

Professional development transition

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Abstract

Background and aim: A qualitative research strategy was used to explore the professional development transitions of 24 allied health graduates in their first year of employment.

Methods: Twelve occupational therapists, six physiotherapists and six speech pathologists participated in semi-structured interviews with the first author. Interviews were audiotaped, transcribed and analysed. Measures to promote credibility and trustworthiness of the data were implemented.

Results: Graduates experienced three professional development transitions in their first year of work: adjustment to the workplace and work role, assimilation into the workplace and workforce, and future workforce plans. These transitions were broadly chronological (with some overlaps): the first occurred in the initial 6 months of

employment, the second in the following 6 months, and the third close to the end of the first year. Key indicators of graduates' successful adjustment to the workplace and work role transition were the completion of core client and non-client duties with confidence and competence and reduced levels of stress and fatigue. The key indicator of successful assimilation into the workplace and workforce was graduates' perceptions of themselves as integral team members who were respected by their colleagues. The key indicator of graduates' successful future workforce plans transition was their identification of plans to continue working in their chosen profession.

Conclusion: Occupational therapists, physiotherapists and speech pathologists experienced three professional development transitions in their first year of employment. The success of each transition was dependent on a positive experience of employment. Effective workplace support and supervision were important contributors to these positive experiences.

Keywords: new graduate, recent graduate, allied health personnel, occupational therapy, physical therapy, professional development, speech-language pathology.

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Introduction

Newly qualified allied health professionals in Australia are entering the workforce in a climate of significant national and international change (Higgs & Edwards 2002; Richardson et al. 2004). For the graduates themselves, their first year of employment is a period of marked professional development (Hummell 2007).

A small body of international research has explored the initial workplace experiences of allied health graduates. Minimal research has addressed the stages/phases of professional development in the first year of employment with occupational therapists (OTs) (Tryssenaar 1999; Tryssenaar & Perkins 2001) and physiotherapists (PTs) (Solomon & Miller 2005; Tryssenaar & Perkins 2001). No published studies were identified with speech pathologists (SPs). This paper presents the findings of professional development transitions identified in doctoral research conducted by the first author with the second author as principal supervisor. This research examined the workplace experiences of OTs, PTs and SPs in their first year of employment.

The research question for this study was: 'What professional development transitions do allied health professionals (OTs, PTs, SPs) experience in their first year of employment?'

Literature review

The published studies that have identified stages of professional development for OTs (Tryssenaar 1999; Tryssenaar & Perkins 2001) and PTs (Solomon & Miller 2005; Tryssenaar &

Perkins 2001) during their initial year of employment were conducted in Canada. Tryssenaar (1999) studied one OT's experience during her first 4 months of employment using semi-structured interviews and reflective journal entries. Three broadly chronological phases were identified: 'through rose coloured glasses', 'the impact of reality' and 'onward and upward'. The first phase described the therapist's enthusiasm for her job and the second described her frustrations and shock from constant workplace challenges. In the third phase, the therapist engaged in strategies aimed at managing work stressors, including seeking collegial support.

Similar phases of professional development have been reported by Tryssenaar and Perkins (2001), although the timeframe for each phase differed between the two studies. Tryssenaar and Perkins (2001) used reflective journals to explore the workplace experiences of three PTs and three OTs. The 'euphoria and angst' stage, in the first (approximately) 3 months, was characterised by the therapists' 'excitement and trepidation' (Tryssenaar & Perkins 2001) about their first job. In the 'reality of practice' stage, from approximately 6-9 months, the therapists experienced concerns about the adequacy of their performance. Conversely, they gained increased confidence with their work. In both the 'euphoria and angst' and 'reality of practice' stages therapists experienced 'intense feelings of shock' (Tryssenaar & Perkins 2001) about working life. In the 'adaptation' stage, the final 3 months, therapists changed their work practice to include seeking assistance from supervisors when issues arose.

