“Practising in the acute orthopaedic setting, a qualitative study investigating the perspectives of occupational therapists in Ireland”

MSc Occupational Therapy (PQ)

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“Practising in the acute orthopaedic setting, a qualitative study investigating the perspectives of occupational therapists in Ireland”

Abstract

Purpose: To explore the perspectives of occupational therapist’s practising in the acute orthopaedic setting in Ireland.

Method: Five occupational therapists working in the acute orthopaedic setting were interviewed using a semi-structured, open-ended interview protocol. Data were analysed using thematic analysis informed by a qualitative research methodology.

Results: Five themes emerged following data analysis: Core beliefs of occupational therapy, role definition in the acute orthopaedic setting, enhancing practice through effective communication and supportive multidisciplinary relationships, perceptions of occupational therapists- motivations and frustrations and the growth and development of occupational therapy. Participants shared their personal experiences of practising in the acute orthopaedic setting, provided examples of how they envisage their role within the setting, discussed the prerequisite for effective communication and supportive relationships with colleagues. Finally, they described the changes they perceived as being necessary for the development of occupational therapy to occur.

Conclusion: The complexities of practising in the acute orthopaedic setting were explored. Inadequate opportunities to engage in continuous professional development, insufficient funding and limited staffing and resources were highlighted as areas that inhibited the growth and development of the profession. The impact of inadequate service provision is discussed with recommendations for future research. It is suggested that the findings from the current research can be used to contribute to a greater understanding of the role of occupational therapy within the acute orthopaedic environment. Additionally, it is hoped the study will empower emerging therapists to explore innovative ways of describing the valuable contribution of occupational therapy, within an increasingly competitive health service.

Key words: Acute Setting, Orthopaedics, Occupational Therapy
1. Introduction

Orthopaedics is a multi-faceted specialism whose service-user care needs are multi-factorial, and include a diverse spectrum of services ranging from treatment of simple isolated fractures to severe life threatening accidents requiring surgical intervention (Cappagh National Orthopaedic Hospital 2013). The aim of the acute orthopaedic setting is the stabilisation of patient health and to address any potential risk to patient’s loss of function (AOTA 2015; Munday 2005). Occupational therapy has the potential to contribute to rehabilitation programmes, which has a positive impact on service-user outcomes such as functional mobility and quality of life. In terms of institutional outcomes, the benefits include reduced length of hospital stay and cost to the health service (COT 2012). The aim of this paper is to examine the perspectives of occupational therapists practising in the acute orthopaedic setting.

2. Literature Review

Role ambiguity

Dewis and Harrison (2008) suggest that the work of occupational therapy within the acute setting requires greater acknowledgement for its role. Qualitative research by Fortune and Fitzgerald (2009) and Shiri (2006) discovered that the nature of occupational therapy is often misunderstood by peer healthcare professionals and clients alike. Wilding and Whiteford (2007) identified that the language which occupational therapists use to describe their practice is problematic. Therapists provided lengthy definitions, fearing other explanations appeared simplistic and the complexity would be misconstrued. Similarly, occupational therapists recognised that other multidisciplinary team (MDT) members did not adequately understand their role and as a result therapists reported feeling ‘devalued’. Literature revealed that the ambiguity and lack of clarity which surrounds occupational therapy impedes therapist’s capacity to demonstrate the significance of the profession (Wilding and Whiteford 2007), which interferes with occupational therapy’s ability to flourish (Loy et al 2015). The literature is poignant and it is hoped it will provide therapists with the confidence to discover new ways to inform people of the valuable contribution of occupational therapy.

International Context

Given the dynamic nature of acute orthopaedics, the diversity of injuries sustained by patients’ presents a unique set of challenges, which requires occupational therapists to utilise...
a diverse range of skills, to promote independence throughout the healing process (Mooney and Ireson 2009). As many admissions are emergencies rather than elective cases, the individuality of client need results in a varied caseload (Schunon et al 2008).

A review of international literature exploring occupational therapy in acute orthopaedics suggests that therapists advocate on behalf of patients (Pethybridge 2004), provide education regarding weight-bearing parameters (AOTA 2012), and introduce compensatory techniques and adaptive equipment (Steultjens 2009). The NICE (2012) guidelines report how occupational therapy is pivotal in reducing patient anxiety, maximising functional independence, co-ordinating discharge and promoting reintegration into the community. Within the context of service delivery, reduces the demand on support services; decreases length of hospital stays and lowers readmission rates. Drummond et al (2012) argue that despite having a distinctive role in the orthopaedic setting, relatively little research has been conducted in the area of occupational therapy.

**Irish Context**

Despite the fact that occupational therapy has its origins in healthcare (McQueen et al 2009), a comprehensive review of the literature indicated that there is currently no published evidence available, documenting the number of occupational therapists employed in acute orthopaedics in Ireland. Carr (1999) documents the numerous challenges associated with practising in the acute environment given its unpredictable and fast paced nature. These challenges are intensified by the steady increase of acute trauma emergencies requiring admission (Lenehan et al 2005), in addition to Ireland’s ageing population (National Positive Ageing Strategy 2013) who experience increased vulnerability to falls, often requiring surgery intervention (Galbraith et al 2011).

