therapists.

Objective: The purpose of this study is to describe Ohio physical therapists’ perceived level of engagement in the workplace and profession.

Design: This descriptive study used a web-based survey.

Methods: A total of 78 respondents from a random sample of 385 licensed Ohio physical therapists participated in this study. Measurements of central tendencies and descriptive analysis were performed.
Results: Ohio physical therapists’ perceived level of engagement in the workplace was 4.8 and in the profession 4.6 (1 = strongly disagree; 6 = strongly agree with a score of 5 or 6 considered engaged, 3 or 4 not engaged, and 1 or 2 actively disengaged). No significant difference was found between employment status of physical therapists, gender of physical therapists, or types of practice settings physical therapists work and perceived level of engagement in the workplace or profession. No significant relationship was found between years of work at a workplace or in the profession as well as turnover rate and Ohio physical therapists’ perceived level of engagement in the workplace or profession.

Limitations: Low response rate and unidentified errors in sampling may limit the results of this study.

Conclusion: Ohio physical therapists responded to the study that they are not engaged in the workplace or profession. The respondents’ demographic data were not related to employee engagement levels.
INTRODUCTION

The Corporate Leadership Council defines engagement as the extent to which employees commit to something or someone in their organization, how hard they work and how long they stay as a result of that commitment.\(^1,2\) Employee engagement is the leading indicator of intent to stay within a given organization. Positive employee engagement is linked to an 87% decrease in stated desire to leave an organization.\(^2,3\) Approximately only one in four people are fully engaged in work.\(^4,5,6,7\) Numerous recommendations are given to engage employees such as empowering, developing person to job fit, building relationships, helping people grow and develop, recognition, and career opportunities.\(^1,8,9,10\) As an organization implements engagement strategies outcomes demonstrated include lower turnover, absenteeism and accidents, and higher customer satisfaction, customer loyalty, profitability, productivity, sales per employee, market share and gross return on capital.\(^3,8,11\) The Gallup Organization finds that employee engagement is a leading indicator of intent to stay within a given organization.\(^12\)

The world of healthcare is becoming aware of the positive impact that employee engagement can have on performance variables. Hospitals, physicians, and nurses are implementing employee strategies to improve the level of workforce engagement along
with the related performance variables such as turnover. However, the physical therapy profession has yet to study physical therapist engagement in the workforce and profession. With unemployment low and turnover and vacancies high in the physical therapy profession, it is vital that employers nurture existing talent within their organizations.3

A 2006 survey performed by the American Physical Therapy Association found that the average turnover rate for full-time physical therapists was 15.9% in acute care hospitals, 85.2% in skilled nursing facilities, and 13.1% in outpatient private practice settings.13,14,15 With the negative impact of turnover on the physical therapy workplace and profession and the positive relationship that employee engagement has on intent to stay, a logical progression would be to study employee engagement and its relationship to turnover in the physical therapy workplace and profession. The professions of nursing and physical therapy are similar in turnover and vacancies resulting in staff shortages. In recent studies on employee engagement in nursing the nursing profession, as engagement improved so did nursing retention.16,17,18,19,20,21 Therefore, the purpose of this study is to describe Ohio physical therapists’ perceived level of engagement in the workplace and profession.
METHODS

Sample

The target population in this study consisted of currently employed (full-time, part-time, or per diem) physical therapists in the state of Ohio.

A random sample of 385 physical therapists was drawn from 6,966 licensed physical therapists listed with the Ohio Occupational Therapy, Physical Therapy and Athletic Trainer Board. The sample size was determined based on a +/- 5% margin of error at the 95% confidence level with the hypothesized population proportions being equal.22 The Excel spreadsheet was reviewed to verify individuals were only listed once so that each individual had an equal chance of being selected. Each individual was given a number, and then 385 random numbers were drawn. This process reduced the risk of sampling error, selection error, and frame error increasing the ability to generalize the results of the sample to the population being studied. The 38 physical therapists selected who did not have e-mail addresses listed were replaced with 38 randomly selected physical therapists that did have e-mail addresses.

Instrument Development

A web-based survey instrument was designed to measure employee and professional engagement for physical therapists utilizing The Corporate Leadership Council’s
definition of employee engagement. The definition is separated into four components: emotional commitment, rational commitment, discretionary effort, and intent to stay. Discretionary effort is further divided into four components: compensation, benefits, learning and development, day to day work, senior executive team, on boarding, direct manager, and organizational culture. Measurement items were based on these components and the professional knowledge and experience of the researcher and colleagues who work and manage in the healthcare field.

The first section consisted of 30 statements measuring engagement in the workplace. These items covered emotional and rational commitment and areas of discretionary effort and intent to stay.

