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Physiotherapists' perceptions of their professional work readiness after graduation

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ABSTRACT

Purpose: To ensure high-quality, human-centered healthcare, we need competent, skilled, and motivated specialists. Given the constant evolution of physiotherapy, continuous professional development for physiotherapists is essential. Estonia's Tartu Health Care College has been training physiotherapists (European Qualifications Framework Level 6) for over 20 years with curriculum updates every 5 years. The aim of this study was to describe physiotherapists' perceptions of their professional work readiness following graduation, generating insights to inform future curriculum development and support evolving professional demands.

Methods: We conducted thematic content analysis (based on the occupational qualification standard) on semi-structured interviews with 11 physiotherapists with up to 2 years' professional experience.

Results: Physiotherapists described themselves as confident in performing physiotherapeutic assessments and interventions, particularly for chronic conditions, including counselling patients and their support networks. However, challenges were noted in handling complex cases and understanding roles within multidisciplinary teams. Effective communication with patients and colleagues was seen as essential; supportive teams increased confidence. Ethical behaviour was seen as intuitive, though some participants faced unethical behaviour from patients. Challenges in conciseness and specificity of documentation were reported.

Conclusion: Ongoing training is needed to address physiotherapists' challenges with concise documentation, role clarity in multidisciplinary teams, managing acute or unfamiliar conditions, and managing ethical issues.

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Introduction

Human-centered healthcare requires competent, skilled, and motivated specialists to develop high-quality healthcare [1]. Physiotherapy bachelor's degree programs are designed to prepare students for the demands of the profession they are entering. These programs require students to learn in ways that are relevant to the profession and the actual environment in which they are going to work [2]. In order to support the advancement of physiotherapist education, the World Confederation of Physical Therapy (WCPT) has developed a framework which serves as the basis for professional standards in different countries, irrespective of differences in curricula and teaching methods [3]. This framework aims to provide guidance on the competencies expected for entry-level physiotherapy education while also emphasising the need for lifelong learning and continuous professional development. Such an approach is essential, given that physiotherapy is a constantly evolving field [4].

Notably, the world of work has undergone major changes in recent years. Whereas employers previously prioritised

technical skills and knowledge in relation to specific fields, there is now greater emphasis on generic competencies that can be applied in many jobs. Work readiness has been defined as a graduate's ability to cope in the working world while using all their professional and generic competencies [5]. Meanwhile, competence has been defined as a multifaceted and dynamic combination of professional and generic knowledge, skills, attitudes and self-efficacy. Among physiotherapists, it involves the ability to safely and effectively practice in a range of contexts and situations of varying levels of complexity [3].

Previous studies have found that physiotherapists with less than a year of work experience are ready to perform physiotherapy assessments and treatments [6]. Furthermore, physiotherapy students and physiotherapists attach importance to basic theoretical knowledge, holistic approaches, ethics [7–9], and multidisciplinary teamwork [8,9]. Multidisciplinary teamwork is an essential competence, though there remains a lack of knowledge and skills in this area [9,10]. There is also a lack of skills in confidently

applying theoretical knowledge in practice [10,11], managing exercise therapy [9], dealing with complex patients [6,13], and reading radiological images [13]. Among the general competencies, communication with the patient, taking the patient's medical history into account, understanding medical documents, and providing guidance are considered the most important [7–9]. Final-year physiotherapy students and physiotherapists have described how there are still gaps in relation to motivating patients as well as patient and colleague communication [9,10]. There is also a lack of psychosocial skills [9,14], as well as skills related to management of time [6,11–13], conflict [11], and increased caseloads [6].

Estonia has two occupational qualification standards for physiotherapists. The first is the European Qualifications Framework (EQF) Level 6 for entry-level graduates and the second is EQF Level 7, for physiotherapists who graduate with a master's degree. Tartu Health Care College (THCC) has been training physiotherapists (EstQF Level 6) for over 20 years. According to a study conducted in 2012, physiotherapists who graduated from the University of Tartu stated that the curriculum had provided them with strong basic knowledge, practical skills, and generic competencies [15]. The curriculum at THCC is regularly updated every five years, and in anticipation of the new curriculum development period, the department sought input from alumni, students, and employers to inform these updates and ensure the curriculum reflects the evolving needs and perspectives of its stakeholders. As part of these efforts, the present study sought to describe physiotherapists' perceptions of their professional work readiness after graduation. The knowledge obtained can be used to respond to changing professional demands and continue developing the curriculum in the future.

