

# **“Navigating professional identity and quality of care by physiotherapists under different working conditions in the Netherlands”**

*Thesis*

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## Abstract

**Objective:** this study addresses a knowledge gap by exploring how three distinct groups of physiotherapists in the Netherlands hold a perspective of professional identity and quality of care under distinct labour conditions, varying from independent self-employed to part of a collective labour agreement (CLA).

**Design:** a qualitative research design was applied using in-depth interviews and the GIOIA method.

**Setting & participants:** ten physiotherapists from the Netherlands were interviewed, including those with a CLA, without a CLA and self-employed physiotherapists. Participants were selected based on type of employment to capture different perspectives.

**Results:** physiotherapists without a CLA experience the highest work pressure caused by administrative tasks, unclear employment terms and limited employer support. This weakens their professional identity and could impact their quality of care. In contrast, physiotherapists working with CLA, who tend to have a stronger professional identity. They benefit from stronger job security, teamwork and organizational support. Self-employed physiotherapists stated high autonomy and job satisfaction, as well as a stronger professional identity. However, they continue to face challenges from insurers and systematic constraints.

**Conclusion:** working conditions significantly shape both the professional identity and the perception of the quality of care among physiotherapists in the Netherlands. These effects differ depending on the type of physiotherapists. The strength of the professional identity of physiotherapists without CLA became weaker, whereas physiotherapists with CLA and self-employed viewed their professional identity as stronger. Due to the aging population and decline in physiotherapists, there are concerns about the future of the profession. Additionally, health insurers remain to have a major impact on the physiotherapy sector. Implementing a CLA could help address these challenges and could contribute to a more sustainable future for the profession. It is not a definitive solution; a systematic change is necessary.

**Contribution:** this research contributes to theory and practices as it provides new insights into how working conditions shape professional identity and quality of care in the physiotherapy sector. It focuses on improvement of professional practices and better workplace policies for employers, managers and policymakers. Furthermore, it provides physiotherapists with arguments to stand stronger in negotiations with insurers or employers.

**Keywords:** physiotherapists, working conditions, professional identity, quality of care, collective labour agreement.

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# 1. Introduction

## 1.1 Topic & relevance

In the Netherlands, over 36,000 registered physiotherapists treat more than 27% of the population, yet the sector operates without a collective labour agreement (CLA). This absence results in inconsistent working conditions, such as payment per patient rather than per hour and unpaid documentation work, often completed in personal time. These challenges force physiotherapists to find ways to adapt, which may impact their professional identity and the perception of the quality of care they provide. Understanding how physiotherapists navigate these conditions is crucial to addressing the sector's labour and care challenges.

## 1.2 Research gap

Limited research has been conducted on the impact of the absence of a collective labour agreement (CLA) within the physiotherapy sector in the Netherlands. While ongoing negotiations between professional associations and employers' organizations have gained attention, there is a lack of focus on how the absence of a CLA affects physiotherapists in practice.<sup>1</sup> The existing literature is primarily focused on addressing working conditions in healthcare more broadly, but there are limited studies that specifically examine the physiotherapy sector in the Netherlands.

Additionally, while existing studies often link *working conditions* to employee well-being, there has been insufficient exploration of how these conditions shape professional identity. Moreover, insufficient attention has been paid to the effect of both the professional identity and the perception of quality of care, particularly in the context of physiotherapy. *Professional identity* is defined as actualization of one's morals, values and beliefs (Cornett et al., 2022). According to Hanum et al. (2022) on a study focusing on nursing, developing professional identity among health care workers can increase job satisfaction. This insight is also relevant to the physiotherapy sector, where professional identity may play a similar role. Another important factor regarding work-related behaviour and engagement is work motivation. A study of Nordhall and Knez (2018) shows that person-work connection is crucial, with motivation and perceived fairness at work being partially explained by professional identity.

However, the specific impact of work conditions, such as job demands and payment per patient, on professional identity within physiotherapy remains underexplored. Poor working conditions could lead to a decrease in well-being and quality of care provided by healthcare professionals (Abd-Elbaky et al., 2023). Moreover, that changes in job demands could result in alterations to *the quality of the job* (Meyer & Hünefeld, 2018).

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<sup>1</sup> CAO fysiotherapie | KNGF. (z.d.). KNGF. <https://www.kngf.nl/intramuraal/cao-fysiotherapie/#:~:text=Fysiotherapeuten%20werkzaam%20in%20de%20eerste,nog%20niet%20tot%20een%20CAO>.

Despite these findings, there is a notable lack of research that connects all these elements, working conditions, professional identity, and quality of care, within the physiotherapy in the Netherlands. This absence of insights may limit the effectiveness of policy decisions, labour negotiations and development in the sector, especially in a field without a CLA.

### **Aim of this research**

This research aims to address this gap by exploring how physiotherapists in the Netherlands experience the absence of a collective labour agreement (CLA), and how these factors influence their professional identity and the perception of quality of care they provide. The central question guiding this study is: *“How do the differences in the aforementioned working conditions affect both the professional identity and the perception of quality of care among physiotherapists in the Netherlands?”*

The theoretical sub-questions guiding this research are presented below:

- *How can professional identity be conceptualized in health care context?*
- *How can perception of quality by professionals be conceptualized in health care context?*
- *How is both professional identity and perception of care affected by working conditions?*

By investigating these relationships, the study seeks to contribute to the broader understanding of how structural employment frameworks shape healthcare professionals' perspectives and their experiences in relation to quality of care.

## **1.3 Purpose of study**

As mentioned before, the goal of this research is to provide new and detailed insights on how working conditions shape professional identity and perception of the quality of care. The aim is to compare perspectives of physiotherapists in the Netherlands and which differences in working conditions affect these professionals and the perception of the quality of care they provide. It offers new insights and information about the importance of professional identity and perception of quality of physiotherapists under different working conditions.

Secondary, this study attempts to provide insights into why certain decisions are made by physiotherapists, such as choosing between first-line, second-line care or becoming self-employed. This study also attempts to contribute to policy recommendations or even development in this sector.

## **1.4 Theoretical positioning**

This paragraph contains the theoretical positioning of this research. Institutional theory is utilized as the theoretical framework for this research. Institutional theory focuses on the deeper and more enduring aspects of social structures (Scott, 2004). It examines how elements, like rules and norms, become established as guidelines for behaviour (Scott,

2004). Moreover, how these guidelines are spread and adopted, and how they may eventually decline or become obsolete. While the theory emphasized stability and order, it also considers conflict and change within social structures (Scott, 2004). It offers a strong explanation not only for individual actions but also for organizational actions (Dacin et al., 2002). According to Suddaby (2013), institutional theory offers a perspective on organizational practices, viewing them as shaped by social influences rather than purely economic forces. It provides insight into organizational behaviour that may not align with economic rationality. Institutional theory can be summarized in six key concepts. These concepts are infusion of value, diffusion, rational myths, loose coupling, legitimacy, and isomorphism (Suddaby, 2013).

The application of this framework allows for the exploration of how physiotherapists' working conditions, such as the absence of a CLA, may involve in response to both internal and external pressure, impacting their professional identity and the quality of care they provide.

### **1.5 Research strategy**

To answer the research question, an exploratory and abductive research approach was used. The key method for the data collection were in-depth interviews. This approach was chosen because it allows to conduct detailed insights. The interview questions are mainly open-ended with the possibility for follow-up questions. The interviews were conducted with physiotherapists under contract without a CLA, physiotherapists under contract with a CLA and self-employed physiotherapists to reflect the differences in employment structure relevant to the research gap.

Alongside in-depth interviews, a document analysis was conducted from physiotherapists practices. This provided more detailed insights and information.

### **1.6 Expected contribution**

The contribution of this study provides new detailed insights about the impact of the absence of the collective labour agreement for physiotherapists. Moreover, how this could lead to differentiation in working conditions and the quality of care they provide. It contributes to scientific research, as well as presenting practical contributions for employers of physiotherapists, healthcare managers, policy makers and physiotherapists themselves. It also provides knowledge for patients, because of how the absence of CLA effects the quality of care.

### **1.7 Outline of the paper**

The structure of this research paper is as follows. Chapter 1 offers an introduction including the research question. Chapter 2 presents a review of relevant literature, identifying theoretical frameworks and gaps. Chapter 3 describes the methodology, followed by the

results in Chapter 4. Chapter 5 provides the conclusion. Lastly, Chapter 6 includes the discussion with limitations of this research.

## 2. Literature review

This section presents the literature review. The goal of this literature review is to provide scientific context about this topic with existing literature and laying a foundation for the analysis. The section is divided in several sections that explore the key concepts of this research. However, this section starts with an explanation of physiotherapists.

### Physiotherapists

Physiotherapy is a healthcare profession focused on enhancing, maintaining, and restoring physical function and overall health. It addresses impairments through diagnosis and physical interventions. Moreover, it promotes mobility and improves the quality of life (Khalid et al., 2015). Beyond clinical practice, physiotherapists engage in various other activities, including research, education, consultation, and administrative tasks (Khalid et al., 2015). According to the professional profile outlined by Mutsaers et al. (2021), a physiotherapist fulfils seven roles: healthcare provider, health promoter, collaborator, organizer, reflective professional, innovative professional, and communicator. Physiotherapists deal with an increasing number of patients with more diverse and often long-term healthcare needs. One of the reasons for this is the aging population and unhealthy lifestyles (Mutsaers et al., 2021). Physiotherapy contributes to preventing more expensive healthcare and the reorganization or replacement of care services.

To become a physiotherapist in the Netherlands, one must first complete a four-year bachelor's degree in physiotherapy at a university of applied science. Upon graduation, it is mandatory to obtain registration in the BIG register, which legally authorizes physiotherapists to use the protected title and to provide care.<sup>2</sup> After completing their bachelor's degree, many physiotherapists choose to further specialize or differentiate themselves within the physiotherapy, for example in paediatric physiotherapy, manual physiotherapy or sports physiotherapy. Often the primary care practice facilitates the opportunity for a master's degree for physiotherapists under contract. This master's degree will be undertaken part-time alongside clinical practice.<sup>3</sup>

There are three types of physiotherapists, namely primary care physiotherapists, secondary care physiotherapists and self-employed physiotherapists. Physiotherapists working in primary care practices are not covered by a collective labour agreement. Although a principal agreement has been reached since nearly 2023, a formal CLA has yet to be established. The

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<sup>2</sup> Ministerie van Volksgezondheid, Welzijn en Sport. (2023). *Over het BIG-register*. BIG-register. <https://www.bigregister.nl/over-het-big-register>

<sup>3</sup> Fysiopromo, D. (2022). *Rechten en plichten rondom scholing*. WVF. <https://werkgeversverenigingfysiotherapie.nl/2022/06/03/rechten-en-plichten-rondom-scholing/>



primarily reason for this is the low rates for physiotherapists. Secondary care practices, such as hospitals, nursing homes or other healthcare institutions work with a CLA. This setting is commonly referred to as intramural care. Lastly, the self-employed physiotherapists. These physiotherapists own a practice or work in a partnership. Self-employed physiotherapists can more self-determine their rates but are also dependent on insurers.<sup>1</sup>

### Working conditions

The FDV report (2024) indicates that working conditions and employment terms are rated as average, but that the work pressure is certainly too high for physiotherapists. It also shows that a large portion of those surveyed is seriously considering leaving primary care practices. This could have significant negative consequences for primary care practices, such as an increase in work pressure.