The second section consisted of 11 statements measuring engagement in the profession. These items also covered emotional and rational commitment along with discretionary effort and intent to stay; however, they were modified to address the much larger picture of the profession versus the workplace. In general the questions asked were broader in scope thus requiring fewer statements to cover the spectrum of engagement in the profession.
The six demographic items included total number of years one has worked at their most recent workplace, total number of primary places of employment one has worked as a physical therapist, total number of years one has worked as a physical therapist, the type of facility they currently work, current employment status, and gender. The responses to these questions were used to find if any possible relationships or differences existed between the information provided in the demographics and Ohio physical therapists’ perceived level of engagement in the workplace and profession. The responses were also used to help describe the respondents.

This instrument used a summated rating scale design for data collection. The summated rating scale allows for the summation of multiple item scores to produce an overall score for the description of an attitude toward a specific dimension of the area intended to be measured. Since this study focused on two dimensions of Ohio physical therapists’ perceived level of engagement in both the workplace and profession, using a summated rating scale provided a good fit to describe the overall attitudes in these two dimensions. Summated rating scales are also commonly used in research, easy to complete, and easy to score and analyze.23

A six point summated rating scale was used for this instrument ranging from 1 = strongly disagree, 2 = disagree, 3 = slightly disagree, 4 = slightly agree, 5 = agree, and 6 = strongly agree.
agree. A score of 5 or 6 on an item was considered engaged, while a score of 3 or 4 was considered not engaged and a score of 1 or 2 was considered actively disengaged. Respondents had the option to answer n/a (not applicable) as well if they did not have the necessary information to make a decision about an item. Items that were negatively worded were scored in reverse in order to maintain consistent scoring throughout the questionnaire.

**Validity.** Validity was established by two means. The content validity of this instrument was established by a panel of five expert judges in the area of physical therapy, allied health care, and human resources. For an item to be included in the questionnaire it had to gain at least 80% acceptance from the panel of expert judges. A field test was used to establish the face validity of the instrument. The instrument was provided to ten physical therapists that reviewed and ascertained appropriateness and clarity of the items. The feedback offered by the panel of expert judges as well as the field test was used to improve the instrument prior to sending out the first round of e-mails. A few items required slight rewording to better clarify their meaning from their original format. Four items were reframed from a negative to a positive view. The final instrument was approved by the institutional review board.
Reliability. Reliability was established by providing a web-based pilot test to 30 Ohio State University Medical Center physical therapists. This group was diverse with regards to gender, age, area of practice, and number of years at their current workplace and in the profession. The pilot test group took approximately 10-15 minutes on average to complete the e-mail questionnaire. For an internal consistency measure, Cronbach’s Alpha was performed upon completion of the questionnaires with a minimum acceptable alpha level set at 0.60. The Cronbach’s Alpha Based on Standardized Items for physical therapy engagement in the workplace was 0.83 and for physical therapy engagement in the profession was 0.62.

Data Collection. An initial postcard was mailed informing the random sample of the study and the forthcoming web-based questionnaire. Ten days after the initial postcard mailing, the web-based questionnaire was launched using surveymonkey.com. Participants received an e-mail providing background, instructions, assurance of anonymity, and a link to the questionnaire. Informed consent was provided to the potential respondent by providing information in the e-mails regarding the relevance of the study and giving the respondent the ability to control whether he/she continued to the link. One week later, a follow-up e-mail was sent kindly reminding participants of the importance of the study and to complete the web-based questionnaire. Two weeks
later, a final reminder was sent to participants and that the web-based questionnaire would close in two weeks.

A total of 78 currently licensed Ohio physical therapists responded to the survey for a response rate of 20.3%. Response rate is a concern with web-based questionnaires. Numerous steps were taken to improve participant response rate. First, an initial postcard informing the sample of the study and forthcoming web-based questionnaire was provided. Second, the initial e-mail provided information on the importance and relevance of the study and the participants’ responses, how long it should take to complete the questionnaire, and clear instructions. Third, two reminder e-mails were sent. Fourth, a professional approach with some personal touches was used to increase the appeal of the survey and questionnaire. Lastly, the questionnaire was of appropriate length to properly measure the affective domains but not too long to turn off respondents from completing it.

