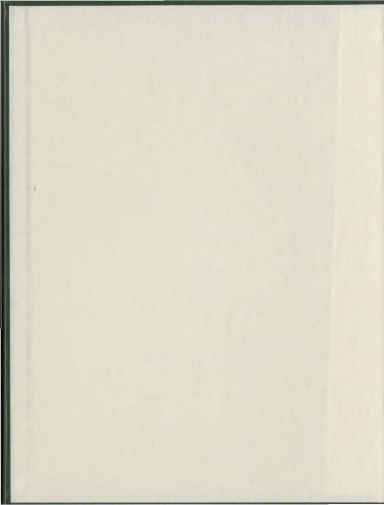


EVALUATION OF SATISFACTION, EMPLOYMENT
OUTCOMES AND JOB SATISFACTION OF GRADUATES
OF A UNIVERSITY REHABILITATION ASSISTANT
DIPLOMA PROGRAM

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**Evaluation of satisfaction, employment outcomes
and job satisfaction of graduates of a University
Rehabilitation Assistant Diploma Program**

by

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A thesis submitted to the School of Graduate Studies
In partial fulfillment of the
Requirements for the degree of
Master of Education
Memorial University of Newfoundland
July, 2010

St. John's

Newfoundland

Abstract

Evaluation of satisfaction, employment outcomes and job satisfaction of graduates of a University Rehabilitation Assistant Diploma Program

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Rehabilitation Assistants (RA) are a recent addition to British Columbia's healthcare system. Capilano University's Rehabilitation Assistant Diploma Program (RADP) trains graduates for employment as assistants for occupational therapists, physiotherapists and speech language pathologists and audiologists. This study examined levels of employment success and job satisfaction of Capilano University RADP graduates (2005 – 2009). The study determined the range of employment outcomes of graduates and obtained information concerning satisfaction with their role as an RA by applying the Measure of Job Satisfaction (MJS) tool as developed and validated by Traynor & Wade in 1991 for community nurses in the United Kingdom (Traynor & Wade, 1993).

This mixed-methods study consisted of an electronic questionnaire of all RADP graduates and a telephone interview with a stratified sample of twelve graduates from the four graduating cohorts from the program. The questionnaire collected information concerning employment outcomes and levels of satisfaction of the RADP graduates, future education plans, and satisfaction with Capilano's RADP. The telephone interviews examined how effectively RADP prepared graduates for their current employment as well as RA satisfaction with scope of practice, role and supervision in their current jobs.

The findings of this study indicate that the graduates of RADP at Capilano University are satisfied in their current employment situation. The mean Measure of Job Satisfaction (MJS) score of the RADP graduates employed as RAs was in the high "neutral- satisfied" range. The graduates indicated satisfaction with their role and contribution to the health care team, supervision model, and opportunities for continuing education. Areas of dissatisfaction identified were prospects for promotion, salary, and workload.

A majority of the RAs recommend Capilano's RADP and feel that the program has prepared them well for their current work environment. Positive aspects of the program include the clinical fieldwork placements and skills training in occupational therapy and physiotherapy assisting. The primary suggestion for improvement identified by the RADP graduates is to supplement speech language pathology and audiology courses and clinical exposure.

It is relevant to rehabilitation professionals and health system managers that the lack of promotion opportunities for RAs in BC may result in migration from the field. Improved work environments and enhanced professional growth opportunities may slow this attrition and allow RAs to remain in their role and continue to contribute effectively to rehabilitation teams.

Key words: Capilano University, Occupational Therapy Assistant (OTA), Physiotherapy Assistant (PTA), Rehabilitation Assistant (RA), Rehabilitation Assistant Diploma Program (RADP), Speech Language Pathology Assistant (SLPA)

Acknowledgments

I gratefully acknowledge the assistance and support of the following people in contributing to this research project:

- my thesis supervisor, Dr. Vernon Curran, for his thorough approach and ongoing guidance;
- my husband, Colin, for his support and patience;
- the graduates of Capilano University's Rehabilitation Assistant Diploma program for providing their time and important insights;
- faculty members of the Rehabilitation Assistant Diploma Program at Capilano University for providing valuable feedback on the research tools.

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Chapter 1: Introduction

Success is not the key to happiness. Happiness is the key to success. If you love what you are doing, you will be successful. (Albert Schweitzer)

1.1 Background to the Study

Rehabilitation Assistants (RA) are support personnel for Occupational Therapists, Physiotherapists, Recreation Therapists and Speech Language Pathologists. RAs work in acute care hospitals, rehabilitation centres, care facilities, community care and private clinics under the supervision of therapists. The two-year training program for RAs at Capilano University was initiated in 2004 and introduced a new professional to rehabilitation therapy settings in British Columbia. The implications of this new standard of training for assistants who were previously either trained on the job or in a one-year certificate program have yet to be examined. This is the first study examining the employment outcomes and job satisfaction of RAs in British Columbia.

1.2 The Purpose of the Study

The purpose of this evaluation research study was to examine employment outcomes and satisfaction, and evaluate satisfaction levels of graduates from Capilano University's Rehabilitation Assistant Diploma Program (2005 – 2009). The study aimed to determine the range of employment outcomes of graduates and obtain information concerning satisfaction with their role as an RA by applying the Measure of Job Satisfaction (MJS) tool as developed and validated by Traynor & Wade in 1991 for community nurses in the United Kingdom (Traynor & Wade, 1993). Information concerning the perceptions of the graduates with respect

to their role, supervision model, and scope of practice as well as general questions relating to satisfaction with the training program were collected using an electronic questionnaire and phone survey. The tools obtained employment data from the graduates including geographical location, health setting, clinical focus, supervision model, nature of employment (part or full-time; permanent or casual), salary, and information concerning departure from the field and further education plans. Information was also collected concerning satisfaction with respect to their current work as an RA, time and workload, scope and supervision model, compensation, job security, opportunities for promotion, role within the health care team, education and training opportunities and the Rehabilitation Assistant Diploma program at Capilano University. An additional objective of the study was to compare background graduate characteristics and their influence on job satisfaction. The data collected in this study is valuable for several reasons:

1. To provide information to Capilano University fieldwork manager and instructors to ensure that the clinical fieldwork placements and curriculum of the RAD program are representative of RA employment settings.
2. To provide data to administration at Capilano University to assist them in making appropriate decisions as to whether to adjust enrolment or cohort size to meet the demands for RAs in the health care sector.
3. To determine whether further initiatives are required to enhance employment opportunities and promote appropriate task assignment and scope for RAs.

4. To provide information to rehabilitation therapists in British Columbia concerning the utilization of RAs. This information is relevant to RA employers and supervisors to compare current utilization models to provincial norms and is valuable to therapists not yet utilizing RAs in order to better assess viability.
5. To establish whether degree laddering opportunities and continuing education are priorities for graduates of the program.
6. To examine the integration of the RA role within rehabilitation teams in British Columbia.

1.3 Significance of the Study

This study may be beneficial to Capilano RADP graduates currently employed as RAs, as well as employers, supervisors and educators of RAs. The information gathered in this study may allow for improved work environments for RAs in terms of supervision models and team inclusion. Employers and therapists may become more receptive to including RAs in medical teams and more effective in utilizing RA skills and potential. By gaining an understanding of a variety of aspects of RA job satisfaction, this research provides recommendations on how to better utilize RAs in work settings to optimize their effectiveness and maintain their motivation to perform optimally.

The study provides suggestions to Capilano University's RADP faculty to ensure that the program is meeting current workforce demands and appropriately reflecting the needs of the

RAs. Educators may adapt teaching focus and fieldwork placement selection in order to better match RA training with their eventual workplace competencies.

The results of this study may be helpful to therapists considering employing an RA as it will inform them of the more favorable models of practice from the perspective of the RA. This may enable employers to provide more satisfying employment for the RAs potentially resulting in more effective service delivery.

Lastly, this study will also serve as a reference for future studies concerning RAs in British Columbia and elsewhere in Canada.

1.4 Thesis outline

The following chapter provides a literature review of the background of rehabilitation assistants in British Columbia and training at Capilano University. The methodology of the research design and data analysis is outlined in the third chapter. Chapter four summarizes the findings of the study and is followed in chapter five with a discussion of the findings including RA demographics and satisfaction levels of the RAs. The concluding chapter includes a summary, recommendations and limitations of the study.

1.5 Terms and Definitions

| | |
|-------------------|---|
| CEGEP | post-secondary education in the province of Quebec |
| Clinical judgment | applying skills and knowledge to interpret subjective and objective clinical information to make decisions concerning the direction of therapeutic care for a patient |
| Clinical tasks | direct patient care tasks and interventions (e.g. application of electrical muscle stimulation) |

| | |
|----------------------|--|
| Community health | health care setting outside of acute care hospitals, care facilities and rehabilitation facilities (e.g. school based therapy) |
| Direct supervision | managing the RA and overseeing their performance by working side by side with the RA |
| Indirect supervision | managing the RA and overseeing their performance without being in their presence throughout the day (e.g. daily meeting to discuss patients) |
| Intervention | therapeutic measure or approach (e.g. range of motion exercises) |
| Operational tasks | indirect patient care duties relating to preparation of the environment including scheduling, research, inventory, and ordering of supplies |
| Prognosis | a prediction of the anticipated outcome of the medical condition |
| RA | Rehabilitation Assistant, Support personnel for occupational therapists, physiotherapists, recreation therapists, and speech language pathologists |
| Technical tasks | indirect patient care duties relating to equipment and technology |
| Transfer of duties | Tasks assigned by a therapist and delegated to the RA to perform |

Chapter 2: Literature Review

2.1 Introduction

This chapter examines the background and role of rehabilitation assistants in British Columbia, the Rehabilitation Assistant Diploma program (RADP) at Capilano University, historical information concerning employment success of RAs, and utilization of the CIPP (Context, Input, Process and Product) model and Measure of Job Satisfaction (MJS) to evaluate the RAD program. The literature was reviewed under these themes with initial sources including documents from the provincial and national colleges and associations for occupational therapy, physiotherapy and speech language pathology and from Capilano University. A web-based search of the literature provided resources concerning employment success and the CIPP model. Subsequent sources of information were obtained from the reference lists of the preliminary articles.

The escalating demand for healthcare services in British Columbia is creating critical access issues including lengthy wait lists for procedures and serious delays in medical care (Goodreau, 2007). Despite increases in provincial government health expenditures of approximately 70% between 2000 and 2008, the health care system is becoming overburdened due to population growth, population aging, new treatments and technologies, and non-medical factors including the economy, employment, housing, education and cultural issues (B.C. Liberals, 2008; Goodreau, 2007). An illustration of these rising demands in B.C. is the increase in hip and knee surgical joint replacements from 2430 procedures in 1991 to 4773 in 2005; with

these patients all requiring in-patient and out-patient medical care and rehabilitation therapy (Goodreau, 2007).

Strategic planning by B.C. health authorities includes initiatives focusing on prevention, community-based care, and cost effective service delivery models (B.C. Ministry of Health, 2008). These strategies emphasize the importance of rehabilitation therapy but the demand for rehabilitation services outweighs the supply of occupational therapists, physiotherapists and speech language pathologists (British Columbia Association of Child Development, 2006; Canadian Association of Occupational Therapy, 2007; Bellet, 2007). In order to meet these elevated demands in rehabilitation, skilled rehabilitation assistants (RAs) are essential to support therapists and allow for efficient and effective service delivery (Physiotherapy Association of BC, 2006). Capilano University's Rehabilitation Assistant Diploma Program (RADP) meets the province's health human resource needs by preparing graduates for employment as rehabilitation assistants (Capilano University, 2009). Although it is assumed that these RADP graduates have high levels of employment success, no follow-up studies have provided confirmation. As the RA role is an emerging one and the scope of practice continues to be redefined, it is unknown whether graduates of the RADP are satisfied with their employment outcomes, current jobs, and their future career and educational goals.

2.2 History of Rehabilitation Assistants in British Columbia

The title "rehabilitation assistant (RA)" refers to support personnel working under the supervision of an occupational therapist, physiotherapist, recreation therapist or speech language pathologist. Prior to 2002, no standards existed for training of RAs in British

Columbia. Historically, the majority of RAs were trained “on the job” (Canadian Physiotherapy Association, 2008). Two training programs existed in B.C. prior to 2002 – West Coast College of Health Care in Surrey and Okanagan College in Kelowna. Both offered certificate level programs requiring ten months of full-time schooling.

The *Competency Profile for Support Personnel in Physiotherapy* was published by the Canadian Physiotherapy Association in 2002 outlining the essential competencies, skills and training standards for RAs supervised by physiotherapists. As Capilano College¹ was in the early development phase of the RADP in 2002, the profile allowed for the initial program to meet these national standards. Okanagan College made the transition from a certificate to a two-year diploma program in 2004/5. West Coast College of Health care discontinued the rehabilitation assistant training program when these new standards were introduced.

Currently in B.C., three post-secondary institutions provide rehabilitation assistant training programs – Capilano University, Okanagan College, and Vancouver Community College. All three institutions offer two-year programs meeting the essential competencies spelled out in the Canadian Physiotherapy Association competency document. Across Canada, there are currently 24 programs training support personnel for rehabilitation including five CEGEP programs in Quebec (Canadian Physiotherapy Association, 2009).

With RAs now receiving more comprehensive training, therapists are able to delegate additional tasks to RAs and devote more of their time to patient assessments and developing intervention plans. There has been a shift from a model of direct supervision to one of indirect supervision and an increasing emphasis on clinical tasks in addition to operational and technical tasks for RAs (BC Paediatric Therapists, 2007).

¹ Capilano College became a University in April 2008

2.3 Capilano's Rehabilitation Assistant Diploma program

The Rehabilitation Assistant Diploma Program (RADP) at Capilano University in North Vancouver, B.C. was initiated in 2004 and is the only program in Canada that triple-trains graduates by combining training for physiotherapy assistant, occupational therapy assistant and speech language pathology and audiology assistant (Capilano University, 2009). Twenty students are accepted annually into a cohort group.

Instructors are all experienced OTs, PTs and SLPAs. The content of each term covers theory and practice knowledge relating to a specific focus including musculoskeletal (term 1), psychosocial/ cognitive (term 2), neurology (term 3) and community integration (term 4).

In each term, the students are instructed in the relevant theoretical aspects of disease and disability and in the practical intervention skills for patient care. The curriculum also includes scientific knowledge content - functional anatomy, growth and development and cardio-respiratory physiology - and communication and professionalism courses.

In order for students to gain clinical experience, students complete over 500 hours of supervised practicum placements in hospitals, rehabilitation facilities and community practices in B.C., across Canada and internationally. Students on practicum are instructed and evaluated by one or more occupational therapists, physiotherapists or speech language pathologists.

The program meets national standards for rehabilitation support personnel, allowing graduates to seek employment across Canada. Laddering opportunities exist to allow graduates to block transfer into a Bachelor's degree in Community Rehabilitation or Health Administration if they wish to pursue further education (Capilano University, 2009).

