Clinical Induction as a Tool to Enhance Service Delivery and Confidence in Hospital Based Occupational Therapists. A Qualitative Study.

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Aim

The aim of this project was to analyse the perceptions and experience of the Occupational Therapy department's induction process at Eastern Health. In particular, the staff member's perceptions of level of welcomeness, departmental level of organisation and confidence to undertake standard work tasks.

Background

Anecdotal feedback from new staff members suggested that the induction process for Occupational Therapists in terms of operational processes, clinical processes and team inclusion could do with improvement. Prior to attempting to improve this process, formal mapping and thematic analysis of the feedback from staff would direct future project work.

Limited literature exists around this topic and most available literature is focused at student clinicians. One study found that spoke of staff on transitioning to higher roles being surprised of their lack of awareness of the full implications of higher classified roles – information that would have been beneficial to know at the point of accepting a new occupational therapy position (Nelson, Giles, McInnes and Hitch, 2015).

Inclusion and Exclusion Criteria

All Occupational Therapists who had were new to the organisation or in higher grade roles within the organisation in the two years (from 1st January 2015) were invited to participate.

Method

A survey was administered utilising SurveyMonkey® software. Data was thematically analysed using an iterative process of coding to elicit key themes. A follow up focus group was then conducted to provide depth to the data and for the purpose of member checking the survey data.

Results

Themes emerged around:

- the amount of time allocated to induction upon commencement at the health service;
- assumptions made by existing staff about the level of confidence of the new staff member;
- clinical demands impacting on the quality of induction;
- long-term implications of low quality induction processes;
- the importance of induction on high functioning staff in the longer term;
- the complexities of induction of locum staff;
- the perceived burden on existing members of the team.

Given that there is often a time gap in clinical cover, given that the time taken for the recruitment process to occur often does not equal the mandatory 4 weeks notice that the vacating therapist is required to provide. This led to a perceived focus for the new starter to "catch up" with the clinical load, rather than a focus on the new staff member receiving in-depth induction to the organisation. More than 80% of transitioning staff identified high levels of psychological stress and felt that they needed to portray that they were coping in interactions with colleagues and supervisors.

Transitioning staff identified a misfit with supervisors perceptions of time taken to transition to a new role.

Discussion

A need was still identified to improve induction processes, despite the health service having embedded buddy allocations, mandatory clinical supervision, a multi-disciplinary new graduate program, and grade one support programs. Recent media coverage has focused upon the challenges and psychological stress of junior medical staff. This study highlights that the experience is shared by Allied Health professional staff and emphasizes the need for mitigation strategies. Large health services have been defined by Fortune at al (2013) as "super complex environments" with early professional success in most contemporary workplaces related to graduates' political adeptness. The need for profession specific induction that embeds strategies that do not rely on person dependent qualities are emphasized to support patient care.

Implications for Practice

1. Induction for Allied Health clinicians needs to be prioritised .
2. Induction for Allied Health clinicians needs to be a consistent and thorough process.
3. Protected time needs to be provided for induction.
4. Establishing and validation of clinician scope of practice through formal processes upon commencement at the health service should occur.
5. Link any scope of practice clinical gaps to ongoing formal clinical supervision goals.

References

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