

Quality of life at work among intensive care physiotherapists: a cross-sectional study

Qualidade de vida no trabalho entre fisioterapeutas intensivistas: um estudo transversal

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ABSTRACT | OBJETIVO: To analyze the quality of work life (QWL), describe the sociodemographic and occupational profile, and identify factors associated with QWL among physiotherapists working in intensive care units (ICUs). **METHOD:** This was a cross-sectional study conducted with 118 ICU physiotherapists in Salvador/BA, Brazil. A structured online questionnaire was distributed via email and social media to active professionals registered with the regional professional council. In addition to sociodemographic and occupational data, QWL was assessed using the Total Quality of Work Life-42 (TQWL-42) instrument, which evaluates the biological/physiological, psychological/behavioral, sociological/relational, economic/political, and environmental/organizational domains, classifying them as satisfactory or unsatisfactory and indicating their trends. Comparative and associative analysis was performed by crossing scores and sociodemographic and occupational factors. **RESULTS:** Most participants were female (76.3%), adults (median age 34.5 years [interquartile range — IQR 29.7–39.0]), single (44.1%), held a lato sensu postgraduate degree (82.2%), reported a monthly income between R\$4,800.00 and R\$12,100.00 (63.6%), did not engage in professional activities outside the hospital (56.8%), predominantly worked in public institutions (40.7%), and had a weekly workload exceeding 40 hours (65.3%). Overall QWL was considered satisfactory, with a tendency toward neutrality/insatisfaction (52.3 [IQR 46.1–60.7]). The psychological/behavioral domain was positively perceived (65.6 [IQR 56.2–75.0]), while the economic/political domain indicated the need for improvements in the work environment (37.5 [IQR 31.2–46.8]). Professionals working in private institutions presented higher scores in the biological/physiological domain ($p < 0.01$). **CONCLUSION:** Despite continuous exposure to biopsychosocial risks, ICU physiotherapists rated their QWL as satisfactory, with no sociodemographic or occupational factors influencing this perception.

KEYWORDS: Quality of Life. Occupational Stress. Intensive Care Units. Physical Therapists.

Submitted July 23rd, 2025, Accepted Oct. 23rd, 2025,

Published Dec. 4th, 2025

J. Physiother. Res., Salvador, 2025;15:e6386

<https://doi.org/10.17267/2238-2704rpf.2025.6386> | ISSN: 2238-2704

Assigned editor: Marina Makhoul

RESUMO | OBJETIVO: Analisar a qualidade de vida no trabalho (QVT), descrever o perfil sociodemográfico e ocupacional e identificar os fatores relacionados à QVT de fisioterapeutas atuantes em unidades de terapia intensiva (UTIs). **MÉTODO:** Estudo transversal realizado com 118 fisioterapeutas intensivistas em Salvador/BA, Brasil. Foi aplicado um questionário virtual estruturado, enviado por e-mail e redes sociais a profissionais ativos registrados no conselho profissional. Além dos dados sociodemográficos e ocupacionais, a QVT foi avaliada por meio do instrumento *Total Quality of Work Life-42* (TQWL-42), que aborda os domínios biológico/fisiológico, psicológico/comportamental, sociológico/relacional, econômico/político e ambiental/organizacional. Análise comparativa e associativa foi feita através do cruzamento entre as pontuações e fatores sociodemográficos e ocupacionais. **RESULTADOS:** A maioria dos participantes foi do sexo feminino (76,3%), adultos (34,5 anos [Intervalo Interquartil — IIQ 29,7–39,0]), solteiros (44,1%), com pós-graduação lato sensu (82,2%), renda mensal entre R\$4.800,00 a R\$12.100,00 (63,6%), não realizavam atividades profissionais extra hospitalar (56,8%), predominantemente no serviço público (40,7%) e com carga horária superior a 40 horas semanais (65,3%). A avaliação da QVT foi considerada satisfatória, com tendência à neutralidade/insatisfação (52,3 [IIQ 46,1–60,7]). A dimensão psicológica/comportamental foi percebida de forma positiva (65,6 [IIQ 56,2–75,0]), enquanto o domínio econômico/político indicou necessidade de melhorias no ambiente de trabalho desses profissionais (37,5 [IIQ 31,2–46,8]). Profissionais de instituições privadas apresentaram escores mais elevados no domínio biológico/fisiológico ($p < 0,01$). **CONCLUSÃO:** Apesar da exposição contínua a riscos biopsicossociais, os fisioterapeutas intensivistas consideraram sua QVT satisfatória, sem que fatores sociodemográficos e ocupacionais influenciassem essa percepção.