2.4 Demand for Rehabilitation Assistants in British Columbia

An examination of existing literature concerning rehabilitation assistants in British Columbia yields minimal employment data. Data from other provinces in Canada is not relevant as B.C. is currently the only province with the "Rehabilitation Assistant" designation and Capilano University offers the only program nationally that triple-trains graduates for employment as occupational therapy assistants, physiotherapy assistants and speech language pathology assistants (Capilano University, 2010). Two profiles of rehabilitation assistants were published in 2001; one for RAs employed as occupational therapy assistants and one for RAs employed as physiotherapy assistants. Both profiles state that RAs can be beneficial to patient care and cost effective in the delivery of therapy services and that the successful use of the RA depends on appropriate training, delegation and supervision (Health Human Resources Advisory Committee, 2001). The profiles were completed when the educational standard was a ten-month certificate rather than a two-year diploma but provides useful demographic information about RAs including:

- average age of an RA in the workforce is 40 years old;
- the majority of RAs employed in the public sector tend to stay in their job for a long time;
- a large number of RAs employed in the public sector have high seniority;
- the average RA views his/her position as a career rather than a "convenient job at a local hospital" (HHRAC, 2001).

Achieve BC categorizes rehabilitation assistant jobs in the "other technical occupations in therapy and assessment" grouping and states that employment for workers in this group is projected to grow at an average rate of 1.6% per year (*Achieve BC*, 2009).

Capilano University reports that RADP graduates are employed in acute care hospitals and rehabilitation facilities with additional opportunities in extended care, private practice and community health (Capilano University, 2009). Successful completion of the academic and practical components of the program results in high levels of employment success for graduates with job opportunities outnumbering trained RAs in the province (Capilano University, 2009). A media release dated March 8, 2004 from Capilano College states that RAs will work in both the public and private health care system and that starting salaries range from \$16 to \$20 per hour (Capilano College, 2004).

2.5 Role of Rehabilitation Assistants in British Columbia

Provincial practice standards for task assignment to a rehabilitation assistant are maintained by the individual colleges of occupational therapy and physical therapy. The national association of speech language pathology and audiology (CASLPA) has historically assumed this responsibility although recent development of a provincial college for SLPAs may alter this model. The two colleges and CASLPA have similar guidelines for task assignment to a rehabilitation assistant with the **therapist** responsible for ensuring that:

- patients have a sound understanding of the role of the RA;
- patients must provide informed consent to work with an RA;
- the RA has the knowledge, skills and abilities to carry out an assigned task;
- the assigned tasks are completed safely and effectively;
- the RA has been educated in standard infection control measures;

- the RA is aware of patient confidentiality standards;
- the RA has been instructed to recognize adverse treatment reactions and report these reactions to the therapist immediately;

The therapist is responsible for the initial patient assessment and treatment plan, subsequent reassessments, and any changes to the treatment plan.

RAs in B.C. are **not** permitted to:

- interpret referrals, diagnosis or prognosis;
- perform assessment procedures or interpret assessment findings;
- discuss the diagnosis or treatment rationale with anyone other than the therapist;
- plan or initiate treatment goals or programs;
- perform tasks requiring a therapist's judgment;
- modify interventions beyond established limits;
- teach assigned tasks to another person;
- complete discharge planning (College of Physical Therapists of B.C., 2008;

Physiotherapy Association of BC, 2006; College of Occupational Therapists of BC, 2004; Canadian Association of Speech Language Pathology and Audiology, 2008).

2.6 Employment success and job satisfaction in health care

Okanagan College reports that the typical hourly wage for a rehabilitation assistant is approximately \$21 per hour and 81% of rehabilitation assistant graduates from their program find employment in less than one month (Okanagan College, 2009).

Job satisfaction results in productivity, whereas dissatisfaction with one's work results in higher levels of employee turnover, grievances, absenteeism and tardiness (Shah et al. 2001).

Low job satisfaction is a "major cause of turnover among health care providers" and may affect the quality of service and contribute to shortages of health care providers (Krueger et al, 2002). Shah et al (2001) identified three primary correlates of job satisfaction among health care workers – the control of unhealthy competition between employees, provision of an orientation to the job, and provision of effective in-service training. High job satisfaction among health care workers is associated with lower levels of work stress, strong organizational commitment, effective communication with supervisors, autonomy, employee recognition, fairness, years of experience and education (Krueger et al, 2002).

The 2005 five year follow-up survey completed by the University of Saskatchewan of Nursing education graduates collected information from graduates including demographic information, employment outcomes, further education, career goals, financial situation and general satisfaction. Eighty-nine percent of respondents in the study reported that they are "satisfied" or "very satisfied" with their current primary job. Of interest was the finding that two thirds of those who expressed dissatisfaction with their current job still stated that they are either "satisfied" or "very satisfied" with nursing as a career (University of Saskatchewan, 2005). It is evident that job satisfaction can differ from career satisfaction.

According to a large scale 2001 study of health workers in Saskatchewan, the best strategies for retention of employees are increasing the labour supply through education and immigration, providing full-time jobs for new grads as opposed to casual positions, increase seats in training programs, provision of more clinical opportunities for student practicums, and bursaries for students of "nursing, occupational and physical therapy and other scarce occupational categories" (Backman, 2000). The strategies identified for improving job

satisfaction in health care are simply to show employees that they are valued and to treat them professionally and with respect (Backman, 2000).

A 2003 study of registered nurse job satisfaction identified the major predictor to be psychological empowerment. Predictors of this empowerment were hardiness, transformational leadership style, nurse/physician collaboration and group cohesion (Larrabee et al, 2003).

Job satisfaction is influenced by a range of factors including physical setting, supervisory model, financial compensation, perceptions concerning level of responsibility and scope of practice, and perceptions of academic preparation. Measuring job satisfaction of graduates is one method of evaluating an educational program's effectiveness. A study of Registered Nurses completed in New York in 2003 found that educational preparation of currently employed nurses affected their current job satisfaction, organizational commitment and plans for continuing as a nurse (Ingersoll et al, 2002).

2.7 Evaluating Capilano's RADP with the CIPP model of evaluation theory

In order to evaluate the success of the RADP program and the job satisfaction of the graduates, the CIPP model of evaluation theory provides an appropriate framework.

There are four aspects to a CIPP evaluation:

C: Context – determine the needs, problems and goals

I: Input – determine available and appropriate resources, options and plans

P: Process – evaluate the program's activities/ actions

P: Product – identify and assess the intended and unintended outcomes

(Stufflebeam, 1999).

Stufflebeam developed the CIPP model in the 1960s as a means of obtaining information to make future decisions, judge and improve the value of a program, and allow for enhancement of policies and programs projects, personnel, products, institutions and systems (Stufflebeam, 1968). The CIPP approach involves the decision-makers in the planning process of the evaluation in order to ensure that the findings will be relevant and useful. The model defines program evaluation as "the systematic collection of information about the activities, characteristics, and outcomes of programs for the use by specific people to reduce uncertainties, improve effectiveness, and make decisions with regard to what those programs are doing and affecting" (Patton, 2004).

Utilizing this framework, this study evaluated Capilano's Rehabilitation Assistant Diploma Program by considering the specific context of the students and graduates and the existing educational and clinical inputs. The questionnaire and interview tools evaluated the curriculum and clinical fieldwork components of the program as the process component. The primary focus of this study is the product – the intended and unintended outcomes for graduates of the RAD program at Capilano.

2.8 Measure of Job Satisfaction (MJS) tool

The Measurement of Job Satisfaction (MJS) is a 38 item tool that was developed in 1992 to evaluate levels of job satisfaction of community nurses in the United Kingdom (Traynor & Wade, 1993). The study was initiated in response to significant changes in the role of community nurses in Britain resulting in varied employment conditions for these workers. The consideration of job satisfaction in health care is essential due to the impact of satisfaction on both recruitment and retention for these workers (Finlayson, 2002). The National Health

Service (NHS) in Britain has historically been faced with serious challenges in recruiting and retaining nurses. High turnover rates within the NHS have resulted in higher medical costs and implications for patient care (Finlayson, 2002). A study examining the underlying causes of these recruitment and retention issues found the main issues to be dissatisfaction with pay and not feeling valued (Finlayson, 2002). A study of a nursing model which was found to increase job satisfaction linked nursing staff retention to job satisfaction (Weisman et al, 1993).

The Measure of Job Satisfaction (MJS) items in Traynor & Wade's 2003 study were developed from a literature review, British nursing publications and discussions from key informants including community nurses. The original study collected MJS scores from 489 community nurses and the data was analyzed with frequency distributions and correlation analyses (Traynor & Wade, 1993).

The tool utilizes a five-point Likert scale ranging from "very satisfied" to "very dissatisfied" which was found to be reliable in the study. The MJS measures five work factors: personal satisfaction, workload, professional support, training, and salary and prospects and the results of the MJS can be divided into these factors for analysis.

The reliability of the MJS was assessed in the original study with Cronbach alpha computations. The alpha values for all 5 factors and the total MJS were found to be very satisfactory indicating that the measure was reliable (Traynor & Wade, 1993).

Van Saane et al (2003), in a comparison of the reliability and validity of instruments measuring job satisfaction, found that all eleven of the standard work factors are included in the MJS allowing for strong content validity (Van Saane, 2003).

Chapter 3: Methodology

3.1 Introduction to the Research Methodology

This study involved a mixed-methods approach in order to obtain both qualitative and quantitative data from the RADP graduates. All 60 of the graduates of the Rehabilitation Assistant Diploma program at Capilano University from 2005 – 2009 were requested to complete an electronic questionnaire and 16 graduates were sampled to complete a telephone interview.

3.2 Research Design

3.2.1 Purpose

The purpose of this evaluation research study was to examine employment outcomes and satisfaction, and evaluate satisfaction levels of graduates from Capilano University's Rehabilitation Assistant Diploma Program. An electronic questionnaire was constructed and utilized to collect demographic and employment outcome information from respondents, assess RADP graduates' perceived ratings on the Measure of Job Satisfaction (MJS) scale, and to evaluate respondents' satisfaction with specific components of the Rehabilitation Assistant Diploma Program. Telephone interviews were also used to collect open-ended responses to questions concerning supervision model, satisfaction with the RA role, inclusion within the health care team, and satisfaction with current employment and Capilano's RADP.

3.2.2. *Ethical Review*

The thesis proposal was approved by the Interdisciplinary Committee on Ethics in Human Research (ICEHR), Memorial University of Newfoundland. The application for ethics review including a summary of the research, a statement of ethical issues and copies of the survey tools was approved by the ICEHR on November 8th, 2009. In accordance with the *Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans* (TCPS), the project was granted full ethics approval for one year.

3.2.3. *Statement of Ethical Issues*

The process and content of the questionnaire and interview questions had minimal risk of harming the participants. Physically, there was minimal risk involved in completing an electronic survey, returning a consent form by mail, and speaking on the telephone for the interview. There was minimal risk of the process or content causing stress or anxiety. The participants understood that their participation was completely voluntary, that their identity was protected in the results, and that their relationship with the researcher (TD) and with Capilano University would not be impacted in any way. There was a possibility that discussions concerning scope of practice limitations or further education plans could expose emotional frustration, disappointment or anxiety but this risk was minimized by utilizing open ended questions in the interview to allow the participant to choose the direction of the conversation with these topics. There were no social implications as the research was completed on an individual basis and not in groups. There was no cost to the participants except the time required to complete the questionnaire.

Participants were provided with clear instructions and information about the project and process to allow them to make informed consent regarding participation. Consent was implied by their participation in the questionnaire but a signed consent form was required for participation in the telephone interviews. The participants were not coerced and did not receive any compensation or rewards for completing the questionnaire or interview. There was a potential that the RADP graduates would feel obligated to participate because they perceived that the relationship they have with the researcher (TD) as co-coordinator of the program at Capilano University might impact future education or career opportunities in terms of providing a reference to a potential employer or circulating electronic job postings or continuing education information. To avoid this, it was mentioned in the introductory letter that choosing non-participation would not in any way impact their relationship with the researcher (TD) or Capilano University.

The consent form included the following statement:

The proposal for this research has been reviewed by the Interdisciplinary Committee on Ethics in Human Research and found to be in compliance with Memorial University's ethics policy. If you have ethical concerns about the research (such as the way you have been treated or your rights as a participant), you may contact the Chairperson of the ICEHR at icehr@mun.ca or by telephone at 737-8368.

In order to protect the privacy of participants, the questionnaires were completed anonymously. The results are stored in a locked filing cabinet in the researcher's (TD) locked office and all electronic data is password protected. Sarvey/Mosley's website is endorsed by

TrustE, the *Better Business Bureau online reliability program*, and is *VeriSign* secured and tested daily by *McAfee Secure* (SurveyMonkey, 2009).

The data will be retained for five years to allow time for any challenges to the study's results. The participants have been notified of this timeline and how the data will be stored during this time period.

3.2.4. Participant Selection

Respondents to the electronic survey questionnaire included 42 of the 60 graduates from Capilano University Rehabilitation Assistant Diploma Program since it was initiated in 2004. As the program is two-years in length, the first graduating cohort group was in 2005. The participants for the telephone interviews included twelve ($n = 12$) respondents of a stratified sample of sixteen graduates from the four graduating cohorts from the program. The sample was stratified on the basis of graduation year.

3.2.5. Evaluation Methods / Instruments

Table 3-1 Evaluation Methods

| Evaluation Factor | Evaluation Research Question | Evaluation Method / Instrument |
|-------------------------------------|--|--------------------------------|
| Job satisfaction | <i>How satisfied are Capilano RADP graduates with their current jobs?</i> | Questionnaire |
| Employment outcomes | <i>Where are the RADP graduates currently employed? In what capacity?</i> | Questionnaire |
| Continuing professional development | <i>Do the RADP graduates plan to pursue further education or training? What types / subject areas/formats?</i> | Questionnaire |
| Curriculum satisfaction | <i>How effectively has the Rehabilitation Assistant Diploma Program prepared graduates for employment in this field?</i> | Questionnaire / Interview |
| Scope of practice | <i>Are the RADP graduates satisfied with the level of responsibility and scope of their role?</i> | Interview |
| Role and supervision | <i>Are the RADP graduates satisfied with the amount of support, independence and guidance provided by their supervisors?</i> | Interview |

An electronic survey questionnaire was the most appropriate means of collecting information from the graduates due to their geographic distribution and limitations in financial

and time resources. According to Moss and Hendry (2002), benefits of electronic surveying include lower cost, the elimination of tedious mail processes, faster transmission, lower likelihood than paper mail to be regarded as "junk mail", and the fact that they are considered to be "environmentally friendly". A broad range of response rates for mail and electronic surveys indicates that the survey population may influence the rate of return more than the method itself. Limitations of electronic surveys relate to the need for access to a computer, and challenges surrounding the ability to complete the survey in two or more sittings rather than all at once. The study identifies factors affecting email survey response rates as:

1. indicating completion time in the invitation;
2. sending reminder notices at appropriate intervals;
3. access to the survey;
4. perceived anonymity and confidentiality of responses;
5. reward (Moss & Hendry, 2002).