The figures in Table 1 below illustrate the disparity of orthopaedic services in the Republic of Ireland. These demographics are representative of the numerous challenges faced by occupational therapists in a significantly underdeveloped service. Consequently, this demonstrates the need to explore the perspectives of occupational therapists practising in the acute orthopaedic setting in Ireland.
Table 1: Distribution of Orthopaedic Services in the Republic of Ireland

<table>
<thead>
<tr>
<th>Region</th>
<th>Population</th>
<th>No. of Orthopaedic Consultants</th>
<th>Estimated Population per Consultant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dublin North</td>
<td>534,521</td>
<td>16</td>
<td>1/33,407</td>
</tr>
<tr>
<td>Dublin South</td>
<td>346,071</td>
<td>8</td>
<td>1/43,258</td>
</tr>
<tr>
<td>Mid Lenister</td>
<td>870,777</td>
<td>13</td>
<td>1/66,982</td>
</tr>
<tr>
<td>Midwest</td>
<td>361,028</td>
<td>5</td>
<td>1/72,205</td>
</tr>
<tr>
<td>North East</td>
<td>394,028</td>
<td>5</td>
<td>1/78,805</td>
</tr>
<tr>
<td>South East</td>
<td>460,838</td>
<td>6</td>
<td>1/76,806</td>
</tr>
<tr>
<td>Southern</td>
<td>621,130</td>
<td>7</td>
<td>1/88,732</td>
</tr>
<tr>
<td>West/Northwest</td>
<td>651,385</td>
<td>18</td>
<td>1/36,188</td>
</tr>
</tbody>
</table>

*(Figures obtained from the Irish Institute for Trauma and Orthopaedic Surgery 2015)*

3. Methodology

**Research Design**

Social constructivism was the overarching paradigm for the study as it holds the expectation that individuals seek an understanding of the world in which they live and work (Creswell 2009). Qualitative semi-structured interviews were best suited when seeking to obtain the personal thoughts and experiences of occupational therapists practising in the acute orthopaedic setting. Due to the limited timeframe, a broad qualitative descriptive approach was adopted to record data from participants, independent of any influence from the researcher (Sandelowski 2000). In this study the perspectives of occupational therapists practising in the acute orthopaedic setting in Ireland were explored.

**Participants**

Five occupational therapists working in orthopaedics were recruited through the Association of Occupational Therapists in Ireland (AOTI) database. Individuals meeting the inclusion criteria (Table 2) were invited to contact the researcher via e-mail. Participants were sent a detailed information sheet and consent form. This ensured that participants were informed and understood the concept of the interview process thus allowing for a more in-depth
After consent was obtained an interview was scheduled at a location of the participant’s convenience. Participant information is illustrated in Table 3.

Table 2: Inclusion Criteria

<table>
<thead>
<tr>
<th>Male/female occupational therapists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Validated to practice in Ireland</td>
</tr>
<tr>
<td>Minimum of 6 months orthopaedic experience in an acute setting</td>
</tr>
<tr>
<td>Fluent in English</td>
</tr>
</tbody>
</table>

Table 3: Participant Information (n=5)

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Years of Orthopaedic Experience</th>
<th>Location of Professional Occupational Therapy Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Margaret</td>
<td>20+</td>
<td>Outside of Ireland</td>
</tr>
<tr>
<td>Kathleen</td>
<td>10-19</td>
<td>Outside of Ireland</td>
</tr>
<tr>
<td>Deidre</td>
<td>0-9</td>
<td>Outside of Ireland</td>
</tr>
<tr>
<td>Eileen</td>
<td>20+</td>
<td>Ireland</td>
</tr>
<tr>
<td>Breda</td>
<td>0-9</td>
<td>Outside of Ireland</td>
</tr>
</tbody>
</table>

Data Collection

Audio-recorded semi-structured interviews lasting approximately 40 minutes were used to gather data. An interview guide derived from the influences of Kronenburg et al (2009) political reasoning tool, where participant’s perceptions and attitudes were considered in relation to their experiences was used. Capra’s (2003) reflective consciousness was also adapted for use during interviews to shape the interview schedule. Areas considered included the demographics of therapists, their perceptions of occupational therapy within the setting, indicating their aims, interests and motives, level of involvement, issues which motivate and frustrate and what changes if any would they like to see (see appendix A). The flexible nature of semi-structured interviews and the use of open-ended questions permitted the interviewer
to build rapport (Stein et al. 2013), and to gain an understanding of how participants interpreted their experiences (Guest et al. 2012; Kvale 2007). Field notes, active listening and member-checking were executed to enhance the data collection process (Corbin and Morse 2003) and to increase research validity and provide clarification that data was interpreted correctly (Creswell 2009).

**Data Analysis**

Data was recorded, transcribed and analysed using thematic analysis as described by Braun and Clarke (2006). This method allowed for the organisation and description of the data set in great detail and enables the researcher to interpret various aspects of the research (Guest et al. 2012). The initial stage involved becoming familiar with the data through the transcribing and subsequent reading following this, rough initial codes were generated (Braun and Clarke 2006). Interviews were coded with the assistance of NVivo software (QSR 2010), to increase the level of rigour within the study (Leech and Onwuegbuzie 2011). The coding process allowed for the data to develop itself without being forced into predestined structures (Flick 2004). Codes were defined, compared and contrasted among transcripts (Mayring 2000), these developed codes were used to frame the remaining data. The third and fourth stage for this study involved the gathering of initial codes into potential themes. This was done by weaving together the emerging themes and key ideas from the transcripts to form the preliminary findings (Hammell et al. 2000). Ongoing analysis was conducted to redefine the specifics of each theme.