Solomon and Miller (2005) conducted a semi-structured telephone interview with each of 10 PTs who had been employed between 4.5 and 12 months in private physiotherapy practices. Within the context of supportive workplace environments, these PTs progressed from their 'initial feelings' phase, characterised by anxiety, unrealistic expectations and steep learning curves, to the 'later feelings' phase, characterised by positive feelings of confidence, competence, and satisfaction (Solomon & Miller 2005) at the end of the year. Timeframes for each phase were not provided.

The length of employment, number of phases and timeframes for these phases differed across the three studies. Understanding the phases of professional development in the first year of work is important to enable entry-level programs to optimally prepare graduates for employment, and for workplace managers and supervisors, and graduates to implement strategies that promote the successful integration of these professionals into the workplace and workforce. Consequently it was important that further research relevant to this component of the first year of work with OTs and PTs was undertaken and that research with SPs was initiated.

Methods

A qualitative inquiry approach was used to address the research question. Within the interpretive paradigm (Holloway 1997), a descriptive analytic approach (Patton 2002) was used to explore and describe individual graduates' perceptions and stories and then analyse and interpret their common and unique experiences. Purposeful sampling in which recruitment

focused on participants who were considered to be 'information rich' (Patton 2002) was used in this study. Using the referral method, colleagues and existing participants (as the study progressed) were asked to provide information about the study to potential participants and ask them to contact the first author if they were interested in participating. Four ethical considerations were addressed: informed consent, avoidance of coercion, confidentiality and anonymity, and minimising the potential to cause harm (Patton 2002). Once approval was obtained from The University of Sydney Human Ethics Committee, the research study commenced.

Participants were required to meet the following criteria: they had completed entry level OT, PT or SP qualifications, were employed full-time in a workplace in New South Wales as an OT, PT or SP, and had qualified for a maximum of 1 year. To address the research question, the researcher aimed to include graduates at varying lengths of employment within their first year.

Semi-structured interviews were chosen as the data collection method to allow detailed exploration of interview topics to vary with each participant concurrently with gathering information on similar topics from all participants (Patton 2002). Participants were recruited until no new information was generated, i.e. saturation had been reached (Holloway 1997). This was achieved through interviews with 24 participants.

Each participant completed one semi-structured individual face-to-face interview of approximately 1 hour

with the first author. Interviews were audiotaped, transcribed and content analysed based on guidelines from Patton (2002). The content analysis involved identifying, coding, categorising, classifying and labelling the primary patterns and themes in the data, and analysing the core content of interviews to determine what was significant. It also involved searching for irregularities and exceptions (Huberman & Miles 1998). Data from the OT, PT and SP participants were initially analysed separately before confirming that the themes which emerged were consistent within and across the three groups.

The rigour of the research and the credibility of the findings were addressed through measures to promote trustworthiness and authenticity (Guba & Lincoln 1994; Patton 2002) including documenting the researcher's reflections and decision making on an ongoing basis in a journal (Fine et al. 2000), and engaging in peer debriefings with PhD supervisors and (while maintaining confidentiality) with professional colleagues (Patton 2002). In addition, two supervisors read a number of transcripts and reviewed the data analysis at regular intervals. Member checking (Belgrave & Smith 2002) was completed by mailing a copy of the draft grouped findings to each participant for comment and revising the analysis after receiving their (largely confirming) responses. Reflexivity (Etherington 2004) was implemented throughout the research process and included engaging in self-reflection and aiming to remain as unbiased and open minded as possible. 'Thick description' (Patton 2002) was

provided by the inclusion of detailed and numerous quotes from participants.

Results

Twenty-four graduates - 12 OTs, six PTs and six SPs – participated in the study. Reflecting (collectively) the professions demographics, significantly more participants were female (n=21, 87.5%) than male (n=3, 13.5%). Twenty-one (87.5%) had completed their degrees at a New South Wales university. The remainder (n=3, 13.5%) had completed their degrees interstate. All PTs, 9 OTs and five SPs commenced their university degrees as school leavers. All participants were aged less than 25 years when they commenced study for their professional qualifications. None of the participants had a prior professional work history.

The majority (n=20, 83%) worked in the public health system and were in their first job after course completion. All PTs were employed in metropolitan hospitals and had undertaken a rural rotation. Seven OTs (58%) and three SPs (50%) were working in metropolitan areas and the remainder were working in rural areas. Participants had been employed between 2 and 12 months when interviewed.

