

Research Article

An Online Survey Investigating Australian Radiation Therapists' Responses to Hypothetical Dilemmas Concerning Impaired Fitness to Practise

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ABSTRACT

Introduction: Impairment in health care professionals has been identified as one of the determinants of fitness to practise (FTP), and practitioners have a legal obligation to notify regulatory authorities if they experience it. However, there remains confusion as to how radiation therapists (RTs) discern what constitutes impaired practice and how they would respond to such dilemmas. The aim of this study was to identify the range of responses to hypothetical professional impairment dilemmas, which may inform an educational strategy for improving reporting occurrences.

Methods: A convenience sample of Australian RTs was invited to participate in an anonymous online survey that presented a range of FTP dilemmas relating to impairment, competence, and values/ethics. Participants were asked to describe how they would deal with such situations. Qualitative responses were coded using NVivo software. This article reports on the themes that emerged from the impairment dilemmas.

Results: One hundred eighty-two RTs responded to the survey. The emerging key theme and subthemes included dealing with the situation, removal of the practitioner from the situation, stop working, avoiding responsibility, giving the benefit of the doubt, and carrying on with the workload.

Conclusions: Practitioners' interpretations of the impairment dilemmas varied, which, in turn, influenced their suggestions of how they would deal with them. The continuum of responses supports a key tenant of the interpretive paradigm—multiple interpretations of social phenomena exist. Those seeking to improve practitioner understanding of their obligations under national law should consider a scenario-based approach to raising awareness of FTP issues such as impairment.

Keywords: fitness to practise; malpractice; professionalism; reporting

RÉSUMÉ

Contexte : Il a été déterminé que la déficience chez les professionnels de la santé est l'un des déterminants de l'aptitude professionnelle, et les praticiens ont l'obligation légale d'aviser les autorités réglementaires s'ils en sont atteints. Cependant, il subsiste une certaine confusion sur la façon dont les radiothérapeutes (RT) peuvent reconnaître ce qui constitue une déficience et comment ils devraient réagir à un tel dilemme.

But : Recenser une gamme de réponses à des dilemmes touchant des déficiences professionnelles hypothétiques susceptible d'éclairer une stratégie d'éducation visant à améliorer le signalement des déficiences.

Méthodologie : Un échantillon de commodité de RT australiens a été invité à participer à un sondage anonyme en ligne présentant une série de dilemmes d'aptitude professionnelle touchant la déficience, la compétences et les valeurs ou l'éthique. On demandait aux participants de décrire quel serait leur comportement dans de telles situations. Les réponses qualitatives ont été codées au moyen du logiciel NVivo. Cet article présente les thèmes qui sont ressortis des dilemmes sur les déficiences.

Résultats : Cent quatre-vingt-deux RT ont répondu au sondage. Les thèmes et sous-thèmes qui sont ressortis comprennent: Faire face à la situation: retirer le praticien de la situation, mettre fin au travail, éviter la responsabilité, donner le bénéfice du doute et poursuivre le travail.

Conclusion : L'interprétation donnée par les praticiens aux dilemmes sur la déficience varie, ce qui influence leurs suggestions sur la façon dont ils réagiraient face à la situation. Le continuum de réponses appuie un principe clé du paradigme de l'interprétation, à l'effet qu'il existe de multiples interprétations d'un phénomène social. Ceux qui cherchent à améliorer la compréhension par les praticiens de leurs obligations en vertu des lois nationales devraient envisager d'utiliser une approche fondée sur des scénarios pour la sensibilisation aux enjeux d'aptitude professionnelle comme la déficience.

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Introduction

Fitness to practise (FTP) is a concept that has been embraced by regulatory bodies in Australia, the United Kingdom, Canada, and a number of other countries. It is one of the mechanisms used to ensure that professionals are performing to the level expected in all dimensions of practice including competence; their professional values, attitudes, and ethics; and freedom from impairment [1–4]. To conform to the principles of FTP, professionals need to be able to recognize what constitutes a departure from accepted professional standards with respect to impairment or suboptimal performance in their own capacity or that of a colleague. A practitioner's ability to identify lapses in professionalism has been highlighted as important to the validity of professional standards [5]. However, the identification of such lapses may prove challenging because most professional issues are multifaceted and incorporate moral, legal, regulatory, and philosophical principles [6].