**Table 3: Phases of thematic analysis (Adapted from the Braun and Clarke 2006 Framework)**

<table>
<thead>
<tr>
<th>Phases</th>
<th>Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Becoming familiar</td>
<td>i. Narrative preparation (transcribing data),</td>
</tr>
<tr>
<td>with the data</td>
<td>ii. (Re-) reading the data and noting initial ideas</td>
</tr>
<tr>
<td>2 Generating initial</td>
<td>i. Coding interesting features of the data in a systematic method across the entire data set</td>
</tr>
<tr>
<td>codes</td>
<td>ii. Collating data relevant to each code</td>
</tr>
<tr>
<td>3 Search for themes</td>
<td>i. Collating codes into potential themes</td>
</tr>
<tr>
<td></td>
<td>ii. Gathering all data relevant to each potential theme</td>
</tr>
<tr>
<td></td>
<td>Reviewing themes</td>
</tr>
<tr>
<td>---</td>
<td>------------------</td>
</tr>
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<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Defining and naming themes</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Producing a report</td>
</tr>
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</tbody>
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**Ethical Considerations**

Ethical approval for this project was obtained from the Clinical Therapies Research Ethics Committee at the University of Limerick Education and the AOTI Research Ethics Committee. All participants were provided with an introductory letter (Appendix D) and consent form (Appendix E) which disclosed the voluntary nature, clear purpose and requirements of the study (Jenkins *et al* 1998). Immediately following interviews, audio files were transcribed, cleaned, anonymised and given to the principal investigator for storage under password protection. Paper documents were shredded and electronic data was permanently deleted from the student researcher’s computer. Pseudonyms were allocated to all participants and will be maintained through to any publication to ensure the protection of their anonymity (Stein *et al* 2013).

**Trustworthiness**

Trustworthiness was ensured by adhering to Guba’s (1981) criteria. A clear description of the research process was provided to enable transparency and transferability (Curtin and Fossey 2007). Participants were encouraged to query the process throughout and seek clarification (Shenton 2004). To ensure that information was represented without bias, the researcher utilised the support of their peers to debrief and explore the emerging themes. The use of a detailed reflective diary and field-notes throughout the interview process ensured that the researcher did not impose personal perspectives on the accounts of participants (Emerson *et
al 2011; Maso 2003), and facilitated the ongoing self-critique and self-appraisal of the researcher, through the recognition of any personal biases, assumptions or values that they held (Finlay 2003).

4. Findings
The research identified five main themes which emerged from the data collected.

Figure 1: Overview of the main research themes.

Core Beliefs of Occupational Therapy
Participants emphasised the importance of being adaptable in response to the complexities of the acute environment. In addition, they shared personal experiences of situations which reiterated to them the power of occupation.

*every bone in their body might be in bits after an RTA, regardless, I’ll still be looking and thinking occupation, keeping that focus. What are their roles, values? what does that person
need to be able to do? Once we figure that out, generally the motivation is back. They start to surprise me and themselves at what they can do. Totally dependent today, up walking and doing a few bits for themselves tomorrow. It’s amazing to watch- Kathleen

Given the dynamic and fast-paced nature of the environment, therapists reported numerous situations in practice which required using their clinical judgement to overcome various challenges, while striving to ensure the best outcomes for the patient.

when discussing discharge with the MDT, I need to be thinking on my feet! Is it safe to discharge given the patients home supports or do we need a plan B? You have a very limited timeframe to work with patients, being adaptable to change is crucial -Eileen

Role Definition in the Acute Orthopaedic Setting

Occupational therapists envisaged their role to be to assessment of the impact of injury on occupational performance and engagement and to support patients in regaining their functional independence. Other components included splinting, goal setting, the provision of equipment, assessment of cognition and seating, patient education and training in relation to hip precaution and the co-ordination of safe discharge of patients.

Participants tailored explanations to incorporate a holistic approach. The following definition provided by Kathleen sought to empower and motivate patients to do what they valued most, in addition to assessing their current mood and rebuilding their confidence.

help people regain and optimize their independence, keeping in mind their pre-operational...interests, cognition and therapeutic activities... I tailor my approach ... people are different ages, cultures, backgrounds, and education... I explain OT in terms of how much support, supervision or autonomy I give them, especially with elderly people if they came in with a fall, I’m assessing their mood...they are anxious, so reassurance, advocacy, patient education and identifying barriers, so we can coordinate a safe discharge home...

and back to their pre-admission level of function.

Margaret emphasised the importance of maximising patients’ independence in view of the acuteness of their condition.

... see what they need to do to manage at home, then assess what they can do here and work out a rehab programme to bridge the gap...if they are unable to walk we will look at seating or organising equipment.
Deidre discussed the importance of accuracy when describing the role to colleagues to ensure appropriate referrals.

..they [MDT] have to have an understanding... we are depending on them to send the referral... they have got to be the ones that identify who they refer and why they refer

When explaining their role, it appeared their intention was to enhance patient health through performing meaningful occupation, to rebuild patient confidence and regain independence post-injury.

