

Moral values in the work of a physiotherapist

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Abstract

Introduction. The goal of the study was to analyse the attitudes towards moral values adopted by Polish physiotherapists. Eight basic moral values were enumerated, namely: professionalism, care, fairness, dignity, autonomy, responsibility, trust, and professional integrity. The chosen values were analysed taking into account the sex, age, education, work experience, workplace and the knowledge of moral rules included in the Code of Professional Ethics of the Physiotherapist of the Republic of Poland and/or in the Rules of Professional Ethics of Physiotherapists (the Polish Chamber of Physiotherapists).

Methods. The study embraced 199 professionally active physiotherapists, with 5 surveys not filled in correctly, which left 194.

Results. Variables such as sex ($p < 0.001$) and workplace ($p < 0.016$) differentiate the respondents significantly in the context of the studied values. Physiotherapists with longer working experience also declare attitudes more closely based on moral values than physiotherapists with shorter working experience ($p = 0.021$). With regard to the adopted attitudes towards values, vital differences between men and women can be observed. Women choose fairness ($p < 0.001$) whereas men choose the ethics of care ($p = 0.619$). Physiotherapists employed by non-public centres are more oriented towards autonomous decisions than physiotherapists employed by publicly financed centres ($p = 0.048$).

Conclusions. Numerous factors have been observed differentiating the attitudes of the respondents towards moral values. The differences may evidence a lack of uniform professional culture which might in turn translate into limited respect on the part of society. The variables differentiating the group are modal, thanks to which a change in the moral attitudes of Polish physiotherapists is possible.

Key words: moral values, moral attitudes, physiotherapists

Introduction

The job of a physiotherapist in Poland is regulated by a special act from 25 September 2015. Despite this, physiotherapists are still often called masseurs or rehabilitators. This state of affairs is a consequence of the insufficient professionalisation of physiotherapy and a lack of developed uniform professional culture, which might translate into limited respect on the part of society. To create a uniform professional culture, physiotherapists should relate in their work to the same system of values [1, 2]. International associations, such as WPCT [the World Confederation for Physical Therapy] [3], APA [Australian Physiotherapy Association] [4] and APTA [American Physical Therapy Association] [5], have clearly stated in their internal codes of ethics which values a physiotherapist should relate in their work. The Rules of Professional Ethics on the website of KIF [Krajowa Izba Fizjoterapeutów – the Polish Chamber of Physiotherapists] are no different. Previously, they were also referred to as the Code of Professional Ethics of the Physiotherapist of the Republic of Poland, created by researchers associated with the Polish Society of Physiotherapists [6]. Admittedly, this document did not embrace all professionally active physiotherapists; it was, however, universally accepted and pointed out the direction of ethical thinking in the job of a physiotherapist. In 2019, the Polish Chamber of Physiotherapists created the Ethics Section, who were entrusted with creating a comprehensive document appropriate to the challenges modern physiotherapists face, which was supposed to unite the profession from an axiological point of view, forming a system of values acceptable to the milieu of Polish physiotherapists [7].

It might be granted that the basic moral values in the job of a physiotherapist are based on four ‘prima facie’ moral obligations, namely: doing good, doing no harm, autonomy, and fairness. The first two are ascribed to Hippocrates, who as early as in antiquity taught the principle ‘Primum non nocere’, which can be understood as both helping and not harming the patients. Based on the above-mentioned moral obligations, in modern times, researchers of many branches of science and the humanities (e.g. ethicists, sociologists, physiotherapists) started adding subsequent rules to fully reflect the specifics of medical professions, including physiotherapists [8, 9]. Having carried out literature research and research into documents of selected organisations associating physiotherapists, the present study enumerates such principles, namely: care, dignity, autonomy, fairness, professionalism, responsibility, professional integrity, and trust [3–6].