Literature Review

Within the radiation therapy profession, a number of determinants of FTP have been identified [4]. These are incorporated into the professional capabilities developed by the Medical Radiation Practice Board of Australia [7]. Although FTP for radiation therapists (RTs) is articulated at a regulatory level through these capabilities, there remains confusion about how RTs define FTP and as to what they perceive the elements of FTP include [3]. Of equal concern is the lack of clarity among RTs about how FTP and issues surrounding impairment relate to everyday clinical practice [3, 4].

It has been postulated that practitioner impairment arises when a physical, mental, or substance-related condition impedes a practitioner's ability to perform professional activities competently and safely [8, 9]. Physical and mental impairment were identified as key themes in the classification of the determinants of FTP in a previous study undertaken by the authors; however, practitioners very seldom considered these to be part of FTP [3, 4].

Issues associated with impairment such as anxiety, mental illness, and depression occur commonly among health practitioners [8, 10]. The results of a study undertaken in the United States in 2003 investigating disciplinary action for physicians identified that 65 of 308 (21%) reported cases were associated with some form of alcohol/drug-related impairment; however, other physical health-related impairment issues were not cited [11]. In addition, research investigating physician responses to professional dilemmas in 2000 indicated that 780 of 961 (81%) of participants gave acceptable responses for dealing with physician impairment dilemmas. One of the dilemmas in this study posed a situation in which two students and a resident smelled alcohol on the breath of an attending physician. Participants were then asked what they would do if they were in the position of the chief of service at the hospital. Only one of the following responses could be selected: approach the physician and

question them, talk to friends and family members of the physician and see if they suspect a drinking problem, review the physician's file and monitor them, or report the physician to the Board of Medical Examiners. Thus, 19% of the response choices were considered inappropriate, which is of concern if these results are to be generalized to the wider population of physicians [6]. Although both studies were undertaken more than a decade ago, similar issues remain in today's healthcare environment.

Impairment issues have also been reported in the medical radiation practice profession. In 2014, there were two UK hearings for radiographers who were alleged to have been intoxicated with alcohol while at work [12, 13]. One practitioner was suspended after a colleague noticed that she was not performing basic tasks despite prompting and appeared "vacant" throughout the day. It was subsequently discovered that she had been consuming alcohol while on duty [13]. The details regarding FTP hearings for Australian health practitioners (including RTs) remain unpublished, unlike those from hearings of the Health and Care Professions Council in the United Kingdom, which are published on the Health and Care Professions Council website [13]. However, the annual Australian Health Practitioner Regulation Agency report for 2013/2014 indicated that 232 of 890 (26%) notifications for all practitioners registered with the Australian Health Practitioner Regulation Agency were based on concerns about practitioner impairment. In addition, 51 of 890 (6%) notifications made were related to alcohol- or drug-related impairment, with four notifications made for medical radiation practitioners' health impairment [14].

Under Australian National Law (Health Practitioner Regulation, National Law Act), practitioners are required to declare any impairment they have at the time of application for registration and are also obligated to report colleagues if they suspect their FTP is impaired [9]. The implications of allowing an impaired colleague to work include compromised patient and staff safety. There could also be ramifications from the regulatory body for those professionals who allowed an impaired practitioner to continue working. Enactment of the notification processes ultimately relies on practitioners having an understanding of what constitutes impairment and being equipped with the knowledge of how to exercise mandatory and voluntary reporting mechanisms. In addition, practitioners also need the confidence and courage to be able to respond in an appropriate way, irrespective of the environment in which they work.

Aim

This article reports on the findings from two open-ended impairment dilemma questions presented to RTs. The primary aim of the study was to further understand practitioner interpretations related to professional responsibility by identifying the range of responses to two hypothetical professional impairment dilemmas. The secondary aim of the study was to inform an educational strategy for improving reporting occurrences.

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