PALAVRAS-CHAVE: Qualidade de Vida. Estresse Ocupacional. Unidades de Terapia Intensiva. Fisioterapeutas.

How to cite this article: Matos JMT, Duarte HB, Matos GOS, Mendes KMB, Melo RL, Avena KM. Quality of life at work among intensive care physiotherapists: a cross-sectional study. J Physiother Res. 2025;15:e6386. <https://doi.org/10.17267/2238-2704rpf.2025.e6386>

1. Introduction

Worldwide, the pursuit for quality of life (QoL) has become an increasingly relevant priority since the beginning of the 21st century. According to the World Health Organization (WHO), QoL is defined as an individual's perception of their goals, living standards, and concerns, particularly within social, emotional, and professional contexts^{1,2}. The work activity performed by an individual plays a key role in their QoL, as a large portion of time is spent in the workplace, which can directly influence decision-making, personal satisfaction, and mental health³.

However, pressure for results, high competitiveness, and the hospital environment, characterized by elevated stress levels, have contributed to high rates of burnout syndrome among professionals. According to data from the Centers for Disease Control and Prevention (CDC)⁴, nearly half of north American healthcare professionals reported an increased desire to leave the profession (rising from 33% in 2018 to 44% in 2022), while professionals in other fields showed the opposite trend (decreasing from 40% to 32% over the same period). In this context, assessing quality of work life (QWL) becomes essential to support actions aimed at mitigating harm and promoting well-being among professionals³.

For a comprehensive multidimensional analysis of QWL, it is crucial to ensure confidentiality, privacy, and anonymity, thereby allowing professionals full autonomy in their responses. Furthermore, several aspects must be considered, such as physical and mental health, work ability, personal and professional development, freedom of expression, interpersonal relationships at work, working hours, labor conditions, and the use of diagnostic burnout scales^{3,5}. Based on this, a previous study³ demonstrated a close relationship between occupational risks, burnout, and QWL, directly affecting the QoL of healthcare professionals. Specifically, during the COVID-19 pandemic, hospital-based physiotherapists were identified as having high levels of occupational risk and burnout⁶, underscoring the importance of evaluating how these factors impact both their QoL and the quality of care provided.

It is worth noting that, in international intensive care units (ICUs), physiotherapists, despite playing a fundamental role, are often underrepresented in studies, as they are not considered part of the core continuous care team, unlike the situation in Brazil. Nonetheless, their contribution to patient care extends far beyond physical functionality, encompassing emotional and motivational aspects as well⁷.

Given this scenario, although QWL has become an increasingly studied topic in occupational health, only one study⁸ has evaluated it in a hospital setting using a validated questionnaire. Therefore, considering the scarcity of research, particularly focusing on intensive care physiotherapists, it is crucial to investigate how the aforementioned factors may affect their QoL, productivity, and quality of care. This study aims to analyze the quality of work life of physiotherapists working in ICUs in the fourth-largest capital city of Brazil (Salvador, Bahia), describe their sociodemographic and occupational profiles, and identify the factors associated with QWL.

2. Methods

This was an observational, cross-sectional, and quantitative study conducted between July and September 2022, following the principles of the STROBE (Strengthening the Reporting of Observational Studies in Epidemiology) statement⁹.