The ethics of care is one of the foundations of the code of ethics of physiotherapists. Care is not only a moral rule but also an ideal marking the direction of professional activity of physiotherapists [10, 11]. A caring professional can not only take care of a patient/client but also of themselves. Caring for the good of another human, they can be open to their needs, understand them and optimally adapt to them in a therapeutic relationship [7]. In such a situation, care means both doing good and doing no harm. Hence, the physiotherapist’s job is not only improving body dysfunctions but also minimising pain and discomfort during especially unpleasant and painful physiotherapeutic procedures [2]. At the same time, a caring physiotherapist is able to take care of themselves and their workspace. Consequently, they try to follow in their lives the rules of a healthy lifestyle, and take care of their working environment, which allows them to do their job not only in

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a safe but also comfortable way. The literature on the subject shows that following the rules of the ethics of care might be, to some degree, dependent on sex. From that perspective, women more often follow the rules of the ethics of care than men [12].

Since the Act on the Profession of Physiotherapy came into effect, physiotherapists have been given greater autonomy, first of all in conducting the therapy and making a diagnosis. Previous to this, it was a doctor who made a diagnosis and referred the patients to a physiotherapist's office to have specific procedures. Currently, a referral from the doctor is only a suggestion of a procedure, which might be accepted by a physiotherapist, but the final decision on the choice of procedure is autonomously made by the physiotherapist after they have made their own diagnosis. Autonomy is strictly connected with human dignity [2]. A physiotherapist who takes care of the autonomy of a patient/client tries to preserve the patient's dignity and to ensure decent conditions of the therapeutic procedure. In a clinical situation, autonomy also obliges a physiotherapist to obtain the conscious consent of a patient to all therapeutic procedures before they are commenced [8]. A lack of autonomy in the work of physiotherapists might translate into their low self-esteem, increased work-related stress and professional burn-out. That in turn might result in a lower quality of physiotherapeutic services offered by them [13].

The principle of professionalism concerns the therapeutic relationship built on competent care provided by a specialist who fulfils the expectations of a patient/client and does good for them. Therefore, professionalism is based on the core ethical rule of doing good. Nevertheless, one cannot be a professional without keeping up with the most recent scientific discoveries. Consequently, only the combination of care, knowledge and experience can form a sound foundation for a physiotherapist's activities. Professional conduct should be a superior value not only in the work of a physiotherapist but also in other medical professions, as it forms the basis of their professional integrity [8, 14].

The principle of responsibility in the work of a physiotherapist concerns both the physiotherapist and their patient/client. It requires preparation for the therapy both from the professional and from the person expecting help. A patient/client should not only be a passive recipient of the physiotherapy process but they should adopt an active attitude in the course of improving the functions of the body. Even after the therapy is finished, the durability of its effects depends to a considerable degree on following the physiotherapist's recommendations in the patient/client's everyday life. As a result, the responsibility for the course and effects of the therapy is equally born by both sides engaging in the process. Such a relationship is not common in other medical jobs [15, 16].

In the profession of a physiotherapist, the rule of fairness is significant mostly with regard to distribution. In practice, it means primarily fair access to physiotherapeutic services. In private centres, the basic problem for a patient/client is affordability, whereas in public health care, the problem is the limited access to specialists, novel technologies, therapeutic equipment and time devoted to an appointment [17]. Research shows that physiotherapists, depending on their workplace (public/non-public) may interpret the rules contained in the ethical codes in a slightly different way [18]. Undoubtedly, however, each person, independent of their age, sex, views, financial situation or social status, should have the right to access to medical services, including physiotherapeutic ones [6].

Trust in medical staff is one of the moral rules integrating work in all medical jobs. In a physiotherapist's work, where

a patient/client often 'entrusts' his or her body into the hands of a specialist, trust seems especially important. As evidenced by research conducted among patients under nursing care, patients who trusted nurses cooperated in a better way and showed greater engagement in the therapeutic process [14]. Trust is also important in the relations with co-workers, especially while working in multidisciplinary teams, as without this rule, we cannot speak of cooperation but only of enforcing actions [7].

