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What are the factors that influence job satisfaction during the transition phase from a newly qualified practitioner to band 6 therapy radiographer?

Abstract

Staff shortages in radiotherapy has been a historic problem (Kresl et al 2004) with the greatest retention challenge that of junior professionals (Newham and Maylor 2002). Although we have witnessed a decline in the vacancy figures generally in radiotherapy services since 2003, specifically vacancies for therapy radiographers remains consistently higher than other allied health professions (Probst and Griffiths 2007). Consequently recruitment and retention remains a concern in the profession, especially during a drive to increase capacity and quality (NRAG 2007, Kilbride et al 2004). Whilst the challenge to retain junior professionals is arguably to be expected, no work exists assessing the job satisfaction of this demographic, or explores reasons for leaving a trust or the profession.

This study aims to fill this current gap in knowledge by utilising focus groups to explore the experiences of working as a therapy radiographer from qualification to a band 6 Radiographer. The focus groups will take place in two large radiotherapy departments, one of which experiences problems with retention and the other does not. It is anticipated that the information gathered from these focus groups will in the future inform the development of another study which will be a national survey of all band 5-6 therapy radiographers across the UK.

Objectives

To obtain a detailed understanding of the current professional experiences of band 5 & 6 therapy radiographers

To identify how and why certain factors may influence perceptions of job satisfaction.

To inform the development of future strategies that can be employed in departments to increase the level of job satisfaction, and improve retention for this group of practitioners.

Method

Focus groups will be used to gather the data. These are a useful exploratory tool to identify “what individuals believe or feel as well as why they behave in the way they do” (Rabiee 2004). Lederman (1990) suggests focus groups are “the best procedure for obtaining peoples’ feelings and opinions” over single interviews as group dynamics “enhance the likelihood that people will speak frankly”. This view is shared by Thomas et al (1995) who feels “deeper and

richer" data is yielded from focus groups compared with one-to-one interviews. Kitzinger (1994) advocates the use of "pre-existing" groups such as work colleges when exploring issues for which little data exists, such as the focus of this proposal. This situation encourages the frank expression of views and productive challenges. Parsons and Greenwood (2000) tell us that focus groups are becoming an increasingly popular method for health related research. It is accepted that focus groups are not expected or designed to ensure people to reach a consensus, but allows different opinions to be discussed. The intention of this study is not to get a consensus on experiences, as everyone's experiences will be different. Instead the aim is to gather a wide and diverse range of experiences which will add to the richness and diversity of the data.

Participants will be invited to attend a 1 hour focus group of between 4 and 10 people. To facilitate discussion a set of topics were identified and a script produced, which has been informed by the literature review. The focus group script will be pilot tested for it relevance and clarity, at the author's trust on non eligible radiographers.

The principle researcher will attend each focus group to help achieve consistency. It is acknowledged that an essential element for the focus group facilitator is to remain open minded and objective, thereby minimising any preconceptions about the subject be discussed and also ensuring each group will cover the identified topics. A facilitator will also attend each. It is anticipated this will add to the quality of the research and ensure equity and comparability between groups. The facilitator and moderator relationship will also assist in reducing potential bias and preparing an accurate report of the study group by debriefing after each session.

Data analysis

The focus groups will be recorded and then transcribed per Verbatim. Qualitative research and in particular focus groups can generate large amounts of data. Yin (2003) advocates a systematic approach consisting of examining, categorising, tabulating and recombining the data. Krueger (1994) suggests that data analysis actually begins in the focus group, with skilful facilitation of the discussion to generate rich data. Krueger's Framework analysis also supports the production of summary notes immediately following focus groups. This will be supplemented by notes taken in the session regarding body language and environmental factors. It is anticipated that this will add further detail and richness to the data. Each focus group will be coded and analysed (using key words and phrases). Categories and themes should emerge within each focus group. Krueger (1994) then suggests identifying a thematic framework to develop make comparisons between and within cases. As each centre is to be investigated as a case study, the transcription and data analysis will be undertaken before the next focus group takes places. This approach will allow adaptation to the script if an unexpected pertinent theme emerges.

Participants will be asked at the start of the group if they would like to see a summary of their groups key findings and themes. This can be sent to them via email if they request to see the results. Peer debriefing will take place at the end of each group and is intended to enhance the research process and increase the trustworthiness and credibility of the study. A peer discussion and debrief between the student and the supervisor about how the process of running the group went coupled with a discussion of the initial findings will inform the facilitation of the subsequent groups.

Sample

The sample consists of two centres in the north of England. The selection of the centres has been based on a number of pragmatic reasons. One of these centres has identified retention as an issue through a National Radiotherapy forum, and the other volunteered for the study. However, the selection of the centres has also been influenced by numbers of potential participants (e.g numbers of bands 5-6 radiographers) as well as costs associated with travel and time.

It is intended that, in the longer term the information gathered from the focus groups will inform the development of questions for a national survey of band 5-6 practitioners thereby gathering wider data.

The sample will therefore be a convenience sample of therapy radiographers who are in band 5-6, and these will be selected from the population of therapy radiographers working in each of the designated radiotherapy departments. The sample will be inclusive of all scopes of practice to capture experiences of those who may have moved laterally to other work areas such as planning. It is not anticipated that there will be any cultural and ethnic issues as all will be invited to volunteer and it is not anticipated that there will be any cultural or ethnic diversity issues for the study.

