

# Physical Therapy Student Attitudes and Understanding Related to the Person-Centered Approach

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## Introduction

Physical therapists treat many acute and chronic conditions that create personal, social, psychological and economic burdens. When physical therapy students begin engaging with clients during clinical rotations, the development of a compassionate bond between student and client is crucial (Bohart & Rosenbaum, 1995; Cornelius-White, 2006; Bayliss & Strunk, 2015). A strictly biomedical model cannot fully address the complex clinical nature of pain and disability, nor can it fully address the psychological distress that clients suffer (Fuentes, et al., 2014). A strictly biomedical approach tends to place less value on life factors such as family support, motivation, internal locus of control, personality styles, and daily obstacles that might interfere with the processes leading to rehabilitation (Josephson, Woodward-Kron, Delany & Hiller, 2015). Brodley (2019) described the need for a growth-promoting climate. This point is at the heart of the profession's shift from the Nagi Model of Disablement (biomedical) to the International Classification of Functioning (ICF) (a more biopsychosocial model) paradigm.

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Person-centered approach strategies have been correlated with improved physical therapy outcomes (Josephson, Woodward-Kron, Delany & Hiller, 2015). The person-centered approach was first developed in the 1950's by Carl Rogers (Cohen, 1994; Wilson, Chaloner, Osborn & Gauntlett-Gilbert, 2017). The person-centered approach is characterized as care, acceptance or unconditional positive regard, understanding and genuineness demonstrated by the clinician (Bohart & Rosebaum, 1995). Current physical therapy practice includes three main factors consistent with the definition of the person-centered approach: Shared goal-setting, shared intervention planning, and the bond between client and therapist (Diener, Karbela & Louw, 2016). This involves an attempt to understand the client empathically and relieve psychological suffering (Brodley, 2019).

Appreciating the importance of the person-centered approach in physical therapy practice, this study sought to explore how, and the degree to which, physical therapy students integrate this clinical skill. The American Physical Therapy Association implicitly supports the person-centered approach when one considers that stated values such as respect for persons, integrity in relationships, compassion, and client self-determination are central themes found in The Core Values and Code of Ethics (American Physical Therapy Association, 2017; Babatunde, MacDermid & Macintyre, 2017). These principles are generally accepted as factors that improve treatment outcomes. Therefore, the challenge for educators is to determine whether physical therapy students recognize, integrate, and attempt to implement these principles.

Despite the shift toward person-centered approaches, there are few empirical studies focused on student understanding and skill development of the person-centered approach. Exploring this educational dynamic may provide support for educational programs as they seek to improve curricula. The degree to which physical therapy students understand and develop the person-centered approach needs further inquiry. To date, no study has investigated physical therapy students' understandings and skill development of the person-centered approach.

## **Literature Review**

Physical therapist perceptions of interpersonal relationships and the person-centered approach is an important factor for positive outcomes in physical therapy through unconditional positive regard for the client's experience (Cohen, 1994; Qasem & Canby, 2016). Client interaction is far more than collecting concrete data; it also involves the affective bond between client and therapist. Client-therapist interactions characterized by a flat, neutral or sterile communicative approach reduce the potential for

optimal outcomes (Cohen, 1994; Fuentes, et al., 2014). Diener, Kargela and Louw (2016) found that professional interactions with physical therapists were more highly rated by clients when the client felt heard and understood (Culp & Mannion, 2011; Brodley, 2019).

The benefits of facilitating the person-centered approach in physical therapy practice are appreciated more now than in the past. Older educational tactics of trying to influence the physical therapy client adherence by overly focusing on patho-anatomic explanations proved ineffective (Bohart & Rosenbaum, 1995; Qasem & Canby, 2016). The clinical challenges faced by physical therapists are more effectively met by understanding the client's perspective and life influences. Due to the complicated nature and expansive scope of functional limitations managed by physical therapists, a combined physical and psychological approach has become increasingly more accepted (Bayliss & Strunk, 2015). This has increased the need for physical therapy education programs to teach students the concept of the person-centered approach.