Professional integrity allows physiotherapists to maintain their autonomy and also to take full responsibility for their decisions concerning the diagnosis, the course of the therapy, and the effects achieved after its completion. Therapy is often long and engages many medical professionals, such as doctors, nurses, psychologists, occupational therapists and/or physiotherapists. In such teams, it is important for every specialist to maintain his or her professional integrity, as then there is no risk of chaos in the allocation of competences and establishing responsibility for undertaken actions. Physiotherapists should strengthen this professional integrity with their attitudes. As a result, they should habitually treat other physiotherapists with respect and criticise their work only in justified situations, always referring to solutions accepted by science [6].

Despite the dynamic development of physiotherapy and the emergence of new moral dilemmas, the interest of researchers in the ethics of physiotherapy is relatively rarer than in medical ethics. Reasons for such a state of affairs can be found in the fact that the main goal of physiotherapy is improvement in the quality of life, which might not be sufficiently engaging for the researchers. Another reason might be an impossibility of pinpointing an unequivocal finishing point of physiotherapy. Hence, the phenomenon that could be subject to ethical reflection remains vague [19]. Consequently, there are not numerous studies relating to moral values in the professional practice of physiotherapists, both in Poland and globally [1, 2, 20, 21]. However, the few studies on the morality of physiotherapists conclude that they should constantly heighten their moral competences and adapt them to the changing socio-cultural circumstances in which they work [20, 21].

Subjects and methods

The goal of the present study was to research the attitudes of Polish physiotherapists towards moral values. The following research questions were formed:

1. Are the attitudes towards moral values dependent on the sex of the respondents?
2. Are the attitudes towards moral values dependent on the age of the physiotherapists?
3. Are the attitudes towards moral values connected with the level of education?
4. Are the attitudes towards moral values connected with the length of work experience?
5. Are the attitudes towards moral values connected with the workplace?
6. Are the attitudes towards moral values connected with the knowledge of the Code of Professional Ethics of a Physiotherapist of the Republic of Poland and/or the Rules of Ethics formulated by the Polish Chamber of Physiotherapists?

Since the present study is a pilot study, there are no developed tools to use in our work. As a result, a survey was developed by the authors in which, based on moral values selected from the literature on the subject and the documents

of chosen associations of physiotherapists, a list of questions was formulated. The answers were structured based on a 5-point Likert scale. The data were collected through an online survey and in paper form from May to October 2020. 199 surveys were collected, five of which were filled in incorrectly, hence 194 surveys were analysed statistically, including 126 answered by women (65%) and 68 answered by men (35%). The average age of the group was 31.7 years, with a standard deviation of 8.1 years, including an average of 30.9 for women and 33.3 for men. There were 174 (90%) physiotherapists with a graduate degree and 20 (10%) physiotherapists with an undergraduate degree. 111 women (88%) and 63 men (92.6%) had a graduate degree. There were 60 physiotherapists working in the public sector (31%) and 81 in the private sector (42%). 53 physiotherapists (27%) worked in both sectors. 138 physiotherapists (71%) had working experience of less than ten years, whereas 56 persons (29%) had working experience of more than ten years. Asked about the knowledge of the Code of Professional Ethics of the Physiotherapist of the Republic of Poland and/or the Rules of the Professional Ethics formulated by the Polish Chamber of Physiotherapists, 82 people (42%) declared that they do not know either of these documents, whereas 112 people (58%) declared that they know both of them.

The data were analysed with the Statistica program, ver. 13.1. The variables of a nominal (qualitative) and rank nature as well as those resulting from summing up or averaging the point-based responses of the respondents, which ultimately were quantitative, were analysed. Simple multiplicities and percentages were used to describe the nominal variables, and the chi-square test was used to verify the statistical hypotheses. To verify the significance of differences between group means when comparing the two sex groups (F/M) and the values held, the analysis of variance (F test) was used; in this case, the two-factor test, and then as a post-hoc Bonferroni test. Similarly, two-factor models were built for variables grouping education, workplace, professional experience, knowledge of the Code of Professional Ethics of the Physiotherapist of the Republic of Poland and/or the Rules of Professional Ethics of Physiotherapists (the Polish Chamber of Physiotherapists) and the values held. All applied statistical tests were verified with the assumption of the significance level equal to 0.05.

