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**The Experience of Thriving at Work in Rotational
Physiotherapists in Aotearoa New Zealand**

A thesis

submitted in partial fulfilment

of the requirements for the degree

of

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Te Huataki Waiora School of Health

at

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by

Fiona Stephens



THE UNIVERSITY OF
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Te Whare Wānanga o Waikato

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“You must never be fearful about what you are doing
when it is right “

Marie Curie

Abstract

Aim: This thesis aims to identify what contributes to thriving at work by rotational physiotherapists employed at national public hospitals in Aotearoa New Zealand. It will do this by exploring what enables individuals to thrive at work and what organisations can do to better support their rotational therapy staff to thrive, recommendations will be created to promote thriving at work to better support the retention and recruitment of staff in both a local and national workforce.

Background: Workforce retention and attrition is a major concern for all health professions, including physiotherapy. A workforce analysis undertaken for the New Zealand physiotherapy workforce highlights that whilst there are no issues with the supply of physiotherapists for graduate positions, the supply of experienced physiotherapists, i.e. over five years work experience, is less than demand. This study builds on the literature using the thriving at work model in the nursing workforce. Research has highlighted the lack of a perceived career pathway as a major concern for physiotherapists and a contributing factor to the number of physiotherapists who leave the profession before the seven-year mark. Recommendations to date have emphasised consideration be given to the implications regarding the quality of leadership support and positive workplace practices on job satisfaction and turnover intention in the profession.

Design: An exploratory sequential mixed methods design.

Method: Data were collected in 2021 via face to face focus groups at one hospital location in Aotearoa New Zealand with rotational physiotherapists. The focus groups data was coded using Nvivo and then used to generate a nation-wide survey for rotational physiotherapists using Qualtrics. Survey data was analysed using thematic analysis.

Results: The survey respondents had low intention to leave the profession, and agreed they found themselves learning often in their roles. Seven themes were generated from the qualitative data; 1) professional support; 2) culture of well-being; 3) supported learning activities; 4) workload; 5) engaged leaders; 6) rotations which align to career aspirations; 7) culture of Aotearoa. The recommendations include: 1)

senior staff need to be available to provide regular clinical support and coaching; 2) mentorship by physiotherapists working outside of the hospital environment who also have previous experience within the environment; 3) provide access to cultural supervision for staff of Māori ethnicity; 4) explore the nationwide use of clinical coaches with rotational physiotherapists as they would be additional resource that would free-up current senior staff to provide workload support to the rotational staff; 5) replication for Allied Health of the funding models that exist for ongoing learning for other health professionals ; 6) increase connectivity by senior management in the organisation as well as line managers; 7) implement forums for rotational therapist nationwide to provide opportunity for two-way communication without senior clinicians present to provide safe space for open discussion; 8) rotation allocation processes need to include regional and cross-district placements; 9) Develop an allied health specific wellness group to promote wellbeing in the workplace with provision to implement the Good4work model within Allied Health.

Conclusion: Professional support, culture of wellbeing and supported learning activities play an important role in supporting early career physiotherapists to thrive at work. Being engaged in work that aligns with career aspirations also help rotational physiotherapist to thrive. The unique culture of Aotearoa New Zealand should be reflected in future health workforce research to embody the spirit of Te Tiriti o Waitangi.

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Chapter 1: Introduction

1.1 Summary

Workforce retention and attrition is a major concern for all health professions, including physiotherapy. A workforce analysis undertaken for the physiotherapy workforce highlights that whilst there are no issues with the supply of physiotherapists for graduate positions, the supply of experienced physiotherapists, i.e. over with five years work experience, is less than demand (BERL, 2018). This research starts to address workforce deficits by exploring the experience of early career physiotherapists and what further supports are required for them to thrive at work and remain in the profession. It builds on literature using the thriving at work model in the health workforce (Moloney et al., 2020).

1.2 Aims and objectives

To identify what contributes to thriving at work in rotational physiotherapists employed at national public hospitals in Aotearoa New Zealand by exploring what's working well for individuals and how organisations can better support rotational therapists to thrive. Recommendations are made about what organisations could do to promote thriving at work and thereby improve the retention and recruitment of staff to both a local and national workforce.

1.3 Research design

An exploratory sequential mixed methods design approach was undertaken for this study (Shorten and Smith, 2017). To gain qualitative data, focus groups with rotational physiotherapists were conducted to gather information about their views on what the organisation provided to enable them to thrive at work. After analysis of the themes from the focus groups was undertaken, a survey was created and circulated to professional leaders across New Zealand to cascade to the rotational staff within each District. Some of the survey questions are based on the responses from the focus groups to test if the findings are generalisable to a nationwide population of physiotherapists. Additional questions asked the survey participants their views on what could be done to support rotational physiotherapists to thrive at work, as well as their intention to leave their role of the profession

1.4 Researcher position

The primary researcher (Fiona Stephens) immigrated to Aotearoa New Zealand, commencing work as a community physiotherapist in the Waikato in 2005. Born in Scotland, they were raised in the coal mining area of Fife, where after attending high school and initially working as an insurance claims negotiator, they returned to full-time study to realise their dream of qualifying as a physiotherapist in 2000 from Queen Margaret University, Edinburgh. At this time, they were the first person in their wider family to complete a tertiary degree, marking a proud and momentous occasion during a difficult period in their life when their parents divorced. During student placement, one elderly lady commented they were happy to be seen by the mature student, as the other students looked so young. The life experience gained from the short interlude of education, was a foundation for the way in which they have conducted themselves as a health practitioner. Seeing and valuing patients as holistic beings, and not the condition with which they are referred to physiotherapy, has led to a career pathway which has been heavily based in the provision of community practice, where the privilege of working with people in their own homes, surrounded by whānau is a contributor to their treatment plans. It is with this acknowledgment of who I am, and my experiences both personal and professional, that positions me within this research study.

1.5 Concluding remarks

Professional support, a culture of wellbeing and supported learning activities play an important role in supporting early career physiotherapists to thrive at work. Being engaged in work that aligns with career aspirations also help rotational physiotherapist to thrive. The unique culture of Aotearoa New Zealand should be reflected in future health workforce research to embody the spirit of Te Tiriti o Waitangi.

Chapter 2: Literature review

2.1 Introduction

Workforce retention and attrition is a major concern for all health professions, including physiotherapy. A workforce analysis undertaken for the New Zealand (NZ) physiotherapy workforce highlights that whilst there are no issues with the supply of physiotherapists for graduate positions, the supply of experienced physiotherapists, i.e. with over five years work experience, is less than demand (BERL, 2018). This study builds on the literature using the thriving at work model in the health workforce (Moloney et al., 2020). This research will start to address the workforce deficits by exploring the experience of early career physiotherapists and what further supports are required for them to thrive at work and remain in the profession.

Research undertaken by Business and Economic Research Ltd (BERL) for Physiotherapy New Zealand in both 2018 and 2019 highlighted the lack of a perceived career pathway as a major concern for physiotherapists and a contributing factor to the number of physiotherapists who leave the profession before the seven year mark. BERL's recommendations include that those in leadership positions consider the implications regarding the quality of leadership support and positive workplace practices on job satisfaction and turnover intention (BERL, 2019)

Kāhui Oranga is an Aotearoa New Zealand health sector group whose major focus is to support the wellness of the collective workforces who contribute to care in the New Zealand health system. It is a tripartite group which includes Districts, Unions, the Ministry of Health and the NZ Blood Service. Kāhui Oranga's work is underpinned by the theoretical approaches of the Te Whare Tapa Whā health and wellbeing model (Durie, 1994), the World Health Organisation Healthy Workplaces model (World Health Organization, 2010), and Worksafe New Zealand supporting worker health and wellbeing model (New Zealand Government, 2016). The group has strategic partnerships with the New Zealand Mental Health Foundation. Their overall outcome is to enhance wellbeing in our workplaces (Kāhui Oranga, 2018).

Within the Waikato District Physiotherapy service, a Wellness committee emerged from individuals work on staff wellness and wellbeing. This included a staff

survey of the in-patient teams based on the Good4work model (Health Promotion Agency, 2020) and covered the essential elements required for positive workplace culture and environment. The results showed there was low agreement in nine of the twenty two statements. This shows that physiotherapists are widely recognising the lack of support for wellbeing in the workplace.

The thriving at work model originated from positive organisational literature that explores the construction of a positive work life and performance (Spreitzer, Sutcliffe, Dutton, Sonenshein, & Grant, 2005). This research will explore the lived experience of thriving at work of a group of early career physiotherapists using an appreciative inquiry method. The first qualitative part of the study identifies what rotational therapists employed at Waikato Hospital identify as the elements that support them to thrive at work. These results are then used to develop a survey for peers nationally in New Zealand which enables the local findings to be compared with a wider population. The results are then used to develop recommendations for organisations about how they can support thriving at work thereby improving the retention and recruitment of staff to both a local and national workforce. Studying a portion of physiotherapists from the Allied Health workforce is a first step, which in time, can be expanded to include participants from across the service and other disciplines nationwide.

2.2 Literature search strategy

2.2.1 Introduction

This chapter explores the literature on the thriving at work model as it has been applied in physiotherapy and the wider health care professions. The focus is on physiotherapists' experience of factors which contribute to thriving at work.

The literature search strategy involved a systematic and comprehensive search for literature examining physiotherapists' experiences at work, including wellbeing, job satisfaction, intention to leave and burnout. The search was also expanded to include other health professions.

Articles in this literature review were obtained via electronic literature databases: CINAHL Complete, PubMed, Complementary Index, Psychology and

Behavioural Science collection, AMED - The Allied and Complementary Medicine Database, SocINDEX, Health Business Elite, Gale Health and Wellness and JSTOR.

Online searches were also undertaken using search engines Google and Google scholar.

Search strategies included Boolean phrases to search the various databases in the following combinations:

1. Thriving at work

And

Physiotherapy or Physiotherapists or Physical therapy or Physical therapist or allied health professional

2. Job satisfaction

And

Physiotherapy or Physiotherapists or Physical therapy or Physical therapist or allied health professional

3. Wellbeing

AND

Physiotherapy or Physiotherapists or Physical therapy or Physical therapist or allied health professional

4. Thriving at work

AND

Health

Various combinations of searches 1 to 4 were completed. Searches were initially kept broad to ensure all appropriate evidence was captured and reference lists from included articles were also examined to include any appropriate articles

that may have otherwise fallen outside of the initial electronic searches, often described as the snowballing method. Each search was then limited to peer review journals with full text available in the English language between 1990 to current. A time frame of 30 years was used as an initial screening of the literature. A discussion with a peer also provided additional literature outside of the search terms from other disciplines using the snowballing effect.

2.3 Literature review

A paper by Michalos (2008), written for an International Conference on “Is happiness measurable and what do these measures mean for public policy?”, relates today’s concept of wellbeing to the ancient Greek’s notion of happiness or the Greek word “Eudaimonia”. Philosophers Socrates, Plato and Aristotle are said to have worked in the “eudaimonist tradition” (Michalos, 2008 p. 355). Aristotle is said to have described “well-being combined with virtue or independence of life” as the definition of happiness (Michalos 2008 p. 356). Wellbeing as a concept has been in the minds of philosophers and researchers since the time of ancient Greeks.

There is a body of literature that discusses the psychology of wellbeing. The wellbeing of healthcare staff is important to address concerns for burnout, compassion fatigue, emotional exhaustion, mental wellbeing, and other work related stressors (Chiara, Luca, Annalisa, & Chiara, 2019; Egan et al., 2019; Farrell, Moir, Molodynski, & Bhugra, 2019; Smit, 2017; Sorenson, Bolick, Wright, & Hamilton, 2016; Spinelli, Wisener, & Khoury, 2019; Yasin, Kerr, Wong, & Bélanger, 2019). Analysis of the wide body of recent literature for staff wellbeing reveals multiple factors and approaches to the topic. Of note, the majority of the literature in healthcare focuses on the larger nursing and medical professions. Internationally, both professions are registered under professional organisations and regulatory authorities which issue annual practicing certificates to ensure practitioners are appropriately qualified to practice. Grace et al (2017) identify the following themes and values common to seven healthcare professions including nursing and physiotherapy: advocacy for the client/patient; effective communication; evidence-based practice; health promotion; person-centred care; professional specific knowledge and skills; primary healthcare; professionalism; safe/ethical practice; and

interprofessional practice. Physiotherapists diagnose and treat individuals across the lifespan who have health related conditions, in many settings working alongside nursing, e.g. out-patient clinics, rehabilitation hospital facilities, private homes, schools, hospices, industrial and workplace settings as well as in education and research centres (Goyal & Jandyal, 2014). This provides a basis for starting from a position that it would be appropriate to consider findings in nursing literature could also apply to the physiotherapy profession.

2.3.1 The problem

The specialities where staff undertake their role is a factor related to compassion fatigue. Differences in levels of compassion fatigue have been noted between staff working in areas with higher trauma, areas where higher conflict exists between staff and patients and whānau, or when roles require delivery of bad or uncertain news to patients and whānau, for example in the oncology or palliative care specialities (Smit, 2017; Sorenson et al., 2016). Further indicators of negative well-being in staff have also been identified in the literature: junior staff in the above situations with lesser experience and coping mechanisms (Sorenson et al, 2016); in different professional grouping (Farrell et al., 2019); and the level of responsibility including if qualified or in training (Spinelli et al., 2019).

The location of practices between rural and urban settings has also been noted to have an impact on job satisfaction (Yasin et al., 2019). This systematic review of 38 articles on nurses' job satisfaction covered multiple countries including Australia, Korea, Turkey and Taiwan, with almost half from either the USA or Canada. The rural studies focused on availability of resources and staffing with intrinsic factors such as growth, recognition and responsibility linked with job satisfaction. The urban studies focused on physical conditions and workload, with extrinsic factors such as supervision, benefits, employee's relationships and policies associated with job satisfaction. This demonstrates different factors impact on experience of job satisfaction between rural and urban healthcare settings.

Lastly, individuals' experiences whilst undertaking work was also noted in the literature of health care professionals understanding and experience of compassion. Workers' understanding of what is expected of their role was found by Chiara et al,

(2019) to impact on an individual's ability to use energy to address each request made of them using effort that would be otherwise used to achieve their own growth. The subjects in this qualitative study were nurses, midwives, students and health care assistants across the United Kingdom. The participants were mostly female, their beliefs and understanding of compassion in the workplace was examined using semi-structured interviews. They identified that working with compassionate colleagues was a key source of support in their population.

2.3.2 Models

In New Zealand, different models for health and wellbeing have been reported to be significant in keeping the population well. The Te Whare Tapu Whā model developed by Mason Durie in 1982 encapsulates a Māori view of health and wellness; it has four dimensions: taha wairua (spiritual health), taha hinengaro (mental health), taha tinana (physical health) and taha whānau (family health). This is a culturally embedded holistic model of health and wellness (Durie, 1994).