Methods

A qualitative descriptive method based on semi-structured [16], individual interviews [17] with physiotherapists was used to produce knowledge on their work readiness in Estonia in 2022. The interview guide was based on the 12 core competencies defined in the Physiotherapist Professional Standard (Level 6) document [18]. We started the interviews with a warm-up question regarding participants' professional history. Subsequently, we focused on physiotherapeutic competencies, structured into four major questions across two areas: domain-specific competencies (with three questions covering assessment, interventions, and counselling and guidance of the patient/client), and general competencies (with one question covering ethical and safety conduct, teamwork and professional communication, lifelong learning, and proper use of documentation and digital tools); see [Appendix A](#). At the end of the interview, we asked participants if they had any final remarks to add. We used clarifying questions when needed to ensure that we understood each interviewee's responses.

Recruitment and data collection

The target group was THCC alumni, i.e. physiotherapists with a maximum of two years of professional experience. We set the

threshold of two years' work experience as we considered it a sufficient amount of time for interviewees to assess their work readiness after graduation. Furthermore, these recent graduates had completed the physiotherapist curriculum approved by the THCC in 2017 and could easily remember what was learned in school and any areas where they identified deficiencies.

In cooperation with the THCC and Estonian Physiotherapists Association, two recruitment strategies were used: convenience and snowball sampling [19]. An invitation letter was distributed in May 2022 via THCC social media channels (e.g. Facebook 'THCC Graduates') and mailing lists. After its initial distribution, the invitation was resent in June and July 2022. The Estonian Physiotherapists' Association distributed the survey invitation through their mailing lists, website, and Facebook account. A total of 12 alumni of the THCC physiotherapy curriculum expressed their interest in participating, though one later withdrew due to time constraints, resulting in 11 enrolled participants.

The wording and comprehensibility of the interview guide was tested in two pilot interviews; feedback was obtained to improve the wording of the proposed questions and make substantive changes where necessary [17]. As no changes were deemed necessary, the results of the pilot interviews were included in the data analysis. All interviews were conducted by the first author. The interviews were audio-recorded for transcription, conducted in a city convenient to the interviewees (Tartu or Tallinn), and lasted between 23 and 55 min. Following transcription, the audio files were deleted (within three working days after the interviews took place). Subsequently, the data was encoded into a database in a manner that prevented back-coding, ensuring participants' anonymity. Individual transcribed interviews were randomly assigned sequential numbers (U1–U11); there were 92 pages of interviews in total.

Data analysis

To identify, analyse, and report patterns within the data, we employed thematic content analysis following the approach outlined by Braun and Clarke [20]. Two main themes—physiotherapist's domain-specific competencies and general competencies—were predefined based on the structure of the interview guide, which was developed using the competencies described in the Physiotherapist Professional Standard (EQF Level 6; see [Appendix A](#)). The analysis began with multiple readings of transcribed interviews to gain an overall understanding of the data. Relevant statements were extracted and all words, clauses, sentences, and paragraphs potentially related to the study topic were identified. These expressions were then condensed into codes and sub-categorized under the two predefined main themes based on their similarities and differences ([Table 1](#)). Thematic saturation was reached after the seventh interview, although four additional interviews were conducted to ensure depth and comprehensiveness. The initial coding and sub-categorisation were performed by the first author, with the final organisation of themes and interpretation completed collaboratively by all authors.

Reliability

The trustworthiness of the present study was enhanced through our comprehensive description of its methodology, including the systematic organisation of codes under themes and the incorporation of direct quotes from data to elucidate the findings. Furthermore, our study process underscored the significance of reflexivity, particularly how the researcher's physiotherapist background might influence data interpretation; this supported the objectivity of the analysis of participant narratives. Reflective questioning techniques were employed during interviews to ensure the integrity of data collection, emphasising the qualitative nature of the research and based on careful consideration of the researcher's potential biases [17]. Overall, the approach was underpinned by the view that qualitative researchers must maintain a balance between engagement with their subjects and analytical detachment to safeguard the study's objectivity and relevance.