Pearson's *r* correlation coefficient, which was tested with Student's *t*-test, was used to analyse the relationships between the variables. The results were verified based on the *p* value (*p*-value).

When *p* < 0.05, statistical significance was demonstrated for the observed differences between means or relationships, respectively. All the ethical standards adopted in social research were observed in the conducted study.

Ethical approval

The research was not of a biomedical or intervention nature but had a social character as it concerned opinions on moral values in the physiotherapist profession.

Informed consent

Each participant was given information about the study's goal and objectives and granted informed consent both to participate in it and for the processing of their personal data; every precaution was made to ensure that the responses were anonymous.

Results

The research shows that the respondents' replies significantly differ depending on sex in relation to the adopted attitudes towards moral values (*p* = 0.001). Moreover, the interaction of the group of women and men with the analysed values is characterised by the highest statistical significance among all the variables (*p* < 0.001). This means that the analysed values differ between women and men to a different degree. The value that significantly differentiates the women and men who took part in the study is fairness (*p* < 0.001). Interestingly, women declared conduct closer to this value than men. The next two values that differed the most depending on the sex of the respondents were responsibility (*p* = 0.582) and care (*p* = 0.619). Men declared adhering to the principle of care, whereas women declared adhering to the rules based on responsibility (Figure 1).

The next tested correlation reflecting the values adopted by the physiotherapists was age. The research showed that age does not influence the attitudes towards moral values adopted by the physiotherapists. A similar situation was observed in connection with the education level. In this case,

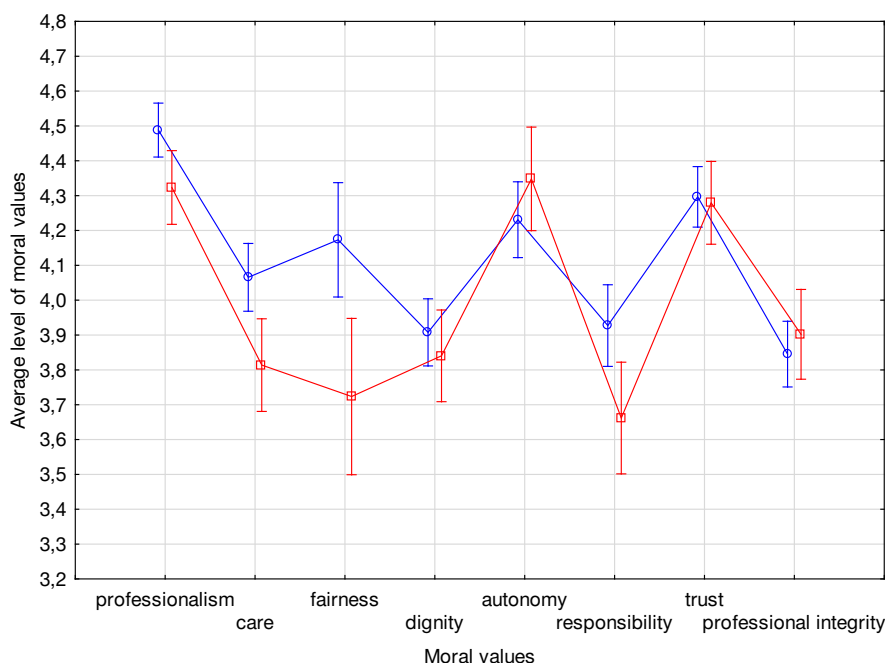


Figure 1. Observed values in the context of the respondents' sex

$F(7, 1351) = 4.6308, p = 0.00004$
Vertical plot represent 95% confidence intervals

— women
— men

again, no statistically significant differences between the respondents' replies were observed ($p = 0.242$). This is also true regarding the interactions between the studied values ($p = 0.769$). It can, however, be observed that the attitudes of persons with a graduate degree are closer to moral values than those of persons with an undergraduate degree. The only value that the physiotherapists with an undergraduate degree displayed to a greater degree than the physiotherapists with a graduate degree was fairness. The physiotherapists with an undergraduate degree were convinced that physiotherapeutic services should be distributed fairly, i.e. according to the adopted criteria, and no exception should be made for anybody (Figure 2).

