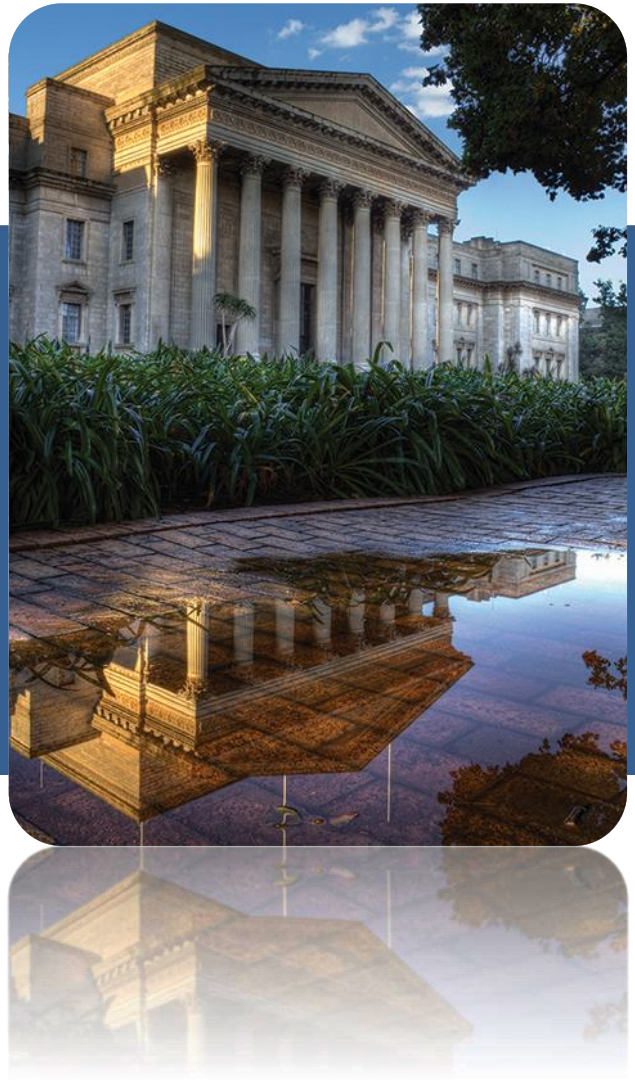

Novice therapists in a developing context:

Extending the reach of hand rehabilitation

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May 2018

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

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R. Osche, 2017. Rural Eastern Cape.

Introduction

Road accidents [4]

Interpersonal violence [4]

Work-related injury [5 -7]

Hand injuries **common** [1]

Poverty [2,3]

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Introduction

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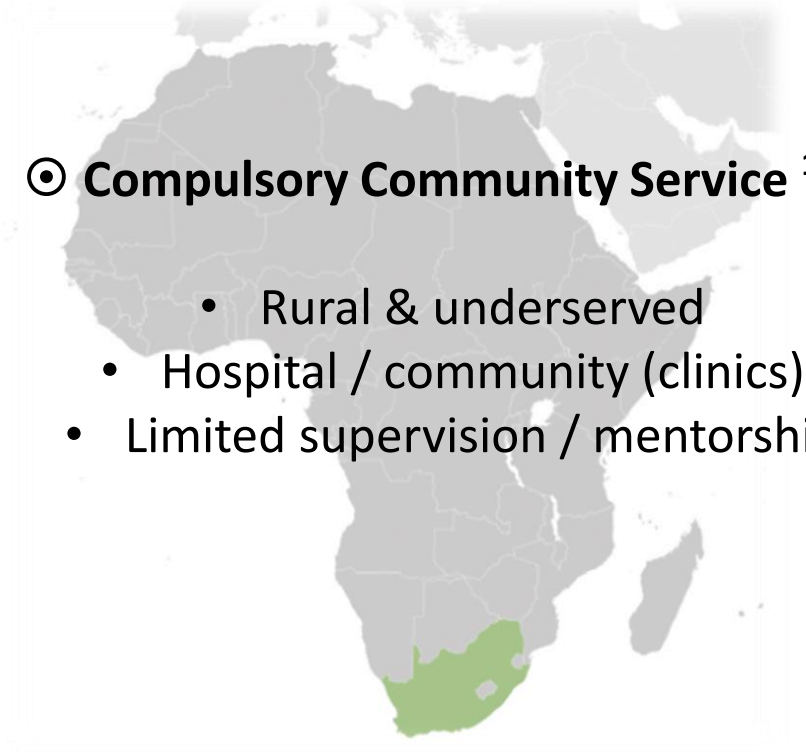
Introduction