Research ethics

This study was approved by the Research Ethics Committee of the University of Tartu (protocol number 362/T-5; 26.04.2022). Informed consent was obtained from participants based on full understanding of our data usage and access policy. To foster a comfortable interview environment, researchers accommodated location and scheduling requests when feasible. Transparency regarding recording devices reduced potential discomfort. Participants were informed of confidentiality, voluntariness, and their right to withdraw consent after the interviews. Interviews were transcribed verbatim using speech-recognition software [21], ensuring accuracy and confidentiality. Data was presented in a generalised form to maintain confidentiality.

Results

A total of 11 physiotherapists were enrolled in and completed the study. Their work experience as physiotherapists ranged from 1 to 18 months; some participants worked in publicly

funded hospitals, some worked in private settings, and some worked in both. Based on our framework, work readiness was described in relation to physiotherapists' i) domain-specific competencies and ii) general competencies (Table 2).

Physiotherapists' domain-specific competencies

Physiotherapists described how their domain-specific competencies involved conducting evidence-based assessments, establishing diagnoses, and setting measurable goals with the patient's involvement. They emphasised the need to select and adjust interventions based on clinical reasoning, as well as guiding, motivating, and counselling patients and their support networks to promote healthy behaviours and ensure comprehensive care.

Physiotherapists reported confidence in conducting assessments, diagnoses, and goal-setting for familiar patient conditions, especially chronic diseases, by reviewing medical histories and applying evidence-based methods. They described taking a personalised approach, considering the patient's health, comorbidities, and environment. Goal-setting varied by patient type, with particular emphasis on understanding intensive care patients first. The importance of carefully sharing information to avoid causing patient anxiety was noted, with two therapists stating that they incorporated the patient's support network in this process. However, uncertainty arose in diagnosing complex conditions and selecting appropriate assessment methods and tests, with some therapists also feeling insecure about test interpretation. This finding is encapsulated in the following quote, focusing on therapists' confidence and uncertainties in patient assessment and highlighting their personalised and evidence-based approach to physiotherapy practice.

Such a broad general assessment like joint mobility and manual muscle strength tests, that became quite clear. But since specific tests, especially orthopedic ones, so to speak, didn't come naturally, it was therefore difficult to actually determine the diagnosis. (U3)

Physiotherapists highlighted the significance of selecting the right therapy method based on pre-established

Table 1. Example of data analysis process.

Relevant statement extracted from the data	Created codes	Thematic sub-categories
"However, I do observe all ethical aspects to ensure that I do not disclose anyone's health-related data or personal information. Regarding the physiotherapists' code of ethics, I am not as familiar with it in such detail." (U6)	<ul style="list-style-type: none"> Adherence to confidentiality Lack of familiarity with the physiotherapists' code of ethics 	Ethical principles and profession-related legal regulations

Table 2. Physiotherapists' perceptions of their work readiness within two years after graduation.

Thematic sub-categories	Main themes
Confidence in conducting evidence-based assessments and diagnoses Effectively planning and executing therapy based on patients' needs and goals Providing patient-centered counselling and motivating patients for long-term engagement	Physiotherapists' domain-specific competencies
Adhering to ethical principles and legal regulations in daily practice Maintaining safety, hygiene, and ergonomic work practices in clinical settings Teamwork and interprofessional collaboration Professional communication with patients and colleagues Commitment to lifelong learning and professional development Readiness to provide first aid Effective documentation and data management Competence in using digital tools and software Use of precise and context-appropriate professional terminology	Physiotherapists' general competencies

diagnoses and patient goals, focusing on individual patient readiness and post-therapy exercise environments. Confidence was higher in treating older patients, with critical thinking, ambition, and a proactive approach described as crucial. Challenges were faced with unfamiliar diagnoses and in paediatric care; the need for a tailored approach was emphasised. Limited practical skills in relation to treatment of specific body parts and a lack of comprehensive knowledge on specialised aids such as orthoses were also noted, though basic aid guidance was manageable.