The next studied correlation reflecting the attitude of physiotherapists to moral values was the length of working experience. The conducted study shows that this variable significantly differentiates the surveyed physiotherapists ($p = 0.021$). Persons working for more than ten years display attitudes closer to the adopted moral values than persons work-

ing for less than ten years (Figure 3). However, no interaction between the analysed values was observed ($p = 0.541$) which means that in this context, both groups (with an undergraduate and a graduate degree) differ to a similar extent.

It can also be seen that the physiotherapists' workplace significantly differentiates the answers of the studied persons ($p = 0.044$). People working in the private sector display attitudes closer to moral values than people working in the public sector. In this case, there is also an interaction between the analysed values ($p = 0.016$). Physiotherapists working in the public sector also declare a lesser tendency to behave in accordance with autonomy ($p = 0.048$) (Figure 4).

On the other hand, the declared knowledge of the Code of Professional Ethics of the Polish Physiotherapist and/or the Rules of Professional Ethics of Physiotherapists formulated by the Polish Chamber of Physiotherapists does not significantly differentiate the studied persons ($p = 0.017$). There is also no interaction between the analysed values ($p = 0.874$) (Figure 5).

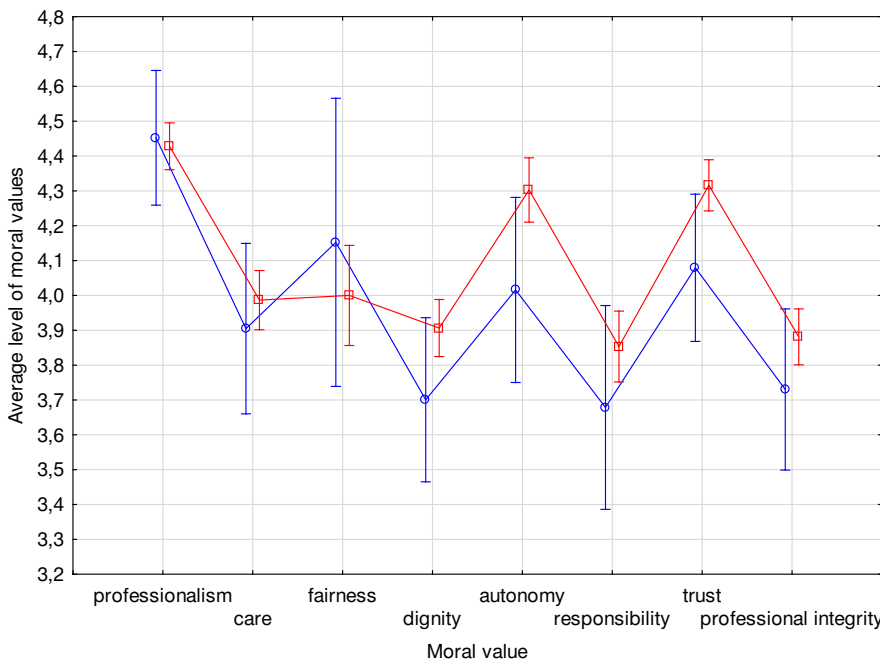


Figure 2. Observed values in the context of the respondents' level of education

$F(7, 1351) = 1.1527, p = 0.32736$
Vertical plots represent 95% confidence intervals