The graduates were given a realistic time frame for completion of the questionnaire and were sent two reminders via e-mail – at one week and two weeks following first contact. The survey was distributed with an e-mail embedded link to the survey web site. The RADP coordinators maintained current e-mails for all the RADP graduates. These cohort lists of e-mails were compiled and utilized for the initial contact e-mail distribution. The surveys were anonymous with no password access required.

The program *SurveyMonkey.com* was used for the creation of the electronic survey questionnaire and for the data collection. This program is marketed as the leading electronic survey tool and provides complete security and respect for anonymity. It allows for creation of the tool using standard survey templates and themes and provides tools to manage the contact

list of emails and the creation of a simple web link to allow the participants to access the questionnaire from the email. The program allows for data analysis including the ability to browse individual responses, save results as a PDF, filter and cross tab responses and cross tab results. Subscription to SurveyMonkey is inexpensive and includes email support from the company (SurveyMonkey, 2009).

The survey was piloted by five recent graduates of the program and modified according to their feedback. No significant changes were made to the survey, so these pilot results were included in the data.

The electronic questionnaire component was comprised of two sections:

- a. closed-ended questions collecting demographic and employment characteristic information (Appendix D);
- b. questions to collect data concerning job and role satisfaction utilizing *Measurement of Job Satisfaction (MJS)* scale.

The Measurement of Job Satisfaction (MJS) tool is a 38 item tool that was developed in 1992 to evaluate levels of job satisfaction of community nurses in the United Kingdom (Traynor & Wade, 1993). The tool utilizes a five-point Likert scale ranging from "very satisfied" to "very dissatisfied". The MJS measures five factors by clustering items concerning individual areas of satisfaction including personal satisfaction, workload, professional support, training, and salary and prospects. The MJS takes approximately 10 minutes to complete. In order to allow for appropriate items for Canadian RAs, some modifications were necessary. No changes were made to the 10 items in factor I (personal satisfaction) or the 9 items in factor II (satisfaction with workload). One item of 12 was removed from factor III (satisfaction with

professional support). Two items of 8 were removed from factor IV (satisfaction with training). All 5 items were included for factor IV (satisfaction with pay and prospects). In total, 31 of the original 38 items were included in the total MJS score in addition to two minor modifications to wording. The adapted version of the MJS scale was validated for evaluating a Canadian rehabilitation assistant training program in the current study through a review by three faculty members of the program.

One month following the electronic questionnaire distribution, a stratified sample of interview participants by graduation year were contacted by e-mail to request their mailing address in order to be mailed an information package with a letter asking them to participate in the telephone interview component. A consent form and self-addressed, stamped envelope were included in the information package. Information concerning the purpose, format, privacy considerations and time expectation were provided for the participants and they were asked to identify the most convenient times for the interview. Participants were telephoned at one of these identified time periods. Twelve ($n=12$) of the 16 graduates contacted agreed to participate in an interview.

During the telephone interview, an opening script (Appendix E) reviewed the format and purpose of the study, provided assurance of full privacy and confidentiality, and explained that participants could refuse to answer any question and discontinue the interview at any time.

Telephone interviews were 15- 20 minutes long and were recorded on audiotape. The purpose of the interviews was to gain information concerning the graduates' perception of how well they are received in the workforce, identify specific conditions affecting job satisfaction,

discuss any issues and challenges in this emerging profession and obtain feedback concerning the effectiveness of the program in preparing them for employment.

This evaluation study of the RADP graduates meets the CIPP objectives by attempting to collect relevant information to allow for a broad understanding of the context and by aiming to compile findings that will be used by future decision-makers providing education for support personnel in rehabilitation. To ensure involvement of the stakeholders, the questionnaire and interview questions were reviewed by the instructors of Capilano's program and their input and suggestions guided the final version of these instruments. The use of a literature review, a questionnaire and a phone survey supports the CIPP model of multiple methods of assessing information. The literature review primarily focused on the context and input aspects, the questionnaire focused on the context, process and product evaluation and the phone interviews allowed for more rich information relating to the process and product evaluation.

3.3 Data Analysis

The web-based program for the questionnaire (i.e. *Survey Monkey*) stored the responses in a database and allowed for the creation of frequency tables to describe key variables. The statistical software program, MYSTAT, allowed for statistical analysis of the questionnaire data. For the open-ended questions the responses were sorted into categories to allow for the creation of frequency tables. Contingency tables were created to examine relationships between variables including sex and job satisfaction, age and job satisfaction, job location and salary, clinical area of focus and salary, and age and future education plans. Pearson correlations were completed to examine the influence of background graduate characteristics on the MJS scores.

A Cronbach alpha test was conducted to establish the reliability coefficients for each of the factors in the Measure of Job Satisfaction scale. Factors I, II and III had high scores with their Cronbach alphas of 0.913, 0.893 and 0.858 respectively. Factors IV and V scored lower at 0.735 and 0.782. Cronbach alpha is a coefficient to rate the internal consistency or correlation of the items. A test with strong internal consistency will show moderate correlation (0.70-0.90) among the items (McGill University, 2010). The results for this study indicate strong levels of internal consistency.

For the telephone interviews, responses to the open-ended questions were analyzed through constant comparison methods (Cohen et al, 2004). Key issues and recurrent themes were identified from the interview transcripts and explored for relationships.

Results of the study were e-mailed to all participants. The results will also be shared at the annual Canadian Occupational Therapy Assistant and Physiotherapy Assistant Educator's Council (COPEC) meeting in June, 2011. Relevant publications for submission include the publications of the national and provincial associations for occupational therapy, physiotherapy and speech language pathology and audiology. The topic would potentially be of interest to the Canadian Physiotherapy Association for a monthly educational teleconference.

Chapter 4: Summary of Findings

4.1. Introduction

This chapter includes a summary of the results from the survey questionnaire and telephone interviews conducted with graduates of the Rehabilitation Assistant Diploma Program at Capilano University. The questionnaire was developed using *SurveyMonkey* and participants were forwarded a link to the survey via an e-mail message asking them to complete it anonymously. Telephone interviews were completed after the distribution of the survey questionnaire. All participants in the interviews were initially contacted to request their participation in the electronic questionnaire component of the study but it is not known whether these graduates completed the questionnaire. Upon receipt of the signed consent forms, participants were telephoned to complete the interviews.

4.2 Survey Questionnaire

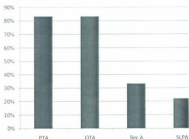
Table 4-1 summarizes the characteristics of survey respondents. Forty two (N=42) graduates completed the survey questionnaire of sixty (N=60) potential respondents; a response rate of 70%. Eighty five percent (85.7%, n= 36) of respondents were female and 14.3% (n=6) were male. The majority of respondents were over age 30 (59.6%, n=25) and reported being employed in the Lower Mainland of British Columbia (62.2%, n=23). Fifty percent (50%, n=21) of respondents reported that they were working in a full time position as a Rehabilitation Assistant (RA) and 68.5% (n = 26) had been in their current position for less than two years.

Table 4-1 Characteristics of survey respondents

| Respondent Characteristics | # of respondents (% of total) |
|--|--------------------------------------|
| Male | 6 (14.3%) |
| Female | 36 (85.7%) |
| < Age 30 | 17 (40.4%) |
| Age 30+ | 25 (59.6%) |
| Working full time | 21 (50%) |
| Working part time | 9 (21.4%) |
| Working casually | 9 (21.4%) |
| Unemployed or working in another field | 6 (14.3%) |
| In position less than two years | 26 (68.5%) |
| In position two years or longer | 12 (31.5%) |
| Employed in Lower Mainland | 23 (62.2%) |
| Employed elsewhere in BC | 12 (32.4%) |
| Employed outside of BC | 4 (10.8%) |
| Earning <\$21/hr | 3 (7.9%) |
| Earning \$21-24/hr | 30 (78.9%) |
| Earning >\$24/hr | 4 (13.2%) |

Figure 4-1 summarizes the respondents' reports of their current employment roles. Rehabilitation Assistants are qualified to work as Occupational Therapy assistants (OTA), Physical Therapy assistants (PTA) or Speech Language Pathology and Audiology assistants (SLPA) or any combination of the three. In addition, RAs may choose to work in a position in which they are assisting the recreation therapy department as a component of their role. Many RAs work in a combined role which is reflected in the results.

Figure 4-1 Role in Current Job



The majority of respondents reported they were working as Occupational Therapy assistants (83.3%, n=30) and Physiotherapy assistants (83.3%, n=30). Approximately one third of respondents (33.3%, n=12) reported working as a recreation assistant and 22.2 % (n=8) as a Speech Language Pathology assistant.

Figure 4-2 summarizes the employment locations of RA graduates. Half of the respondents (50%, n=21) were employed in an acute care hospital, 31.6 % (n=12) in a rehabilitation facility and 34.2% (n=13) reported being employed in a residential care setting. It is reflected in the figure that respondents may be employed in multiple locations.

Figure 4-2 Employment Locations

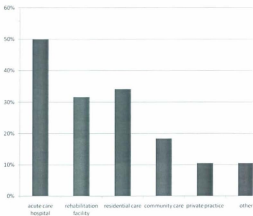
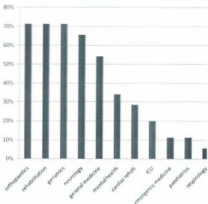


Figure 4-3 summarizes respondents' reported caseload areas. RAs typically work in more than one area and respondents were instructed to select all that applied to their current role.

Figure 4-3 Rehabilitation Assistant Caseload



The majority of respondents reported orthopaedics (71.4%, n=25), rehabilitation (71.4%, n=25), geriatrics (71.4%, n=25), neurology (65.7%, n=23) and general medicine (54.3%, n=19) as part of their current workload.

Table 4-2 summarizes respondents' satisfaction with items related to current work as a Rehabilitation Assistant. The majority of respondents (90.3%, n=37) reported that they were satisfied or very satisfied with the statement *"feeling of worthwhile accomplishment you get from your work"*. A majority of respondents also indicated that they were satisfied or very satisfied with *"the extent to which they can use their skills"* (75.6%, n= 31) and with *"the contribution they make to patient therapy"* (82.9%, n=44).

For the amount of *"challenge in their job"*, approximately half of the respondents (48.8%, n=20) indicated that they were satisfied or very satisfied. With respect to *"how varied and interesting their job is"*, the majority of respondents (70.7%, n=29) were satisfied or very satisfied. A majority of respondents (65.8%, n=27) also rated the amount of personal growth and development they get from their work as satisfactory or very satisfactory. A majority of respondents indicated that they are either satisfied or very satisfied with the quality of their work with patients (87.8%, n=46) and with the amount of independent thought and action they can exercise in their work (90.3%, n=37).

Table 4-2 Satisfaction with Current Work as a Rehabilitation Assistant

| | Very Dissatisfied | Dissatisfied | Neutral | Satisfied | Very satisfied | n/a | Mean (SD) |
|---|-------------------|--------------|------------|------------|----------------|----------|-------------|
| The feeling of worthwhile accomplishment I get from my work | 0.0% | 0.0% | 4.9% (2) | 41.5% (17) | 48.8% (20) | 4.9% (2) | 4.46 (0.60) |
| The extent to which I can use my skills | 0.0% | 12.2% (5) | 7.3% (3) | 43.9% (18) | 31.7% (13) | 4.9% (2) | 4.05 (0.92) |
| The contribution I make to patient therapy | 0.0% | 0.0% | 12.2% (5) | 31.7% (13) | 51.2% (21) | 4.9% (2) | 4.41 (0.72) |
| The amount of challenge in my job. | 0.0% | 7.3% (3) | 36.6% (15) | 26.8% (11) | 22.0% (9) | 7.3% (3) | 3.68 (0.93) |
| The extent to which my job is varied and interesting. | 0.0% | 2.4% (1) | 22.0% (9) | 39.6% (16) | 31.7% (13) | 4.9% (2) | 4.05 (0.83) |
| What I have accomplished when I go home at the end of the day. | 0.0% | 0.0% | 12.2% (5) | 46.3% (19) | 36.6% (15) | 4.9% (2) | 4.26 (0.68) |
| The standard of care given to patients. | 0.0% | 2.4% (1) | 9.8% (4) | 36.6% (15) | 46.3% (19) | 4.9% (2) | 4.33 (0.77) |
| The amount of personal growth and development I get from my work. | 0.0% | 12.2% (5) | 17.1% (7) | 39.6% (16) | 26.8% (11) | 4.9% (2) | 3.85 (0.99) |
| The quality of my work with patients. | 0.0% | 0.0% | 7.3% (3) | 41.5% (17) | 46.3% (19) | 4.9% (2) | 4.41 (0.64) |
| The amount of independent thought and action I can exercise in my work. | 2.4% (1) | 0.0% | 2.4% (1) | 41.5% (17) | 48.8% (20) | 4.9% (2) | 4.51 (0.56) |

The responses to statements concerning time and workload are summarized in Table 4-

3. The majority (73.2%, n=30) of respondents were satisfied or very satisfied both with "the time available to get through their work" and "amount of time available to them to finish everything they have to do". A majority of respondents (75.6%, n=31) were also satisfied or very satisfied with "the time available for patient care" and "their workload" (72.5%, n=29).

Table 4-3 Satisfaction with Time and Workload

| | Very Dissatisfied | Dissatisfied | Neutral | Satisfied | Very Satisfied | N/A | Mean (SD) |
|---|-------------------|--------------|------------|------------|----------------|----------|-------------|
| The time available to get through my work. | 0.0% | 7.3% (3) | 17.1% (7) | 51.2% (21) | 22.0% (9) | 2.4% (1) | 3.90 (0.85) |
| Amount of time available to finish everything I have to do. | 0.0% | 14.6% (6) | 9.8% (4) | 48.8% (20) | 24.4% (10) | 2.4% (1) | 3.87 (0.98) |
| The time available for patient care. | 0.0% | 7.3% (3) | 12.2% (5) | 48.8% (20) | 26.8% (11) | 4.8% (2) | 4.00 (0.86) |
| My workload. | 0.0% | 10.0% (4) | 15.0% (6) | 52.5% (21) | 20.0% (8) | 2.5% (1) | 3.84 (0.89) |
| Overall staffing levels. | 2.4% (1) | 12.2% (5) | 26.8% (11) | 34.1% (14) | 19.5% (8) | 4.9% (2) | 3.58 (1.06) |

Table 4-4 summarizes the responses concerning scope and supervision model at the respondents' current jobs. A majority of respondents (82.5%, n=33) were satisfied or very satisfied that they "are able to provide therapeutic interventions for patients" and 70% (n=28)

Table 4-4 Satisfaction with Scope and Supervision

| | Very dissatisfied | Dissatisfied | Neutral | Satisfied | Very satisfied | n/a | Mean (SD) |
|---|----------------------|--------------|-----------|------------|-------------------|----------|-------------|
| The way that I am able to provide therapeutic interventions for patients. | 0.0% | 5.0% (2) | 7.5% (3) | 42.5% (17) | 40.0% (16) | 5.0% (2) | 4.24 (0.82) |
| The amount of time spent on operational tasks | 0.0% | 5.0% (2) | 20.0% (8) | 50.0% (20) | 20.0% (8) | 5.0% (2) | 3.89 (0.80) |
| The amount of support and guidance I receive from my supervisor. | 0.0% | 7.5% (3) | 7.5% (3) | 32.5% (13) | 50.0% (20) | 2.5% (1) | 4.29 (0.93) |
| The opportunities I have to discuss my concerns. | 0.0% | 7.5% (3) | 3.0% (2) | 42.5% (17) | 42.5% (17) | 2.5% (1) | 4.24 (0.88) |
| The support I receive from my supervisor. | 0.0% | 7.5% (3) | 3.0% (2) | 32.5% (13) | 52.5% (21) | 2.5% (1) | 4.34 (0.91) |
| The overall quality of the supervision I receive in my work. | 0.0% | 5.0% (2) | 7.5% (3) | 37.5% (15) | 47.5% (19) | 2.5% (1) | 4.32 (0.84) |

were satisfied or very satisfied with the *"amount of time spent on operational tasks"*. In terms of the amount of support and guidance respondents receive from their supervisors, most (82.5%, n=33) were also satisfied or very satisfied. Most (85%, n=34) were satisfied or very satisfied with *"the opportunities they have to discuss their concerns with their supervisors"*, *"the support they receive from their supervisors"*, and *"the overall quality of the supervision they receive in their work"*.