Data analysis revealed that the participants experienced three professional development transitions during their first year of employment: adjustment to the workplace and work role, assimilation into the workplace and workforce, and future workforce plans, as shown in Figure 1. The first transition tended to occur during the initial 6 months of employment, the second transition largely occurred during the second 6 months of employment, and

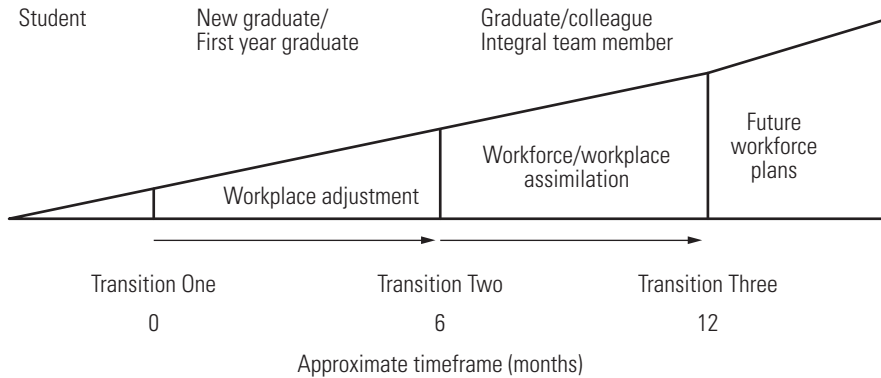


Figure 1: Participants experienced three professional development transitions in the first year of employment

the third transition began toward the end of their first year of employment. The results are presented using frequent typical comments from participants with the intent of providing rich descriptions of participants' stories.

Transition one – adjustment to the workplace and work role

Participants recalled a feeling of eagerness and readiness to begin their professional lives at the commencement of their first year of employment. At the same time they felt some uncertainty about what 'being a real professional would be like'. Many participants articulated multifaceted feelings:

'I guess I was ready to be called a physio. I didn't feel very confident but I figured that I'd passed all my exams and I'd done well on all my pracs. You still don't know if when you're by yourself you will be able to deal with it [the work]. I just assumed that I would be able to and I assumed that uni must prepare us.' (PT)

The initial 6 months was a time of significant 'complex' and 'exciting'

adjustment for participants across the three professions. They recognised that they were on a steep learning curve in terms of the job content, working relationships, the style and level of support and supervision provided, and their level of autonomy with its concomitant responsibility and accountability. All these aspects of work were considerably more demanding than their student experiences on clinical placements or in lectures and tutorials.

Compared with their student placements, participants had more clients and less time with each client; they faced greater demands in terms of writing client notes, planning client interventions and working as a team member, as well as a need to improve their time management and prioritisation skills. As participants became used to their work routines, their confidence increased and their feelings of being stressed reduced. Adjustment in the initial month was facilitated when participants had prior knowledge of the workplace and/or the client group from student clinical placement experiences, particularly from final year placement/s.

Participants adjustment was assisted by concrete workplace experiences of being a qualified professional including 'introducing yourself as a PT (SP/PT), and signing your name and writing OT (PT/SP)', for example, on reports and in client files, without having these countersigned as was previously required as a student. These were constant reminders to the participants that they had passed the milestone of course completion. All participants were enthusiastic and motivated to learn and acknowledged that they had limited expertise. However, they expressed a need to receive recognition and respect from workplace colleagues that they were qualified professionals and possessed knowledge, skills and clinical experience from their university course.

Higher levels of autonomy, accountability, responsibility and decision making, and lower levels of supervision were synonymous with working as graduates, compared with their former student experiences. These differences were greater for PTs than for OTs and SPs.

'[As a student] Any patient that's difficult or really sick, you have someone with you. Anything you did you usually did with a supervisor and if something bad happened during the treatment you had them there. Whereas now, you can get someone up to walk and anything could happen, or you could do it not safely. You're liable. So that's another huge difference, being accountable for the decisions you make.' (PT)

All participants highly valued the support and supervision from more experienced colleagues and perceived

this as essential to the success of their adjustment to the workplace and workforce and their provision of effective therapy. The following comment was a typical indicator of successful adjustment across the three professions.