— undergraduate degree
— graduate degree

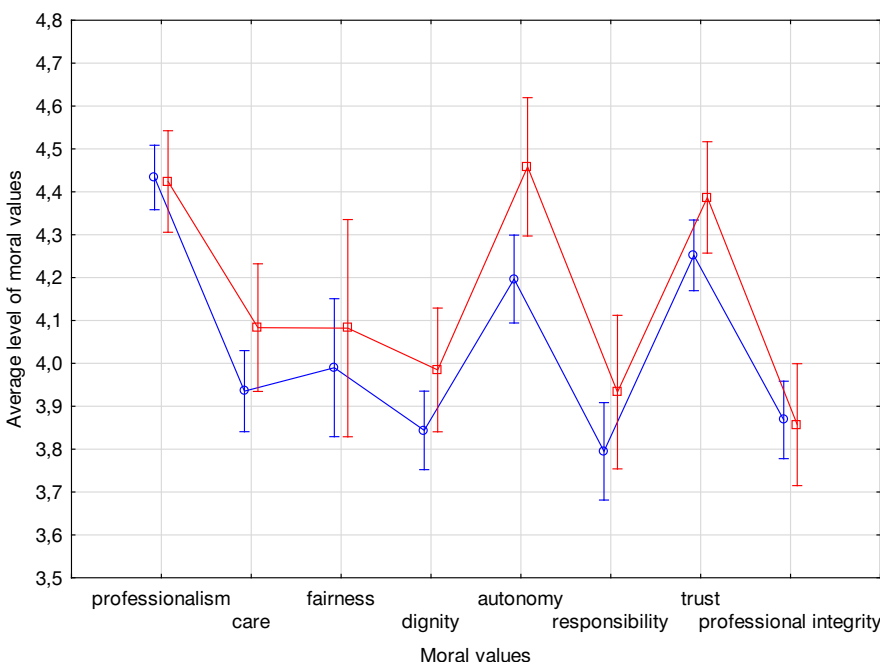


Figure 3. Observed values in the context of the respondents' length of working experience

$F(14, 1344) = 2.2343, p = 0.00544$
Vertical plot represent 95% confidence intervals

— under 10 years
— over 10 years

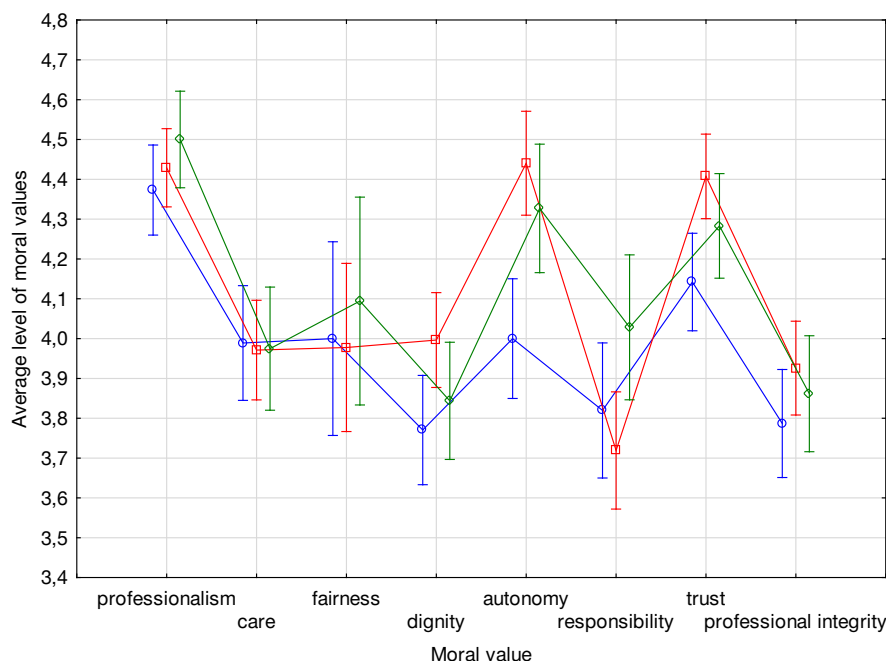


Figure 4. Observed values in the context of the respondents' workplace

$F(14, 1344) = 2.2343, p = 0.00544$
Vertical plot represent 95% confidence intervals