**Enhancing Practice through Effective Communication and Supportive Multidisciplinary Relationships**

Participants described their personal perspectives regarding the necessity of effective communication and supportive relationships within the MDT. Interviewed therapists emphasised the importance of attending the morning patient handover to discuss patient’s condition, plan of care, functional status and discharge plans. Therapists utilised these 15 minutes to organise and plan their day while building supportive professional relationships with their colleagues.

_The one thing that works particularly well is the daily handover...because that’s your plan for the day_- Margaret

Kathleen added:

_Some people say it’s a waste of time but it’s not, it’s a great opportunity for the MDT to get together and make an efficient collaborative plan for the patient and it’s great for building relationships with the team._

Additionally, participants emphasised the importance of teamwork and collegial support to ensure efficiency of the service and favourable outcomes for the patient when practising in the acute setting.

_It’s a very close-knit team...everyone is there for the benefit of the patient_- Breda

Eileen reported:
the team are very supportive, approachable and there is good relationships... that is a massive part of working effectively in this area....referring back and forth and consulting about complex patients with each other

Given the ever-changing nature of the environment, therapists emphasised the importance of effective communication and supportive MDT relationships, they perceived that these elements were necessary to ensure the best outcomes for the patient and enhanced their practice.

**Perceptions of Occupational Therapists—Motivations and Frustrations**

Participants relayed their subjective experiences of practising in the acute orthopaedic setting. Participants reported positive experiences; highlighting job satisfaction, multidisciplinary support and patients regaining their functional independence as incentives and motivating factors.

In relation to job satisfaction Kathleen reported:

* I absolutely adore what I do, the intellectual stimulation and job satisfaction I get from my work.....the more complicated the injury... the more it challenges you and I like solving that problem for that patient.

The collegial and MDT support Margaret received was a motivating factor in continuing to practice.

* It’s lovely to work closely with the consultants and I feel like we are quite valued....that they need our input... we work well as a team

Breda’s motivation stemmed from witnessing patients regain independence.

* we really make a difference. We reduce disability and deformity and we can really improve quality of their life after injury and that’s the huge motivating force Breda

Occupational therapists also discussed the challenges they faced within the system in the acute environment. Participants highlighted the struggle to manage increasing patient caseloads combined with inadequate staffing. Eileen spoke of her fear of burn out.

* The challenges are all down to capacity. We don’t have enough staff for what we are being asked to do and that’s going to lead to burn out.
Kathleen highlighted that the support occupational therapists received from consultant colleagues was not viable enough to access additional funding.

“Consultants are very complimentary of us, they are very supportive. The difficulty is they don’t have any direct funding they can assign to us, combined with the staffing embargo and health overspends”

Patient caseloads were also perceived to be preventing therapists from obtaining adequate clinical professional development (CPD).

...ongoing CPD as part of our working day isn’t happening as regularly as we’d like due to increased patient caseloads -Kathleen

Breda* acknowledged the challenges her team faced stemmed from lack of facilities and resources available onsite.

we have stock of so many wheelchairs [and] cushions. Sometimes the stock runs out and there’s just nothing we can do…. There’s no space, no room we can bring anyone to; which is a massive challenge and a big negative

Job satisfaction, MDT support and patient progression were cited as motivating factors, however the many challenges faced ranged from lack of opportunities to engage in CPD to inadequate facilities and funding.

The Growth and Development of Occupational Therapy

Participants shared their perspectives regarding the necessary developments for the growth and enhancement of the existing service. The issue of staffing arose throughout interviews, Kathleen reported her disappointment at the “stop and start” nature of the service reporting that when “low on staff”, OT services would provide a minimal service for a period of time. Consequently interviewed participants hoped for “job security”, “protected posts”. Margaret discussed the need for “improved manager presence at ground level to follow up issues... to know what’s going on a day-to-day basis”, they anticipated such changes would improve the environment in which they operated.

Obtaining sufficient professional recognition for their role was also highlighted.

We are the only ones that have splinting skills... I really would push for more OTs around the country to be working in orthopaedics Kathleen
Given the lack of funding available to create more OT posts, participants emphasised the value of occupational therapy assistants (OTA’s) to meet the demands of increasing patient caseloads.

*an OTA would enable us to do so much more patients ...like set up a regime of practice, then the OTA can practice that with the patient. It definitely takes the pressure off- Deidre*

The importance of improving links with the community by liaising with GP’s to increase the accessibility of falls prevention groups was also highlighted.

*there’s a falls prevention group here but to create a system in the community whereby GPs can refer the elderly in for education ... that’s something that needs to happen- Eileen*

Breda emphasised the importance of engaging in non-clinical work to “*look at projects and develop the service, like promoting our role within the MDT, to obtain appropriate referrals and time to develop ideas*”.

Eileen described some of the obstacles she faced when engaging in CPD time.

*unless you’re offsite or physically change out of your uniform...you won’t get your study time.*

Therapists anticipated that the implementation of these changes would serve to strengthen the awareness of the value and role of occupational therapy amongst colleagues, patients and their families.