According to the research of Brattig et al. (2014), were various quantitative demands for the work of physiotherapists. One of the demands is that physiotherapists often must work very fast and that there is an increase of their workload. Secondly, the research of Brattig et al. (2014) showed that more than half of the physiotherapists are experiencing emotional stress because of their work. Furthermore, a lot of physiotherapists found time spent at work to be an obstacle to their own private responsibilities. But only a little had work interfering with their private life. Lastly, there are also physical working conditions that are less than ideal for physiotherapists. Such as they have to bent over and always work with their hands. These physical working conditions could lead to complaints over time (Brattig et al., 2014). Some physiotherapists could work more efficient but suffer from complaints. Some others are forced to work more slowly of change their working method. Although the working conditions are less than ideal in some perspectives, physiotherapists are generally very satisfied with their work. The physiotherapists see their work as varied and motivating (Brattig et al., 2014). Self-employed physiotherapists are on average more satisfied with their job compared to physiotherapists who are employed (Latzke et al., 2020).

### Professional identity in healthcare

Professional identity is defined as the actualization of one's morals, values, and beliefs. Professional identity impacts the workforce at personal, interpersonal and profession levels (Cornett et al., 2022). Additionally, it plays a crucial role in how healthcare professionals view themselves and their work. Individuals value their identities and strive to maintain stable identities over time (Kyratasis et al., 2017). When professional identity is threatened, individuals tend to respond in two primary ways. The first type is indemnity-protection responses, which focus on the source of the threat and aim to avoid changes. The second type is identity-restricting responses, which involve adapting or modifying one's identity to mitigate the threat (Kyratasis et al., 2017). Both types of responses can have implications for professional performance and, consequently, the quality of care provided.

Professional identity also strengthens with experience. Experienced professionals tend to have a more stable sense of identity, which helps them navigate challenges more effectively (Joyne, 2017). According to O'Carroll (2015), professional identity also affects collaboration

with other professionals in healthcare. In addition, it is noted that stronger professional identity positively affects interprofessional working, which is essential for delivering high quality and safe care (O'Carroll, 2015).

Research of Hammond et al. (2016) further explores how professional identity in the physiotherapy emerges from a combination of factors, such as clinical expertise, the relationships physiotherapists build with patients, and how they position themselves within the broader health care centre. Professional identity is dynamic and continuously shaped through interactions with colleagues, patients, and other health care professionals. Additionally, the reflection on practice experiences plays a crucial role in developing and strengthening this identity (Hammond et al., 2016).

#### Perception of quality of care in healthcare

The perception of the quality of care is closely tied to how professionals understand and perform their roles. This understanding is often shaped by their professional identity. When professionals have a clear and strong sense of their identity, they are more likely to deliver consistent and high-quality care (Kyratsis et al., 2017).

According to Campbell et al. (2000), the quality of health care can be divided into two dimensions, namely access and effectiveness. Effectiveness is also separated in clinical care and interpersonal care. Interpersonal care is the interaction of the health care professionals. Both structure and processes can directly or indirectly impact the quality of care (Campbell et al., 2000). Moreover, as physiotherapists must adapt to the evolving health care environment, they are also involved in decision-making processes, which directly impact patient care and the availability of services (Carpenter, 2010).

Effective interprofessional collaboration is another crucial factor in ensuring quality care (O'Carroll, 2015). By fostering collaboration among professionals, both the safety and overall experience of patients can be significantly improved. Thus, the perception of care quality is not solely dependent on individual performance but also on how professionals collaborate within the healthcare system.

While job-satisfaction of the professionals is important, it does not necessarily affect the satisfaction of patients (Moya et al., 2023). Professionals may evaluate quality of care differently according to their knowledge and responsibilities. For instance, patients treated by the mutual insurance company exhibit a unique characteristic, distinct from typical care in health centres. In this case, the healthcare professional's decision involves not only clinical factors but also their employment status (active or off work), which directly impacts their salary (Moya et al., 2023). Furthermore, high levels of stress among healthcare professionals can have negative consequences, not only on their physical and psychological health, but also on the quality of care they provide (Santos et al., 2010).

#### Health insurance of the Netherlands

In the Netherlands, basic health insurance is mandatory. For first-line physiotherapy, approximately one-third of the costs are covered by the basic health insurance. The remaining costs must be paid by the patients themselves or through supplementary insurance coverage (Mutsaers et al., 2021). Starting in 2025, individuals with COPD in stage two or higher will have all exercise treatments covered by the basic insurance package, but this doesn't apply to all exercise therapy and treatment (Ministerie van Volksgezondheid, Welzijn en Sport, 2024). Depending on the required treatment, it may be covered by either the basic insurance or that patients need additional insurance.

According to the Medical Treatment Agreement Act (WGBO, Article 454), a physiotherapist is required to establish a patient record containing information about the patient's health, the treatments provided, and any other data necessary for the provision of care (Mutsaers et al., 2021). This leads to administrative challenges for the physiotherapists.

#### Collective labour agreement and financial context

The collective labour agreement contains several aspects, such as employment contracts, working hours, job description and evaluation, salary and wage development, pension and training (WVF & FDV, z.d.). A CLA provides protection and clarity for employer and employee. When there is no CLA, employees and employers need to self-negotiate, which could lead to large differences in salary or working conditions and also less legal protection for employees.

According to the FDV, the inability to implement collective labour agreement was the low rates.<sup>4</sup> This only applies to primary care practices. According to the FDV report (2024), employees work an average of 7-11% of their time outside regular working hours, with 55% reporting experiencing high work pressure. The average wage per hour worked ranges between €14,96 and €27,28 per hour for all physiotherapists. The average hourly wage for starter physiotherapists is between €14,14 and €16,51. There remains a difference between bachelor-level and master-level physiotherapists (FDV, 2024). According to Latzke et al. (2020), the satisfaction of financial security is not significantly different between self-employed and employed physiotherapists.

The cost research of Gupta strategists et al. (2020) examined the cost price, affordability, coherence and future of paramedical care in the Netherlands. This research has shown that practice costs are 25-30% of total costs. The largest cost item is housing. The cost price per performance is €33,00 - €34,50 with a performance duration of 29,7 – 31,2 minutes. The declared personnel costs are €45,60 to €48,90 per hour. Primary care practices struggle to remain financially viable, especially when rate negotiations with health insurers are limited. The financial pressures impact how physiotherapists perceive their role and professional identity. The tension between economic viability and maintaining high-quality, patient-centred care

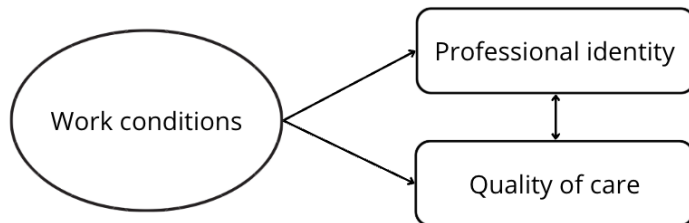
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<sup>4</sup> CAO | Fysiovakbond FDV. (z.d.).

[https://fysiovakbond.nl/cao/#:~:text=Cao%20Eerstelijns%20Fysiotherapie%20is%20helaas%20\(nog\)%20niet%20ingegaan!&text=De%20onderhandelingen%20met%20werkgeversorganisatie%20WVF,vanwege%20de%20te%20lage%20tarieven.](https://fysiovakbond.nl/cao/#:~:text=Cao%20Eerstelijns%20Fysiotherapie%20is%20helaas%20(nog)%20niet%20ingegaan!&text=De%20onderhandelingen%20met%20werkgeversorganisatie%20WVF,vanwege%20de%20te%20lage%20tarieven.)

is a growing concern and may affect professional satisfaction and the quality of care. Various possible solutions are stated in the research, such as reducing administrative burdens, impact of limiting entitlement, increase in use of e-health and introduction of personal contribution, deductible or no-claim discount.

### Conceptual framework



*Figure 1. Conceptual model*

This conceptual model illustrates the relationship between working conditions, professional identity and quality of care among physiotherapists. Working conditions, including workload, physical strain, and emotional stress, influence professional identity. This encompasses self-perception, collaboration, and professional development (Brattig et al., 2014; Kyratsis et al., 2017). A strong professional identity enhances job satisfaction and teamwork, strongly impacting the quality of care (O'Carroll, 2015). However high work pressure and poor working conditions can weaken the professional identity, leading to lower perceived quality of care (Santos et al., 2010).

The conceptual framework highlights how working conditions directly influence both professional identity and the quality of care provided by physiotherapists. Moreover, it highlights the interaction between professional identity and quality of care. It emphasizes the importance of improving working conditions to support both physiotherapists' professional identity and the quality of patient care.

## 3. Research methodology

To answer the research question, an abductive research design was conducted. The aim of this research was to explore how differences in working conditions, particularly the presence or absence of a collective labour agreement, affect the professional identity and perceived quality of care among physiotherapists in the Netherlands.

### **3.1 Data collection**

This section outlines the data collection methods that are employed in this research, including in-depth interviews and documentation analysis.

#### **3.1.1 In-depth interviews**

The key method for data collection were in-depth interviews. This approach was chosen because it allows to conduct detailed interviews (Rutledge & Hogg, 2020). The interview

questions were often open-ended questions that focus on discovering and orientating. The goal of the in-depth interviews was to get detailed information about individual perspectives and experiences (Rutledge & Hogg, 2020). The primary advantage of in-depth interviews is that they provide more detailed information than through other data collection methods (Boyce & Neale, 2006).

In total, ten interviews were conducted: three physiotherapists working with a CLA, four physiotherapists working without a CLA and three self-employed physiotherapists. This distribution ensured representation from each employment type relevant to this research. The participants were selected based on specific inclusive and exclusive criteria.

The inclusive criteria:

- Physiotherapists working in the Netherlands
- Physiotherapists who are working under contract with a CLA.
- Physiotherapists who are working not under contract with a CLA.
- Physiotherapists who are self-employed or working in a partnership.

