

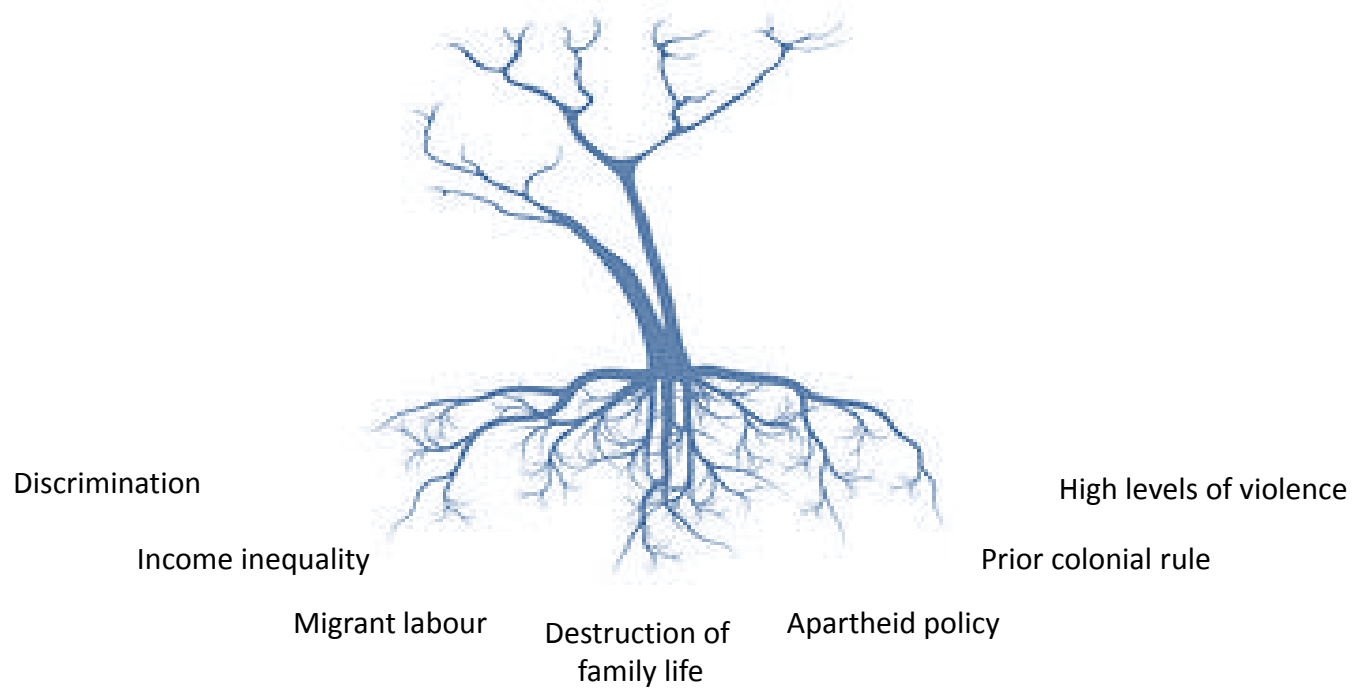
Community Service Occupational Therapists: *Rising to the challenge?*