5. Discussion

Participants gave their perspectives of practising in the acute orthopaedic setting in Ireland. Their accounts provide a detailed description of how therapists defined their role and explored the importance of effective communication and supportive relationships with the MDT. It highlights the key opportunities and challenges which occupational therapists face in practice and investigates the development of occupational therapy. The research identified five main themes which will be explored and their implications for occupational therapy practice in the ROI. The limitations of the study will be discussed as well the potential for future research with regards to the current topic.
Core Beliefs of the Profession

The realities of the fast-paced and unstructured nature of acute orthopaedics resonated with interviewed therapists. A qualitative study conducted by Kaplan (2000) reflects the current findings, which suggests that to practice efficiently and effectively within the constraints of the acute environment, therapists were required to problem-solve, be proficient and draw upon their inherent flexibility. Admirably, in spite of the numerous challenges, occupational therapists abided by the core beliefs of the profession. They expressed the necessity to treat the whole person by adopting a client-centered and occupation focused approach in practice (Sumson 2006). Law et al (2004) encourages therapists to embrace this approach, given its association with greater client satisfaction with services, improved adherence with therapy programmes and leads to overall better functional outcomes.

Finally, participants acknowledged the power of occupation in the promotion of recovery. This echoes the findings of a qualitative mental health based study by Mee and Sumson (2001). They identified that within an empowering environment, patient engagement in occupations which hold value and purpose is a means of generating intrinsic motivation, which promotes recovery from illness or injury (Dickerson 2000). It is hoped that these findings will encourage occupational therapists practising in a variety of settings, to examine their views in relation to the core beliefs of the profession when supporting patients in recovery.

Role Definition in the Acute Orthopaedic Setting

The literature recognises the long standing difficulties occupational therapists face when articulating the role of the profession (Coster 2008). The manner in which interviewed participants defined the scope of their role was lengthy and varied; reiterating the findings of Wilding and Whiteford (2008) which suggest that therapists feel succinct explanations appear too simplistic resulting in the complexity of the profession being misconstrued. The author proposes that the current findings somewhat challenge existing literature which may not be representative of all occupational therapists. While lengthy in their definitions, participant’s demonstrated confidence when describing the scope of their role in orthopaedics. It was apparent that the dynamic nature of the service required therapists to utilise skills unique to the setting (Pacifica Orthopaedics 2016).
Given the dearth of contemporary literature available, the current study is significant as it highlights the shift in perspectives of occupational therapists, indicating the necessity for additional studies to examine how current occupational therapists define their role. The author does not propose a uniform description however, in line with the work of qualitative work of Wilding and Whiteford (2008) suggests there is an onus on occupational therapists to become more articulate about their role to ensure a viable future for the profession.

**Enhancing Practice through Effective Communication and Supportive Multidisciplinary Relationships**

The acute orthopaedic setting presents itself as a fast paced and challenging environment, given the high turnover and complex needs of its patients (Drummond et al 2012). Participants identified effective communication and supportive MDT relationships as fundamental to practice. Morning handover was identified as an opportunity to communicate and co-ordinate patient care among MDT members, while facilitating therapists to plan and prioritise their day. A qualitative study Riaz (2012) investigated the necessity for patient handover in orthopaedic environment. Findings indicated that handover within the acute environment is crucial for the provision of safe, reliable and efficient healthcare.

Participants highlighted the need for supportive relationships within MDT, this emulates the findings of a qualitative study by Simpson et al (2005) which examined the relationships between occupational therapists and other MDT on an acute ward. Therapists reported positive relationships, emphasising the importance of acknowledging and respecting peer professional expertise, stating that it was crucial in maintaining good relationships and the survival of a strong team ethos. Long has the literature recognised the importance of supportive relationships within the MDT, to ensure open channels of communication, continuity of care and for sharing of profession specific knowledge and skills (West et al 2002).

**Perceptions of Occupational Therapists– Motivations and Frustrations**

Participants identified numerous motivating factors in continuing to practice, such as the value they attributed to their work in conjunction with the immense job satisfaction they experienced. This is consistent with studies conducted internationally which report high rates of job satisfaction among occupational therapists (Moore et al 2006; Shiri 2006). The current study identified MDT support and observing patients regain their functional independence as
elements increasing job satisfaction. This may be attributed the humanistic nature of the profession as highlighted by Robertson and Finlay (2007). They suggest that occupational therapists value the opportunity to establish therapeutic rapport with patients. This rapport provides a forum for patients to vocalise their concerns whereby enabling the therapist to support patient engagement in meaningful occupation (Doble and Santha 2008; Taylor 2008).

The challenges interviewees faced were also highlighted. Frustrations stemmed from inadequate opportunities to engage in CPD, lack of managerial support, limited resources and inadequate staffing, unsurprisingly these findings have been previously highlighted as sources of contention for therapists practising in other settings (Lynch and Pettigrew 2014; Pearson et al 2006). It is imperative that solutions to these issues are considered, given their inevitable impact on service provision.

**The Growth and Development of Occupational Therapy**

Participants shared their perspectives regarding the developments required for the enhancement of the existing service. Factors identified as inhibiting the development of occupational therapy are similar to those described by Moriarty et al (2008). They reported chronic staff shortages and growing client as issues impeding development. In response to the lack of funding available, participants welcomed the recruitment of OTA’s to assist with meeting the growing demands of the service (Nancarrow and Mackey 2005). They viewed OTA’s as being valuable to ensure fluency of the service. Additionally, the desire for improved manager presence echoed the findings of Moore et al (2006) which suggested that management strategies could be deployed to minimise the strain placed on staff due to budget cuts.

