



## Original article

## Preparedness for physiotherapy in private practice: Novices identify key factors in an interpretive description study



Robyn Atkinson\*, Theresa McElroy

University of British Columbia, UBC Rehabilitation Science Online Programs, T325-2211 Wesbrook Mall, Vancouver, BC V6T 2B5, Canada

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## ABSTRACT

**Background:** Physiotherapists in Australia deliver services to a diverse range of clients, across many settings, however little research exists examining graduate preparedness for practice, even in the populous field of private practice.

**Objectives:** To explore novice physiotherapist perspectives on preparedness for work in private practice. **Design:** The qualitative approach of interpretive description was used to guide in-depth interviews with 8 novice physiotherapists from 3 universities working in 5 private practices in Melbourne.

**Methods:** All interviews were digitally recorded, transcribed verbatim and analyzed thematically.

**Findings:** Four main themes influencing graduate preparedness for work in private practice were identified: 1) non-curricular experiences (e.g. sports training) 2) elective curricular: practicum experiences; 3) curricular: attainment of skills specific to private practice; and 4) the private practice setting: supportive colleagues. This combination of non-curricular, curricular, and practice setting factors offered the necessary scaffolding for the graduates to report feeling prepared for work in private practice.

**Conclusions:** Non-curricular activities, radiological instruction, clinical placements, building supportive colleague relations and professional development in private practice are recommended as potential means of building preparedness in novice therapists. Findings have implications for physiotherapy students, educators and private practice clinics looking to recruit new graduates.

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## 1. Introduction

Physiotherapists are trained in knowledge and skills relevant to a number of clinical areas including cardiorespiratory, musculoskeletal and neurological physiotherapy to prepare them for future work in hospital, the community and private practice (PP). Once graduates enter practice, job description and knowledge requirements are varied and scant research exists evaluating how prepared new graduates are for entering diverse practice settings. Preparedness for work in PP is a particularly compelling area of study because the private sector employs 65% of Australian clinical physiotherapists (Health Workforce Australia, 2014).

The first year of work is noted to be a significant period of professional development fraught with challenges in workload, paperwork and time management (Hunt et al., 1998; Tryssenaar and Perkins, 2001). In Canada, physiotherapists in their first year of PP have been found to experience fear, anxiety, lack of confidence

(Foster-Seargeant, 2001), stress and feelings of being overwhelmed (Solomon and Miller, 2005). Similarly, new graduate physiotherapists in the United Kingdom have expressed feeling unprepared for the non-clinical aspects of physiotherapy including prioritization, time management and documentation (Jones et al., 2010).

In Australia, some new graduates have reported themselves as poorly equipped to communicate with patients in difficult circumstances or with patients who were considered to be uncooperative (Hunt et al., 1998). A large survey (n = 3538) found that 80% of Australian new graduate physiotherapists perceive themselves to be prepared to deliver common electrical physical agents such as ultrasound (Chipchase et al., 2008), yet it is unknown how prepared they perceive themselves to be with regards to other clinical and professional skills required in PP.

## 1.1. Purpose

Preparedness is important in a busy PP setting, where novice practitioners are expected to operate independently, often with minimal consultation with senior physiotherapists. The purpose of this study was to explore novice physiotherapist perspectives on

\* Corresponding author.

E-mail addresses: [r.vermeulen@alumni.ubc.ca](mailto:r.vermeulen@alumni.ubc.ca) (R. Atkinson), [theresa.mcelroy@vch.ca](mailto:theresa.mcelroy@vch.ca) (T. McElroy).

preparedness for work in PP. In order to achieve this, two research objectives were identified:

1. To examine perceptions of preparedness in clinical and non-clinical areas of practice.
2. To identify supports influencing novice physiotherapist preparedness for work in PP.

## 2. Methodological approach

This study was informed by the contemporary qualitative methodology of interpretive description (Thorne, 2008). Interpretive description was chosen for the ability to gain a better understanding of complex phenomena within allied health (Thorne, 2008) and generate knowledge relevant for clinical application (Hunt, 2009) without the objective of theorizing common in more conventional methodologies (Thorne, 2008).