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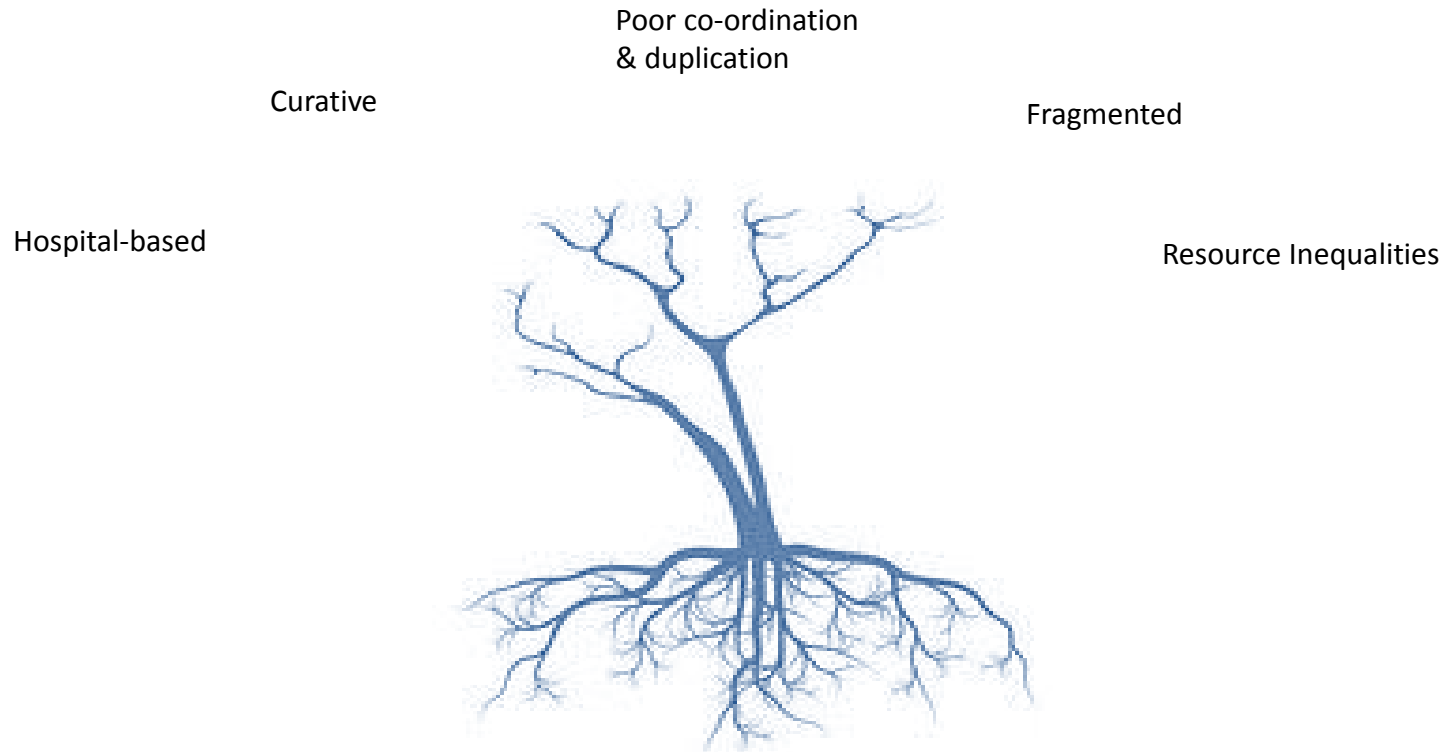
UNIVERSITY OF THE
WITWATERSRAND,
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Introduction¹



Introduction^{1,2}



Introduction

- Increase access to health care³
 - rural
 - underserved⁴
- Doctors 1998; other HPs 2003³
- Top 10 most effective strategies since 1994⁵
- 33% Increase in OTs practicing in public sector⁵
- CS experience of other health professionals published
- Little known about the general experience of CSOTs



Aim

To determine the demographic & practice characteristics of CSOTs and their general experience of their CS year