— public sector
— private sector
— mixed sector

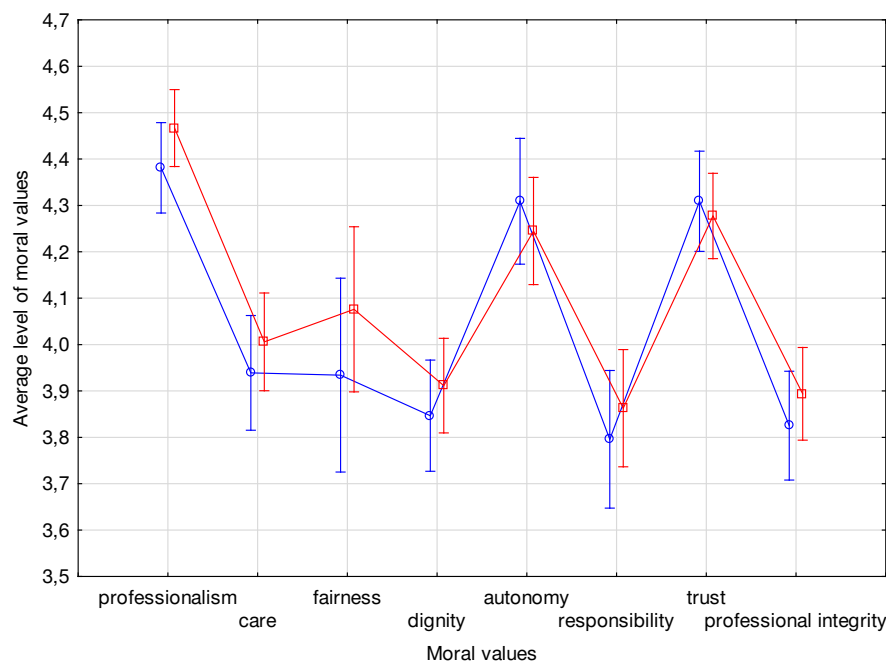


Figure 5. Observed values in the context of the respondents' knowledge of the Code/Rules of Professional Ethics

$F(7, 1351) = 0.59696, p = 0.75883$
Vertical plot represent 95% confidence intervals

— no
— yes

Discussion

The conducted research shows that the attitudes towards moral values adopted by physiotherapists might be determined by sex. These results concur with the studies on the moral development of men and women that have been conducted for several decades [12]. However, the literature on the subject suggests that women more often adopt moral attitudes oriented towards the ethics of care, whereas men more often adopt a stance directed towards the ethics of fairness. The obtained results point towards an opposite trend. The studied female physiotherapists declared a greater propensity to act based on the principle of fairness, and strictly related to the latter principle of responsibility. The studied male physiotherapists declared, on the other hand, that they are closer to the ethics of care. This state of affairs is deeply interesting as it may lead to concluding that trends 'natural' to sex can be changed in the course of education and acquiring work experience. Consequently, a physiotherapist's moral

attitude can be shaped in the desirable direction for the specifics of the job and without being determined by psychosomatic conditioning connected with their sex [12].

Another interesting aspect is the differentiation between moral attitudes of the physiotherapists depending on their workplace. Here, the physiotherapists employed in the private sector place chosen moral values higher in their hierarchy of values than the physiotherapists working in the public sector. One such value is autonomy. Persons working in private centres display greater autonomy and therefore more often take decisions concerning the therapy itself, its scope and the equipment they use. It is a very comfortable situation for physiotherapists, as Lim's study shows that physiotherapists who are not fully autonomous in their work are more prone to frustration. They believe that limiting their autonomy deprives them of the possibility to think critically and to base their services on scientific bases. It leads to increased professional stress and lessens the satisfaction from their professional activities [13]. Kulju, on the other hand, points out that in public

centres, physiotherapists might hierarchise their values in a different way, as they more often work in multidisciplinary teams and deal with patients with different types and levels of dysfunctions. This results in situations that are more complex, both medically and morally [22]. Bradbury's research shows that patients appreciate private centres more, as they do not have limitations typical of public centres, such as the long waiting period for the visit, the short time of the visit and often lower competences of the physiotherapists [17]. For the sake of the principle of fairness, however, efforts should be taken to make the conditions of physiotherapy in the private and in the public sector uniform, so that physiotherapists in both employment situations adopt the same attitudes towards moral values and hierarchise them in a similar way.