Table 4-5 summarizes the responses relating to compensation, job security and opportunities for promotion. Thirty five percent of respondents were very dissatisfied/dissatisfied (35%, n=14) with regards to their satisfaction with the amount of pay they receive, while twenty percent reported being neutral (20%, n=8). A majority of respondents (60%, n=24) were dissatisfied or very dissatisfied with prospects for promotion and 50% (n=21) were dissatisfied or very dissatisfied with opportunities to advance their career. However, a majority of respondents were (62.5 %, n=25) satisfied or very satisfied with the match between their job description and what they do. Fifty five percent (n=22) were satisfied or very satisfied with *how secure things look in the future of their organization*.

Table 4-6 summarizes the participants' responses concerning satisfaction with education and training opportunities in their current jobs. Approximately half of respondents (55%, n=22) were either satisfied or very satisfied with both the opportunity to attend courses and time off to attend continuing education courses. Only 35.9% (n=14) were either satisfied or very satisfied with funding for courses. Most (72.5%, n=29) were either satisfied or very satisfied with the extent to which they have adequate training for what they do. With respect to the statements concerning participation within a health care

team, 85% (n=34) of respondents either agreed or strongly agreed that they frequently contribute information to the team (85%, n=34). Sixty-five percent (65%, n=26) either agreed or strongly agreed that they felt free to participate actively within the team and 65% (n=26) either agreed or strongly agreed that they usually propose alternatives to the team. Sixty-five percent (65%, n=26) of respondents either agreed or strongly agreed that they frequently participate in making team decisions (65%, n=26). For the responses with respect to the role of the RA within the health care team, 87.5% (n=35) of respondents either frequently or always are certain about what others on their treatment team expect of them and 85% (n=34) either frequently or always are able to predict what others on their treatment team will expect of them. When asked "Would you recommend the *Rehabilitation Assistant Diploma Program at Capilano University to others?*", the majority of respondents answered "yes" (84.6%, N=33) (Table 4-7).

Table 4-5 Satisfaction with compensation, job security and opportunities for promotion

| | Very dissatisfied | Dissatisfied | Neutral | Satisfied | Very satisfied | N/A | Mean (SD) |
|--|-------------------|--------------|------------|------------|----------------|----------|-------------|
| The amount of pay I receive. | 5.0% (2) | 30.0% (12) | 20.0% (8) | 40.0% (16) | 2.5% (1) | 2.5% (1) | 3.05 (6.42) |
| The degree to which I am fairly paid for what I contribute to this organization. | 5.0% (2) | 22.5% (9) | 27.5% (11) | 40.0% (16) | 2.5% (1) | 2.5% (1) | 3.13 (6.30) |
| My prospects for promotion. | 22.5% (9) | 37.5% (12) | 25.0% (10) | 5.0% (2) | 2.5% (1) | 7.5% (3) | 2.22 (5.86) |
| The opportunities I have to advance my career. | 17.5% (7) | 32.5% (13) | 25.0% (10) | 10.0% (4) | 10.0% (4) | 5.0% (2) | 2.61 (3.91) |
| The match between my job description and what I do. | 0.0% | 12.5% (5) | 20.0% (8) | 45.0% (18) | 17.5% (7) | 5.0% (2) | 3.71 (6.58) |
| How secure things look for me in the future of this organization. | 0.0% | 7.5% (3) | 32.5% (13) | 42.5% (17) | 12.5% (5) | 5.0% (2) | 3.63 (7.13) |

Table 4-6 Satisfaction with education and training opportunities

| | Very dissatisfied | Dissatisfied | Neutral | Satisfied | Very satisfied | n/a | Mean (SD) |
|---|-------------------|--------------|------------|------------|----------------|-----------|-------------|
| The opportunity to attend courses. | 2.5% (1) | 12.5% (5) | 25.0% (10) | 37.5% (15) | 17.5% (7) | 5.0% (2) | 3.58 (5.37) |
| Time off to attend courses. | 0.0% | 12.5% (5) | 22.5% (9) | 32.5% (13) | 22.5% (9) | 10.0% (4) | 3.72 (4.92) |
| Being funded for courses. | 7.7% (3) | 26.6% (10) | 17.0% (7) | 23.1% (9) | 12.7% (5) | 12.8% (5) | 3.09 (2.86) |
| The extent to which I have adequate training for what I do. | 0.0% | 7.5% (3) | 17.5% (7) | 50.0% (20) | 22.5% (9) | 2.5% (1) | 3.90 (7.66) |

Table 4-7: Would you recommend the Rehabilitation Assistant Diploma Program at Capilano University to others?

| Answer options | Percent (N) |
|----------------|-------------|
| Yes | 84.6% (33) |
| No | 2.6% (1) |
| Maybe | 12.8% (5) |

4.3. Measure of Job Satisfaction Scores

The MJS scores were tabulated using *Excel* and categorized into the five factors and the total score. These mean scores indicate the average level of satisfaction as rated on the Likert scale of 1 = very dissatisfied, 2 = dissatisfied, 3 = neutral, 4 = satisfied, and 5 = very satisfied. Factor I which included 10 items relating to feelings of personal satisfaction from work as an RA scored a mean value of 4.20. The mean score for factor II, which included 9 items concerning satisfaction with workload was 4.09. Factor III included 6 of the original 12 items from the MJS concerning satisfaction with professional support. The mean score for this factor was 4.22. Factor IV, satisfaction with training, included 6 of the 8 original items and the mean score was 3.12. Factor V included all 5 of the original items concerning satisfaction with pay and prospects and the mean score was 3.51. For the total MJS score, 31 of the original 38 items were included and the mean was 3.87.

No significant findings resulted from the Pearson correlations concerning background graduate characteristics and their influence on job satisfaction. Specific variables examined include gender, age group, employment location, employment

caseload and geographical location. With p values of 0.05 and 0.01, the coefficients were not statistically significant; likely due to the small sample size.

4.4 Comparison of Results to Traynor & Wade's Measure of Job Satisfaction

A comparison of the Cronbach alpha scores of this study to the original Traynor & Wade (1993) study revealed similar reliability coefficients. For factor I, the original study had a alpha of 0.88 and this study's alpha was 0.91. For factor II, the original alpha was 0.88 and this study's was 0.89. Both the original and this study had an alpha of 0.86 for factor III. For factor IV, the original alpha was 0.87 and this study had an alpha of 0.74. Factor V had an alpha of 0.84 in the original and 0.78 in this study. For the total MJS score, the original alpha was 0.93 and for this study, 0.94. These similar results indicate that the factors in this study were of comparable reliability to the factors in the original scale and both studies had strong internal consistency.

4.5 Telephone Interview results

The open-ended responses in the telephone interview transcripts were analyzed using a constant comparison technique with grounded coding (Cohen et al, 2004). The first interview script was initially examined and key themes, ideas and words were coded. Recurrent concepts and themes were selected as meaningful codes such as "*verbal reporting*", "*free reign*" and "*work is interesting*". Subsequent interviews were then coded by comparing their interview data to the first interview. Eighty-eight codes were identified for the interviews. Categories of codes then emerged resulting in main themes of the supervision model; positive aspects of the RA role; perceptions of value and

inclusion; task assignment processes; challenges of RA employment; Capilano RADP effectiveness; attitudes towards continuing education; and whether the interviewees would recommend becoming an RA.

Table 4-8 summarizes the characteristics of the telephone interviewees. Twelve graduates ($n = 12$) were interviewed following a stratified sample selection of sixteen potential participants. Ten ($n = 10$, 83.3%) of the interviewees were female and two ($n = 2$, 16.7%) were male. Eleven ($n = 11$, 92%) were employed as Rehabilitation Assistants and one ($n = 1$, 8%) in a medical equipment sales position. Of the eleven working as RAs, 6 (50.0%) were employed full-time, 3 (25.0%) part-time, and 2 casually (16.7%). Five (41.6%) of the respondents were employed in an acute care hospital, 2 (16.7%) in a care facility and 4 (33.3%) in a community setting. Three ($n=3$, 27.2%) were employed as Occupational Therapy Assistants (OTA), 3 (27.2%) as Physiotherapy Assistants (PTA), 1 (9.1%) as a Speech Language Pathology Assistant (SLPA) and 5 (45.5%) in a position combining these roles (e.g. OTA/PTA).

The main themes which emerged from the interview analysis were: the supervision model; positive aspects of the RA role; perceptions of value and inclusion; task assignment processes; challenges of RA employment; Capilano RADP effectiveness; attitudes towards continuing education; and whether the interviewees would recommend becoming an RA.

4.5.1. Supervision model

The interviewee responses relating to supervision were further categorized into sub-themes including: the specific supervision format (i.e. direct or indirect); means of

communication between the RA and his/her supervisors (i.e. written or verbal); effectiveness of the supervision model; and challenges of the model.

Interviewees were initially asked to describe the model of supervision in their current position. The primary model identified by 6 (54.5%) of the interviewees was daily direct supervision with the RA and supervising therapist meeting face to face at least once a day to transfer duties and discuss patient progress. Three (n=3, 27.3%) are supervised directly on a less than daily basis. Two (n=2, 18.2%) spend the majority of their time working side by side with their supervising therapist and receive frequent instruction and feedback.

Interviewees employed in the community identified a less direct supervision style with the primary means of communication being telephone and e-mail. One interviewee stated, *"I have free reign to do what I want"* and *"there isn't really much (supervision)"* (interviewee #1 employed in community OT setting).

Table 4-8: Characteristics of telephone interviewees

| | |
|--|------------|
| Male | 2 (16.7%) |
| Female | 10 (83.3%) |
| Working full time | 6 (50.0%) |
| Working part time | 3 (25.0%) |
| Working casually | 2 (16.7%) |
| Unemployed or working in another field | 1 (8.3%) |

| | |
|---------------------------------|-----------|
| Employed in acute care hospital | 5 (41.6%) |
| Employed in care facility | 2 (16.7%) |
| Employed in community setting | 4 (33.3%) |

| | |
|-----------------------------------|-----------|
| Employed as an OTA | 3 (27.2%) |
| Employed as a PTA | 3 (27.2%) |
| Employed as an SLPA | 1 (9.1%) |
| Employed as combination (OTA/PTA) | 5 (45.5%) |

A combination of written and verbal communication was described in all the identified models of supervision. One interviewee who generally receives daily direct supervision noted that *"some days the therapists aren't there so I leave them notes ... if there is a problem on those days; I can always talk to the chief (therapist) as she is there every day"* (interviewee #8 employed in large acute care hospital). Another interviewee stated, *"My supervisor and I have a half-hour weekly meeting once a week to discuss what I'm doing, priorities, daily stuff"* (interviewee #9 employed at Child Development Centre). According to another interviewee, *"there are a lot of written formsit used to be chatting in morning and touching base about patients but now it is mostly written"* (interviewee #4 employed in rural hospital).

When asked their opinion of their current supervision model, the majority of interviewees had positive responses. Statements included *"there are no problems - everyone is supportive"* (interviewee #2 - casual employee at care facility) and *"I can*

call if I need to chat – I have their cell numbers” (interviewee #6 employed in private OT practice).

The primary challenge identified by interviewees concerning their current supervision model was splitting time between more than one supervisor. One interviewee revealed that she is supervised by five occupational therapists, another by three physiotherapists and another by both an occupational therapist and a physiotherapist. One interviewee stated that *“everybody (in the department) supervises me pretty much”* (interviewee #9 employed at Child Development Centre). Having more than one supervisor reportedly contributes to the challenges of prioritizing and balancing the workload. One interviewee stated that *“it’s hard to judge what needs to be done first...the PT may want me to practice transferring to a chair and the OT may want me to focus on what to do once the patient is up in the chair”* (interviewee #8 employed in large acute care hospital). The interviewee with five supervisors stated that although it is challenging splitting time between the therapists, *“the OTs are okay because I am open about saying when I am at my limit for the day”* (interviewee #4 employed at rural hospital).

One interviewee identified significant difficulties relating to the model of supervision in his/her current position in an acute care hospital.

There are lots of challenges right now. I have two different supervisors with two different ideas. I have had a meeting with the manager and the volunteer coordinator and I thought I clarified it all but one of my supervisors missed a meeting and it went back to the previous problem. (Interviewee #5 – employed in care facility)

Another identified challenge was change to the departments or programs that impacted the supervision model. One interviewee stated *"they had made changes to increase the support for RAs but then they added new programs without a lot of planning so it didn't work out"* (interviewee #12 employed in urban acute care hospital).

4.5.2. Positive aspects of RA role

The responses in this category were sub-categorized into reasons for enjoying the RA job and role. The interviewees were asked, *"What do you like best in your current job and role as an RA?"* The majority of responses related to the satisfaction of working with patients and seeing them improve. Specific comments included, *"I like dealing with residents and getting them motivated to participate in programs"* (interviewee #5 employed in care facility) and *"I enjoy working in neurology with CVA patients who are acute. I get to see vast differences and progress"* (interviewee #4 employed at urban hospital). One interviewee stated *"I enjoy chatting with patients"* (interviewee #11 employed at urban hospital).

The second common theme identified was that respondents enjoyed their job because it is interesting. Statements include *"I enjoy my role and the variety"* (interviewee #2 – casual employee at care facility) and *"I'm doing many things; there's no boredom factor"* (interviewee #4 employed at urban hospital) and *"I enjoy my role and the variety: teaching ADLs (activities of daily living), leading groups, exercises, balance groups, hands classes..."* (interviewee #2 casual employee at care facility). Another interviewee stated that she enjoys that *"(my job) is all three disciplines (OTA, PTA,*

SLPA) so I get to do everything which is nice" (interviewee #9 employed at Child Development Centre).