Method

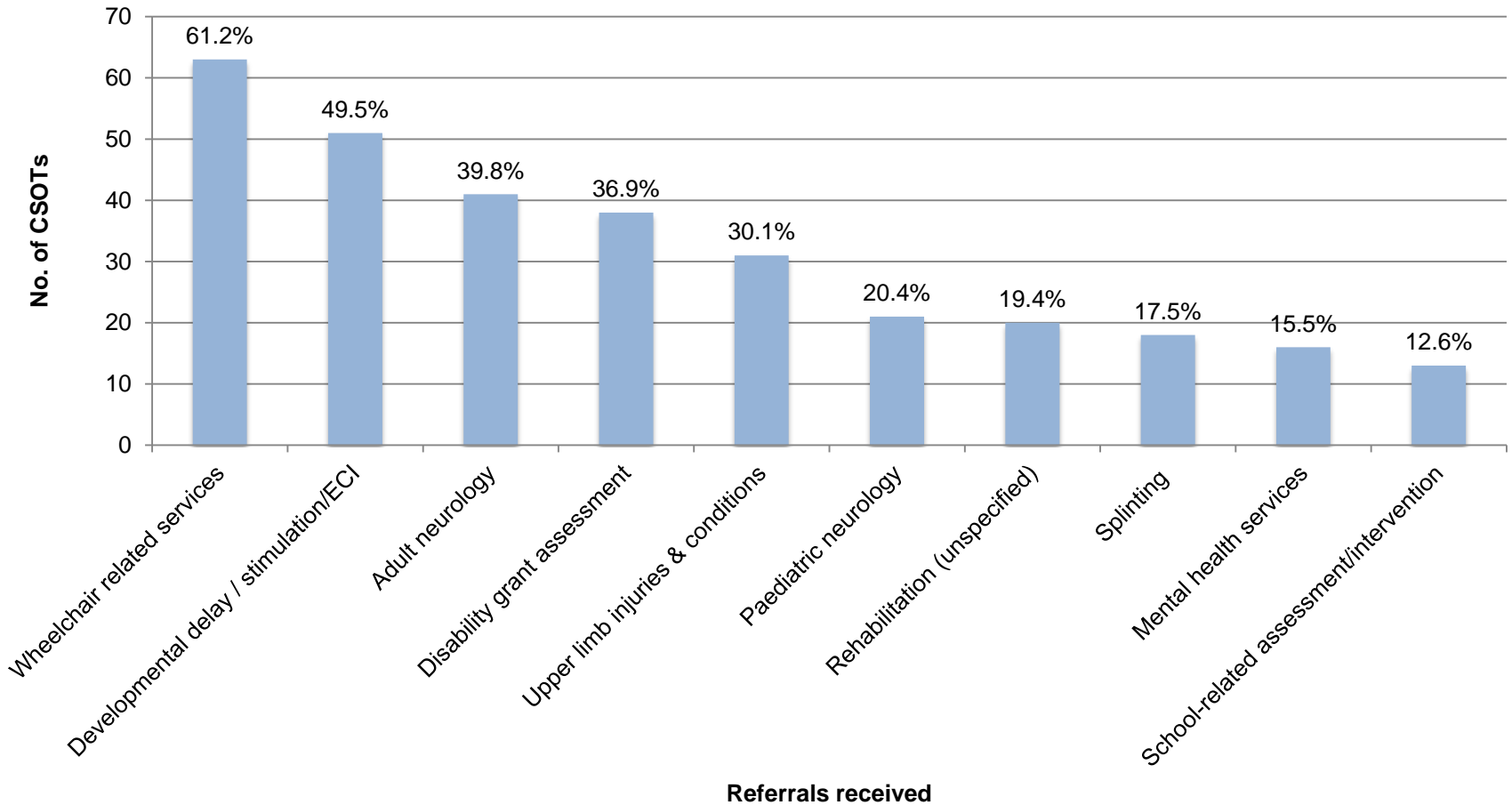
- Descriptive cross-sectional research design
- 2013 CSOTs (n=240)
- Total population sampling
- Survey → based on review of literature
- Data collected online (*Fluidsurveys*), email, hardcopy / post
- Analysis: IBM SPSS Statistics 21.0 & Stata 12
- Open-ended question responses post-coded
- HREC approval number: 551/2014 (UCT)

Results

Response rate: 44.3%

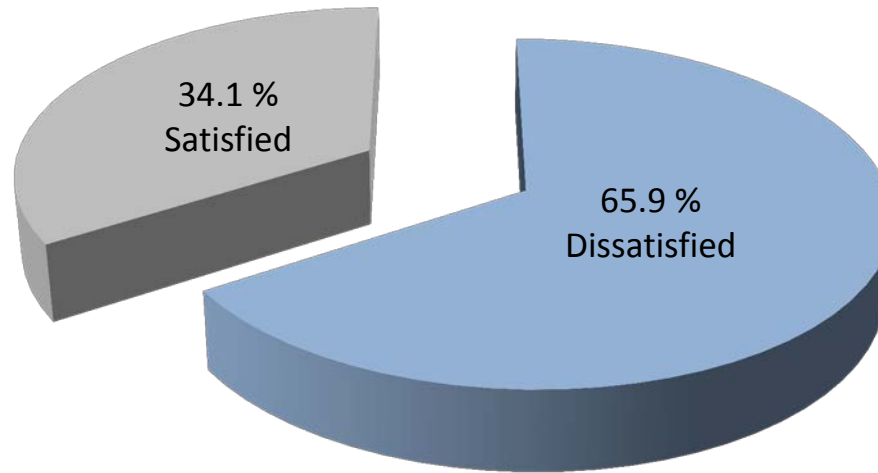
Variable	%
Rural Location	44.7%
Primary level (<i>at least some of the time</i>)	51.5%
Hospital-based placement	73.0 %
	Median (min – max)
Patients seen monthly	83 (6 – 500)
Service sites	3 (0 -26)
OTs in team	3 (1-26)
PTs in team	2 (0-30)