When considering non-response error, late respondents were considered to be equal to non-respondents in order to control for non-response error. The 57 web-based respondents that responded after the first notification and before the last notification were considered the early respondents. The early and late respondents were compared to determine if any differences existed in workplace and profession engagement means.
RESULTS

Demographics Of the 78 respondents to this study, the vast majority were female (n=56), worked full-time (n=58), and worked at an out-patient practice or facility (n=31). Most (n=35) of the physical therapists had been at their primary place of employment only 1 to 5 years. A majority (n=48) of physical therapists had been practicing physical therapists for 15 years or less. Lastly, a large amount (n=60) of the respondents have held 2 or more primary jobs as physical therapists. Please see Table 1 for more details.
Table 1. Demographics of respondents

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>21</td>
</tr>
<tr>
<td>Female</td>
<td>56</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employment</th>
<th>Number of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-Time</td>
<td>58</td>
</tr>
<tr>
<td>Part-Time</td>
<td>14</td>
</tr>
<tr>
<td>Per Diem</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility</th>
<th>Number of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-Patient</td>
<td>31</td>
</tr>
<tr>
<td>In-Patient Rehab</td>
<td>6</td>
</tr>
<tr>
<td>Acute Care</td>
<td>9</td>
</tr>
<tr>
<td>SNF/ECF/ICF</td>
<td>9</td>
</tr>
<tr>
<td>Home Health</td>
<td>11</td>
</tr>
<tr>
<td>Academic</td>
<td>7</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Years At Current Employer</th>
<th>Number of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 5 years</td>
<td>35</td>
</tr>
<tr>
<td>6 to 10 years</td>
<td>22</td>
</tr>
<tr>
<td>11 to 15 years</td>
<td>13</td>
</tr>
<tr>
<td>16 to 20 years</td>
<td>3</td>
</tr>
<tr>
<td>21 plus years</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Primary Jobs</th>
<th>Number of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 job</td>
<td>17</td>
</tr>
<tr>
<td>2 jobs</td>
<td>17</td>
</tr>
<tr>
<td>3 jobs</td>
<td>14</td>
</tr>
<tr>
<td>4 jobs</td>
<td>12</td>
</tr>
<tr>
<td>5 jobs</td>
<td>7</td>
</tr>
<tr>
<td>6 jobs</td>
<td>7</td>
</tr>
<tr>
<td>7 plus jobs</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Years as a Physical Therapist</th>
<th>Number of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 5 years</td>
<td>9</td>
</tr>
<tr>
<td>6-10 years</td>
<td>24</td>
</tr>
<tr>
<td>11-15 years</td>
<td>15</td>
</tr>
<tr>
<td>16-20 years</td>
<td>5</td>
</tr>
<tr>
<td>21-25 years</td>
<td>6</td>
</tr>
<tr>
<td>26-30 years</td>
<td>11</td>
</tr>
<tr>
<td>31 plus years</td>
<td>7</td>
</tr>
</tbody>
</table>
The mean score for Ohio physical therapists’ perceived level of engagement in the workplace was 4.8 (1 = strongly disagree, 6 = strongly agree with a score of 5 or 6 considered engaged, 3 or 4 not engaged, and 1 or 2 actively disengaged), standard deviation of 0.67. All individual questions for this domain fell in the range of 4.2 to 5.5 except one item, *I see a connection between my performance and my raises*, had a mean of only 3.6. Please see Table 2 for more details.

The mean score for Ohio physical therapists’ perceived level of engagement in the profession was 4.6 (1 = strongly disagree, 6 = strongly agree), standard deviation of 0.54. Nine of eleven mean scores for the individual questions for this domain fell between 4.2 to 5.6 range except two questions. *I have LIMITED opportunities to volunteer my services as a physical therapists outside the workplace* had a mean of 3.1 and *Communication from physical therapy professional organizations is LIMITED* had a mean of 3.8. Please see Table 2 for more details.
Table 2. Engagement Scores in the Workplace, Profession, and Individual Items