The exclusive criteria:

- Physiotherapists working outside the Netherlands.
- Physiotherapists without recent practice experience in the last year.

The in-depth interviews were semi-structured and were continued until saturation was reached (Bouncken et al., 2025). An interview guide is established for these in-depth interviews. The interview started with an introduction about the research and asking for permission to record the interview. Followed by a short explanation of the key concepts. After the introduction there were circa 21 open-ended questions. All data is anonymized and stored securely. The interview guide can be found in the appendix. [Appendix I](#)

### 3.1.2 Documentation analysis

In addition to the in-depth interviews, a document analysis is also conducted. This provides a more detailed insight and a contextual background. This document analysis was conducted with the employment conditions of two primary care practices and one secondary care practice. It was anonymous, because this involves confidential information about the practices.

The table below outlines various aspects of the differences in employment conditions.

*Table 1. Differences in working conditions*

	Employed with CLA	Employed without CLA	Self-employed
<b>Sick leave coverage</b>	Full salary continued initially, followed by partial continuation after a certain period.	Full salary continued initially, followed by partial continuation after a certain period.	No salary continuation

<b>Pension</b>	Arranged by employer	Self-managed	Self-managed
<b>Salary</b>	Relatively high	Low	High
<b>Compensation (e.g. travel, irregular hours, attendance)</b>	Fully compensated	Partially compensated	Not compensated
<b>Membership and registration fees (e.g. BIG registration, SKF registration)</b>	Covered	Covered	Not covered
<b>Education</b>	Covered, but limited possibility.	(Partially) Covered, with an obligation to remain employed for several years.	Not covered.

This document analysis provides an overview of the differences in employment conditions among physiotherapists with a CLA, without a CLA and self-employed. The analysis shows that physiotherapists with a CLA generally receive more employment benefits, including sick leave coverage, managed pension and higher salaries. In contrast, physiotherapists without a CLA must deal with less favorable employment conditions, such as lower salaries and limited employer support. Self-employed physiotherapists have the least security, as they receive no sick leave coverage and self-management of their pension. However, benefits include a high salary, more freedom and increased autonomy.

### 3.2 Coding and data analysis

To systematically analyze the collected data from the interview, the GIOIA method was applied. The GIOIA method is a structured approach to analyze qualitative interviews systematically (Magnani & Gioia, 2023). The aim was to identify patterns, themes, and key concepts emerging from the in-depth interviews with the physiotherapists.

As mentioned before, an abductive approach was used. This means that although initial codes and themes were not predetermined, the analysis was informed by both existing theories and the emerging patterns within the data, allowing for new insights.

The GIOIA method follows a three-step coding process (Gioia et al., 2012):

1. First-order codes

The first step was open coding to identify direct quotes and key phrases from the in-depth interviews, reflecting the participants' perspectives.

2. Second-order themes

Secondly, the first-order codes were then categorized into broader themes that captured common patterns and insights from the data.

3. Aggregated dimensions

Finally, these second-order themes were analyzed to identify overarching dimensions that represented the core concepts relevant to the research question.

All coding was done by hand and was iteratively refined during the process. Codes were discussed and cross-checked to ensure consistency and reliability.

This structure approach allowed for a thorough understanding of the experience and perspective of physiotherapists. It also contributes to the development of a theoretical framework for this research.

### **3.3 Credibility**

Credibility is the confidence in the truth of the findings (Guba & Lincoln, 1989). To ensure the credibility of this research, several aspects were taken into consideration. At first, a research proposal was developed, which served as the foundation for this study. The proposed timeline was largely followed during the research process.

During the desk research phase, a literature review was conducted using clearly defined inclusion and exclusion criteria. All references are cited in the text and included in the bibliography.

The field research consisted of in-depth, semi-structured interviews, which allowed for flexibility and the opportunity to ask follow-up questions. An interview guide was used to ensure consistency across the interviews. Interviews were conducted until saturation was reached and no new themes emerged in the final interviews which supports the sufficiency of the collected data.

To enhance credibility, triangulation was applied by combining the interview findings with the document analysis. The combination of data sources provided a more reliable understanding of the topic and allowed for cross-verification of insights. Participants were selected based on specific inclusion and exclusive criteria, ensuring that the research captured perspectives relevant to the topic. All interviews were recorded and coded systematically. The coding process followed a more abductive approach. Furthermore, to minimize researcher bias, all interview questions were neutrally phrased and open-ended, allowing participants to express their experiences and perspectives freely. These measures collectively strengthen the credibility of the findings.

### **3.4 Trustworthiness**

Trustworthiness refers to the overall reliability of the research process and the findings of it (Guba & Lincoln, 1989). To ensure the trustworthiness of this research, an interview guide was developed with a description of the study, the research question and an explanation of the key concepts, so that each participant interpreted the concepts and questions in a comparable way and that the data could be analyzed systematically.

Furthermore, all interviews were recorded to enable accurate responses and to minimize the risk of the interpretation bias. By using a consistent interview guide and conducting systematic coding, the study aimed to produce findings that are dependable and reproducible.

## 4. Results

This chapter presents the findings obtained from the in-depth interviews with physiotherapists working in various contractual settings in the Netherlands. The data was analyzed using the GIOIA method. This chapter is divided into two parts: the first part presents an analysis per group and the second part provides a comparative analysis between the three groups. The insights are categorized into three steps: first-order concepts, second-order themes and aggregated dimensions. The aggregated dimensions include professional identity, quality of care, working conditions, the perception of a CLA and future of profession. Each dimension is elaborated below using descriptive subthemes and supported by annotated quotes.

### 4.1 Analysis per group

This section provides the analysis per group. The groups are physiotherapists under contract of employer with a CLA, physiotherapists under contract of employer without CLA and physiotherapists self-employed. The analysis is structured around the key themes of this study.

#### 4.1.1 Physiotherapists under contract of employer without a CLA

This analysis includes physiotherapists working in primary-care practices who are not covered by a CLA. Instead, their employment conditions are determined by their employer, often resulting in more variation in contractual terms.

##### **Theme 1: professional identity**

The participants describe their professional identity as empathic professionals who have a strong relationship with their patients based on trust and safety.

##### Relational approach in care

All the participants describe their identity not only as a professional but also in aspects of emotional and relational care. Trust, empathy and autonomy shape their role as physiotherapists. For example, one participant stated:

*“I see myself as someone empathetic, where the patient feels safe and supported.” – R2*

Other participants revealed:

*“I see myself as a physio who delivers care based on a strong bond with the patient.” – R3*



*“It’s about being critical: treat to help, not for the money.” – R4*

These statements indicate that professional identity for physiotherapists without a CLA is focused on the emotional connection, trust and patient-care values.

#### Time pressure

In a primary care practice, the treatments have time limits, and a lot of practices work with targets for their physiotherapists. In short, this means that they must treat a number of patients per week to get the full salary. One physiotherapist commented:

*“In the hospital I had more time... now I have a target and long days, which affects identity.” - R5*

Another participant expressed:

*“Revenue is settled quarterly. If you’re in the negative, it’s taken from your salary.” - R4*

These answers suggest that there is a high time pressure on the participants, because of the revenue targets and limited treatments from insurers.

#### Strength professional identity

In contrast to other participants, one participant suggested that not having a CLA actually strengthens their profession identity in form of responsibility and ownership:

*“I think my professional identity is stronger in the way without a collective labour agreement.” - R4*

The other participants stated that their professional identity became weaker:

*“Yes, sometimes. But in the practice now I’m well-paid now and have good working conditions so that helps.” - R3*

These responses show that the participants view a CLA as essential, except for one participant. The overall strength of professional identity often weakens due to indirect factors.

#### Summary of the theme

These findings indicate that professional identity is significantly influenced by the strong relationship with patients, but it is impacted by aspects such as time pressure and the absence of a CLA.

### **Theme 2: quality of care**

For all participants, the quality of care is most important. The patient is central, and they prioritize good care to help the patient. The care they can provide is sometimes affected by poor working conditions, especially by administration tasks.

#### Patient-centred care

All participants prioritize patient-centred care. Really focusing on the patient and their complaints, including how they can help the patient in the best way possible. According to one participant:

*“I make sure to give the patient my full attention for 25 minutes... I do the administration afterward.” - R3*

Also, other participants stated:

*“I think creating a personal connection with someone is very effective for someone’s recovery.” - R4*

*“It’s important for me to take time for patients and really help them in the long term.” - R5*

These findings demonstrate the importance of patient-centred care for physiotherapists. The focus is on helping and understanding the patient, rather than seeing them as a number.

#### Impact environment and team

The work environment and team collaboration are important factors in practices. According to one participant, one of the strengths of their practices is the teamwork and environment:

*“We divide the workload and help each other when needed.” -R3*

Another participant mentioned that the connection between colleagues is weak and is a point that needs to improve:

*“No one knows what the other is doing. We lack connection in the practice.” - R4*

This shows a significant impact of the work environment and team collaboration among physiotherapists.

#### Administration issues effect quality of work

The biggest issue by all four participants was the administration tasks. Administration can take a lot of time, and the payment is different among the practices. Three out of the four physiotherapists must do the administration tasks in their own time. One participant revealed:

*“Sometimes treatment takes more or less time, depending on admin or time constraints.” - R2*

An additional participant stated:

*“I usually stop 5 minutes early to do admin... the intake takes way more time.” - R5*

Administration tasks lead to several challenges for physiotherapists, such as increased time pressure or more unpaid overtime. They seek ways to adapt to these administrative burdens.

#### Challenges of insurers

Insurers have a large influence in the physiotherapy sector. They determine the rates and the number of treatments. Sometimes physiotherapists get into trouble because they are limited by the insurers. One of the participants stated:

*“You can’t provide more care than the patient’s insurance allows... Sometimes you need more than six treatments.” - R3*

The impact of insurers is a big challenge for physiotherapists. Insurers determine aspects, such as the number of treatments for the patients and the rates.

#### Lack of support

According to the participants, the employer has a significant influence on the physiotherapists in term of working conditions and quality of care. The lack of support in some practices leads to aspects as work-life imbalance. For example, they must give their private number to the patient for scheduling appointments or potential questions. According to one participant:

*“There’s no work phone or proper desk setup... that would really help.” - R4*

The lack of employer support has impact on the working condition and indirect on the quality of care of the physiotherapists. It also causes imbalance between work and private.

#### Summary of the theme

These findings suggest that the quality of care is the highest priority of physiotherapists. Nevertheless, it is strongly influenced by time constraints, administrative demands and lack of structural support from the employer.

### **Theme 3: working conditions**

There are several differences within the working conditions of the participants, such as payment in overtime, work pressure and flexibility.