The Te Whare Tapu Whā model is also referenced in the Worksafe New Zealand supporting worker health and wellbeing model as part of the introduction in the publicised guide (New Zealand Government, 2016). The guides' authors recognise that health over time is shaped by complex interactions between the environment, individual life circumstances and experiences, the body's physiology, resilience levels and self-care. There is an emphasis that health is not a stable dimension and that health can fluctuate over time. Strategies are presented in the Worksafe guide to assist individuals to manage workload stresses. There is an emphasis in these strategies on the individual to undertake action. Strategies for employers are broader with overarching areas to: (1) build a positive, psychologically healthy workplace environment; (2) take a proactive, fair and empathetic approach to distress, addiction or mental health problems in the workplace; and (3) support employees to adopt behaviours that boost positive mental health and wellbeing (New Zealand Government, 2016).

In comparison the global WHO Healthy Workplaces model considers five keys: Key 1: Leadership commitment and engagement; Key 2: Involve workers and their representatives; Key 3: Business ethics and legality; Key 4: Use a systematic,

comprehensive process to ensure effectiveness and continual improvement and;

Key 5: Sustainability and integration. The three models presented above are generic in nature. There is no specific attention paid to the wellbeing of the healthcare workforce.

In the US, the Institute of Healthcare Improvement (IHI) developed a framework for Improving Joy at Work (Perlo et al, 2017). The framework was initiated to address burnout and support retention of staff. The theories foundational to the framework are based in a positivist sociological asset-based approach, as well as Demings psychology of change management. These theories propose the solution to the issues of burnout and staff turnover are to focus on restoring joy in the workforce, which also sustain effective and safe care for patients. The frameworks' initial emphasis is on leaders to take steps to engage colleagues to clarify what matters to them at work? Then to identify the "pebbles in their shoes" that get in the way of meeting needs, professional, psychological and social. Thirdly, to collaborate, in teams to share accountability for removing the barriers, and improving and sustaining joy. Lastly, utilising improvement science collectively to test approaches to advance improving joy at work. The framework celebrates effective leadership as key to creating joy and engagement in the workplace. A known by-product of these two factors is safety for patients.

In the UK, the Stevenson/Framer review titled Thriving at work looks at how employers can better support all employees including those with poor mental health or wellbeing remain in and thrive at work (MIND, 2017). Poor mental health costs the UK economy between £74 billion and £99 billion a year. Analysis by Deloitte, commissioned by the review, shows that the cost to employers is between £33 billion and £42 billion. Evaluations of workplace interventions show a return to business of between £1.50 and £9 for every £1 invested. The reviewers are calling on all employers, regardless of size or industry, to adopt six 'mental health core standards' that lay the basic foundations for an approach to workplace mental health. These cover mental health at work plans, mental health awareness for employees, line management responsibilities and routine monitoring of staff mental health and wellbeing. Large employers and the public sector are expected to go even further, demonstrating best practice through external reporting and designated leadership

responsibility. This review is predominantly focused on the mental health component of wellbeing whilst addressing the cost of retention in the wider workforce across all industries, not just healthcare workers.

2.3.3 Solutions

2.3.3.1 Resilience

Building resilience is one approach being tried to address the crisis to health workforce wellbeing (Chiara et al., 2019; Lamb & Cogan, 2016; Smit, 2017; Sorenson et al., 2016). Resilience is defined in a work context as “positive coping with persistent occupational stress” (Lamb & Cogan, 2016). They argue that for those working in more traumatic settings, such as mental health, the nature of the work is not necessarily a primary stressor, although it can develop when combined with other stresses from excessive workloads or a lack of supervision. Setting of professional boundaries, connecting with colleagues as well as gaining supervision and acquiring new skills are all further strategies proposed to be important to building and maintaining resilience (Lamb & Cogan, 2016; Smit, 2017).

2.3.3.2 Organisational culture and leadership

In New Zealand, a research project exploring the intentions of nurses to leave either the nursing profession or their workplace identified that it is not sufficient to focus on what an individual nurse is doing in terms of their resilience and their development of the ability to bounce back from adversity. The review considers Spreitzer et al.'s (2005) concept of thriving at work from a nursing workforce perspective, differentiated from the comparable theories of resilience, flourishing, subjective wellbeing and self-actualisation. The concept of thriving at work is grounded in the field of positive organisational culture, based on vitality, learning, psychology and behavioural outcomes (Spreitzer et al., 2005). Moloney and colleagues (2020) discuss the appropriateness of the concept for nurses argued from the viewpoints of the models features including unit context, agentic work behaviours and thriving at work; related to working conditions, quality of care and patient safety as well as the individual's level of engagement. The research often specifically references the nursing profession but these themes relate to health care

professions more broadly and many parallels can be drawn to the physiotherapy workforce from this literature

The thriving at work model was first published in business and management literature (Spreitzer et al., 2005). To understand how the current research into thriving at work relates to the experience of early career physiotherapists in the real-world setting, the theoretical assumptions that underpin the literature on the concept of thriving at work must be identified. Firstly, an evaluation of the findings and theoretical positions within the extensive literature identified an association with Ryan and Deci's self-determination theory, Bandura's social cognition theory and Tsui and Ashford's self-adaptation theory (Spreitzer et al., 2005); (Roche, 2013); (Judge, 2020) which collectively consider personal growth as a fundamental characteristic of thriving. Roche's work has a focus on leaders' wellbeing and Judge's UK study explores the experience of thriving at work for managers in both the private and public sector.

Secondly, there is an assumption that the context of where work is performed contributes to the social construct of the model (Spreitzer et al, 2005; Porath et al 2012; Mushtaq et al, 2017; Burke 2019, Shahid et al, 2021). The context also includes factors such as the role of leaders (Jaiswal et al 2015 35; Mortier et al, 2016; Spreitzer and Hwang, 2019), and organisational culture and civility (Zhao et al 2018 ; Silen et al 2019, ; Elahi et al 2020; Shahid et al, 2021; Strecker et al 2020).

A Chinese study completed by Yang and colleagues (2019) on leadership behaviour and its impact on thriving at work suggests leaders should cultivate their contradictory and integrated thinking to develop thriving at work to enhance employees' creativity. They also suggest leaders should focus on improving psychological safety by developing high quality relationships with employees as this is an important component of human organising. The authors acknowledge the limitation of the sample being from China and reverse causality could exist as employees who have higher levels of creativity are more likely to be thriving at work. This study was completed outside of a health care environment in a high-tech industry and employees in this industry will have different motivators to those being researched in a health care environment.

2.3.3.3 Personal characteristics

A recent meta-analysis by Kleine and colleagues (2019), group the constructs in the model of thriving at work into antecedents and outcomes of thriving. The majority of the 73 studies considered included commerce, business, education and management industries, with only two studies by Mortier et al (2016) and Zhao et al, (2018) clearly relating to the nursing workforce. The meta-analysis reports moderate and strong linkages between thriving and an employee's individual characteristics. They argue that the results between thriving and work engagement are similar but conclude that thriving is distinguishable from positive affect as a distinctive construct.

Kleine and colleagues (2019) were also able to support that thriving at work is clearly associated with supportive work-related experiences and events as mentioned above in the study by Chiara et al, (2019). Whereas, leadership behaviours were only found to be moderately or weakly associated with thriving. They suggest that employees may demonstrate thriving as a reaction to perceived support from their organisation and manager (Kleine et al, 2019) which is a contrast to the findings from Yang et al (2019) above.

Lastly, in their review, Kleine et al posit that antecedents of thriving are primarily individual and relational characteristics, and health, job attitudes and performance are outcomes of thriving. They suggest future research should undertake interventional studies and utilise longitudinal research designs to better understand the unique aspects of thriving at work (Kleine et al, 2019).

In Shahid et al's (2021) Australian based international integrated review of thriving at work literature, organisational virtuousness which "enables employees to have meaning in their work and life" (Shahid et al, 2021) is identified as an additional antecedent. The authors report the five dimensions of organisational virtuousness include optimism, forgiveness, trust, compassion and integrity. In their recommendations section on directions for future research, the authors propose other contextual factors which impact thriving behaviour in employees such as

perceived organisational support, cultural factors and leader behaviours including personality be researched.

Judge (2019) in her PhD thesis considered that thriving at work may differ across roles and explored the experience of thriving at work for managers in one public and one private sector organisation in the UK. The author conducted semi-structured interviews incorporating the critical incident technique with 30 managers, and the data was analysed using template analysis. Three themes were identified: trust as a foundation of thriving at work; making a difference as generating thriving at work; and the iterative, cumulative and emotive nature of thriving at work. They noted priority and weighting given to each factor was significantly varied in each individual, and suggest thriving at work is more personal than has been captured by current definitions and theories (Judge. 2019). This is contrary to what has been published previously on the topic. Judges' cohort are reported to focus on the cumulative and iterative small wins that denote progress, leading to increases in confidence and enthusiasm, as opposed to the achievement of larger corporate goals. Judge (2019) proposes additional antecedents of psychological safety and meaningful work could offer greater insight into the phenomenon of thriving at work for managers. This study was sourced from the grey literature and has not yet undergone scrutiny of other experts in the same field to check its validity and evaluate its findings. Judge's study was not undertaken in the healthcare industry and comparison of the findings with the current research will be of interest.

Moloney et al, (2020) have considered the thriving at work model's relevance and transferability into the healthcare context within New Zealand. Their focus was on organisational factors that support hospital nurse wellbeing and identify how the Social Embeddedness of Thriving at Work Model can support health managers to develop management approaches that enable nurses to thrive. The authors report five overall themes refined from thematic analysis of 20 articles; empowerment, mood of the organisation, enabling environment, togetherness with colleagues, and leaders' connectivity. The overall themes were unpacked into their sub-themes. Finally, correlation of the themes with the thriving at work model (Spreitzer et al., 2005) was undertaken. The evaluation was focused on whether the positive organisational scholarship approach with a foundation in the thriving at Work model

provides a standardised approach that could be used by health managers to create healthy workforce environments. The authors conclude their review provides strong evidence that the thriving at work model offers an extremely relevant frame of reference for developing organisational approaches that support nurses (Moloney et al., 2020).

2.3.3.4 Gap in the research

In New Zealand, research into thriving at work in the nursing workforce has been initiated. There is an apparent research gap regarding this concept for allied health professionals. The allied health workforce is made up of health professionals who are not part of the medical, dental or nursing professions. They are autonomous professionals who work in a variety of health care settings and often work in multi or trans-disciplinary teams. There are at least 43 professions grouped as allied health in New Zealand (Ministry of Health, 2020). It is appropriate to commence research in one of the larger disciplines with a career progression framework similar to nursing, such as physiotherapy.

This research is based on two models that focus on improving the health workforce wellbeing and health service outcomes. Both models use a positive organisational scholarship approach that identifies what is working well and then what needs to improve. The Joy at Work framework (Perlo. Et al, 2017) proposes that having healthy employees is not just a matter of avoiding burnout or an issue of an individuals' wellbeing; "joy in work" is generated or damaged by the system. Managers of the system therefore need to aim to create an organisation in which everybody takes joy in their work. In the framework there are 4 steps leaders can take to build an organisational environment that supports employees to enjoy work (Figure 1).

Figure 1. Four Steps for Leaders

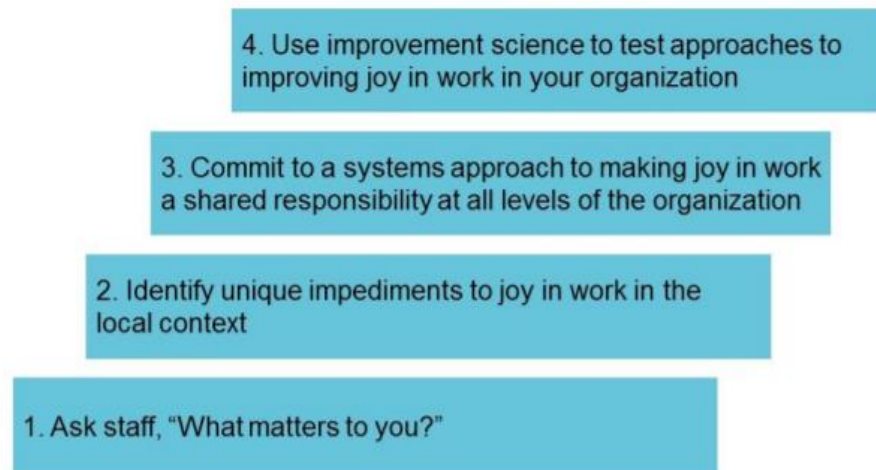


Figure 1 Four Steps for Leaders (Perlo et al., 2017)

Thriving at work is the second approach which is advocated for building highly engaged professionals who are motivated and committed to quality patient care (Spreitzer et al., 2005). This model provides the systems approach asked for in step three above because it focuses on identifying the personal and organisational factors that influence the ability of staff to be energised and thriving, thus reducing their intention to leave the organisation or profession (Silen, 2019; Zhao et al., 2018).

The Social Embeddedness of Thriving at Work

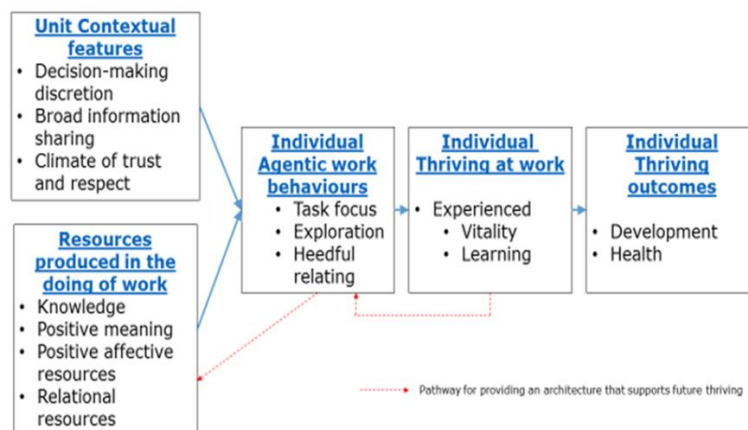


Figure 2 The Social Embeddedness of Thriving at Work (Spreitzer, Porath, & Gibson, 2012)

Thriving is a psychological state implied by the dual experience of; (1) vitality, the sense that one is energised and feels alive at work and that one has a zest for work, and (2) learning and growing through new knowledge and skills (Porath, Spreitzer, Gibson, & Garnett, 2012; Spreitzer et al., 2005). The model of thriving at

work is illustrated in business literature as a component of how an organisation can sustain its workforce through supporting psychological and physical wellbeing, and have a positive influence on staff burnout, job satisfaction, low morale, career progression and performance (Moloney et al., 2020; Silén, Skytt, & Engström, 2019). It is further suggested that managers and organisations can improve both employee health and unit performance by facilitating collective thriving at work of employees (Walumbwa, Muchiri, Misati, Wu, & Meiliani, 2018).

Since writing the literature review in 2021 to assist in the research design, two further articles on the experiences of early career physiotherapists and allied health practitioners were published (Tofi, 2021; Phan 2022). Both these qualitative studies add new depth by exploring thriving as Māori & Pasifika allied health professionals (Tofi, 2021) and new-graduate physiotherapists' preparedness for, and experiences working within, Australian acute hospital settings (Phan, 2022). Tofi's findings recommend cultural support; opportunities for leadership; allyship; and valuing the unique skillset of indigenous people as contributors to thriving at work. Phan's findings include levels of support and the extent of clinical supervision as contributors in the stress experienced by new-graduates. These studies will be considered in relation to the results of the current study in the discussion chapter.