Recruitment:

Participation will be voluntary and recruitment will be facilitated by the manager / a key contact at each department who will act as the "gatekeeper". An internal e mail / memo / flyer will be sent containing information outlining the project, and requesting interested individuals to contact the researcher to volunteer. Despite the potentially large population at some site (~60 radiographers) it is felt that demand to attend will be moderated by practical issues. For example the focus groups will be conducted on a date selected as convenient by the gatekeeper and will be immediately after the normal working day to minimise disruption to the service. The time window for the focus group is May – July, so it is likely a number of potential volunteers may be on annual leave. Volunteers will be offered a choice of two dates, if demand is still higher a 3rd focus group will be considered, and it maybe possible to run separate focus group for band 5 and band 6 radiographers.

Ethical Issues

All participants will be invited to volunteer and will be given information sheets and contact details of the principle researcher should they have any

questions. They will then be given a consent form to sign. All participants will be reassured about anonymity and confidentiality issues.

Focus groups can potentially raise issues such as anxiety or distress in certain situations. Although it is not anticipated this is a vulnerable group of individuals, supportive strategies will be employed such as outlining at the start of the focus group ground rules and clear role boundaries and follow up support for participants. Care will be taken not to exploit individuals, especially when exploring sensitive questions, as some participants may divulge more information than they had anticipated. As this study focuses on practitioners' experiences, care will be taken not to take out of context any information shared and ensure a persons / departments identity remains anonymous. All data will be anonymised and pseudonyms will be employed.

Data security and anonymity

All participants' names will be anonymised, and where appropriate pseudonyms will be used to ensure that individuals cannot be identified. Technical measures used to ensure data security such as password protected computers, encrypted memory sticks, and anti-virus software will be used at both the researchers' place of work and their home computer. Any manual files, or tapes/digital recording equipment, will be stored in a lockable cabinet where only the researcher has access.

Dissemination Strategy

The completed study will be submitted to Radiography. Abstract for proffered papers will be submitted to relevant conferences A provisional invite has been received to present the finding at the NRIG workforce meeting in late 2010.

Literature Review

Staff shortages in radiotherapy has been a historic problem (Kresl et al 2004) with the greatest retention challenge that of junior professionals (Newham and Maylor 2002). Although we have witnessed a decline in the vacancy figures generally in radiotherapy services since 2003, specifically vacancies for therapy radiographers remains consistently higher than other allied health professions (Probst and Griffiths 2007). Consequently recruitment and retention remains a concern in the profession, especially during a drive to increase capacity and quality (NRAG 2007, Kilbride et al 2004). Whilst the challenge to retain junior professionals is arguably to be expected, no work exists assessing the job satisfaction of this demographic, or explores reasons for leaving a trust or the profession. Happy and developmental minded radiographers currently at Band 5 and 6 will be important if the NHS is to achieve its vision of career progression identified in the 4 tier structure.

The Cancer Reform Strategy (CRS) (2007) pledges that further action will need to be taken to reduce waiting times, with radiotherapy identified as a priority. The National Radiotherapy Advisory Group warn that 30% more radiographers will be required, a prediction supported by The NHS Workforce Review Team. Although we appear to be winning the current capacity battle, NRAG (2007) and the Cancer Reform Strategy (2007) predict an escalating demand (with increasingly challenging targets). NRAG (2007) quantifies the

gulf between current activity and optimum treatment level as 63% with a projected 91% increase in radiotherapy activity by 2016 thus making retention of trained staff a priority.

Retention issues associated with job satisfaction

The literature identifies job satisfaction as multifaceted; it is dependent on the individual and is influenced by the context of their working environment. Probst and Griffiths (2008) assessed all grades of therapy radiographers and identified job design, organisational and managerial governance and stress as the main factors that impact on job satisfaction. Other studies have identified that career development opportunities are reported as a positive factor in staff retention (Probst and Griffiths 2008 Akroyd et al 2002,). Radiotherapy is in an exciting period with the continued introduction of the 4 tier-structure, and the potential to progress up the career ladder. Frustratingly the implementation of this has been slow, somewhat ad hoc and not adopted nationally. This may be one of the factors that may impact on job satisfaction and retention however the paucity of literature assessing the impact of opportunities for career progression makes it difficult to assess for the therapy profession specifically band 5-6 radiographers.

Summary

The challenge of stepping up to the next level of professional responsibility has been recognised as problematical for new graduates (Gerrish 2000). Nursing literature has also identified that the transition between roles is potentially stressful and complex (Gerrish 2000). The radiotherapy profession have yet look at the graduate experiences to band 6 an essential link in the career chain. Student therapy radiographers' transition to qualified practitioner is often supported with a super -numerary period and enrolment on to a preceptor scheme. Newham and Maylor (2002) studying nurses, describe the benefits of support and preceptorship for both practitioners and the patients they care for. The same level of support does not seem to be readily available for individuals moving from band 5 to 6. Anecdotal evidence in radiotherapy suggests that some Trusts have the most difficulty retaining junior staff, and this is affirmed by Newham and Maylor (2002). We currently do not fully understand the nature or factors influencing attrition and turnover, especially early in a therapy radiographers' career. There is a clear lack of evidence around job satisfaction for band 5-6 radiographers and a clear gap in knowledge. It is essential to retain this group of staff and develop appropriate support strategies for them. This is especially important if government and national workforce targets are to be met.

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