According to the patient's needs, I set goals and can also point out what has changed during the therapy, whether it has improved. And if not, then [I] act accordingly, whether we somehow change the therapy process or continue on the same course we initially planned. (U1)

Physiotherapists described being committed to advising patients/clients and their support networks; they were confident in their ability to provide guidance (although some had not had the chance to counsel support networks and family directly). This process often involved motivating patients to alter their movement habits through reflective practices and motivational interviewing, although engaging patients who were more reserved or less open-minded was challenging. Exercises were conveyed in an understandable way, a practice which is especially critical in intensive care, where creating positive habits and motivation for exercise are a primary goal. Physiotherapists were confident in their ability to educate patients in relation to movement, lifestyle, and nutrition, but faced difficulties with specific nutritional advice and often referred patients to other specialists for detailed guidance.

For example, in intensive care, well, it depends on the patient again. Often, you just motivate them, to basically create consistency and you just make sure they constantly engage, to at least develop a habit, and then from there you can move forward, so that then the patient's own motivation is higher. (U11)

Physiotherapists' general competencies

Physiotherapists' general competencies referred to their ability to uphold ethical principles, ensure patient safety, collaborate effectively in multidisciplinary teams, communicate professionally, and maintain accurate documentation. These competencies also encompassed adherence to legal regulations, commitment to lifelong learning, proficiency in using digital tools, and the ability to appropriately apply professional terminology in practice.

Physiotherapists reported that they had not encountered the physiotherapist's code of ethics. However, they considered ethical principles to be the same across different professions, and viewed ethical behaviour as innate. They reported efforts to make the consultation environment as comfortable as possible for the patient; they considered privacy and maintained confidentiality by discussing cases without using patient names, closing office doors during conversations, and properly processing patient data according to institutional regulations. One instance of feeling uncomfortable when ethical standards were breached was noted, though this was caused by the patient rather than the therapist:

Once I did think, but it wasn't like it was unethical on my part, it was for me, unethical due to the patient. When I gave him a massage, he asked if I was aroused by him, and when I gave reasons [why this was inappropriate], he apologized. But he did this during the whole session, like quite a lot of lewd comments and like, when [the massage] hurt a bit, then he immediately grabbed my leg and it seemed to make me feel uncomfortable. (U8)

Insecurity was felt in relation to teamwork, particularly among newly practicing therapists who perceived senior colleagues as more knowledgeable and capable. Despite some not feeling respected by older colleagues, most felt like equal partners in supportive teams; they described being capable of considering team feedback and engaging in constructive multidisciplinary collaboration. However, there was a lack of clear understanding of each team member's role and a desire for more collaboration with doctors and specialists to provide more comprehensive services to patients. Communication skills, both with colleagues and patients, were deemed crucial, along with the ability to listen and be open to changes.

At first, they thought I was the youngest and most naive, wondering what I was doing here and what I had to say. But now, respect for me has developed. Initially, it was evident, wondering what I am doing here when colleagues are four times older than me. Like, what am I going to tell them? (U6)

Because the larger and more integrated collaboration is, the better the patient outcomes both during the therapy and overall in terms of the treatment plan. (U1)

Documentation practices varied; therapists working in the private sector appeared to document less than those in institutional settings. Despite learning to write detailed reports in school, the time constraints in real workplaces often hindered such lengthy documentation, though therapists adhered to institutional requirements. Data privacy was emphasised, with cautious behaviour observed among peers and some mistrust in entering data into online systems due to fears of data breaches. Professional terminology was used appropriately on a daily basis, with simpler terms used to ensure patients' understanding.

But I actually document very little, especially when I think about only the national healthcare system, because in that sense, in the private sector or those same sports clubs where I work, you don't even have time for it. [...] It also depends, for example, on how long a person remains under your care, right. [...] If we think about a patient being with us longer, then of course you do the interim assessments, comparisons of interim results, changes, and so on, it's still important to write those down. (U1)

Discussion

Analysis of our interviews reveals that physiotherapists perceived themselves to be work ready after graduation in relation to both domain-specific and general competencies, which align with those outlined in the Physiotherapist Professional Standard (Level 6). Physiotherapists assessed that during their degree, they acquired all the required competencies for professional practice and felt they were ready to counsel patients/clients and their support networks throughout the physiotherapy service. Physiotherapy is a patient-centered service

focusing on activating the patient and achieving the best possible physical level so that the patient can manage their condition as independently as possible [22]. It involves guiding and advising the patient and their support network [23].