2.4 Concluding remarks

Literature pertaining to wellbeing and thriving at work unique to the physiotherapy profession is sparse. This study undertakes initial steps to address this gap. It also contributes to the growing body of existing knowledge about thriving at work in healthcare professionals and the utility of the Joy in Work framework.

Chapter 3: Methodology

3.1 Introduction

Research is a process of investigation where data is collected and analysed in an attempt to answer a challenge or problems posed in a specific field of practice (Mesel, 2013). A researcher is also said to conduct research within a scientific community, an environment which both controls and encourages scientific thoughts (Higgs and Titchen, 1998). Researchers formulate research aims, define research questions, and decide upon research design and methodologies, in an attempt to answer the challenges or problems (Mesel, 2013).

3.2 Research paradigms

Most key research methodologies can be categorised as either qualitative or quantitative. The concept of a research paradigm refers to an organising framework within which research is undertaken. A paradigm simplifies the key understandings shared by researchers working in a given framework. They have a shared way of 'seeing' the world, with collective expectations, and they endeavour to use research methods compatible with these beliefs (Higgs and Titchen, 1998).

There are many paradigms recognised in research literature, with diverging views between authors of the number and perspectives of each paradigm (Welford et al, 2011). Three paradigms discussed in the literature are that of positivism, interpretivism and pragmatism, with each being associated with certain research design methodologies.

Positivism was first written about in the 19th century to describe the developing 'scientific method' (Grant and Giddings, 2002). This approach emphasised the importance of "objectivity, systematic and detailed observation, testing hypotheses through experimentation and verification" (Grant and Giddings, 2002). Theories are established deductively through formal statistical testing of hypothesis (Lincoln and Guba 1985). Positivism is an ordered framework where research questions are formally tested.

Interpretivism places emphasis to understanding the 'meaning' individuals place on their actions (Weaver and Olson 2006), and where shared appreciation between the researcher and the participant is cultivated and valued. Phenomena are studied through the eyes of the people in their lived situations and interpretivism assumes multiple situated realities in which circumstance gives meaning to the phenomena (Welford et al, 2011). Interpretivism, as the name suggests, is the interpretation of the researcher of the individual or group under study.

Pragmatism is about determining the value of an idea by its outcome in (professional) practice, it originates from the Greek word for action (Welford et al, 2011). The key objective of the approach is for new knowledge to arise out of actions, situations and consequences (Welford et al, 2011). Pragmatism is a subjective yet practical approach to research which combines qualitative and quantitative methods and can make use of interviews as well as surveys.

3.3 Mixed methods

In healthcare research, there has been a propensity to create a divide between qualitative and quantitative research, impacting access to other research because of incomparability at the methodological level (Mesel, 2013). Mixed methods are a problem centred approach to research which have been increasingly utilised since the 1980's (Creswell, 2014, Leavy, 2017). The benefit of mixed methods was recognised from the knowledge that all methods had bias and weaknesses in which both quantitative and qualitative data compensated the weakness for each form of data (Creswell, 2014). The strengths of utilising this research design are from the integration of results from multiple methods. By relating both quantitative and qualitative data, validity of each data set can be verified. One source of data could explore different types of questions pertinent to the line of enquiry or assist in the explanation of another form of data collection. Furthermore, one data set could help build upon another taken from a different paradigm (Tashakkori, 2013).

Initially, a qualitative study design was considered for this thesis as a format for collating the lived experiences of a set of physiotherapists within one hospital site.

This format has been used by others in the field of Thriving at work (Moloney et al, 2020) However, given the limited number of participants available to be included in the study by undertaking focus groups within one hospital site, the decision was made to use the themes identified from the focus groups to develop a survey that was sent to all national rotation physiotherapists working for District hospitals, thus including a quantitative aspect to the research. The survey would enable the research to test if the themes from the focus groups reflected a wider cohort's view of thriving at work in the rotational physiotherapy population within Aotearoa New Zealand.

It has been argued that qualitative research is under-represented in the physiotherapy profession (Gibson and Martin, 2003, Kalu et al, 2022), the approach using staff focus groups allows for an in-depth understanding of staff views in relation to thriving at work.

In using both qualitative and quantitative methods to investigate the experience of thriving at work in rotational physiotherapists in Aotearoa New Zealand offers a greater understanding and depth of the experience than qualitative methods alone.

Chapter 4: Methods

4.1 Introduction

An exploratory sequential mixed methods design approach was undertaken for this study (Shorten and Smith, 2017). To gain qualitative data, focus groups with rotational physiotherapists were conducted to gather information in relation to their views on what the organisation provided to enable them to thrive at work. Focus groups have been described as an effective technique for exploring the attitudes and needs of staff, (Kitzinger, 1995). A benefit of focus groups is they can encourage involvement from people averse to being interviewed individually or feel they have nothing to contribute. Group interaction is explicitly used to encourage people to talk to each other, commenting and building on other's perspectives and experiences (Kitzinger, 1995).

After analysis of the themes from the focus groups was undertaken, a survey was created and circulated to professional leaders across New Zealand to cascade to the rotational staff within each District. Some of the survey questions are based on the responses from the focus groups to test if the findings are generalisable to a nationwide population of physiotherapists. Additional questions asked the survey participants their views on what could be done to support rotational physiotherapists to thrive at work, as well as their intention to leave their role of the profession.

4.1.1 Study sites

The focus group component was completed at Waikato District. This is a large tertiary district within Aotearoa New Zealand. The Waikato District services a population of more than 390,000 and covers more than 21,000km² (Waikato District Health Board, 2019). Waikato physiotherapists work in hospital and community settings across the District. Rotational physiotherapists are usually new graduates entering practice, but others enter the service after spending a period working in private practice after graduation. In the Waikato District, rotational staff work across the service spending four or eight months in a specialty placement, the four month placements are generally for newer staff to circulate around several areas, whilst the eight month placements are in more specialised teams such as Stroke, Hand therapy and Community. Rotational positions are a common phenomenon for new

graduates internationally, providing a broad range of experiences within the profession as well as enabling role holders to work with a range of experienced practitioners. Both experiences assist with developing hard and soft skills in the early practitioners (Girish and Amaravadi, 2022). At the time of the focus groups 18 rotational physiotherapists were employed at Waikato.

4.1.2 Ethics approval

Ethical approval from the University of Waikato Human Research Ethics Committee (ref number HREC (Health) 2020#75) was sought and received to complete the mixed methods data collection for the study. The study was also registered and approved with the Waikato Research Office (reference RD020064).

4.2 Qualitative methods

4.2.1 Recruitment

To obtain the qualitative data two focus groups were undertaken. A purposeful sample of all rotational staff at Waikato were invited to participate in the focus groups. The invite was made by the Physiotherapy manager via an email which contained a participant information sheet and the consent form (Appendix A). There are two Physiotherapy manager roles within Allied Health directorate, one for Acute, Older Persons Rehabilitation (OPR) and one for Community and Out-patients. The majority of the rotational roles sit within the Acute and OPR team, therefore this manager was selected to circulate the invite. The researcher holds the position of Professional Leader; therefore an intermediary was engaged to circulate the invite to reduce the potential for coercion. Staff who were interested in participating in the study were asked to attend one of two sessions available for the focus groups. The focus group was undertaken by a third-party research assistant, a clinician from another Allied Health discipline, who was familiar with the process of running focus groups. The third-party research assistant was not familiar to the staff participating in the focus groups as although she was previously employed with Waikato District, they had returned from a period of employment outside of the organisation. As they were from an alternative professional background, they were not well known to the participants, the majority of whom had been employed since they were previously employed within the organisation.

4.2.2 Qualitative data collection

The two focus groups offered were open to any sample participants, and their attendance was based on their availability on the dates of the two sessions. Each focus group was completed in a meeting room at the Waikato Hospital Campus library by the third-party research assistant. To ensure the opportunity for all rotational physiotherapists to attend, each session was on a different day to account for staff who worked an alternate roster from Monday to Friday. A semi-structured question approach was used for each focus group (Appendix B). Each focus group was audio recorded. Transcription was completed by an admin staff member outside of the Physiotherapy service and checked for accuracy by the third-party researcher. Audio recordings were stored electronically on a password protected file.

4.3 Quantitative methods

4.3.1 Quantitative data collection and recruitment

A survey was generated using Qualtrics XM, computer survey software. Quantitative statistical analysis performed with Qualtrics has been cited in a number of professional and academic journals (Albaum, and Smith, 2006). The survey comprised three components:

1. Consent to participate in the survey
2. The survey questions on thriving at work topics
3. Opportunity to enter a random prize draw for completion of the survey.

The three surveys were linked, however if the participants elected not to provide consent in the first survey they did not proceed to the second or third surveys. If participants completed the second survey but chose not to enter the prize draw their responses were still recorded. The survey questions were generated from the themes identified in the focus groups, with three additional questions for the survey respondents (Appendix D).

The survey link was cascaded by the researcher, through existing professional networks in the public hospital system in Aotearoa New Zealand, with a request to share to rotational physiotherapy staff within each District. Concurrently, a

request was sent to the same network members requesting the number of rotational staff employed at the time of the survey to approximate the survey response rate. A reminder for survey completion was sent to the professional lead group to cascade to their staff after two weeks. Closure of the survey was three weeks after the link was initially provided. Rotational physiotherapists at Waikato were also invited to participate in the Qualtrics survey, as staff movement since the time of the focus groups meant new staff had joined the organisation.

Responses were collated using the results feature of the software. Filters were applied to ensure only responses generated by participants during the three-week collection period were included.

4.4. Data analyses

4.4.1 Qualitative analysis – focus groups

The focus group interviews were transcribed by a further third party assistant with an administrative background who was unknown to the participants of the focus groups. The transcriptions for each focus group were uploaded and analysed using NVivo 12 Pro. NVivo is a data analysis computer software package produced by QSR International. This software package enables the researcher to categorize and classify data from a variety of data sources (QSR International Pty Ltd, 1996).

The topics discussed during each of the two focus groups were coded separately initially using NVivo node function. The codes from each group were considered separately by the primary researcher and then compared for similarities to identify what supported the focus group participants to thrive at work. The codes identified from both groups were then used to formulate the questions for inclusion in the nationwide survey component of the data collection

4.4.2 Survey analysis

Quantitative data was summarised using descriptive counts, percentages and means where appropriate. The qualitative responses to the open-ended free text questions were summarised using reflexive thematic analysis “which provides a robust, systematic framework for coding qualitative data, and for then using that coding to identify patterns across the data set in relation to the research question” (Braun and Clarke, 2014, p. 2). The reporting functionality in Qualtrics enables the

researcher to identify each participant's responses to the open-ended questions. These responses were initially coded separately and using reflective thematic analysis, patterns were identified and summarised.

An inductive approach was taken to data analysis for the open-ended questions, working with the raw data from the bottom-up (Braun & Clarke, 2013), exploring the perspectives of the participants, whilst also considering the experiences and early career knowledge of the participants from which the data were produced. It is acknowledged that any understanding that is created through this approach can only ever be partial, and therefore does not aim to totally represent the phenomenon under inspection (Tracy, 2010).

Whilst thematic analysis follows a six-phased approach, Clarke and Braun caution that it is not the product of closely following set 'rules'. Rather, qualitative analysis is a "skilled, situated, subjective process, which exists at the intersection of the researcher, the dataset, and the various contexts of interpretation". It is not the outcome of strictly following set 'rules'. (University of Auckland n.d.)

Phase one – getting familiar with the dataset: The responses to each question were read and re-read a further three times, allowing a deep familiarisation with the dataset. With each re-read, terms or phrases were highlighted and notes made as thoughts came to mind. There was active awareness not to jump into theming, but to be led by the data presented.

Phase two – coding: The research questions were used to guide initial coding which resulted in the creation of several different codes, and relevance to the literature on thriving at work.

Phase three - generating initial themes: Terms and phrases coded were studied and grouped into broader themes. As an example, this process of coding resulted in the creation of "clinical support", "career development", "team culture", and "organisational leadership" as potential themes.

Phase four - developing and reviewing themes: This step requires checking and reviewing of the potential themes against the research questions and previous literature, with the aim to distil, and organise the themes into themes and sub-themes. During this stage, themes were noted to have some cross-over and it was difficult to decide where some of the ideas from the participants fitted. At this phase, reflection on the researcher's problem-solving personality, to not jump forwards in to solution finding was recognised. Re-reading the survey responses assisted the researcher to remain grounded in the data.

Phase five - refining, defining and naming themes: By this phase four major themes were clear. The process of reflexive analysis encourages working out the focus and a narrative for each theme, and deciding on relatable names for each.

Phase six - writing up: This phase involves the writing up of the key findings from the finalised themes. A description of each key theme and associated sub-themes are presented in the next chapter.

The phases are progressive, with each phase building on the previous, analysis is typically a repetitive process, shifting between different phases. (University of Auckland n.d.)

Chapter 5 Results

The results will be presented throughout this chapter. Firstly, the focus group qualitative findings are presented, followed by the survey quantitative results and the qualitative findings.

5.1 Qualitative results

Two focus groups were completed with a total number of eight participants. These were held to obtain a greater understanding of the perceptions of rotational Physiotherapy staff working at Waikato District about what organisational actions support them to thrive at work. In the first focus group there were two participants with six participants attending the second focus group.

The primary researcher holds the position of professional leader for the rotational participants within the focus groups held at Waikato hospital. To maintain the integrity of the ethics approval received, the primary researcher is unable to report on demographics, including ethnicity and experience of the focus group participants captured on the consent form. If the primary researcher were to analyse the data contained in the consent forms this would break the confidentiality afforded to the focus group participants; if this had been known to the participants, it may have impacted on the responses provided to the third-party facilitator. The third-party facilitator was aware of the requirement to hold a separate focus group if three or more focus group participants identified as Māori ethnicity. In this study, there were not three or more participants of Māori ethnicity, therefore a separate focus group was not required.

5.1.1 Themes from in-person focus groups

Coding was undertaken utilising the transcription records in NVivo to generate codes (see Section 4.4.1) with a diagram produced of all the codes identified (Appendix C). The researcher immersed themselves into the transcribed responses from the focus groups to generate key themes of thriving at work by rotational physiotherapists participating in the focus groups.

The activity of clinical supervision was identified from participants in both groups. One participant highlighted the relationship and frequency as key to this activity.

“My supervisor and I have quite a good relationship where I get to drive the supervision. So like, the dose of how often we’re having supervision. I kind of lead it as to what I want to get out of it, rather than being spoon-fed” Group 1 participant

Another participant identified the supportive nature of supervision,

“..having like a reference point, if you’re having concerns about anything or allowing you to have someone to go to or grow” Group 2 participant.

A third participant identified a mixed range of experiences with supervisors,

“Out of three rotations I’ve done. I’ve only had one supervisor that actually sat down and did formal supervision with me. I had one supervisor that did a lot of informal supervision with me and was always there to kind of answer any of my clinical questions. And then I’ve had one supervisor that....well nothing” Group 2 participant.

One participant acknowledges the benefit of the different types of supervision,

“like having and working with supervisors, let that be professional or clinical” Group 2 participant.

