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 welcome, 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 the induction process for Occupational Therapists in terms of operational processes, clinical processes and team inclusion (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.

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 et 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
Aikenhead, D (10/3/2018) Panic, chronic anxiety and burnout: doctors at breaking point The Guardian

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