<table>
<thead>
<tr>
<th>Domain/Items</th>
<th>Mean Engagement Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ohio Physical Therapists' Perceived Level of Engagement in the Workplace</strong></td>
<td></td>
</tr>
<tr>
<td>1. At this time, I intend to stay with my current place of employment.</td>
<td>5.5</td>
</tr>
<tr>
<td>2. I (RARELY) try to help co-workers who have heavy workloads. **</td>
<td>5.4</td>
</tr>
<tr>
<td>3. I enjoy being at work</td>
<td>5.3</td>
</tr>
<tr>
<td>4. I understand the importance of my job to the organization's success.</td>
<td>5.3</td>
</tr>
<tr>
<td>5. I am proud to work for my organization.</td>
<td>5.3</td>
</tr>
<tr>
<td>6. My manager is friendly and approachable.</td>
<td>5.3</td>
</tr>
<tr>
<td>7. I have the opportunity on a regular basis to utilize my skills effectively at my workplace.</td>
<td>5.3</td>
</tr>
<tr>
<td>8. My organization (LACKS) integrity. **</td>
<td>5.3</td>
</tr>
<tr>
<td>9. My manager trusts his/her employees' ability to do their job.</td>
<td>5.2</td>
</tr>
<tr>
<td>10. My manager cares about his/her employees.</td>
<td>5.2</td>
</tr>
<tr>
<td>11. My manager demonstrates honesty and integrity.</td>
<td>5.2</td>
</tr>
<tr>
<td>12. I have input into my personal employee development plan.</td>
<td>5.1</td>
</tr>
<tr>
<td>13. My manager supports his/her employees.</td>
<td>5.1</td>
</tr>
<tr>
<td>14. My organization is customer focused.</td>
<td>5.0</td>
</tr>
<tr>
<td>15. I frequently think about (QUITTING) my job and (LEAVING) my organization.</td>
<td>4.9</td>
</tr>
<tr>
<td>16. My manager (RARELY) listens to employee views and opinions. **</td>
<td>4.8</td>
</tr>
<tr>
<td>17. My manager accurately evaluates employee performance.</td>
<td>4.8</td>
</tr>
<tr>
<td>18. I feel challenged by my job responsibilities.</td>
<td>4.6</td>
</tr>
<tr>
<td>19. I have the opportunity to participate in ongoing training development at work.</td>
<td>4.6</td>
</tr>
<tr>
<td>20. I receive effective communication within my organization.</td>
<td>4.5</td>
</tr>
<tr>
<td>21. I am satisfied with my benefits (not including salary.).</td>
<td>4.5</td>
</tr>
<tr>
<td>22. Senior management (any manager, director or administrator above your direct manager) is open to employee suggestions.</td>
<td>4.5</td>
</tr>
<tr>
<td>23. My organization is innovative.</td>
<td>4.4</td>
</tr>
<tr>
<td>24. Senior management (any manager, director or administrator above your direct manager) is visible in the workplace.</td>
<td>4.4</td>
</tr>
<tr>
<td>25. My department (LACKS) sufficient resources to perform effectively. **</td>
<td>4.3</td>
</tr>
<tr>
<td>26. I (DO NOT) believe that I am fairly compensated financially. **</td>
<td>4.3</td>
</tr>
<tr>
<td>27. As a new hire, I received sufficient orientation to the ORGANIZATION.</td>
<td>4.3</td>
</tr>
<tr>
<td>28. As a new hire, I received adequate orientation to my JOB.</td>
<td>4.2</td>
</tr>
<tr>
<td>29. I receive adequate career advice from mentors (managers/senior co-workers).</td>
<td>4.2</td>
</tr>
<tr>
<td>30. I see a connection between my performance and my raises.</td>
<td>3.6</td>
</tr>
</tbody>
</table>

** Negatively worded items that were reverse scored.**

Continued
Table 2. Continued

<table>
<thead>
<tr>
<th>Domain/Items</th>
<th>Mean Engagement Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ohio Physical Therapists' Perceived Level of Engagement in the Profession</strong></td>
<td></td>
</tr>
<tr>
<td>1. I enjoy being a physical therapist.</td>
<td>5.6</td>
</tr>
<tr>
<td>2. I plan on being a physical therapist for most of my career.</td>
<td>5.5</td>
</tr>
<tr>
<td>3. My opinion is respected by other healthcare professionals.</td>
<td>5.0</td>
</tr>
<tr>
<td>4. I feel my physical therapy education was adequate to perform by job.</td>
<td>5.0</td>
</tr>
<tr>
<td>5. In the workplace, I regularly go above and beyond my duties as a physical therapist.</td>
<td>4.8</td>
</tr>
<tr>
<td>6. I (STRUGGLE) to obtain my required continuing education requirements. **</td>
<td>4.6</td>
</tr>
<tr>
<td>7. I am compensated fairly as a physical therapist.</td>
<td>4.5</td>
</tr>
<tr>
<td>8. I have sufficient opportunities for career advancement in the physical therapy profession.</td>
<td>4.2</td>
</tr>
<tr>
<td>9. In general, I agree with the direction the physical therapy profession is moving.</td>
<td>4.2</td>
</tr>
<tr>
<td>10. Communication from physical therapy professional organizations is (LIMITED). **</td>
<td>3.8</td>
</tr>
<tr>
<td>11. I Have (LIMITED) opportunities to volunteer my services as a physical therapist outside the workplace **</td>
<td>3.1</td>
</tr>
</tbody>
</table>

** Negatively worded items that were reverse scored.
Table 3 results of ANOVA and comparison of means for the demographic variable employment status in relation to the engagement score shows no significant difference with regards to the respondents’ perceived level of engagement in the workplace or profession and employment status of these physical therapists.