'The first time someone paged and said, "I need a physio", I felt like saying, "I'll see if I can find one". Now I feel confident that I know what to do, and if it's something new, I can page my senior.' (PT)

Transition two – assimilation into the workplace and workforce

Participants' assimilation into the workplace and workforce was primarily defined by their acceptance as integral team members by their colleagues from the same profession and other members of multidisciplinary team(s). In addition, the graduates perceived themselves as capable professionals who were making a clear contribution to client service provision. The second 6 months of employment continued to be a period of intense learning and growth in confidence and skills, as well as a period of consolidation. Participants continued to describe difficult days, however such thoughts were infrequent compared with the early months of employment and usually arose when they had to manage complex situations not previously experienced. Unfamiliar situations were no longer experienced on an almost constant basis.

'Now I feel mostly competent and functional. I know what my limitations are. I know what I can achieve and when I need to ask for help. I know not to be worried to seek advice from different people.' (SP)

A key indicator of successful assimilation was the graduates' ability to identify their contributions to client service provision and teamwork. They used reflection and concrete measures of skill development to identify these contributions.

'In terms of my assessments, prioritising and identifying issues, and treatments, I'm much quicker now. I know what's appropriate.' (OT)

Participants also perceived a marked increase in their confidence in their professional role and abilities.

'I'm a lot more confident. Sometimes I'll think, "I can't believe I just did that". Whereas I know 6 months to a month ago that it would have been a really big thing for me to do.' (SP)

Successfully managing stressful situations also enhanced the graduates' confidence in their professional role.

'I think I'm a lot more able to handle things out of the ordinary now because I've handled them already. Although I'm still scared by it, I think, "Well, I can probably sort it out".' (OT)

Concurrently, the graduates' perceptions of what constituted a stressful situation changed. For example, many participants identified that writing a client report was initially stressful. With further experience report writing became stressful only when external demands of the report increased, for example, when writing their first medico-legal report. Initially, difficult working relationships with other colleagues created stress. Once graduates had developed strategies to manage the personalities of other team members, this source of stress reduced.

An important indicator of a successful assimilation transition was gaining respect from other team members and being accepted as a valued and integral member of their team/s. Being asked for an opinion by, and gaining positive feedback from, colleagues were appreciated as indications of support and as external measures of the participants' contributions. They also enhanced the graduates' confidence.

'At the moment, with the rapport that I've got with the staff, I really feel like part of the [multidisciplinary] team and that's good. I'm respected for my skills.' (PT)

A further indicator of successful assimilation was the development of a 'balanced' attitude to work and a work-life balance.

'You have to find a balance. For new grads, it's important to be able to walk away and say, "I did a good job, maybe it wasn't the best job but (I ask) what can I learn from that and apply next time".' (OT)

'Work takes more out of you than you realise... Too many people make their life work and sleep... So I make sure that I make the effort to go out or go to the gym.' (PT)

Transition three – future workforce plans

All participants who were close to the completion of their first year of employment spoke about this time as a milestone in their professional development and had determined their workforce plans beyond the first year of employment. They tended to begin this transition from approximately 9 months of workplace experience,

which overlapped with the latter half of the assimilation transition. Although the majority of participants planned to continue working in their chosen profession into the immediate future, participants who experienced high levels of work stress over extended periods of time were seriously considering resigning from their job and seeking employment elsewhere.

The following comments were typical of participants who were almost at the end of their first year of employment and had experienced successful transitions.

'I've had a great year. It's gone so quickly. I can't believe it's nearly over.'

'It's been a pretty big learning experience that's for sure.'