Participants also identify access to external courses as being beneficial,

“The managers are quite supporting of study leave.....allowing you to go on courses” Group 1 participant, and

“It’s everybody’s opportunity to study” Group 1 participant

The activity of being a clinical supervisor to undergraduate students is identified,

“giving the rotational staff the opportunity to have students.....that allows you to teach others and just acknowledges that you’ve got the experience to have a student” Group 1 participant.

A number of those interviewed identified spending time with patients as a thriving activity,

“Definitely spending time with patients. Yeah that builds your knowledge base tremendously” Group 2 participant

“I agree with the plenty of time. I think on some wards, I think there’s different staffing levels across different areas, and there some wards where I think it would have been nicer to have more” Group 2 participant

“....having a lot of time with your patients on your ward” Group 2 participant

The participants in group one highlight conversations with their manager and, or the professional leader regarding career aspirations as a thriving at work activity,

“...the potential for that direction and career discussion to be held” Group 1 participant

“....more time to speak about where you want to go with your career and how they can support us with that.” Group 1 participant

Participants from both groups indicated the themes of the rotational placements that correlate with career aspirations, the desire to have active involvement in rotational placement allocation as well as the length of the rotational placements as factors in them thriving at work.

“....to get to the point where you want to be and see where you want to go. So that could be cool if they take that more into consideration” Group 2 participant

“I wanted to move into outpatients...I had only done acute and I was supposed to be staying in acutes.....I’d done nothing to do with outpatients, nothing community and I wanted to move on to outpatients” Group 2 participant

“It would be good if they can try and consider where we’re wanting to head with our career and trying to align that with our rotations” Group 1 participant

“I think the whole team has to.....have a meeting” Group 2 participant

“is how the prioritisation and the placements of our rotations get done” Group 2 participant

“I found as having a rotation of four months has given me enough time to go around...and just have a feel of what I want to do next.....Whereas if I had been in a eight month rotation, that’s quite a long time.” Group 1 participant

A further theme which was raised during the focus groups, particularly by the second group was the support and assistance to achieve on-call and weekend competencies;

“Feeling like you get rushed through comps kind of a little bit” Group 2 participant,

“ I had [a]patient that I had to see in ICU that had bolts and things like that, I’d have no competence or confidence to do anything around that aspect of it. And I’m just lucky that during the weekend, there’s other people on that have been on the roster a lot longer that would probably be able to guide you.” Group 2 participant,

“They do the sims lab, which is awesome. Like I really like the sims lab. But they are few and far between” Group 2 participant,

“when it came to me being signed off, they told me I was signed off and I’m like: well no, I really don’t feel confident, I don’t feel safe in this area and they just signed me off anyway.” Group 2 participant

“I still don’t feel confident because I never started confident. And I’ve never had anyone follow me up to see how I’m going” Group 2 participant

The final theme identified from the focus groups to support rotational physiotherapists to thrive at work was the team culture,

“And in the past, I felt pressured to not be able to take breaks...But I feel the culture here is pretty good. Like people say: Well, why are you not taking a break? But you need to take your break. So that’s good” Group 1 participant,

“...foster a really good culture where there isn’t so much division between the rotational and static staff” Group 1 participant,

“In some [Districts], you have core 1 and core 2 rotations.....it’s another division between and amongst the rotationals” Group 1 participant,

“...that positive culture in how we practice and how the whole team works. And that’s what I’ve enjoyed so far” Group 1 participant,

“I think it depends on your rapport with some of the senior staff....you feel a bit scared, you feel intimidated. But it’s not actually like that but it just feels that way” Group 2 participant

5.2 Quantitative survey results

The survey collection period ran for three calendar weeks from 28 June 2022 to 19 July 2022. In this period, 42 responses were completed and submitted. The number of eligible staff the survey could have been sent to was 156, determining a 27% survey response rate. It should be noted the total number of positions available were estimated to be 206, however 50 were reported to be vacant at the time of the survey.

5.2.2 Survey participants’ demographics and experience

As shown in Figure 3, over 83% (n=35) of the survey respondents identified as female with the remainder identifying as male (n=7). Male participants were not represented by those with 4 years and upwards of experience. The experience of the survey participants ranged from less than one year to five years plus. Rotational physiotherapist with less than one year represented the largest response group of 40% (n=17) of participants, followed by physiotherapists with one-two years’ experience 23% (n=10), and then Physiotherapists with three to four years’

experience 14% (n=6). The mean range of experience by survey participants was 3.4 years.

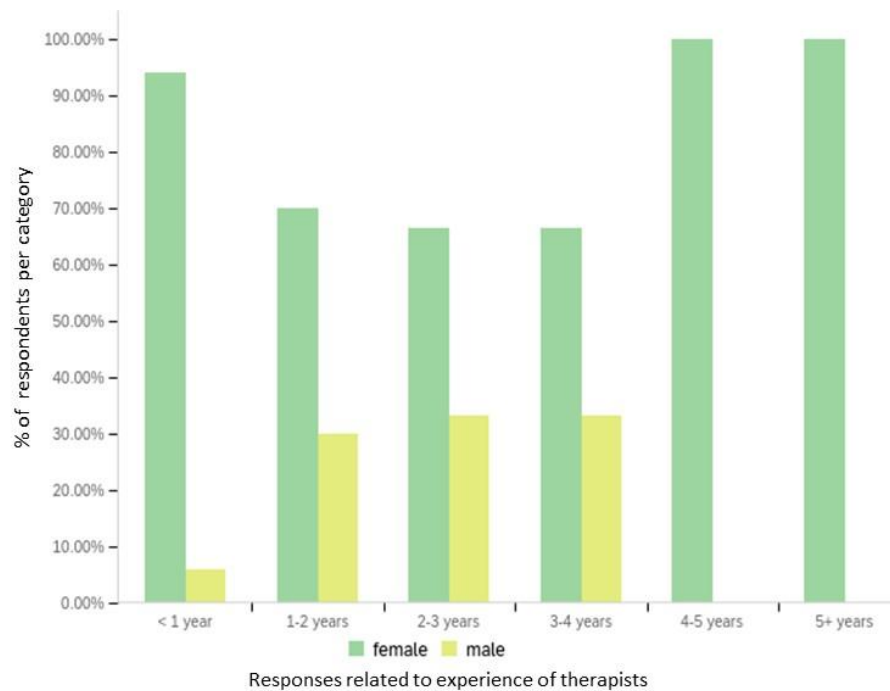


Figure 3 Gender of survey participants

Ethnicity of survey participants

The largest number of survey participants, at more than 50% (n=22) identified as New Zealand European. The 2nd largest group of participants identified as European with 16% (n=7). The 3rd largest respondent group identified as Asian with 14% (n=6). Māori and Pacific people participants were represented equally with just under 10% (n=4) each. Lastly under 5% (n=2) participants identified as Middle Eastern/ Latin American/ African.

The experience of survey participants was compared with their ethnicity (Figure 4). Most New Zealand Europeans were represented in the <1year and 1-2 years' experience groups. Survey participants from more diverse ethnicities participated in the survey from 2 year experience and above.

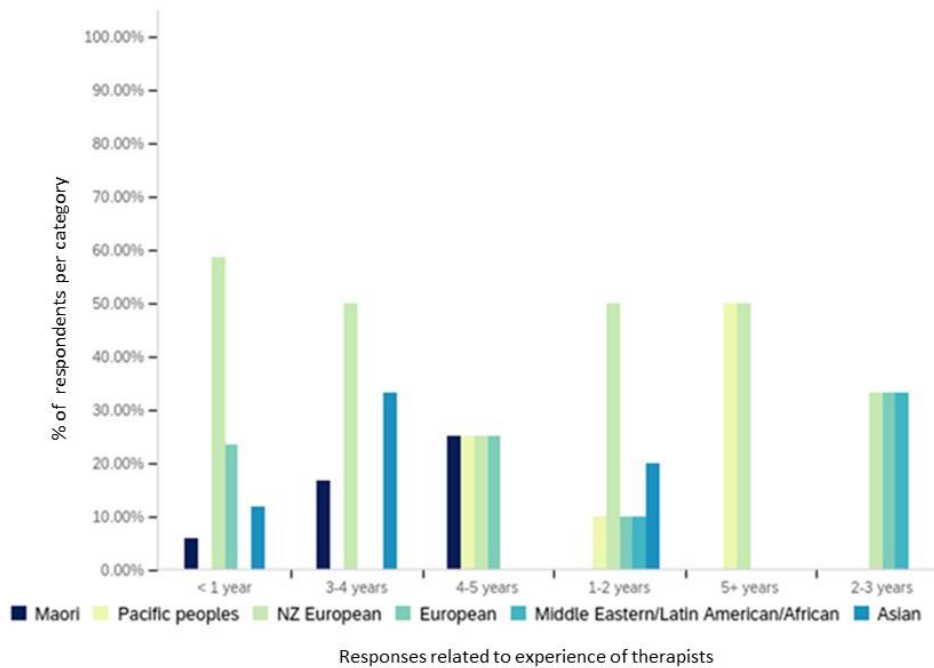


Figure 4 Ethnicity of survey participants broken down by years of experience

5.2.4 Normal hours of work

Most of the survey participants reported working 40+ hours/week 71% (n=30), with the remaining 28% (n=12) reporting working 31-40 hours/week, see figure 5. A full time equivalent in Aotearoa New Zealand is 40 hours/week. This was equally distributed across the experience range of the survey participants, however participants who had 5 years+ experience all reported working 40+ hours /week.

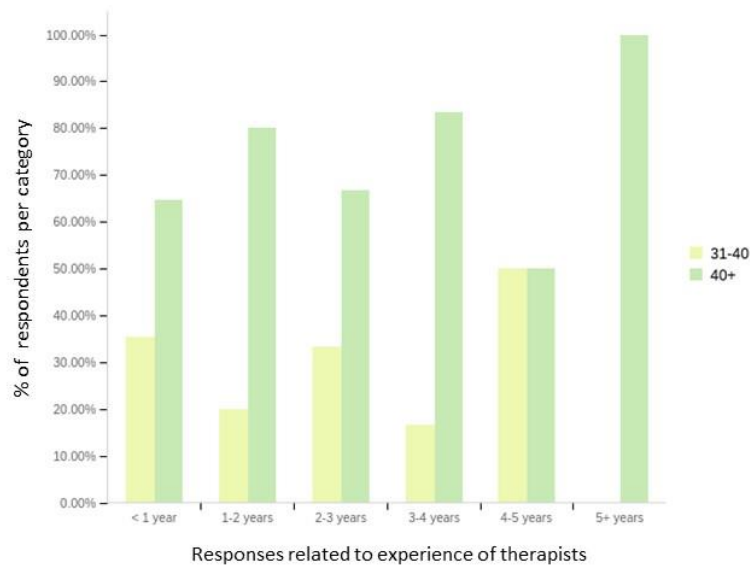


Figure 5 Normal hours of work per week of survey participants

5.2.5 Activities which support rotational physiotherapists to thrive at work

The survey participants were asked to rate activities which supported them to thrive at work. The rating scale was a 5-point Likert scale which gave the option of the following responses: Strongly agree; Agree; Neutral; Disagree; Strongly Disagree. The number of participants who answer this question was 41, the results show the percentages of total responses (Table 1).

The activity which received the highest strongly agree response was a team culture of inclusiveness, with 68% (n=28) scoring this activity. This was followed by rotational placements that correlate with career aspirations 63% (n=26). The third highest response for strongly agree was a team culture of taking breaks 56% (n=23).

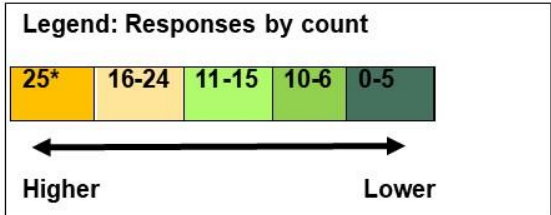
The activities which received the top three highest ratings in the agree response were professional supervision 65% (n=27); clinical supervision 53% (n=22); and third joint equal with 46% (n=19) were supervising undergraduate students, spending time with patients, and assistance to achieve on-call and weekend competencies.

The activities which received the three highest rating in the neutral response were supervising undergraduate students 39% (n=16), conversations with manager/professional leader regarding career aspirations 31% (n=13), and access to course funding 17% (n=7).

The responses were related to the survey participants experience, the results show the percentages of total responses, these can be seen in Figures 6 to 11.

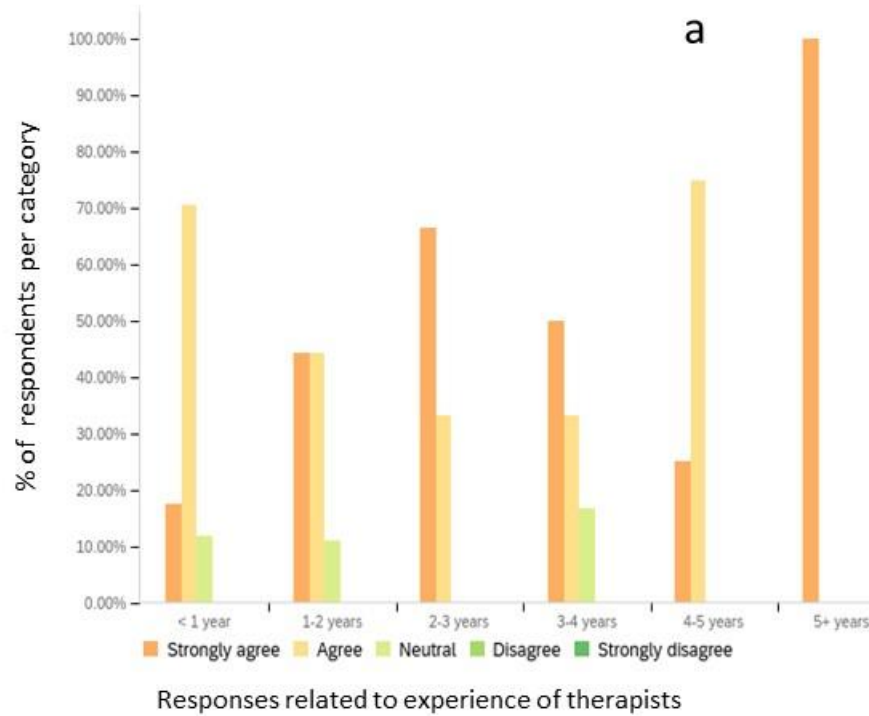
Table 1 Summary of responses to question 5; activities that support rotational physiotherapists to thrive at work

	Question	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Total
1	Clinical supervision	36.59% 15	53.66% 22	9.76% 4	0.00% 0	0.00% 0	41
2	Professional supervision	17.07% 7	65.85% 27	12.20% 5	4.88% 2	0.00% 0	41
3	Access to course funding	31.71% 13	36.59% 15	17.07% 7	7.32% 3	7.32% 3	41
4	Supervising undergraduate students	4.88% 2	46.34% 19	39.02% 16	9.76% 4	0.00% 0	41
5	Spending time with patients	51.22% 21	46.34% 19	2.44% 1	0.00% 0	0.00% 0	41
6	Conversations with your manager/professional leader regarding career aspirations	21.95% 9	39.02% 16	31.71% 13	7.32% 3	0.00% 0	41
7	Rotational placements that correlate with career aspirations	63.41% 26	24.39% 10	7.32% 3	4.88% 2	0.00% 0	41
8	Active involvement in rotational placement allocation	48.78% 20	26.83% 11	14.63% 6	7.32% 3	2.44% 1	41
9	The length of rotational placements	36.59% 15	39.02% 16	14.63% 6	7.32% 3	2.44% 1	41
10	Assistance to achieve on-call and weekend competencies	41.46% 17	46.34% 19	7.32% 3	4.88% 2	0.00% 0	41
11	A team culture of taking breaks	56.10% 23	31.71% 13	7.32% 3	4.88% 2	0.00% 0	41
12	A team culture of inclusiveness irrespective of experience or titles	68.29% 28	19.51% 8	7.32% 3	4.88% 2	0.00% 0	41



The above were related to the range of experience of the survey participants (figures 6-11).