Reasons for referral



Supervision

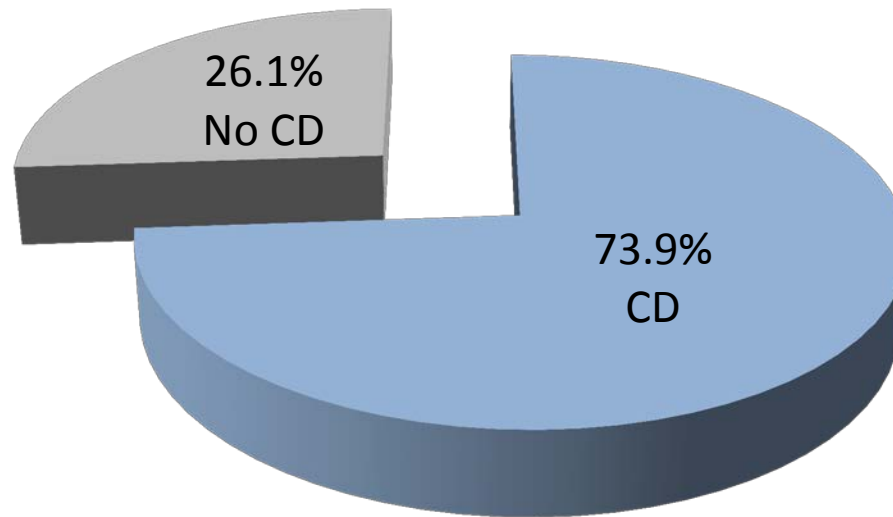
- 1 hour received /month (Range: 0 -120)
- 89.6% had supervisor



- Supervisor characteristics eg. Poor role model
- Extent & content limited
- Contextual factors
eg. Forced to access support outside of placement

Communication difficulties (CD)

- Shared language
- Communication Supports



- Language barrier
- Attempts at overcoming barrier insufficient
- Barrier augmented by other factors

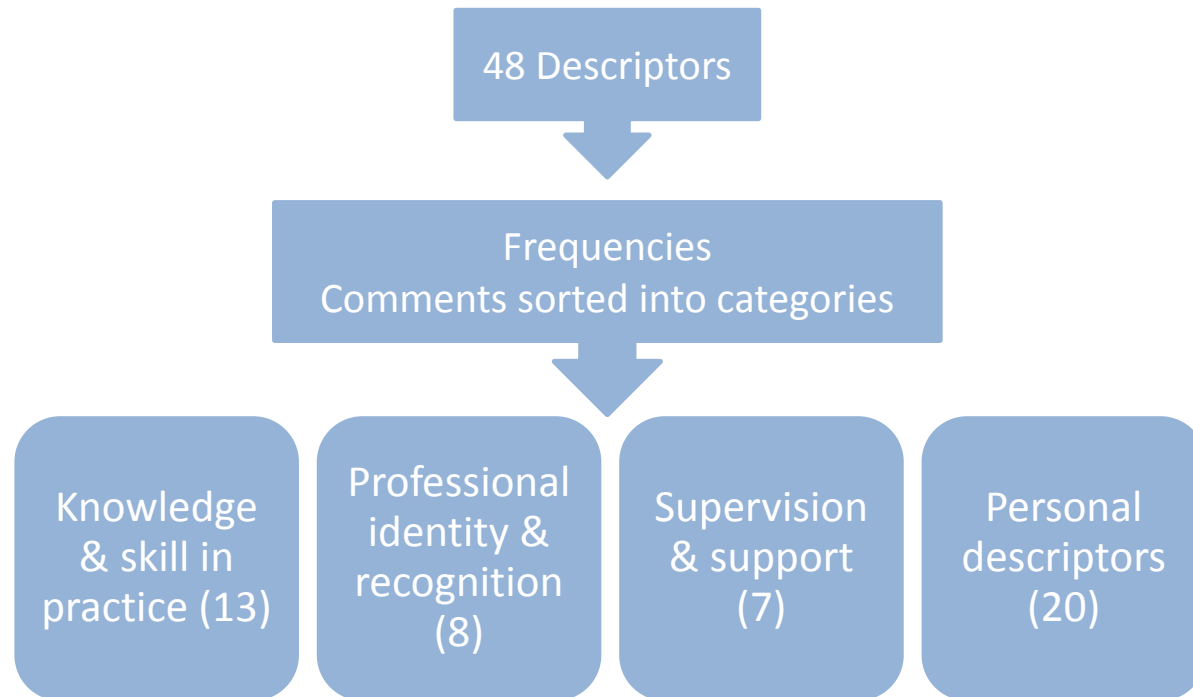
- KZN, EC & MP OTs more likely to report CDs (p=0.024)