The team environment was identified as another positive aspect of employment. Comments included *"I enjoy working closely with therapists – having direct contact allows me to ask questions if the (patient) status changes"* (interviewee #8 employed at large acute care hospital). Another participant mentioned that they enjoy feeling *"completely integrated in the team....my input and suggestions are sought out"* (interviewee #4 employed at urban hospital). Further comments include *"I enjoy the whole team environment: nursing, doctors, patients. I have good rapport and enjoy chatting with them"* (interviewee #8 employed at large acute care hospital).

The community setting was identified as the best aspect by two individuals. Reasons mentioned included the ability to have the *"most impact"* (interviewee #1 employed in community OT setting) and the freedom *"to be creative"* (interviewee #6 employed in private OT practice). Schedule flexibility was identified by two of the interviewees working in the community. One RA stated that it *"suits family life"* (interviewee #1 employed in community OT setting).

One interviewee employed in a residential care facility stated that she enjoys her job more than she expected to. She stated *"I didn't think I would enjoy extended care but I am really enjoying it; even more than the hospital side. I am getting to know residents and see progression. It's more related interaction versus ... on acute"* (interviewee #7 employed in facility with acute care and extended care).

4.5.3. Perceptions of value and inclusion

The interviewees' responses in this category were sub-categorized into reasons for feeling valued or undervalued as an RA and how well received they feel by their health care team. When asked whether there have been times when the RAs felt undervalued, seven of the respondents answered "yes". Examples of this included not being included in team rounds, being given tasks that could be assigned to a care aide, and a sense that *"they (the supervisors) don't always know what I do such as cleaning and tasks for other therapists"* (interviewee #3 employed as PTA in acute care hospital). One interviewee stated *"I just feel that for a two year program, I feel a bit overqualified"* (interviewee #5 employed at care facility). The interviewees acknowledged that their sense of value varied depending on the supervisor. One RA stated *"it isn't to do with the setting but the therapist: some will give you fifty percent of their workload and some will give you care-aide type work"* (interviewee #8 employed at large acute care hospital). Another stated *"some therapists see me as a general assistant; we are well educated and skilled yet sometimes we are given very general tasks"* (interviewee #12 employed at an urban acute care hospital). An interviewee employed in a community setting stated that *"when (she) first started there was a bit of a trial period and a lot of therapists hadn't had an RA before. They wondered how I would fit in - but that wasn't for long"* (interviewee #9 employed at Child Development Centre).

Four of the interviewees stated that they have always felt valued by their supervisors and teams. Examples given include one interviewee being given a gift card to thank her for all her contributions and being given written commendations. She stated: *"I have been absolutely gushed about"* (interviewee #4 employed at rural hospital).

Interviewees were asked how well they are received by their team and to what extent are they able to make meaningful contributions to the team. All respondents indicated that they are positively received by their team. One interviewee stated, *"Absolutely; my opinion is highly regarded and I am able to provide suggestions and make decisions"* (interviewee #4 employed at rural hospital). Another stated, *"I feel valued. I have very good communication with nursing staff"* (interviewee #2 casually employed at care facility). One RA stated that because her current job only requires her to be on one hospital ward, *"I know all the nurses, physios and doctors and I feel a part of the team"* (interviewee #3 employed as PTA at acute care hospital).

Several interviewees mentioned that when they initially began their current job, they were required to educate the team concerning their role. One interviewee stated, *"At first the nurses didn't understand the RA role and I had to teach them that some things are part of therapy and not nursing care"* (interviewee #4 employed at rural hospital).

Some of them who have been there for about twenty years think care-aids could do the same as RAs. They do know the differences in training but they still use (care-aids) because the timing may work better for them. (Interviewee #7 employed in facility with acute care and extended care).

4.3.4. Task Assignment

With respect to task assignment, the responses were categorized into assigned tasks outside of the RA role or job description and tasks which are not assigned but the RAs are qualified to complete. The RAs were asked, *"Are you ever assigned tasks that are outside of your job description and RA role?"* Nine of the eleven interviewees employed as RAs stated that they are never assigned tasks outside of the RA role

according to the provincial and national guidelines. Further inquiry with the two interviewees who stated that they were given tasks outside of their defined role revealed that the tasks were not restricted, but non-traditional including helping with nursing care such as toileting and *"fitting a patient for a wheelchair so he could go out for a smoke"* (interviewee #4 employed at a rural hospital). One interviewee stated that the one "gray area" she experiences is when therapists are off sick (interviewee #8 employed at large acute care hospital). During these times she questions whether she is working outside of her role as the supervision is compromised.

When asked *"do you feel that there are more tasks that you are capable of doing but your supervisor does not assign to you?"*, five of the respondents stated "yes". Explanations included, *"some physios trust me more; some tell me exactly what to do"* (interviewee #3 employed as PTA at acute care hospital) and *"there are but it is because of lack of time and acute settings; not because of role"* (interviewee #4 employed at rural hospital).

Speech therapy is something I could be doing. There is only one day per week we have an SLP at the hospital and I let her and the supervisor know that we are trained in speech but I'm not doing any. I think the hesitation is because it would take me away from my PT and OT jobs. (Interviewee #7 employed in facility with acute care and extended care).

Those who responded negatively made comments including *"(I have) free reign to do as I choose and need"* (interviewee #1 employed in community OT setting) and *"I actually get assigned everything. There is too much they want done in a day"* (interviewee #2 – casual employee at care facility) and *"I've been really challenged with an ability to grow"* (interviewee #9 employed at Child Development Centre).

4.5.5.Challenges of RA employment

The responses relating to the challenges of employment as an RA were sub-categorized into the aspects identified as the most challenging aspects of their jobs. Interviewees were asked, *"What are the most challenging aspects of your job?"*. Six (54.5%, n=6) of the RAs had responses relating to time management. *"Finding time to get everything done in a day"* (interviewee #7 employed in facility with acute care and extended care) and *"prioritizing my tasks"* (interviewee #11 employed at urban hospital) and *"the sheer volume of work"* (interviewee #2 – casual employee at care facility) were typical responses. One interviewee replied that the *"hard part is scheduling and seeing people in the core hours of the day; it's challenging and frustrating"* (employee #6 employed in private OTA practice). Another stated that she has a *"tight schedule"* and due to her role working in two areas, she feels a *"pull between extended care and acute sides"* to balance her time (interviewee #7 employed in facility with acute care and extended care).

Having multiple supervisors was identified as challenging by four respondents.

I'm currently dealing with the situation with the 2 part-time PTs. When a new PT comes in, they ask a lot of questions and I'm not always sure what to say. Can't they read the chart? (Interviewee #5 employed at care facility)

Other challenges identified by single respondents included accessing resources and the physical demands of the job. One interviewee stated that the clients present challenges: *"some kids are complex so I have to go to other therapists and seek out*

information; *I haven't heard of some of it (the conditions)*" (interviewee #9 employed at Child Development Centre).

4.6. Capilano Rehabilitation Assistant Diploma Program

The responses relating to the level of preparation for employment of the Rehabilitation Assistant Diploma Program at Capilano University were categorized into: areas they felt best prepared for; areas they felt least prepared for; the strengths and weaknesses of the clinical fieldwork placements; and suggestions for improvement of program delivery.

Interviewees were asked to reflect upon their RADP training at Capilano University and identify the areas where they feel they were best prepared. Five of the RAs simply stated, *"Everything"*. *"I feel I was trained well for this job"* (interviewee #11 employed at urban hospital) and *"I feel generally well equipped"* (interviewee #8 employed at large acute care hospital) were two individual comments. One participant went so far as to say *"I was excellently trained. I knew more than some of the new (grad) OTs!"* (interviewee #4 employed at rural hospital).

More specific responses included four comments relating to the PTA program content; *"the PT side: transfers, ambulation, ROM"* (interviewee #3 employed as PTA at acute care hospital) and *"bed exercises and walking program"* (interviewee #5 employed at care facility). Two individuals mentioned wheelchairs and seating. *"They call me the 'wheelchair queen' and sometimes I am teaching OTs (about wheelchairs)"* (interviewee #4 employed at rural hospital).

Other responses included communication skills, scope of practice information, anatomy and physiology and professionalism. One interviewee identified operational tasks as an area she felt well prepared. *"It was good to learn how to organize a stock room. It was valuable but at the time I wasn't sure it was"* (interviewee #11 employed at urban hospital).

The RAs were asked to identify areas where they were not adequately trained for their current job. Four of the interviewees stated, *"Nothing"*. Two RAs identified the SLP content as lacking. *"(There was) not a lot of speech. I'm thankful for what I did have; it set the foundation for sure"* (interviewee #9 employed at Child Development Centre). Single responses included assistive technology, process for invoicing services for private insurers and wheelchairs. One RA explained that it is challenging to train for every type of RA job and role. She stated, *"It's so individual with RAs where you work. There is a big difference in what you do – it's apples and oranges really"* (interviewee #12 employed at rural acute care hospital).

The interviewees were asked, *"How well did the clinical fieldwork placements prepare you for your current job?"* All eleven respondents stated, *"Well"*. One RA stated, *"They definitely prepared me for work. I was nervous about starting work but I was comfortable because of the placements"* (interviewee #2 – casual employee at care facility). Another stated, *"the placements were good; they helped me prepare to get into the field and role and know what to expect in jobs"* (interviewee #3 employed as PTA at acute care hospital).

When asked, *"What were the strengths of the clinical fieldwork placements?"*, responses included confidence, leadership, communication skills, a goal directed

approach, exposure to clients and conditions and learning to “*think outside the box and problem solve*” (interviewee #4 employed at rural acute care hospital). Four respondents identified that the placements prepared them for the work setting. Three stated that learning practical skills was the most valuable aspect including wheelchair assembly and PTA skills.

The interviewees were then asked “*Can you identify any weaknesses of the clinical placements?*” Four of the RAs were unable to identify any weaknesses. Two interviewees found the placements too short. One stated, “*By the time we got into things, we were done. We just got to know the clients’ wants and needs*” (interviewee #1 employed in community OT setting).

One of the RAs stated that she was exposed to skills that she has never been able to use at work such as splinting and orthotics. Another stated that the lack of placements in SLP settings was a weakness and another mentioned that she did not complete an orthopedics placement.

The interviewees were asked for suggestions to improve the delivery of the placements. Only two responses were made; one suggested the placements be longer, particularly the final placement. The other suggested that the goal be to have more split placements where students are exposed to more than one discipline or area at a time.

The interviewees were then asked for suggestions to improve the RAD program at Capilano University. Three suggested more SLP clinical exposure. Single responses suggested the program be condensed into a shorter timeframe, alumni be brought in as guest lecturers, and less focus on theory and frame of reference and more practical

content. One RA noted the need to add more practice measuring blood pressure and oxygen saturation values.

(It's) hard to hang onto skills from all 3 disciplines: It is an advantage in Ontario to say I'm triple trained but when I say that in an interview I hope they won't ask me anything specific about SLP. (Interviewee # 6 employed in Ontario)

4.7. Continuing Education

All the interviewees were then asked about their future education plans. Two had no plans and three were uncertain. Five plan to complete a bachelor's degree in Community Rehabilitation through the University of Calgary either as distance education or at the satellite campus in New Westminster, BC. Three plan to take their Master's degree to become an OT, PT or SLP. One RA stated, "*OT has been my final goal in the big picture; I like what I'm doing, but I would like to make more money*" (interviewee #7 employed in facility with acute care and extended care). Another stated, "*I already have an undergrad degree but it is not recognized in Canada so would have to start again*" (interviewee #3 employed as PTA at acute care hospital).

The RAs were then asked if they were interested in continuing education and what types of continuing education offerings would be of interest to them. Five stated that they are interested but unsure of topic suggestions. Three replied "*maybe*" and offered suggestions that the courses be online upgrading options. One stated "*yes*" and suggested pediatric courses and workshops. Many of the RAs are already attending clinical in-services and attending conferences. One RA stated, "*The hospital and community have been good about sending me to Bobath, SCI and brain injury conferences*" (interviewee #4 employed at rural acute care hospital).

4.8. Recommendations

The final question of the interview was "Would you recommend becoming an RA?" Ten of the eleven RAs answered "yes". Positive responses included, "absolutely; it is a very positive and fulfilling experience" and "I would definitely recommend it; it's a great job – hard with the job market right now though" (interviewee #2 – casual employee at care facility). One who answered "yes" qualified her response by stating, "yes, but there are few opportunities to move up; not like in nursing" (interviewee #3 employed as PTA at acute care hospital). One interviewee stated "no". He explained his response by saying:

I wouldn't because for a one year course you can make the same money. Even LPNs are still less than a year of training and are making more money. The union was against categorizing type 1 and 2 RAs and paying some RAs more and even if wages go up, they might just cut (your) hours or put (the job) under an activity worker. (Interviewee #5 employed at care facility)

Additional comments included, "as a bridging program RADP is good; but it's also a good job to stay in" and "it's a great way to get into the field" (interviewee #7 employed in facility with acute care and extended care).

One RA felt it to be age dependent:

I would (recommend it)... depending on where you are in life. But unless you don't want to be a therapist, you should do the whole sha-bang (Masters degree). If (RAs) couldn't go further (with their education), maybe I wouldn't recommend it because it doesn't matter how hard you work, you will make the same money. (Interviewee #4 employed at rural acute care hospital)

Chapter 5: Discussion

5.1 Introduction

This chapter will outline the implications of the findings for Rehabilitation Assistants (RA), RADP students, employers and supervisors of RAs and Capilano University RADP faculty.

5.2 Demographic characteristics of Rehabilitation Assistants

As this is a preliminary follow-up study, the demographic information collected is valuable to allow faculty and administrators at Capilano University to ensure that the program curriculum is tailored to the employment settings of graduates. The demographic data may also be useful for future potential students considering the program, prospective and current employers of RAs and human resource planners in health care.

Both the questionnaire and interviews reveal that the vast majority of Capilano RA graduates are female. This female predominance is similar in many health professions including nursing which has long been viewed as “the most extreme example of the influence of gender on occupational choice” (Crompton et al, 1996). It is not surprising that the majority of RADP students have been female as this is common in health support disciplines. Four out of five employees in Canadian health care are women and 87% of those in assisting occupations in support of health care are female (Armstrong et al, 2010).

The questionnaire results identified that the majority of the RA graduates working in the field are over 30 years old. As these RAs have only been employed as RAs for a

maximum of four years, Capilano's RADP student population is comprised of a predominance of mature learners making career transitions or returning to work after raising a family. These individuals have carefully selected the RAD program to meet their interests and career goals. It is likely that this field attracts more mature students as it requires a relatively short time commitment prior to entering the workforce. This appeals to women returning to work after raising children who wish to obtain skills in a relatively short time span in order to begin earning income sooner and avoid accumulating large student loans. Funding may also contribute to the more mature student demographics. Although it is not known how many of the students were receiving provincial funding for retraining, the RAD program is full-time and qualifies for federal and provincial student loans and grants whereas programs such as Special Education Teachers' Assistant (SETA) at Capilano are offered part-time and do not qualify for these funding sources (Capilano University, 2009).

These older-age cohorts have implications for the types of student services they may require. Capilano's Children's Centre provides convenient and cost-effective child care for students with children under school-age. This service likely attracts mature learners with children to Capilano's career programs.