Physiotherapists expressed confidence in delivering assessments, diagnostics, and treatment planning, particularly for chronic conditions, demonstrating strong patient engagement and the use of evidence-based approaches. However, they reported uncertainty in managing more acute or complex cases, unfamiliar diagnoses, and when applying body-specific assessment and intervention methods, such as orthopaedic special tests and advanced manual techniques. One participant noted difficulty recalling orthopaedic tests spontaneously, which reflects earlier findings by Atkinson and McElroy [13] that new graduates often feel unprepared for dealing with non-hospital pathologies and making independent decisions, both of which are expected parts of direct-access practice. These competency gaps may hinder safe and timely patient management and point to the importance of curricular improvements focused on acute condition assessment, clinical reasoning, and body-region-specific interventions. Addressing these areas could enhance readiness and autonomy for dealing with increasingly diverse and independent physiotherapy roles.

Participants adhered to ethical principles in their counselling and advising. Previous research also found that ethical values were crucial for physiotherapists and were primarily patient-oriented. However, female physiotherapists described experiencing unethical behaviour from male patients [14]. Supporting this finding, one interviewee in our study encountered unethical behaviour from a male patient which made the physiotherapist feel uncomfortable. Adhering to ethical principles is vital in physiotherapy [3]. Given that physiotherapy often involves hands-on work to perform manual tests, facilitate the patient's movement, and correct exercise execution, ethical behaviour is essential. Equally important is the ability to recognise and respond to unethical behaviour from others. Since the interviews indicated that physiotherapists had experienced unethical behaviour, it is worth focusing on how frequently such incidents occur in their practice. Additionally, creating a safe environment for physiotherapists to openly discuss such issues is necessary.

Physiotherapists rated their readiness for communication with various parties as 'good'. While they felt somewhat insecure in communications at the beginning of their employment, they had come to consider themselves equal partners and important team members. Providing high-quality physiotherapy services requires good communication skills and collaboration with patients/clients, their support networks, and colleagues [24]. Previous research also found that final-year physiotherapy students experience insecurity in communicating with patients and the multidisciplinary team [10]. Regarding multidisciplinary teams, the current study highlighted a lack of knowledge about the specific roles of specialists in the team. It is crucial for physiotherapists to understand what working in a multidisciplinary team entails and the roles of specialists within it. A shared understanding of learning to be patient-centered is foundational for developing patient-centered education [25]. Thus, there is a point of reflection for curriculum developers on how to create

opportunities for students to familiarise themselves with different specialists and their areas of responsibility. One possibility is to implement interdisciplinary education through various simulations. For example, the use of case studies that demonstrate conflicting priorities among professions may facilitate the development of crucial skills (effective communication and conflict resolution), thereby preparing healthcare students for the complexities of clinical environments [26].

Participants recognised the importance of documentation and considered themselves to have adequate skills in this area. However, they noted difficulties in formulating text concisely and specifically; physiotherapists working in the private sector did not have enough time for documentation. Previous research has highlighted physiotherapists' problems with time management [11]; lack of time is a hindering factor in documentation [13]. It can be assumed that physiotherapists working in private enterprises have more limited time resources. Furthermore, early-career specialists need time to fully understand the physiotherapy process, potentially reducing the amount of time for documentation. The Estonian Association of Physiotherapists has noted that documentation should be more uniform across institutions. One barrier here comprises the differences in software used across institutions. Consequently, it would be worth investigating whether and how precisely physiotherapists document their work, as well as barriers to documentation, in the Estonian context.

Methodological strengths and limitations

This study utilised a qualitative research method with both strengths and limitations. The strength of thematic content analysis lies in its flexibility and accessibility in analysing rich, detailed qualitative data, making it particularly well-suited for exploring the perceptions of novice physiotherapists [20]. Semi-structured interviews allowed participants to express themselves freely while ensuring consistency across interviews. This balance enabled the identification of meaningful patterns while maintaining relevance to the research objectives.