If we take into account the education level of the physiotherapists, despite a lack of significant differences between the values adopted by physiotherapists with a graduate degree and undergraduate degree, it is worth pointing out that physiotherapists with an undergraduate degree are more likely to follow the principle of fairness. This might result from the fact that the principle of fairness can be described by formal rules, which are easy to use in work. Such rules give a physiotherapist certainty that all patients/clients are treated objectively by them, according to the same criteria. Such behaviour may also be explained by the fact that physiotherapists with an undergraduate degree are usually told what to do by their colleagues with a graduate degree, therefore formal limits describing responsibility for the undertaken actions are very important to them.

The last interesting result of the present research, which is worth discussing, is the lack of correlation between the knowledge of the Code of Professional Ethics of the Physiotherapist of the Republic of Poland and/or the Rules of Professional Ethics of Physiotherapists formulated by the Polish Chamber of Physiotherapists and the attitudes towards moral values adopted by the physiotherapists. More than 40% of the respondents answered that they do not know any of these documents. Yet, their answers did not significantly differ from the whole group of the surveyed physiotherapists. Those results also seem surprising in comparison with the studies of physiotherapists in other countries. Delany et al.'s research suggests that Australian physiotherapists believe their knowledge of the code of ethics is very helpful to them, as it gives them knowledge of the rules governing their professional practice. However, the physiotherapists taking part in the research also pointed out that those rules are sometimes incomprehensible to them, and the skills required to solve moral dilemmas often come from outside the code of ethics. Therefore, in solving moral dilemmas, they often relate to their intuition and professional experience, and ask their colleagues for their opinions [21]. Such an attitude is confirmed by the study conducted among Danish physiotherapists. They admitted that in their professional practice, they most often rely on developed habits of what is considered good, and only later on ethics codes. Obviously, such an attitude does not free physiotherapists from the obligation to know rules contained in the code of ethics, which forms an axiological basis of their job [6]. Consequently, we should create opportunities to discuss ethical dilemmas and constantly improve the moral competences of physiotherapists [18]. Ethical education for students majoring in physiotherapy is also important. Marques-Sulé et al.'s research shows that students who studied ethics in the course of their studies more often adopted moral attitudes than those who did not [23].

Limitations

The biggest limitation of the present research was the small sample size of respondents. Further research should be made on a group representative for the milieu of Polish physiotherapists. Also, the moral attitudes of physiotherapists themselves should be researched. It could be done with standardised research tools. It would as well be interesting to do research among patients/clients to find out how they perceive the competences and moral awareness of physiotherapists.

Conclusions

Physiotherapists in Poland constitute the third biggest group among the medical professions. They face numerous moral challenges, like the representatives of other medical jobs. Because of the frequently long process of rehabilitation, physiotherapists spend the most time with the patient/client of all medical workers. It is a job that demands close physical contact with the patient/client, which makes this profession fairly unique. These circumstances lead to physiotherapists being burdened with special responsibility not only for the persons undergoing therapy but also for the patients' families, their own co-workers, their workplace and themselves. For this reason, research is needed not only on the knowledge of moral values and following them at their work, but also on the knowledge of the ethical documents that constitute a comprehensive axiological basis of physiotherapy in Poland.

The present research only delineates the problem, which should then be studied in the following years. However, even in the present study, some disquieting results can be observed, i.e. there is a difference between moral attitudes among Polish physiotherapists based on sex and workplace. Such a situation does not offer appropriate conditions for working out a uniform job culture or its axiological basis. In today's medicine, physiotherapists are present in many medical fields, from orthopaedics, cardiology and pulmonology to less popular specialties such as urogynaecology and dentistry. This specialisation of physiotherapy leads to the emergence of new moral dilemmas now and then, which new generations of physiotherapists must face. Additionally, working in multidisciplinary teams demands a clear professional distinctiveness, in order for this group of specialists to perform the tasks assigned autonomously and responsibly. This is not possible without developing the ethics of physiotherapy, and without deep moral reflection on this medical profession [20].

Disclosure statement

No author has any financial interest or received any financial benefit from this research.

Conflict of interest

The authors state no conflict of interest.

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