Clinical supervision



Professional supervision

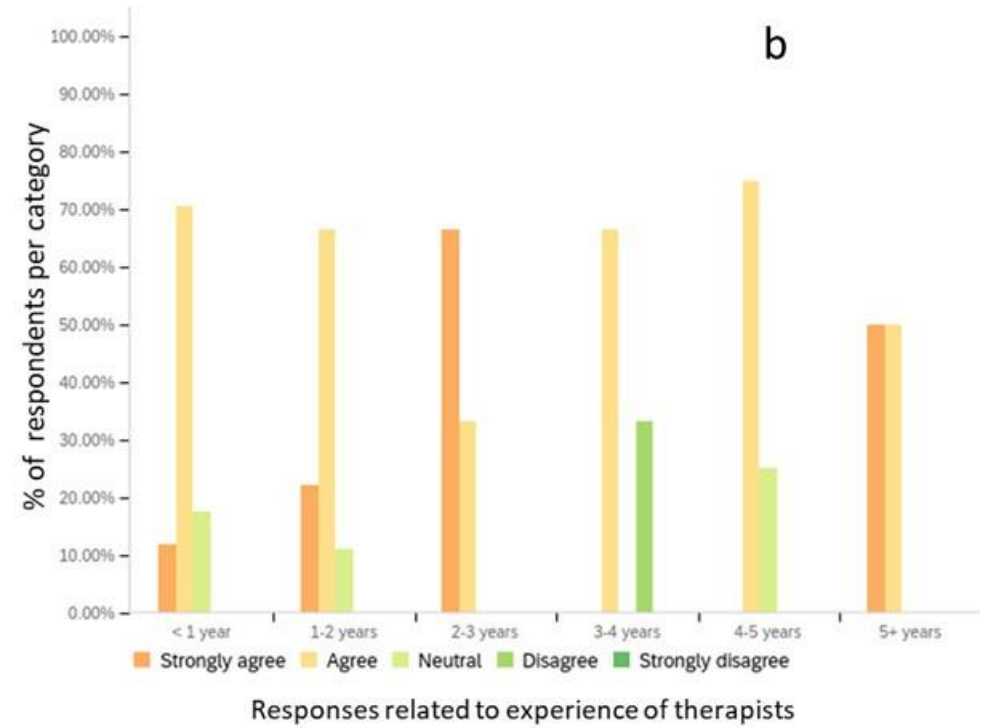


Figure 6 Summary of responses to clinical supervision (a) and professional supervision (b) responses related to experience of therapists

Both clinical and professional supervision are deemed by the survey participants to be activities that support thriving in the population across all experience levels.

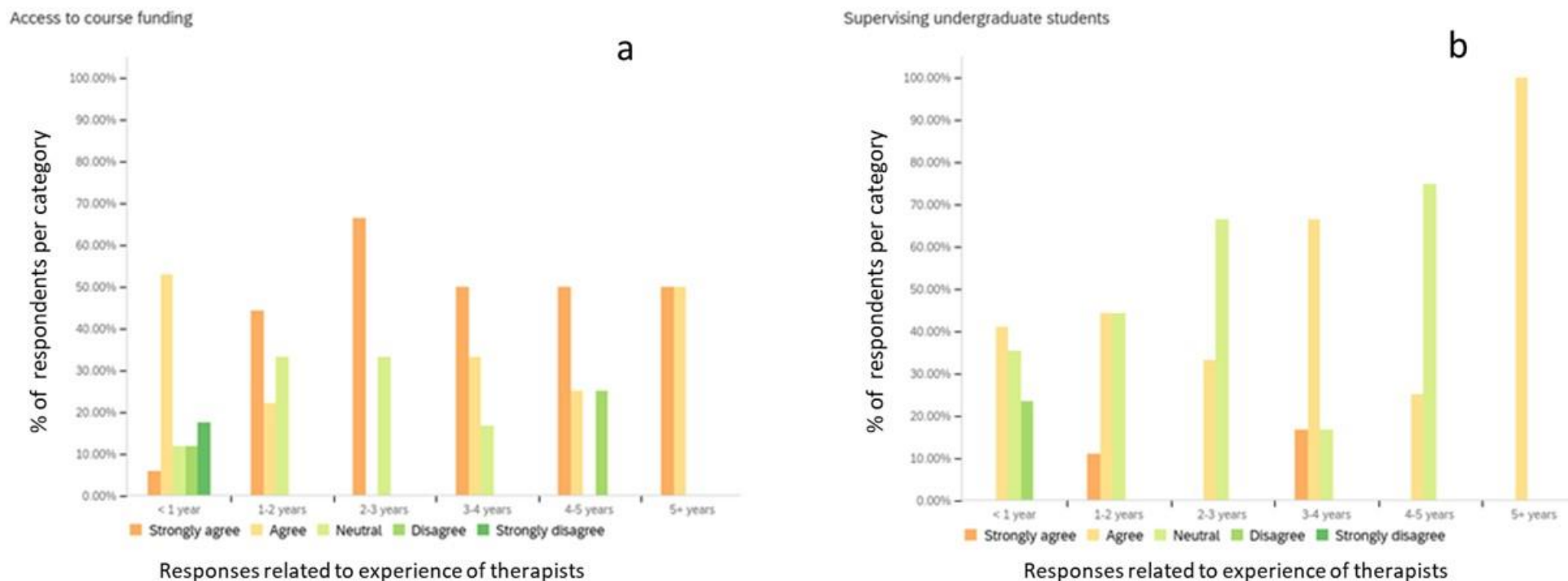


Figure 7 Summary of responses to access to course funding (a) and supervising undergraduate students (b) related to experience of therapists

In general, most survey participants agreed access to course funding supported thriving (Figure 7a). Three individuals disagreed, these were in two groups, those with less than one-year experience and an individual with four-five years' experience. Additionally, five individuals rated this activity as neutral, these were across the less than one-year experience through to three-four years' experience. Figure 7b demonstrates more than half of the cohort agreed supervising undergraduate students is an enabling activity to thriving, four physiotherapists with less than one years' experience disagreeing.

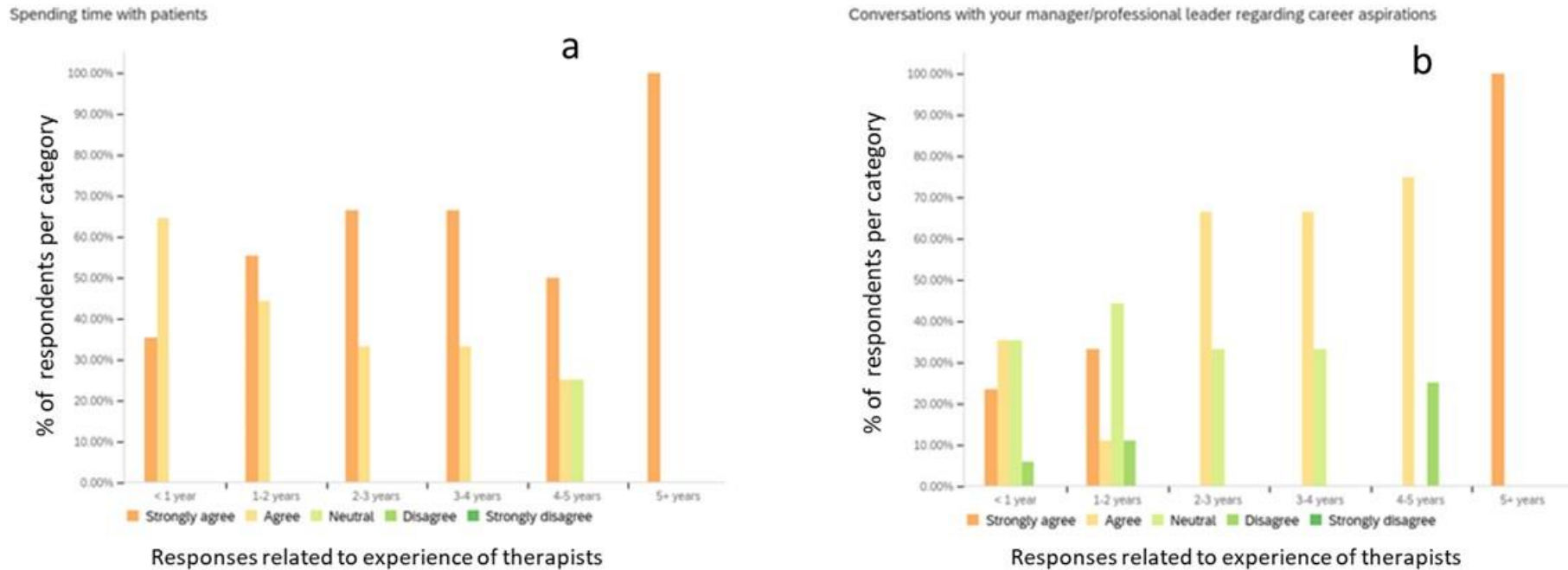


Figure 8 Summary of responses to spending time with patients (a) and conversation with manager/professional leader regarding career aspirations (b), responses related to experience responses related to experience of therapists

All survey participants, with one exception, agreed or strongly agreed spending time with patients support them to thrive (Figure 8a). One respondent rated this activity as neutral, they had four-five years' experience.

Thirteen participants rated conversations with the manager/professional leader regarding career aspirations as neutral (Figure 8b), these were across experience ranges from less than one year, up to and including three to four years. Nine participants strongly agreed, with a further sixteen agreeing the activity support them to thrive. These responses came from across all experience groupings less than one year to five years plus.

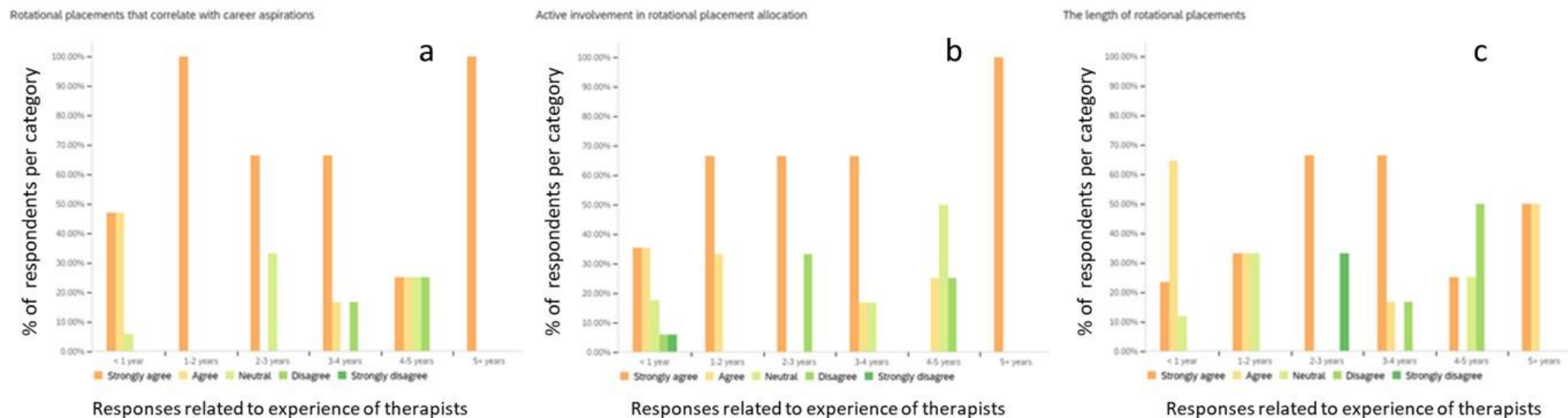


Figure 9 Summary of responses to rotational placements that correlate with career aspirations (a), active involvement in rotational allocation (b) and the length of rotational placements (c), responses related to experience of therapists

Across the survey participants, there was broad agreement that rotational placements that correlated with career aspirations, as well as having active involvement in rotation allocation and the length of the rotations supported physiotherapists to thrive (Figure 9a, b and c). Two participants disagreed with placements correlating to career aspirations from clinicians in the three to four years and four to five years' experience groups. Three individuals disagreed and a further participant strongly disagreed active involvement in rotational placements support them to thrive, these were across two to three, three to four and four to five years' experience groups. Lastly, six individuals rated the length of rotation as neutral, these were in the less than one year, one to two years and four to five years' experience groups.

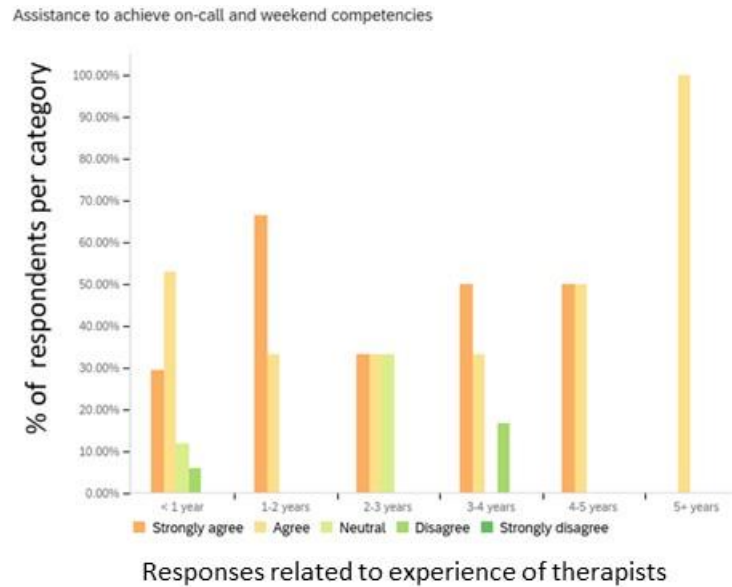
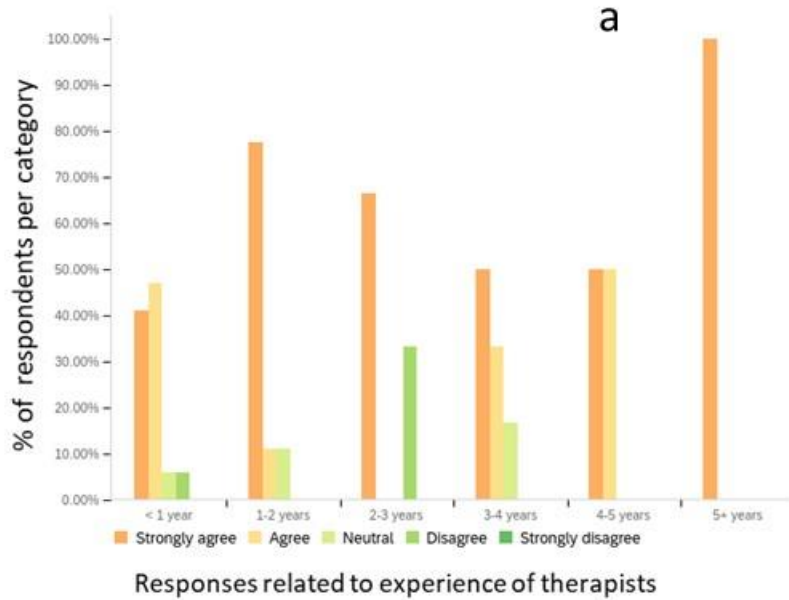


Figure 10 Summary of responses assistance to achieve on-call and weekend competencies, related to experience of therapists

In general, assistance to achieve on-call and weekend competencies was agreed or strongly agreed to by participants as an enabler to thriving (n=36) (Figure 10). Three individuals rated this activity as neutral from less than one years', and two to three years' experience.