However, thematic analysis also carries certain limitations. It is interpretative by nature and can be influenced by the researcher's subjectivity, particularly during coding and identifying themes. Additionally, the use of more structured interview questions may constrain depth and emergence of unanticipated themes whereas less structured interviews may introduce variability that complicates comparison across participants. This tension between structure and openness must be carefully navigated to ensure rigour and consistency in thematic development [20]. Time-consuming transcription and analysis further added to the challenges. Despite these limitations, collaborative reflection among researchers helped validate the development of themes and ensured a more rigorous analytic process.

Conclusion

This study found that physiotherapists perceived that they are confident with their work readiness after graduation, particularly in conducting assessments, diagnosing, and setting goals for chronic conditions using evidence-based practices.

Communication skills improved over time, with physiotherapists eventually viewing themselves as equal team members in interdisciplinary teams. However, there was a lack of understanding of specific roles within such teams, highlighting the need for better role clarity. Ethical principles were adhered to, though unethical behaviour from patients was noted. Documentation skills were deemed adequate, but challenges remained in formulating concise and specific records due to time constraints, especially in private practice. The findings emphasise the need for ongoing training in communication, ethical practice, and documentation to further enhance physiotherapists' readiness and effectiveness in clinical settings. Additionally, gaps in managing acute conditions and body-region-specific interventions suggest a need for targeted curriculum development to support physiotherapists' clinical autonomy and preparedness.

Authors' contributions

MS, MK, JK and ALT were responsible for the overall conception and design of this manuscript. MS was responsible for data collection and analysis. All authors read and approved the final manuscript.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Ethical approval

The study was conducted in accordance with the Declaration of Helsinki. Study participation was voluntary. Written informed consent was obtained from all participants. Participants could withdraw consent at any time without stating the reason. The study has been approved by the Research Ethics Committee of the University of Tartu (protocol number 362/T-5; 26.04.2022).

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Appendix A

Table A1. Semi-structured interview guide based on the occupational qualification standards for physiotherapists (European qualification framework, level 6).

1. Warm-up questions: Professional history	
<ul style="list-style-type: none"> • What year did you graduate? • Tell about your work experience as a physiotherapist 	
2. Physiotherapeutic competencies	
<i>Core questions</i>	
2.1 Physiotherapeutic assessment of the patient/client ^a	<p><i>Clarifying questions</i></p> <p>Please describe your readiness to:</p> <ul style="list-style-type: none"> • use evidence-based assessment methods • consider the patient's/client's health condition and surrounding environment • analyse assessment results and determine a physiotherapeutic diagnosis • identify key issues and set measurable goals • involve the patient/client and their support network in the assessment process
2.2 Physiotherapeutic interventions ^a	<p>Please describe your readiness to:</p> <ul style="list-style-type: none"> • select and apply physiotherapeutic interventions based on assessment results and set goals • analyse therapy effectiveness and make necessary adjustments • evaluate the effectiveness of interventions • select, recommend, adjust, and instruct on the use of assistive devices
2.3 Counselling and guidance ^a	<p>Please describe your readiness to:</p> <ul style="list-style-type: none"> • use commonly accepted counselling and guidance methods • counsel patients/clients on health behaviours
2.4 General competencies	<p>Please describe your readiness to:</p> <ul style="list-style-type: none"> • adhere to ethical principles and legal regulations related to the profession; follow the international code of ethics for physiotherapists^a • follow safety, hygiene, and ergonomic work principles^a • teamwork: collaborate with other specialists as an equal partner^a • communicate professionally with patients/clients and colleagues^a • for lifelong learning^a <ul style="list-style-type: none"> ○ read professional scientific literature ○ stay informed about developments in the field • provide first aid when necessary^a • properly document your work^a • use a computer in your work^a <ul style="list-style-type: none"> ○ conduct database searches ○ use various data processing programs ○ securely protect personal and organisational data • use professional terminology^a
3. Closing questions	
<ul style="list-style-type: none"> • Would you like to add anything else? • Is there anything important regarding this topic that was not discussed? • Would you like to make any final remarks? 	

^a12 core competencies defined in the Physiotherapist Professional Standard (Level 6).