The ability, on the part of the clinician, to positively affect client adherence directly influences client future success and recovery (West & Cox, 2014; Ramklass, 2015). Efforts to develop a person-centered approach has been demonstrated to improve outcomes in multiple professions (Josephson, Woodward-Kron, Delany & Hiller, 2015). Schwartz et al. (2017) found that patient trust and empathic understanding was correlated with improved clinical management of glucose levels in patients with diabetes. The ability to learn and implement the person-centered approach has been correlated to positive treatment adherence, patient satisfaction, psychological well-being, improved physical function, and improved health status (Fuentes et al., 2014).

This study sought to add to the current body of research by conducting a phenomenological study investigating physical therapy student perceptions and development of the person-centered approach. Specifically, this research addressed whether physical therapy students understood the significance of the person-centered approach. This study further explored and identified prevalent themes that contributed to student understanding of the person-centered approach.

What has not been completely examined is whether physical therapists learn the value of the person-centered approach, and the skills needed to employ the technique, while students still engaged in professional education. Is the person-centered approach a technique learned in practice, or is it transmitted and received while still a student? Few studies exist to ascertain student understanding of this important construct. This study sought to answer the research question: "Do physical therapy students

understand and implement the person-centered approach and, if so, where and when is this understanding developed?"

The principle researcher had a tangential relationship with the subjects in this study through his participation in a campus research group. This inter-professional group of faculty researchers and students from a college of varied health professions educational programs included some of the subjects and their classmates. The issue of the person-centered approach became a topic of discussion within the research group and fueled our interest in this line of inquiry.

The principle researcher is a faculty member in the department of social work. His interaction with physical therapy students and educators has grown with his involvement in the interdisciplinary research group. He had been a psychotherapist for 28 years prior to his current position in academia.

## **Methods**

### **Research Design**

This research investigated physical therapy student understanding and development of the person-centered approach using participant interviews and observation. This study employed a phenomenological research design. Phases of data collection evolved and shifted as the interviews were conducted. The key idea was to learn about the development of the physical therapy student understanding of the person-centered approach. The study's research method utilized systematic data analysis procedures, as described by Creswell (2013), to assess the participant experiences.

### **Setting**

Nine doctor of physical therapy students were chosen through purposive sampling because the inquirer sought subjects who could purposefully inform an understanding of the research topic. The research setting was a university department of physical therapy located in the Mid-South region of the United States. The university offers physical therapy education as part of the college of nursing and health professions. The principle researcher had no academic influence with the participants. Thirty to sixty minute interviews were conducted with each of the participants.

### **Participants**

The participants included 6 females and 3 males. Their ages ranged from 23 to 46 years. There were 7 Caucasian students and 2 minority

students. Each was asked to describe his/her understanding and skill development of the person-centered approach. A list of meaningful, significant, and important statements of the participant experiences emerged from the research data. The participants were third-year students who were interviewed before completing their last clinical rotation before graduation. The class size was 27 students with an average age of 27.5 years. The nine participants were similar to the overall class demographics. The department of physical therapy was chosen as the setting for the study because of interest in the person-centered approach, physical therapy practice, access to physical therapy students, and therefore its convenience. Moustakis (1994) defined the criteria for the participant selection: Experience of the phenomenon, an interest in the topic, a willingness to participate in interviews and follow-up interviews, willingness to partake in recorded interviews, and a willingness to contribute to published data.

### **Data Collection**

Institutional Review Board for Human Subjects approval for the protocol was obtained. Participants were informed of the purpose of the study. Each participant accepted and signed the consent form that described the purpose of the study, any possible risks, the choice to end participation without any consequence, the estimated time to complete the interviews, and intent to publish the data.

The nine doctor of physical therapy students were interviewed using a semi-structure interview technique. The interviews were transcribed and the participants' subjective statements and verbatim quotes were analyzed for emergent themes using the Modified Stevick-Colaizzi-Keen Methodology (Creswell, 2013). To maintain rigor, each interview was conducted by the first author, who is not a physical therapy faculty member and shared no academic relationships with the participants. The transcribed data was reviewed by another author to assure a level of objectivity.

The interview questions were broad and general so that the participants could construct meanings without being influenced by the researchers. Short, open-ended, clearly worded questions provided for detailed responses and exploratory questions allowed for specific responses. Follow-up questions explored narrative accounts, overall understandings, specific experiences, accounts of events, significant occurrences, and clarification of contradictory statements. The interviews ended when the information was saturated and no new information emerged. Verbatim quotes drawn from the interviews were used to provide evidence for the statements.