Only half of the RA graduates are employed in traditional full-time positions. In organizational research, part-time employees have been labeled as "missing persons" as the majority of research has focused on full-time employees (Rotchford & Roberts, 1982).

There has been a low level of attrition from the RA field with only six graduates either unemployed or working in another field. The graduates work throughout the

province and four are employed outside of B.C. Based on this finding, it is recommended that Capilano University continue to adhere to the national competency guidelines for support personnel in occupational therapy, physiotherapy and speech language pathology (CAOT, CPA and CAOT) to allow for this credential transferability across Canada.

The questionnaire results indicate that the average wage of the RAs is between \$21.00 – 24.00 per hour. Licensed practical nurses (LPN) in British Columbia's hospitals are paid \$23.45 to \$25.49 per hour after completing a certificate program in just eight months. RAs employed in Ontario hospitals receive \$22.96 to \$26.43 per hour. These wage discrepancies for comparable or shorter training programs than RAs in British Columbia need to be addressed to encourage individuals to enter and remain in the field. The graduates indicated lower levels of satisfaction with their rate of pay although the mean rating still remained in the "neutral" range.

The results show that the majority of graduates are employed as an assistant in a dual role spanning the two disciplines – occupational therapy and physiotherapy. This supports Capilano's existing combined training program rather than considering the possibility of single discipline training.

Although Capilano University's RAD program does not qualify graduates as recreation assistants, 25% (n=11) of the grads are employed in positions requiring recreation assistant skills. Further investigation is required to establish whether the RADP curriculum and one existing course titled "Recreation Techniques" adequately prepare RAs to work in this area. As Okanagan College prepares its graduates with triple training in occupational therapy assisting, physiotherapy assisting and recreation therapy assisting, these graduates enter the B.C. workforce well suited for positions requiring this

combination of training (Okanagan College, 2010). It may be advisable that Capilano supplement the Recreation Techniques course by including the British Columbia Recreation and Parks (BCRPA) Fitness Theory content within this course.

Only 19% (n=8) of graduates are employed in positions utilizing their SLPA skills and training. This is likely due in part to the fact that there are far fewer SLPs than OTs or PTs in BC (Canadian Association of Speech Language Pathology & Audiology, 2005). Further study is required to evaluate the extent to which SLP employment opportunities exist and establish whether RAs are choosing not to work in that field due to lack of confidence in their skills and training or whether SLPs are not recognizing Capilano's training program.

Capilano RADP grads are employed throughout the health care sector. The caseload of the RA graduates is highly variable depending on discipline and employment location. Primarily, caseloads are comprised of orthopedic, rehabilitation, geriatric, neurological and general medical patients. This broad range of work settings and caseloads indicates that Capilano's program is meeting current needs with its generalized approach, broad curriculum, and variety of clinical placements.

When comparing age and gender demographics to employment setting or caseload, no significant differences were found. It appears that job selection is based on preferences such as geographical location and personal interests and is not affected by the age or gender of the RA.

One finding of interest is that 20% (n=9) of the RAs are involved in treating patients in hospital intensive care units (ICU). Considering that the College of Physical Therapists of B.C. guidelines list tasks requiring a high level of clinical judgment as

activities not to be completed by RAs, it is surprising that so many RAs would be working in the ICU. It may be assumed that these RAs are providing a second "pair of hands" for the therapist and are under direct supervision in this setting. Further investigation into this area of the RA role may be recommended.

5.3 Job satisfaction

The results concerning job satisfaction are valuable to employers of RAs interested in creating an optimal work environment. The results of the Capilano RADP satisfaction component may assist faculty and administration in future curriculum planning.

The findings of this study indicate that the graduates of the Rehabilitation Assistant Diploma Program at Capilano University are satisfied with their RA role in their current employment situation. The mean Measure of Job Satisfaction (MJS) score of the RADP graduates employed as RAs was in the high "neutral- satisfied" range on the Likert scale of satisfaction ranging from very dissatisfied to very satisfied. The results for the individual factors in the MJS reveal a "satisfaction" rating for personal satisfaction, satisfaction with workload and satisfaction with professional support. "Neutral" ratings were found for the RA's satisfaction with training, pay and prospects.

As noted by van Sanne et al (2003), a prerequisite for a well-functioning organization is retaining an "adequate and qualified workforce" but the aging workforce and economic situation may increase turnover in employees. When job satisfaction is elevated, it can reduce turnover within a profession and can lessen the influences of other employment factors (van Sanne et al, 2003). The level of satisfaction of the employed

RAs is a positive sign for health human resource planners in British Columbia as it supports the assumption that this new health profession is becoming established in B.C.

Having established that the mean MJS score indicates that the RAs are satisfied with their employment, there are a range of positive implications to be considered. Low absenteeism and turnover of RAs allow for more effective and efficient rehabilitation service delivery. The RAs are motivated to provide quality patient care resulting in improved patient outcomes. Accelerated recovery time and shorter hospital stays benefit patients and also reduce costs for health facilities. RAs allow more patients to receive therapy each day than therapists working alone and may allow for more extensive patient education potentially resulting in fewer recurrences of injuries (e.g. fall prevention) and complications (e.g. hip dislocation after a total hip replacement). Having the time for more individualized therapeutic intervention may motivate patients to comply with home exercise programs and lifestyle modifications. In private settings, the enhanced model of care with RAs may allow for improved public relations and "word of mouth" promotion from satisfied clients. In both private and public settings, satisfied and hard-working RAs should allow for improved models of funding and growth and save health care dollars.

Predictors of job satisfaction

When controlling for demographic differences, two studies have found no differences in job satisfaction between part-time and full-time employees (Vecchio, 1983; McGinnis & Morrow, 1990). Other studies examining job satisfaction of part-time employees have identified that there tend to be differences in the satisfaction levels of employees who are part-time by preference and those who would prefer to be working full-time. Those who prefer part-time had higher job satisfaction than those who did not

(Burke & Greenglass, 2000). One of the issues affecting the satisfaction levels of part-time workers is the concept of partial inclusion; part-time workers are present at work less of the time so may be excluded from some work-related activities (Feldman, 1990).

The RAs in this study were not asked whether they had chosen their work status or whether they were working part-time or casual due to a shortage in full-time positions. Further study including this consideration would be needed to accurately assess the influence of the part-time work status of a percentage of the RAs on the mean Measure of Job Satisfaction score.

A previous study of job satisfaction of nursing and allied health graduates including physiotherapists and occupational therapists found the best predictors of job satisfaction to be having a feeling of worthwhile accomplishment from their job, opportunities for personal and professional growth, recognition, and satisfaction with their workload (Lyons, Lapin & Young, 2003). Although the MJS tool was developed to measure a total score rather than individual components of employment satisfaction, the results of this study suggest a number of differences when considering these specific indicators.

With respect to the first predictor identified in the Lyons, Lapin & Young (2003) study, *a sense of worthwhile accomplishment*, the RA graduates reported high levels of satisfaction for *"the feeling of worthwhile accomplishment I get from my work"*, with an average rating score of 4.46.

However, the second indicator – *opportunities for personal and professional growth* – did not receive as high of a rating from the RAs. *"The amount of personal growth and development I get from my work"* rated only 3.85. Low scores for *"my*

prospects for promotion" and *"the opportunities I have to advance my career"* indicate frustration with the professional growth opportunities. The interviewees identified similar concerns with the lack of growth opportunities for RAs.

At this time, for an RA to obtain a higher income, more responsibility, or more independence, the existing option is to leave the field and return to post-secondary education to receive training in another field. To remedy this, health administrators may wish to consider creating levels of RA jobs. Entry-level positions for new graduates could include the more basic, repetitive tasks requiring less clinical judgment. Second-level positions with higher responsibility and income could be created for more experienced, skilled and knowledgeable RAs. Even without a significant raise in pay, the satisfaction with the opportunity for promotion may reduce attrition and encourage RAs to continue to better themselves.

The RAs indicated low levels of satisfaction with respect to both the amount of pay and the degree to which they are fairly paid for what they contribute to the organizations. Effective April, 2010, the RAs are earning below the average hourly wage for all workers in B.C. of \$22.81 – the fourth highest rate in Canada (Statistics Canada, 2010). Private practitioner therapists wishing to attract RAs away from union positions in public health care may only need to offer a wage exceeding \$22.00 per hour to do so. It is feasible that more RAs will seek employment in private practice should this wage discrepancy occur.

For the final factor identified by Lyons, Lapin and Young (2003), *satisfaction with their workload*, the RAs expressed conflicted feelings. The questionnaire and interviews indicated high levels of satisfaction with *"the standard of care given to patients"*, but

lower levels of satisfaction with *"the time available to get through my work"* and *"my workload"*.

Supervision model

The interviews suggest that the supervision model varies significantly for RAs depending on their work setting. Those employed in hospitals, rehabilitation facilities and care facilities reported a more direct supervision model compared to those employed in community settings. RAs who rely on telephone and e-mail communication with their supervisor require a higher level of skill and judgment in order to provide safe and effective patient therapy. Emphasis on verbal and written communication skills and "red flag" recognition in patient therapy scenarios is necessary to prepare RAs for employment in community settings.

The interviewees provided further evidence for the need to teach and evaluate written communication skills in Capilano's program to ensure that RAs document effectively at their workplace. When the program was initiated in 2005, the majority of Canadian programs training RAs did not teach charting and written documentation as these skills were not perceived to be necessary for the role (COPEC, 2005). The Canadian Physiotherapy Association's competency document for support personnel in Physiotherapy states that charting by PTAs should be completed *"according to site policies"* (Canadian Physiotherapy Association, 2002). There appears to be a trend towards an emphasis on written documentation and communications by assistants. Prerequisites for the program should continue to include grade 12 English and the Nelson-Denny reading comprehension test to ensure that RADP students are competent in written communication and English language skills.

With respect to scope and supervision of RAs, areas identified with high levels of satisfaction include *"the overall quality of supervision I receive at my work"* (4.31), *"the support I receive from my supervisor"* (4.33), *"the opportunities I have to discuss my concerns"* (4.33) and *"the amount of support and guidance I receive from my supervisor"* (4.28). Considering the challenges of employment in today's overburdened health care facilities, it is encouraging that the therapists continue to supervise the RAs in a supportive and effective manner.

However, the interviews revealed that the majority of RAs are working independently much of the time with daily or weekly debriefing sessions with their supervisors. In order for the team model to work effectively, it is critical that the RAs relate back to their supervisors all information relating to changes in patient status and response to treatment as only the therapists are able to develop treatment and discharge plans. It is advised that the RAs have the pager or cell phone number of their supervisor with them at all times in case there is an urgent need to communicate information concerning patient status.

One concern identified in the interviews is that program planning and restructuring of facilities and departments may create situations where the supervision model is altered or compromised. Implications for the RADP curriculum include the need to include communication skills such as conflict resolution and team building to allow the RA to establish and maintain their role within changing frameworks.

Public versus Private employment

The study also revealed differences in specific aspects of job satisfaction of RAs employed in the public sector versus those in private practice. The interviewees employed

in the public sector reported high levels of satisfaction with their contributions to therapy and the amount of independence given by supervisors. Potential and current employers in the private sector may wish to familiarize themselves with the RADP curriculum and provincial and national guidelines for assistants in order to assess the feasibility of allowing RAs in their setting to have more independence. Private practice physiotherapists who have historically hired "physiotherapy aides" in their clinics to provide operational support and complete basic tasks such as laundry and cleaning may benefit from a workshop or publication providing information as to how to best utilize an RA in their clinic.

Variety increases satisfaction

The interviewees indicated that one of the primary reasons they are satisfied is because their job is interesting – there is variety with respect to skills and daily duties. An implication for employers is the benefit of creating positions for RAs across disciplines (e.g. OTA/PTA) to allow for a broader job description. This further supports Capilano's multi-discipline training and the need to provide clinical placements for students in a variety of settings and treatment areas.

Influence of Team Environment

The interviewees attributed the team environment as a positive component of their role. They appreciate being supported by the team and the value placed on their contributions to the team. Another implication of this result is the fact that a positive work environment requires occupational therapists, physiotherapists, speech language pathologists, nursing staff and physicians who are familiar with the training and role of the RA in B.C. It may be recommended that health facilities who are considering

introducing RAs into their workforce should first invest in educating existing staff members about RAs both to allow the RAs to be utilized effectively and to improve team dynamics resulting in higher job satisfaction of the RAs.

Sources of Dissatisfaction

It is significant that the majority of the interviewees reported having felt undervalued; mostly due to being assigned tasks they feel are below their skill level and potential. Feeling overqualified for their job description and not fully appreciated in terms of their potential contribution to patients was a common theme. In British Columbia the educational programs to train care aides are only six months long and the role does not require specific training with respect to rehabilitation therapy. When the interviewees described some of their assigned tasks as “care aide type work”, this indicated a sense of being overqualified for aspects of their current job. Further investigation is needed to determine whether the RAs are truly overqualified for certain positions or whether these discrepancies may be reduced by educating therapists as to the full extent of the RA skill set and education. Implications for Capilano University include the need to ensure that course content addresses this need for inter-professional collaboration and communication including how to describe the RA role. Implications for the national and provincial therapy assistant associations are the need to continue to promote the role of the RA.

Time management was a key challenge identified by the interviewees. Learning to prioritize tasks and utilize their time most effectively is not easily done in a classroom setting but requires clinical placements where the students can work towards managing the workload of an entry-level RA. The evaluation tool for the RA clinical placements

may require modification to capture this learning curve by adjusting the rating scale or creating higher expectations for the final placement.

Team inclusion was identified as a concern by the majority of the interviewees. Seven of the eleven interviewees stated that there have been times they felt undervalued by their team. Examples provided were not being included in team rounds and a sense that supervisors are not always aware of the tasks the assistants do for other supervisors. The RAs often have to educate their team initially concerning RA role and training before being fully appreciated and included. This reinforces the previously mentioned implications – the need to educate RA students to effectively introduce themselves, and the need for in-service training of health team members in the RA role and training.

With the lack of promotion opportunities for RAs, a significant percentage of graduates may eventually leave their positions to find opportunities for promotion in another field. Many of the respondents plan to continue their education with hopes of becoming therapists themselves. This is an indication of not being content with where they sit in the health system as RAs - their existing salary, opportunities for promotion, educational opportunities and sense of being respected and valued within the rehabilitation team. Improved work environments and enhanced professional growth opportunities may slow this attrition and allow RAs to remain in their role and continue to contribute effectively to rehabilitation teams.

5.4 Satisfaction with Capilano's RADP training

The average satisfaction scores for Capilano's Rehabilitation Assistant Diploma Program indicated that graduates are content with their education. A strong majority of

the interviewees responded that they would recommend Capilano's RAD program. The areas where the RAs feel best prepared include OTA content, PTA content, communication skills, operational tasks, and professionalism. The graduates also indicated that the clinical placements were very positive experiences as they prepared them for the work setting and RA role.

The primary area identified by the interviewees as lacking was SLP training and clinical exposure. However, as one RA pointed out, it is *"difficult to answer because all jobs are different"*.