Resources

- 73% did not have adequate *equipment*
 - Urban locations more likely to have equipment (OR 2.65; 95%CI 0.96 – 5.78, p=0.061)
- 35% did not have an appropriate *work area*
- 70 % did not have access to the *internet*
- 24% did not have a *telephone / fax*
- 30% did not have access to a *computer*

- Lack of resources → *challenged, frustrated, demotivated & resourceful*
→ restricted modality use

General Community Service Experience



Knowledge & skill

54.2 %
Challenged

- lack of physical or human resources (n=13)
- clinical challenges (n=8)
- differences in culture and language (n=5)
- 3x times more likely to report CD (OR 3.44; 95% CI: 1.29 – 9.18; p=0.014)

41.7%
Encouraged to
reflect critically

- ensure quality service delivery (n=7)
- absence of feedback and direction from supervisors (n=6)
- Supported by opportunity to reflect with colleagues (n=7)
- Dissatisfied with supervision 3x times more likely to *not* report (OR 3.17; 95% CI: 1.29 – 7.79; p=0.012)

42.7%
Okay with not
knowing

- *“I have learnt to stop comparing my beginning to someone else’s middle. I am only just starting out in the OT profession, with time I will grow in knowledge.”*
(Participant 81)

Professional identity & recognition

Proud to be an OT
66.7%

- meaning, meeting need and making a difference (n=8)
- pride, passion and confidence in the profession (n=5)
- growing appreciation of the unique contribution of the profession (n=4).

Strong identity as
an OT
41.7%

- *Proud OT* – 4 x more likely to have a *strong identity* (OR 4.91; 95% CI: 1.78 – 13.54; p=0.002)
- identity challenged by a limited understanding of the role of the OT (n=4).
- no strong identity – 3 x more likely dissatisfied with supervision (OR 3.41; 95%CI 1.38 – 8.44; p=0.008).

Like a
physiotherapist
44.8%

- no activities, equipment or time to enable activity-based treatment (n=7) / acute phase (n=6)
- limited or absent PT services, or worked closely with PTs (n=5)
- no OT support / role model (n=3)
- feeling faded: consolidated OT identity & occupation-centred practice grew (n=2)

OT is poorly
recognised
63.5%

- significantly associated with *Feeling poorly understood as an OT* (OR 4.47; 95% CI: 1.01 – 1.89; p=0.025).
- mistaken as a PT by the health team and the public (n=9),
- limited understanding of the role and value of OT by team & community (n=14)

Professional identity & recognition

“There is no Zulu name for OT which makes it challenging to explain what we do or our role in the hospital. We often have to refer to ourselves as ‘dokatela wamatambo’ (doctor of the bones i.e. physio) or ‘dokatela wesingane’ (doctor of the children).”

(Participant 82)

“In the rural areas people only recognise dieticians, speech therapists and physiotherapists as members of rehab team because they use association to identify professions, e.g. physio (bones) dieticians (food) speech and audiology (ears)... so as OTs, we lack that one specialty that singles us out”.

(Participant 5)

Supervision & support

Like I need a
mentor
41.7%

- coveted the guidance, advice, feedback and role-modeling (n=16).
- Mentorship sought with varying levels of success (n=4)
- Satisfaction with supervision protective against *needing a mentor* (OR 0.11; 95% CI: 0.03 – 0.34; p<0.001)
- Supervisor = OT, less likely to report needing a mentor (OR 1.39; 95% CI: 1.01 – 1.89; p=0.040).