#### Mental and physical difficulties

Participants mentioned that their work not only can be physical difficult, but also arise mental issues, such as overthinking. It takes time and experience to decrease mental difficulties, but on the other side physical difficulties increase overtime. As one participant noted that:

*“I think the balance is good.... but it also took me years to find my way there.” - R4*

Further comments reflected this statement:

*“I spend more of my free time thinking about work, especially what I could’ve done better.” - R5*

*“Sometimes I really worry whether I gave the right care or should’ve referred someone else.” - R5*

These responses suggest that physiotherapists are not only physically burdened, but also mentally. This involves aspects such as providing the right care and finding work-private balance. This is mainly the case with starting physiotherapists.

### Overtime

There are differences in payment in overtime between physiotherapists under contract. Physiotherapists who don't get paid for the overtime feel undervalued. One participant shared:

*"It feels like 1.5 days of volunteer work per month."* - R4

Additionally, another comment stated:

*"All the letters and admin I have to do in my own time."* - R4

Another patient mentioned that they don't mind working extra, but also don't get paid for it:

*"I don't mind working extra, but I don't get paid for the admin I do at home."* - R5

Only one of the participants stated that they do get paid for those extra hours of working overtime for administration or meetings:

*"Sometimes I stay half an hour longer and I get paid for it."* -R3

Several participants indicated that they do not get paid for overtime, travel expenses, the hours of meetings or time for professional development. This could affect their job satisfaction, quality of work and motivation.

### Flexibility

Flexibility is also a factor that is important to the physiotherapists, such as being able to schedule their own hours. As one participant mentioned:

*"I work 3.5 to 4 days and enjoy my flexibility. That's the most important thing for me."* - R4

Flexibility is an important factor for physiotherapists, such as self-scheduling of their hours. This must be within lines of the practice and aimed at achieving their target.

### Work pressure

Overall, the participants experienced a high workload. For example, working with performance targets adds additional pressure for the physiotherapists. One participant stated:

*"We work target-based, you constantly have that in the back of your mind."* - R4

Another comment noted:

*"If this is not feasible during quiet months, it also causes stress."* - R4

The work pressure is high for physiotherapists working without CLA. This is mainly due to the targets with the possibility of withholding their salary and the reliance on patients.

### Summary of the theme

These findings show that there are various working conditions between primary care practices. These working conditions could lead to mental strain, unpaid work and blurred boundaries between work private.

### **Theme 4: perception of a CLA**

The collective labour agreement is viewed differently by each participant. There are mainly negative views on the absence of a CLA, but also systematic burdens.

### Disadvantages without CLA

According to the participants, there are several disadvantages working without a CLA. Moreover, it could impact the quality of care the physiotherapists can provide. One participant mentioned:

*“The absence of a CLA does negatively influence quality... it would bring more peace of mind.” - R4*

Another participant stated:

*“Without a CLA you don’t have rights to certain benefits... but you do earn more.” - R5*

Participants viewed that the absence of a CLA has a negative impact. Besides earning more, the physiotherapists will also have better rights.

### Systematic burden from reporting and insurers

Due to the way the system is structured between insurers and physiotherapists, it can limit physiotherapists not only in the quality of work, but also in their professional identity. The large amount of administrative work also plays a role in this. One participant revealed:

*“Insurance sometimes limits what care we can provide.” - R3*

These findings suggest that the impact of insurers is a big challenge in the physiotherapy sector. It puts physiotherapists and their treatments at a disadvantage.

### Summary of the theme

Insurers have a huge impact in the physiotherapy sector. A CLA is viewed as a stability factor to create more structure and security for physiotherapists.

### **Theme 5: future of the profession**

The future of the physiotherapist’s profession is doubted by the participants. Most indicate that there really needs to be change. Additionally, their own ambitions tend to make a change in the long term.

### Future of profession generally

Due to the major aging population and high attrition, most participants indicated that the absence of a CLA discourages new physiotherapists from entering the profession. As one participant put it:

*“For young physios, the workload is discouraging... from day one they have to manage everything on their own.” - R4*

Additionally, another participant stated:

*“No CLA makes the field harder to enter. It might scare off future professionals.” - R5*

Generally, the future of the profession is perceived negatively. This is because of the high attrition, that creates more workload for the physiotherapists and the difficulties for starting physiotherapists.

#### Ambition for future

Three out of the four participants claimed that they do not want to work under contract without CLA long term. Most of them want to work in a partnership or start as a self-employed physiotherapist. One participant emphasized:

*“I would like to work in a practice, like the hospital, with CLA but at the end I want to work as self-employed or in a partnership.” - R2*

Two other participants commented:

*“Ideally, I would eventually like to become part of the partnership I’m currently working in.” - R3*

*“There has to be a change in the system... otherwise I won’t still be a physio in 10 years.” - R4*

These responses suggest on the long term that the physiotherapists wouldn’t want to work for an employer in a primary-care practice. Most of them desire is to work as a self-employed physiotherapist.

#### Summary of the theme

Most participants expressed their concerns about the future of the profession. Various statements indicate that there is a significant desire for systematic change and shift towards self-employment or partnership.

#### **Summary**

This analysis revealed that physiotherapists under contract without a CLA defined their professional identity by empathy, trust and a strong relationship with their patient. Time pressure and lack of structure negatively affect their professional identity and their quality of care. The quality of care is emphasized as patient-centred care by the participants, but because of aspects, such as administration tasks and time constraints, the quality of care can be affected. Working conditions varied significantly, with unpaid overtime, mental strain and inconsistent compensation according to the participants. Regarding the future of the profession, participants expressed concern about sustainability, workforce retention, and their own long-term positions, as many aspiring to work self-employed or in partnerships.

#### 4.1.2 Physiotherapists under contract of employer with a CLA

This section examines physiotherapists under contract with a CLA, working in secondary-care practices, such as hospitals. These physiotherapists operate within standardized employment terms defined in the CLA of the health care institution.

##### **Theme 1: professional identity**

The professional identity of physiotherapists under contract with a CLA is well established in relational values, professional autonomy and the structural support that the CLA provides.

##### Relational core

Overall, the participants emphasized the importance of building trust with patients as a central part of their professional identity. One participant shared:

*“I do see myself as a caregiver, but also as a confidant... they tell you private things that affect complaints.” - R6*

Additionally, the participant noted that:

*“If you build that bond, they follow your advice better.” - R6*

Another participant stated:

*“I would describe myself as an engaged physiotherapist who thinks outside the box to achieve the best outcomes.” - R7*

Physiotherapists with CLA expressed the importance of trust, security and empathic of their professional identity.

##### Security and stability

The participants indicated that the CLA not only offers safety, but also stability. It ensures that the physiotherapists experience more job satisfaction. One participant noted:

*“You know where you stand, and that gives you so much certainty.” - R6*

Another participant revealed the increase of job satisfaction:

*“That makes you go to work happier.” - R7*

The participant also revealed the importance of the CLA for them:

*“I think that without a CLA, I wouldn’t still be a physiotherapist.” - R7*

These findings suggest that physiotherapists viewed a CLA as essential due to the stability and security it provides.

##### **Theme 2: quality of care**

The ability to deliver high quality care was often linked to the strong organizational support, team collaboration and time for professional development.

##### Team collaboration and workload

The well-structured hospital environment helped maintain high standards of care, even when time was limited. The physiotherapists have shared responsibilities within the team; those seem crucial to the physiotherapists. As expressed by one of the participants:

*“You work with a big team... colleagues always step in.” - R6*

According to two other participants:

*“Workload is fine. Time and space to do admin and discuss complex cases.” - R7*

*“The work appealed to me more, and the CLA is a nice bonus.” - R8*

The team collaboration in secondary-care practices is very strong. The workload is also low, because of the decreases time pressure and the large size of the teams.

#### Professional development

Participants stated that they have time for personal development and less administration work. As one participant noted:

*“You see a few patients in a row and then have time to report.” - R6*

Another participant shared:

*“Within the time frame, you can apply everything easily, so no pressure.” - R6*

Additionally, a participant also commented:

*“Because I fall under the CLA, I get time for administration, which reduces work pressure.”*

*– R8*

These answers show that physiotherapists with CLA have more time for personal development. They get time for administration tasks, which reduces their work pressure.

#### Impact financial pressure without CLA

Within a secondary-care practices, such as hospitals, the financial resources are available to pay higher salaries to their physiotherapists. Participants highlighted how financial incentives can undermine the quality of care, especially in settings without CLA. Participants viewed less focus for care without a CLA:

*“Without a CLA, you might let patients come more often just for the money.” - R7*

*“Otherwise, people work excessively hard to reach turnover.” - R6*

Another participant quoted that the quality of care would be affected when the work pressure would increase:

*“The quality of care was only affected when work pressure increased.” – R8*

Participants described the impact of a CLA as positive. It decreases work pressure and improves the quality of care they provide.



### Summary of the theme

The quality of care in secondary-care practices are consistent. There are larger teams and more financial resources. The work in healthcare institutions, such as hospitals, is different because they do not get a time per patient but for the entire department. In situations of time constraints, there is the possibility for colleagues to step in and provide help.

### **Theme 3: working conditions**

The working conditions in health care institutions such as hospitals, were generally perceived as positive, particularly in terms of structure, predictability and work-life balance.

### Low stress and clear boundaries work-private

All participants experienced low levels of stress and also a clear separation between work and private life. As noted by one participant:

*“You’re not worried about your day, you just treat.” - R6*

When their shift is over, they are really done with work. As participants revealed:

*“Work ends when I get in the car. There is a good work-life balance.” - R6*

*“Work-life balance is fine; there is a lot of organizational attention for it.” - R7*

The overall balance between work and private is viewed as positive. Work does not interfere their private life.

### Compensation and transparency

Overall, there is a high level of satisfaction among the participants. There were some concerns about the compensation in primary care settings and the lack of transparency from employers. One participant noted:

*“Investing time in literature to improve yourself should be compensated.” - R6*

In secondary-care practices is more transparency and compensation for working overtime. Compensation and other regulations are stated in the CLA.

### Summary of theme

In summary, it can be stated that the working conditions are overall viewed as positive. Participants experienced low work stress and good balance between work and private life. Moreover, the overall job satisfaction was high due to clear working conditions, safe and secure environment, as well as fair compensation and more transparency of the employer.

### **Theme 4: perception of a CLA**

All the participants stated that they experienced the collective labour agreement as positive. It offers them more certainty, stability and transparency.

### Security and standardization

Overall, a CLA is viewed as a safeguard against bad working conditions and attrition, especially for younger professionals. This view was stated by one participant, who explained:  
*“A CLA gives pension security for later.” - R6*

It is also viewed as necessary for the entire sector, as participants stated:  
*“I would want a CLA for all physiotherapists, not just those in hospitals.” - R7*

*“Yes, I think if there were a CLA for the whole field, workload would decrease.” - R8*

According to these findings, a CLA is viewed as a partial solution for the challenges that physiotherapists have to deal with.