The study was approved by the Research Ethics Committee of the Instituto Mantenedor de Ensino Superior da Bahia (Higher Education Supporting Institute of Bahia), (CAAE: 57847322.2.0000.5032). All professionals were informed about the study objectives, benefits, potential risks, and data collection procedures, in accordance with the principles of the Declaration of Helsinki and Resolution 466/2012 of the Brazilian National Health Council. Those who voluntarily agreed to participate signed an informed consent form.

The study population consisted of physiotherapists working in ICU in Salvador, Bahia, Brazil. Professionals of both sexes with at least two years of direct care experience with critically ill patients were included. Exclusion criteria comprised professionals engaged exclusively in managerial and/or administrative functions, incomplete questionnaire responses, and those on leave or vacation for more than two weeks.

For sample size estimation, data were obtained from the Regional Council of Physical Therapy and Occupational Therapy of the 7th Region (CREFITO-7), which, as of December 16th, 2021, reported a total of 7,615 active physiotherapists residing in Salvador across all specialties. However, due to the lack of specific information on the number of physiotherapists working in ICUs, it was not possible to determine the sample size a priori. Therefore, convenience sampling was adopted.

During the study period, 123 responses were obtained from ICU physiotherapists. Of these, two were excluded for performing only managerial and/or administrative roles, and three declined to participate. Thus, the final sample comprised 118 professionals. A post hoc calculation revealed a sampling error of 8.95% relative to the total population, and statistical power analysis using G*Power® 3.1 indicated a power of 82%, based on the study's independent variables.

Participants were recruited through the snowball sampling technique¹⁰, a non-probabilistic approach in which participants refer to other eligible professionals to expand the sample. Data collection was performed using a structured online questionnaire developed via Google Forms® (Alphabet Inc.) and distributed individually through social media and email. Initial invitations were sent through hospital WhatsApp

(Meta Inc.) groups, as the council did not provide access to active professionals' email addresses.

Data were collected through a questionnaire comprising sociodemographic and occupational information, as well as the Total Quality of Work Life instrument with 42 items (TQWL-42), which has been validated and shown satisfactory psychometric properties for the Brazilian population⁵.

The TQWL-42 is divided into five domains, each containing four aspects: (I) biological/physiological — physical and mental disposition, work capacity, access to health services, and rest time; (II) psychological/behavioral — self-esteem, task meaning, feedback, and personal/professional development; (III) sociological/relational — freedom of expression, interpersonal relationships, autonomy, and leisure time; (IV) economic/political — financial resources, additional benefits, working hours, and job stability; and (V) environmental/organizational — working conditions, growth opportunities, task variety, and task identity⁵. For diagnostic analysis, results were classified based on obtained scores and interpreted as satisfactory or unsatisfactory, including their respective trends (Table 1).

Data analysis was performed using the Statistical Package for the Social Sciences (SPSS) software, version 25.0. Sample distribution was verified using the Shapiro-Wilk test¹¹, which indicated non-normal distribution for most variables. Therefore, the median (ME) and interquartile range (IQR – 25%, 75%) were used. For comparisons between sample groups, the Mann-Whitney test was applied for two medians, and the Kruskal-Wallis test for more than two⁵. Associations were tested using the chi-square test, with odds ratio estimates. A p-value <0.05 was considered statistically significant for all analyses.

Table 1. Relationship between score range, result, and trend in the Total Quality of Work Life — 42 (TQWL-42) questionnaire