Chapter 6: Conclusions

6.1. Introduction

This study is the first to investigate the employment outcomes and job satisfaction of Rehabilitation Assistants in British Columbia. The results provide a valuable first impression of the demographics of RAs as well as information relating to a range of aspects affecting their job satisfaction. This chapter summarizes the study, results, and implications and includes recommendations for current and potential Rehabilitation Assistants, Capilano University RADP faculty, and current and future employers of RAs in British Columbia. Recommendations for future research in this area are also included in this chapter.

6.2. Summary

This study examined levels of employment success and job satisfaction of Capilano University Rehabilitation Assistant Diploma program graduates (2005 – 2009). The study determined the range of employment outcomes of graduates and obtained information concerning satisfaction with their role as an RA by applying the Measure of Job Satisfaction (MJS) tool as developed and validated by Traynor & Wade in 1991 for community nurses in the United Kingdom (Traynor & Wade, 1993). Information concerning the perceptions of the graduates with respect to their role, supervision model, and scope of practice as well as general questions relating to satisfaction with participation in the Capilano University Rehabilitation Assistant Diploma program were collected using an electronic questionnaire and telephone interview. Demographic information collected consists of employment data including geographical location, health

sector (public or private), clinical focus, supervision model, nature of employment (part or full-time; permanent or casual), salary and information concerning departure from the field and further education plans.

The information collected in this study is valuable to provide information to Capilano University faculty to ensure that the curriculum and clinical fieldwork placements of the RADP program are representative of RA employment settings. The results also provide data to administration at Capilano University to allow them to make appropriate decisions as to whether to adjust enrolment or cohort size to meet the demands for RAs in the health care sector. The information is also useful to determine whether further initiatives are required to enhance employment opportunities and promote appropriate task assignment and scope for RAs and to establish whether degree laddering opportunities and continuing education are priorities for graduates of the program.

The participants in the electronic questionnaire portion included all of the graduates from Capilano University Rehabilitation Assistant Diploma Program since it was initiated in 2004. The questionnaire was utilized to collect information concerning employment outcomes and levels of satisfaction of the RADP graduates as well as future education plans and satisfaction with Capilano's RADP program. The telephone interviews were conducted with a stratified sample of 12 graduates from the four graduating cohorts from the program. The telephone interviews were used to evaluate how effectively Capilano's program prepared graduates for their current employment. The interviews also focused on the RAs satisfaction with scope of practice, role and supervision in their current jobs.

The findings of this study indicate that the graduates of the Rehabilitation Assistant Diploma Program at Capilano University are satisfied with their RA role in their current employment situation. The mean Measure of Job Satisfaction (MJS) score of the RADP graduates employed as RAs was in the high "neutral- satisfied" range.

6.3. Recommendations

Capilano University is primarily responsible for ensuring that RADP graduates are competent for employment across Canada. This study confirms that the current training model at Capilano is meeting the training needs for existing RA employment. The RADP curriculum effectively trains graduates for occupational therapy assisting, physiotherapy assisting and speech language and audiology assisting. The coursework and clinical placements match the average clinical caseloads identified in the survey – orthopedics, rehabilitation, geriatrics, neurology and general medicine.

Capilano may wish to address components of the curriculum in order to enhance skills that influence job satisfaction of graduates to reduce attrition from the field. Specific areas of focus include written and verbal communication skills, conflict resolution and the ability to clearly outline and explain the RA role may enhance satisfaction.

Responses of several interviewees indicate that the educational expectations may exceed competency requirements for entry-level positions. If RAs perceive that they are being under-utilized, this may lead to lower job satisfaction and a higher turnover of RAs. If health care facilities are unable to respond to the needs of the RAs by creating tiers of employment and other opportunities for growth, perhaps the educational institutions will

need to consider graded credentialing options. Although the current national standard is a two-year diploma, a shorter certificate program granting a credential such as "rehabilitation aide" may be appropriate for certain employment settings such as private practice physiotherapy. The certificate could ladder into the diploma program should students wish to continue further with their education.

Another consideration is the growing number of graduates who are leaving the field to continue further post-secondary studies. Primarily, these RAs are aiming to become qualified as therapists themselves. Capilano's admission process includes an interview for the selection of appropriate candidates and may also be an effective means of ensuring that the majority of RADP students are striving for employment as RAs and not simply as a lower rung on their education ladder towards becoming an OT, PT or SLPA. Further study would be required to assess whether selecting more mature students reduces this form of attrition.

Capilano RADP faculty will also need to decide whether further laddering opportunities for graduates are beneficial. Although these laddering options are a positive factor with respect to student recruitment into the program, more opportunities to move into further education may also translate into fewer qualified RAs staying in the workforce.

Based on the responses, there does not appear to be a rationale for Capilano to develop continuing education opportunities for graduates at this time. RAs are receiving further training within their departments, facilities and health authorities. This may change in the future if more challenging positions are created for RAs requiring more specific knowledge and skills sets.

The RAs in the study expressed satisfaction with the clinical fieldwork placements in the RADP program. No major changes would be recommended in terms of number, length, setting and variety of placements. The study revealed that graduates are employed throughout Canada, so it is beneficial that Capilano provides placements throughout B.C. and Canada as well as some international opportunities to allow students exposure to this broad range of locations.

Three recommendations for Capilano's clinical placements can be made from the study results. The first is to address means of ensuring that students' clinical supervisors and teams have a sound understanding of the role and training of the RA. Supervising therapists should be required to complete the preceptor training offered by Capilano's fieldwork manager to ensure that they are familiar with the training program, evaluation process and provincial and national practice standards. Students should be prepared to provide an in-service session at their site to explain their role and training to the team if team members have not previously worked with a Capilano RA student or graduate.

Secondly, it may be beneficial for Capilano to seek further opportunities for clinical placements in private practice and community settings. These placements may result in further job opportunities in these settings once the employers realize the potential of an RA. The interviewees employed in the community expressed high levels of satisfaction with the supervision model and opportunities for growth. Preparing students for these employment settings by allowing for exposure on clinical placements may be another means of reducing attrition and enhancing satisfaction of RAs.

The third recommendation is that students should be prepared to complete clinical placements involving recreation therapy. Currently, the British Columbia Parks and

Recreation Association (BCRPA) "Fitness Theory" course is offered in the RADP program as an optional elective in a distance format during the final clinical placement. As the study revealed that graduates are working in positions requiring recreation assistance skills, this course content would suitably enrich the qualifications of the RAs and should be made mandatory. An alternative option is to lengthen or expand the "Recreation Techniques" course within the program.

This study has identified several recommendations relevant to RA employers. The benefits of enhanced RA growth opportunities such as creating entry-level and second-level positions, wage increases to ensure that RAs are fairly paid, and the creation of positions across departments (e.g. OTA/PTA) and positions involving more variety are means of enhancing RA satisfaction and reduction of attrition.

Other recommendations include ensuring effective supervision and communication models are in place and familiarizing themselves with the RADP curriculum and provincial and national guidelines for assistants in order to optimally utilize RAs and not assign tasks below their skill level and potential.

For more basic tasks, hiring "physiotherapy aides" in lieu of RAs could be considered. Any site considering introducing RAs into their workforce should provide training for existing staff members about RAs both to improve RA effectiveness and enhance team dynamics.

Potential benefits of these initiatives include low absenteeism and turnover of RAs to allow for more effective and efficient rehabilitation service delivery. Having more satisfied and motivated RAs who provide quality patient care is likely to result in

improved patient outcomes, more complete service delivery and better access to care, reduced health care costs, more client-centred care and elevated patient satisfaction.

6.4 Recommendations for future research

This study provides preliminary information concerning the RADP graduates from Capilano. As this is a new training program at Capilano and new discipline for the Lower Mainland health institutions in British Columbia, these early results will provide a baseline as the RA role grows and evolves in this region. A follow-up study in five years would be advisable in order to assess whether the MJS scores are impacted by future changes in the training or utilization of RAs. This study has identified that the Measure of Job Satisfaction (MJS) is an effective tool to evaluate job satisfaction for support personnel in rehabilitation in British Columbia and elsewhere in Canada.

Further study would also be advised into whether educational laddering opportunities for RADP graduates are appropriate. At this time it is too early to assess whether the existing laddering opportunities will allow graduates to enter and complete the Masters level programs to become occupational therapists, physiotherapists or speech language pathologists and audiologists. It will be relevant to future students with the end goal of becoming a therapist to establish whether the RAD program can truly provide a means to achieve this. If it becomes evident that these laddering opportunities are not meeting expectations, RADP administrators and faculty will be able to appropriately select candidates for the program who wish to work as RAs and do not have further career or education goals.

Future study to establish whether continuing education opportunities are in demand would also be advisable. Although this study did not find a need at this time, there may be a requirement for specialized skill and theory continuing education courses if graded RA positions are created. The higher level, more specialized RA positions will likely require more specific training.

A needs assessment may be advised for the feasibility of a shorter certificate "physiotherapy aide" program. This potential training program might better meet the needs of private practice physiotherapists who are not currently utilizing RAs.

6.5 Limitations of Study

The primary limitation of this study is the small sample size for the questionnaire. However, with follow-up emails and phone calls, 70% of the graduates completed the survey so the response rate was adequate. With respect to the sample, it must be assumed that those who took the time to complete the survey are representative of the entire population, including those who refused to participate by not completing the survey. The RAs were selected from a well-defined group (i.e. Capilano graduates) and may not be representative of RA grads from other programs.

The survey tool was the first of its kind to be utilized in RA related research, thus making it a potential limitation of this study. The subjective attitudes of those surveyed may have biased the results and the results are exploratory as this is the initial study into this area of RA education in B.C. Duplication to improve validity and reliability may be advised.

Limitations of the study that may potentially compromise the external validity include the fact that the study was deliberately limited to the RA graduates from Capilano University. This decision was made for two reasons; the first being easier access to the sample and the second being the difficulty of accurately sampling a larger group with different training backgrounds. The method of study utilizing a questionnaire rather than individual interviews for all of the participants may be considered delimitating in terms of drawing more information from the participants. However, the time and cost-effectiveness and relative anonymity of the survey delivery justified this delimitation. Interviewing a stratified sample of the graduates minimized this concern.

6.6 Final comments

This study highlights the success of Capilano University's Rehabilitation Assistant Diploma Program. Graduates are satisfied with their employment and the training that they received at Capilano. It is hoped that time will allow for improved opportunities for promotion and salary increases for RAs to enhance job satisfaction. It may be expected that the RA role will continue to evolve and expand in B.C. so future study of this field is encouraged.

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Appendixes

Appendix A: Introductory e-mail for electronic survey

<Date>

<First Name> <Last Name>

<email address>

Hello <First Name>,

You are being contacted as a graduate of the Capilano University Rehabilitation Assistant Diploma program to request your assistance in a research study. As the thesis study for my Master of Education degree at Memorial University, I am requesting your assistance in providing information for a study of Rehabilitation Assistant employment success and job satisfaction. The results of this study should increase our understanding of the range of employment opportunities for RAs, the level of satisfaction of graduates, and how effectively RAs are being integrated into the workforce.

Your participation is voluntary and choosing not to participate in this study will not affect your relations with Capilano University or Tracy Dignum. You have the right to omit questions you do not wish to answer. Your identity and privacy will be protected completely as all completed surveys will be anonymous. There are no known risks associated with completing this questionnaire. It should be made known to all participants that as SurveyMonkey is an American company, the Government of the United States has the right to examine any survey under Homeland Security legislation. This particular risk is very small due to the nature of the content, but must be acknowledged by the researcher and accepted by all participants. All data collected from the electronic survey will be stored in a locked filing cabinet for five years and then shredded. All electronic data will be password protected and deleted from SurveyMonkey upon completion of the study.

If you have any questions about this study or the questionnaire, please contact me at (604) 926-XXXX or tracydignum@xxx.com.

The proposal for this research has been reviewed by the Interdisciplinary Committee on Ethics in Human Research and found to be in compliance with Memorial University's ethics policy. If you have ethical concerns about the research (such as the way you have been treated or your rights as a participant), you may contact the Chairperson of the ICEHR at icehr@mun.ca or by telephone at (709) 737-XXXX.

In order to complete the questionnaire, please click on the link below to direct you to the survey website. The questionnaire takes approximately 15 minutes to complete.

< website link>

You time and assistance are greatly appreciated. The information you provide will add to the early foundational knowledge concerning RAs and allow for further investigation into optimal training methods and career developments for RAs.

Sincerely,

Tracy Dignum
B.Sc. (PT)
tracy.dignum@xxx.com

Appendix B: Introductory letter for telephone interview participants

<Date>

<First Name> <Last Name>

<email address>

Hello <First Name>,

You have been selected to participate in a study of rehabilitation assistant job success and satisfaction and the developing role of the RA. I am contacting you as a graduate of the Capilano University Rehabilitation Assistant Diploma program to request your participation in this study which I am completing as my thesis for the Master of Education degree at Memorial University. The results of this study should increase our understanding of employment opportunities for RAs, job satisfaction of RAs, and how effectively RAs are being integrated into the workforce.

Your participation is voluntary and choosing not to participate in this study will not affect your relations with Capilano University or Tracy Dignum. You have the right to omit questions you do not wish to answer. Your identity and privacy will be protected completely. There are no known risks associated with participating in this telephone interview.

If you have any questions about this study or the interview process, please contact me at (604) 926-XXXX or tracydignum@xxxx.com.

The proposal for this research has been reviewed by the Interdisciplinary Committee on Ethics in Human Research and found to be in compliance with Memorial University's ethics policy. If you have ethical concerns about the research (such as the way you have been treated or your rights as a participant), you may contact the Chairperson of the ICEHR at jschr@mun.ca or by telephone at (709) 737-XXXX.

If you are willing to participate, **please complete the consent form and interview scheduling forms attached and return them in the self addressed stamped envelope enclosed.** Your time and assistance are greatly appreciated. The information you provide will add to the early foundational knowledge concerning RAs and allow for further investigation into optimal training methods and career developments for RAs.

Sincerely,

Tracy Dignum
B.Sc. (PT)
tracydignum@xxxx.com

Appendix C: Consent form for telephone interview

Title: Evaluation of satisfaction, employment outcomes and job satisfaction of graduates of a University Rehabilitation Assistant Diploma Program

Researchers: Tracy Dignum (B.Sc.PT) graduate student – Master of Education program, Memorial University of Newfoundland.

Phone: (604) 926-XXXX

E-mail: tracydignum@xxxx.com

Supervisor: Dr. Vernon Curran B.A. Memorial, Dip. Adult Ed. St. Francis Xavier, M.Ed. Dalhousie, Ph.D. Guelph

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You are invited to take part in a research project titled "*Evaluation of satisfaction, employment outcomes and job satisfaction of graduates of a University Rehabilitation Assistant Diploma Program*"

Your participation is voluntary and this form is part of the process of ensuring that you provide informed consent should you choose to participate. The information below outlines the research project and expectations for participants. Please take the time to read all this information carefully and if you have further questions or require more detail on the project, contact Tracy Dignum by phone or e-mail.