A team culture of taking breaks



A team culture of inclusiveness irrespective of experience or titles

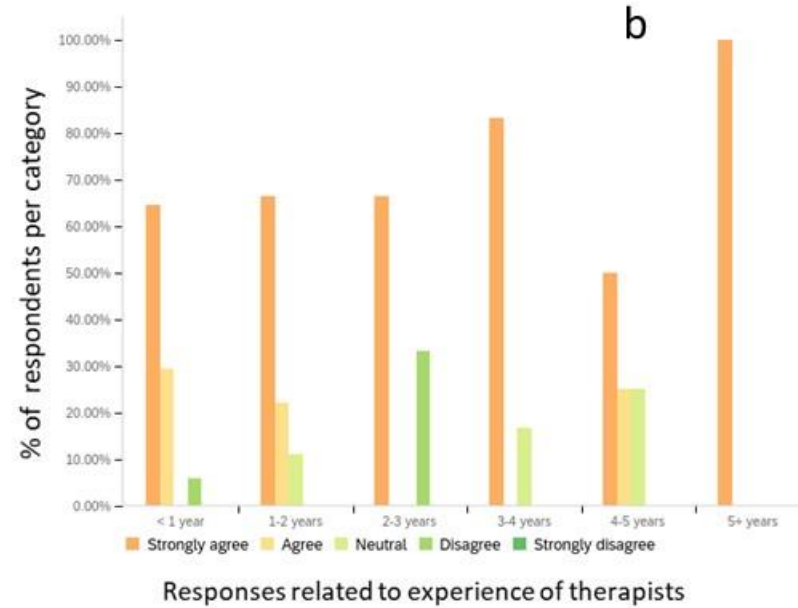


Figure 11 Summary of responses to team culture of taking breaks (a) and inclusiveness irrespective of experience or titles (b), related to experience of therapists

In general, it was agreed a team culture of taking breaks and inclusiveness irrespective of experience or titles was an enabler to thriving across a range of experience (n= 36) (Figure11a and b). Three individuals rated these activities as neutral from the less than one year, one to two years, and three to four years' experience. Two individuals disagreed with these activities from the less than one year and two to three years' experience groups.

5.2.6 Statements related to rotational physiotherapists thriving at work

Survey participants were asked to rate statements related to thriving at work. The rating scale was a 5-point Likert scale which gave the option of the following responses: Strongly agree; Agree; Neutral; Disagree; Strongly Disagree. The number of participants who answer this question was 41, the results show the percentages of total responses (table 2).

An important finding in the current research were the results from the statements aligning with thriving at work concepts. The ratings for these statements suggest a neutral to positive outlook from the surveyed participants.

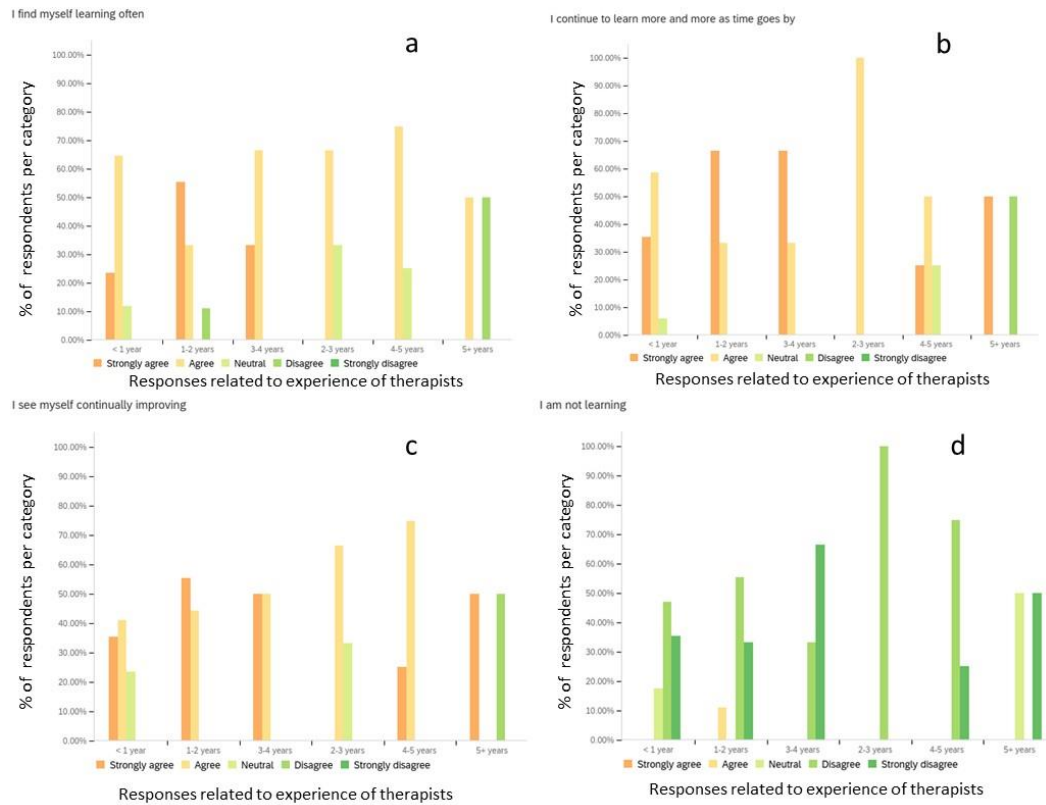


Figure 12 Summary of responses to at work I find myself learning often (a), I continue to learn more and more as time goes by (b), I see myself continually improving (c) and I am not learning (d) responses related to experience of therapists.

Over 80% of respondent (n= 35) agreed or strongly agreed to find themselves learning often (Figure 12a) with over 90% (n= 38) agreeing they continue to learn more and more as time goes by (figure 12b). Over 80% (n=35) agreed they saw themselves continually improving (Figure 12c), however 12% (n=5) felt neutral on this point. On the contrary, over 85% (n=36) disagreed with

the statement “I am not learning” (Figure 12d). These results show the participants of the survey feel they are learning in the context of their work environment.

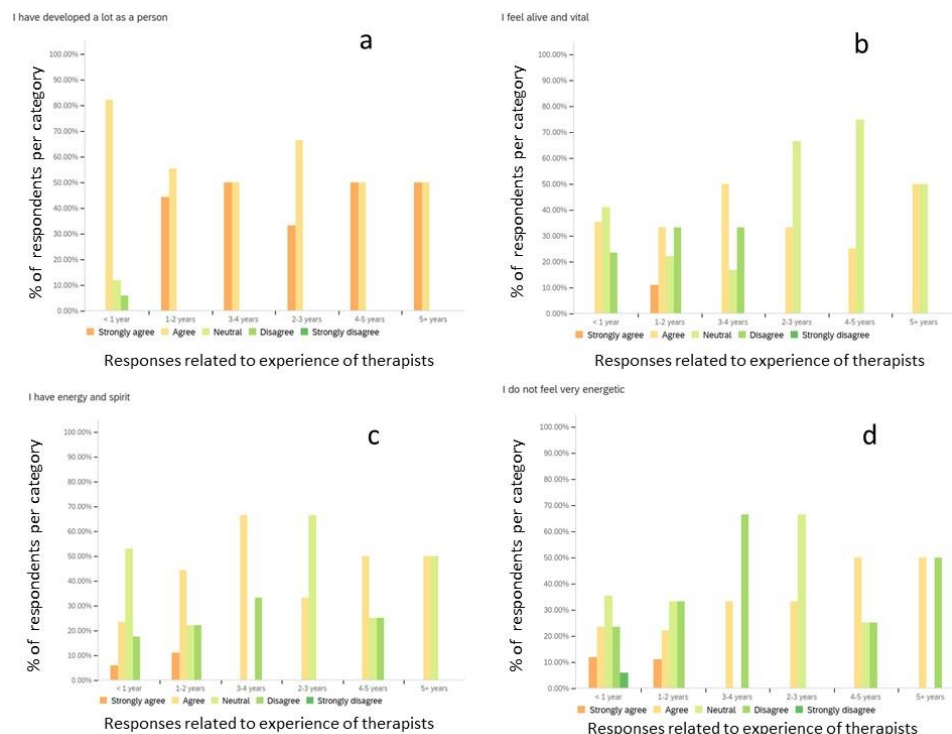


Figure 13 Summary of responses to at work I have developed a lot as a person (a), I feel alive and vital (b), I have energy and spirit (c), and I do not feel very energetic (d) responses related to experience of therapists

Over 90% (n=38) of participants agreed they have developed a lot as a person (Figure 13a), however only 39% (n=16) agreed to feeling alive and vital, with a further 39% responding as neutral, and 21% (n=9) disagreeing with the statement (Figure 13b).

Similarly 36% (n=15) feel neutral to having energy and spirit, however over 43% (n=18) agree to having energy and spirit. Nearly, 20% (n=8) of survey participants disagree with having energy and spirit (Figure 13c). Interestingly the responses to not feeling very energetic did not mirror the previous statement responses, with 36% (n=15) agreeing, nearly 30% (n=12) felt neutral and 34% (n=14) disagreeing with not feeling energetic (Figure 13d).

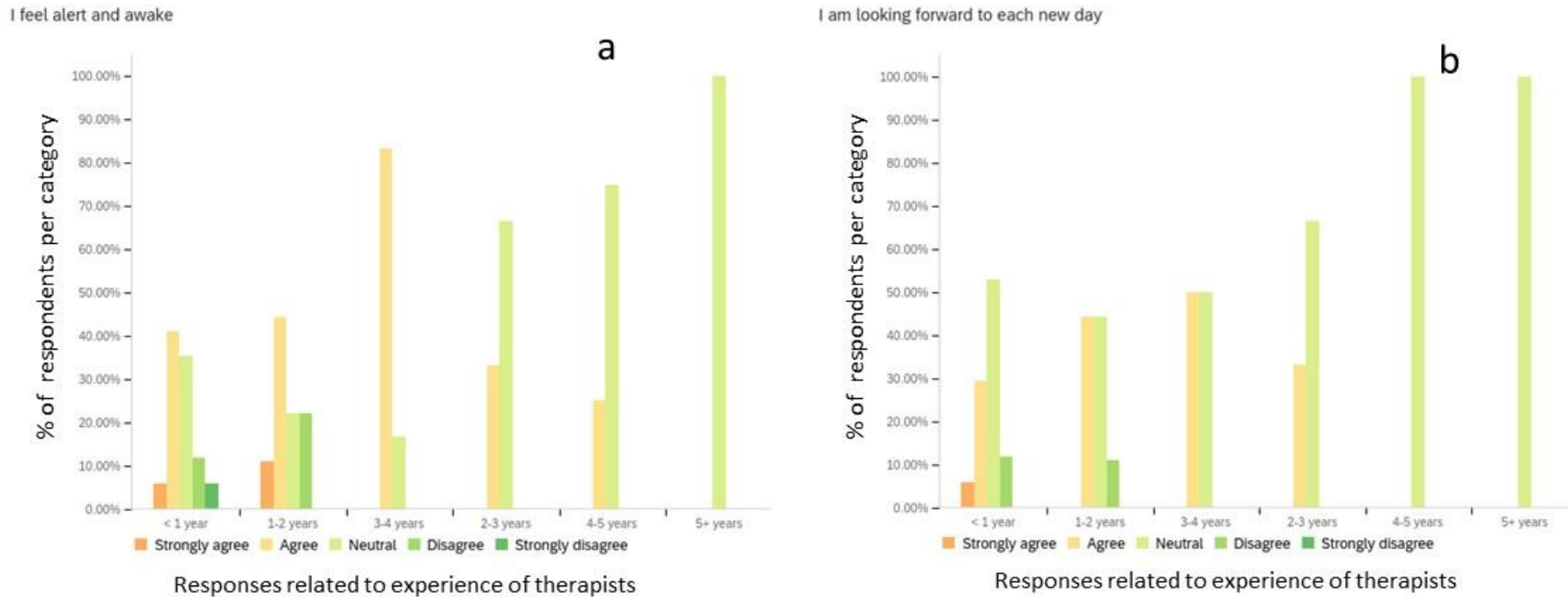


Figure 14 Summary of responses to at work I feel alert and awake (a) and I am looking forward to each new day (b) responses related to experience of therapists

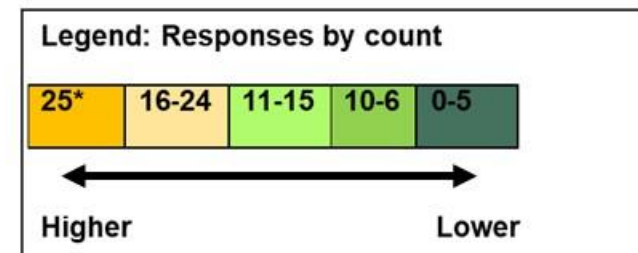
In response to “I feel alert and awake”, 45% (n=20) of participants agreed, 39% (n=16) were neutral and over 10% (n=5) disagreed (Figure 14a). Lastly for this group of statements, over 58% (n=24) respondent neutral to “I am looking forward to each new day”, with 33% (n= 14) agreeing and 7% (n=3) disagreeing with this statement (Figure 14b).

5.2.7 Rotational Physiotherapists intention to leave the job or profession

Survey participants were asked to rate statements related to their intention to leave the job or profession. The rating scale was a 5-point Likert scale which gave the option of the following responses: Strongly agree; Agree; Neutral; Disagree; Strongly Disagree. The number of participants who answer this question was 41, the results show the percentages of total responses (table 3).