Table 3. Engagement and Employment Status

<table>
<thead>
<tr>
<th>Employment</th>
<th>Mean Engagement Score</th>
<th>Std. Deviation</th>
<th>df</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workplace</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full-Time</td>
<td>4.9</td>
<td>0.63</td>
<td>2,74</td>
<td>2.128</td>
<td>0.126</td>
</tr>
<tr>
<td>Part-Time</td>
<td>4.5</td>
<td>0.83</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per Diem</td>
<td>4.8</td>
<td>0.62</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Profession</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full-Time</td>
<td>4.6</td>
<td>0.56</td>
<td>2,74</td>
<td>2.107</td>
<td>0.129</td>
</tr>
<tr>
<td>Part-Time</td>
<td>4.3</td>
<td>0.41</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per Diem</td>
<td>4.4</td>
<td>0.61</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 4 results of T-Test and comparison of means for the demographic variable gender in relation to the engagement score shows no significant difference with regards to the respondents’ perceived level of engagement in the workplace or profession and the gender of these physical therapists.

Table 4. Engagement and Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>t</th>
<th>df</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workplace</td>
<td>Male</td>
<td>4.8</td>
<td>0.58</td>
<td>0.298</td>
<td>75</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>4.8</td>
<td>0.71</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Profession</td>
<td>Male</td>
<td>4.6</td>
<td>0.63</td>
<td>-0.279</td>
<td>75</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>4.6</td>
<td>0.51</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 5 results of ANOVA and comparison of means for the demographic variable type of practice setting a physical therapist works in relation to the engagement score shows no significant difference with regards to the respondents’ perceived level of engagement in the workplace or profession and the types of practice settings these physical therapists work in.

**Table 5. Engagement and Practice Setting**

<table>
<thead>
<tr>
<th>Practice Setting</th>
<th>Mean Engagement Score</th>
<th>Std Deviation</th>
<th>df</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Workplace</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-Patient Rehab</td>
<td>5.2</td>
<td>0.56</td>
<td>6,70</td>
<td>1.322</td>
<td>0.259</td>
</tr>
<tr>
<td>Home Health</td>
<td>5.0</td>
<td>0.49</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-Patient</td>
<td>4.9</td>
<td>0.67</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute Care</td>
<td>4.8</td>
<td>0.49</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>4.7</td>
<td>0.85</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SNF/ECF/ICF</td>
<td>4.6</td>
<td>0.71</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic</td>
<td>4.3</td>
<td>0.96</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Profession</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-Patient Rehab</td>
<td>5.0</td>
<td>0.24</td>
<td>6,70</td>
<td>1.428</td>
<td>0.216</td>
</tr>
<tr>
<td>Home Health</td>
<td>4.7</td>
<td>0.49</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic</td>
<td>4.6</td>
<td>0.65</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-Patient</td>
<td>4.6</td>
<td>0.54</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute Care</td>
<td>4.5</td>
<td>0.43</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SNF/ECF/ICF</td>
<td>4.4</td>
<td>0.51</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>4.0</td>
<td>0.94</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Results of Pearson correlations show little to no association between the number of years worked at a workplace and respondents’ perceived level of engagement in the workplace (-0.128); number of years worked in the profession and respondents’ perceived level of engagement in the profession (0.005); turnover rate and respondents’
perceived level of engagement in the workplace (0.016); and turnover rate and respondents’ perceived level of engagement in the profession (0.171).

**DISCUSSION**

Overall the Ohio physical therapists’ reported that they were *not engaged* in the workplace. The primary reason observed for decreased engagement in the workplace by respondents involved their inability to see a connection between their performance as physical therapists and their raises. Other issues leading to decreased engagement in the workplace by respondents include inadequate mentoring; insufficient orientation to their jobs and organizations; a lack of departmental funding for resources to perform their jobs appropriately; and the belief that they are not fairly compensated financially. With turnover and job vacancies high in the physical therapy profession, the ability to properly mentor and orient newly hired physical therapists becomes difficult. More experienced physical therapists don’t have the quality time and/or knowledge to perform these duties to the best of their abilities with newer physical therapists. Also with the tightening of most healthcare facilities budgets, due to decreased reimbursement, the funds to provide proper resources in order for physical therapists to perform their jobs adequately and get paid accordingly are harder to come by.25 These issues are not just physical therapy problems, but healthcare problems affecting such professions as physicians and nursing as well. By places of employment becoming
aware of and attempting to properly address these concerns as best they can given the current state of healthcare, the respondents’ perceived level of engagement in the workplace could improve and possibly move from not engaged to engaged.

Several positive areas were also noted with regards to Ohio physical therapists’ perceived level of engagement in the workplace. These strong points by respondents include enjoying being at work; understanding the importance of their job to their organization’s success; having the opportunity to regularly utilize their skills effectively at their workplace; and trying to help co-workers who have heavy caseloads. A series of nursing studies on employee engagement stated structural empowerment and areas of work life can lead to employee engagement or burnout.16,17,18 Similar to nursing engagement, these strong points fit well into these categories of positive structural empowerment and positive areas of work life leading employee engagement. If respondents’ physical therapy facilities in Ohio continue to maintain and/or improve on empowering physical therapists and providing a good work environment, respondents’ perceived level of engagement in the workplace could improve and possibly move from not engaged to engaged.