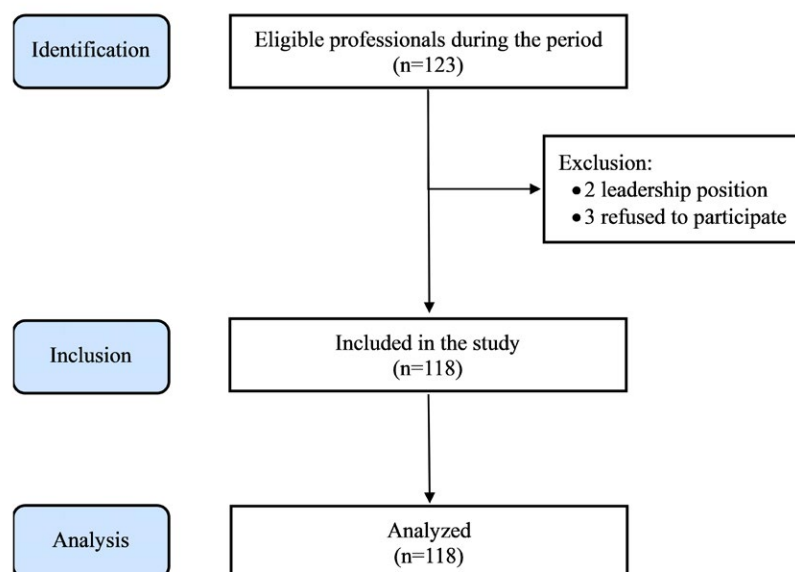
Result	Score	Trend
Very Dissatisfied	0 - 6.25	Trend towards totally unsatisfactory
	6.26 - 18.75	Neutral trend
	18.76 - 25	Trend towards unsatisfactory
Dissatisfied	25.01 - 31.25	Trend towards very unsatisfactory
	31.26 - 43.75	Neutral trend
	43.76 - 50	Trend towards neutral/satisfactory
Satisfied	50.01 - 56.25	Trend towards neutral/unsatisfactory
	56.26 - 68.75	Neutral trend
	68.76 - 75	Trend towards very satisfactory
Very Satisfied	75.01 - 81.25	Trend towards satisfactory
	81.26 - 93.75	Neutral trend
	93.76 - 100	Trend towards totally satisfactory

Source: Pedroso et al. (2014)⁵.

3. Results

During the study period, 123 intensive care physiotherapists were included. Of these, 2 performed exclusively managerial and/or administrative functions, and 3 declined to participate in the study. Thus, the final sample consisted of 118 professionals (Figure 1).

Among the 118 participating intensive care physiotherapists, most were female (76.3%), with a median age of 34.5 years, held a *laurea* postgraduate degree (82.2%), and had a monthly income ranging from R\$4,800.00 to R\$12,100.00 (63.6%). Regarding occupational activities, 56.8% did not perform any other professional activity besides their main one; 69.5% worked simultaneously in two or more hospitals, predominantly in public institutions (40.7%) and 65.3% had a workload exceeding 40 hours per week. Marital status distribution was as follows: single 52 (44.1%), married 43 (36.4%), in a stable union 12 (10.2%), and divorced 11 (9.3%). These and other data are presented in table 2.

Figure 1. Sample selection flowchart

Source: the authors (2022).

The assessment of QWL revealed an overall median of 52.3 (IQR 46.1–60.7), considered satisfactory, though with a tendency toward neutrality/dissatisfaction. The domain-specific analysis showed that the psychological/behavioral dimension had the highest score (65.6 [IQR 56.2–75.0]), followed by the sociological/relational dimension (59.3 [IQR 46.8–66.4]), both indicating a neutral tendency. The biological/physiological (53.1 [IQR 42.9–59.3]) and environmental/organizational (53.1 [IQR 46.8–62.5]) dimensions exhibited similar patterns, also trending toward neutrality/dissatisfaction. However, the economic/political domain presented the lowest score (37.5 [IQR 31.2–46.8]), indicating lower satisfaction among physiotherapists regarding the economic and political aspects of their work environment (Table 3).