⊙ **Compulsory Community Service** [13,14]

- Rural & underserved
- Hospital / community (clinics)
- Limited supervision / mentorship

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Objectives

- Hand rehabilitation **services** provided by novice occupational therapists in South Africa
- **Supports and barriers** for these services
- Therapists' perceptions of being **equipped** for hand rehabilitation

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Method

- Descriptive cross-sectional
- Online questionnaire – all occupational therapists in first year of practice 2013 (n=240)
- Stata 12 & IBM SPSS Statistics 21.0
- Open-ended responses – post coded
- Ethical approval (UCT HREC: 551/2013)

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Results

- 43.3 % response rate (n=104)
- 44.7% located rurally
- Median 3 sites (range: 0-26) serviced
- Supervision:
    - 89.6% had a supervisor
    - Median 1 hour supervision / month
    - 65.9% dissatisfied with supervision
- 73.9% communication difficulties

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Results

- Satisfaction from interacting with clients (75.0%)
- Proud to be an occupational therapist (66.7%)
- Occupational therapy is poorly recognised (63.5%)
- Frustrated (58.3%)
- Challenged (54.2%)

  "Hand injuries was thus far the most challenging field to work in as I never had an (fieldwork) blocks as a student to assist me with any physical injuries"

- A need for specific knowledge in assessment & treatment (43.8%)

  "*In terms of hands, I would like more knowledge on treatment protocols in a setting where most hand injuries present very late, and surgery is usually not a realistic option"*

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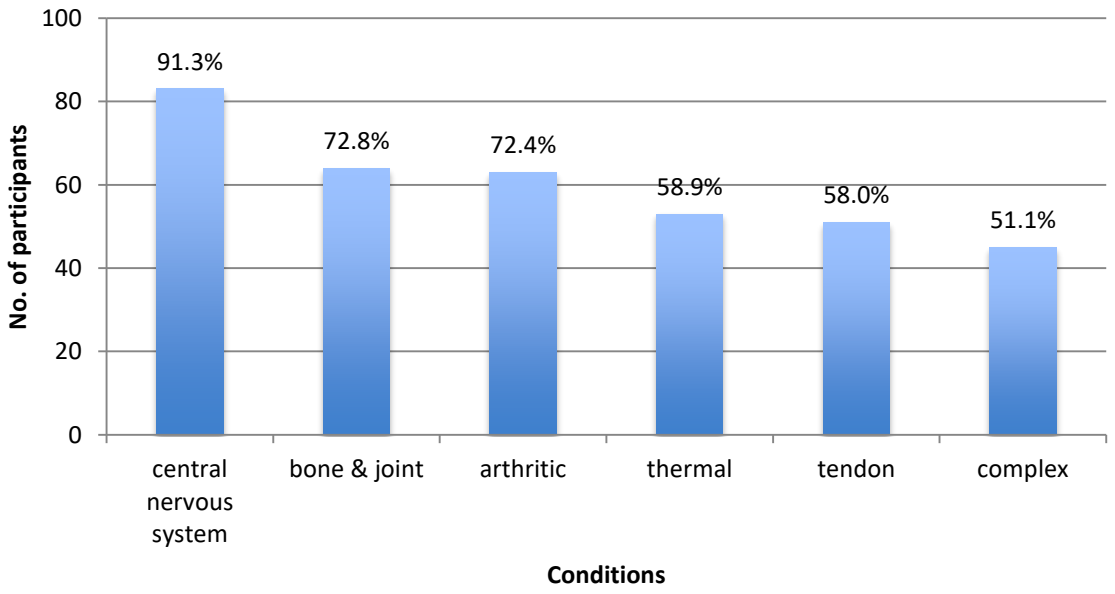
Results