More professional recognition for their unique range of skills, such as splinting was emphasised reflecting the work of Turner (2011) who highlighted that historically occupational therapists felt their skills have been underappreciated and misunderstood. Interviewee’s perceived engagement in regular CPD as a channel through which to strengthen the image of the profession. Given the numerous obstacles in obtaining CPD time, the author proposes that through the implementation of a “protected time” strategy (Steinert 2005), therapists could use this opportunity to develop their ideas and explore innovative ways of educating the MDT, patients and their families about their role (Goodall et al 2005).
Implications for Occupational Therapy Practice

In light of the current financial constraints, the current study encourages us to consider occupational therapy, in terms of acute hospital issues such as patient safety, length of stay and cost benefits for institutions. A shift in healthcare practices has resulted in an obligation to provide high quality healthcare which improves patient outcomes while being cost-effective (Zastrow et al 2010). Contemporary literature recognises the valuable contribute of occupational therapy in meeting these expectations (Leland et al 2015; Rexe et al 2013).

In acute orthopaedics, McQuaid et al (2014) highlights the potential for occupational therapy to reduce the length of hospital stays, through the use of clinical reasoning and participation in intensive MDT rehabilitation programmes. This results in positive outcomes for the patient, while reducing length of stay and associated costs (COT 2012). Additionally, occupational therapy plays a fundamental role in patient education (McCleene et al 2013). The development of the therapeutic relationship facilitates the therapist to gain an insight into the patient’s desired goals and outcomes following treatment. This information equips the therapist to provide the patient and their families with information which meets their needs. Therapists use their clinical reasoning skills to identify strategies which facilitate patient participation in meaningful occupation whilst ensuring patient safety (COT 2012). Finally, occupational therapy has the ability to reduce costs in relation to pharmaceutical intervention. Therapists support individuals following trauma to identify strategies and exercises which reduce pressure and fatigue while promoting strength and motion. This reduces reliance on analgesia and supports participation in activities that bring meaning and satisfaction (Schene et al 2007). This information clearly illustrates the potential for occupational therapy to transform healthcare, based on evidence of economic effectiveness and positive health outcomes.

Limitations and Recommendations for Future Research

Although this study takes an important step towards understanding the role of occupational therapy in the acute orthopaedic setting, it is acknowledged that certain limitations exist. It examines the perspectives of five occupational therapists; therefore it is important that their views are not considered to be representative of all therapists practising in the area. The author recognises the small sample size chosen given the timeframe and resources available this is acknowledged to limit the transferability of the study. Finally, the researcher’s relatively limited experience in conducting qualitative research with novice interview skills...
must be considered. Although efforts were made to be informed and prepared, opportunities to clarify, challenge and seek out further information may not have been maximised.

The current sample was fortunate to consist of both basic grade and senior occupational therapists from different geographical areas in Ireland, which added to the diversity and range of experiences and perspectives. As each practice setting is different, the issues which were uncovered in this study will not necessarily be relevant and useful in other settings therefore, this study has only scratched the surface. A larger study comprised of a greater sample of occupational therapists working in the acute orthopaedics would contribute to a more comprehensive understanding of the experience and perspectives of occupational therapists practising within the setting. The aforementioned themes can be used to develop larger research projects with similar aims to validate and expand on these findings. This new information has the potential to inform colleagues, patients and their families as well as other areas of occupational therapy practice.

6. Conclusion

With an aim to explore the perspectives of occupational therapists working in the acute orthopaedic environment, the current research provides a mere snapshot of the realities of practice in Ireland. Inadequate staffing, limited resources and the absence of managerial presence were highlighted as sources of contention for occupational therapists. In order to overcome these challenges it is a prerequisite that clinicians working on the ground draw upon their inherent efficiency and resourcefulness, given the dynamic and fast paced nature of the acute orthopaedic setting. Interviewed therapists displayed confidence and certainty when articulating the scope of their role within the acute setting and shared their perspectives in relation to the necessary changes, which would allow for the growth and development of the profession. It is anticipated that this study will contribute to the existing body of knowledge, enabling us to understand the complexities occupational therapists face when practising in the acute orthopaedic setting.
7. Acknowledgements

The author wishes to express her utmost gratitude and appreciation to the occupational therapists that willingly shared their time and expertise to participate in this study. The author would also like to thank her research supervisor Dr. Rosemary Gowran for her continued support and guidance throughout the project. The author wishes to extend a special thank you to her family and close friends for their understanding, encouragement, patience and support, during the completion of Masters Programme. Finally, the author would like to dedicate the following research to the memory of the late Karen Buckley a fellow student colleague and friend. Ar dheis Dé go raibh a hanam.
8. References


NVivo qualitative data analysis Software; QSR International Pty Ltd. Version 10, 2012


9. Appendix A: Interview Guide

Research Interview Guide

Section One: Demographics

1. Can you tell me a little about yourself first of all; Professionals name, location of professional training, relevant courses completed and experience to date working as an occupational therapist in the acute orthopaedic setting.
2. Can you briefly describe the current setting you are working in?

