THE LIVED EXPERIENCE OF NEW GRADUATE PHYSIOTHERAPISTS IN THE FIRST YEAR OF PRACTICE: MENTORSHIP AND PROGRAM MANAGEMENT

by

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Abstract

The object of this qualitative study was to explore the experience of the first year of practice of newly graduated physiotherapists working in a program manageme. : healthcare institution, in order to identify the systems and strategies that supported them during the transition from student to therapist.

Interviews were conducted with 8 new graduates and 4 experienced physiotherapists. The concept of support was explored with specific focus on the participants understanding of the mentor relationship.

The study provides insight into the challenges and rewards of the first year of practice for newly graduated physiotherapists. The findings revealed a relationship between the availability of support from experienced physiotherapists and timely progression along a continuum of professional development in the first year of practice. Suggestions and strategies to maximize access to support for new graduates are presented which include the development of a formalized mentoring program.

Dedication

To my parents Robert and Pearl Foster

My father - who modeled a life of honesty and integrity, who believed I could and would always do my best: a wonderful foundation for a child to start a life on.

My mother - who taught me all there is to know about love. Her gentle kindness and compassion have touched the lives of all who have known her. She taught me how to be delighted in the colour of spring leaves, the shape of a petal, the burble of a brook and the shear wonder of the natural world: a gift that keeps on giving.

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A special acknowledgment to my mentor, Joyce Tryssenaar, who has for many years encouraged, promoted and supported me in my new role as a teacher and researcher. As a mentor, she motivated my interest in the study of mentorship and was instrumental in the development and completion of this thesis.

I would also like to thank my other thesis committee members, Juanita Epp (supervisor) and Maureen Ford for their many hours of editing and helpful suggestions.

Lastly, I would like to thank the new and experienced physiotherapists who so graciously and eloquently shared their lives and perceptions with me in their interviews. Their struggles and challenges where the impetus for the research

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Personal Ground

I have worked in the field of physiotherapy for over twenty years and have always enjoyed educating and supporting new graduates in the clinical setting. This love of teaching motivated me to pursue a career in education. While I was aware that our students were well prepared academically, I always wondered about how they experienced the crucial first year of practice. In particular, I was curious about what support they needed and what was available to them. This is a particular concern with the move toward a program managed model of organization in many healthcare institutions.

With the advent of increased fiscal accountability, decreased resources, and demand for improved efficiency while maintaining quality care, hospital restructuring is changing the delivery of healthcare. One strategy used to meet these demands in hospital restructuring is the model of program management. In this organizational model, healthcare providers are reorganized into multidisciplinary healthcare teams that are situated at the site of the actual patient care. Professions who previously worked out of a home base or department with similarly trained professionals are now working in geographically separated care teams. Within the previous department system each profession (ie., pharmacists, social workers, occupational therapists, physiotherapists...) was supervised by their professional peers, while in the new multidisciplinary team professionals are supervised by a team manager who often may be from a different profession.

The concept of program management has particular significance in Northern Ontario as healthcare institutions are small and therefore the care teams are small. This situation creates the potential for new graduates to be the only physiotherapist on the team with no

easy access to more experienced therapists.

When the health care system began to implement the program management model of clinical care delivery, I became concerned about its impact on students. In the past, professional and organizational socialization of new graduates in hospitals took place in large physiotherapy departments. Patients treated in the central department were either from the outpatient community or were brought down to the department from the active inpatient treatment units. Therapists worked closely beside other therapists throughout their working day. New graduates were observed and mentored by other senior therapists. Organizational shortcuts and actual clinical skills were taught throughout the novice phase of adjustment. It was a largely informal, ongoing process in which experienced staff took responsibility for the mentoring and education of the new graduate. Learning took place through modeling, observation, repetition and easy immediate access to expertise in a variety of specialties. The close physical proximity allowed new therapists to observe experienced practitioners as they worked, thereby learning patient care skills, administrative protocols, and becoming socialized within the profession. The newly graduated therapists were surrounded by the work, the language, and the professional culture of physiotherapy. Mentorship, although often informal, was highly valued and grounded in the culture of the profession.

With the advent of program management, then, it is at least plausible that physical isolation might deprive emergent therapists of the breadth and scope of professional growth opportunities that characterized the previous system.

The physiotherapists working in the program managed institution that eventually became the sight of this research, had begun to recognize that new graduates were feeling isolated. They had raised their concerns in their professional practice council

meetings and had identified a formal mentoring program as one strategy to bridge the gap of support for the new graduates working on teams without another therapist. My first indication of this concern was when one of the senior therapists came to my office asking for help to find articles written on formalized mentoring.

I had not worked in the institution described for 10 years and was not familiar with the realities of the first year of practice for new graduates. Perhaps this new organizational model had developed new, even better strategies of support. I was curious to see if the need for ongoing professional development had been recognized and if new strategies had been developed to meet the learner's needs.

The need to identify and document the experience of the first year of practice and the systems of support for new graduates in program management, had presented itself. The challenge of pursuing the question of support was intriguing. The seeds for this study had been sown.

CHAPTER 1

THE RESEARCH QUESTION

Introduction

The following is a quote from an experienced therapist recalling her first position as a newly graduated physiotherapist.

> There was supposed to be another physio working there who had been there for about 12 years, who was doing Peds [pediatrics], and then myself as a second therapist. Perfect situation for a new grad. So I was quite excited. But when I got there she was on extended medical leave. This huge caseload I had. I wasn't sleeping at night when I got there... it was brutal. Parents would ask me things, like "Will my child ever walk again" I had no idea! I was ready to cry almost every day driving to work. I hated it. I felt so alone. I'm sure it affected my treatment and I'm sure the parents could pick up that I wasn't very self-confident. It was horrible! I was reading all the time, I just totally felt overwhelmed and my caseload was huge so I wasn't really able to do a lot of treatment, it was more consultation. Well, I had to think right on the spot there, when I first saw them, what I was going to tell them. I hated it. I didn't feel supported. No. I wanted to be in a situation where I could have another therapist around. I don't know, I needed somebody right there with me, especially, like I was going out to these people's homes. I didn't have any experience in home care. It was awful. It was absolutely terrible! Like a

nightmare! And then I was always questioning, well, "Should I even be a physio?" And then you're questioning your profession, I didn't feel like I was really helping anybody. So it was hard! I got out of there as fast as I could! (R7, p. 5)

As she recalled this first work experience the anxiety and stress was still raw even in the retelling so many years later. The initial excitement and anticipation of her first opportunity to work in her chosen profession was soon replaced by an overwhelming feeling of incompetence. Her level of stress was so high that she left the position. Any healthcare worker reading this scenario might feel a flood of emotion, empathizing with the new therapist. Most of us remember the anticipation and the anxiety of our own first year of practice. The recounting of her sense of isolation and uncertainty in a position of such responsibility without apparent resources raises an important question. Her academic training in physiotherapy may have prepared her for the position she thought she was accepting, along side an experienced peer but was she prepared for the situation she found herself in-alone?

In this quote the same therapist describes her present position.

Being a physio especially with the amputees [persons with amputations] that I treat, getting them walking, it's the best part about being a physio. No other profession can do that except for physiotherapists I think. We're the best people to be able to help them... We're the experts.... They're devastated, they have lost their limb... often they see nothing but bleakness in the future. They're

> in desperate need, they can't walk and then all of the sudden, ...you're helping them and they leave and they're walking and they're doing what they expected they wouldn't be able to do. "I didn't think I could climb stairs ever again! Wow! This is great!" I think it's awesome...it gives you such a good feeling for your job and what you're doing for people. To take them to the place that they never believed. You have all the knowledge in terms of your observation skills, your hands-on skills, everything to be able to help them with that goal. It's incredible! I can't believe how much I love this job! (R7, p. 11)

She is filled with confidence and is sure of her personal skills and the knowledge base of her profession. Confidence in her competence is self evident. When relating her experience with treating her patients with amputations her level of job satisfaction is clearly high. There are many factors that contribute to the transition from that anxious novice of the first quote to the confident, competent expert in the preceding quote. Exposure, experience and time are certainly responsible for a great deal of the change. But what of the many people who have worked beside her; taught, modeled, and critiqued clinical skills that have helped her develop a critical appreciation for best practice. What role have they played in the transition?

That is the question of interest in this study. What is the role of support in the transition from student to therapist?

Purpose

The purpose of this research is to explore the experience of the first year of practice of newly graduated therapists working in a program management setting,

in order to identify the systems and strategies that supported them during the transition from student to therapist. Within this broad question I will explore specifically the concept of mentoring. In order to understand the concept of mentoring and to understand the historical context and a broader perspective of the concept of support in the profession, I also gathered data from a number of senior therapists were interviewed as well.

The central research question is...

- What is the lived experience of new graduate physiotherapists in the first year of practice in a program managed institution?

However, to illuminate the question and reflect the focus on the support available to those new graduates it is important to articulate the secondary research questions which are...

- What is the effect of the implementation of program management on the support available to new graduates in the first year of practice?
- What do both new and experienced therapists believe are the effects of support or lack of support on the experience of the first year of practice?
- What forms of support do new therapists perceive they need?
- What are the support systems that new therapists' are presently using/receiving?
- What are experienced therapists perceptions of the support presently available to new therapists?
- What forms of support do experienced therapists feel are most important to

new therapists' professional development?

It is the purpose of this research to explore these questions.

Rationale

Recruitment and retention of health professionals are longstanding problems in rural and remote regions around the world (Anderson & Rosenberg, 1990). Northwestern Ontario is a vast, sparsely populated area with one major tertiary care center and many small, relatively isolated communities. It has been an area traditionally identified as underserviced and has ongoing challenges in recruiting and retaining an adequate number of physicians and other health care practitioners.

A variety of different initiatives have been tried to relieve shortages of health care providers and reduce high staff turnover rates. These have included educational bursaries for students, incentive grants for health professionals relocating to the north, and other supports such as workshops and provision of library services (Beggs, 1986; Perkins, Berry, & Tryssenaar, 1993; Quintyn, 1988). While these programs have helped recruit health care practitioners, retention rates continue to be low.

A large portion of new recruits who accept positions in the north are new graduates (Beggs & Noh, 1991; Anderson & Rosenberg, 1990; Politajko & Quintyn, 1986). If the recruitment and retention needs of the north are to be addressed attention must be given to the particular needs of new graduates. Little attention has been given to the professional issues relevant to retention of these clinicians

once they have relocated to the north (Cutchin et al, 1994; Beggs & Noh, 1991; Ball, 1994).

There are a number of factors that make the transition from student to therapist particularly challenging in the North. Relatively small numbers of practitioners and potential isolation from previously used support systems may make the transition more difficult for emergent therapists in the north (Beggs & Noh, 1991). Recently implemented administrative structures in the institutions that employ therapists, such as program management challenge the possibility of accessing the expertise and support of more experienced therapists (Miller & Solomon, 2000). In the north, because of the smaller size of program teams, the new graduate also may be working in isolation without the support of another physiotherapist.

The transition from student to therapist is a time of intense growth and can be very stressful. Even without the unique demands of northern practice, new graduates grapple with "reality shock" where idealized expectations and reality conflict (Kramer, 1974). There are many stages of transition. From the initial excitement and anticipation of launching into a new career to the realities of the demands of the workplace. Tryssenaar & Perkins (2001) describe the process of the professional evolution of student to competent therapist. It is characterized by an initial stage of euphoria followed by shock, competency issues, reality awareness, and finally adaptation. The research into the transition reflects that the first year of practice can be particularly challenging regardless of practice site.

In the field of physiotherapy little has been written about the systems that best

support emergent therapists through the first year of practice. The literature suggests that mentoring is one factor that directly influences the successful transition from student to competent therapist (Schemm & Bross, 1995; Tryssenaar & Perkins, 2001). There is some evidence that support in the first year of practice does influence the course of the transition and does affect job satisfaction which can, in turn, influences retention (Schwerner, Pinkston, O'Sullivan, & Denton, 1987; Kohler & Mayberry, 1993; Hollis, 1993). The literature that focuses specifically on the retention of new graduate healthcare professionals states that availability of support and opportunities for professional development are key factors affecting retention (Freda, 1992; Rugg, 1996; Rugg, 1999; Smith et al., 1995). There is also some preliminary evidence that the experience of the first years of practice for any profession may have some impact on long term retention (Chapman, 1983,1984; Chapman & Green, 1986; Odell, 1992).

Theory

Developmental psychologists and theorists have been intrigued by the process of passing information along the generational and historical continuum. In the study of developmental psychology there is an interest in the factors that promote growth and transference of knowledge and skills. The role of mentoring in that continuum is particularly interesting. Erickson's work (1963,1968) provided an important foundation for viewing mentoring as part of the developmental process. He coined the term "generativity" in which the primary concern of the individual is informing and guiding the next generation.

Another theoretical foundation for mentoring is provided by Bandura (1977, 1986) in his social learning theory. This theory is based on the transference of knowledge and skills through modeling and suggests that the use of modeling produces potential for a more efficient integration of information and produces a more complex store of experience. Learning in context through observation of others, allows for a more flexible knowledge base more responsive to the situational demands. It allows for the acquisition of a larger, better integrated behaviour pattern more quickly, as compared to trial and error learning from the consequences of one's actions. Simply speaking, humans tend to emulate behaviour they see in others, especially when that behaviour is rewarded.

In his germinal work on the *Seasons of a Man's Life* (1978), Levinson studied the mentor relationship extensively defining its characteristics and functions. In the novice adult stage of life the mentor is often viewed in the role of both surrogate parent and "older peer" whose efforts and special concern push the protégé toward realizing full potential. Without someone who demonstrates faith in the young adults' potential, there may be an inability to move along to the next stage of skill acquisition and autonomy (Levinson et al., 1978). Levinson defines a mentor by describing the many facets of an intimate and intense relationship.

A mentor may act as a:

- teacher to enhance the young person's skills and intellectual development.
- sponsor to ease the neophyte's entry and advancement into the workaday world.

- host and guide to welcome the initiate into a new occupational and social world with its unique values, customs, resources and cast of characters.
- exemplar to serve as a personal example of virtues, achievements and a way of life
- counsellor to provide advice and moral support. (Levinson, 1978, p. 89).

Levinson's work was based on the study of men's life experiences. Mentoring is an important and potent method of supporting young women as well. In recent years has been the topic of interest to psychology, organizational behaviour, and business theorists. The role of mentoring is particularly important in women's development in light of the awareness of women's "way of knowing" that incorporates more collaborative, and communal learning strategies. Women more often create meaning in a social context in which observing, critically appraising and modeling are important steps in the process of acquiring new information and behaviours (Belenky, Clinchy, Goldberger, & Tarule, 1986). As well, women are known for taking the mentoring role beyond the organizational environment to provide support and counseling that acknowledges the many facets and roles in a woman's life and attempts to support her in the balancing of the demands of work and home life ((Belenky, Clinchy, Goldberger, & Tarule, 1986; Benner, 1994)

Definitions

The literature on the support of new professionals revolves around the concept of mentoring. In the discussion of mentoring, many terms have been used interchangeably that may have subtle differences in intent and meaning. Carmin

(1988), in his review paper on mentoring, suggests that clarifying the definitions of the mentor relationship is one of the challenges to researchers in this field. The level of commitment, length of relationship, and personal investment are determining factors in clarifying the different roles. For the purposes of this paper the following definitions will be used.

Sponsor. A sponsor is a person who operates as an advocate and provides support. The sponsor may socially or financially support a team, a number of scholarships, or several candidates for a promotion. The sponsor may support many different people at the same time. The sponsoring relationship is informal and neither person acknowledges a commitment of responsibility or interaction.

Role Models. A role model is someone who another person respects, admires and wishes to emulate. They often exhibit qualities that others wish to emulate and consider to be necessary for success. The role models may be highly regarded by a number of people without their knowledge. An individual may have several role models at one time.

Mentor. A mentor is someone who chooses to personally take on the role of teacher advisor and confident to a usually younger less experienced novice. The mentor/mentee relationship is a somewhat formal arrangement in which the goals and strategies of the relationship are articulated around the skills the mentee wants to develop. In contrast to a sponsor or role model, there is typically one mentor and one mentee or protégé. The mentor may take on some or all of the roles of a sponsor or role model but the commitment is more intimate and ongoing. The

mentor may tutor specific skills, encourage effective behaviour and impart knowledge on how to function in the organization. They may coach the person in activities that will add to experience and career goals while offering feedback on performance. On a more intimate level, the mentor may serve as confidante in times of personal crisis. There is often an effort to formally plan times for feedback and to problem solve.

> Like a role model, the mentor demonstrates desired behaviours, thus enhancing the learning experience. In addition to being a role model, however, the mentor personalizes the modeling influences by becoming involved directly with the protégé in a continuing relationship. A mentor may serve, therefore as a role model, guide, teacher, tutor coach, confident and visionary idealist. (Vance, 1990, p. 9)

Mentee. A mentee is someone who is mentored. They seek out or are chosen by the mentor to join in an ongoing relationship of support, growth and encouragement. The common terms that share the definition of mentee include protégé, candidate, apprentice, aspirant, advisee, trainee, and student. In a mentoring relationship, the mentee is expected to show a willingness to assume responsibility for his or her own growth, be receptive to feedback and coaching and have an idea of the direction they would like their career to progress. They must possess a willingness to engage in a relationship that encourages and challenges their development.

Mentorship. " Mentorship is a relationship in an organization that fosters young

adults' development in their career, and is achieved by believing in them, helping them define, support and attain their dream" (Longhurst, 1994, p. 54).

Generativity. This is the action of teaching or supporting one or many people with the motivation of guaranteeing the success and advancement of the next generation.

In chapter 1 the purpose of this study, to explore the lived experience of new graduates in the first year of practice in a program management setting was described. The particular focus on understanding the participants understanding of the role of support /mentoring in that first year was explained. In explaining the rationale for this research; the importance of understanding the needs of new graduates to understand the factors that influence their retention, the particular concerns of rural and northern practice were considered. Next, a review of developmental theory that creates a foundation for understanding the concept of mentoring is presented. Finally, definitions of the various terms used in the description of various mentoring and support concepts are clarified.

In chapter 2 the literature that informs both the study of the first year of practice/ transition from student to therapist and the rationale for this study; retention. Included in the literature review of the topic, the transition from student to therapist are the topics Mastery and Mentoring as a strategy for support. The review of the literature that explores the issue of retention includes information on the unique concerns of program managed institutions: benefits and challenges.

CHAPTER 2

LITERATURE REVIEW

Introduction

The literature review presented in this chapter has two purposes. Firstly, to review the literature that informs the rationale for this study. This includes two broad topics, Retention and Program Management. Secondly, to review the literature that explores the study of the transition from student to therapist. This will include the literature on the transition entitled Student to Therapist/Novice to Expert and a review of the skills acquired during that transition, Mastery. In this introduction I will give an overview of the various sections and my reason for choosing to focus my literature review in these areas.

In the first chapter, I discussed the transition from the previous department based organizational structure of hospital life and how the move to program management had changed the availability of support for new graduates of the physiotherapy profession. In the rationale for this research I reflected on whether this change in the model of healthcare delivery could impact retention of new graduates working in an institutional setting. In order to understand the potential for change in retention we must first understand what factors influence retention. Retention and the factors that impact whether or not an healthcare professional chooses to remain in his or her place of employment will be addressed under the subtitle of Retention.