- Median of 20 hand rehabilitation clients / month
  (Range: 0-225)
- Conditions treated *at least monthly* by >50%:



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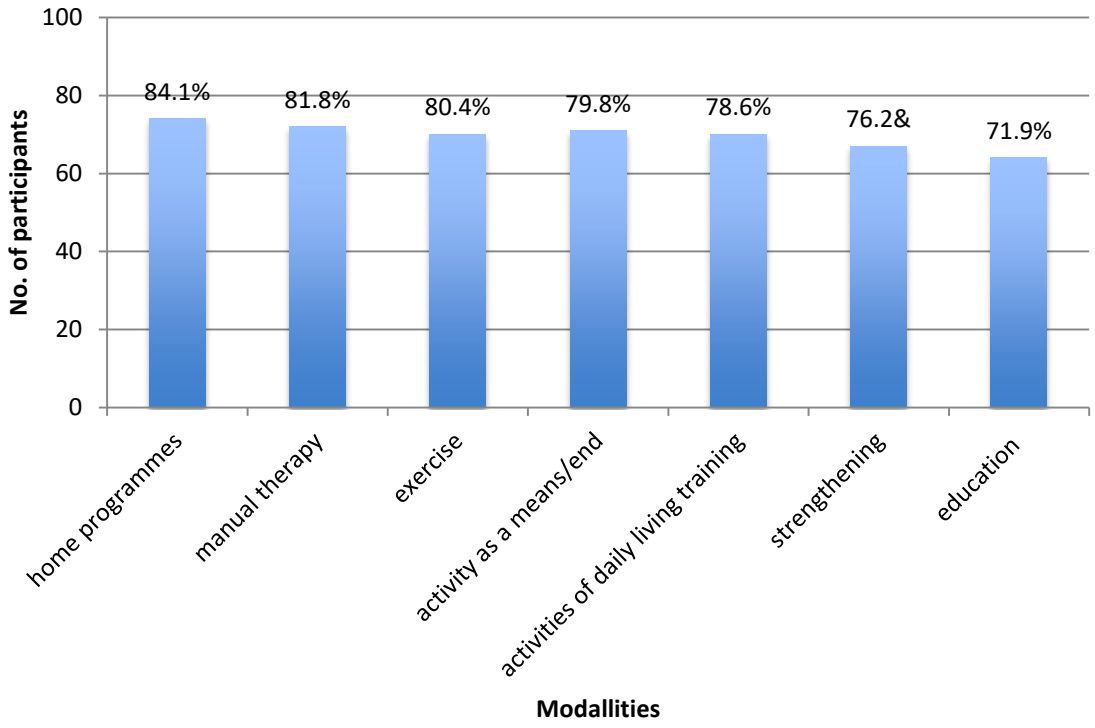
Results

Modalities used most frequently:



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Results

Resources to support hand rehabilitation:

Resources	Yes (%)	No (%)
Access to a computer at work	70.5	29.5
Access to a telephone / fax at work	76.4	23.6
Access to the internet at work	30.3	69.7
Adequate equipment	27.0	73.0
Appropriate work area	65.2	34.8
Access to research / literature / evidence	44.8	55.2
Member of professional association	37.1	62.9
Mentor to guide professional development	40.2	59.8
Professional development opportunities	66.3	33.7
Sufficient undergraduate preparation	47.1	52.9
Sufficient supervision	32.6	67.4
Sufficient support at work	71.3	28.7

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Results

Desired resources to support hand rehabilitation practice:

- Continuous professional develop.courses (93.4%)
- Access to guidelines & protocols (86.8%)
- Regular support/supervision (83.5%)
- Improved undergraduate exposure (80.2%)