Table 2. Sociodemographic and occupational characteristics of the intensive care physiotherapists participating in the study

Characteristics	<i>n</i> = 118
Age in years, ME (IQR)	34.5 (29.7; 39.0)
Women, <i>n</i> (%)	90 (76.3)
Education, <i>n</i> (%)	
Bachelor's degree	15 (12.8)
Post-graduate degree	97 (82.2)
Masters or Doctoral degree	6 (5.0)
Performs other labor activity, <i>n</i> (%)	
Yes	51 (43.2)
No	67 (56.8)
Salary, <i>n</i> (%)	
Up to 2 minimum wages	3 (2.5)
2 to 4 minimum wages	40 (33.9)
4 to 10 minimum wages	75 (63.6)
Above 10 minimum wages	0 (0)
Number of affiliated hospitals, <i>n</i> (%)	
1 hospital	36 (30.5)
2 hospitals	69 (58.5)
3 hospitals	11 (9.3)
4 or more hospitals	2 (1.7)
Administrative nature, <i>n</i> (%)	
Affiliated exclusively with Public	48 (40.7)
Affiliated exclusively with Private	27 (22.9)
Affiliated with Public and Private	43 (36.4)
Weekly workload, <i>n</i> (%)	
Below 20 hours	1 (0.8)
20 to 40 hours	40 (33.9)
40 to 60 hours	56 (47.5)
Above 60 hours	21 (17.8)

Source: the authors (2022).

Caption: *n* - absolute frequency; ME - Median; IQR - Interquartile Range; % - relative frequency.

The comparative analysis between the TQWL-42 domains and the participants' sociodemographic and occupational profiles revealed that, although variations were observed in QWL scores, only the administrative nature of the institution where the professional worked (i.e., whether they were employed exclusively in the public or private sector, or in both simultaneously) showed a statistically significant difference. Professionals working in private institutions had higher overall scores (58.9) compared to those in public (50.0) and mixed (public and private) institutions (50.0), with a notable difference in the biological/physiological domain ($p < 0.01$), suggesting that this factor may influence QWL.

Table 3. Overall quality of work life score measured by the Total Quality of Work Life questionnaire (TQWL-42)

Elements of the TQWL-42*	
Overall score	52.3 (46.1, 60.7)
Domains	
Biological/physiological	53.1 (42.9, 59.3)
Psychological/behavioral	65.6 (56.2, 75.0)
Sociological/relational	59.3 (46.8, 66.4)
Economic/political	37.5 (31.2, 46.8)
Environmental/organizational	53.1 (46.8, 62.5)

Source: the authors (2022).

Caption: TQWL - Total Quality of Work Life; *Data presented as median and interquartile range.

The analysis of sociodemographic and occupational factors associated with low QWL (overall score below 50) among intensive care physiotherapists showed no statistically significant associations, suggesting that the factors analyzed are not relevant determinants of QWL for these professionals (Table 4).

Table 4. Analysis of the association between sociodemographic factors and low quality of work life, defined as an overall score below 50

Characteristics	Odds Ratio	95% CI	p value*
Male sex	0.80	0.34-1.92	0.63
Single / divorced	1.69	0.81-3.54	0.16
Only graduation	0.62	0.19-1.94	0.40
Performs other labor activity	0.87	0.41-1.82	0.71
Monthly income above 4 MW	0.91	0.42-1.95	0.82
More than 2 affiliated hospitals	1.82	0.52-6.29	0.33
Weekly workload >40h	0.65	0.30-1.43	0.28
Age <35 years	0.93	0.45-1.93	0.85

Source: the authors (2022).

Caption: CI - Confidence Interval; *Chi-squared test; MW - Minimum Wage.

4. Discussion

This study demonstrated that the participating intensive care physiotherapists generally considered their QWL to be satisfactory, with the psychological/behavioral domain, which encompasses self-esteem, task significance, feedback, and personal and professional development, achieving the highest score. Conversely, the economic/political domain scored the lowest, reflecting concerns related to financial resources, additional benefits, workload, and job stability. Comparative analysis indicated that, in the biological/physiological domain, professionals in the private sector scored higher than those in the public sector. No other significant associations were identified between QWL and sociodemographic or occupational factors.

Considering the positive professional satisfaction, this finding aligns with previous studies involving generalist physiotherapists^{6,12-14}. The present study reinforces this observation, showing that QWL was also considered satisfactory across most domains evaluated by intensive care physiotherapists.