Table 3 Statement responses to question 7 from rotational physiotherapists on their intention to leave the job or profession

Question	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Total
1 I want to switch to another Physiotherapy job as soon as possible	4.88%	2 9.76%	4 24.39%	10 43.90%	18 17.07%	7 41
2 I am considering changing my physiotherapy job	7.32%	3 34.15%	14 17.07%	7 29.27%	12 12.20%	5 41
3 I am keeping my eyes open for another job opportunity in physiotherapy.	9.76%	4 48.78%	20 14.63%	6 24.39%	10 2.44%	1 41
4 I want to leave the physiotherapy profession as soon as possible.	0.00%	0 7.32%	3 2.44%	1 51.22%	21 39.02%	16 41
5 If I had it to do over again, I would still go into physiotherapy	21.95%	9 41.46%	17 29.27%	12 7.32%	3 0.00%	0 41
6 I plan to continue in physiotherapy for the rest of my working life.	9.76%	4 24.39%	10 34.15%	14 24.39%	10 7.32%	3 41
7 I do work that goes beyond what is expected of me in my job.	17.07%	7 48.78%	20 24.39%	10 9.76%	4 0.00%	0 41



The responses above were related to the range of experience of the survey participants (Figures 15-16).

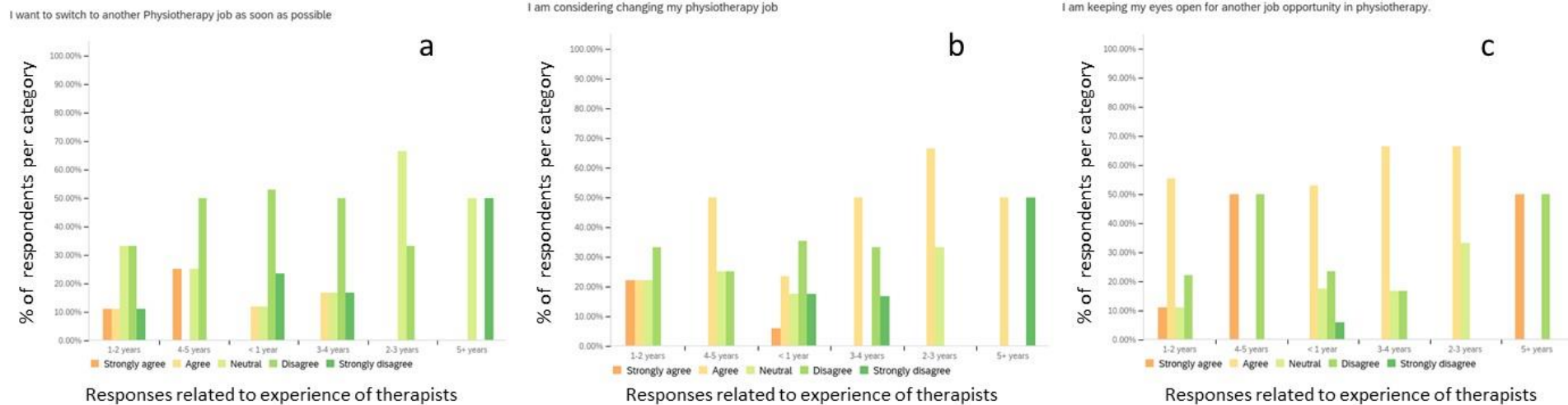


Figure 15 Summary of responses to I want to switch to another physiotherapy job as soon as possible (a), I am considering changing my physiotherapy job (b), I am keeping my eyes open for another job opportunity in physiotherapy (c) responses related to experience of therapists

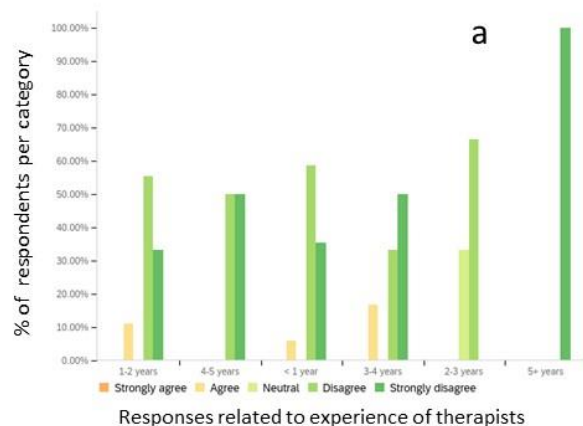
The results of these questions indicate a number of rotational physiotherapists 14% (n=6) agreed they either wanted to switch, were considering changing their physiotherapy job 41% (n=17) or were keeping their eyes open for another job opportunity in physiotherapy 59% (n= 24) (Figures 15a, b and c).

Figure 16 Summary of responses to I want to leave the physiotherapy profession as soon as possible (a), if I had to do over again, I would still go into physiotherapy (b), I plan to continue in physiotherapy for the rest of my working life (c) and, I do work that goes beyond what is expected if me (d) responses related to career experience

Responses from 90% of the participants disagreed with wanting to leave the physiotherapy profession as soon as possible, and over 60% (n= 36) of participants would still go into physiotherapy if they had it to do over again, whilst 29% (n= 12) respondent neutral and 7% (n=3) disagreed with the statement (Figures 16a and b).

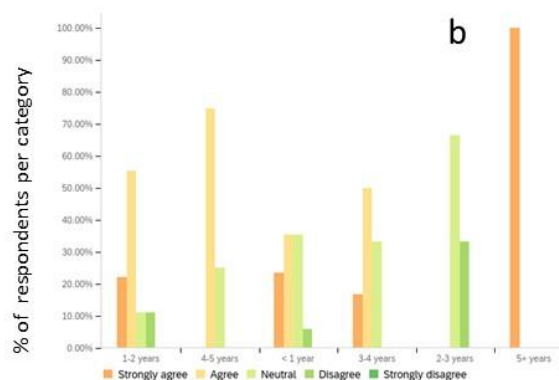
The survey participants were evenly split on their plan to continue in physiotherapy for the rest of their working life, 34% (n= 14) agreed, or responded neutral, and 31% (n= 13) disagreeing on continuing in the profession (Figure 16c). In response to the statement I do work that goes beyond what is expected of me in my job, 65% (n= 27) agreed, 24% responded neutral and 9% (n=4) disagreed (Figure 16c).

I want to leave the physiotherapy profession as soon as possible.



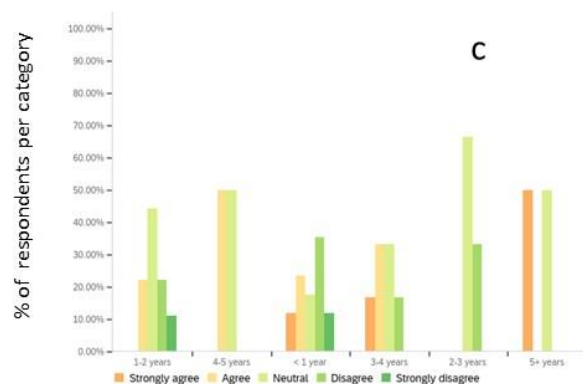
Responses related to experience of therapists

If I had it to do over again, I would still go into physiotherapy



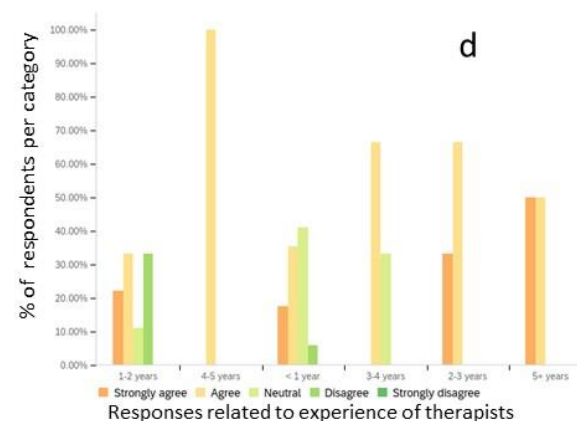
Responses related to experience of therapists

I plan to continue in physiotherapy for the rest of my working life.



Responses related to experience of therapists

I do work that goes beyond what is expected of me in my job.



Responses related to experience of therapists

5.3 Theming of qualitative survey responses.

Survey questions eight, nine and ten were open text fields generating further qualitative data in relation to thriving at work in the nationwide rotational physiotherapist cohort. A reflexive thematic analysis approach (Braun and Clarke, 2019) as described in 4.4.2 above, was used to interpret the responses for these questions. Raw data for the responses to these questions is available (see appendix E).

Across the three questions, six main themes were generated from analysis of the responses: professional support; culture of wellbeing; supported learning activities; workload; engaged leaders, and, rotation placements aligning with career aspirations. Each main theme will be presented with supporting evidence

5.3.1 Professional support

Having access to developing as a professional through direct interaction with more experienced peers was identified by the participants as an enabler to thriving. Several sub-themes emerged including clinical coaches; support with caseload; time with seniors for teaching and support; develop skill set together with guidance and learning.

A female participant with 4-5 years' experience identified "support with caseload". Often rotational therapists are given responsibility for a specific area or ward from within a speciality team. This can include not only the treatment of patients, but also triaging of new referrals, prioritisation of patients requiring treatment, delegation to assistance workforce, note-writing and family or multi-disciplinary team meetings on wards. All of these activities make up the caseload an individual is expected to undertake within their caseload. The participant is identifying assistance with these activities supports them to thrive.

Another female participant with 4-5 years' experience suggested "better clinical supervision". Clinical supervision is described as the practice by experienced clinicians of providing support and feedback, monitoring clinical and professional behaviours and acting as role models (Grant et al., 2009).

A female participant identifying of Māori ethnicity expands on the sub-theme by identifying who needs to provide the supervision, “regular clinical support from clinical coaches”.

A fourth female participant with 3-4 years’ experience identified “more coaching 1:1 time in rotational areas, encouraging doubles with other skilled therapists to learn” The suggestion to work together alongside another clinician in a patient treatment session would provide the coaching environment and opportunity to observe a skilled therapist would provide the environment to learn and enable them to thrive.

A female participant with 2-3 years’ experience responded “hands on clinical supervision where you have access to bigger Districts to learn more experienced work. As sometimes the smaller hospitals can become rote learnt and the wider experience / learning isn't their because the seniors may not have that experience”

A female participant with 5 years+ experience suggested “more peer support/senior support to develop skill set”.

Lastly, a female participant with less than 1 years’ experience responded “Maybe more time spent with senior staff in clinical settings to learn from observing more complex cases”

The responses highlight the importance of professional support by senior clinicians as key factors in rotations thriving at work across the range of experience. Overall, participants shared the support from more experience clinicians as beneficial to them thriving.

5.3.2 Culture of wellbeing

Working in a team that cultivated wellbeing was identified by the participants as an enabler to thriving. The sub-themes include taking breaks and leaving work on time. Overall, participants described a team culture of prioritising self-care as important to enabling thriving.

One female participant with less than 1 years’ experience described “ongoing team bonding and supportive team culture”

Another female participant with 1-2 years' experience responded "a supportive team culture" as an enabler to thriving.

A third female participant with 3-4 years' experience was more direct in their response regarding working contracted hours, "don't work overtime i.e. taking entitled breaks". This quote suggests other members of the team actively encourage taking breaks supports rotational physiotherapists to thrive.

5.3.3 Supported learning activities

Participating in learning activities was identified by the survey participants as an enabler to thriving. The sub-themes of in-services, reflective case studies, time and organisational funding emerged. Overall, participants described a range of activities, and the supportive from the organisation with time and funding as important to enabling thriving. This was evident with clinicians from across the range of experiences, and highest for those with more experience.

A female participant with 4-5 years' experience identified "support with learning opportunities".

Another female participant with less than 1 years' experience responded "more reflection [and] case study sessions".

A further female with 2-3 years' experience responded "more professional development opportunities" and another with 1-2 years' experience responded "funding for formal education.

A female with less than 1 years' experience responded "more access to CPD funding" with another with 3-4 years' experience identified "encouraging study days and prioritising learning"

A male participant with 3-4 years' experience described consistent access to learning activities in different rotational specialties "learning opportunities are consistent across rotations (outpatients and AT&R have less CPD / learning opportunities, and often have less contact with clinical coaches".

Lastly, a further male with 3-4 years' experience identified "more in-services"

Across the experience range it was expressed access to supported learning activities would support rotational physiotherapists to thrive.

5.3.4 Workload

Workforce and staffing levels to support learning were identified as the fourth theme. Survey responses which support the development of this theme include:

Evidence from a female with 1-2 years' experience "better systems to cover vacancies, staff shortages and leave"

Further evidence from a female with 3-4 years' experience "adequate FTE to support above" [their previous response].

5.3.5 Engaged leaders

This theme was identified from the question, provide advice for employers about extra things they could do to support rotational physiotherapists to thrive at work? Evidence included:

A female with less than 1 years' experience, "managers who are approachable and involved with the team"

A further female with less than 1 years' experience "senior management being more a part of the team"

A male with 3-4 years' experience "listen to our suggestions, these are important to us. Better communication from management, it seems the higher up someone is promoted, the less attention they pay to rotational staff" (male respondent)

A female with 1-2 years' experience "take feedback from employees seriously and turn this into action points rather than just explaining why nothing can be done about it."

A further female with 1-2 years' experience "make sure you do something if someone brings a concern to you - nothing worse than going to your boss and telling them you're struggling for them to just give you a "pat on the back" and tell you you're doing a good job. Actually try to implement a plan to change/sort out the problem."

5.3.6 Rotations which align to career pathways

Evidence of this theme included statements from:

A female participant with 1-2 years' experience "rotations that align with career aspirations".

A male participant with 2-3 years' experience "respect your rotators, don't try to manipulate them or force them into rotations they don't want to do. Try to accommodate their wants/needs more rather than always prioritising "service need".

5.3.7 Culture of Aotearoa New Zealand

In addition, survey participants who identify as Māori raised cultural supervision and hauora days as activities which would support them to thrive. The total number of Māori participants was 4, responses for questions 8,9 and 10 correspond to n=3,2 and 3.

A female participant with 3-4 years' experience responded "more cultural support (cultural supervision)".

A female participant with less than 1 years' experience who raised hauora days did so in response to question 9, What else would you like to see? What is your ideal?

"Hauora days - at my sisters job, they are obliged to take one mental health day once a month, fully paid, no questions asked - with planning of course. my sisters role is not even in the health care system and I feel like health care workers experience high levels of stress at work but get less amount of acknowledgement for it".

Aotearoa New Zealand has a unique culture which has been raised from Māori respondents in relation to thriving at work.

Conclusion

This chapter has presented the views and experiences of a group of rotational physiotherapists working in the public health environment in Aotearoa New Zealand. Several themes arose highlighting the professional realities and aspirations of the group. For rotational physiotherapists to thrive they need to be purposely supported

as professionals in clinical practice and related learning activities as well as with their wellbeing as health professionals. They need to have forums for regular feedback with the employing organisations as a group, and to have increased control and input into rotational placements. Finally, addressing specific supports for Māori and Pasifika workforce will be required to develop a workforce representative of the population of the country.

Chapter 6 Discussion

The aim of this thesis was to explore the lived experience of thriving at work in a group of early career physiotherapists using an appreciative inquiry method. The results of the data analysis have been used to develop recommendations that organisations can follow to improve thriving at work and increase the retention and recruitment of staff in both the local and national workforce. This is the first study, to the author's knowledge, in Aotearoa New Zealand which explores the lived experience of thriving at work in a physiotherapy cohort and presents the outcomes in the form of recommendations for organisations.