In the study of retention there are two dominant factors that are identified in the literature as influencing healthcare workers' retention decisions. These two major influencing factors are addressed within the discussion of retention under the subheadings of Job Satisfaction and Role Stress. I believe that these two measurements of retention will inform our understanding of what constitutes a favourable work environment for healthcare workers. It is reasonable to suppose these same factors would be important to new graduates as well. Wherever possible I have related the realities of the novice physiotherapist and the role of support to the key retention factors of job satisfaction and role stress.

To understand retention factors in the context of a program managed institution, it is important to explore the literature to date reflecting the impact of program management on the professionals that work in it. Both advantages and challenges of the program management model are reviewed under the subheading of Program Management.

In the first chapter the purpose of this research was outlined as the exploration of the experience of the first year of practice for new graduates in a program managed institution. Primarily, the goal of the first year and quite possibly the first few years of practice is to promote the development of the new graduate from the student role to that of a competent clinician and hopefully on to expert. To explore the transition from novice to expert we must understand the skill acquisition and shift in role perception that occurs as documented in the literature to date. The topic will be explored under the heading Student to Therapist / Novice to Master Clinician

with subheadings Mastery and Experience of the First Year of Practice.

Finally, in the context of this transition I will explore the concept of Mentoring as a Strategy of Support. The literature on support in professional life revolves largely around the concept of mentoring and gives us a jump off point for understanding the support of new graduates.

In summary, the following literature review will be organized under the headings.

Retention

Factors That Influence Retention

Program Management

Challenges

Benefits

Student to Therapist/Novice to Expert

Mastery

Experience of the First Year of Practice

Mentoring as a Strategy of Support

Retention

Retention issues are important to administrations of all healthcare institutions. Current estimates of replacement costs for employees are as high as 50% of the newly hired employees first year income (Abelson, 1986, cited in Freda, 1992, p. 241). Loss of an employee is associated with the loss of knowledge, skills and

experience that is specific to the institution and the program (Smith, 1989). Turnover also affects the morale and productivity of the staff who remain. Decreased numbers of employees results in decreased efficiency and quality of care (Abelson, 1986; Hinshaw et al., 1987).

Recruitment and retention factors are particularly important in under-serviced areas. The shortage of qualified health professionals is a challenge in many areas around the world, but most acutely in rural and remote settings.

The retention of healthcare professionals is determined by a host of demographic, professional, environmental, psychological, organizational and social factors that can be further grouped into two categories: internal factors such as lifestyle choices (marriage, new child, job transfer of a spouse), and external factors determined by the institution and the specifics of the job itself. For this inquiry I will focus on the professional and organizational factors that can be influenced in the work place. Where possible I will explore the information that relates directly to the new graduate.

Of the internal factors that influence retention, job satisfaction is most consistently cited as the most significant indicators of turnover (Freda, 1992; Abelson, 1986; Bailey, 1990; Cooper & Brown, 1986; Wolf, 1981). Job dissatisfaction is defined as a state of discontent or displeasure regarding a current position held by the employee. Job dissatisfaction can lead to absenteeism, poor performance and turnover (Cooper & Brown, 1986).

There are both intrinsic and extrinsic factors that affect job satisfaction. Extrinsic

factors include pay scale, job security, status and supervision. Intrinsic factors include opportunities for growth, interesting and challenging work, recognition of achievement, responsibility and opportunities for advancement (Freda, 1992; Wolf, 1981). One of the most influential predictors of job satisfaction is successful organizational socialization (Smith, 1989; Feldman, 1980).

Organizational socialization is "the process by which an individual enters an organization and becomes a fully participating and effective member" (Smith, 1989, p. 282). It is the ongoing development of a dynamic relationship between the organization and the individual in which, the needs and goals of both are recognized. For the individual, it involves development of skills and knowledge, role behaviour and adjustment to the needs and expectations of the work group, in response to the needs and expectations of the organization. The employee who is "successfully socialized will demonstrate attitudes of internal work motivation, commitment to work and general job satisfaction" (Smith, 1989, p. 282). If the expectations of the employee and the institution are clearly and honestly expressed and there are no inconsistencies between the two, then job turnover is lower, job expectations are realistic and job satisfaction is higher (Feldman, 1980; Smith, 1989).

One of the key indicators of successful organizational socialization is "training for competency." Specific programs and patient populations in health care require specific skills and approaches to evaluation and treatment. To ensure effective, efficient performance in a job, the skills specific to the target population and setting

must be learned early in the adjustment phase of a new job. Individuals will have strong and weak points in their knowledge base and the "discrepancies must be addressed. This need is particularly important because performance is one of the strongest predictors of an individual's satisfaction with a job" (Smith, 1989, p. 284).

> The physical therapist's self perceived inability to provide effective patient care (either in quantity or quality) has importance as a possible source of role conflict and job dissatisfaction which may lead to early turnover and attrition in the acute care setting and possibly from the field of physical therapy. (Martin, Curtis & Sasaki, 1990, p. 9)

Confidence in their ability to meet the healthcare needs of their patients is crucial to the job satisfaction of healthcare professionals. In order to do this the professional requires both well developed skills and an organizational setting that facilitates that caregiving.

Studies of retention factors have shown that role stress has a direct relationship to turnover and poor retention rates (Jenson, 1989; Feldman, 1980). New graduates who experience high levels of role stress (Schwerner et al., 1987; Peckard & Present, 1989) are clearly at high risk for turnover. The literature indicates that the two primary components of role stress are role conflict and role ambiguity (Broski, 1985; Deckard & Present, 1989; Wolf, 1981). Tryssenaar and Perkins (2001), in their examination of the first year of practice, found that new graduates experience difficulties in adjusting to the time constraints and demands of the new job. There is a constant struggle to balance the demands of the institution and the individual well

being of the patient. The conflict promotes feelings of incompetence that puts the new graduate at high risk of role stress. New graduates who experience high levels of role stress are at high risk for turnover (Schwerner et. al., 1987; Peckand & Present, 1989). Role stress has a direct connection to job satisfaction and therefore retention.

New graduates, in reflective journals, report a sense of incompetence and inability to quickly adapt to the demands of their new work environment. The stress and anxiety produced from this perception of incompetence compromises job satisfaction (Tryssenaar & Perkins, 2001). Support at this period of growth and transition appears crucial to minimizing the amount of job satisfaction that new graduates experience

We can predict that if frustration and anxiety over the inability of therapists to balance time pressures is not addressed, conditions of role stress and role ambiguity will increase. By not addressing the stressors by changes in the work environment or changes in their skills that allow them to cope better, the therapists will eventually become exhausted and pursue other work environments.

In summary, job satisfaction and role stress are recognized as key factors in determining retention rates of healthcare professionals. Organizational demands and professional responsibility to patient care must be balanced in order to achieve that satisfaction.

Chapman (1983, 1984) and Chapman & Green (1986) identify the quality of the first professional work experience as the most heavily weighted factor influencing

retention. Chapman proposed a social learning model of the multiple influences that affect professional retention. The model suggests that long term retention factors are longitudinal and relate back to the professionals' early commitments to and experiences in their profession. His research revealed that the quality of the first professional work experience appeared to be more positively related to retention than the new graduates' prior academic performance or the adequacy of their professional preparation program. Although Chapman's model was developed from his research with teachers, it can be applied to the study of retention in many professions.

New graduates in the physiotherapy profession often seek employment in larger institutional settings to gain experience with a wide variety of patients. Accordingly, large institutions and teaching hospitals often serve as training grounds for inexperienced physical therapists. In a survey by the American Physical Therapy Association (APTA) 1988, therapists reported the average stay in the acute care setting was one to two years. Therapists left acute care to pursue employment in private practice and home health care settings.

In a 1990 study of factors that effect retention of institution based physiotherapists, Curtis, Martin, and Sasaki (1997) found that 51% of inexperienced therapists stated that they were planning a move out of the institution in the near future while only 17% had plans to stay. It is clear that retention issues specific to new graduates must be addressed if the goal is to improve overall retention rates.

In their investigation into the retention problems of institutional practice for

physiotherapists, Curtis and Martin (1993) found the problem was often that new graduates were not given the survival skills to be successful in a large health care organization. These survival skills involve managing a large caseload, time management, monitoring and managing stress, flexibility and maintaining a positive attitude in the face of change, using effective means of interpersonal and inter-professional communication, and maximizing effectiveness by making referrals to other resources in the health care network. The authors concluded that with adequate preparation, support and education, retention of young professionals in the institutional setting could be achieved. They can be encouraged to consider institution based physiotherapy as a long term career choice rather than a temporary place to gain experience before moving on to a more desirable practice setting.

In a longitudinal study of 206 newly qualified occupational therapists, Rugg (1999) identified the availability of support from experienced practitioners, job satisfaction and opportunities for professional growth as the key factors effecting retention. Borikar and Goodban (1997) surveyed 170 therapists and found that opportunities for continuing education, teamwork and availability of support and supervision were the most important factors influencing retention. Both studies share the concept of support as being an important influence in the decision to leave a place of employment.

Smith et al. (1995) investigated the retention strategies used by occupational therapy (hereafter referred to by the commonly used abbreviation OT) managers in a variety of physical medicine settings. Three hundred and twenty surveys were

collected from a random sample of rehabilitation managers. A large representation of OT managers is presented in this study. Three of the most influential factors identified as influencing retention were supervision received, nature of the employment and work performed.

In a survey of 489 American occupational therapists and their job satisfaction, Bordieri (1988) found that those therapists involved in direct patient care were satisfied with the nature of their work. However, they were largely dissatisfied with their working conditions and the opportunities provided for their professional development. These factors were directly associated with burnout and the search for employment in another work setting.

Freda (1992) surveyed 55 (60%) of the occupational therapists working in rehabilitation institutions in one American city. The survey explored the satisfying, rewarding and stressful aspects of the participants' current employment. It also identified the potential reasons the therapists would consider in the decision to leave their position for another work site. Two thirds of the therapists surveyed had qualified in the last three years. All therapists reported that patient care and the desire to 'help people' was the most rewarding aspect of their work and paper work the most stressful. When questioned on the factors that would most affect their retention all therapists included opportunities for professional growth and peer relationships.

In a review of the literature effecting retention of rehabilitation professionals, Rugg (1999) concluded that

> A range of personal and professional issues appears to influence retention. The former include age, as well as family and partnership issues. The later include elements as the level of support and supervision received, the opportunities for professional development available, the level of autonomy and the amount of client contact experienced. (p. 155)

It appears that support is a common factor identified as important by therapists as influencing their decision on whether to leave their current place of employment or not. For healthcare professionals, opportunities for ongoing professional growth and attaining career goals are particularly important. This is particularly true in studies that focus on the retention needs of new graduates.

Exposure to clinical experts and their skill bases is a significant factor in the continuing education of new graduates and does effect their perception of job satisfaction. "Positive supervision experiences and continuing education opportunities affect therapists' ability to deal with stress and burnout symptoms and consequently decrease feelings of job dissatisfaction" (Freda, 1992, p. 241).

Program Management

Hospitals have been motivated by decreasing resources and increased demand for accountability to make organizational changes. Restructuring is often initiated by the need to: (1) decrease costs related to structural inefficiencies (i.e., over specialization of staff and compartmentalization of care); (2) increase physician efficiency; (3) improve patient quality of care; and (4) create a working environment

that will attract and retain staff. To meet these goals four principles are often implemented: (1) patient aggregation; (2) process simplification, (3) service redeployment; and (4) cross-training (Lopololo, 1997).

Service redeployment is the process of moving the required services close to the patients. One such strategy is the organizational model termed program management, in which multidisciplinary teams are developed to work together on site in a specific treatment area or unit.

Benefits

Service deployment has several distinct advantages. Most notable are significant cost savings resulting from streamlining of administrative structures and increase in client centred care, in which the goals and needs of the patient have priority in clinical decision making. This is achieved by increased cooperation, collaboration and communication between members of the multidisciplinary team. As well, there is a horizontal spread of decision making within the team in contrast to the traditional hierarchical approach of the past. This shared decision making within the team may result in decisions reflecting the individual teams' needs instead of the organization as a whole (Bain, 1994; Baker, 1993; Ellis & Closson, 1994; Monaghan et al., 1994; Pond & Herne, 1994).

Research on the effects of the transition to a program management model, specific to the physiotherapy profession, have found that some caregivers express increased sense of professional identity with the assumption of a "specialists" role

within the patient care team and feel a sense of increased competence in clinical decision making (Lopopolo, 1997; Arthur, 1994).

As well, other disciplines are more aware of the role of the physiotherapist in the care of the patient. A nurse manager sums it up in these comments.

> Before when they were downstairs, we just knew that they (pts) were down there. You sent a patient to do physical therapy, the patient came back up. You really didn't know the extent of what they did. Since they've been on the floor they have become a vital part of the team... . They are part of everyday activity...I really like having them on the floor. I could never see them going back down to be just a department. (Lopopolo, 1997, p. 927).

In fact, in a recent study involving a large rehabilitation facility, 63% of the nurses reported that interdisciplinary teamwork has increased with the team management approach (Miller & Miller, 1997).

The physiotherapists themselves recognized an advantage to working on the floor in the midst of the team:

> I think that as a profession, we've gained more respect... the team regards the team more highly then they used to because (before restructuring) I got the feeling 'all the physical therapists are down there, just let them do their thing.' Now I get the feeling that people look to us to make appropriate decisions. (Lopopolo, 1997, p. 927)

Benefits of working in program management include: increased respect and recognition of the physiotherapist's expertise; an increase in the sharing of

knowledge with other professional team members; an increase in other caregivers' awareness of the patient's physical progress; and the physiotherapists' opinions and decisions on treatment and discharge planning are more valued. While on site, physiotherapists are able to share their expertise with other professions in the form of direct education and are participants in developing problem solving strategies for patient care (Lopopolo, 1997).

Challenges

However, with every new innovation there is a need to view the change with eyes wide open. The same research asked employees to rate their level of job satisfaction. Thirty seven percent reported greater job satisfaction, 37% reported greater job satisfaction, and 27% reported less job satisfaction. Of the same participants, 44% felt that patient outcomes had improved while 26% indicated that patient outcomes had declined. Clearly, a significant number of the employees involved in the move to program management perceive a negative impact to the transition. To legitimately review the model, both positive and negative impact of program management must be identified.

There are particular concerns for healthcare professional groups in confronting the changes imposed on their professional practice by this new organizational model. The challenges particular to the physiotherapy profession will now be discussed.

In the program management model an entire level of management has been

eliminated. In most cases professionals are no longer supervised by someone in their own profession and may have limited access to their peers during the course of a day. The transition to program management has been reported to create the potential for "isolation from traditional professional colleagues, which may cause role ambiguity and role conflict, thus altering the caregivers sense of professional identity or role boundary" (Baker, 1993). By decreasing access to professional peers there may be a decrease in opportunities for professional development thereby affecting clinical excellence and quality practice. As well, a decrease in professional contact time may impact the development of professional identity and the exposure to the professional culture that guides professional growth.

In his evaluation of the program management's potential to affect the physiotherapy profession, Baker (1993) stated, "a major issue for many professionals is the fear of loss of a disciplinary identity in the reorganization along program lines... practice standards, quality reviews and discipline may be undermined if there is no disciplinary focus (p. 221). While the potential for these problems to emerge has frequently been identified, there has been little written to determine the actual effects experienced by physiotherapists working in the program managed environment.

In the transition to program management there is the potential for new graduates to be hired on to a team where they are the sole physiotherapist. Therapists who work in this setting perceive this as being a situation that could

seriously impact the professional development of new therapists (Miller & Solomon, 2000; Lopopolo, 1997; Swinamer, 1993).

With the move to a new organizational model there are administrative and ethical challenges that present themselves . For example, a manager in a newly restructured hospital explains:

> A new hire or a new grad or (a therapist on a) new rotation may need to have a physical therapist with experience there on the floor with them. But then, is it productive to have two physical therapists covering one floor if the volumes aren't high enough? But then, you can't leave a new grad or new hire by themselves... That's a challenge, I think. (Lopopola, 1997, p. 925)

Administrators themselves recognize the potential problems that may be created by placing new graduates in a work situation that does not allow contact with more experienced colleagues

There has been a body of literature written on the transition to a program management model of administration and, while it focuses on the transition itself and strategies to ease the transition, each of the authors speaks of the perceived challenges of individual professions to maintain their professional identity and professional standards of practice (Bain, 1994; Baker, 1993; Ellis & Closson, 1994; Monaghan et al., 1994; Pond & Herne, 1994). Each of these institutions has instituted a 'discipline director' position specific to each profession. The discipline directors are responsible for discipline specific education, quality practice standards, orientation of new graduates, as well as a range of other duties.

The goal of the physiotherapy profession in the context of these new models of healthcare delivery must be to prepare our new graduates to understand the changing health care system and to be able to develop strategies to meet the challenges and opportunities presented. If we find that the system limits them from functioning within the expectations of their professions' acceptable standards and providing high quality patient care, we must prepare them to be agents of change. There is a need to understand how to meet the challenges of professional development and promoting professional identity for physiotherapists working in a program management setting. Exploring the experience of the first year of practice could inform this goal.

Student to Therapist/Novice to Master Clinician

What is the process by which a emergent clinician, fresh from the student role, develops into an expert clinician? While we know that experience is certainly necessary for the development of expertise, it is not the sole requirement for success. Some experienced therapists after many years of practice still exhibit only minimal competence (Benner, 1987). In the study of the transition from novice to expert, specific skill acquisition and mastery is explored. We must understand the qualities and skills that identify expert practice to give direction to professional development goals.

Mastery

"An examination of the character and spirit of practitioners who demonstrate

mastery, excellence and leadership illuminates the clinical reasoning processes and clinical practices that are essential to professional excellence and growth" (Bourke & DePoy, 1991, p. 1027). Understanding these expert clinicians and how their practice differs from the novice's gives us insight into how to best support the new graduate to achieve excellence in their own careers.

What are the qualities that differentiate the expert clinician from the novice? In her examination of the components necessary for the development of professional competence in nurses, Benner (1984) developed a model of expertise in clinical practice. She found that the evolution of clinical expertise involved the development of a complex understanding of a situation that went beyond its constituent parts. The evaluation of a unique situation, by appreciating its subtle complexities, allowed the clinician to determine a course of action better suited and appropriate to the situation then that indicated by formalized rules of technique or procedure. Expert clinicians were particularly proficient in situations called "indeterminate zones of practice: that are characterized by uniqueness, uncertainty or that involve conflict of values' (p. 24).

In Benner's (1985) skill acquisition model there is evidence of a progressive continuum of experience that incorporates an understanding of the significance of individual events that contribute to clinical decision making expertise. The model outlines increasing skill levels and proficiencies through five stages of professional development: novice, advanced beginner, competent, proficient and expert. In this model "increasing proficiency" is reflected by changes in three general aspects of

skilled performance. There is,

> ...movement from reliance on abstract principals to the use of one's own past experience; the learners perception of the demand situation changes—the situation is seen less and less as a compilation of equally relevant bits and more and more as a complete whole in which only certain parts are relevant; and the learner pursues a passage from detached observer to involved performer. (Benner, 1985, p. 13)

Experience alone does not develop expertise. However, the ability to use the experience to make observations which promote problem solving strategies does. The goal of clinical mastery is the ability to combine knowledge with experience, to have the subtle awareness of what information is important and appreciate the significance of critical cues (Benner, 1984; Schon, 1983; Payton, 1985).