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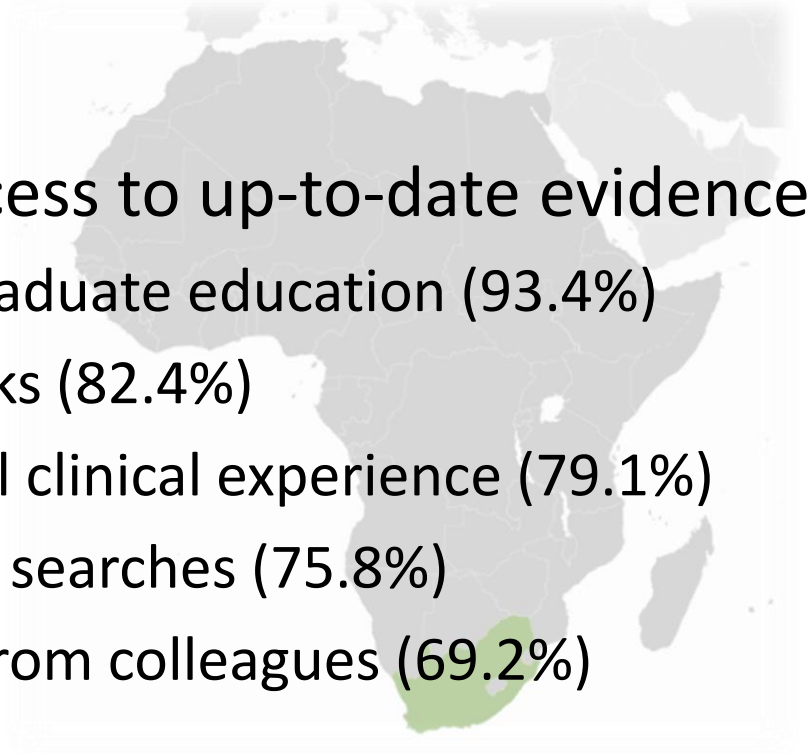
Results

Evidence to support practice:



- 44.8% access to up-to-date evidence
  - undergraduate education (93.4%)
  - textbooks (82.4%)
  - personal clinical experience (79.1%)
  - internet searches (75.8%)
  - advice from colleagues (69.2%)

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Results

Descriptors of hand rehabilitation practice (*frequency):*

Descriptors	No. (%)
Fearful of harming my patient	38 (41.8)
Upper limb rehabilitation is a specialised area	59 (64.8)
I need to *learn by doing*	70 (76.9)
I am not confident	33 (36.3)
A heightened sense of responsibility	40 (44.0)
Overwhelmed	37 (40.7)
Enthusiastic	44 (48.4)

Results

Preparedness for practice:

- 50 competency areas
  - High levels of perceived preparedness
  - Majority *somewhat equipped/prepared*

- 78.9% level competence
- 64.4% level of confidence

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Results

Competent

- *enjoy treating clients with hand conditions*
  (AOR: 85.94, 95% CI:4.72-1564.58, p=0.003)
- *undergraduate fieldwork placement*
  (AOR: 265.73, 95% CI:1.23 – 57548.30, p=0.042)

Confident

- *enjoy treating clients with hand conditions*
  (AOR: 28.21, 95% CI:2.47-322.74, p=0.007)
- adequate practical skill
  (AOR: 7.86, 95% CI:1.63-37.82, p=0.010)

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Conclusion

- Demand for novice therapists in South Africa to deliver hand rehabilitation
- Conditions seen similar to other studies[12]
- Contextual features
  - equipment [15-21]
  - supervision/mentoring[22]
  - communication difficulty[23-24]
  - CPD opportunities [25]
  - access to evidence limited[26-32]
- Competent and Confident? [33-40]

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Conclusion

- *Strengths & limitations*
- Specialist expertise cannot reach the greatest need
- Novice therapists providing services require:
  - experienced supervision
  - mentorship
  - CPD opportunities
- Strategic planning of *hand-care* services

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