## Data Analysis

Data analysis included the following specific steps. Epoche and bracketing, setting aside the researcher's experiences, and addressing the primary researcher's experiences with the phenomenon. After bracketing personal experiences, the participants' transcripts were read several times. The purpose was to gain an overview and acquire understandings of participants' statement (Creswell, 2013).

The second step created a list of meaningful and important statements taken from the participants' interview transcripts. Tactics for this step incorporated horizontalization leading to meaningful statement development. Horizontalization treated each statement with equal importance and consideration. It considered every expression with relevance by granting the same weight as other statements. This step included reading and rereading the transcripts while sketching ideas, writing notes in the margins, describing reflective thoughts in the transcripts and highlighting certain information deemed important. Pivotal events, emotion-laden statements, the understandings that mattered most and those that presented a clear understanding of the person-centered approach were identified. Interesting or unusual conceptual data were also recorded. At the end of this step, a pattern of meaningful statements was created (Moustakis, 1994; Creswell, 2013).

The third step consisted of developing clusters and categories. Developing themes included observing patterns of commonality and uniqueness for each specific participant's transcript and then across multiple transcripts. Significant statements were cultivated into themes by analyzing how phrases and sentences related to the research question. Themes described the meanings for the participants which mattered the most such as key objects of concern, relationships, processes, events, and values. The researcher continued to journal descriptive core comments.

The fourth step was to cluster organized themes into categories by noting how one theme related to another theme. The number of participant theme citations was an indicator of their interest in a particular theme. Specifically, initial categories emerged by sorting through the data base regarding similarities, consistencies, and the researchers own reflections about the participants' statements. This step's objective was to see how the themes fit together, which was the goal of the overall research question (Moustakis, 1994; Creswell, 2013).

Step five consisted of developing a structure or frame for illustrating the relationships between themes. This step constructed a sense of the whole

experience, which required examining each participant experience from the different themes (Moustakis, 1994). Step six addressed a structural description of the meanings and an essence detailing how the participants experienced the phenomenon of understanding of the person-centered approach. The last step captured the common experiences of the participants and the underlying structure of the participants' understandings. Participants were given the opportunity to review their representation for accuracy (Moustakis, 1994; Creswell, 2013).

The qualitative interviews were based on coauthoring by the participants and the researcher. Various audits enhanced the quality of the interviewing process. Member checks ensured that the transcribed data matched the constructed participants' the person-centered approach understandings (Smith, Flowers & Larkin, 2009). Peer debriefing included meeting with a colleague to review implementation of the research methods. This provided feedback concerning accuracy and completion of the research's data collection and data analysis procedures (Seidman, 2013).

## **Results**

The modified Stevick-Colaizzi-Keen methodology was used for effective research analysis and answering the research question (Creswell, 2013). Four main themes emerged and represented the participants' experience with the person-centered approach and physical therapy. These descriptions of the participants' understanding and skill development of the person-centered approach allowed unique dissimilarities and common themes to unfold. The following section highlights the themes with verbatim quotes used to describe each theme. These themes depict the essences of all nine participants.

### **Theme 1: Physical Therapy Education Was a Critical Decision**

Entering a doctor of physical therapy program was a crucial decision. Seven of the nine students had entered their program after establishing other career pursuits. The participants described their life trials and tribulations that contributed to their understanding and development of the person-centered approach.

I never wanted to see another college campus again. I am a nontraditional student in many ways. I have more of a background in therapeutic alliance and qualitative research than most people who find their way to the medical professions. I ran a business and did public relations, office managing, customer service and the whole gamut of things

that happen in business. I have interacted with a number of people and a number of different life situations. I lived out of the country for several years, then spent time working with refugees. Initially, I just wanted to help people and be in the helping profession. This program was a huge jump for me and had a large impact on my life. I didn't know what I really wanted until I wound up here. Most of my classmates may be younger but my experience has equipped me for connecting with people, understanding their situations, knowing who I am and being genuine . . . empathizing with their current challenges.