The expert may be more sensitive to an overall "pattern" of environmental, social, emotional, and physical cues that create the puzzle pieces which influence a clinical decision. In contrast, the novice may be more concerned with the situational or case-specific "rules" of care and may not be aware of the bigger picture in his or her decision making processes (Benner, 1984; Benner & Tanner, 1987; DePoy, 1990.)

In an examination of the clinical reasoning process of expert physiotherapy clinicians, Payton (1984) found that their deductive reasoning styles were unique. Expert clinicians began to formulate preliminary hypotheses early in a patient interview process which allowed them to selectively streamline their examination and

determine a highly effective intervention. By understanding the clinical reasoning skills of expert clinicians compared to the skills used by their mediocre counterparts, the profession can identify the skills that result in the development of highly skilled and effective clinicians. Are these skills transferable in an academic forum or are they better taught one to one in an environment with a seasoned mentor who uses practical applications to illustrate the clinical reasoning model?

The specific skills demonstrated by expert clinicians can be recorded. Expert therapists are able to direct the exchange with their patients to achieve maximum efficiency and productivity. They give and receive a maximum amount and quality of information in a given period of time. The experienced clinicians build their next question on the last response of the patient. This skill demonstrates an ability to direct the exchange of information toward the definitive clinical reasoning goal of identifying a diagnosis and determining the most efficient and effective intervention option to address it. Studies of expert physicians indicate that they were very good at clearly explaining information to their patients (Elstein et al., 1978; Tammivaara & Yarbrough, 1974). Their communication styles were effective and efficient. Similar findings were recorded when expert physiotherapists are observed. They "listen well, detect confusion, seek clarification, and know when one is being understood" (Shepard & Hack, 1990, as cited in Jenson, 1990, p. 322).

In observing eight therapists, with varying levels of experience, Jenson et al. (1990) observed significant differences between clinical practice skills of novice and expert physiotherapists. They found that experienced physical therapists spent

more total treatment time in direct patient contact than did inexperienced physical therapists. Additionally, the experienced therapists more efficiently handled interruptions and tasks outside of direct treatment time without disrupting the treatment session while maintaining their focus on the patient interaction.

More experienced therapists spent a greater percentage of their treatment time in actual hands on care. They "spend an intense dose of time with each patient in hands on care, seeking information and evaluating and educating the patient" (Jensen, Shepard, & Hack, 1990, p. 319). Novice therapists spend more of their treatment time in activities that did not involve direct patient contact. Similarly to inexperienced teachers and nurses, inexperienced physiotherapists are concerned about "survival issues" that priorize following the rules and standard procedure (Fuller & Brown, as cited in Jenson, Shepard, & Hack, 1990; Benner, 1984). They are much more concerned about and devote more time to environmental, organizational tasks at the expense of direct patient contact time.

The examination of the characteristics of master clinicians can inform the support and development of novice practitioners. Similarly, an examination of the experience of the first year of practice informs the profession of the stresses and achievements of the novice phase of clinical competence and the situations in which new graduates identify the need for support.

Experience of the First Year of Practice

The research investigating the lived experience of newly graduated clinicians

in the healthcare professions has found that the transition from student to therapist is a particularly stressful one (Clayton et al., 1989; Deckard & Present, 1989; Jenson & Shepard, 1990; Rugg, 1996; Parker, 1991; Tryssenaar & Perkins, 2001). There are a number of factors that make the transition from student to therapist particularly challenging in Northwestern Ontario. These include relatively small numbers of practitioners and potential isolation from previously used support systems (Beggs & Noh, 1991).

Tryssenaar and Perkins (2001) used responsive reflective journals, written during the first year of practice, to explore the lived experience of the transition from student to therapist. The new graduates moved chronologically through four stages: Transition, Euphoria and Angst, Reality of Practice and Adaptation. Throughout and within these stages six common themes presented themselves: great expectations, competence, politics, shock, education, and strategies.

(1) Great expectations reflected the anticipation of independence, freedom from the school system, financial compensation and the recognition of potentials and opportunities.

(2) Competence included struggles with feelings of not being as skilled or competent as other therapists but over time with experience and positive feedback, they began to recognize their increasing knowledge and skill base.

(3) Politics addressed the organizational battles, politics, paperwork and hierarchy issues that challenged and frustrated the new grads.

(4) Shock—the inadequacies, inequalities, variance in capabilities and dedication in the healthcare system created stress in both the professional and private lives of the new graduates. The shock included the fear of burnout and stress of carrying a full patient case load.

(5) The education theme included reflections, both positive and negative, on how well their formal education prepared them for practice. They also reflected on the need for continuing education to increase their knowledge base and stay current.

(6) The final theme of strategies included the development of the novices' problem solving abilities.

As they recognized real or potential gaps in knowledge or skill base, the new graduates began to develop strategies for coping and ongoing education. Understanding the challenges that new graduates experience in their first year of practice can inform the profession on how to best support them through the often stressful transition from student to therapist.

There is often a discrepancy between the new graduate's ideals and expectations and the experience of practice leading to the experience of 'reality shock' (Kramer, 1974). Rugg (1996) compared new occupational therapists' perceptions of the ideal (what should happen) to the actual (what actually does happen) characteristics of clinical practice. Their perceptions were compared before and after the first year of clinical practice. The new graduates reported that there

were three areas that did not meet their expectations of the ideal clinical experience: getting adequate supervision, using the full range of their skills, and clearly knowing their role in the clinical situation. These three areas were identified as areas of stress for new graduates and it was suggested that efforts to address retention factors should be focused in these areas.

Some of the same factors that elicit stress for all therapists are experienced more intensely and consistently by novice practitioners. In a 1993 study, 202 therapists were surveyed about the common experiences of institution based physiotherapists and to identify differences in the perceptions of therapists with varying levels of experience. Inexperienced therapists most frequently reported they had inadequate time to treat their patients.

> Close to 90% of therapists reported they felt they had inadequate time to work with their patients... of the therapists with less then three years experience, 45% frequently or always felt this way. In contrast, therapists with more then eight years experience only 19% frequently and 0% always felt this way. (Curtis & Martin, 1988, p. 589).

Although all therapists experienced a lack of adequate time to appropriately treat their patients, at times, new therapists frequently or always experienced this stressor.

The new graduate struggles to find a balance between meeting the individual needs of specific patients, meeting the institutions' requirements for productivity and managing their full caseloads. Novices may have expectations that are beyond what

they can realistically accomplish and this leads to high levels of stress and the potential for burn out. Therapists often feel frustrated when they are unable to deliver the services they know they are capable of providing (Peckand & Present, 1989). The connection between perceptions of competency, support and their effect on job satisfaction and retention will be addressed in the following section.

Examination of the experience of the first year of practice has shown us that new graduates experience a sense of incompetence in balancing the demands of caseload and quality of care and are therefore at risk of role stress due to role conflict (Tryssenaar & Perkins, 2001). As well, the new practitioner often does not take time to fully comprehend the expectations of their direct superiors and the organization as a whole placing them at high risk for a sense of role ambiguity. New graduates have only begun to acquire skills and develop strategies that empower them in the workplace and increase their confidence and competence. There are a number of skills that are particularly difficult for the novice. Time management is a significant one. Communication strategies and organizational skills are challenging as well. Providing new graduates with opportunities to develop these skills will increase their sense of competence and job satisfaction.

There is a continuum of skill acquisition and strategy development that is not reflected in the new graduates skill set. This pervasive sense of not having enough time creates a sense of incompetence and low satisfaction. Fortunately, it is remediable.

Mentoring as a Strategy of Support

Origin of Mentoring

The word mentor was first chronicled in the Odyssey. Homer tells us that around 1200 B.C. Odysseus appointed a guardian for his household before leaving for the battled of Troy. The guardian, for the next ten years, acted faithfully as teacher, adviser, friend and surrogate father to Odysseus' son Telemachus. The mythical guardian's name was Mentor.

Homer's story reflects one of the oldest recorded attempts by a society to facilitate mentoring. It was the custom in ancient Greece for a young male to be paired with an older man, usually a friend of the family or relative, in the hope that the boy would adopt the skills and values of his mentor. The Greeks promoted these relationships on a basic principle of human survival: humans learn skills, culture and values directly from the humans whom they look up to and admire (Murray, 1991).

These principles of modeling and mentoring have been key elements in the continuity of art, craft and commerce from ancient times. In the middle ages, the development of craft guilds formalized the process of mentoring. Young boys were traditionally apprenticed to a master in a trade. An apprentice lived with and learned from the master, worked his way up to journeyman until he was finally considered a master himself. Through this formalized mentoring, the craft guilds controlled the quality of work and wages of their professions and passed on valuable social and political connections.

Informal mentoring has been recorded in the letters and memoirs of many great scholars, artists, writers, and musicians who attribute much of their skill and success to the encouragement of a trusted and admired mentor. They may have assisted in career advancement or guided the protégé through the political pathways of a profession. In some cases the mentor assisted in critiquing the protégé's work and promoting refinement of specific skills.

Since the mid 1970s the business world has actively espoused mentoring. There was a recognition by business theorists that as businesses grew larger and larger there was a need to retain a person to person approach to the passing on of information and the culture of the organization. For a company to survive it must have a mechanism to regenerate from within. "This simple fact epitomizes what is now a jewel tradition...These mentor relationships develop leaders" (Collins & Scott, 1978, p. 207). The business world has recognized the value of mentoring for many generations and serves as a source of information on the mentor relationship for other professions.

The competitiveness of a global economy coupled with the research on successful mentoring has seen many organizations develop formalized structures and procedures to support the development of mentoring relationships. In the highly successful Sony Corporation, for example, all new employees wear a small green circle on their identification badges that alerts all senior employees to stop and give full attention to the sharing of information and the ways of the corporate culture. A direct mentoring link is made with a specific senior employee. The chairman of the

board, Akio Morita, has a clear vision of the role of mentoring in Sony's success: "We are making ourselves responsible for their education and well being. I consider it my job as a manager to do everything I can to nurture the curiosity of people I work with" (Murray- Hicks, 1987, p. 3). These companies attribute some of their success to their ability to generate leadership skills in all their employees.

Perhaps the most important role for the mentor is their ability to see and believe in the potential of the mentee and to share a vision of their dreams for the future. This faith is often a vital component of the young person's growth and self-actualization. There is a need to honour that faith and reward it by demonstrating through effort and achievement that it was justified. "A mentor is a visionary who sees in a person the potential of which the individual is frequently unaware" (Vance, 1982, p. 8).

It appears that the ancient concept of apprenticeship and mentoring have come full circle to have new relevance to the modern work place. The passing on of a skill set that allows the easy navigation of the geography of the business and professional worlds is once again being valued as a tool of education and advancement.

Mentoring in the workplace today

When asked to identify the most important factors that influenced their job satisfaction, therapists with less than three years experience consistently chose professional growth opportunities as one of their top three choices (Freda, 1992).

Mentoring is recognized as a valuable tool in achieving professional growth for new practitioners (Smith, 1989; Jenson, 1989; Feldman, 1980). Feedback from a valued superior is important to the socialization of a new employee. When this feedback is encouraged by the institution it confirms the centre's interest in his or her professional and personal development (Smith, 1989, p. 285).

In her germinal work on mentoring in the nursing profession, Vance (1982) shares the insights of a young protégé nurse.

> My mentor has provided me with so many insights into the practical realities of my work and profession. I have some theories, but she's had more real life experiences in institutional settings and with "the system." She also has sent many opportunities my way, and I am amazed by the value she places on my abilities. It makes me feel important to hear what she's done, and she tells me that I remind her of herself when she was a young fledgling nurse. (p. 8)

Vance interviewed 71 identified leaders in nursing. A surprising 83% reported they had one or more mentors and 93% reported being mentors themselves. These mentors were relatively equally divided between teachers, work colleagues, nursing supervisors, deans or associate deans. The remaining fifth came from a diverse group that included hospital and university administrators, relatives, therapists, and other health care professionals. Of those mentors, 70% were nurses, which reinforces the perception that most mentors are chosen from within one's profession. Seventy-nine percent of the mentors were the same sex as the mentee.

Healthcare workers are largely dominated by the presence of women. In the

past, physiotherapy has been largely a women's profession and although more men are entering the profession, in Canada, 87% of physiotherapists are still women (personal correspondence, Canadian Physiotherapy Association, May, 2000). The unique perspective of women, how they learn and how they relate to each other is particularly relevant to the study of mentoring in physiotherapy.

Vance (1982), like other women's leadership researchers, believes that women professionals have a great need for mentors.

> We have special problems in our careers: juggling the multiple roles of private life and careers, our traditional sex-role conditioning, lack of career planning, deficits in self-esteem, lack of access to formal and informal power structure, the low value assigned to traditional women's work, and need for solid academic credentials. (p. 9)

Women mentoring women have a unique perspective on the need to juggle the responsibilities of home and workplace. They may be able to understand the often conflicting demands, offer an empathetic ear and realistic strategies.

Over the past 20 years, women have been more consistently attaining positions of influence. As they place more value on their work and themselves they are feeling more powerful, more secure, and consequently, more generous in the help offered those following in their footsteps. By describing and validating the mentor relationship and its benefits, women begin to look for opportunities to ask for help and share their own wisdom with others. More of us will see such relationships as an investment in our individual and collective futures: generativity (Vance, 1986).

Women, in their efforts to balance work and home demands, benefit from mentoring particularly at times of transition—finishing a degree, changing jobs, being promoted, having a baby, entering a new field, getting married etc. At these times in particular, support, guidance, role-modeling, support for strategy development and reassurance of a more experienced woman are invaluable (Vance, 1982).

Researchers, in the study of the transition from novice to expert clinician, recognize the role of mentoring in that transition especially in the case of clinical decision making (DePoy, 1990; Jenson et al., 1990; Payton, 1985). To make the transition to a more complex and efficient method of clinical decision making model the novice may benefit from exposure to an expert clinician. The strategies learned through years of experience can be transmitted from expert to novice.

> Experienced therapists can assist the inexperienced practitioner to think by focusing on specific cues. This focus enables a thought process to evolve that includes organization of cues, hypothesis, pattern recognition and deviation from expected patterns. Assisting inexperienced clinicians to use a systematic method of problem solving may improve their abilities to process information. (Curtis & Martin, 1993, p. 591).

This information can be relayed through observing the senior therapist involved in the process of clinical decision making, by having her describe her decision making process, or having her facilitate the novices' examination of their own journey through clinical reasoning.

In reviewing the characteristics of master or expert occupational therapists,

Bourke and DePoy (1991) suggested that the profession needs "to ensure that novices and other developing therapists who have not yet achieved mastery will recognize mastery, we must give them opportunities to observe both master clinicians and excellent practitioners, to converse with them, and to compare them as a means of understanding their differences and the development of their behaviours" (p. 1031). By observing expert clinicians, the novice sees the contrast between their own developing skills and the efficiency and competency of the masters skills. The contrast is a motivator and indicates the direction of growth needed.

Research that explores the growth in clinical decision making skills in the transition from novice to expert appears to unanimously support the exposure of new graduates to the clinical reasoning skills of master clinicians (Bourke & DePoy, 1991; DePoy, 1990; Elstein et al.,1978; Jenson et al., 1990; Payton, 1985)

Experienced clinicians also have strategies to navigate the organizational challenges of working within a large healthcare institution. These skills can be modeled and passed on to the new graduate and may result in an easier transition into the workplace. Katz & Kahn (1978), in their investigation of the social psychology of an organization, express the view that organizational effectiveness results from "congruity between organizational expectations and an individual's role" (as cited in Lopopolo, 1997). Therefore these organizational expectations are communicated and reinforced on an ongoing basis. Cues regarding appropriate behaviours must be transmitted, modeled, learned, and integrated into a sense of

professional identity and responsibility.

In a Murray-Hicks (1987) study identifying factors that affect successful integration into an organization, sixteen skills were revealed to be vital. The skills included those relevant to organizing, planning, quality of decisions, leadership, behaviour, flexibility, inner work standards, group process, and technical job knowledge. When examining these skills further, it is apparent that there is a significant gap between the skills taught in a professional academic program and those needed for successful integration into the workforce. The skills that are rarely taught, decisiveness, tolerance of uncertainty, resistance to stress, and use of personal power, are particularly appropriate for modeling and coaching by a skillful mentor. The mentoring relationship may provide an opportunity for the learning of skills that are important for successful orientation into an organization but are not presently taught in the academic setting.

For the professional caregiver, "time management skills are essential to achieve some degree of role satisfaction" (Curtis & Martin, 1993, p. 589). Strategies such as prioritizing treatment activities, delegating treatment tasks, grouping patients with similar needs, referring patients to other disciplines, setting appropriate goals to prepare the patient for the next level of care, using time-efficient education resources, and streamlining techniques for documentation are skills not often included in the therapists academic preparation. These skills are learned primarily after graduation in the first few years of practice. An experienced therapist who has developed and perfected these skills can save time and energy by relating tips for

success directly to the new therapist (Curtis & Martin, 1993).

Paperwork was indicated by four different healthcare professions, nursing, pharmacy, physiotherapy, and occupational therapy as the most stressful aspect of their current jobs (Abelson, 1986; Cooper & Brown, 1986; Freda, 1992; Bailey, 1990). Although documentation needs can not be avoided, time management and efficiency strategies can be passed on by senior staff to decrease the stress felt by new employees (Curtis & Martin, 1993).

In their conclusion of the study of retention factors of institution based physiotherapists, Curtis and Martin (1993) suggested that senior staff and clinical educators can alleviate some of the stress of a new graduate and increase their effectiveness. By formally "sharing strategies and ideas for management of problems they face in delivering needed services and dealing with change, conflict, supervisors, managers and other team members" (p. 592), the more experienced professional can promote the development of skills and competencies that increase job satisfaction and decrease stress.

There is, as in any relationship, potentials for problems in the mentor relationship: oppressive control, exploitation, unrealistic expectations, smothering, envy and excessive altruism. However, most mentors have the experience and wisdom to avoid such uncomfortable situations (Vance, 1982).

When asked to identify the resources that would support them in the transition from student to therapist, new graduates chose exposure to a experienced clinician as their first choice (Parker, 1991). In a survey of 51 newly graduated occupational

therapists, 85% identified the need to meet with and receive support from experienced therapists on a regular basis as the most important strategy for alleviating stress (Parker, 1991). Are there proven significant advantages to being mentored? The following is a brief summary of the literature to date.

Smith (1985) investigated mentoring outcomes for the protégé, the mentor, and the organization in a critical care setting following a formalized mentoring nurse intern program that involved more then 100 subjects. In measurement of educational achievement, professional identity, and extended job responsibilities there was no significant difference between the mentored group and the control. The mentor outcome was examined by comparing responses between 24 head-nurses who were mentored to a standard measure of professional burnout on three variables: emotional exhaustion, de-personalization, and personal accomplishment. The only statistically significant finding was a greater intensity of emotional exhaustion and greater frequency and intensity of de-personalization items. In light of this somewhat negative finding, research modern healthcare theorists warn that mentoring initiatives should be undertaken with some caution. There is a need to further explore the evidence that mentor relationships do achieve the goals of support and increased growth and achievement in the protégé. Clinicians are increasingly lamenting the time pressures they experience increased workload. Mentoring is time and energy consuming. One must be sure of its benefits before committing resources, both human and financial.