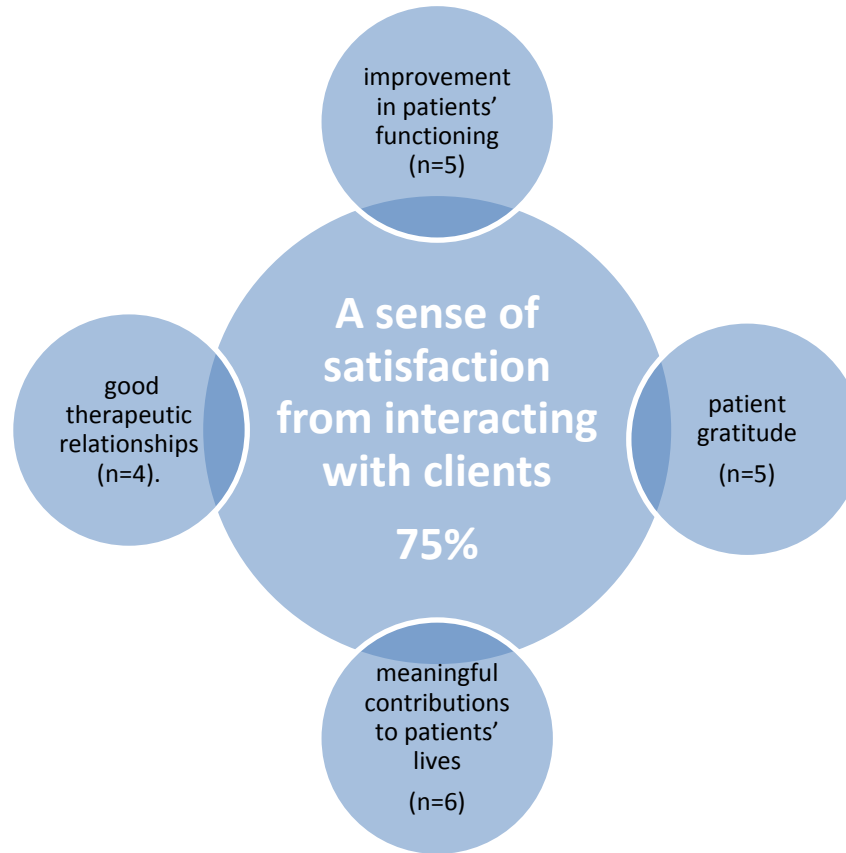


Personal descriptors

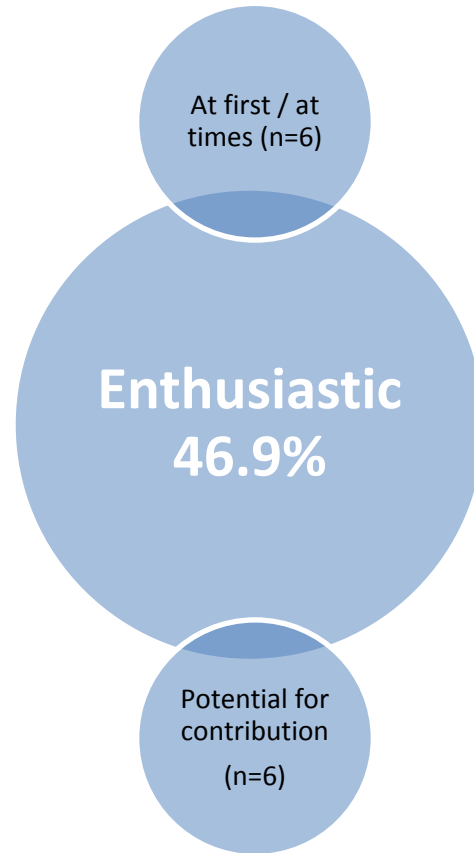
- A sense of satisfaction from interacting with clients
- Enthusiastic
- Frustrated
- Alone
- Anxious
- Adjusting