It is your decision whether you take part in the study or not. If you choose not to take part or if you decide to withdraw from the research project at any point, there will be no negative consequences for you now or in the future.

Introduction

This research project is a follow-up study of the graduates of Capilano University (previously Capilano College) Rehabilitation Assistant Diploma program. The study looks at levels of employment success and satisfaction of RADP graduates such as where the RAs are currently working and in what capacity. Topics include levels of satisfaction

with the RA role, supervision model, scope of practice and levels of satisfaction with the training program. This information will be collected using an electronic questionnaire and phone survey. All graduates will be asked to complete the electronic questionnaire and a random sample of sixteen graduates will be asked to participate in the telephone interviews.

This study is valuable as it will provide information to Capilano University faculty to ensure that the clinical fieldwork placements and curriculum of the RADP program are representative of RA employment settings. It will also provide data to administration at Capilano University to allow them to make appropriate decisions as to whether to adjust enrolment or cohort size to meet the demands for RAs in the health care sector. Other hopes are that the information will help to determine whether further initiatives are required to enhance employment opportunities and promote appropriate task assignment and scope for RAs and whether there is a need to establish more degree laddering opportunities and continuing education for graduates of the program.

Purpose: to investigate the general satisfaction, employment success and job satisfaction of graduates of the Capilano University Rehabilitation Assistant diploma program and discuss the developing role of the rehabilitation assistant.

Study Procedures: If you choose to participate, you will be contacted by telephone at your convenience to complete a 15-20 minute interview. The interview contains closed-answer demographic questions and open-answer questions relating to how you feel about your role, employment, and future as an RA.

Possible benefits: Participating in the study should be a positive experience as it will allow you to share your opinions, ideas and concerns and may contribute to growth within the field of rehabilitation and the training programs for RAs. There is no remuneration for participation in this study.

Possible risks: There are no known risks associated with participating in this project. You can be assured that your relationship with Capilano University or Tracy Dignum, co-coordinator of RADP at Capilano University, will not be impacted by your participation or non-participation in this study. The responses and opinions shared during the telephone interview will not in any way impact the future relationship you will have with Tracy Dignum as co-coordinator of the Rehabilitation Assistant Diploma Program.

Confidentiality / Anonymity: Your identity and privacy will be protected completely. Participants will not be identified in all reports and all responses will be kept anonymous and confidential. You have the right to omit questions you do not wish to answer.

Recording of Data: The telephone interviews will be recorded by cassette recorder to allow the researcher to review the responses. These recordings will not be made available to any other individuals and will be kept in a locked cabinet for a period of five years prior to being destroyed.

Contact: If you have any questions about this study or the interview process, please contact me at (604) 926-XXXX or tracydignum@xxxx.com.

The proposal for this research has been reviewed by the Interdisciplinary Committee on Ethics in Human Research and found to be in compliance with Memorial University's ethics policy. If you have ethical concerns about the research (such as the way you have been treated or your rights as a participant), you may contact the Chairperson of the ICEHR at icehr@mum.ca or by telephone at (709) 737-XXXX.

Consent: If you sign this form, you do not give up your legal rights, and do not release the researchers from their professional responsibilities. The researcher will give you a copy of this form for your records.

I understand that participation in this study is completely voluntary. I have the option to withdraw from this study at any time without risking any adverse effects to my status as a rehabilitation assistant or an alumnus of Capilano University. I will not be penalized in any way for refusing to participate or for withdrawing from this study. Should I choose to withdraw from the study, this will not in any way impact the future relationship I will have with Tracy Dignum as co-coordinator of the Rehabilitation Assistant Diploma Program.

I have read and understood the informed consent form and have had an opportunity to ask questions and my questions have been answered. I understand that my privacy and confidentiality will be protected to the best of the ability of the researcher. I, the undersigned, consent to participate in this research project:

_____ Signature of participant

_____ Date

_____ Witness

_____ Date

Researcher's signature: I have explained this study to the best of my ability. I have invited questions and provided answers. I believe that the participant fully understands what is involved in this study and that he/she has chosen freely to participate in the study.

_____ Researcher _____ date

_____ Phone number

_____ E-mail address

Appendix D: Electronic Questionnaire

Evaluation of employment outcomes, job satisfaction and education satisfaction of graduates of Capilano University's Rehabilitation Assistant Diploma Program

This questionnaire was developed to investigate employment outcomes of Capilano Rehabilitation Assistant Diploma Program (RADP) graduates and to assess the levels of satisfaction of graduates with their education and RA role. The questionnaire is being administered to all of the graduates of Capilano's Rehabilitation Assistant Diploma Program.

The questionnaire is comprised of four sections:

- your current employment situation
- your job satisfaction
- your continuing education plans
- your perception of how well Capilano's Rehabilitation Assistant Diploma program prepared you for your current job

Please follow the instructions for each segment to complete the questionnaire below. You can be assured that your responses are completely confidential. It should be made known to all participants that as *SurveyMonkey* is an American company, the Government of the United States has the right to examine any survey under Homeland Security legislation. This particular risk is very small due to the nature of the content, but must be acknowledged by the researcher and accepted by all participants. Thank you in advance for your time and assistance.

Describe yourself:

1. Please state your gender.
 - female
 - male
2. Please identify your age group:
 - 19 – 24
 - 25-29
 - 30-34
 - 35-39
 - Over 40
3. Describe your current employment situation. Select as many responses as apply.
 - I am working in a full-time position as an RA
 - I am working in a part-time position as an RA
 - I am working casually as an RA
 - I am not currently employed

- I am currently working in another field

Your current job:

4. If you are employed as a Rehabilitation Assistant, please identify ALL of the titles that describe your role in your current job (check all that apply):

- Audiology assistant
- Hearing screener
- Occupational Therapy assistant
- Physiotherapy assistant
- Recreation assistant
- Speech language pathology assistant

5. If you are employed as a Rehabilitation Assistant, please identify ALL of the types of locations where you work (check all that apply):

- acute care hospital
- rehabilitation facility
- residential care facility
- community care
- private practice
- other

5. If you are employed as a Rehabilitation Assistant, please identify ALL of the areas which best describe your caseload (check all that apply):

- orthopaedic
- neurology
- general medicine
- cardiac rehabilitation
- intensive care unit
- emergency medicine
- rehabilitation
- mental health
- paediatrics
- geriatrics
- respiratory

7. If you are employed as a Rehabilitation Assistant, please identify how long you have been employed in your current position?

- less than 6 months
- greater than 6 months but less than a year
- greater than 1 year but less than 2 years
- greater than 2 years but less than 3 years
- 3 years or longer

8. If you are currently employed as a Rehabilitation Assistant, please identify your salary in \$ per hour before taxes:

- less than \$12.00 per hour
- \$12.01 - \$15.00 per hour
- \$15.01 - \$18.00 per hour
- \$18.01 - \$21.00 per hour
- \$21.01 - \$24.00 per hour
- \$24.01 - \$27.00 per hour
- more than \$27.00 per hour

9. If you are currently employed as a Rehabilitation Assistant, please identify the geographical area(s) where you are working:

- Vancouver / Lower Mainland
- Vancouver Island
- Fraser Valley
- Northern Health region
- Interior Health region
- Canada - outside of B.C.
- Outside of Canada

Job Satisfaction

10. For the following statements, please identify your level of satisfaction with your current job as a Rehabilitation Assistant:

| | Very Dissatisfied | Dissatisfied | Neutral | Satisfied | Very satisfied | N/A |
|--|-------------------|--------------|---------|-----------|----------------|-----|
| The feeling of worthwhile accomplishment I get from my work. | | | | | | |
| The extent to which I can use my skills. | | | | | | |
| The contribution I make to patient therapy. | | | | | | |
| The amount of challenge in my job. | | | | | | |
| The extent to which my job is varied and interesting. | | | | | | |
| What I have accomplished when I go home at the end of the day. | | | | | | |

| | | | | | | |
|---|--|--|--|--|--|--|
| The standard of care given to patients. | | | | | | |
| The amount of personal growth and development I get from my work. | | | | | | |
| The quality of my work with patients. | | | | | | |
| The amount of independent thought and action I can exercise in my work. | | | | | | |

Adapted from: Measure of Job Satisfaction - Traynor & Wade, 1992

Time and Workload

11. For the following statements concerning time and workload, please rate your level of satisfaction with respect to your current job as a Rehabilitation assistant.

| | Very Dissatisfied | Dissatisfied | Neutral | Satisfied | Very satisfied | N/A |
|---|-------------------|--------------|---------|-----------|----------------|-----|
| The time available to get through my work. | | | | | | |
| The amount of time available to finish everything I have to do. | | | | | | |
| The time available for patient care. | | | | | | |
| My workload. | | | | | | |
| Overall staffing levels. | | | | | | |

Scope and Supervision

12. For the following statements relating to the scope and supervision model at your current job as a Rehabilitation assistant, please indicate your level of satisfaction.

| | Very Dissatisfied | Dissatisfied | Neutral | Satisfied | Very satisfied | N/A |
|---|-------------------|--------------|---------|-----------|----------------|-----|
| The way that I am able to provide therapeutic interventions for patients. | | | | | | |
| The amount of time spent on operational tasks. | | | | | | |
| The amount of support and guidance I receive from my supervisor. | | | | | | |
| The opportunities I have to discuss my concerns with my supervisor. | | | | | | |
| The support from my supervisor available to me in my job. | | | | | | |
| The overall quality of supervision I receive in my work. | | | | | | |

13. For the following statements relating to compensation, job security and opportunities for promotion, please indicate your level of satisfaction with respect to your current job as a Rehabilitation assistant.

| | Very Dissatisfied | Dissatisfied | Neutral | Satisfied | Very satisfied | N/A |
|--|-------------------|--------------|---------|-----------|----------------|-----|
| The amount of pay I receive. | | | | | | |
| The degree to which I am fairly paid for what I contribute to this organization. | | | | | | |

| | | | | | | |
|---|--|--|--|--|--|--|
| My prospects for promotion. | | | | | | |
| The opportunities I have to advance my career. | | | | | | |
| The match between my job description and what I do. | | | | | | |
| How secure things look for me in the future of this organization. | | | | | | |
| The amount of job security I have. | | | | | | |

14. Please indicate your level of satisfaction with respect to education and training opportunities with respect to your current job as a Rehabilitation assistant.

| | Very Dissatisfied | Dissatisfied | Neutral | Satisfied | Very satisfied | N/A |
|--|-------------------|--------------|---------|-----------|----------------|-----|
| The opportunity to attend courses. | | | | | | |
| Time off to attend courses. | | | | | | |
| Being funded for courses. | | | | | | |
| The extent for which I have adequate training for what I do. | | | | | | |

Working in a team

15. For the following statements concerning your current job as a Rehabilitation Assistant and participation within a health care team, rate your level of agreement.

| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | N/A |
|--|-------------------|----------|---------|-------|----------------|-----|
| I frequently contribute information to the team. | | | | | | |
| I feel free to participate actively within the team. | | | | | | |

| | | | | | | |
|---|--|--|--|--|--|--|
| I usually propose alternatives to the team. | | | | | | |
| I frequently participate in making decisions. | | | | | | |

16. With respect to your role within the health care team, select the appropriate response to the following questions based on frequency.

| | Never | Rarely | Occasionally | Frequently | Always | N/A |
|---|-------|--------|--------------|------------|--------|-----|
| How often are you certain about what others on your treatment team expect of you? | | | | | | |
| How often can you predict what others on your treatment team will expect of you? | | | | | | |

Capilano Rehabilitation Assistant Diploma Program

17. Would you recommend the Rehabilitation Assistant Diploma Program at Capilano University to others?

- yes
- no
- maybe
- Comments (optional):

18. For the final question, please indicate your level of satisfaction with several aspects of the Rehabilitation Assistant Diploma Program at Capilano.

| | Very Dissatisfied | Dissatisfied | Neutral | Satisfied | Very satisfied | N/A |
|--|-------------------|--------------|---------|-----------|----------------|-----|
| Clinical fieldwork placements | | | | | | |
| Professionalism course content | | | | | | |
| Communication course content | | | | | | |
| Scientific course content (e.g. anatomy) | | | | | | |

| | | | | | | |
|---|--|--|--|--|--|--|
| Physiotherapy assistant Skills course content | | | | | | |
| Occupational Therapy assistant skills course content | | | | | | |
| Speech Language Pathology assistant skills course content | | | | | | |
| Audiology course content | | | | | | |

Comments (optional):

Please click "done" to indicate you have completed the questionnaire. Thank you very much for your time and valuable responses.

Appendix E: Telephone interview script

Hello, this is Tracy Dignum. I am calling to conduct the interview about curriculum satisfaction, scope of practice and role and supervision of rehabilitation assistant diploma program graduates. Do you have 15-20 minutes to complete the interview at this time?

No: Sure – when would you prefer that I call you back?

Yes: Thanks. I first wish to clarify that you understand that I am completing this interview as a component of my Master of Education thesis and not as the co-coordinator of the RADP program at Capilano University. Do you have any questions about that?

I also wish to explain to you that if you do not wish to answer any question, you do not need to. Also, please let me know if you need further clarification about any of the questions. Your responses will all be kept anonymous and your privacy protected.

Can you please start out by describing your current **employment situation**? (*prompts to collect info re: job title/role, full/part time, permanent/casual, public/private sector, location and clinical focus, length of time in position*)

*If interviewee is not employed as an RA, skip ahead to **

As you know, Rehabilitation Assistants work under the **supervision** of one or more therapists – OTs, PTs or SLPs. Can you please describe the model of supervision in your position?

Is the supervision more “direct” (face to face) or “indirect” (pager, phone, electronic or paper communications)? Please explain.

Are there any challenges with respect to this model of supervision that you can share?

Now I’d like to ask you a few questions about your **role as an RA in your current job**.

What do you like best about your current job and role as an RA? (i.e. what do you enjoy, what are the best aspects?)

Have there been times when you have felt undervalued? If so, please expand.

With respect to the other members in your health care team, how would you describe the way that you are received and the level of respect with which you are treated?

The next three questions have to do with your **"scope" of practice** as an RA:

Are you ever assigned tasks that you believe to be outside of your "scope" as an RA? If so, what are these tasks?

Do you feel that there are more tasks that you are capable of doing but your supervisor does not assign to you? Please expand.

What is the most challenging aspect of your job?

I'd now like to ask you a few questions concerning your training at Capilano University in the RADP program:

In terms of your current job, can you identify the areas where you feel you were well prepared due to strengths in the curriculum and training?

Can you identify any areas where you feel you were not adequately trained for your current job?

How well did the clinical fieldwork placements prepare you for your current job?

*Do you have any specific suggestions to improve the delivery of the RADP program or the curriculum?

We are in the final portion of the interview.
These questions relate to your **future education plans**.

Can you please outline your future education plans?

Are you interested in taking courses to improve your skills and knowledge as an RA such as weekend workshops or online courses? If so, which subject areas are of interest to you?

Here is the last question: **Would you recommend becoming a rehabilitation assistant?**
Please explain your response.

Thanks so much for your time, assistance and very valuable responses. I can reassure you that your privacy will be protected completely. Do you have any further questions?

Good bye