In a review of research on mentoring, 114 research papers were assessed. In

their (Vance, 1991) conclusion they reported: "These studies of staff nurses revealed that the presence of mentors enhanced problem solving and decision-making, assisted in career guidance and increased self confidence. It was reported that more than one person and a variety of types of persons served as mentors" (Vance, 1991, p. 182).

Clayton et al. (1989), in a study that investigated the results of mentoring, compared two study groups in which one experienced preceptorship and the other did not. Preceptor group scored higher on leadership, teaching/collaboration, interpersonal relationships, communication and evaluation skills. The mentored group expressed increased levels of job satisfaction as well.

Atwood (1979, 1981), using recognized clinical performance and self concept measurement tools, found that the changes in mentors pre- and post-test scores were significantly greater then the change in the mentees scores. There are recordable benefits to experienced clinicians who offer to act as mentors. This was reported as reflecting the stimulus and renewal created by participating in the role of mentor. Without exception, all the mentors indicated a greater awareness and understanding of themselves following the experience.

The teaching profession has valued the role of mentoring in the support and professional development for some time. In her 1992 study of teachers who had experienced a one year formal mentoring experience, Odell found a 4% attrition rate compared to the 9% state rates of attrition. The teachers, in a retrospective analysis of their mentoring experience, rated their mentoring experience very highly in both

categories of influence on their career and helpfulness. They most valued the emotional support and the strategy development coaching they received.

In the business world, there are many references to the benefits of the mentoring relationship. Roche (1979) studied executives from a number of organizations and found a surprising advantage of mentoring. The most telling difference between executives who had mentors and those that did not was their own sense of personal satisfaction. They had statistically significant higher recorded levels of self-confidence and self-esteem. They reported high satisfaction with their careers and said that they derived greater pleasure and self-worth from their work. We know that job satisfaction is an important factor in retention of professional healthcare givers, and therefor there appears to be a relationship between mentoring and job satisfaction.

The research supports the fact that new graduates make up a significant percentage of the physiotherapists working in healthcare institutions. If we are to address the retention concerns of these physiotherapists and ensure excellent patient care, there must be an attempt to focus on the need to support new graduates as they begin their careers.

The literature supports the benefits of establishing mentoring relationships to support and motivate new graduates through the first years of clinical practice. New graduates, themselves, identify the need and their preference for mentoring as the instrument of that support. There appears to be a direct relationship between exposure to expert clinicians and the development of advanced clinical reasoning

skills that directly impact on the quality of patient care. However there appear to be some obstacles to facilitating the development of these relationships in the program management setting. I believe it is the responsibility of the physiotherapy profession to understand the need for support and professional growth in the first year of practice and to creatively explore strategies to implement support systems that address those needs.

In their conclusion to her study of retention factors for physiotherapists working in institutions, Curtis and Martin (1993) address the need to understand and meet the professional development needs of new graduates regardless of the challenges the workplace presents. "We must strive to make professional development priorities congruent with the needs of [new] clinical practitioners to effectively manage patient care responsibilities, given the constraints of the health care system and the perceptual skill or strategy deficits of the clinician" (p. 592). The literature supports the exploration of the mentor relationship as a valuable tool in the professional development of new graduates.

CHAPTER 3

METHODOLOGY

This study uses a qualitative phenomenological approach to explore the "lived experience" of the first year of practice of newly graduated physiotherapists. Within this broad question is embedded an exploration of the concept of support as experienced by the participants. By understanding the experience of emergent therapists in the north it is hoped that suggestions on how to offer support that is appropriate and applicable to their unique situations can be generated.

Within the realm of qualitative research, the study of phenomenology aims to construct a full interpretive description of the world of the lived experience. To do this the researcher systematically develops a narrative that identifies themes while remaining true to the universal quality or essence of a particular experience (van Manen, 1990). The phenomenological approach to researching the lived experience of new graduates will illuminate the themes that have particular importance and meaning in the transition from student to therapist in the physiotherapy profession. It is hoped that the themes identified will clarify the participants understanding of the support systems and mentoring needed to facilitate the new graduates progression through the challenges of the first year.

In a review paper on the previous ten years of research on the mentoring process, Carmin (1988) confirms the nature of the mentor relationship as process oriented, developmental and longitudinal. He suggests the use of intensive

representational case studies, observational methods, in-depth interviews, autobiographies, and diaries to study the mentoring relationship. "The complex interactional, emotional and longitudinal aspects of mentoring have made empirical measurement difficult" (Carmin, 1988, p. 4). Using the right methodological approach will increase the likelihood of successfully investigating this important relationship.

To explore this lived experience two sources of data were used. New graduates were interviewed and asked to relate their perceptions of their first year of practice with particular emphasis on the support systems available to them. As well, experienced therapists were asked to reflect on their concepts of support for new graduates.

I believe that qualitative inquiry best explores the questions posed as the purpose of this research. What is the experience of newly graduated physiotherapists in the first year of practice? What systems supported them in that crucial first year? What are their perceptions of the role of mentoring in that support? The goal of this study was to investigate the 'lived experience' of these new graduates through their own personal experiences. Qualitative inquiry will achieve these goals while maintaining the integrity of the individuals experience by expressing the experience in the participants' own words. In this way the new graduates perceptions inform the profession of physiotherapy's understanding of the transition from student to therapist.

By exploring the lived experience of these therapists we hope to understand, not

what is proposed in models of operation or policies and procedures of program management institutions, but the realities of clinical life as seen through the eyes of the new grads themselves.

In her exploration of the use of qualitative research in the knowledge base of the physiotherapy profession, Jensen (1993) explained

> The use of qualitative methods in physical therapy research offers researchers the opportunity to better understand the context of clinical practice and professional education. As a developing profession working toward defining and validating a theoretical body of knowledge, application of a variety of research methods provides us with the opportunity to establish a broad-based integrated knowledge base. (Jensen, 1989, p. 493)

Physiotherapy has, in the past been viewed, as a largely scientific discipline and the majority of research has been quantitative. The use of qualitative research is relatively new to the profession. In this time of rapid change in the health care system, there is a need to understand the social context of our work as well as the hard science of our clinical research. Within the profession, there is a recognition of the value of evidence based practice literature to guide our clinical decision making. I propose that the management decisions that effect professional identity, job satisfaction and indirectly, but significantly, direct patient care must be supported by research that reflects the human cost as well. The human cost of healthcare decisions is best served by a qualitative approach to research. To explore the effect of varying degrees of support available to new graduates in their first year of practice

in a program management setting, we must first understand the realities of that first year through the eyes of, the actual experiences of the individuals themselves.

Data Collection

Data was collected through in-depth interviews with eight physiotherapists who have graduated in the past three years and four experienced therapists who work in a rehabilitation facility. This institution is located in the major centre of northwestern Ontario and serves as a catchment facility for rehabilitation patients from the large surrounding district, from the Manitoba border to Sioux St. Marie, from the Hudson's Bay to the U.S. border.

Two pilot interviews were conducted initially to aid in the development of the interview questions and to guide the development of the research question these were later included in the study findings. These two pilot interviews were also analyzed by a separate experienced researcher to provide expert assistance to ensure the coding methodology was sound.

The new graduates discussed the realities of the first year of practice from their own experience. All the participants, both new and experienced, were interviewed to explore their views on the role of support from experienced physiotherapists in the professional socialization of new graduates.

Both new and experienced therapists were asked to share their ideas on how emergent physiotherapists could best be supported in their first year of practice. By using a cross section of the clinical community was used to develop a rich understanding of the cultural concepts of professional socialization and mentoring

were described.

Following the analysis of the initial interviews, the results were reviewed and assessed for reliability/trustworthiness by gathering a focus group from the larger population of physiotherapists that were employed at the institution. The focus group included many of the original participants and a variety of other therapists as well.

Sampling

Purposeful sampling techniques were used to select participants from the larger sample population of physiotherapists that worked in the institution. Eight new graduates and four experienced therapists participated.

> The logic and power of purposeful sampling lies in selecting *information-rich* cases for study in depth. Information-rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the research, thus the term *purposeful* sampling. (Patton, 1990, p.160)

In the case of this research, purposeful sampling was used to find interviewees who could fulfill the purpose of exploring mentoring in the first year of practice. Participants were chosen for their experience as newly graduated therapists with exposure to the role of a mentor.

A survey was used to select participants from the larger population. In the survey therapists were asked to identify the number of years since they graduated, their experience as a mentor or as a mentee, and their interest in participating in a study that explores the role of mentoring in the professionalization of emergent therapists.

The strategy of intensity sampling was used within the scope of purposeful sampling. In intensity sampling "information-rich cases that manifest the phenomenon of interest, intensely (but not extremely)" (Patton, 1990, p. 171) are used. Informants were sought whose experiences reflected the "common or normal" experience of an emergent therapist to attempt to exclude from the data experiences that reflected extremes or unusual experiences that could potentially bias the perception of the researcher.

An element of snowball sampling was used to locate "information rich key informants" (Patton, 1990, p. 176). In this form of sampling, people within the sample population are asked to recommend someone who has experience or knowledge on the topic being investigated. In this case, the people surveyed were asked to recommend someone they thought would have some insight into the topic of mentoring (see Appendix 1).

To reflect a representational sample, participants were not selected from one educational background (i.e., university) but, represent a cross section of graduating educational institutions that would be typical of a healthcare institution's physiotherapy employment pool. van Manen (1990) refers to this as variable sampling and recommends it be used to obtain a more representative sample. Representative, here, implies that the full scope of potential new graduates and employment situations within the institution are sought in the sample selection. By using a cross section of the clinical community, a rich understanding of the cultural concepts of professional socialization, support and mentoring should be obtained.

In summary, purposeful, intensive and variable sampling strategies were used to obtain the most representative participant pool appropriate to the study question.

Participants

Eight new graduates were chosen to participate in the study. Of these, six were still employed in the institution. Within this group were therapists who had experienced a variety of work environments within the program managed institution. Two had left the institution for other jobs, one felt highly supported and one did not experience a lot of support. By choosing therapists that represented a variety of working situations in the institution, it was my hope that a representational sample would be achieved.

Setting

The interviews with the inexperienced therapists and two of the experienced therapists took place in a private room in the work place to increase the convenience for the participants. Two of the senior therapists were interviewed in their own homes. All interviews were recorded for transcription. The interviews were approximately 45 minutes long but some flexibility was exercised according to the amount of information presented by the individual therapists. The longest interview was one hour and forty-five minutes.

Interviews

During the interviews the goal was to record the emic view of the participants. The word emic refers to the perspective of the participant on the topics of interest and should not be influenced by the views of interviewer. An interview outline had

been developed from the initial two pilot interviews with the help of an experienced qualitative researcher. The interview outline contained three or four open ended questions with probes to direct the topic toward the issues of mentorship and support (see Appendix 2), however, as the interviews evolved a more conversational tone predominated.

The emergent therapists were asked to reflect on their first year of experience with a particular focus on the availability of support. Experienced interviewees were asked to recall their own first year of practice and to reflect on their observations of the first year of practice for new graduates currently employed in the institution. They were also asked to reflect their concept of support and their ability to provide support for new graduates. All participants were asked to suggest strategies of support for new therapists joining their institution in the future.

All interviews were conducted by the researcher to ensure consistency. Therapists were given a cover letter/ consent form that explained the study and assured them of confidentiality (see Appendix 3).

Critical Incident Theory

The use of critical incidents were used in the collection of data. Critical incidents are experiences that reflect a concept strongly for a participant, a strong memory of a particular incident that illustrates that concept for the interviewee. The emergent therapists were asked to reflect on an incident in which they felt supported and one in which they did not feel supported. By describing a particular incident that illustrated a concept (in this case the support of first year practitioners) the

participant's experience is clarified and illuminated (Berg, 1998). These incidents and their consequences serve to illustrate and represent the lived experience of the emergent therapist and will form a series of illuminating vignettes to clarify the aims of the recommendations.

Analysis

The data was analyzed using an open coding method described by Berg (1998) in which the data is analyzed minutely. Transcript text was coded, in the margins, with words that described the experience or meaning of the individual phrase or answer. This was done for the entire text and the codes were reviewed to detect patterns and relationships. At this point the selective highlighting approach suggested by van Maanen (1990) was used to identify the larger categories and provide improved visibility for collation of data in similar code groups. When broader categories were identified such as mentoring characteristics or isolation, the relevant portions of text from the interviews were collected to identify connections and relationships within the broader categories.

Coding on such a minute level sets the stage for inductive analysis which could be used to produce meaning and theory that is grounded in the data itself. "Inductive analysis means that the patterns, themes and categories of analysis come from the data; they emerge out of the data rather then being imposed on them prior to data collection and analysis" (Patton 1990, p. 390). Gika (1978) suggests that "in focusing the analysis of qualitative data, the evaluator must identify convergence... figuring out what things fit together into systematic categories" (p. 76). These can

be discovered by looking for "recurring regularities" in the data. Recurrence of coding words or similar words may reflect a category that can be identified as having the ability to add contextual meaning.

In the case of the data collected in this study, the individual interviews were coded line by line to identify the topic or meaning of each thought presented in the dialogue. By reviewing the coding, the repetitions of ideas became apparent. For the first two interviews used as a pilot, a second coder who had extensive experience as a qualitative researcher analyzed the data separately from the primary investigator. Common coding between the two researchers was identified and served to establish a valid coding system to be used in analyzing the remaining transcripts.

When coding was completed and was reviewed the repetition of thought, meaning and intent made the identification of larger themes apparent. When all the data bits related to the larger theme were gathered together the common meaning was easily identified and a name given for the theme, such as support or competence and confidence.

Focus Group

Once themes had been identified from the interviews a focus group was gathered to review the conclusions to confirm or refute the findings of the analysis of the interviews. The focus group included 13 physiotherapists. Six of the participants had been interviewed for the research and 7 were other therapists from the institution who were not in the study. There was a mix of new and experienced

therapists. The focus group lasted one hour in which the themes identified by the researcher from the interview transcripts were discussed and the relationships between the themes were explored.

The use of a focus group may serve to develop additional understanding of the lived experience that the group shares. Meanings and answers arising during focus group interviews are socially constructed rather than individually created and interaction between participants can increase awareness and insight (Berg, 1998). The triangulation of data from both interview and focus group transcriptions serve to increase the trustworthiness of the data collected (van Manen, 1990).

Limitations

The fact that this study was conducted in one institution will limit the generalizability of the results. The fact that the study is conducted in a northern community limits its ability to reflect the reality of other program managed institutions. The particular model of program management that this institution chose to implement may not reflect the practices of other program managed institutions. Larger institutions may have more resources to include more layers of middle management, in particular a discipline director responsible for discipline specific education and quality practice standards.

CHAPTER 4

FINDINGS AND ANALYSIS

Introduction

When the participants reflected on the lived experience of their first year of practice it was, in some cases, be a cathartic experience. Memories of the first year appeared to focus more on strong emotions and experiences then on the particulars of daily routine. Just as any memory revolves around the highlights and the horrors of an event, so too, when recalling their first year of practice, the participants appeared to focus on the highs and the lows.

Research is consistent in its portrayal of the first year of clinical life as being one of the most challenging situations that a professional experiences (Benner, 1989; Clayton et al., 1989; Jenson et al., 1990; Rugg, 1996, 1999; Tryssenaar & Perkins, 2001). The new graduates in this study do not depart from this perceived norm. However, the intensity of their experiences covers a broad spectrum of perceptions and experience.

From the analysis of the transcripts of the eight new graduates, common themes emerged: fear and anxiety, competence and confidence, and isolation and support. The theme of fear and anxiety is an overarching theme that is most evident in the initial stages of the transition from student to therapist: 'overarching' in that it spans not only time but the other themes as well. Particularly, in the early stages of building confidence and competence the feelings of fear and anxiety are frequently

referred to by the participants. Just as the theme of fear and anxiety continues across the span of the first year of practice but is most concentrated in the early stages; conversely, the themes of confidence and competence, although also continuous across the first year, are most concentrated in the later stages of the transition.

Confidence and competence are two themes that are often connected in the perceptions of the new graduates and in their reflections of their development. In the early stages of their career, the new graduates' discussions of competence and confidence mainly relate to the lack of these qualities. As can be expected feelings about their own lack of confidence and competence are often associated with the emotions of fear and anxiety. Thus, we see a progression or development in the themes across the continuum of the first year of practice. These continua are portrayed in Figure 1.

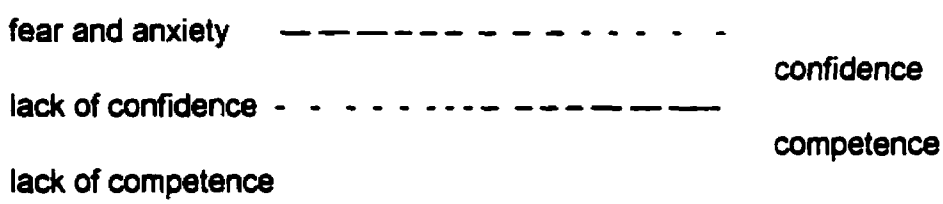

Figure 1: The fear / anxiety to competence / confidence continua.

Fear and anxiety decrease as perceptions of confidence and competence increase. But the question remains... are there qualities of the workplace that

promote the transition? What situations and circumstances enhance or impede the movement along this continuum?

From the analysis of the data gathered from the new graduates and experienced therapists it appears that the presence of support in a variety of forms can be a catalyst in the movement along this continuum. Conversely, the data suggests that isolation may slow the progression to confidence and competence. The lack of timely progress along this continuum has the potential to influence negatively the quality of patient care. It may also negatively impact job satisfaction and retention.

Another recurring theme was that of access to support. Both new and experienced therapists suggested a mentoring relationship as a strategy to bridge the perception of isolation in an geographically isolated work situation and provide the catalyst of support to new graduates who find themselves working in this situtation. A diagram of the proposed relationship between support, isolation, and the process of mentoring are presented in Figure 2 below.

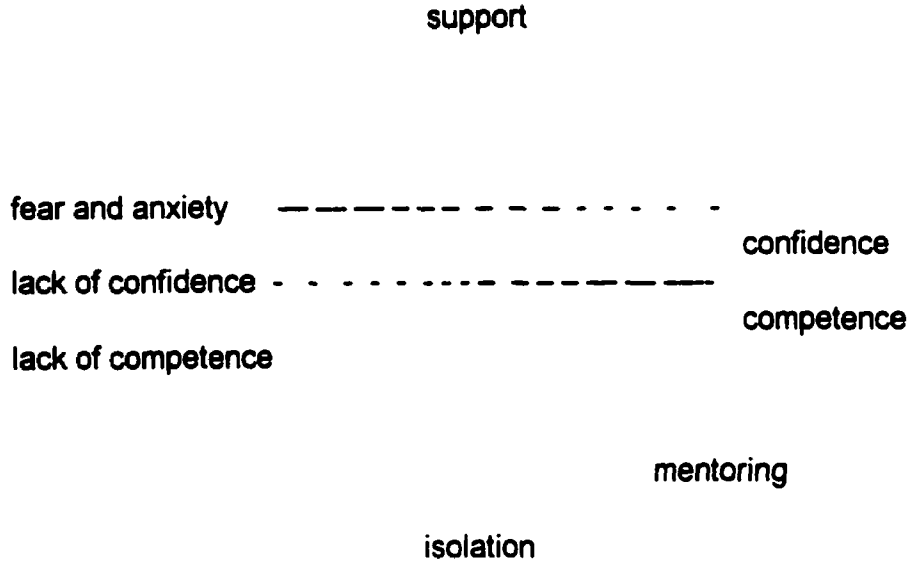

Figure 2: The relationship of support , isolation and mentoring to the continua of the first year of practice.