In general, Ohio physical therapists’ also reported that they were not engaged in the profession. Issues limiting engagement in the profession include limited opportunities
to volunteer their services as a physical therapist outside the workplace; inadequate communication from physical therapy professional organizations; not feeling fairly compensated as physical therapists; insufficient opportunities for career advancement in the physical therapy profession; and generally disagreeing with the direction the physical therapy profession is moving in. Physical therapy professional organizations need to continue to lobby for direct access to patients and proper reimbursement from insurance companies as well as communicate better with their constituents. The physical therapy profession’s move from requiring an entry level bachelors in physical therapy a decade ago to now needing a doctorate to practice physical therapy has helped improve physical therapist compensation, but more out of supply (fewer physical therapy programs and class sizes) and demand (increasing chronic illnesses and aging population) of physical therapists rather than increased educational status. Even with attempts to increase access, reimbursement and educational status, insufficient opportunities for career advancement in the physical therapy profession still exist. Unlike the nursing profession that offers numerous middle and upper management positions as well as multiple managerial support positions in nursing and in the healthcare field in general, physical therapists do not have the same opportunities. Physical therapy professional organizations, physical therapy educational institutions, and individual facilities all need to become more aware of these issues and attempt to improve on them to the best of their abilities. If they do so, respondents’ perceived
level of engagement in the profession could improve and possibly move from *not engaged* to *engaged*.

Some encouraging items were also observed. Positive areas of Ohio physical therapists’ perceived level of engagement in the profession included enjoying being a physical therapist; planning on being physical therapists for most of their careers; and feeling their physical therapy educations were adequate to perform their job. If the physical therapy profession in Ohio continues to maintain and/or improve on these areas, respondents’ perceived level of engagement in the profession could improve and possibly move from *not engaged* to *engaged*.

Little to no relationship was found to exist between respondents’ engagement in the workplace/profession and turnover rate. This is contrary to previous research performed both outside of and within the healthcare field. Previous research in both the hospital setting and the nursing profession has found that as employee engagement increases turnover rate decreases.18,19,26,27,28,29 Several possible reasons for a decreased relationship between turnover and engagement include the fact that a majority of physical therapists are female and may leave their positions for family needs; physical therapy positions are available everywhere making it fairly easy to relocate when family has to relocate; since physical therapist positions are available in a
wide variety of areas, it may be easier to get a job one wants decreasing possible turnover from a less desirable job; and lastly, less career advancement opportunities exist possibly keeping physical therapists with decreased engagement in positions longer decreasing turnover. The first three reasons would be similar with nursing; however, the last reason possibly sets physical therapy apart from nursing with regards to engagement and turnover.

Possible limitations to this study include: the topic of engagement, the questionnaire that was developed, the data collection method used, and/or the fact that this was a onetime survey. Engagement is a relatively new and vague term. This can cause issues with how to define it, questionnaire development, how to measure it, and understanding of the topic by respondents. No questionnaire has been specifically designed for physical therapists. This study’s questionnaire development took into consideration time limitations that might occur with physical therapists, ease of use, as well as the inclusion of topics that physical therapists may have to deal with on a regular basis with regards to engagement. Even with these in mind, this specific questionnaire was developed for the first time with this study and had never been used before in any previous study. The data collection method of using e-mails with a web based link to the questionnaire may seem more impersonal, easier to ignore, and difficult to those who are not as computer savvy. This can significantly limit response rate as well as the
type of individuals that respond. Lastly, this study was a onetime survey that took a snap shot look at engagement of Ohio physical therapists in the workplace and profession. This type of approach made it more difficult to show that a relationship exists between engagement and turnover rate as compared to longitudinal studies that look at and compare engagement and turnover over time.

Ideas for future research on the topic of physical therapists’ perceived level of engagement in the workplace and profession include possibly modifying the definition of engagement. This may allow for better questionnaire development as well as a better understanding of the topic by respondents. A possible modification of the questionnaire by changing or adding more specific questions that help make up the overall picture of engagement may increase the sensitivity of the measuring device to more accurately measure the topic. Using an alternative data collection method such as postal mail may improve response rate as well as include those individuals who are not as knowledgeable about computers. Performing a longitudinal study to track changes in engagement and turnover rate of physical therapists may show that a possible relationship may exist between the two in the field of physical therapy. Looking at different demographic information and how it relates to engagement may provide some beneficial findings. Lastly, surveying physical therapists from other states and/or the
entire United States may give a better picture of what is going on in other regions compared to just Ohio physical therapists.