Section Two: Gaining an understanding of Occupational Therapy in the setting

1. How do you describe occupational therapy in the context within which you work?
2. Could you describe your typical day at work? What kind of activities do you engage in?
   • What is it like to work in an acute setting, specifically orthopaedics?
   • How do you feel about it?
   • Tell me about you like about it?
   • Tell me about the challenges you face working in such an environment?
3. What interests you most about your involvement?
4. Describe an experience that motivates you about what you are doing.
5. Describe an experience that frustrates you about what you are doing.

Section Three: The Future
1. What changes, if any would you like to see in developing the service?
   • Can you think of a specific example (personal and/or structural capacity)?

Section Four: Conclusion
We are coming to the end of the interview now, Is there anything you would like to share that may benefit this area of research?

Thank you very much for your time and support today. Your professional experience and participation in my research is extremely valuable and very much appreciated.
Appendix B-Association of Occupational Therapists in Ireland
Database Access Application Form

1. **Research Plan**
   This study will evaluate occupational therapists perspectives of working in the acute orthopaedic setting and will serve to develop a greater understanding of the role of occupational therapists within the acute orthopaedic setting and to investigate how occupational therapists working in the acute setting define occupational therapy to healthcare professional colleagues, patients and their families.

2. **Research Purpose**
   This qualitative study will investigate the perspectives of occupational therapists working in the acute orthopaedic setting. Considerations for future developments in the occupational therapy professional will also be investigated.

3. **Research Methodology**
   Five occupational therapists will be recruited for one to one interviews lasting in duration for a maximum of 60 minutes. Interviews will be audio recorded. Data will be transcribed verbatim by the researcher. Data collected will be transcribed and analysed thematically using NVivo software.

**Proof of ethics committee approval:** University of Limerick Education and Health Sciences Ethics Committee approval.

**Participant information sheet:**
You are invited to take part in a qualitative study investigating the perspectives of occupational therapists working in an acute setting. These semi-structured interviews will examine how therapists define occupational therapy and examine the experiences of occupational therapists working in the acute orthopaedic setting in Ireland. It is anticipated that the proposed research will add to the existing body of knowledge in terms of occupational therapy and provide an insight into the role and perspectives of occupational therapist working in the acute orthopaedic setting.
Participants must be occupational therapists with a recognised and validated professional qualification with a minimum of 6 months experience, working in the orthopaedic setting.

Taking part in the study means participating in one to one private interviews for a duration of up to 60 minutes. The interviews will be conducted in the occupational therapists place of work or in a quiet private space of your choosing. The interviews will be audio recorded and a brief summary will be sent to participants via e-mail or by post as part of the member checking process.

There are no risks associated with participation in the study. All of the information you provide as part of the research study will be kept confidential. Direct quotations from the interview may be used in publications or presentations based on this study. However, your name or any identifying information will not be reported in any publication arising as a result of this research.

Taking part in this study is completely voluntary and individuals are free to refuse to participate. Participants can withdraw from study or stop the interview at any time, without any consequences. You can simply contact Aileen Collins via e-mail if you no longer wish to participate.

Please contact Aileen Collins or her research supervisor, Dr. Rosie Gowran, if you have any questions about this study.

**Supervisor Contact Details**  
Dr. Rosie Gowran  
rosie.gowran@ul.ie

**Primary Investigator Contact Details**  
Aileen Collins  
0869465@studentmail.ul.ie

If you have any concerns about this study please contact:  
The Health Service Executive Research and Ethics Committee.
Appendix C- Email Script

Email script for the first point of contact between Aileen Collins and interested potential participants.

Dear [insert name of participant],

Thank you for contacting me and expressing your interest in participating in the research study.

The interviews will be conducted in summer/autumn 2015. They can be arranged to facilitate your working schedule and can be conducted in your place of work or in a suitable environment outside of working hours. The one to one interview will last up to 60 minutes.

Description of the study:

This qualitative study will investigate the perspectives of occupational therapists working in the acute orthopaedic setting. Considerations for future developments in the occupational therapy profession will also be investigated. Up to ten occupational therapists will be recruited through the Association of Occupational Therapists of Ireland (AOTI) database. Participants must be registered occupational therapists with a minimum of 6 months acute orthopaedic experience.

If you are interested in finding out more details about the research study I can forward the research information letter to you by email or post. This letter explains in detail what the study is about and how you can be involved. If you are interested in finding out more about the study, please let me know and I will be more than happy to forward it to you.

Alternatively, please forward your postal address and I can send you an information sheet by post.

If you have any questions in relation to the research study please do not hesitate to contact me via the email below. Thank you for your interest in the study and I look forward to hearing from you.

Aileen Collins- 0869465@studentmail.ul.ie
PARTICIPANT INFORMATION SHEET

“Working in an acute orthopaedic setting, a qualitative study investigating the perspectives of occupational therapists in Ireland”

Would you like to take part?

This information sheet is about a qualitative study which seeks to investigate the perspectives of occupational therapists working in the acute orthopaedic setting in Ireland. It wishes to invite you as an occupational therapist to take part. Before you decide to participate, it is important for you to understand why the research is being done and what your participation will entail. Please take time to read the following information carefully. Please ask about anything that is not clear or if you would like more information.

Before you decide to participate, it is important for you to understand why the research is being done and what your participation will entail. Please take time to read the following information carefully. Please ask about anything that is not clear or if you would like more information.