In the following chapter, the data from the interviews with both new graduates and experienced physiotherapists that supports the development of these themes and their associations are presented using the actual words of the therapists themselves... to give them voice. The power of *their* experience can only be fully appreciated through *their* voice. Their emotional and candid recounting of the eventful and stressful first year of practice is best conveyed in the words of those who lived it. I have chosen, wherever possible, to use the participant's words to illustrate meaning. I will identify the main themes, illustrate them with the words of the participants and explore the associations with the themes that presented themselves through the data.

Firstly, the overarching theme of fear and anxiety will be presented and the connections between the themes of fear and anxiety and isolation will be explored. Secondly, the theme of confidence and competence will be explored through the thoughts and perceptions of the new graduates. The relationship between the development of confidence and the availability of feedback will be examined. Thirdly, the new therapists' perceptions of the concept of support will be introduced and the properties and types of support that they include in that concept will be identified. I will also examine the ways new and experienced therapists reflect on their perceptions of barriers to support.

The fourth section will deal specifically with the perceptions of support seen through the eyes of the experienced therapists. The participants' reflections on the value of a mentoring relationship to the growth, development and support of a new graduate is explored along with their insight into the qualities that would promote the relationship. To conclude the topic of mentoring the participants suggestions on the environment that would be essential to the success of such a program are presented.

Finally, both new and experienced therapists indicate that the availability of support has potential to directly influence retention in the place of employment. A overview of their views on retention will be included with reference to the research on the factors that effect retention presented in chapter 2.

Throughout the following chapter the voices of the participants will be referenced in the following manner (r6, p. 13) or (R10, p. 7) with the lower cased r representing

respondent, new graduate, the upper case R representing respondent, experienced physiotherapist. The page number indicates the page the quote was selected from within the recorded transcript of respondent 6 or respondent 10. Therefore a quote referenced (r6, p. 13) can be found on page 13 of the transcript of new graduate interview number 6. The system of referencing was developed to ensure anonymity for the participants.

Reflections on the Process

It was interesting and challenging to conduct my research in an institution in which I had previously been an employee. My working years in that facility had been very rewarding and had provided me with wonderful growth experiences that were instrumental in developing my love of learning that promoted my return to academia to pursue a career in teaching physiotherapy. The fact that I had not worked in the institution for 10 years helped me to 'bracket' my views and my perceptions of the reality of work life in the facility. van Maanen (1990) describes 'bracketing' as the recognition of preconceived thoughts on the research topic and 'enclosing' those beliefs to be open to the reality of the research experience and the data collected. While the researcher's perceptions must be contained the familiarity with the concepts under investigation does help to give richness and perspective to the research question and understanding of the data collected.

My role in the institution has changed considerably since moving on to an academic role as instructor to many of the student physiotherapists who have

placements there and some who returned as new employees. The fact that two of the therapists I was interviewing were former students I had taught was challenging.

At the same time, the relationship we had created a sense of trust and mutual understanding which lead to an increased richness of the data collected. Because we both shared a common culture and experience, we were able to explore ideas and meanings that may have been lost in explanation and misunderstanding to an interviewer that was not grounded in the profession. At times when the new therapist was trying to think of a strategy that would address the needs of future emergent therapists the relationship changed to one that reflected their education in problem based learning and we worked together to brainstorm a solution. Oakley (1981) speaks of this phenomenon as co-construction, where the interviewee and the interviewer work collaboratively to create and induce meaning. In this form of participatory research, she speaks of the elimination of the "I and thou" concept and working toward a "we" relationship in the understanding of the development of meaning. Although this was not my original intent the interview did evolve that way. I see that I achieved increased richness with the shared understanding of our professional culture.

The Lived Experience of the First Year of Practice

Fear and Anxiety

New graduates experiencing their first year of clinical practice use the concept

of fear to describe many of their perceptions of their experiences. If recurring regularities can be taken to reflect a category of meaning, the emotion of fear most definitely reflects such a category. In one interview the word 'terrified', 'scared', or 'afraid' was used eight times in a 70 word passage of dialogue. This frequency was not uncommon. Fear was used in many different contexts: (themes represented in parentheses)

...afraid I'm not going to do the best for them the patients [confidence] (r1, p. 1)

...afraid in the sense that I'm not competent [competence] (r11, p. 2)

...scared there is no one to fall back on [isolation] (r2, p. 3)

I think afraid in the sense that I'm not competent. And afraid in the sense ...like I know I'm not going to hurt someone or put anybody in a bad situation, but I feel they are coming all the way here, maybe just afraid in that I'm not gonna do the best for them. But not like afraid, afraid. But like insecure afraid. [confidence] [competence] (r3, p. 4)

I felt my clients deserved better from me and I was scared that ...they would know that I didn't know enough.[confidence] [competence] (r5, p. 6)

...definitely a significant element of fear and ...lack of confidence because of... accepting that responsibility so quickly, right from always being supervised to now you're in a paid position... now you're expected to be a competent therapist.

You're expected to practice independently. [isolation] [competence] (r3, p. 9)

When the fear related data bits were collected together to attempt to identify associations and relationships, the strongest relationship was with the therapist's sense of isolation.

Isolation

The themes of fear and isolation were frequently associated. The relationship between the two themes was reflected in the frequent references to the anxiety associated with facing the new challenges of clinical care alone. Coming from education programs that stress collaboration, group work, and co-operative problem solving, the thought of tackling this new terrain without the support or resources of others who shared their knowledge base was fear producing. Isolation continued as a broad concept that encompassed three categories: physical isolation, social isolation, and academic/knowledge isolation.

Physical or geographical isolation was most commonly identified by the new graduates when they spoke of the anxiety they experienced during the transition to independent clinical practice.

...scared there is no one to fall back on (r1, p. 2)

...scared to think I'm the only physio that's gonna see these people (r11, p. 3)

...scared me to be totally isolated (r5, p. 6)

If I have a question on looking for ideas, there's no one... there are no other

physios for me to directly observe; I would have to go elsewhere geographically (r12, p. 9)

Out here in the real world there's no one checking up on me, partly in this setting cause I'm the only physio... that I don't have anyone to fall back on here (r11, p. 3)

As well, the new therapists explained that the physical isolation often lead to a lack of opportunities to develop social relationships with their peers in the physiotherapy profession.

...afraid to be out of the loop (r5, p. 8)

I had coffee break by myself or with other people on my team but never with the other therapists. When I was a student that was when we did a lot of information sharing and brainstorming. I missed that connection. (r12, p. 9)

I had no way to make a connection with the physiotherapy community for quite a while. I didn't really know anyone well enough to ask when they got together. (r11, p13)

The new graduates also expressed their sense of isolation from the information they needed to expand their knowledge base. They were unsure of the strategies to access resources either formal/academic (journals, texts and patient data) or

informal (who is the best resource for this question).

> I had no idea how to find the resources I needed in the hospital. No one to ask. (r12, p. 7)

> I think it's a bit more isolated. Like right now being this new grad, I feel isolated within my little program because I feel like nobody else really understands these patients, or they don't even want to 'cause they don't have time to go outside their patient load (r5, p. 3)

Often they did not feel that anyone else would understand their particular caseload of patients. In one case, a new graduate spoke of the high caseload of very complex patients she treated on a team in which she was the only therapist. Her caseload included patients on mechanical ventilators and with life threatening neurological conditions. At the focus group, she explained her anxiety that no one else understood the clinical concerns of her particular group of patients so she felt she had no one to turn to for support. Several therapists replied that in fact there was a therapist in the institution who specialized in respirology and had a wealth of information on her patient population (focus group, p. 14). The new therapist had no way of knowing that resource existed.

The literature exploring the move to program management appears to agree with these new therapists perceptions. Baker (1993) suggests that

> Since program management can lead to distribution of professionals across different programs, these individuals may feel cut off from their disciplinary

colleagues. While experiences with other professionals in their program may be rewarding, mechanisms are also needed that promote... professional development (p. 223).

In summary the concept of isolation is often associated with the emotion of fear and anxiety. Conversely when the therapist speaks of support, it is always in the context of connectedness, and lack of isolation. It appears that therapists working in management teams that are geographically isolated from experienced therapists speak of the concept of fear more frequently then their peers working in an environment where there is ready access to experienced therapists. Those therapists who are isolated most often associate the concept of fear with isolation in the early stages of their transition from student to therapist.

Competence and Confidence

Evidence of the theme of confidence and competence has been presented in many of the quotes previously used to illustrate the themes of fear and anxiety and isolation. The new graduates all reflected on their fear that they did not have the clinical skills to treat the medical conditions that their patients presented with. They often related their perceptions that the patient would be 'getting better' or 'progressing faster' if some other therapist were treating them. They all recognized their limited experience and questioned their ability to adequately meet the patients needs.

I felt bad that these patients were given me as opposed to somebody else. (r1,

p. 4)

> I always feel like I'm missing something...even if I do a full assessment...I'm missing something...this is what I see, [but] I don't know what to do with it now. (focus group, p. 23)

> I felt my clients deserved better from me and I was scared that... they would know that I didn't know enough. (r5, p. 5)

> I don't know what to do here. What do I do?" And you know, you look it up but. Oh I have to see this person on Thursday again and I have nothing for this person" ...and if I didn't have that support you know? It's tough... [you don't want] to see them [patients], you just feel like you're letting them down and you feel incompetent. (r3, p. 9)

These therapists all felt, at least initially, that their patients were unfortunate to have them, the new graduates, as their therapists. There is a level of anxiety and fear associated with the feelings of incompetence and lack of confidence. This included the fear of 'not doing a good job' with their patients, fear of the patients or other staff recognizing their limited skill set, and fear of the potential to make mistakes.

All the new graduates, regardless of the their work site, were highly motivated to increase their knowledge base and developed a number of strategies to meet their needs reflecting increasing competence in their ability for information

gathering.

> I always have my practice guidelines book around and if I'm worried about situations you know safety and stuff like that, I can refer back to that.(r4, p. 8)
>
> I use e-mail to ask questions... it's not specific per client ...you just ask about the condition or that kind of thing, but I don't e-mail the whole physio [group] just people I feel comfortable with. (r5, p. 10)
>
> I use the internet at night to do lit. [literature] searches, to keep on top of things (r12, p. 11)
>
> ...where I am now I feel confident and I think it is more practice and then more research and then looking on that information, that helps me. Then I feel like I know more and more and more. (r4, p. 9)

As time progressed the new graduates began to expand and develop their clinical skills and their expertise at complex clinical reasoning strategies. This was reflected in their concept of self-efficacy, their belief in themselves and their ability to tackle new goals successfully. The pride they felt at the recognition of their growth and competence was exhilarating. One participant related her feelings about a day when she successfully ran a number of the clinical programs independently on a day that most of the team was off sick. The reaction to that recognition of autonomous competence was extremely positive.

> It went well and I was like 'okay, I think I can do this'... if I can take over

everybody's role... but I absolutely felt amazing, I could do it... I felt great! I felt like I had been trained well and I felt like I was ready... [it] totally brought my confidence level up! (r1, p. 11)

The therapists were beginning to recognize their skill acquisition, ability to problem-solve, increased knowledge base in their clinical field and their ability to find resources when their knowledge base was challenged.

I found my confidence went up quite quickly, you know, in those first couple of months. (r4, p. 9)

It's better because I certainly have more background and I feel more comfortable. I have no problem with talking to clients, at least that part of it is gone, and if I'm uncomfortable or I don't know anything, I tell them and I don't have a problem with that anymore. I mean, before, you were so afraid to say that you didn't know something, but now I don't have a problem...I'll just say, I'm not sure about this, or I'll talk to another physio, or I'll get back to you, or I can't complete this right now. (r4, p. 12)

These new therapists were articulate in describing their own professional growth and increased confidence in their ability to meet the needs of their patients which is understandably their strongest motivator. Perhaps the strongest force in developing confidence was their ability to make a difference in their patients lives.

Once you saw the patient, how low functional status they were at the beginning

and then 3 months later, they're walking out of there with big smiles. It makes you feel...Excellent! I mean, especially [persons with amputations]... you lose a limb, lose high quality function, basically can't work, drive, run, walk, perform your... your role that you used to. [In] 10 to 12 weeks, I'm going to give you your life back so it's pretty self-rewarding there. Yeah! Thoroughly enjoyed it. (r5, p6)

Although initially many therapists experienced feelings of incompetence and lack of confidence they began over the course of the first year to encounter situations that increased their sense of self efficacy. The transcripts revealed that in the course of developing this new confidence, feedback from others was important to the transition.

Feedback

Feedback from other therapists is a strong influence in the development of increased confidence and competence in the new graduates. The new graduates wanted someone to tell them if they were on the right track, to check their charts or treatment plans; and to observe their clinical skills. They put great importance on other peoples' perception of their competence. Feedback of any kind, confirming or constructive was welcomed. The new graduates found the transition from academic life, where they are constantly evaluated, to the relative isolation of clinical practice, difficult. They felt a need to get feedback whether positive or negative from a number of sources, but particularly they needed some feedback from another

physiotherapist. This need for feedback came up for all the therapists but specifically the new graduates working in areas isolated from more experienced peers.

> You're done. It's like everyone forgets about you. Nobody looks at your charts, nobody ...let me know ...if I'm missing something ...just the need of having people looking out for you and knowing that if you are doing something wrong they will come and tell you... it should be welcomed by anybody. I think (r12, p. 8)

Without feedback that either confirmed their skills or gave constructive feedback, the new therapists felt insecure about their ability to meet the needs of the patients.

> Basically no feedback, you're on your own, do the best you can. If you can catch me up to me and ask me questions, then you know, good luck. (r5, p. 9)
>
> Basically was on my own, which was good in a sense, realizing that... like physiotherapy is a life learning process... but not for developing confidence in your own skills and abilities...it would have been better to have someone there perform on me, perform on the patient, give some sort of feedback.(r4,p. 3)
>
> Often I would love for one of the guru therapists to take me underneath their wing and do some hands-on... but I know it's not realistic, but ...When you figure it out yourself, I guess in some way it's good but the learning curve is a lot slower and maybe some things you never get. You just miss out on. You don't

even know you're missing it... And learning it on your own, it's different... Well, I think just confidence-wise because now I don't really have someone saying, well, "Yeah, you're doing that right" you know. (r4, p. 14)

The challenge of the balance between the theoretical clinical concepts of best practice they were taught in school to the realities of their own practical skills is reflected clearly in the phrase "afraid that I'm not going to do (practice) the best (theory). It appears that the initial apparent dichotomy of didactic theory learned in academia and the day to day practical realities of the job are a struggle. The realization that practice is in fact informed by and grounded in the theory base is not readily apparent in the challenges of the first year for most new graduates. That connection may be made evident in discussion with more experienced practitioners but is unlikely in an environment where the therapist perceives herself to be working in isolation.

Confirmation that they are 'on the right track', or 'doing a good job' appears to be very important to the development of confidence particularly in the uncertainty of the first few months of practice.

...at least so that you feel like you're on the right track... keep going, you're doing great. (r4, p. 3)

I can't tell you how much that meant to me to hear "you know you're doing a really good job here" It was like water to a man in the desert. I was embarrassed by how much it meant to me I mean we're taught to be self motivated. I loved her

for saying that. Isn't that crazy? (r12, p. 9)

Just to reduce my fear ...if I had that mentor, I think I'd be more comfortable with treating them [patients], because then I would feel like it's two heads, and not just mine, like the whole idea of them only getting a new grad, I feel that they deserve better, and they should have someone else's experience [too]... just always being able to bounce ideas off them and I think that's part of the decision-making process too. (r5, p. 9)

The most important thing..I would say about being in that environment...having them [experienced therapists] around was just getting feedback on what I was doing...like they'd say "your doing good work with him" or "good thinking, good idea" when I worked something out with them...or if they watched me doing an assessment they'd tell me what I missed. At least I knew how I was doing, ...if I was on the right track...that made me more confident...yeah I think I liked that the best. (r4, p. 9)

Feedback from other therapists came in many forms. Reciprocity in the form of asking questions of the new graduates and mutual sharing of information was seen as a form of tacit approval or recognition. As well, when other therapists or physicians referred their patients to the new therapists for treatment this was seen as a form of positive feedback recognizing their clinical skills.

As well as the feedback from experienced peers, new graduates highly valued feedback from their patients. Patient feedback helped to reinforce a growing sense of competence and self efficacy. The new therapists often spoke of the support they received from the relationships they have with their patients and their patient's families.

> The one [situation] where I feel most supported....is probably is when ..... it has nothing to do with anything except the clients. When they tell me that,"You made my knee feel better" or when they give us satisfaction about the program overall, when they say "You guys are so good". You put the time towards us, and you work so hard" ...and that's totally where I feel empowered... I feel this is what I want to do for the rest of my life. (r1, p. 4)

> Of course initially it was overwhelming... what if you're not as good as you wanna be but ...your confidence goes up with experience and what you see as some progress and you're getting a lot of positive reinforcement from the patient's family and your co-workers. (r4, p. 9)

> It was overwhelming and of course some high anxiety when you're first starting. But after a while, with experience, you gain your confidence. Self-worth was a great thing to experience. Just making a difference, making a contribution in this person's lives and they're thanking you, their families are thanking you and ...What could be better? (r11, p. 2)

These new therapists felt that making a difference in their patients lives and hearing that feedback from the patient themselves was highly valued. The patient feedback helped to increase confidence and reassured them that they were 'doing a good job'.

The role of feedback became clearly identified as one of the most important determinants of confidence and the new therapist's perceptions about their own competence. Feedback from more experienced peers was the element of the supportive environment that the new graduates most appreciated and the element of the more isolated environment that those new therapists missed the most. In relating their progress in developing both clinical and professional skills the new graduates frequently referred to their ability to access systems of support. In the overlapping of themes that highlight the associations between the themes of the first year of practice, the role of feedback in the support of new graduates as well as the development of confidence and competence is clear. The following discussion will explore the concept of support and its association with the development of confidence and competence.

Support Within the Physiotherapy Profession

When reflecting on their first year of practice there is a range in the availability of support for new graduates. Three of the eight therapists felt very supported. They spoke of the accessability and availability of support in the early days of their clinical practice. Although they experienced similar anxieties about their skills and their ability to cope they were much less intense and they spoke of their emerging

confidence and competence being positively influenced by that support. Throughout their interviews these three spoke repeatedly about how much they valued the support they received. They strongly believed that their skill acquisition and refinement was dramatically influenced by the readily available support around them.