It is the hope that this study is the start of many on the topic of employee engagement and how it relates to physical therapy. Much can be learned and in return applied to the physical therapy workplace and profession to improve engagement and decrease turnover by physical therapists.
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CHAPTER 5: CONCLUSIONS & IMPLICATIONS

Conclusions

The Ohio physical therapists’ perceived level of engagement in the workplace and profession is not significantly affected by their employment status, gender, practice settings, years at a workplace, years in the profession, or turnover rate. Thus, Ohio physical therapists’ perceived level of engagement in the workplace and profession is primarily affected by activities within the workplace and profession, not by any differences in demographics.

The Ohio physical therapists are not engaged in the workplace or profession. Several items were found under the domain of Ohio physical therapists’ perceived level of engagement in the workplace causing the respondents to have decreased engagement in the workplace. The inability to see a connection between one’s work performance and one’s raise is the primary reason for decreased engagement in the workplace by respondents of this study. The workplace by respondents include the lack of adequate career advice from mentors (managers/senior co-workers); inadequate orientation as a new hire to one’s job; insufficient orientation to one’s organization as a new hire; the lack of sufficient resources in one’s department to perform effectively;
and the belief that one is not fairly compensated financially also lead to decreased engagement in the workplace. By places of employment properly addressing these concerns of individual and departmental finances along with proper training and guidance, the Ohio physical therapists’ perceived level of engagement in the workplace could improve.

On a positive note, several individual items under the domain of Ohio physical therapists’ perceived level of engagement in the workplace were in the engaged range. These items include one’s enjoyment of being at work; one’s intention to stay with their current place of employment; one’s understanding of the importance of their job to the organization’s success; one’s opportunity on a regular basis to utilize their skills effectively at their workplace; and one’s ability to help co-workers who have heavy caseloads. These factors mainly encompass the areas of job satisfaction and feeling valued. The desire to stay in one’s position is important; however, it may be more related to the narrower definition of job satisfaction than the broader definition of engagement in this case. Overall, if physical therapy facilities in Ohio continue to maintain and/or improve on these positive areas, Ohio physical therapists’ perceived level of engagement in the workplace could improve.

A number of items under the domain of Ohio physical therapists’ perceived level of engagement in the profession indicated the respondents have a decreased engagement in the profession. These items include one’s opportunities to volunteer
their services as a physical therapist outside the workplace are limited; limited communication from physical therapy professional organizations; being compensated fairly as a physical therapist; having sufficient opportunities for career advancement in the physical therapy profession; and in general, one’s lack of agreement with the direction the physical therapy profession is moving in. By the physical therapy profession in Ohio improving on these areas problem areas of communication, direction, and career/volunteer opportunities, Ohio physical therapists’ perceived level of engagement in the profession could improve.

On the positive side, several items under the domain of Ohio physical therapists’ perceived level of engagement in the profession were in the engaged range or close to it. These items include one’s enjoyment of being a physical therapist; one’s plan on being a physical therapist for most of their career and one’s belief that their physical therapy education was adequate to perform their job. If physical therapy associations in Ohio continue to positively promote the profession within its ranks, to the healthcare community, and to the general public along with educational institutions continuing to properly prepare students to enter the physical therapy field, Ohio physical therapists’ perceived level of engagement in the profession could improve.

**Limitations**

Possible limitations to this study include: the topic of engagement, the questionnaire that was developed, and/or the data collection method used.
Engagement is a relatively new and vague term. This can cause issues with how to define it, instrument development, how to measure it, and understanding of the topic by respondents. No instrument has been designed for physical therapists. This study’s instrument development took into consideration time limitations that might occur with physical therapists, ease of use, as well as the inclusion of topics that physical therapists may have to deal with on a regular basis with regards to engagement and was found to have validity and reliability. Even with these in mind, this specific questionnaire was developed for the first time with this study and had never been used before in any previous study. Lastly, the data collection method of using e-mails with a web based link to the questionnaire may seem more impersonal, easier to ignore, and difficult to those who are not as computer savvy. This can significantly limit response rate as well as the type of individuals that respond.

**Implications**

Based on the findings from this research, minimal differences in employee engagement exist among demographic segments thus the focus to improve engagement should not be on the demographics of persons in a workplace or profession, but on the workplace and professional items that make up the domains of engagement. Physical therapy places of employment and professional organizations need to regularly monitor engagement levels; they need to take positive action on areas within engagement that are causing decreased engagement; and they need to follow up to see if the steps they
have taken to improve engagement are working or if further changes need to be implemented. Since tangible links exist between improving employee engagement and decreasing turnover,(3) by focusing on these troubled areas within each domain, places of employment and professional organizations can improve physical therapists’ perceived level of engagement in the workplace and profession and thus decrease turnover.