#### Summary of theme:

All the participants viewed the CLA positively. It provides more security, stability and transparency in working conditions.

#### **Theme 5: future of the profession**

Participants revealed a shared concern about the long-term sustainability of the profession, particularly due to income disparities and the lack of structure in the whole sector.

#### Concerns about inequality

Participants indicated that they are concerned about the future of physiotherapy, especially in primary care. As a participant mentioned:

*“People exit the profession because of that discrepancy.” - R6*

Another commented shared the view on the inequality:

*“In primary care, people work hard for their turnover. In hospitals, you just get paid per hour.” - R6*

Additionally, participants expressed concerns about leaving the profession or increase of rates:

*“I think most without a CLA will quit, or self-employed rates will rise so high people can’t afford care.” - R7*

*“I think the future looks good for those within a CLA, but not so much for first-line practices.” - R8*

The participants shared their concerns about the future of physiotherapy in general. There are concerns about the attrition and increase of the rates.

#### Desire for reform

Participants suggest a need for structural reform. Although they already operate with a CLA, they think implementing the CLA in the entire physiotherapy practice will have a positive effect. One participant revealed:

*“Yes, I think a CLA would definitely help reduce workload and improve quality of care.” - R7*

Another participant shared their hopes for the entire sector:

*“I hope physiotherapy will become more efficient and that we get a sector-wide CLA.” - R7*

*“The future feels very uncertain. It’s hard to say where I’ll be in 15 years.” - R6*

Physiotherapists with a CLA believe that implementing a CLA in the entire sector would lead to improvement. This enhances equity, stability and the overall quality of care.

#### Summary of the theme

All physiotherapists with a CLA, viewed a CLA as essential for their profession. They experienced lots of benefits from it and see it as a solution for the entire sector.

#### **Summary**

This analysis showed that physiotherapists who work under contract with a CLA view their professional identity as strong. Focused on relational care, supported by stable working conditions and teamwork. A CLA provides security, enabling high-quality care and a good work-life balance. However, there is a shared concern for more standardization across the sector, especially to decrease the retention and reduce professional inequality.

#### **4.1.3 Physiotherapists self-employed**

In this section, the analysis focused on self-employed physiotherapists, working either as freelancer or within a partnership. These self-employed physiotherapists often managed their own client base and are responsible for their own business operations.

#### **Theme 1: professional identity**

Participants described how they viewed themselves as a physiotherapist and how that image is shaped in terms of interpersonal values, self-image and the presence or absence of a CLA.

#### Relational core to professional identity

Physiotherapists emphasized the importance of patient connection in shaping their professional identity. A participant explained:

*“I always try to understand both the complaints and the person sitting in front of me.” - R1*

Another participant shared:

*“Driven, enthusiastic, reliable, evidence-based... with a clear vision of how care should be in the Netherlands.” - R9*

*“I chose this profession to work with people, not just tick boxes.” - R9*

Also, a participant mentioned the benefit of working self-employed:

*“I didn’t want to continue in a production-driven practice... I wanted to return to quality and care.” - R10*

Self-employed physiotherapists are focused on the relational connection with the patients. They work evidence-based and with a lot of patient trust. The goal is to help patients as efficiently and effectively as possible.

#### Expertise and professional development

Participants tied professional identity with ongoing development as a physiotherapist. The professional development is seen as more worthy, than working for an employer. One participant stated the importance of annual courses:

*“As a pelvic physiotherapist, I feel highly skilled because I attend annual refresher courses.” - R1*

Another participant revealed:

*“As an employee you’re still paid by revenue. As a self-employed, I shape my own development.” - R9*

*“All the investments I make, I make for myself and not someone else’s wallet.” - R9*

Freedom and responsibility are important factors, as confirmed by one participant:

*“As a self-employed physio, I have more responsibility and creative freedom.” - R10*

Expertise and professional development are important factors for self-employed physiotherapists. The ongoing developments strengthen their professional identity.

#### Summary of the theme

The professional identity of self-employed physiotherapists is viewed as strong. They prioritize the patient and try to help with high-quality care. Expertise and professional development are closely linked to professional identity, as these aspects strengthen it.

### **Theme 2: quality of care**

The participants strongly linked quality of care to personal connection, team collaboration and a supportive work environment.

#### Patient-centred care

Empathy and patient trust were central to providing quality care. They prioritize the patient offering care based on trust and safety. One participant expressed:

*“Patients feel heard and safe with me, and my treatments are tailored to them.” - R1*

Additionally, evidence-based care is viewed as an important factor also:

*“Care based on evidence, specialization, and fitting the patient’s needs.” - R9*

Also, the quality of care increases with better working conditions, as stated by one participant:

*“I deliver higher quality care now because I have more time and get paid better.” - R10*

Self-employed physiotherapists perceive the quality of their care with a patient-centred approach. The positive working conditions increase the quality of care they provide.

#### Impact environment and team

The impact of the work environment, including the team, is very important for the self-employed physiotherapist, especially in a partnership. It may also affect the quality of care, if the work environment is negative. This view is stated by one participant:

*“At the other location I felt excluded... which affected how I treated patients.” - R1*

The same participant also stated:

*“We help each other out if someone is sick or on vacation.” - R1*

The work environment and team collaboration have a significant impact on the quality of care and professional identity. Often it is experienced as indirect impact, such as exclusion from the team or the atmosphere in the practice.

#### Summary of the theme

Self-employed physiotherapists prioritize their patients and have more ability to deliver high quality care because they experienced less time pressure, and the salary is higher. Factors, such as work environment and team collaboration, could also have effect on the quality of care.

### **Theme 3: working conditions**

Overall, self-employed physiotherapists experienced the working conditions positive. The impact of ownership, strong work-life balance and administration strategies ensure this.

#### Ownership

According to the participants, they have complete control over shaping their mission and vision guiding their work. As one participant mentioned:

*“Workload is the same or more, but it doesn’t feel like it. It’s mine now.” - R9*

Another participant explained:

*“I now have peace and freedom to shape my practice's direction.” - R9*

Additionally, a participant noted:

*“Rewarding responsibility and being able to control my own schedule is key.” – R10*

These findings indicate the importance of ownership for physiotherapists. Not only do they have more freedom, but they also experienced workload different, follow their own mission and vision and have almost full control over their profession.

#### Administrative burden

The time spent on administration reduces the time available for patients. Physiotherapists expressed that they want to focus on the patient rather than being occupied with administration. One participant stated:

*“Treating patients is quality care to me, not excessive reporting.” - R1*

Moreover, a patient mentioned:

*“In a plus practice, documentation was for bonus money, not care quality.” - R9*

Another patient expressed:

*“Extensive reporting reduces time for care.” - R10*

The administration tasks remain a challenge for self-employed physiotherapists. Although, it is less than in a plus-practice, it continues to cause difficulties.

#### Work-life balance

As a self-employed physiotherapist, the boundary between work and private can be difficult. Therefore, it is very important for them that there is a strong balance. This is viewed by a participant, who stated:

*“If you go to work reluctantly, it affects your personal life too.” - R1*

Another participant expressed:

*“I go on vacation often with my family to reset and make memories.” - R9*

There is an overall good balance between work and private life of self-employed physiotherapists.

#### Summary of the theme

Overall, self-employed physiotherapists are satisfied with their working conditions. Although, their workload is high, they still have self-control and good balance between work and private.

### **Theme 4: perception of CLA**

The participants all agreed that implementing a CLA in the physiotherapy sector could improve the profession of physiotherapist, but only for physiotherapists under contract. Self-employed physiotherapists are currently not affected by the absence of a CLA.

#### Impact absence of a CLA

All the participants stated that they are not affected by the absence of a CLA, but some stated that it is important for colleague physiotherapists in employment. As stated by one of the participants:

*"It doesn't really matter to me as a freelancer, but it does for colleagues in employment."* – R1

Another participant claims that the professional identity would become weaker when working without CLA instead of self-employed:

*"My professional identity has weakened because the profession lacks unity."* - R9

Interestingly, a participant commented:

*"A CLA would give the profession more power against insurers."* - R9

Only one participant didn't think that a CLA will have much impact. It was viewed as a partial solution:

*"The CLA content isn't even clear. Employers and employees are still far apart."* - R10

A CLA has no direct impact of self-employed physiotherapists, but it is viewed as essential for employed physiotherapists without CLA by most of the participants. One participant viewed a CLA as a partial solution but indicated that there must be a change in the entire system.

#### Workforce retention and future concerns

There are several concerns expressed about young physiotherapists leaving the profession. They viewed implementing a CLA as a part of the solution. As a participant stated:

*"I think we'll face a shortage because many young professionals choose another path."* - R1

*"A CLA might keep young physiotherapists from leaving the profession."* - R1

Also, another participant expressed on of the benefits of a CLA:

*"A good CLA with real growth paths would inspire people to join the profession again."* - R9

#### Systematic burden from reporting and insurers

Due to the administration work and the limited treatments of insurers, it can create difficulties for physiotherapists to do their work. This quote one participant:

*"Insurers decide our rates. We bear the burden while providing the cheapest proven care."*  
- R9

Self-employed physiotherapists have difficulties with the impact of the insurers. Insurers determine important aspects, such as the rates of treatments.

#### Summary of the theme

Self-employed physiotherapists are not bothered by the absence of a CLA but expressed the importance for employed physiotherapists working still without a CLA. To address the whole problem, there need to be changes in the entire system of the sector.

### **Summary**

Self-employed physiotherapists experienced a high level of autonomy and work satisfaction. A CLA would not directly affect their work, but the participants stated the need for protecting the physiotherapists under contract, including improvement of the working conditions. Additionally, to protect the future of the profession for aspiring physiotherapists.

## **4.2 Comparative analysis**

A comparative analysis between the three groups of physiotherapists is presented in this section. The comparison is structured around the five key aggregate dimensions: professional identity, quality of care, working conditions, perception of CLA and future of profession.

### **4.2.1 Professional identity**

Across all groups, professional identity is shaped by strong relationship based on trust and safety, autonomy and values. All the participants prioritize their patients and try to deliver high quality care.