Why did these three therapists experience support in a program managed institution while the rest of their peers did not? Location. Location. Location. All three of these new graduates experienced the transition from student to therapist in a unique situation: the B gym. This central treatment area is unique in the institution in that five different treatment teams use the area for physiotherapy and occupational therapy treatment. With a number of physiotherapists working in the same treatment area, support is potentially close at hand. The close proximity allows new therapists to observe expert therapists performing advanced assessment and treatment techniques and to learn from modelling. The new and experienced therapists often refer to this as learning through osmosis.

This unique situation offered these three new graduates a situation coveted by their peers...constant and immediate feedback. They reflected on the ability to have their clinical reasoning questions answered as soon as they arose—often by more then one therapist if the situation was appropriate. The experienced therapists in this area also are highly motivated to support new graduates and created a relaxed and comfortable learning environment in which no question was too 'stupid'. The new graduates experienced the empowerment of reciprocity as well. The senior

therapists valued the input of the new therapists and their recent exposure to the latest research and asked for their opinions as well. The senior therapists modeled their clinical questioning and clinical reasoning in front of the new graduates, legitimizing the seeking of others perspectives and making it all right to "not know". The new graduates described it as a vital and dynamic learning environment and were eager to describe how they were supported.

> It was a challenge, I was having a problem with a patient... I went to the books... wasn't finding anything, so I went to my old preceptor and she came up with some ideas, tried that, that didn't work and then my old supervised practice physiotherapist came up with some ideas, they .. totally understood how I felt, [were] more than willing to help, so I didn't feel alone. So there was no isolation. So it was basically not only having one mentor, maybe a couple. (r4, p. 13)

> Where I got support was where we actually sit... because I can turn to the person next to me and say 'Have you ever seen this before?' or 'Have you ever done this before? It was great. (r3, p. 8)

> I think that that [B gym] has been the best...because I see everybody asking questions so I know I'm okay...then there are lots of physios in the area, but then also you get the program management support of all the other disciplines that without the program management you wouldn't get and I think that made me more well rounded. I think it's been valuable. But, it all goes back to that gym.

(focus group, p. 17)

These new therapists experienced an environment of support that was able to meet their needs at an immediate level. They felt connected and experienced the support of not only one but often more then one senior therapist.

The new graduates who experienced a high level of support each commented on how lucky they were to have started their career in such a nurturing environment. They were well aware of the physically isolated settings of the other new graduates. The supported therapists each took the opportunity, having experienced the support, to comment on how different their experience would have been if they had started their career in an isolated work environment.

> You could do some pretty potential severe damage if you weren't doing the right thing. Um, so I think the stress level would have been, you know, significantly higher, and I think I probably would have been reluctant to progress or be more confident with my skills or use more aggressive skills or more advanced skills than I would have in the situation that I was in [3 south gym]... I think it [working in a program without other therapists] is sort of more of a negative experience in that way... (r3, p. 8)

> I think that I probably would have been less effective as a therapist in that I probably would have been more conservative (r4, p. 4)

This participant believes that lack of support would have resulted in a decreased quality of care for her patients and that her level of stress would have been

significantly higher.

The qualities of the unique support in the B gym appear to centre around proximity, immediacy and availability. The support described by these new graduates spoke of high levels of support initially that became more subtle as confidence grew. This novice therapist reflects on her experiences with gratitude and acknowledges the difference the support made to her sense of confidence in her new skills. She felt a willingness to accept a more independent role when she knew that support was always close at hand.

> I was shadowing initially...she was always within arm's reach of me... we charted side-by-side, so she could answer questions... like within 10 or 15 minutes or even within seconds. So that was very helpful initially... it just gives you confidence, it... reassures you that you are making the right decisions and... you're not gonna compromise this person's safety... I think she made a point of kind of being there with me the first week or so quite closely, and then after that, she would leave me on my own quite a bit and that was the test... I didn't need her right there after that.(r3, p. 9)

This therapist felt ready to accept increasing levels of autonomy and responsibility when her need for feedback and reassurance had been met. She felt confident that she was on the right track.

The theme of support was presented to the focus group for their consideration. The relationship between support and the specific location (B gym) was corroborated by the focus group wholeheartedly. Both new and experienced

therapists concurred that the environment provided a rare opportunity in the program managed institution for therapists with a range of expertise to work in close proximity. This situation also happened in one or two other programs where two therapists worked in the same treatment areas. However, it appeared that the B gym houses a critical mass of therapists that creates a dynamic learning environment. Focus group participants also presented the fact that mentoring and supervision of new graduates and students was modeled for experienced therapists in the B gym environment.

> People have had a chance to practice the mentoring role and learn it from each other. We take a lot of students...there's a learning culture there [B gym]...[the student I have now] was just saying she can't believe how many students we have coming through here...co-op students, physio aid students, physio students... (focus group, p. 14)

The 'learning culture' that this therapist speaks of appears to be the result of many different factors: the particular 'outgoing' personalities of the therapists working there, the opportunity to observe and model the taking of students and the mentoring of new graduates. However, both new and experienced therapists agreed that the strongest contributing factor to the supportive environment of the B gym was the ability to work in close proximity with a number of therapists of differing levels of experience. The participants believed that a unique culture was fostered in that environment.

Contrasting the experiences of the new graduates who worked in the B gym area

with the experiences of those working in more isolated programs highlights the difference that support makes to the transition from student to therapist. For the other five therapists, feelings of isolation and lack of feedback were frequently mentioned in their memories of the first year. They each were employed on a healthcare team that was geographically isolated from contact with other experienced physiotherapists. They were the only therapists on their teams and had not, as yet, developed connections with other therapists in the institution.

> I didn't feel comfortable going to other physios... part of it is nervous[ness] and you don't want them to think that you're stupid and part is that they're not there, they're not accessible geographically anyway, because we're so separate from everything. (r5, p. 4)

> I was just intimidated. It felt like I was so beneath them... because they've been working, even if they've just been working a year, it doesn't matter, it's just the fact that they have been working and they know exactly how to deal with clients. (r12, p. 3)
>
> ...not knowing anybody and basically not knowing much besides textbook or notes(r12, p. 5)

> I knew exactly before I went into the interview what I was going in for...but maybe not the implications... Not really... 'cause I didn't realize until like you start...in all my placements, there was always at least 4 or 5 physios that I could

talk to.... (r5, p. 4)

The new therapists who worked on an isolated team frequently expressed their sense of frustration at not having access to the example, support and feedback of senior therapists. Perhaps they did not feel entitled to that support because they did not have relationships with senior therapists that facilitated that support regardless of the proximity or ease of access.

It appears that some form of connection or relationship with the senior therapists was needed before new graduates were willing to ask questions. I approached the focus group with the idea that new graduates may not approach therapists they did not know. The participants agreed that "it is a very scary thing to make yourself that vulnerable with someone you don't know and have not developed that trust." The experienced therapists, while fully understanding the reluctance, were concerned that their informal offers of help ("if you have any questions just come and ask") would not be acted on. They responded with surprise. "I think any of the experienced people would totally welcome people coming and asking questions and discussing stuff. I didn't know that people were intimidated. I had no idea!" (Focus group, p. 10). The information sparked a discussion that in light of this information it was clear that the present system was not adequate and a more formalized system of support that ensured a trusting relationship with one or more experienced therapists was necessary.

The therapists working in more isolated programs were aware of the support received by their peers working in the B gym environment and were covetous of the

feedback and facilitation of clinical reasoning skills they believed was available there.

> We'd love to go to the B gym and get some mentoring on neuro stuff because the two of us are always bouncing [ideas] off each other. Should we be doing this? Should we be doing that? And both of us feel like neither of us are skilled or experienced enough but...if I had one of those other heads...well two heads are always better then one especially if one of those heads knows what they are doing. (r2, p. 9)

While the preceding discussion of the topic of support has focused on the new graduates experiences with support or lack of support from experienced therapists, this was not the only avenue of support that the new therapists valued. In the following section I will use the voices of the new graduates to identify the characteristics of the support they value in their practices.

Mentoring by Other Health Professionals

When describing critical incidents in which they felt supported, the new therapists identified situations when the team rallied to support them in developing a new program or through a difficult process. Other members of the team came together to assist the new therapists in gathering information, finding out the right procedures, making suggestions.

> I developed a strength group... I felt supported both by the team they helped me out a lot and were flexible with scheduling our clients and also... how do I set up

a group description and what needs to happen to get the group approved by the hospital. (r1, p. 4)

When I first started the team was amazing, and because they've been together for a long time... no physio... at first... it was just an OT, an assistant a social worker and the nurses and all that... they've been together for a long time so they were a huge support." (r11, p. 3)

There were times that the multi-disciplinary team acted together to support and encourage the new graduates in new skill acquisition. The new graduates who worked in a team that was geographically isolated from other experienced therapists spoke highly of the support they received from their team. They felt that the team contributed greatly to their development of professional skills, communication skills and organizational navigation. This support and its role in the professional development of new graduates will be explored in the following section.

Several participants spoke of individuals from other professions guiding them in skill acquisition that included specific clinical skills that both professions shared, time management skills, strategies for navigating organizational structure, and ethical decision making. Through the sharing of skills and strategies, the new graduates developed a new understanding of the scope of practice of these other professionals and the breadth of their expertise. Strong interprofessional bonds were developed. These relationships of trust and mutual respect could potentially strengthen the cohesiveness of the team, foster an atmosphere of collaboration and

increase the team's effectiveness. One young therapist described her experience in this way.

> I've looked back and I think that because we're in program management, I found that most of my mentoring hasn't been from physios... . It's not skill mentoring and discipline-specific mentoring but team building and communication, and just learning as a professional. OT's, speech language pathologists. Even rehab assistants. (r1, p. 13)

A number of other professionals were contributing to the professional development of this new graduate and although the skills were not discipline specific they were qualities and skills vital to the career of any healthcare professional.

In one case the new graduate spoke of a nurse who helped to facilitate her development of advanced clinical reasoning skills in areas that overlap the two professions

> ...the nurse, on the team here? She takes you through the different steps of different health care problems that I don't really think about... the clinical reasoning. You're forced to learn from others and learn different skills but we're an interdisciplinary team here so it's helped me to learn what they do... some of the skills I've had to learn are about communication and behaviour management... ethics and ethical decision-making...because they deal with them [ethical dilemmas] all the time.(r1, p. 13)

This new graduate recognizes that learning from other team members can serve to strengthen the bonds of mutual respect and collaboration. There is potential for

these relationships of support to increase team cohesiveness and effectiveness.

The new graduates were able to identify incidents of support that illustrate this multidisciplinary sharing and teaching.

> I can come back into this room and say, "I'm not equipped to deal with this problem!" And they take me through, "this is what you do." I'm thinking of one example where I had a person with dual diagnoses of schizophrenia and head injury and she was having hallucinations and... I didn't know what to do... and OT and speech just took me through [it], this is what you do if she's doing this, and this is the proper response for this." (r1, p. 13)

From her experience with having other professionals in a teaching, facilitating role, this new therapist learned to rely on their experience, expertise and insight.

> [I learn] how they fit into the team and how alike we are, as therapists. I think you just see PT's as your mentors because they have all the hands on skills that you want. That you want to learn but other professions seem to need to know how to mentor other professionals.(r1, p. 13)

It is difficult to know if these will develop into true mentoring relationships or merely teaching opportunities. We do not know the length of these relationships and how much commitment to ongoing professional growth was involved but, regardless, these new graduates who spoke of the support they received from other professionals on their team valued it. They viewed it as a significant factor in their professional development.

The literature on the program management model is clear in that one of the organizational structure's greatest benefits is multidisciplinary team cooperation and communication (Bain, 1994; Baker, 1993; Ellis & Closson, 1994; Monaghan et al., 1994; Pond & Herne, 1994). The participants in this study (both new and experienced) were unanimous in their agreement. They uniformly felt that the strongest positive influence of the move to program management on their careers is increased and improved communication and collaboration between healthcare professionals. The experience of this new graduate clearly illustrates this collaboration at its best. The sharing of information and clinical reasoning skills is extremely valuable to the professional development of new physiotherapists.

Peer Support

Most of the new therapists spoke of the importance of other new graduates in their support over the first year of practice. This peer support came in many forms, including continued contact with classmates in other cities, relationships with other new physiotherapists in the building, and, in several instances, connections with new graduates in another profession who happened to be on their teams. Most often this 'other profession' was occupational therapy. Their background and treatment approaches were similar enough that there was a common understanding of their shared experience.

The new graduates stressed the importance of these relationships that validated and normalized their experiences and feelings of anxiety and accomplishment. Most

often the new graduates expressed their gratitude for having an unjudging ear to process the ups and downs of a new career. They were safe in these relationships to fully express their insecurities. They also had the freedom to brainstorm together without feeling "stupid".

> I would always call him... he was a first year grad too so then he had the same background as me. We would just always bounce ideas off each other. So that was a big help... if he wasn't there, I don't know what I would have done. (r5, p. 11)

> Talking to someone like [name] who is in the same position as me. I'm not venting, but just kind of like talking about our experience together and sharing it... to just kind of bounce, "Oh, I went through that last week" ...but it was either one of us going through that experience last week. She didn't necessarily have the answers, but she ...was going through the same thing...that was a big thing. (r11, p. 5)

Sharing their experiences of the day or problem solving/brainstorming with other new therapists was perceived as a lifesaver for 6 of the 8 new graduates interviewed. The literature on the first year of practice identifies the importance of peer support to ease the transition from student to therapist (Rugg, 1996, 1999; Tryssenaar & Perkins, 2001). Maximizing systems of support may be particularly important for new graduates who are working in a program managed team that does not provide ready access to other therapists in the course of the work day.

Experienced Therapists Perception of Support

Concepts of Support

Experienced therapists reflected on the experience of new grads in today's system and recognized a need for more support.

> There are so many times now that I see these new grads...I feel so bad for them. It's nothing like when I started. I certainly felt supported. I really feel bad for them. (R9, p. 4)

> I sit there and I think [name] can go for a whole week without seeing another physio (R7, p. 8)

> That's the thing with a new grad...you're going to be coming into a new job and... boink!...sink or swim, this is the way it is. You're going to have a really high caseload and you're going to have all these stats to do and please keep up with your charting...and you're on your own. (focus group, p. 18)

These senior therapists were able to identify the virtues of the new system that included increased efficiency of patient care, increased team cohesiveness and uniformity of understanding of patient goals and the strategies to achieve those goals.

The following quotes were recorded in the focus group that followed the individual interviews. The quotes reflect a line of interactive conversation that

followed chronologically when the topic of the benefits of program management was raised. (focus group, starts p. 5)

> When it switched to program management, I came to know the OT, the recreation therapist, the nurses all better then I did when I was in the physio department working on this floor. It's almost like it's a whole different position. I think it's more client focused too.
>
> On a smaller team, it's much easier to work cohesively...you see what the other person is doing all the time and you have more time to sit down and discuss client centred goals. On a bigger team it's a bit tougher but it's still better then it was, I think, then when you're down in a department in terms of being client focused.
>
> You're seeing the other people you work with and the patients more often when you're on the same floor. So you can touch base more often.
>
> I think it's really improved that informal communication... You're going to bump into that person in the hall [and say] 'this person can probably start walking in OT now too.' Before you might have wanted to communicate that but it was a pain to go over to the OT department and tell them so it may not have happened.
>
> Also you get more support from the other people on your team, they know what you're doing, they respect your expertise, you also learn a lot from each other that you wouldn't have otherwise, sharing of information and skills.

However, experienced physiotherapists were also able to indicate the negative

effect that program management has had on their ability to support new graduates.

> Well we'd like to but there just isn't the same opportunities. They're often just so far away and everybody's busy we just don't get to see them let alone help them. Sometimes a new grad has been here for a month or two and I haven't even seen them. Even the ones I know, I just don't see them and it's kind of like...out of sight out of mind...then I'll see them at a meeting or in the cafeteria and I'll feel bad that I haven't done something...they're so alone and noone's helping them out or making sure they're alright...it's not good. We feel bad about it too you know. (R10, p. 8)

All of the experienced therapists interviewed stated that they had not as yet found a way to ensure support for all new graduates. One of the new graduates who was working on a team that did not have access to experienced therapists had been 'taken under the wing' of an experienced therapist but many had 'fallen through the cracks' and were not getting the support from their own profession that the experienced therapists thought they needed.

The experienced therapists wanted to reflect on their perceptions of support in the previous departmental system to give context to their perceptions of support in the new system.

> I think that we were smaller and there was more kind of ownership, like these are my little physios and you wanted to promote that growth and they wanted us to stay. You know they didn't want you to move away and they wanted to

make it a good experience for you, .. [we were] the people that were going to taking over. When they went on vacation... you really wanted to take care of the younger ones so that they would be able to take care of the next younger ones, is kind of how I see it. It was more family-like than it is now. And it wasn't [just] a job. You'd learn... and there was expectations of you, and you also expected that you would be passing that on to the next person with ... and I think it's the same thing with students. There was never, "Oh, I'm not taking a student. I can't take a student." You were like, "Wait until I take a student, because everyone takes students. This is really neat." (R9, p. 15)

This quote clearly reflects Erickson's concept of generativity, the motivation to offer guidance and support to the youth of the next generation. It appears that in the department system of the past mentoring of students and new graduates was a characteristic of the culture of physiotherapy in that institution. All of the experienced therapists interviewed and those who attended the focus group agreed that support of new graduates was highly valued in the physiotherapy profession. Two experienced therapists described their experience of being mentored as a new graduate.

I remember having lots of pulling me aside and going, "Hey, have you ever felt this? C'mon over here!" and lots of capturing those teaching moments... Oh, you gotta see this" or lots of [us] pulling them aside and saying, "I don't know how to do this!"...I remember one time getting a TMJ [tempro-mandibular joint]. We didn't even take TMJs at school, AT ALL! And I came

back and I grabbed [name] "HEY! WHAT DO I DO WITH THIS PERSON?? I'VE NEVER DONE THIS BEFORE!!"... so in 5 minutes, Here's how do you assess a TMJ? ...and I did it. After I went home and read up on it. But there it was, instant support...he was just so accessible. That's what I remember. (R10, p. 9)

I remember lots of times being totally overwhelmed, especially with Neuro. I remember lots of times... going into Irene's office... "What do I do with this person? What am I going to do?" It would happen every time I would have a more complex patient, I would get all overwhelmed again and we'd have to just like backtrack it down....Back to basics... She would just ask me questions, "Well, what do you need to look at?" And I basically answered my own questions. She was almost more just a calming force there... "you know what you need to do" just bring it back down. But she was also there to just bounce ideas off of, I would say, "Oh, this person has"... "what do you think about it?" And she'd go, "Oh, that's a good idea,...or have you thought of trying,... what else could you check for" ...just a really good resource.(R9, p. 7)

In reading the above quote one could surmise that the experienced therapists were nostalgic and fixed in the past. On the contrary, these women were eager to explain the benefits of program management in their interviews. They described improvements to client centred care, team cohesiveness and multidisciplinary

cooperation. But they do identify support for new graduates as a negative impact of the move to program management. They view their reflections of support in the past as providing information for what is possible and to use the realities of the past to inform strategies for the future.