Previous research in both the hospital setting and the nursing profession has shown this direct link between employee engagement and turnover. These longitudinal studies were able to track improvements in employee engagement over time as well as the positive impact this improved engagement had on decreasing turnover of hospital employees and nursing staff. No such longitudinal research has been performed in the field of physical therapy. This study was a onetime survey that took a snap shot look at engagement of Ohio physical therapists in the workplace and profession. This study was able to measure current engagement levels as well as specific reasons as to why and why not the engagement levels are at their current state. The rationale behind the current level of Ohio physical therapists’ perceived level of engagement in the workplace and profession could be used in a longitudinal study looking at engagement in the physical therapy workplace and profession. The thought would be that by addressing and improving on these causes that are currently hindering Ohio physical therapists’ employee engagement in the workplace and profession, engagement would improve in both domains and a positive decline in turnover would be observed.
Other ideas for future research on physical therapists’ perceived level of engagement in the workplace and profession include possibly modifying the definition of engagement used. This may allow for better instrument development as well as a better understanding of the topic by respondents. A possible modification of the instrument by adding more specific items may increase the ability of the measuring device to more accurately measure the topic of engagement. Using an alternative data collection method such as postal mail may improve response rate as well as include those individuals who are not as knowledgeable about computers. Looking at different demographic information and how it relates to engagement may provide some beneficial findings. Lastly, surveying physical therapists from other states and/or the entire United States may give a better understanding of what is occurring in other regions compared to just Ohio physical therapists.

It is the hope that this study is the start of many on the topic of employee engagement and how it relates to physical therapy. Much can be learned and in return applied to the physical therapy workplace and profession to improve engagement and decrease turnover by physical therapists.


APPENDIX A: PHYSICAL THERAPIST ENGAGEMENT QUESTIONNAIRE

Workplace Level:

1. I enjoy being at work.
2. At this time, I intend to stay with my current place of employment.
3. I RARELY try to help co-workers who have heavy workloads.**
4. I am proud to work for my organization.
5. My manager is friendly and approachable.
6. My manager trusts his/her employees’ ability to do their job.
7. My manager cares about his/her employees.
9. My manager RARELY listens to employee views and opinions.**
10. My manager supports his/her employees.
11. My manager demonstrates honesty and integrity.
12. My department LACKS sufficient resources to perform effectively.**
13. I feel challenged by my job responsibilities.
14. I understand the importance of my job to the organization’s success.
15. I have the opportunity on a regular basis to utilize my skills effectively at my workplace.
16. I have input into my personal employee development plan.
17. I receive adequate career advice from mentors (managers/senior co-workers).
18. I have the opportunity to participate in ongoing training development at work.
19. I receive effective communication within my organization.
20. My organization is customer focused.
21. My organization LACKS integrity.**
22. My organization is innovative.
23. As a new hire, I received adequate orientation to my JOB.
24. As a new hire, I received sufficient orientation to the ORGANIZATION.

Continued
Appendix A Continued

25. Senior management (any manager, director or administrator above your direct manager) is visible in the workplace.

26. Senior management (any manager, director or administrator above your direct manager) is open to employee suggestions.

27. I DO NOT believe that I am fairly compensated financially.**

28. I see a connection between my performance and my raises.

29. I am satisfied with my benefits (not including salary).

30. I frequently think about QUITTING my job and LEAVING my organization.**

** Negatively worded items that were reverse scored.

Professional Level:

1. I enjoy being a physical therapist.

2. My opinion is respected by other healthcare professionals.

3. I STRUGGLE to obtain my required continuing education requirements.**

4. I plan on being a physical therapist for most of my career.

5. I feel my physical therapy education was adequate to perform my job.

6. I have LIMITED opportunities to volunteer my services as a physical therapist outside the workplace.**

7. In the workplace, I regularly go above and beyond my duties as a physical therapist.

8. I am compensated fairly as a physical therapist.

9. Communication from physical therapy professional organizations is LIMITED.**

10. I have sufficient opportunities for career advancement in the physical therapy profession.

11. In general, I agree with the direction the physical therapy profession is moving.

** Negatively worded items that were reverse scored.

Continued
Appendix A Continued

Demographic Information:

1. The total number of years (round up to the closest year) I have worked at my current primary place of employment.
   _____ years

2. The total number of primary places of employment I have worked as a physical therapist.
   _____ primary jobs

3. The total number of years (round up to the closest year) I have worked as a physical therapist. _____ years

4. Please check the PRIMARY TYPE of facility you currently work at:
   - _____ Out-patient practice or facility
   - _____ In-patient rehabilitation hospital
   - _____ Acute care hospital
   - _____ SNF/ECF/ICF
   - _____ Home health care
   - _____ Academic institution/school system
   - _____ Other

5. What is your current employment status.
   - _____ Full-time
   - _____ Part-time
   - _____ Contingent/Per Diem

6. What is your gender.
   - _____ Male
   - _____ Female