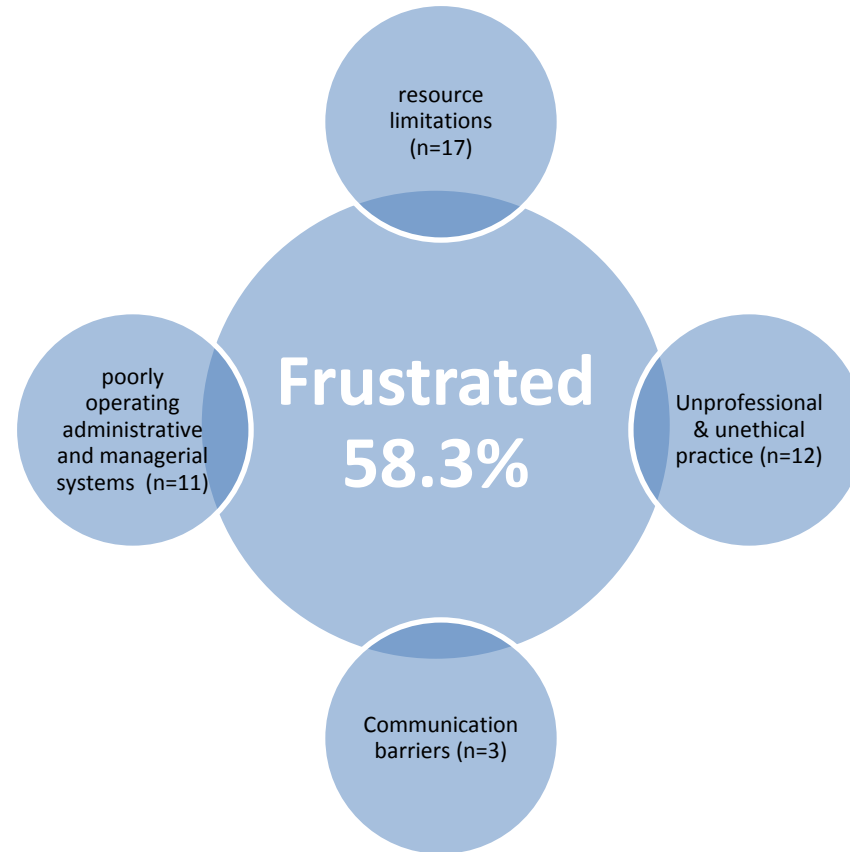
Personal descriptors



Personal descriptors



Personal descriptors



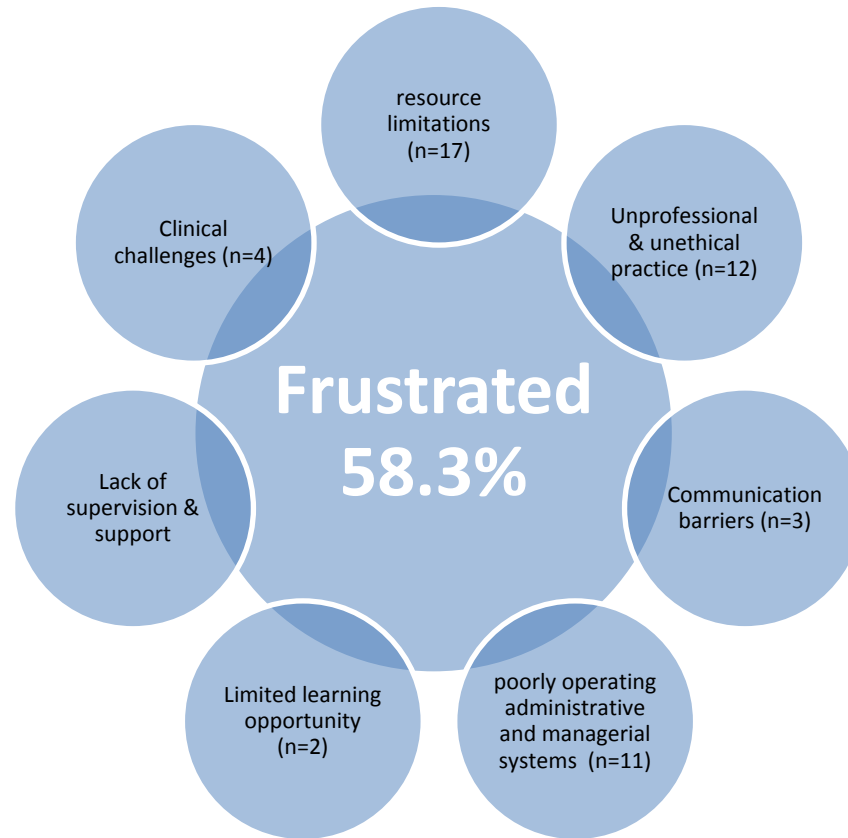
Personal descriptors

“Equipment needed is refused and instead we are provided with unnecessary equipment. The BASICS are not provided and it is extremely frustrating, also those who are ill/disabled are constantly disadvantaged by certain members who are of higher power”.