Benefits to Mentors

However, the senior therapists are not completely altruistic in their desire to create opportunities to mentor new graduates. All four of the experienced therapists interviewed, were keen to explain the benefits they reaped from the mentoring of new therapists.

> I really enjoy it, I get a lot out of it too because it also makes you think sometimes when they ask you questions, "Oh, I hadn't really thought about it that way. Let me get back to you" and I'll think about my experience and think about how I would approach that problem too, so ...it keeps you on your toes as well ...you really feel like you really are helping that person professionally too and supporting them 'cause you've been there before yourself so you know what it's like. I think it helps me as well professionally to be able to do that for somebody else. I also feel like, "Ooh, I actually know what I'm talking about." It gives me my self-confidence...self esteem. (R7, p. 12)
>
> We keep talking about new grads looking for help but...we're always learning from the new people as well...[they] have great information to share...that we

learn from...it's nice for us to have contact with them. (focus group, p. 12)

These experienced therapists perceive their teaching / mentoring role with new graduates as a positive one and mutually beneficial. Schwertner et al. (1987) in their study of the relationship between perceptions of professional role and job satisfaction found that one of the highest levels of correlation between role perception and high levels of job satisfaction was the concept of "me as clinical instructor". Taking on the role of a mentor may fulfill another milestone in the professional development of these experienced therapists and keeps them stimulated in their career.

Barriers to Support

The senior therapists were able to identify the barriers they experienced in supporting new graduates. The two areas identified by all the participants as barriers were geographical isolation and time. As well, two of the therapists identified organizational barriers that influenced their ability to support new graduates.

In this era of financial constraint and emphasis on increased efficiency in healthcare facilities many front line workers are expected to see more patients in the same period of time, there is more paperwork required and more involvement in administrative duties and committees. The result is an increased demand on the time of physiotherapists working in all healthcare institutions.

I think one sad thing that's come is that we've shied away from taking

students and it's the same for taking on a new grad...because not [only] is our case load demanding, but your paperwork, your statistics, it's just climbing and climbing...so time spent doing that is time away from spending time mentoring... you're losing your energy to do things like that... you might work every day through lunch going to meetings, that's not uncommon... when I have students now it's different. 'Oh my goodness! I've got to get this paperwork done! [but] I really would have preferred to sit down with them [students], but no matter what I'm doing, I feel overwhelmed. (focus group, p. 15)

All therapists may find it difficult to find the time to support new staff. However, the physical isolation of the various care teams in program managed institutions makes that support even more difficult to provide.

If we were closer...I mean your treatment's in front of everybody so they could either give you some ideas or you'd be watching someone treat someone else and you'd think "That might work." I think a lot of it is just the physical barriers... on different floors and in separate areas, you don't have the time to go all the way up to the third floor, you can't bring them down right away, they've got their own patients, when you're in the same area, it takes two minutes! You can grab somebody and see what they think. (R8, p. 13)

Because of the way this program management is, with all the physical barriers, everybody on a gym on a different floor, there's more of a need for

formalized mentoring I think. So they know somebody's gonna come down and help them out with this problem, or you know, put their heads together and figure it out. (R9, p. 5)

When they're on a different level or on a different floor, it just doesn't happen (R10, p. 4)

Time and location is gonna be a big one. Time in your day, or time in your week, or just time to be available. You don't want to be perceived as the person that's always busy. But, in reality, you know that everybody's always busy, but you have to create the perception that you're always available... I mean, everyone has little bits of time available... Well you could book in mentoring time. I think that you could work it into your clinical day..."I have a really interesting patient, this is the time that I'm seeing them" (R9, p. 12)

Every one of the therapists indicated that in order to create time for a formal mentoring program they would need the support and encouragement of the administration of the institution. Senior administration would have to recognize the need for the program, sanction the benefits, and support its development. This would be particularly important in getting the cooperation of all the individual team managers.

That time issue. Just for them [administration] to realize that, we think it's important as a profession to do this and for them to allow us to flex our hours... Some actual scheduled time where you would be able to be away

from your patients and that would be recognized by everyone as being valuable. (R8, p. 9)

In their concern about the lack of support the three areas that particularly 'concerned' the experienced therapists were (1) lack of opportunities to teach and model clinical skills that directly effected patient care; (2) lack of leadership role models and the ability to promote leadership skills; and (3) concern over the difficulties in transmitting the qualities they identified as being unique to the professional identity of physiotherapists.

Availability of Support Affecting Quality of Patient Care

Research on the development of advanced clinical reasoning skills strongly supports the importance of exposure to experienced clinicians as one of the most effective ways to promote higher levels of deductive reasoning that leads to improved levels of quality patient care (Benner, 1984, 1989;Burke and DePoy, 1991; Jensen, 1990, 1992). Burke and DePoy (1991), clearly state that novices need to observe master clinicians in their clinical practice and compare them with themselves and other master clinicians to become skilled in clinical practice.

The senior therapists interviewed and those who participated in the focus group were unanimous in their perception that there is a definite decline in the amount of support available to new graduates. They believed that lack of support could potentially affect the quality of the patient care the new therapists were able to offer their patients.

She's a new grad and almost all of them are new grads ... The ones that are in these isolated programs. On her team it's a brand new OT [occupational therapist] too... but I just sit there and I think, how does she know how to do a proper Mogensen's [clinical test] or ...whatever ...if she didn't take it in school... . There are so many things that I learned through osmosis, working so close to other therapists, that I just find it amazing to [think of] not work with another physio...(R9, p. 3)

Having someone to affirm your perceptions about a patient can affect the ability of a therapist to have enough confidence to advocate for their clients treatment options

I'll come back from a team meeting and feel like I was just lambasted by the whole team and I'll say to [Liz] "Am I off track on this...Am I the only one that thinks this person still has potential? [She'll say]..." No I agree with you, that person should have more treatment...They still have potential to progress" because when you're the only person talking physio stuff...you can get pushed into a corner pretty quick without that confidence. (focus group, p. 22)

The interviews with experienced therapists revealed that, in agreement with the new graduates, the issue that is viewed as most compromised by the new model of management is the ability to teach, model and mentor the clinical skills of new graduates. The senior therapists were unanimous in their belief that their ability to support the new therapists in their quest to improve and expand their clinical skills has declined since the implementation of program management.

As well as acknowledging the decline in support the therapists were unanimous in their view that the lack of support had potential to negatively effect the quality of care of the patients involved.

> Just so that they can feel confident in their treatment, plus to help the patient out... just because they'll know they're getting the best care possible. I think they like to see, you know, the therapist asking someone else and trying to problem solve. Without support the quality of care for those patients of a new grad could definitely be compromised. You might miss a step and so the patient wouldn't progress as fast, wouldn't get home as fast...if they don't have the best quality of care, they're not going to get the best rehab possible which is what we're supposed to do. (R7, p. 10)

When reflecting on the lack of clinical teaching opportunities these experienced therapists spoke of the potential for new graduates to be limited in their scope of their clinical skills. Without the opportunity to observe and learn from expert clinical therapists, the novices will be limited in the creativity, adaptability and diversity of treatment options they can offer their patients.

> I can see where you would want to be safe...you want to do the cautious thing...[but] if you don't challenge your patient, then they might not progress and so you don't give the best care...whereas someone who is progressive who challenges, who takes a little bit of a risk, but has the support for it [that decision] they'll get the patient moving much more. (Focus group, p. 21)

I think you'd lose out on client care for sure, if a new grad doesn't have someone to bounce clinical and technical questions off of. (R8, p. 13)

If you're feeling like you're the only one out there...trying to solve problems by yourself without getting advice...thinking you're not doing as good a job as you could be doing. Your self esteem and self worth...goes down the toilet...then your job satisfaction is low and your patient treatment is going to follow...the quality I think is going to suffer. (Focus group, p. 20)

One therapist reflects on patients from her past. She recognizes now, with more experience, that she did not offer them the best possible care. She remembers how often she told patients that they had no hope of further recovery but recognizes now that it was her clinical expertise that was limited not the patient's potential.

I also look back lots now and there's so many patients and I can remember... "Oh! If I could only have had you now! I could have helped you so much better! I know that I could have fixed that!" Whereas then, it was kind of like, "I've done everything I can so you're not going to get any better." Now I just cringe when I hear of a patient that's been told, "This is how much recovery you're going to have" or when I hear someone else say that to someone and I think, "No, you're so wrong. They're only limited to that recovery because you are limited as a physio." Like you could push them so much further. Don't give me that wahoo that, "Oh, it's been 8 months since your stroke. There's

still so much potential, so much more you could do (R9, p. 15)

This therapist went on to express her frustration with knowing that this same situation is being repeated today with no chance, in many cases of more experienced therapists stepping in to offer their experience and promote clinical reasoning strategies that could offer more options to both new therapists and their patients. Without trusting relationships with senior therapists, many new therapists will not reach out for support when they have reached the end of their rope with a difficult or challenging patient scenario.

One of the experienced therapists related this incident that particularly aroused the concerns of the senior therapists in this institution.

> A therapist in the Neuro Day area... she was doing .. a formalized test...the wrong way but had been all along,... she didn't know... it's easy enough when you're in a gym where somebody else is doing it, "OH! That's the way you're supposed to do it!" Doing that test wrong can really affect the patient's care. It was a test for [abnormal muscle] tone... if the test wasn't working, then how would you really know? Or when they came onto your service and you tested the test and it was totally off, you would think, well am I doing something wrong, or is the patient getting worse. Maybe you would treat them more frequently than you would really need to. So making mistakes like that could really impact patient care... (R8, p. 8)

This is an incident that for the senior therapists really opened their eyes to what can go wrong when there is no supervision or support for new graduates. Three

of the four experienced therapists interviewed related this same incident to me. They explained that it was this incident that spurred them on to start discussions on the lack of ongoing clinical education and support for new therapists.

When addressing the effect of support on quality of patient care, two of the experienced therapists expressed their concern that there were fewer checks on standards of care specific to the physiotherapy profession. In the past, proximity allowed experienced therapists to observe the assessment and treatment skills of junior therapists and address any problems they observed. Peer reviews of charting also served to evaluate the adequacy of new graduates clinical skills. One senior therapist related that in their area there had not been any evaluations of physiotherapists in over 5 years (focus group, p. 26). As yet, in the new model, there was no process to monitor the quality of new therapists treatment strategies.

The literature on the subject of program management identifies the assessment of clinical excellence as a potential problem. "Healthcare work will be judged more in terms of patient outcomes and effective care processes 'for the episode of care as a whole', rather than on meeting the standards of individual professions" (Baker, 1993, p. 223). Most new physiotherapists are supervised by managers who are not trained in their discipline. There are potential problems with the "inability to assess inadequate or inappropriate care...[in program management]... there is a lower visibility of professional practice standards ...practitioners learn and adapt these standards to their work situations through

professional interactions with colleagues" (Baker, 1993, p. 223). At the same time, there is no avenue to identify excellent care, exceptional clinical reasoning or creative clinical problem solving that should be acknowledged and rewarded. The challenge will be to determine new and creative ways to evaluate new therapists work within the new organizational model. The mentoring relationship could serve to meet some of these perceived needs but the relationship is not meant to be evaluative. The professional practice council will have to be creative to design new evaluative methods to ensure maintenance of clinical care standards specific to the physiotherapy profession to safeguard quality patient care.

Both experienced and novice physiotherapists are very clear in their perception that lack of contact with and support of expert therapists could result in a decrease in the quality of patient care available to the public.

In summary, this chapter to this point, has addressed the lived experience of the first year of practice of eight new graduates and their perceptions of the support they received during that year. As well, four experienced therapists described their concept of support to new graduates, what they felt was important to include in that support and their understanding of the availability of support in a program managed institution.

Mentoring

As a strategy to alleviate the challenges of the first year of practice, the

concept of mentoring was explored with the participants. The concept of support in the form of a formalized mentoring program was identified by new and experienced physiotherapists as a potential solution to the new graduates sense of isolation.

> We need some system that ensures the kind of security in knowing one person is committed to your progression and your improvement, I see that coming from a mentor. (R10, p. 13)

> Because we're program managed, the old informal ways of helping just don't work anymore, we need a formalized mentoring relationship to make sure those grads who work alone get someone experienced to work with them, at least for some period of time each week. (r6, p. 13)

> I see the need for people to be mentored by an experienced therapist who works in your field. If there's not someone formally picked to do that in this program management system it isn't going to happen. We've been talking about it for awhile. (r11, p. 7)

> They were talking about it in professional practice meetings back when I really needed a mentor but so far we really haven't got a system going yet. They [new grads] really need it. I know I sure did. (r5, p. 6)

A mentorship would definitely prevent any feelings of isolation and feeling alone and the more resources you have, the better. (r2, p. 5)

When the transcripts were analyzed for text related to mentoring, the concepts of personal and institutional influences were identified within the mentoring model. Individual coding of the emergent therapists' perceptions of mentoring revealed a positive understanding of the role of mentorship in their profession.

Every day you go home and read up at night and it's hard work everyday, I'm on such a huge learning curve... When I think of a mentor fitting into that... would just totally augment [it] ...having that resource to turn to (r5, p. 2)

Like lots of people I've been talking to here, when they look back, they know the benefit of it [mentoring], just looking back at not having one, or at having one [mentor]. (r1, p. 11)

When asked what characteristics of the mentor were most important to the success of the relationship there was consensus between both novice and experienced therapists. Characteristics included, proximity, personality match, social match, reciprocity, and clinical experience. At the forefront of both lists was the concept of proximity. They valued a mentor who was close physically and was working in a similar field.

"Having someone working in the same therapy service. I know someone who was working in chronic pain whose supervisor was working in ...I can't remember ... Day Hospital or something ... the two areas were so different

they couldn't draw on each others experiences." (r1,p. 12)

Participants perceived that a personality match was important, that there should be some level of comfort both personally and socially. To provide a comfort level that would facilitate the interaction and sharing of information:" Not only for work but keeping you up with social things like 'we meet every Friday for a beer why don't you come?' Like I think if you're socially comfortable with people then it's easier to ask them a question. (r5, p. 4)

The concept of social compatibility and the mentor being a segue to social connections is perhaps even more vital in the north where small communities and potential for social isolation could potentially impact on happiness, well being and indirectly on job satisfaction, and in turn retention. Once the new therapists had the opportunity to socialize outside of the institution they were able to overcome their insecurities and approach other physiotherapists for help with their patient care problems.

> That got better, as soon as you got to know them... with quality practice or just hanging out with them, and going out... then I can ask them [a clinical question] and you feel more comfortable, but that took a while. So socializing with people makes you feel more comfortable. (r5, p. 3)

Reciprocity and the mutual sharing of information and skills was also outlined as a desirable quality within the mentor and new graduate's relationship in order to "feel comfortable asking her stupid questions and she asks me stupid questions. (r1, p. 6)

I'd like to feel that they would ask me things and I might have something to offer, to share with them too. (r2, p. 8)

Information shared in both directions allows the new therapist to demonstrate her expanded knowledge base and increases her sense of self-efficacy.

The institutional characteristic that the therapists felt was crucial to the development and implementation of a mentoring program was a supportive administration. The participants viewed program management with its many separate teams would require the support of the administration to achieve consistent implementation across programs if a mentoring program were to be successful.

Getting a mentoring program going would need some planning... because [name of institution] is program managed. Trying to get consistency across the programs and getting support from all the different programs...you'd have to go fairly high up. (r1, p. 5)

When you have so much change going on,...it's gonna be hard to get the .. the manpower or... the time that it would take to be there as a support... You'd need all the team managers to support it...and to get them all to agree, administration would have to think it's worth the investment. (r8, p. 4)

Administration has to realize at some point that you've got to support the new people coming in, but you've got to support the mentors too because if

they're not supported, then how are you going to give the support to the [new] people. (r7, p. 11)

There is a perception that the administration would have to recognize the value of mentoring to the institution and to patient care to sanction the policies and procedures needed to get the support of all the individual program management teams.

When identifying the benefits of a mentoring program the participants interviewed were clear in their perception that improved patient care was a direct result of good mentoring. The previous discussion of support affecting patient care was continued in the specific discussion about a formalized mentoring program.

[mentoring] would benefit teams, the profession, it would benefit everything I think. Make better therapists, make better teams...Totally...safety and better quality of care (r4,p. 3)

It is recognized that the value of mentoring would also be demonstrated in the development of professional and institutional socialization for the new graduate. As one new graduate said:" it would have been good to have a mentor to say," This is how you should handle this situation, or you should write a letter to so-and-so and so-and-so" because I haven't had that help and I could see where the mentor could come in handy there". (r3, p. 9)

Several of the new graduates and the experienced therapists identified time management skills as an important coping strategy that could be modeled and

taught through a mentor relationship

> There's different time management strategies that should be a big part of a mentoring program to make sure the new grads learn how to manage their time...nip it in the bud...because if you don't...they're toast...they get frustrated, burnt out ...job satisfaction goes right down the tubes...and to know that they're not the only ones who feel like they're not able to manage, they're not alone. (focus group, p. 19)

The participants were also clear that the role of mentor could not be mandated but must be a position of choice. They felt that if someone did not want to mentor they would not provide the support that the new graduate needed.

> The hardest part is, the therapist .. would have to want to be a mentor or a preceptor and a lot of them don't and it shows. (r4, p. 5)

Certainly there are therapists who do not desire the role of mentor. There may be many reasons for this. The focus group discussed the reasons why some of their peers never accepted the mentor role even after many years of experience.

> I think its personality...if you're more outgoing...but also, for me even though I've been graduated awhile I still don't feel that I have it all together enough to mentor someone else...there are still areas I feel I need help on...so I guess its confidence too. (focus group, p. 16)

This is in agreement with the work of Sydenham (1990), who proposes that the development of a form of mentorship and support is important at all levels of training and employment.

However, many of the participants felt that if the role of mentor was obviously valued within the institution and somehow rewarded there may be more therapists who would consider accepting the role. The therapists who had themselves acted as mentors, spoke of the importance of modeling the role of mentor to other experienced therapists, as being a motivator. Having the mentor relationship valued by administration and time allocated for it within their clinical day were also seen as incentives.

Supervised Practice

Several of the new graduates had experienced a short term of supervision and support in the form of supervised practice. The College of Physiotherapy makes it mandatory that a new graduate be supervised between the time they finish their academic training and successful completion of their standardized national exam. If there is a time delay some new therapists will have the benefit of a short time, one or two months, of supervision. These new graduates had therefore experienced a short term of support within the relative isolation of a being the sole physiotherapist on a multi-disciplinary program management team. Unfortunately, many new therapists have already written their exam by the time they get their first job and do not experience this support.

The experience of this supervised practice varies from situation to situation. Some supervisory relationships take on the characteristics of a true mentorship with an investment that goes far beyond the one legislated by the college. When

this happens the new graduates experience the encouragement, reassurance,and guidance characteristic of a mentors support. When these two therapists spoke of the relatively short experience with their mentors it was with gratitude and appreciation.

