

Research Article

# Radiation Therapists' Perceptions of Advanced Practice in Alberta

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## ABSTRACT

**Objectives:** The purpose of this study was to describe radiation therapists' (RTs) perceptions of advanced practice (AP) and determine perceived barriers and benefits to the role.

**Methods:** A descriptive cross-sectional electronic survey of Albertan RTs was conducted from October to November 2016. The Canadian Association of Medical Radiation Technologists database was used to identify participants, and a modified Dillman methodology was used for survey distribution.

**Results:** The survey response rate was 29.3% (56/191). Most respondents had a Bachelor's degree (58.9%, 33/56) and 10 or more years of experience (60.7%, 34/56). Respondents included individuals in management/education positions (22.6%, 12/53) and clinical practitioners (58.5%, 31/53). Respondents reported high agreement with a number of definition components of AP, including a requirement for at least 5-year experience (90.5% ± 17.6%). Respondents viewed increased knowledge in specialty areas (97.7%, 43/44), job satisfaction (88.6%, 39/44), enhanced patient care due to collaborative practice (88.6%, 39/44), and increased continuity of care (86.4%, 38/44) as benefits. Respondents highly agreed that AP would benefit patients in Alberta (83.2% ± 23.7%); there was less personal interest in becoming advanced practitioners (58.3% ± 35.7%). Insufficient directives, guidance, and training were seen as personal (93.6%, 45/47) and professional (91.3%, 42/46) barriers to AP.

**Conclusions:** Overall, Albertan RTs agree with the components of AP proposed by the Canadian Association of Medical Radiation Technologists as well as the benefits of creating the position. There is an urgent need to provide clear guidance and directives to RTs with regard to AP practice parameters and training requirements in order for successful implementation.

## RÉSUMÉ

**Objectifs :** Cette étude visait à décrire les perceptions des radiothérapeutes face à la pratique avancée et à déterminer les obstacles et les avantages perçus de ce rôle.

**Méthodologie :** Un sondage électronique transversal a été réalisé auprès des radiothérapeutes de l'Alberta en octobre et novembre 2016. La base de données de l'Association canadienne des technologues en radiation médicale (ACTRM) a été utilisée pour identifier les participants et la méthodologie Dillman modifiée a été utilisée pour la distribution du sondage.

**Résultats :** Le taux de réponse au sondage a été de 29.3% (56/191). La plupart des répondants détenaient un baccalauréat (58.9%, 33/56) et avaient 10 années d'expérience ou plus (60.7%, 34/56). Les répondants comprenaient des personnes occupant des postes de gestion/enseignement (22.6%, 12/53) et de praticiens cliniciens (58.5%, 31/53). Les répondants se disent fortement d'accord avec certaines définitions de la pratique avancée, incluant l'exigence minimale de cinq années d'expérience (90.5% ± 17.6%). Les répondants voient les connaissances dans des domaines spécialisés (97.7%, 43/44), la satisfaction au travail (88.6%, 39/44), l'amélioration des soins aux patients par la pratique collaborative (88.6%, 39/44) et l'augmentation de la continuité des soins (86.4%, 38/44) comme des avantages de la pratique avancée. Les répondants sont fortement d'accord avec l'énoncé selon lequel la pratique avancée serait bénéfique pour les patients en Alberta (83.2% ± 23.7%); l'intérêt personnel à devenir des thérapeutes en pratique avancée est moins élevé (58.3% ± 35.7%). L'insuffisance des lignes directrices, des orientations et de la formation est vue comme un obstacle personnel (93.6%, 45/47) et professionnel (91.3%, 42/46) à la pratique avancée.

**Conclusions :** Dans l'ensemble, les radiothérapeutes albertains sont d'accord avec les composantes de la pratique avancée proposées par l'ACTRM, et avec les avantages liés à la création de tels postes. Il

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existe un besoin urgent de fournir des orientations et des lignes directrices claires aux radiothérapeutes en ce qui concerne les paramètres

d'exercice de la pratique avancée et les exigences de formation afin d'en assurer une mise en place réussie.