#### **○ Physiotherapists with CLA**

This group emphasized emotional stability and security. This allows them to focus on patient-centred care. According to one participant's experience: *"You know where you stand, and that gives you so much certainty."* - R6

#### **○ Physiotherapists without CLA**

Physiotherapists without a CLA showed strong intrinsic motivation and relational care. They also showed role strain due to time pressure and lack of structure. As one participant stated: *"Now I have a target and long days, which affects identity."* - R5

#### **○ Self-employed physiotherapists**

Self-employed physiotherapists described the most autonomous and self-defined identities. This often tied with their personal values and ownership. Participants explained: *"I chose this profession to work with people, not just tick boxes."* - R9

Another participant confirmed this statement:

*"I didn't want to continue in a production-driven practice... I wanted to return to quality and care."* – R10



## Summary

All groups prioritized trust and a strong bond with their patients. However, physiotherapists with a CLA emphasized stability, while physiotherapists without a CLA mentioned more pressure and uncertainty. The self-employed physiotherapists associated their professional identity often with autonomy.

### 4.2.2 Quality of care

The most important aspect, according to all groups, is helping their patients. However, the impact of working conditions on the quality of care are varied.

#### ○ **Physiotherapists with CLA**

Physiotherapists with a CLA stated that they have sufficient time, a strong team collaboration and space for development. This view is stated by one participant, who expressed:

*“You see a few patients in a row and then have time to report.” - R6*

#### ○ **Physiotherapists without CLA**

Physiotherapists without a CLA often had problems with the quality of care that has been compromised by administrative burdens and restrictions of insurers. A participant revealed:

*“You can’t provide more care than the patient’s insurance allows.” - R3*

#### ○ **Self-employed physiotherapists**

Self-employed physiotherapists described their quality of care with high standards and personalized, although administration remains a bit challenging. As described by one participant:

*“I deliver higher quality care now because I have more time and get paid better.” - R10*

## Summary

Physiotherapists with a CLA stated to have the best support system. Whereby, physiotherapists without a CLA have more structural difficulties that hinder quality. Self-employed physiotherapists maintained high-quality care through autonomy but also have to deal with administration challenges.

### 4.2.3 Working conditions

The working conditions varied strongly across the groups. Stress, overtime compensation, work-life balance and control over work differed the most.

#### ○ **Physiotherapists with CLA**

Participants indicated low stress, clear work-life balance and predictable working conditions. As one participant phrased:

*“Work ends when I get in the car” - R6*

#### ○ **Physiotherapists without CLA**

Participants reported high workload, often unpaid overtime and blurred work-life boundaries. One participant expressed:

*“It feels like 1.5 days of volunteer work per month.” - R4*

- **Self-employed physiotherapists**

Participants stated that the workload isn't different compared to physiotherapists under contract without a CLA, but there is less work pressure and more flexibility. A participant commented:

*“Workload is the same or more, but it doesn't feel like it. It's mine now.” - R9*

### **Summary**

Physiotherapists under contract with a CLA appreciated the structure and security. Physiotherapists under contract without a CLA faced more pressure and inconsistency. Self-employed physiotherapists have more freedom but take full responsibility and more risk. The workload is highest for physiotherapists without a CLA, followed by self-employed physiotherapists.

#### **4.2.4 Perception of the CLA**

The participants had different views on a CLA different. Most of the arguments are based on whether participants currently work with a CLA. Because for self-employed physiotherapists and physiotherapists with a CLA, the CLA is already implemented or has no effect.

- **Physiotherapists with CLA**

Physiotherapists with a CLA view the CLA as essential for stability, fairness and sustainability. One participant claimed:

*“I think that without a CLA, I wouldn't still be a physiotherapist.” - R7*

- **Physiotherapists without CLA**

Physiotherapists without a CLA revealed that they see often a CLA as a solution for more structure and fairness. This view was stated by a participant:

*“The absence of a CLA does negatively influence quality.” - R4*

- **Self-employed physiotherapists**

Self-employed physiotherapists are not directly affected by a CLA but stated that it is important for colleagues and to increase the power against insurers. This perspective is explained by a participant who said:

*“A CLA would give the profession more power against insurers.” - R9*

However, one participant viewed the CLA not strong enough and it's more about changing the whole system. As mentioned by a participant:

*“The CLA wouldn't really affect my work. It's about system change.” - R10*

### **Summary**

Physiotherapists with a CLA viewed a CLA as essential in the entire sector. Physiotherapist without CLA perceived a CLA as a solution against the difficulties. Self-employed physiotherapists are not directly affected but think a CLA is very important for colleagues. One self-employed participant stated that a CLA would be not strong enough to be the entire solution for the sector.

#### 4.2.5 Future of profession

All the participants shared concerns about the sustainability of the profession. The population is aging increasingly but there is a decline in physiotherapists. This could result in an increase of workload for the physiotherapists, especially in primary-care practices. Individually, physiotherapists without a CLA have the desire to become a self-employed physiotherapist on the long term.

##### ○ **Physiotherapists with CLA**

Physiotherapists under contract with CLA stated that they are satisfied with their work, but not about the sector in general. They revealed that a CLA could help to stop the attrition. One participant revealed:

*“I think most without a CLA will quit, or self-employed rates will rise so high people can’t afford care.” - R7*

Another participant confirmed the statement:

*“Yes, I think a CLA would definitely help reduce workload and improve quality of care.” - R7*

##### ○ **Physiotherapists without CLA**

Physiotherapists under contract without CLA indicated that they do not want to remain employed. Most want to start their own business or in a partnership or even leave the profession after a few years. They also think that it will become increasingly difficult for future physiotherapists in the profession. A participant stated:

*“There has to be a change in the system... otherwise I won’t still be a physio in 10 years.” – R4*

Additionally, another participant supports this statement:

*“For young physios, the workload is discouraging... from day one they have to manage everything on their own.” – R4*

##### ○ **Self-employed physiotherapists**

Self-employed physiotherapists are not directly affected by a CLA but stated that it is important for colleagues and the future of the profession. A participant mentioned:

*“A CLA might keep young physiotherapists from leaving the profession.” - R1*

According to another participant:

*“A good CLA with real growth paths would inspire people to join the profession again.” - R9*

One participant stated optimism for the future profession, but not with a CLA but through an innovation in the system. As one participant described:

*“We need an innovative approach. I want to facilitate physiotherapists to start for themselves.” – R10*

### Summary

There is a concern about the future of the profession across all groups. It affects physiotherapists without CLA the most, but also the other two groups support the value of a CLA.

## 4.3 Summary of findings

This study shows that working conditions significantly shape both the professional identity and the perception of the quality of care among physiotherapists in the Netherlands. Physiotherapists under contract with a collective labour agreement (CLA) describe their professional identity as stable and ensured. This allows them to focus on patient care. Physiotherapists under contract without a CLA often experience high pressure from time constraints, administrative burdens and lack of employer support. This weakens their professional identity and could also hinder the quality of care they can provide. Self-employed physiotherapists highlighted the importance of autonomy and ownership. However, they experience difficulties, such as restrictions from insurers and the burden of doing administrative tasks.

All participants valued patient-centred care and professional development. Their ability to deliver high-quality care depends on their working conditions. For instance, physiotherapists without a CLA consider quality of care endangered given their high work pressure. Across all groups, there was a shared concern for the future of the profession. Many of the participants viewed a CLA as a solution to reduce inequality, reduce workload pressure and retain future professionals. In addition, several physiotherapists emphasized that a change is needed in the entire system, beyond what a CLA alone can offer. The table below present an overview of the key themes and differences between the various types of physiotherapists.

Table 2 presents a structured comparison of the main findings, categorized by the five key themes: professional identity, quality of care, working conditions, perception of CLA and future of profession.

*Table 2. overview key themes and differences*

Key theme	With CLA	Without CLA	Self-employed
<b>Professional identity</b>	<i>Stronger</i> - stable, secure and team based.	<i>Weaker</i> - high pressure due to targets, limits and lack of employer support.	<i>Stronger</i> - strong autonomy and ownership.

<b>Quality of care</b>	<i>Consistent care</i> - supported by structure, fair compensations and team collaboration.	<i>Compromised care</i> - high work pressure, restrictions and unpaid work.	<i>High quality care</i> - flexibility, self-regulation, but administration burdens.
<b>Working conditions</b>	<i>Satisfied</i> - low stress and clear boundaries work-private.	<i>Less satisfied</i> - high workload, unpaid overtime, blurred work-private balance	<i>Satisfied</i> - high workload, but self-controlled.
<b>Perception of CLA</b>	<i>Viewed as essential</i> for stability, security and improvement in sector.	<i>Viewed as essential</i> for fairness, workload reduction and retention of physiotherapists. *	<i>Viewed as essential</i> ; no direct effect for themselves but concerns about colleagues. *
<b>Future of profession General</b>	<i>Concerns about sustainability</i> – especially for primary-care physiotherapists.	<i>Concerns about sustainability</i> – highlighting the challenges and attrition from profession.	<i>Concerns about sustainability</i> – especially for future physiotherapists in primary-care practices.
<b>Future of profession Individually</b>	<i>Positive</i> - within the secondary-care practices.	<i>Negative</i> - long term ambition to become self-employed or leave the profession.	<i>Positive</i> – confident about continuing their profession long term.

\*A CLA is viewed a partial solution by most participants.

## 5. Conclusion

This chapter provides an answer to the research question, based on insights from both the literature review and the data collected through the field research. Additionally, it summarizes the key findings of this research.

The problem definition of this research is that physiotherapists in the Netherlands face increasing work pressure, unclear employment conditions, and the absence of a collective labour agreement in the primary care setting. These challenges may negatively impact their professional identity and the perceived quality of care by their patients. However, limited research has explored how these factors interrelate from the perspective of physiotherapists themselves.

As a result, the following research question was formulated: *“How do the differences in the aforementioned working conditions affect both the professional identity and the perception of quality of care among physiotherapists in the Netherlands?”*

The findings show that working conditions significantly shape both the professional identity and the perception of the quality of care among physiotherapists in the Netherlands. These effects differ depending on the type of physiotherapists. The strength of the professional identity of physiotherapists without a CLA became weaker, whereas physiotherapists with a CLA and self-employed viewed their professional identity as stronger.

The lack of CLA not only weakens professional identity but also hinders the quality of care that physiotherapists without a CLA can provide. They often experience pressure from time constraints, administrative burdens and lack of employer support. Physiotherapists with a CLA are overall more satisfied and experience less work pressure compared to the physiotherapists without a CLA. Self-employed physiotherapists showed the importance of autonomy and ownership. However, they also experience challenges, such as restrictions from insurers and administrative tasks.

Due to the increasing aging population and the decreasing number of physiotherapists, there are concerns about the future of the profession. It is not made attractive for physiotherapists to remain employed. They would rather become self-employed or join a partnership. Many physiotherapists also are leaving the profession early, especially physiotherapists working under contract without a CLA.

Overall, there are significant disparities between the three groups of physiotherapists. Working conditions, such as work pressure and overtime compensation need to be equal for all physiotherapists. This reduces job satisfaction and causes the profession to become redundant in primary care practices.