The majority of the participants identified the end of their first year of employment as an important achievement. They had 'survived' this year with all its complex demands and learning experiences. They were enthusiastic about continuing to work in their chosen profession and made plans for their future employment. They reflected on their successful adjustment into their workplace and work role, assimilation into the workplace and workforce, and overall integration into the professional workforce. They recognised that they had successfully coped with numerous work stressors, contributed to client services and progress, and gained valuable experience, knowledge and skills. They perceived themselves as competent therapists who provided quality client services. The employment of the next group of new graduates tended to coincide with the participants' completion of their first year of employment. No longer being

the 'newest' graduate further fostered participants' perceptions of themselves as therapists and assisted them to recognise the skills and knowledge they had developed. They were also excited to no longer be the least experienced employees in their workplace or profession.

Some participants articulated clear future workforce plans. These included developing further skills in their current area of practice or setting. Others indicated a preference for changing jobs or areas of practice with the aim of either obtaining broad-based experience or gaining more specialised skills in an alternative area of practice or workplace, including private practices, than their current job. Some planned to travel overseas soon after the completion of their first year of employment while others planned to work for a further 6-12 months before travelling. Some participants contemplated further study.

Future plans for three of the six OTs included resigning from their workplace as a result of the chronic work stress experienced. Two were considering gaining employment outside the occupational therapy profession.

'I love the contact I have with the clients. It's just all the issues, like the bureaucracy associated with the organisation, that's the hard part to deal with and the fact that we're constantly understaffed and overloaded with patients... and get no support from our manager. I'm looking for another job.' (OT)

An important issue raised by participants who were about to exit their first year of employment was the use of the terms 'new graduate' by OTs and SPs or 'first

year graduate' by PTs. They viewed the use of these terms as assisting their first transition, but impeding their second and third transitions because they continued to reinforce their 'new' status. Participants typically commented that the use of this terminology by themselves and their colleagues was initially beneficial because it 'gives you a bit of scope to feel your way, without being put on the spot'. Three months was commonly perceived as an optimal time to discontinue using these terms, although some participants felt 6 months was more realistic. Participants identified the ongoing use of 'new graduate' terminology as significantly impairing their third transition and overall integration into the workplace.

'[Not long ago] I got introduced as "the new graduate" ... That would have been appropriate at the beginning of the year but using the term new graduate at the end of the year, I felt undermined.' (SP).

Throughout all three transitions, participants were action oriented and used reflection to identify the extent of their professional growth. They identified situations in which they had used their initiative, for example, in seeking support, supervision and continuing professional development opportunities to enhance the quality of their service provision, skill development, stress management skills and working relationships. Participants recognised the importance of effective supervision and support in the successful completion of their initial year of employment. They perceived that the input and support from experienced therapists and allied health team workers strongly contributed to the success of

each transition. Without this support and supervision, their transitions were impaired.

Discussion

This study identified and described three professional development transitions experienced by OTs, PTs and SPs in their first year of employment. Key indicators of participants' successful adjustment were: competently and confidently completing their core client and non-client duties, lower levels of stress and fatigue than were apparent in their early months of employment, and a sense of belonging to their chosen profession and workplace. Key indicators of participants' successful assimilation were: acceptance and respect as integral team members from their own professional and other multidisciplinary colleagues, and participants' perceptions of themselves as capable professionals who made clear contributions to client service provision. Key indicators of a successful future workforce plans transition were: participants' enthusiasm for their profession's contribution to client services, and plans to continue working in their chosen profession. Participants indicated that the provision of effective workplace support and supervision was integral to a positive experience of employment and the success of each transition. A lack of effective supervision and support impaired the participants' transitions, and for three OTs in their third transition, strongly contributed to them considering resigning from their workplace.

The three transitions identified in this study were broadly chronological, with the first occurring in the first 6 months of employment, the second

in the second 6 months, and the third close to the end of the first year. There is similarity between these findings and those of earlier researchers that OTs and PTs experience an adjustment phase in their early months of employment (Solomon & Miller 2005; Tryssenaar 1999; Tryssenaar & Perkins 2001) and an assimilation phase in their second 6 months of employment (Solomon & Miller 2005; Tryssenaar & Perkins 2001). The finding that some graduates in their third transition, 'future workforce plans', were considering resigning from their workplaces, contrasts with findings from Solomon and Miller (2005). All PTs in the Solomon and Miller (2005) study were employed in supportive workplace environments and had positive experiences of their initial employment. This positive experience is consistent with participants in the current study who were employed in supportive workplaces. The consistency of the findings across participants in this study and the compatibility of the findings with previous research suggests that the findings are broadly applicable to Australian OTs, PTs and SPs in their first year of employment and internationally to countries with similar education, health and welfare systems.