(Eighth Participant)

Interacting with people from many different employment situations prepared the students to engage the person-centered approach specifically empathic understanding. Reflecting and utilizing their prior life experiences allowed the older students to engage with clients with a more fluid empathic understanding and genuine manner. The ability to draw upon prior life encounters resulted in more comfortability with the person-centered approach. Seven of the nine participants possessed interpersonal and employment life experiences prior to entering the physical therapy department. They held diverse prior employments such as personal trainer, waitress/ server, sales associate, gym assistant manager, marketing assistant, and customer service. The route to physical therapy education program was different for each participant. However, some instrumental dynamics were common for these participants. These included a desire to help people, the attraction of physical healing, and interest in engaging people. These experiences assisted the student participants to construct understandings and use of the person-centered approach.

## **Theme 2: Empathy is the Essential Feature**

Eight of the nine participants reported using empathy as part of the person-centered approach to portray a caring and understanding interaction with their clients. When asked to rate the benefit of the person-centered approach, specifically empathic understanding in physical therapy, on a scale of 1-10 with 1 as the highest and 10 as the lowest, 3 participants rated the person-centered approach as 1. Six of the participants rated the person-centered approach and empathic understanding as a 2 or 3 because they felt that the technical aspect of having foundational knowledge and skills was slightly more beneficial for developing practice competency as a physical therapist.



It is important to relate to the patients. The first step to build it[empathy] is to just listen and take into account what they have to say, and empathize with their situation . . . Then what can I do after that is help them understand other life factors that impact their recovery and help them get the best care possible. . . I am there to help with their physical injuries but letting them know I am on their side. It helps them follow through with their physical exercises and recovery if I can empathize. I believe what physical therapists do makes a difference in the patient's overall health and also believe in understanding and empathizing holds a lot of value. Time should be dedicated to this. So a patient might be sore but if they don't see that you care, they might not tell you and not give it their best effort. I had one patient who refused to do anything, we couldn't even agree on goals . . . Until I tried to understand their perspective. They are not just a number so I can receive a paycheck. He or she is a real person that needs to be shown that I care more about them than I do just about my job. The therapy that I provide and the knowledge that I give the patient is going to be at the top of the list but it rated a close second. (First Participant)

The student participants revealed both a professional and personal application of empathic understanding based on their prior life examples such as challenging and difficult times when they needed unconditional positive regard. One student stated she struggled with her first research class. She worried that she might not be successful. It was then she sought support and empathic understanding from colleagues and classmates. When she felt care and acceptance, she was able to become more focused and determined with the encouragement of her classmates. In addition, she was able to draw upon this experience to construct her approach with certain clients who struggled. She identified this as most beneficial for her skillset.

### **Theme 3: Exposure to Connecting with People**

The last year of the program enabled the participants to enhance and develop their skills. They were able to discuss difficult case scenarios, consult with expert faculty, and scrutinize multiple treatment options. This participant described his experiences with learning the person-centered approach while seeing clients:

We have one last clinical before we graduate and I want to make the best of it. I have been through other clinical rotations and each time I learned something different. I'm

glad we are talking about this. I remember my last clinical instructor stated that we needed to connect with and understand our patients before we start showing them what to do. At the time, I really didn't know what she meant until I had one patient almost yell at me because of her pain and the manipulations we were doing. It suddenly dawned on me that I was treating her as simply a patient and not a person. My instructor pulled me aside and reminded me that everyone who is here [her clinical rotation site] is a uniquely different person. Some may be pleasant, willing, easily engaging and then some may be grumpy, disagreeable, and resistant. It's my job to connect with a degree of warmth and empathy to where they are psychologically. I finally got that, the end of my rotation. The light bulb went off . . . finally.  
(Third Participant)

This participant cited the importance of collaboration with her supervisor/instructor. She presented with a non-assertive approach and needed some initial encouragement to start. However, she seemed to grasp the benefit and usefulness of the person-centered approach specifically when her site instructor prompted her to use care, empathic understanding, and genuineness to guide her interaction with a client. Seven of the nine participants were able to identify examples of their client outcomes that were improved by use of the person-centered approach. Both personal exposures and professional encounters during clinical rotations had an influence on their skill development.