Specifically, the psychological/behavioral domain obtained the highest score. This result may be related to the important role of intensive care physiotherapists within the multidisciplinary team, especially during the COVID-19 pandemic, as these professionals are directly involved in mechanical ventilation management, weaning, and

assessment and rehabilitation during and after critical illness, factors that directly influence self-esteem and perception of professional significance¹⁵.

Conversely, the only domain in which ICU physiotherapists expressed dissatisfaction was the economic/political domain. This finding may reflect relatively low salaries and employment insecurity, possibly resulting from the transition from formal employment to freelance arrangements, which resemble the labor demands of standard employment but lack protections guaranteed by Brazilian labor law^{16,17}.

Furthermore, participants reported annual incomes ranging from US\$12,322.80 to US\$30,807.24 (4 to 10 minimum wages), significantly lower than those of Respiratory Therapists (US\$74,310/year)¹⁸ and generalist physiotherapists (US\$65,000–97,000/year) in the United States, but comparable to wages in other developing countries such as South Africa (US\$16,160/year) and Singapore (US\$36,500)¹⁹. This professional undervaluation forces physiotherapists to exceed standard weekly working hours, which is consistent with the findings of this study, where 65.3% of participants worked more than 40 hours per week and 67.8% were employed at two or more hospitals.

Another relevant finding was that ICU physiotherapists working in the public sector reported lower QWL, specifically in the biological/physiological domain, compared to those in the private sector. This difference may be associated with hierarchical, organizational, and structural factors, patient severity, and resource availability, all of which can significantly influence QWL perceptions among professionals in different types of institutions. Moreover, healthcare workers in public institutions present higher rates of burnout than those in private institutions²⁰, supporting the points highlighted above.

Burnout syndrome is characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment—conditions directly related to the work environment²¹. According to the CDC4, burnout among healthcare professionals increased from 32% in 2018 to 46% in 2022, while non-hospital professions maintained relatively stable rates. Some studies also highlight the potential impact of COVID-19, which

caused unprecedented hospital demand, particularly affecting low- and middle-income countries due to the factors mentioned above²².

These findings should be interpreted with caution, given the cross-sectional design capturing a single point in time and the convenience sampling employed. Although statistical power was adequate, external validation may be limited. Therefore, larger population-based studies, particularly involving a nationally representative sample of intensive care physiotherapists with longitudinal follow-up and collaboration with regional councils, are strongly recommended.

This study has some limitations: 1) the cross-sectional design does not allow causal inferences between the observed outcomes; 2) multiple theoretical models exist for evaluating QWL, with no consensus on which to use, limiting comparability with existing literature; 3) the data reflect the period of collection, and changes (either positive or negative) in ICU physiotherapists' perceptions may have occurred due to shifts in local and national labor markets. Nevertheless, these potential limitations do not compromise the critical analysis of the results or the relevance of the conclusions presented.

5. Final considerations

Despite continuous exposure to biopsychosocial risks, the physiotherapists considered their QWL satisfactory, with no apparent influence of sociodemographic or occupational factors on this perception. However, professionals working in the private sector reported higher QWL evaluations, particularly in the biological/physiological domain.

Given the cross-sectional design and convenience sampling, the external validation of this study should be interpreted with caution. A large-scale, national, longitudinal study, supported by regional physiotherapy councils, is recommended to determine the true status of QWL among intensive care physiotherapists in Brazil.

Authors' contributions

The authors declare that they made substantial contributions to the work in terms of the conception or design of the study; the acquisition, analysis, or interpretation of data; and the drafting or critical revision of intellectual content. All authors approved the final version to be published and agreed to take public responsibility for all aspects of the study.

Competing interests

No financial, legal, or political conflicts involving third parties (government, companies, private foundations, etc.) were declared for any aspect of the submitted work, including but not limited to grants and funding, participation in advisory boards, study design, manuscript preparation, statistical analysis, or related activities.

Indexers

The Journal of Physiotherapy Research is indexed by [DOAJ](#), [EBSCO](#), [LILACS](#) and [Scopus](#).



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