> "Yeah that was great! Any time a question would come up, I would write it down, so when we could get together I had my questions there and I could get the answers...[if I hadn't had her]...It would have been a lot harder, just not having an experienced therapist to ask these questions and yeah...If I had just been thrown in here, because there are no physios around here." (r11, p. 50)

> When I first started, I started under supervised practice, because waiting results for our practicing license exams. So, a lot of my documentation needed to be signed by my supervisor. You basically, through supervised practice,[were] assigned a mentor, so... they were there as a resource... these people [in 3 south gym] have been supporting me...from the beginning, so then when I came in, I already felt that support. Just seeing the familiar faces and knowing that I could go to them with any questions, "Can you show me this" ...And they were open... or "What do you think about this?" You know, getting that positive reinforcement that, yeah, you're on the right track, or "you know, you're doing excellent with this patient." (r2, p. 9)

Again the concepts of availability, familiarity and access are reflected in the new

therapists concepts of support. Unfortunately, the supervised practice experience itself does not necessarily produce the criteria for support. For some of the new therapists the supervised practice did not meet their expectations or need for support.

> Supervised practice...I would say that that would be my not supported [incident], ... I had 30 minute meetings once a week, she would say if I have any questions, come and ask me, but I didn't know her back then... you're not really comfortable... there wasn't really time for it ...so in that 30 minutes we would kind of go over my charting to make sure I was doing this and that type of thing right? And then also if I had questions about my clients...But it still doesn't replace having someone experienced to turn to...I had the supervisor, but it wasn't enough... I guess I was expecting that to be a mentor, not just a supervisor where they just sort of check off my notes.(r5, p. 5)

For this young therapist the supervised practice was a disappointment. She wanted and needed someone to work with her, to model clinical skills and clinical reasoning and share their experiences with patients.

Two of the experienced therapists reflected similar feelings about the process. They felt limited by the requirements of the College of Physiotherapy. One senior therapist described it as "more policing then anything else". The 'checking up on someone' keeps the relationship in the student/teacher realm. It emphasizes a vertical hierarchy instead of a horizontal peer relationship that the senior therapists felt would be more helpful in developing confidence and

independence. The new graduates agreed.

> supervised practice...they're sort of checking up on you, or they're like watching what you're doing to make sure it's correct, or make sure you're safe... [we need] a more of a professional relationship rather than a student-teacher sort of more of a peer relationship. (r6, p. 3)

The structure and mandate of the supervised practice does not easily lead to the support and encouragement of the new graduate without some creativity on the part of the senior therapist.

Fortunately, in two particular cases the supervisory relationship blossomed into a true mentoring relationship. The participants were able to recognized the limitations of the relationship and move beyond it to a more nurturing exchange. One senior therapist who believes strongly in the mentoring of new graduates took it upon herself to prove that it could be done in the program management setting. She continued to develop the relationship that started with a supervised practice and has promoted the relationship to one of continued support, encouragement and skill development long after the intent of the supervised practice had been accomplished.

The literature supports the development of mentoring relationships as a useful strategy to ease the transition from student to therapist (Benner, 1989; Hollis,1993; Jensen et al., 1992; Kohler & Mayberry, 1993; Schwerner et al.,1987; Sydenham, 1990). It appears from the research exploring the transition to program management that professional groups express concern that this

particular model of institutional organization creates the potential for increased isolation of new therapists making the mentoring relationship even more important in these institutions.

From the literature that addresses mentoring, the formal definition of a mentor suggests the mentor is someone who has a long term investment in the promotion and development of the novice. The mentor teaches, offers constructive criticism and guides the mentees plans for the future. They expose the novice to enriching opportunities and promote them within the organization. Particularly in the case of women the relationship may include strategies on how to balance the demands of work and home life (Benner, 1989). It is an intimate relationship that involves a serious commitment on both sides.

It is not clear whether the participants' use of the word 'mentor,' when describing their support experiences or their ideas on developing a system of support, includes the understanding proposed by the mentoring literature. It appears that they use the term mentor in place of the word 'teacher' and do not imply a long term commitment. They also use the mentor title to identify peers who take advantage of teaching moments when they present themselves but who may not have regular contact with the new graduate.

Research that investigates the concept of mentoring for physiotherapists would inform the understanding of the potential strategies of support available to new graduates. There is also a need to clearly identify what systems of support are perceived as most valuable in the first year of practice across a spectrum of

work environments.

In conclusion, the participants identified a need for a formalized system of support for all new graduates. They referred to a mentor relationship as being a possible strategy to achieve that support. It appears that the physiotherapists have a positive perception of their concept of the mentoring relationship.

In conclusion, this chapter has presented the voices of the new graduate physiotherapists describing their first year of practice in a program managed institution. The themes of fear and anxiety, competence and confidence and support were explained as well as their relationships with each other over the continuum of the first year. The concept of support was also examined from the perspective of the senior therapists and their views on their ability to provide support to the new graduates. The participants also reflected on the concept of mentoring as a strategy to support new therapists working in areas isolated from their more experienced peers.

CHAPTER 5

CONCLUSIONS

In the previous chapter the opinions and views of the participants understanding of the experience of the first year of practice is presented. The themes of fear and anxiety, confidence and competence, support (with a subtheme of feedback) were identified. Support was identified in all its forms including support from more experienced therapists, peer support and team support. Although the peer and team support was valued by the new graduates there was a consensus that the support of more experienced therapists was crucial to the development of new physiotherapists.

A model was presented that described the relationships between the themes. It proposed the continuance of themes within the first year with fear and anxiety being strongest in the initial stages and competence and confidence developing strength throughout the transition from student to therapist. It was proposed that support served as a catalyst to facilitate the progression along the continuum toward confidence and competence. In contrast, isolation; the lack of access to experienced physiotherapists, was seen as having the potential to impede the progression toward confidence and competence. Mentoring was offered as a strategy to offer support to new graduates working in isolation and similarly, promote development. It was seen as a means of leveling the playing field for all therapists regardless of their work site.

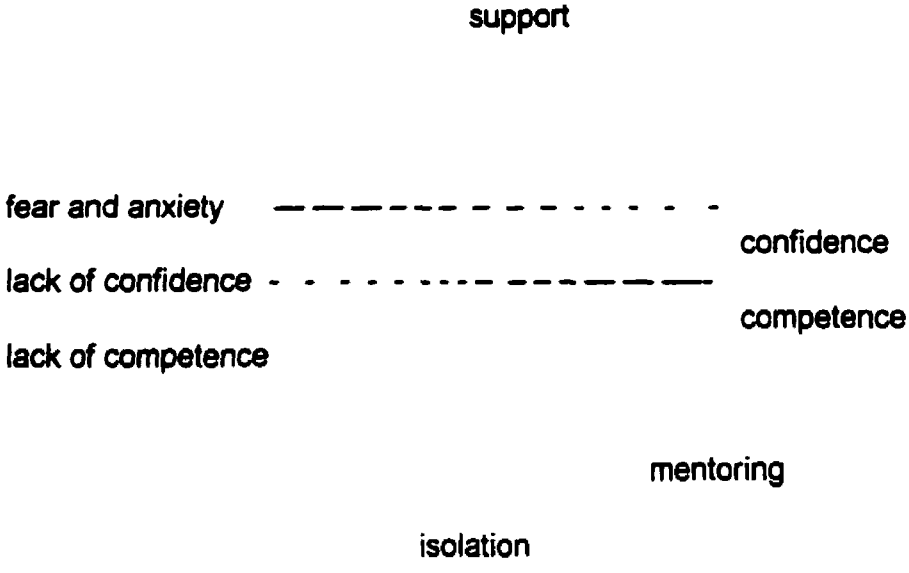

Figure 2: The relationship of support , isolation and mentoring to the continua of the first year of practice.

The strategy of offering a formalized mentoring program for new graduates was supported by experienced physiotherapist and new graduates alike.

One of the most interesting findings in the study of the first year of practice was the discovery of a small cohort of new therapists who felt highly supported. Although they experienced a similar progression along the continua, the intensity of their experiences appeared to differ from their peers. They made only limited reference to high levels of anxiety and did not feel isolated in their work environment. They spoke frequently of situations in which they recognized their growing confidence and competence and recognized the role of support and feedback in that development. The factor they held in common was their location:

found themselves supported in the B gym environment? New graduates appear to need some direct contact time with experienced therapists to observe and be observed performing clinical assessments and treatments. Proximity and informal time to observe the practice of other therapists is highly valued by new graduates. Reassurance that they 'are on the right track' and constructive feedback appear to be important ingredients in the recipe needed to improve both confidence and competence in the early stages of the development from student to physiotherapist.

From the excitement and idealism of the initial entry into the clinical world all the new therapists regardless of their practice setting became aware of the limitations in their skills and knowledge base. They are anxious to improve their skills quickly. They wanted to dilute their feelings that their patients were 'unlucky' to get them as their therapist with the confidence that comes from having another more experienced therapist confirm your treatment decisions or assist you in creatively identifying alternatives. Without exception the prime goal of these new therapists is to provide the best quality of care for the patients entrusted to their care.

Both new and experienced therapists, unanimously agreed that lack of support has very real potential to negatively affect quality of patient care. The areas of support that were identified as lacking were focused around two common points: (1) opportunities to observe, model, and practice clinical skills with experienced clinicians, including both hands on and clinical reasoning skills;

and (2) opportunities to consult with senior clinicians, to bounce ideas (clinical reasoning, diagnostic and treatment options) off experienced clinicians and obtain feedback on their clinical performance.

Offering help to isolated new therapists without the development of a trusting relationship does not work. The new graduates spoke of their reluctance to seek out the experienced therapist's help when a relationship had not been established. It appears that for new graduates who work in a team isolated from other therapists a well designed and formally arranged plan of support and feedback is required to maximize professional growth and quality patient care. The participants suggested a formalized mentoring program to meet the needs of new therapists in program managed institutions.

In light of these concerns about support for new graduates and maintenance of professional standards there must be creative strategies to address these concerns. Baker (1993) of the University of Toronto's Department of Health Administration suggests

> [program managed] organizations need to be conscious of the importance of professional roles and the support provided to individual clinicians by professional groups. New mechanisms are needed to ensure that professional reference groups are established across programs and that senior clinical posts or professional advisory groups are established to provide leadership, and ensure that professional development occurs in the context of organizational change. (p. 223)

In the case of the particular institution in the study, a professional practice group for physiotherapy has been established, however, its scope remains limited to administrative concerns and it has not yet developed a mandate to monitor professional practice or formalize a system of support that is available to all new graduates. It is hoped that the research presented in this thesis will serve to identify the need and give focus and direction for developing a protocol for addressing the physiotherapy community's concerns.

Suggestions

The following section is devoted to offering suggestions to meet the need for support for new therapists entering a career in a program managed institution. The suggestions offered are largely based on the data presented in chapter 4 of this document by the stakeholders themselves. It is also informed by the literature review summarized in chapter 2. It is hoped that they will offer some direction for creative attention to the need for support presented so eloquently by the new graduates themselves.

Formal Mentoring Program

The solution to the lack of support presented by both new and experienced physiotherapists was that of a formalized mentoring program. The culture of physiotherapy has the quality of generativity strongly represented in its past. Experienced therapists, many of whom experienced the support of one or more

mentors in their past, believe in the importance of the mentoring of new graduates. However with the move to program management they have lost the informal modeling and feedback opportunities that so readily presented themselves in the past. They are concerned about their colleagues working in relative isolation from the support of experienced therapists, but they are at a loss on the structure which is needed to ensure all new therapists receive the support they need. There is a recognition that if a formal structure is not established 'it just won't happen'. Experienced staff have not yet developed a means of navigating the new organizational structure to provide consistent support to new graduates on other teams.

Both new and senior therapists were clear that they needed the formal support of administration to implement a mentoring program that would have consistent standards of support across teams. They saw that formal sanctioning of the value of mentoring would ensure that therapists would not be begrudged the time and energy needed to provide the needed support.

All the therapists interviewed stressed that the mentor must want to enter the mentoring relationship in order for it to be successful. Most agreed that ideally the mentor and protégé should chose each other but there was recognition that with the lack of contact between therapists there is little opportunity for that to happen and precious time may be lost. There was agreement that the mentoring relationship should be facilitated and ensured by the professional practice council.

Some of the therapists include their ideas on qualities of the mentoring program that would ensure its success. It is suggested that the relationship should be dynamic and flexible. The mentor and protégé should be encouraged to communicate their respective needs and expectations as they change and evolve during the course of the relationship. The therapists suggest an introductory mentoring skills workshop should be included in the mentor program. The literature on successful mentoring relationships suggests that introductory workshops for both mentors and protégés should include the teaching of particular communication skills such as active listening skills, effective feedback techniques, facilitative questioning, and critical practice skills (Benner, 1989; Carmin, 1988; Collins & Scott, 1978; Roch, 1979).

In outlining the critical components of a formalized mentoring program both new and experienced therapists were consistent with their insistence that hands on clinical assessment and treatment skills need to be modeled, taught, evaluated and modified by direct contact between the mentor and the new graduate. To accomplish this time must also be set aside to observing each other during actual patient treatment sessions, as well. They were also unanimous in their belief that new graduates need frequent opportunities to problem solve with their mentors to refine clinical reasoning skills and 'bounce' ideas and treatment strategies 'off' of each other. There should be an avenue for asking questions pertaining to patient problems on a regular basis.

There was not consensus on how much time per week should be allocated to

the mentoring relationship but participants agreed that mentor and protégé should meet at minimum once per week to review the new therapists case load and specific topics in clinical reasoning that required clarification. There was consensus that a significant amount of time needed to be invested in the initial stages and the support should continue for 6 months to a year at a minimum. Recognizing that clinicians indicate a need for support of varying kinds throughout their work life the relationship could be encouraged to continue as long as it meets the needs of both parties.

Most of the participants agreed that strategies for efficient navigation of the organizational structure should be included in the initial stages of the information sharing. In particular, ways to access professional education opportunities and funding were identified as needs. Teaching and modeling strategies to more effectively manage time were cited by both new and experienced therapists as being important to a mentoring relationship.

As well, some effort to include the new therapist in social gatherings was identified as important to the new graduates in particular. Welcoming into the professional practice group meetings and local chapter of the Ontario Physiotherapy Association, OPA with introductions to all other physiotherapists in the facility are deemed important. Several of the new graduates spoke of initially not being aware of the professional body or their meeting dates.

Peer Support Groups

The importance of peer support was identified by several of the new graduates interviewed and is reflected in the literature as well (Rugg, 1996). To facilitate this support new graduates should be introduced to each other, the importance of peer support discussed and encouraged to develop a peer support group.

Development of Clinical Director/Discipline Directors

In their reviews of the transition to program management each of the institutions described had instituted the position of "discipline director" position specific to each profession (Bain, 1994; Baker, 1993; Ellis & Closson, 1994; Monaghan et al., 1994; Pond & Herne, 1994). These discipline directors are responsible for discipline specific education, quality practice standards, orientation of students and new graduates as well as a range of other duties. As well, these directors ensure support for new graduates and students and generally act as a resource for clinical therapists. The directors work in conjunction with continuing education departments to ensure that discipline specific education is available and appropriate. The directors may also promote research and leadership skills in their peers. Depending on the size of the institution, discipline directors may have a full time position or may have a part-time clinical position as well. The institution in this study has as yet not established a similar position, it appears from the literature that development of a

discipline director has significant advantages.

The Role of Academia in the Support of New Graduates

Perhaps the problem of support should be dealt with, initially, in the academic institution of professional education. There is a need to prepare student physiotherapists, and perhaps all healthcare professionals, to be proactive in acquiring the support they need for the tumultuous growth and challenges of the first year of practice. Education on the reality of clinical practice would lessen the 'reality shock' of the first year and make clear the need for support. Strategies on how to select and 'court' a mentor could be presented. As well, education on the importance of ongoing professional education and how to access this education would be valuable. In light of the participants' insights, the importance of maintaining and developing peer support should be included. In this era of decreased resources and organizational change students need to be aware of their role in creative problem solving and see themselves as instruments of change.

Suggestions for Ongoing Research

There is a need for further research exploring the lived experience of the first year of practice that examines the role of experienced peers in the professional development of newly graduated physiotherapists. A prospective study would better describe the critical influences on the new clinicians clinical skills.

Specific focus on the development of clinical reasoning skills and the conditions that promote that development would help professionals target support strategies toward that end. Comparative studies that match groups of new graduates in supportive and isolated environments could compare confidence levels and levels of job satisfaction that would inform the study of the factors that influence retention. Specific information on the factors that most effect retention in both settings could be compared and contrasted.

There is also a need for research that identifies the factors that most affect the professional development of new therapists, the role of post graduate courses compared to exposure and mentoring by experienced expert therapists. Finally, mentoring relationships in physiotherapy should be examined to reveal their frequency and the qualities that mentors and mentees believe are crucial for success.

Conclusion

It appears clear that new graduates working in geographically isolated positions in program managed institutions may not be getting the support they need to maximize their professional development in the first year of practice. The first year is known to be a stressful time with a steep learning curve regardless of the setting. The lack of reassurance and feedback, either positive or constructive may negatively impact the development of confidence in a new graduate. A number of strategies have been suggested to meet the support needs of new graduates entering a program management institution.

It appears from the research data, presented in chapter 2 of this study, that lack of support has the potential to negatively impact the job satisfaction of new graduates. The literature on job satisfaction is clear that it directly effects retention rates. In this period of decreasing resources it would appear prudent for healthcare institutions to seriously consider the factors that influence retention to avoid the costs of turnover. I hope that the research presented here will influence employers to seriously consider the availability of support for new graduates in their institutions.

On a personal note, I would hope that the rationale of retention would promote change that would address my own concerns for new graduates. The candid feelings of fear, anxiety, sense of lack of confidence and occasional despair related in the voices of these new grads makes me consider the human cost of the lack of care, compassion and support that can be the reality of the first year. In contrast some of the new graduates spoke of the giddy excitement of new found skills, great successes with their patients, and positive feedback from their peers and superiors. The sense of pride and accomplishment developed from such experiences are life sustaining. When I revisit the quotes used to introduce this study, I am left with the sense that we, the 'old ones' can make a difference in the transition between the two realities. If, as it appears from this research, the availability of support can sway the experience of the first year toward more of the positive experiences and less of the stressful ones, then strategies to increase support should be considered on a purely humanitarian

level. It is my hope that the research presented in this thesis will, in some small way, influence the healthcare world and individual physiotherapists, personally, to take measures to more adequately meet the support needs of new graduates. They have a wonderful potential to ease the pain and challenges of their patients and become mentors themselves to the next generations of caregivers.

In closing a small gift, a story.

A colleague of mine had been the sole heir of a great aunt's treasures—china, silver, photograph's, antique furniture, linens—to the exclusion of the other members of a large, extended family. Believing everyone should have pieces of his or her heritage, the heiress broke up the sets of Limoges and passed around the place settings. She divided up the silver, the linens, the furniture; she duplicated the photographs, mounted them in annotated albums and gave one to each family.

In October 1991, as she visited in another city, her house melted to a moonscape in a wildfire. She lost everything she had. Only what she had given away was saved.

Only what we give away—knowledge, skills, wisdom—will be saved. Mentoring, not fame is what ensures our immortality. Success is often portrayed as a race—and it is, but it's a relay, not an individual event. We grasp the baton and go as fast as we can before handing it off to a runner we cheer to improve the pace. And on and on... until we reflect on our efforts and measure our achievement by the laurels of our successors (Crisp, 1997, p.

19).

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