#### **Theme 4: Integration of Participants' Understandings**

All nine participants had a basic understanding of the person-centered approach. Six could relate specific examples of applying the person-centered approach significantly impacting their approach with difficult to treat clients:

We were given articles and case examples in class but our clinical rotations impressed upon us the need to really connect and understand our patients. I had this one patient. When I walked in, he immediately sabotaged doing anything. No matter what I suggested, he rejected it. He had triple bypass, diabetes, knee replacement, no family support . . . He had a lot going on. He was like in that movie Grumpy Old Men . . . However, I remembered our CI [Clinical Instructor] stating that some patients need to vent, be heard,

and then understood, before starting our techniques. So, I asked if he wanted a cup of coffee and he said yes, plenty of cream and sugar! Then we chit chatted about where his life had been recently and the challenges he was now facing. Next session, he agreed to get up and try. I needed to establish a relationship with warmth and empathy. You want to be understanding . . . Their opinions are important because the more of a role they can play in their therapy. You don't have that trust base on being genuine, then, you don't have that relationship and as physical therapist, we spend more time than doctors with our patients. So, we do have more opportunity to build relationships. That gives us an advantage to make productive changes. (Seventh Participant)

This theme focused on the status of the relationship between the physical therapist students and their clients. The participants emphasized that effective trusting collaboration was needed to form a positive alliance. When this was established, they were able to overcome resistance, ill-tempered and challenging clients. The participants who were able to utilize the person-centered approach when treating clients, were able to recall specific professor and instructor's suggestions regarding care, empathic understanding and genuineness. This often occurred in the heat of the moment, when first challenged by an irritable client. These circumstances led to the student participants integrating their understanding of the person-centered approach.

### **Discussion**

The major themes identified from the student participant interviews described their understandings and development of the person-centered approach. Considerable research has been dedicated to the practice of physical therapy and empathic understanding approaches but few have addressed physical therapy student understanding and development of this important aspect of practice (Greenfield et al., 2017). Zhu (2016) stated it would be beneficial to create a person-centered learning environment. Although it is clear that future research is needed to fill the gap in more detail, this study did demonstrate that the person-centered approach is a construct understood by these nine physical therapy students.

Each participant brought a unique flavor to the research. These students who volunteered to share their thoughts possessed strikingly different cultural backgrounds and personalities that shaped the person-

centered approach understandings. However, their physical therapy education allowed their understandings to transfer to knowledge.

The first theme was the importance of choosing physical therapy as a career choice. Six of the nine subjects came to physical therapy education in something other than a straight line. It became clear from their respective comments that additional life experiences gained in this path to physical therapy school contributed to their desire to help and their ability for empathic understanding. Overall, there existed an ardent determination to complete their physical therapy education and to make the most of their final clinical rotations. This furthered their ability to grasp the meaning and application of the person-centered approach.

The second theme was understanding the value of empathic understanding. The nine participants all stated the value of caring with the person-centered approach, specifically empathic understanding. The participants described empathy as setting the foundation for techniques to be implemented. They rated this highly with their skill sets. This study found that care, empathic understanding, and genuineness bridged many difficulties that the students faced when first meeting with clients. These difficulties included client resistance, lack of motivation, lack of supportive family environments, and lack of energy and inspiration. The fifth participant highlighted this theme by stating “You can’t have a caring atmosphere without including more than just your “treatment technique”, you need empathic understanding.” Five of the student participants related the benefit of sacrificing time to connect with their clients in person-centered approach. This leads to a more satisfying interaction with clients when the person-centered approach is understood.

The third theme was exposure to connecting with people. Josephson, Woodward, Kron, Delany and Hiller (2015) stated that physical therapy students at times struggle to master the skill of the person-centered approach. The participants were able to reflect on their client encounters as helping with understanding and integration of the person-centered approach. Several student participants cited their clinical instructors’ suggestions to slow down their approach and utilize the person-centered approach aspects with their clients. The participants (Seven of the Nine) who cited this did so with great emphasis. The students highlighted not only bonding with clients but also enjoyed this connection. One student stated that it’s not just a rotator cuff scheduled at 3:00 this afternoon, it is an actual person. The students understood that the person-centered approach holds an important place in their future practices.

The fourth theme was integration of participants’ understandings. One interesting facet was that 2 students struggled to outline and describe

the person-centered approach. These two students were the youngest members of the participants. They held more concrete views and related the person-centered approach to teamwork as opposed to the process of care, empathic understanding and genuineness. The nontraditional students provided more vigor and depth with their comprehension of the person-centered approach. These students voiced sophisticated understandings and application regarding the meaning, purpose, and benefit of the person-centered approach in their clinical rotations. Students who possessed diverse employment and educational experiences prior to entering physical therapy education were able to adjust to client difficulties with more comfort and ease.