What is the purpose of the study?

This study is being completed as part of masters and postdoctoral research at the University of Limerick.
You are invited to take part in this qualitative study which aims to evaluate occupational therapists’ perspectives of working in the acute orthopaedic setting and will serve to develop a greater understanding of the role of occupational therapists within the acute orthopaedic setting and to investigate how occupational therapists working in the acute setting define occupational therapy to healthcare professional colleagues, patients and their families. Considerations for future developments in the occupational therapy profession will also be investigated.

What will I have to do?
As an occupational therapist working in an acute orthopaedic setting, if you agree to participate, the lead researcher, you will invite you to participate in individual interviews. These will be carried out by a Masters student from the MSc Occupational Therapy (Professional Qualification) programme at the University of Limerick.

Interviews

- One to one interviews will be conducted at time and place of convenience to you.
- The interview will last a maximum of 60 minutes.
- The interviews will be audio recorded and a brief summary will be sent to participants via e-mail or by post as part of the member checking process.
- Analysis of the interviews will be combined with other participant interviews.

What are the risks and benefits?

- There are no apparent risks in participating in the study.
- As with any interview process questioning may trigger issues that may cause an emotional response. If at any stage a person becomes upset during the interview, they will be given the opportunity to take a break from the process. If they wish to withdraw from participation, the observation or interview will not recommence and all of that person’s data will be removed from the study without prejudice (that is, your service won’t be impacted on if you decide not to participate).
• The direct benefit to you from taking part in this study is a sense of contribution to this relatively unexplored area of research and it is hoped that the proposed research will assist in strengthening the professional image of occupational therapy.

**What will happen to the results?**

**Confidentiality**

• All the information you provide will be kept confidential at all times.
• Direct quotations from the interview may be used in publications or presentations based on this study. However, your name or any identifying information will not be reported in any publication arising as a result of this research.
• The results of the study will be reported to the University of Limerick and presented as part of Master’s thesis.
• The potential of these results will be published at a later date.
• Pseudonyms will be used, however given the nature of the small community involved in this area complete anonymity is not always possible.
• All field notes and audio recordings will be destroyed after information has been transcribed. Transcriptions will be stored on a password secured computer and hard copies will be stored in a locked cabinet.

**Do you have to take part?**

**Refusal or Withdrawal**

• Taking part in this study is completely voluntary.
• You are entitled to refuse to participate in interviews and you are free to withdraw at any time during the study.
• You may do so without fear of prejudice, this will not affect your relationship with the Association of Occupational Therapists of Ireland (AOTI) or any potential future relationship with the University of Limerick.
If you wish to take part or request for further information

- If you wish to take part please sign the attached consent form and return it in the stamped addressed envelope provided.
- Please contact Aileen Collins or her research supervisor Dr. Rosie Gowran if you have any queries in relation to this study.
- The Department of Clinical Therapies at the University of Limerick is also supervising this research on an ongoing basis.

Lead Researcher

Dr Rosie Gowran
Department of Clinical Therapies
Faculty of Education and Health Science
University of Limerick
Email: rosie.gowran@ul.ie
MSc Student Researcher: Aileen Collins
Email: 0869465@studentmail.ul.ie

If you have any concerns about this study and wish to contact someone independent you may contact:
Chairman Education and Health Sciences Research Ethics Committee
EHS Faculty Office
University of Limerick
Tel (061) 234101
Email: ehsresearchethics@ul.ie
Appendix E- Consent Form

“Working in an acute orthopaedic setting, a qualitative study investigating the perspectives of occupational therapists in Ireland”

Consent Form

I, ____________________________ am aware that I am being invited to participate voluntarily in research for the project titled “Working in an acute orthopaedic setting, a qualitative study investigating the perspectives of occupational therapists in Ireland”.

- I have been fully debriefed on the nature of the study, my role in the research and have been given the opportunity to ask questions before agreeing to participate.
- The nature of my participation has been explained to me and I have full knowledge of how the information collected will be used.
- I am also aware that my participation in this study will be audio recorded and I agree to this. However, should I feel uncomfortable at any time I can request that the recording equipment be switched off and the interview will be stopped.
- I fully understand that there is no obligation on me to participate in this study.
- I am aware that pseudonyms will be used, however given the nature of the small community involved in this area complete anonymity is not always possible.
- I fully understand that I am free to withdraw my participation at any time without having to explain or give reason for my withdrawal.
• I am aware that direct quotations from the answers to the interview questions may be used in publications or presentations of this study. I understand that I will not be identifiable in the publications or presentations. I understand that the findings will be used for master’s thesis, for service change, for educational purposes and may be published in a variety of research journals.

• My participation in this research is completely voluntary and I am free to refuse to participate.

• If I agree to participate, I can withdraw at any time, without any negative consequences.

I UNDERSTAND THAT BY SIGNING THIS FORM, I AM GIVING MY CONSENT TO PARTICIPATE IN THE STUDY DESCRIBED ABOVE.

Please complete the statements below to ensure fully informed consent:

• I am aware that I am volunteering to take part in a study that will explore:

__________________________________________________________________________

• If at any time I was to feel unable to take part in the study I could:

__________________________________________________________________________

I have received two copies of this form, one for me to keep and one to return to the researcher.