## 3. Methods

### 3.1. Participants & recruitment

This exploratory study employed criterion-based sampling to recruit physiotherapists working in private practice, with less than 2 years experience, and no other allied health work experience (see Table 1). The primary researcher (first author) telephoned managers from 80 private practice physiotherapy clinics within Melbourne, including her company of employ, requesting the study information be passed on to new graduate employees. Six new graduates (4 female, 2 male) expressed interest and fit the study criteria stated above. During the initial phases of data collection, participants spoke of colleagues who had selected supportive PP work environments. To explore this potentially important theme, theoretical sampling (Thorne, 2008) led to the addition of 2 male participants from a clinic with the reputation of having one of the most supportive clinical environments alongside a highly structured professional development program. These participants met the initial study criteria and increased variation of the sample (Thorne, 2008) allowing for a better representation of new graduate perceived preparedness in PP. The sample size was small to allow for depth of exploration (Morrow, 2005) of a relatively under-researched yet important area of study.

### 3.2. Data collection

Semi-structured interviews were conducted in a location chosen by the participant, which included library conference rooms, quiet cafes, participant homes or workplace clinic rooms. One interview

was conducted over Skype. Interviews lasted from 1 to 2.5 h depending on participant responses, and were audio-recorded; permission was obtained to continue the interview past 1.5 h.

The primary researcher who conducted all interviews was a master of rehabilitation science student, had a background in kinesiology working in post-operative spinal rehabilitation, and was a physiotherapist in her second year of PP. All participants were aware of the researchers background and this assisted in building trust through shared experience (Dwyer and Buckle, 2009). The researcher had no previous relationship with any of the participants.

All audio recordings were transcribed verbatim. Participants were given the opportunity to modify their transcripts to promote trustworthiness of data and encourage reflection and additional insight after the interview (Ryan et al., 2008). No modifications were requested.

### 3.3. Data analysis

Analysis was an ongoing iterative process throughout data collection. Rigor was enhanced through use of a reflective diary to document researcher observations and experiences during the interview (Ryan et al., 2008) and changes to interviewing style or the schedule were made accordingly. Prior to coding, each transcript was read in full to get an overall sense of the data (Morrow, 2005). Codes at a low level of inference were then devised to capture the ideas in the data (Braun and Clarke, 2006). The primary researcher used a software program, HyperRESEARCH 3.5.2, to apply codes and then analyzed relationships within the data. Codes were organized under ten sub-themes and repetition of sub-themes throughout the dataset suggested saturation was achieved (Öhman, 2005). Further analysis prevented primary closure from restricting the emergence of new findings not yet seen (Thorne, 2008) and included concept mapping and checking researcher impressions across all data sets for confirmation through recognizable patterns. To enhance credibility of the study, an audit trail was used (Robinson, 2003) to record the analytical process leading to the organization of 4 main themes that highlight preparedness for work in PP. Trustworthiness was enhanced through researcher triangulation (Thurmond, 2001). A second researcher with a background in qualitative research was involved in study design and the development of themes during analysis.

### 3.4. Ethics

This study was given ethical approval through the University of British Columbia in Canada.

**Table 1**  
Participant demographic information.

Pseudonym	Sex	Age	Experience (months)	Number of jobs since qualifying	Degree earned <sup>a</sup>	University
Alicia	F	N/A <sup>b</sup>	17	2	BPhysio <sup>c</sup>	Melbourne
Brodie	M	23	9	1	BPhysio	Monash
Dominic	M	25	18	2 <sup>d</sup>	BPhysio	Melbourne
Gabrielle	F	23	4	3 <sup>e</sup>	BHSc <sup>f</sup> ; MPhysio <sup>g</sup>	La Trobe
Jess	F	23	3	1	BPhysio (Hons)	Melbourne
Peter	M	23	6	1	BPhysio	Melbourne
Samuel	M	25	18	1	BPhysio (Hons)	La Trobe
Sarah	F	23	6	2	BHSc, MPhysio	La Trobe

<sup>a</sup> All degrees earned were required for physiotherapy registration.

<sup>b</sup> Participant did not provide this information.

<sup>c</sup> BPhysio – Bachelor of Physiotherapy.

<sup>d</sup> Participant was working 2 part-time jobs.

<sup>e</sup> 2 PP jobs and 1 casual hospital shifts on an acute ward.

<sup>f</sup> BHSc – Bachelor of Health Science.

<sup>g</sup> MPhysio – Masters of Physiotherapy.

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