Health insurers also have major impact on the entire sector. Implementing a CLA could help address these challenges and could contribute to a more sustainable future for the profession. It is not a definitive solution; a systematic change is necessary.

## 6. Discussion

This section presents the discussion of this study. It starts with the discussion, including connecting the results to the existing literature. Furthermore, it outlines the theoretical and practical contribution. Finally, it emphasized the limitations and potential future research.

### 6.1 Discussion

The aim of this research was to investigate how differences in working conditions affect both professional identity and the quality of care among physiotherapists in the Netherlands. The findings from the in-depth interviews suggest that there was a significant difference in the impact of working conditions on the quality of care and professional identity.

The results of this study align with prior research, such as Brattig et al. (2014) examining the working conditions for physiotherapists. Findings show that the participants experience increase in workload, stress and an imbalance in work and private life.

It is important to note that it also aligns with the statement of Latzke et al (2020), that self-employed physiotherapists are on average more satisfied with their job compared to those who are employed. This is in line with earlier research by Kyratasis et al. (2017), who highlighted that physiotherapists value stability in their professional identity.

Joyes (2017) and Hammond et al. (2016) also supports these findings, especially that professional identity is strengthen with experience. Additionally, the research of O'Caroll (2015) who indicated that team collaboration is important for the professionals supports also the findings of this study.

However, research of Moya et al. (2023) does not fully reflect the findings of this study with the importance of job-satisfaction but that it not at the expenses of the patient. While participants agreed that patient care is their priority, they also expressed that dissatisfaction with working conditions can indirectly affect the quality of care.

This study expands the existing knowledge by highlighting the challenges in physiotherapy sector from the perspective of physiotherapists themselves. The absence of a CLA leads to increased inequality and uncertainty, particularly for physiotherapists under contract without a CLA.

Moreover, participants shared their concerns about the future of the profession. Some physiotherapists don't get negatively effected by the absence of a CLA but acknowledge that this absence may discourage future physiotherapists from entering or remaining in the work field.

## **6.2 Theoretical & practical contribution**

This section contains the theoretical and practical contribution of this research, discussing how the findings add to existing literature and what implications they may have for physiotherapy practices and policies.

### **6.2.1 Theoretical contribution**

The theoretical contribution of this study provides new insights into how working conditions shape professional identity and quality of care. It also expands on research in the effect of the working conditions on the quality of care. By comparing physiotherapists with and without a CLA, as well as the self-employed, this research highlights how structural employment shape the professional identity and the quality of care they provide.

Furthermore, it provides a foundation for future research on the importance of change in the physiotherapy sector. It expands existing literature by contextualizing professional identity within relational and systematic aspects. Additionally, the study introduces a perspective on the role of CLA which could inspire comparative studies across healthcare professions.

### **6.2.2 Practical contribution**

The practical contributions are more focused on actionable insights that improve professional practices and workplace policies. By showing how the working conditions effect the professional identity, as well as the quality of care, this study strengthen the urgent need for systematic changes in the physiotherapy sector.

Employers can use these findings to improve retention and job satisfaction among his physiotherapists. It can be done by investing in a better support system, fair compensation and more transparency. For policymakers and professional organizations, the study emphasized the relevance of the needed systematic change in the sector with as start a CLA to ensure equity and care continuity.

For physiotherapists it offers evidence to stand stronger in negotiations with employers and insurers by giving them strong arguments to better position themselves. Additionally, it also raises awareness for patients, many of whom are unaware of the lack of CLA and challenges physiotherapists face.

## **6.3 Limitations**

This study has a few limitations that should be addressed. First, all the participants are graduated physiotherapists and working in a primary – or secondary care practice. Not all physiotherapists have the same work experience. As a result, some interview questions may have been more difficult for less experienced participants to answer. They are still discovering what is important for them and how they view their profession. However, these answers were very valuable and informative. Starter physiotherapists are relatively new to the professional and sometimes have different perspectives than physiotherapists who have been working for years for the same practice. They also clearly remember why they made a certain choice for their profession and could relate to the difficulties future physiotherapists may have to deal with.

Another limitation is the absence of observational data. Initially, the research design included observations within a primary physiotherapy practice. A physiotherapist would be shadowed for one or more days to carry out observations. However, due to privacy concerns for both patients and physiotherapists, this was not possible. Nevertheless, in addition to the in-depth interviews, several physiotherapists were consulted about their daily routines and working methods. However, this information is subjective from the physiotherapist and based on self-reporting.



This study is focused on just the Netherlands, which is also a limitation. Therefore, the results cannot be generalized to other countries, because of the differences in health care policies and labour laws.

## **6.4 Future research**

Future research could be focused on expanding this research with a survey for all physiotherapists in the Netherlands. This research conducted in-depth interviews, but with a survey approach, it would enable the collection of data from a broader and more diverse sample.

Another future research could be comparing different countries. This could provide valuable insights and information. As this study focuses exclusively on the Netherlands, future studies might examine how physiotherapists in other countries experience working conditions, and whether differences in national policies, such as the presence or absence of a CLA affect professional identity and perception of quality of care.

Moreover, while this study centers on the perspectives of physiotherapists, future research could explore the perspective of patients. This would provide a more comprehensive understanding of how working conditions and professional identity impact perceived quality of care.

Future research might also distinguish more clearly between self-employed physiotherapists and those in partnerships, as this study grouped them together. In addition, investigation the perspectives of physiotherapists students, future physiotherapists, could offer insights into how they view the sector's working conditions, professional identity and the absence of a CLA. Moreover, future research could explore physiotherapists who have left the profession. This could provide insights into the reasons why physiotherapists leave the profession. Such insights may support improvements in working conditions, help reduce attrition and contribute to making the profession more attractive to future physiotherapists.

Finally, future research could explore practical interventions aimed at strengthening professional identity and improving working conditions. Future studies could also examine the potential effects of implementing a CLA on job satisfaction, quality of care and workforce retention.

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## 8. Appendix

### Appendix I

Interview guide physiotherapists under contract without CLA

#### Introductie

Hallo, en bedankt dat u de tijd neemt om deel te nemen aan dit interview. Mijn naam is Sophie en ik voer dit onderzoek uit als onderdeel van mijn scriptie.

De focus van dit interview ligt op het verkennen van hoe fysiotherapeuten in Nederland de afwezigheid van een collectieve arbeidsovereenkomst (CAO) ervaren, hoe dit de arbeidsomstandigheden beïnvloedt en hoe deze factoren hun professionele identiteit beïnvloeden in relatie tot de kwaliteit van zorg die zij bieden.

De centrale onderzoeksvraag is:

**"Hoe beïnvloeden de verschillen in de arbeidsomstandigheden zowel de professionele identiteit als de perceptie van de zorgkwaliteit onder fysiotherapeuten in Nederland?"**

Het interview zal drie kernthema's behandelen: **professionele identiteit, kwaliteit van werk en arbeidsomstandigheden.**

**Professionele identiteit** – het beeld dat een individu van zichzelf heeft als professional, gevormd door waarden, overtuigingen, ervaringen en de manier waarop die persoon zich verhoudt tot zijn of haar beroep.

**Kwaliteit van werk** – de mate waarin werk effectief, zorgvuldig en met aandacht voor zowel resultaten als menselijk contact worden uitgevoerd.

**Arbidsomstandigheden** – de fysieke, mentale en organisatorische omstandigheden waaronder iemand werkt, zoals werkdruk, veiligheid, werktijden en contractuele zekerheid.

De focus ligt op fysiotherapeuten met en zonder een CAO in Nederland.

Voordat we beginnen, mag ik uw toestemming vragen om dit interview op te nemen? De opname wordt uitsluitend gebruikt voor educatieve doeleinden en om de nauwkeurigheid van mijn analyse te waarborgen. Uw anonimiteit zal gewaarborgd worden.

Vragen:

1. Hoelang bent u al werkzaam als fysiotherapeut?
2. Werkt u met of zonder een CAO?
3. Waarom heeft u ervoor gekozen om op uw huidige werkplek te werken? Speelde de aanwezigheid of afwezigheid van een CAO een rol in die beslissing?
4. Welke voor- en nadelen merkt u als fysiotherapeut in loondienst zonder CAO?

#### Thema 1: Professionele identiteit

5. Hoe zou u professionele identiteit als fysiotherapeut omschrijven?

6. In hoeverre beïnvloeden uw arbeidsomstandigheden uw gevoel van professionaliteit in uw werk?
  1. Kunt u een voorbeeld geven van een situatie waarin dit merkbaar was?
7. Denkt u dat uw professionele identiteit sterker of zwakker is geworden door de afwezigheid van een CAO?
  1. Zo ja, waarom?
  2. Zo niet, denkt u dat dit door de arbeidsomstandigheden komt?

### **Thema 2: Kwaliteit van werk**

7. Hoe zou u de kwaliteit van zorg die u levert omschrijven?
  - o Wordt deze kwaliteit beïnvloed door uw arbeidsomstandigheden? Zo ja, hoe?
8. In hoeverre beïnvloedt de afwezigheid van een CAO uw vermogen om hoogwaardige zorg te bieden? Wat mist u hierdoor?
9. Kunt u uw ervaring beschrijven met de balans tussen werkdruk en de kwaliteit van werk die u kunt leveren?
10. Heeft u ooit een situatie meegemaakt waarin u vond dat de kwaliteit van zorg werd aangetast door uw arbeidsomstandigheden?

### **Thema 3: Arbeidsomstandigheden**

11. Welke arbeidsomstandigheden beschouwt u als het belangrijkste voor uw werk als fysiotherapeut? Bijvoorbeeld werkdruk, werktijden, salaris, etc.
12. Hoe ervaart u de werkdruk?
13. Moet u buiten werktijd nog werken, bijvoorbeeld voor administratie en documentatie?
14. Hoe ervaart u de balans tussen werk en privéleven, gezien de werkdruk en verplichtingen die u heeft?
15. Heeft u ooit het gevoel gehad dat uw arbeidsomstandigheden een negatieve invloed hadden op uw welzijn?
  - o Kunt u dat toelichten?
16. Denkt u dat de werkdruk zou verbeteren als er een CAO was in de gehele fysiotherapiebranche?
  - o Kunt u uw keuze toelichten?

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### **Slotvragen**

17. Hoe kijkt u aan tegen de positie van collega-fysiotherapeuten die onder een CAO vallen of als zzp'er werken?

- Denkt u dat er grote verschillen zijn?

18. Als u iets zou kunnen veranderen aan de huidige arbeidsomstandigheden in de fysiotherapie, wat zou dat dan zijn?

19. Hoe ziet u de toekomst van de fysiotherapie in Nederland?

We zijn nu aan het einde van het interview.