Although the student participants could not recall a specific class that addressed and taught the skill of the person-centered approach, most were able to initiate a basic understanding and application of this approach. The person-centered approach was commonly found in the curriculum and then readdressed during their clinical rotations. Dutton and Sellheim (2014) referenced this as the informal and hidden curriculum in physical therapy education. The emphasis during clinical rotations holds the most meaning for understanding the person-centered approach as it allows the students to practice it. Each learning stage was guided by clinicians in the classroom and also physical therapy clinicians during clinical rotations.

The student participants stated a need to establish a person-centered approach specifically with more obstinate clients. Overall, they described a significant impact with choosing their words and approaches with clients. The participants transformed their comprehension of the person-centered approach from the classroom and clinic into strategies for effective client engagement. As the participants developed expertise regarding the person-centered approach, they reported seeing greater value with the approach as a part of a comprehensive patient management strategy.

One critical piece for these participants occurred when they made the effort to demonstrate empathic understanding. The students were guided to understand the patient's internal frame of reference to overcome initial resistance. West and Cox (2014) highlight this by defining empathic understanding as the ability to imagine what it is like to walk in someone's shoes. Empathic understanding was understood as a construct but was created within the physical therapy relationship. The physical therapy clinical rotations provided the students the opportunity to practice the person-centered approach and not be confined to more biological models of care. Zhu (2016) described the person-centered learning classroom as supportive innovative student learning. The person-centered approach is a unique approach that physical therapy students can offer their clients during

today's culture of more technical approaches. Specifically, empathy enhances the professional interaction and greatly influences outcomes.

### **Study Limitations**

Possible limitations include that the sample was taken from one university. Since the study included one program, transferability may be limited. The participants' characteristics closely matched the overall profile of the physical therapy students at this university. The sample selection enabled the experiences of participants to be explored but non responders may have expressed different views. Another limitation is that the study sample was small, although one third of this cohort was included. The results of this study provide a rich description for possible future educational experiences.

### **Implications for Future Research**

Physical therapy educators need to explore ways to facilitate student understanding of best practices for promoting patient education. The student participants were studied at one point in their academic education. It may be beneficial to explore recent graduates' views of the person-centered approach. Also, using a mixed methods research design during different points of their education may yield considerable factors. A basic knowledge of the person-centered approach may improve client motivation, adherence, goal agreement, and most importantly client outcomes.

After carefully exploring and considering the comments made by these nine participants, the authors would offer the following strategies for implementing learning opportunities in the PT curriculum that could support skill acquisition related to the person-centered approach.

1. Initial coursework should include the concept and application of the person-centered approach. Even before students have developed technical skills related to treatment, this appreciation for interpersonal, helping relationships could be supported.
2. When used case-based approaches teach, problem-solving, requiring students to assess the degree to which development of the person-centered approach could have an impact on outcome might be included.
3. Upon completion of initial clinical experiences, students could be tasked to assess the degree to which the person-centered approach played a role in outcome for a given client. The same idea could be explored in a case where the person-centered approach might not have been fully developed.

4. In courses where clinical-decision making is being taught, students could be challenged to explore the literature related to the person-centered approach and discuss what research suggests is most effective. It might be helpful in this case to ask students to consider the Evidence-Based Practice Model and comment on how the person-centered approach speaks to respect for client values and preferences.

5. Students, typically those in the latter stages of PT education, could be challenged to interview a client and try and determine just how important (or not) the idea of the person-centered approach might be from the client's perspective.

This qualitative study uncovered the degree to which physical therapy students understood, applied and valued the concept of the person-centered approach. These students (7 of the 9) demonstrated that educational experiences intended to facilitate the understanding of the person-centered approach need not be specific to one course. Trainees are taught the detailed mechanics of physical therapy but also need to convey a deeper empathic understanding of the client's life. Their experiences suggest that a thematic delivery method in which the concept is reinforced throughout a curriculum may work as well as any specific and concentrated unit of instruction. Educators can apply these findings to advance deeper understandings of the person-centered approach in students' professional skill sets.

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