*Keywords:* Radiation therapy; advanced practice; survey; radiotherapy

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## Introduction

Health care services across the world are challenged with providing timely and effective services to an aging population, due to an increase in chronic and complex health care conditions, rapidly emerging technologies, increasing population and economic inflation [1–4]. Advanced practice (AP) has successfully been integrated amongst health care professionals to address this increased demand. AP in nursing has led to increased symptom management for patients, enhanced patient outcomes, and has facilitated a cost-effective solution to the increased complexity and demand placed on health care systems [5]. The United Kingdom has successfully utilised AP in radiation therapy (RT), creating a four-tier career structure to address workforce shortages, expand and improve cancer treatment to meet public expectations and government targets, and expand career development pathways to reduce high turnover within the profession [6]. Australia has also developed an AP role to address recommendations highlighted by The Inter-professional Advisory Team, namely to enhance high-quality service, address increasing complexity within RT, improve practitioner satisfaction, provide further career advancement, and promote practitioner retention [7].

The increased incidence of cancer, increased complexity of radiation treatment, underutilised knowledge base of current practicing medical radiation therapists/technologists (MRT(T)s), and a desire to increase quality patient care has begun to redefine MRT(T)s' scope of practice [8, 9]. In response to these challenges, the Ministry of Health and Long-Term Care in Ontario (Canada) has funded the development of a clinical specialist radiation therapist role [10]. Currently, clinical specialist radiation therapists in Ontario work in specialised domains and their roles include: reviewing appropriateness for palliative care referral, conducting target assessment and placement of treatment fields/borders, clinical markup, prescription of palliative treatment, patient assessment, prescribing routine medications, contouring/delineation of organs at risk and treatment volumes, and reviewing and approving images [11]. RT AP roles in the United Kingdom include: patient assessment and review, breast markup and review of verification images, palliative care, and managing survivorship [12]. Reports of better streamlined continuity of care, increased access to services, reduction of inappropriate referrals, increased patient satisfaction, enhancement of quality assurance processes, and increased job satisfaction for practicing MRT(T)s have demonstrated AP roles in RT can provide an improved model of care [9, 10].

The Canadian Association of Medical Radiation Technology (CAMRT) defines AP in RT as: "...a professional role that requires post-degree/diploma educational preparation in

combination with clinical skills acquisition to fulfil the requirements of the job. Elements of the role may be outside the established scope of the technologists practice and may overlap current areas of responsibility of another health care professional..." [13]. Notably, this definition neither outlines the scope of practice nor the specific roles of an AP. Kinamore [14] explored the perceptions of AP by MRT(T)s in British Columbia and concluded that the concept was well accepted. Still, the functional definition remains unclear on a national level. In order to be successfully implemented, the AP role must be clearly conceptualised by MRT(T)s, managers, interdisciplinary professions, and other stakeholders. To date, the CAMRT has deliberately avoided identifying specific roles due to the continuous evolution of RT [15]. Clear role definition, framework, perceived benefit, and interest are paramount to the success of implementing AP roles for MRT(T)s. The purpose of this study was to describe radiation therapists' (RTs) perceptions of AP in Alberta and determine perceived barriers and benefits to the role. This information may aid provincial and national policy makers when developing a functional definition and will influence the direction of future research studies.

## Methods

This study was a descriptive cross-sectional electronic survey of all MRT(T) practitioners in Alberta, in order to elicit viewpoints and opinions of practitioners at a particular point in time [15–17]. Ethics approval was obtained from the Research Ethics Board at the University of Alberta (September 7, 2016). Study protocol followed the Canadian Tri-Council Policy Statement: Ethical Conduct for Research Involving Human Subjects [18]. Consent to participate was implied in completion of the survey.

The study employed an electronic survey questionnaire that was based on a preexisting published AP survey tool [14]. As this survey questionnaire had been previously evaluated, it allowed us to compare data from two provinces in Canada [19, 20]. With original author permission, minor modifications were made to questions and job titles in order to make the survey applicable to Albertan respondents. The CAMRT definition of AP was also removed in order to avoid social desirability bias.

Alberta MRT(T)s registered with the CAMRT comprised the study population. The CAMRT distributed the survey electronically to all nationally registered MRT(T) members who were working in Alberta at the time of survey distribution. This CAMRT database includes 191 of the 197 RTs working in Alberta at the time of the study [21].

The survey was sent out using a modified Dillman methodology [17, 22]. The CAMRT sent the survey link accompanied

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