(Participant 104)



Personal descriptors



Personal descriptors



“VERY! Cannot stress this enough!”



Personal descriptors

Anxious
25%

“My first day at work went like this: the head physio greeted me, gave me a key and said, ‘Here are the keys for your department’. No other help or guidance was given and when I asked or phoned the district, I was just referred on to another person”.

(Participant 21)

Personal descriptors

Adjusting
29.2%

“I did feel like this entire year was about adjusting. Adjusting to: working on my own (without supervision); working without equipment; working in a [multi-disciplinary team]; working with limited/no resources; and working with poor management and support from the clinic. And I feel that all of those were valuable learning experiences”. (Participant 71)

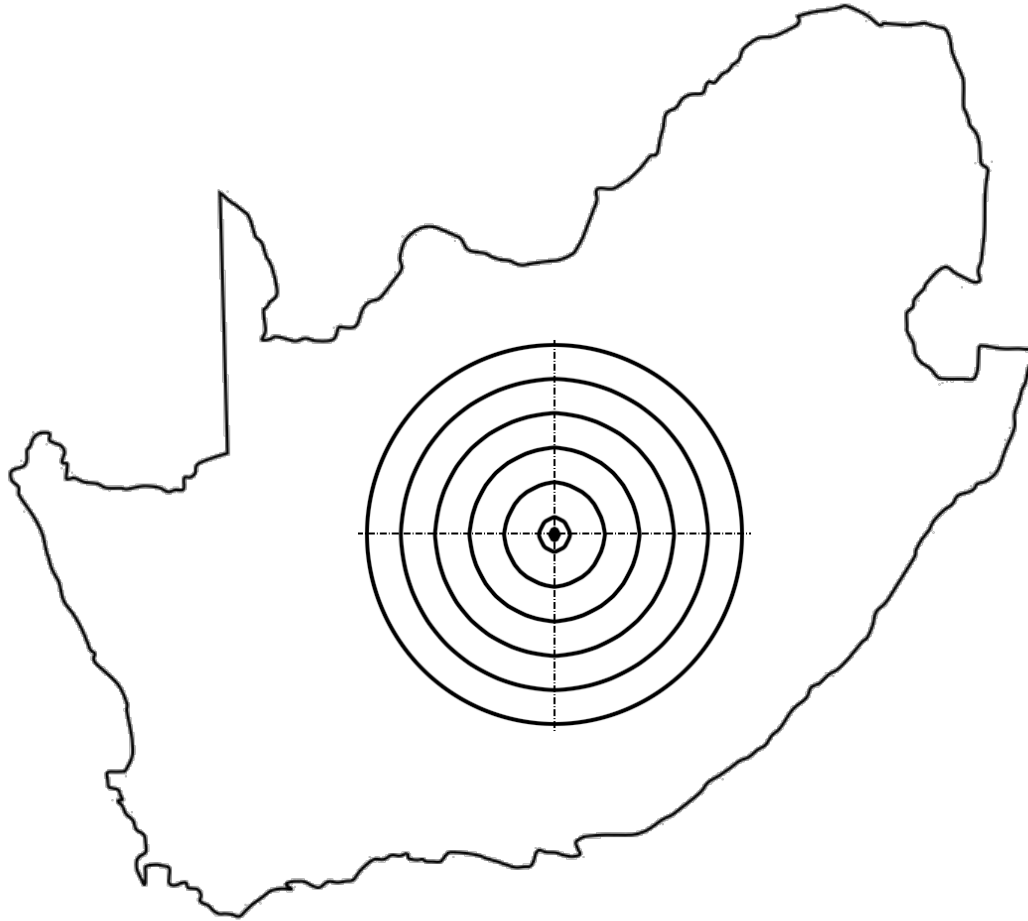


Conclusion

- Broad experience
- Resource restriction
- Communication difficulties
- Dissatisfaction with supervision
- Allocation skewed to urban, hospital placements
- Limited prevention / promotion
- Medical model⁶



Rising to the challenge?



References

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