20. Heb ik iets belangrijks over dit onderwerp vergeten te vragen dat u graag wilt delen?



## Interview guide physiotherapists under contract with CLA

### Introductie

Hallo, en bedankt dat u de tijd neemt om deel te nemen aan dit interview. Mijn naam is Sophie en ik voer dit onderzoek uit als onderdeel van mijn scriptie.

De focus van dit interview ligt op het verkennen van hoe fysiotherapeuten in Nederland de afwezigheid van een collectieve arbeidsovereenkomst (CAO) ervaren, hoe dit de arbeidsomstandigheden beïnvloedt en hoe deze factoren hun professionele identiteit beïnvloeden in relatie tot de kwaliteit van zorg die zij bieden.

De centrale onderzoeksvraag is:

**"Hoe beïnvloeden de verschillen in de arbeidsomstandigheden zowel de professionele identiteit als de perceptie van de zorgkwaliteit onder fysiotherapeuten in Nederland?"**

Het interview zal drie kernthema's behandelen: **professionele identiteit, kwaliteit van werk en arbeidsomstandigheden.**

**Professionele identiteit** – het beeld dat een individu van zichzelf heeft als professional, gevormd door waarden, overtuigingen, ervaringen en de manier waarop die persoon zich verhoudt tot zijn of haar beroep.

**Kwaliteit van werk** – de mate waarin werk effectief, zorgvuldig en met aandacht voor zowel resultaten als menselijk contact worden uitgevoerd.

**Arbidsomstandigheden** – de fysieke, mentale en organisatorische omstandigheden waaronder iemand werkt, zoals werkdruk, veiligheid, werktijden en contractuele zekerheid.

De focus ligt op fysiotherapeuten met en zonder een CAO in Nederland.

Voordat we beginnen, mag ik uw toestemming vragen om dit interview op te nemen? De opname wordt uitsluitend gebruikt voor educatieve doeleinden en om de nauwkeurigheid van mijn analyse te waarborgen. Uw anonimiteit zal gewaarborgd worden.

Vragen:

1. Hoelang ben u al werkzaam als fysiotherapeut?
2. Werkt u met of zonder een CAO?
3. Waarom heeft u ervoor gekozen om op uw huidige werkplek te werken? Speelde de aanwezigheid of afwezigheid van een CAO een rol in die beslissing?
4. Welke voor- en nadelen merkt u als fysiotherapeut in loondienst met CAO?

### Thema 1: Professionele identiteit

5. Hoe zou u professionele identiteit als fysiotherapeut omschrijven?
6. In hoeverre beïnvloeden uw arbeidsomstandigheden uw gevoel van professionaliteit in uw werk?
  - a. Kunt u een voorbeeld geven van een situatie waarin dit merkbaar was?

7. Denkt u dat uw professionele identiteit sterker of zwakker is geworden door de aanwezigheid van een CAO?
  - a. Zo ja, waarom?
  - b. Zo niet, denkt u dat dit door de arbeidsomstandigheden komt?

### **Thema 2: Kwaliteit van werk**

8. Hoe zou u de kwaliteit van zorg die u levert omschrijven?
  - a. Wordt deze kwaliteit beïnvloed door uw arbeidsomstandigheden? Zo ja, hoe?
9. In hoeverre beïnvloedt de aanwezigheid van een CAO uw vermogen om hoogwaardige zorg te bieden?
  - o Denkt u dat dit verschilt bij eerste-lijns praktijken (dus zonder CAO)?
10. Kunt u uw ervaring beschrijven met de balans tussen werkdruk en de kwaliteit van werk die u kunt leveren?
11. Heeft u ooit een situatie meegemaakt waarin u vond dat de kwaliteit van zorg werd aangetast door uw arbeidsomstandigheden?

### **Thema 3: Arbeidsomstandigheden**

12. Welke arbeidsomstandigheden beschouwt u als het belangrijkste voor uw werk als fysiotherapeut? Bijvoorbeeld werkdruk, werktijden, salaris, etc.
13. Hoe ervaart u de werkdruk?
14. Moet u buiten werktijd nog werken, bijvoorbeeld voor administratie en documentatie?
15. Hoe ervaart u de balans tussen werk en privéleven, gezien de werkdruk en verplichtingen die u heeft?
16. Heeft u ooit het gevoel gehad dat uw arbeidsomstandigheden een negatieve invloed hadden op uw welzijn?
  - o Kunt u dat toelichten?
17. Denkt u dat de werkdruk zou verbeteren als er een CAO was in de gehele fysiotherapiebranche?
  - o Kunt u uw keuze toelichten?

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### **Slotvragen**

18. Wat is uw perspectief richting de fysiotherapeuten zonder CAO of zzp'ers?

19. Als u iets zou kunnen veranderen aan de huidige arbeidsomstandigheden in de fysiotherapie, wat zou dat dan zijn?

20. Hoe ziet u de toekomst van de fysiotherapie in Nederland?

21. Denkt u dat een CAO zou helpen om de werkdruk te verlagen en de kwaliteit van zorg te verbeteren?

We zijn nu aan het einde van het interview.

22. Heb ik iets belangrijks over dit onderwerp vergeten te vragen dat u graag wilt delen?

## Interview guide physiotherapists self-employed

### Introductie

Hallo, en bedankt dat u de tijd neemt om deel te nemen aan dit interview. Mijn naam is Sophie en ik voer dit onderzoek uit als onderdeel van mijn scriptie. De focus van dit interview ligt op het verkennen van hoe fysiotherapeuten in Nederland de afwezigheid van een collectieve arbeidsovereenkomst (CAO) ervaren, hoe dit de arbeidsomstandigheden beïnvloedt en hoe deze factoren hun professionele identiteit beïnvloeden in relatie tot de kwaliteit van zorg die zij bieden.

De centrale onderzoeksvraag is:

***"Hoe beïnvloeden de verschillen in de bovengenoemde arbeidsomstandigheden zowel de professionele identiteit als de perceptie van de zorgkwaliteit onder fysiotherapeuten in Nederland?"***

Het interview zal drie kernthema's behandelen: **professionele identiteit, kwaliteit van werk en arbeidsomstandigheden.**

**Professionele identiteit** – het beeld dat een individu van zichzelf heeft als professional, gevormd door waarden, overtuigingen, ervaringen en de manier waarop die persoon zich verhoudt tot zijn of haar beroep.

**Kwaliteit van werk** – de mate waarin werk effectief, zorgvuldig en met aandacht voor zowel resultaten als menselijk contact worden uitgevoerd.

**Arbidsomstandigheden** – de fysieke, mentale en organisatorische omstandigheden waaronder iemand werkt, zoals werkdruk, veiligheid, werktijden en contractuele zekerheid.

De focus ligt op fysiotherapeuten met en zonder een CAO in Nederland.

Voordat we beginnen, mag ik uw toestemming vragen om dit interview op te nemen? De opname wordt uitsluitend gebruikt voor educatieve doeleinden en om de nauwkeurigheid van mijn analyse te waarborgen. Uw anonimiteit zal gewaarborgd worden.

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### Vragen

1. Hoelang bent u al werkzaam als fysiotherapeut?
2. Waarom heeft u ervoor gekozen om als zelfstandig fysiotherapeut te werken?
3. Welke voor- en nadelen merkt u als zzp'er/ in een maatschap?

### Thema 1: Professionele identiteit

3. Hoe zou u uw professionele identiteit omschrijven als zelfstandig fysiotherapeut?
4. In hoeverre beïnvloeden uw arbeidsomstandigheden uw gevoel van professionaliteit in uw werk?

- Kunt u een voorbeeld geven van een situatie waarin dit merkbaar was?
- 5. Denkt u dat uw professionele identiteit sterker of zwakker is geworden door de afwezigheid van een CAO?
  - Waarom?
  - Zo niet, denkt u dat dit door de arbeidsomstandigheden komt?
- 6. Kunt u een voorbeeld geven van hoe uw professionele identiteit is veranderd door de keuze om als zelfstandige te werken in vergelijking met werken in loondienst?

## **Thema 2: Kwaliteit van werk**

- 7. Hoe zou u de kwaliteit van zorg die u levert omschrijven? Hoe beïnvloeden uw arbeidsomstandigheden deze kwaliteit?
- 8. Beïnvloedt de afwezigheid van een CAO uw vermogen om kwalitatieve zorg te bieden als zelfstandig fysiotherapeut?
  - Zo ja, hoe?
  - Wat mist u hierdoor?
- 9. Heeft u ooit een situatie meegemaakt waarin u vond dat de kwaliteit van zorg werd aangetast door de manier waarop uw werk is georganiseerd?
- 10. Denkt u dat de werkdruk zou verbeteren als er een CAO was in de fysiotherapiebranche?
  - Kunt u uw keuze toelichten?

## **Thema 3: Arbeidsomstandigheden**

- 11. Welke arbeidsomstandigheden beschouwt u als het belangrijkste voor uw werk als zelfstandig fysiotherapeut?
- 12. Heeft u ooit in loondienst gewerkt? Wat zijn de belangrijkste verschillen in arbeidsomstandigheden?
- 13. Hoe ervaart u de werkdruk?
  - Is er een verschil met toen u in loondienst werkte?
- 14. Hoe ervaart u de werkdruk als zelfstandige vergeleken met toen u in loondienst was? Is de werkdruk hoger of lager, en waarom?
- 15. Heeft u ooit het gevoel gehad dat uw arbeidsomstandigheden een negatieve invloed hadden op uw welzijn of privéleven? Kunt u dat toelichten?
- 16. Hoe beïnvloedt de afwezigheid van een CAO uw werk als zelfstandig fysiotherapeut? Denkt u dat een CAO een verschil zou maken in hoe u uw werk ervaart?

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**Slotvragen**

17. Wat is uw perspectief richting de fysiotherapeuten met CAO of zonder cao
18. Als u iets zou kunnen veranderen aan de huidige arbeidsomstandigheden in de fysiotherapie, wat zou dat dan zijn?
19. Hoe ziet u de toekomst van de fysiotherapie in Nederland?
20. Denkt u dat een CAO zou helpen om de werkdruk te verlagen en de kwaliteit van zorg te verbeteren?

We zijn nu aan het einde van het interview.

21. Heb ik iets belangrijks over dit onderwerp vergeten te vragen dat u graag wilt delen?

## **Appendix II**

### **Statutory declaration**

I, the author of this research, declare this report has been prepared independently and without unauthorized assistance. All sources and material used, including text, images, and other content, have been properly cited and referenced.

Artificial Intelligence tool (e.g., ChatGPT) were used solely for language refinement, structural suggestions, and improvements in academic writing style. The content, arguments, and analysis were developed entirely by myself and are based on my own work and the reference listed.