Further valuable findings from this study are that quality supervision and support from senior colleagues facilitated, and ineffective support and supervision impaired, participants' transitions. These findings support previous research into the importance of supervision and support for OTs, PTs and SPs in their initial employment (e.g. Brumfitt et al. 2005; Hummell & Koelmeyer 1999; Solomon & Miller 2005), and of the negative impact of a lack of

support and supervision on graduates' workplace experiences (Roe-Shaw 2004; Steenbergen & Mackenzie 2004).

The current study identified the importance of terminology for OT, PT and SP graduates in their first year of employment. Participants clearly indicated that the term 'new graduate' or 'first year graduate' had benefits in facilitating their adjustment in the early months of their employment but tended to impede their workplace transitions when used beyond the first 6 months. This terminology and its impact on professional development transitions had not previously been explored in published research with OTs, PTs or SPs in their initial employment.

Further research

This research has a number of limitations. Although saturation or no new data themes (Holloway 1997) was reached after interviews with six participants in each profession, anecdotal evidence indicates that OT, PT and SP graduates work in a broader range of organisations than those interviewed. Health professionals also graduate at a broader range of ages with more varied work histories than the participants in this study. Future research with participants who have a greater variation in age, previous professional work history and employing organisations, and exploring additional factors such as cross cultural differences and the impact of service provision models is warranted.

Implications

Understanding the nature of the three professional development transitions that these OTs, PTs and SPs experienced in their first year of employment has

implications for workplace managers, supervisors and professional colleagues, graduates and academics teaching on entry level programs. It is recommended that managers ensure that effective supervision and support systems are established to facilitate successful professional development transitions. For example, managers are encouraged to facilitate the success of graduates' adjustment transition by providing an orientation at the beginning of their employment and, within the first month of a new graduates' employment, explaining the communication, supervision and support systems used in the workplace. Managers are further encouraged to ensure that all graduates have access to effective supervision from a designated supervisor/s from the same profession from the first day of employment.

Supervisors are encouraged to collaborate with individual graduates to determine and regularly review the frequency and focus of their meetings and supervision goals, to vary these and the supervisory strategies used relevant to the graduates' professional development transition. More specifically, the authors recommend that supervisors focus on facilitating graduates' skills with their core client and non-client duties. The latter should include the development of their time management, task prioritisation and stress management skills during the adjustment transition. It is further recommended that supervision is provided regularly throughout the year, more frequently during the adjustment transition and when graduates are required to complete new tasks during the assimilation and future workforce plans transitions.

Peers, mentors and more experienced staff members are encouraged to facilitate positive professional development transitions through the provision of appropriate support. Colleagues are advised to tailor the type and intensity of support for each of the professional development transitions that graduates' experience, and to the capabilities and needs of individual graduates. For example, colleagues are encouraged to be readily accessible to meet and discuss issues with graduates and to acknowledge the stressful nature of graduates' initial employment particularly during the adjustment transition. During the assimilation and future workforce plans transitions, the support required will commonly focus on teamwork issues and skills, and identifying career opportunities respectively.

Graduates are advised to acknowledge that their initial employment will be challenging, particularly their first 6 months. They are encouraged to read research relevant to professional development transitions to inform this experience and ensure that they obtain quality supervision and support from workplace colleagues. Academics are encouraged to include tutorials, particularly in students' final semesters, to discuss strategies to enhance the success of professional development transitions in the first year of employment, most notably ensuring that graduates obtain supervision and support from senior colleagues from the same profession.

Conclusion

This research has identified that a group of OTs, PTs and SPs experienced three key professional development transitions

in their first year of employment: adjustment to the workplace and workforce, assimilation into the workplace and workforce, and future workforce plans. Effective supervision and support were essential for the success of each transition. These allied health graduates perceived their initial 12 months of employment as a crucial year in their professional development and in determining their future career plans.

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