6.1 Themes of thriving at work

The themes of activities to support thriving at work that were reported from the in-person focus groups have been grouped into activities and professional behaviours. The activities include: supervision, both clinical and professional; involvement with rotational placement allocation as well as the length of the rotation; support with course funding; career aspirations; and spending time with patients. The professional behaviours include team culture, practitioner confidence and taking breaks.

Professional support

The activities described above require high quality relationships to be built between rotational physiotherapists, more experienced clinicians and connectivity between rotational physiotherapists and the managers and leaders of the service. In the current study conversations with the manager/professional leader (Figure 8b) over half of the respondents agreed or strongly agreed this activity supported them to thrive at work. This is consistent with the findings from Yang (2019) that suggest leaders should focus on improving psychological safety as an important component of human organising. This is broadly in line with Moloney et al., (2020)'s findings that leaders' connectivity is a management approach that creates healthy workforce environments. Kleine (2019) also demonstrated an association between thriving at work and supportive work-related experiences and events which has been echoed in the findings from the focus group themes. Lastly, the activity of spending time with patients by focus group participants, and validated by almost all survey participants

(Figure 8a), is comparative to the findings of Shahid (2021) where time with patients generated thriving at work.

The role modelling of professional behaviours and clinician practice skills has been identified by several authors across the literature as a potentially significant factor in the professional socialisation journey [Opoku, 2020, (Hummell, 2007; Miller et al 2005;; Roe-Shaw, 2004; and Solomon and Miller 2005, quoted in Higgs et al., 2017, chpt 5)]. Professional support from colleagues has been reported in the literature as important for health professionals' work satisfaction (Moreau & Mageau 2012; Moloney et al, 2017; Yasin et al, 2020). This includes a study of the most effective teams which suggests a group culture has more shared knowledge (Duhigg, 2016). A more recent study of new graduate physiotherapists identified having a supportive team was important to the start of their professional career (Phan et al, 2022). This can be seen in the results of the current study where survey respondents are in general agreement that clinical and professional supervision supports thriving (Figures 6a and b).

The behaviours identified from the focus groups include team culture, practitioner confidence and taking scheduled breaks. Professional culture has been described as “a set of norms and rules of behaviour, values, characteristic of a certain professional activity” by Andreieva (2021, p. 2909) in a study on professional culture formation in the physiotherapy profession. Culture can be likened to togetherness with colleagues, which was reported by Moloney (2020) to support nurses' wellbeing as an organisational factor. In the current study survey results, there is general, agreement that a team culture of taking breaks and inclusiveness, irrespective of experience or titles, is supportive of thriving (Figures 11a and b).

This concept of confidence aligns with personal growth of an individual and has been discussed in chapter 2 as a fundamental characteristic of thriving (Spreitzer et al., 2005; Roche. 2013; Judge. 2020). Confidence is defined by the Oxford Learners Dictionary (n.d) as ‘the feeling that you can trust, believe in, and be sure about the abilities or good qualities of someone or something’. From personal observation as a clinician, the ability to deliver quality clinical care in the role of physiotherapist is suggested by the use of the word confidence. It is posited that confidence is developed from being supported in the workplace to learn and feel

competent with the clinical encounters rotational physiotherapists undertake with patients on their caseload. This definition has been developed from coding the statements gathered in both the focus group and survey data. The survey results show the participants are learning and continue to learn more as time goes by (Figure 12a and b). Almost all survey participants agree spending time with patients supports them to thrive (Figure 8a).

The results of the current study and previous literature validate mechanisms to facilitate professional support to promote thriving at work in rotational physiotherapists.

A female participant identifying of Māori ethnicity expanded on the theme by identifying a need to provide, “regular clinical support from clinical coaches”. Some Districts across New Zealand have established clinical coach positions, “this educator role identifies, facilitates and develops planned education, thereby meeting the learning, and training needs specifically of the Physiotherapy New Graduate Programme” (Southern District, 2022). The position descriptor for the role requires the person to hold essential experiential competencies o: at least six years post-graduate clinical experience in a public setting, previous teaching experience with students and/or clinicians using adult learning principles, experience of providing supervision, mentoring and/or clinical coaching. From these requirements, a clinician providing clinical coaching needs to have at least six years of clinical practice knowledge and skills, actively promotes learning in others and supports clinicians with lesser experience.

A further activity which is suggested by the focus group participants to support their thriving at work is their involvement with rotation allocation. Rotational posts are described by Craik (2009, pg. 180), as “providing several months’ experience in a variety of practice areas”. Each organisation will consider rotation allocation based on several factors from the primary researcher’s experience. These considerations include developing a range of skill sets of the individual practitioners, the senior staff availability to provide clinical support and supervision, individuals’ preference within their career aspirations, and upcoming vacancy or planned leave across the team (depict as service need within the survey data).

Organisations may approach the rotation allocation by including all members of the physiotherapy team involved with rotational staff, selecting a group of experienced therapists from each rotational area to discuss and propose the allocation, or by the managers and leaders deciding without involvement of the wider team. It has been suggested by the survey participants, there are fixed patterns to follow of rotation order or the rotational staff are given the option to select their top three preferences or given the option to rank all rotation specialities in order of preference.

In the nationwide survey, participants were provided with the concept of being involved in rotational placement allocation from the activities they rated in question five. This may have encouraged the participants to consider this activity when answering the open-ended questions later in the survey, alternatively, this is a key theme of the activities identified to support rotational physiotherapists to thrive.

The responses to question eight included, "...active involvement in the rotation choices" and "...active role in choosing placements".

This supporting evidence demonstrates rotational physiotherapists would like more active participation in the process of rotation allocation and corroborates the findings from the Waikato focus groups where the staff indicated, "It would be good if they can try and consider where we're wanting to head with our career and trying to align that with our rotations" and, "how the prioritisations and the placements of our rotations get done".

Evidence from both the in-person focus groups and the qualitative survey responses demonstrate rotational physiotherapists would like increased active participation in rotation allocation. This will be included in the recommendations of this study.

Learning

Support for an individual's development is demonstrated in the Model of Social Embeddedness of Thriving at Work (Figure 2) as a factor for thriving outcomes, and a central process by which individuals "self-regulate their own growth" (Spreitzer and Sutcliff, 2007). More recently, Kleine et al (2019) explored the

learning dimensions in their meta-analysis, they summarised that it was “unclear whether thriving is characterised by a joint sense of vitality and a momentary sense of learning or a more stable learning goal orientation” (Kleine et al, 2019, p. 991). However, they did confirm their analysis found a strong relationship between learning and vitality. In a publication on creating psychologically healthy workplaces, Spreitzer and Hwang (2019) posit that optimal psychological development occurs when vitality surrounds the learning, creating a sense that an individual is developing their complete capability. The results of this study and the literature have validated organisational support for ongoing learning and development for inclusion in the recommendations to promote thriving at work in rotational physiotherapists.

Workforce and staffing levels to support learning were identified as the fourth theme. Workload has been reported by Moloney et al, (2018) acting as a hindrance to individuals and as a strong predictor of intentions to leave organisations and professions. Dames (2019) concurs with the concept that workloads that fail to take new-entrance clinicians’ competence into account serve as a barrier to thriving. The findings of the current study provide further evidence workloads impact on the ability of rotational physiotherapists to thrive. For example, the themes of team culture, taking breaks and leaving work on time are in line with the previous findings of Moloney et al, (2020) of an enabling environment and togetherness with colleagues. These organisational factors support wellbeing and are approaches that enable the workers to thrive.

Relationships with co-workers and workplace civility have been associated with thriving at work by several authors, as described in a meta-analysis by Kleine and colleagues (2019). They report supportive co-worker relationships as “an enabling structure and encouraging condition” for new skills and knowledge at work (Kleine et al., 2019). Furthermore, workplace civility, including showing consideration to other employees, has been positively related to IHI Framework for improving Joy at Work. It recommends respectful interaction amongst all, as it provides psychological safety for staff (Perlo et al, 2017). In a further study examining the thriving work model, Elahi and colleagues (2020) also found evidence team civility supports employees to learn. The results of the current study and the literature validate including fostering a culture of wellbeing between employees in the

recommendations to promote thriving at work in rotational physiotherapists. The current survey results indicated retention in the workforce of rotational physiotherapists are influenced by factors similar to those found in the nursing workforce, supportive relationships and prospects of career progression (Moloney et al, 2018). Good relationships with others in the profession as well as the wider interdisciplinary team have been reported, which align with the current study's findings of an inclusive team and work placements aligning to career aspirations. Furthermore, opportunities for ongoing training were found in a later study led by the same author (Moloney 2020), which has been identified in the themes of the current study as supported learning activities.

Engaged leaders

Leadership behaviours have been reported across the literature as an antecedent to thriving at work. The findings from the literature include working closely with others including line managers (Spreitzer & Sutcliffe, 2007); leaders who focus on developing their employees (Walumbwa et al, 2017); employees perceiving support from their supervisor and organisation (Kleine et al, 2019; the development of high quality relationships between leaders and their followers to develop psychological safety (Yang et al, 2019); transformational leadership styles (Spreitzer & Hwang, 2019); and creating an organisational climate of mutual respect (Elahi et al, 2020) can all enable employees to thrive at work. The actions of leaders as described here, as well as the responses from the current study show engaged leaders are likely to foster thriving at work for their employees. This finding provides evidence that organisational leaders need to be present with and visible to their employees. Regular engagement with employees at team and service wide meetings as well as on an individual and smaller group basis would provide the support and development of quality relations as well as laying foundations of mutual respect.

In addition, the topics of cultural supervision and hauora days which were specifically raised by Māori survey participants need to be discussed. Cultural supervision has been described as supervision based in values from the culture of Māori (Waikato District, 2022). Recently, Tofi (2021) studied Thriving as Māori & Pasifika Allied Health Professionals in the first two years of practice in a District

setting. The study highlights the organisation needs to provide opportunities for cultural development, recognition of cultural knowledge/intelligence, and culturally safe and enriching work environments; these are key requirements to enabling Māori and Pasifika staff to thrive at work. Whilst a relatively small study, undertaken in one health organisation, this is key early workforce research from the perspectives of Māori, Pasifika, and allied health more broadly in the context of thriving at work. Tofi's work identified the

“experiences of a precious, yet undervalued group of allied health practitioners. It is only by documenting these workforce stories and perspectives that they can move into common spaces, in which they will be discussed and debated. If we don't know about it, we don't talk about it and if we don't talk about it, nothing will change” (Tofi, 2021, p.59).

The author highlighted how allied health feel undervalued in the wider health system, which has a tendency to focus on the larger more commonly recognised professions of nursing and medicine to address the challenges in the health system. This concept is also supported in the findings of George and Webster (2021) where Allied Health clinicians are represented inequitably across health system leadership roles. Allied health needs to continue to undertake and publish research regarding their workforce struggles and innovative solutions to ensure the Aotearoa New Zealand health reforms bring to fruition the many opportunities which exist for Allied Health workforce.

The themes identified from the in-person focus groups and the nationwide qualitative survey for rotational physiotherapists have identified comparable themes to previous studies in the thriving at work literature.

6.2 Recommendations.

From the Joy at Work Framework (Perlo et al 2017), the third step is to commit to a systems approach to making joy at work a shared responsibility at all levels of the organisation. If implemented these recommendations would make a positive impact on rotational physiotherapists, supporting recruitment to individual Districts and retention of therapists in the wider national public health system:

- senior staff need to be available to provide regular clinical support and coaching; mentorship by physiotherapists working outside of the hospital environment who also have previous experience within the environment
- provide access to cultural supervision for staff of Māori ethnicity
- explore the nationwide use of clinical coaches with rotational physiotherapists, who would be additional resource who would free-up current senior staff to provide workload support to the rotational staff
- replication for Allied Health of the funding models that exist for ongoing learning for other health professionals
- increase connectivity by senior management in organisation as well as line managers.
- Implement forums nationwide for rotational physiotherapists to provide opportunity for two-way communication without senior clinicians present to provide safe space for open discussion
- processes for rotation allocation to include regional and cross-District placements.
- develop an Allied Health specific wellness group to promote wellbeing in the workplace with provision to implement the Good4work model within allied health.

These findings provide insights for the physiotherapy profession and allied health managers and leaders across Te Whatu Ora. The research was undertaken across a national cohort. Ideally what would happen now is that regional leaders will explore what their local rotational physiotherapists' need from their employer for them to thrive at work. Secondly, a clear message from the focus groups at Waikato is the need for a review of the rotational allocation process, along with the setting of clear expectations of the provision of clinical supervision by senior staff. Thirdly, physiotherapy staff at all levels want to hear from and be heard by senior management. Future research on this topic would include therapists across the range of experience, not just rotational staff, and also the wider allied health cohort. Further research after the recommendations have been implemented would resurvey the cohort in two years, compare the findings, and identify if the recommendations have benefited thriving at work and further actions that need to be taken.

6.3 Limitations

The published literature on focus groups highlights the importance of what is said and the observation of the participants. This didn't occur in the current study firstly due to conflict of interest of the primary researcher and secondly due to additional data being collected via online survey methods. Due to conflict of interest, the primary researcher was unable to conduct the focus groups and loss of emphasis of spoken words through transcription and not being an observer in the room to the way the words were spoken and the discussion between participants was lost.

A limitation of the thematic analysis approach is the acknowledgement of the researchers own bias of research values and assumptions within the process of generating themes from the data and the situating of the researcher within this process. Braun and Clarke refer to this phenomenon as capturing the diversity of meaning in relation to a topic area (2019) and is acknowledged here as a limitation of this study.

A further limitation of the in-person focus groups which were conducted in May 2021, was a cyber-attack on the IT systems at Waikato District. Whilst research on the experience of healthcare workers is sparse, there is literature positing cyber-attacks adding to the sources of worry over the COVID disruptions (Okerefor & Adebola, 2021), and the health security challenge which may have a significant impact on the strategy and reputation of the healthcare organisation and has potential to affect its resilience (Garcia-Perez et al, 2022). The event at Waikato impacted on normal systems and process and could have affected staff's wellbeing and anxiety at the time.

The nationwide survey was conducted in June and July 2022 when Aotearoa was dealing with a further wave of the COVID-19 pandemic. Again, there is limited published research on the impacts of healthcare workers during the COVID-19 global health pandemic, with acute workplace stress and workers wellbeing included in those so far (Clarissa, Quinn & Stenhouse, 2021; Hadi et al, 2022; Rossen et al, 2022).

Furthermore, the COVID pandemic dramatically increased workforce pressures already affecting Aotearoa New Zealand. From personal observation there are clusters of the workforce who are moving overseas following the opening up of international borders, whilst the reciprocal flow of workforce into Aotearoa is not evident, which adds pressure to an already exhausted wider health workforce which remain in the country.

In this study and similar to other studies in the physiotherapy new-graduate cohort (Phan et al., 2022; Tofi 2021) sample size was limited. Sample size in qualitative research is said to be “contextual then partially dependent upon the scientific paradigm under which investigation is taking place” (Boddy, 2016, p.426). The snowballing strategy employed did make some efforts to recruit the hard to reach population, however more work could be done on this aspect in future research.

The coding and thematic analysis of qualitative data was undertaken by a sole primary researcher, which is limited to one individual’s perspectives and bias, and not corroborated within a team environment, which is more common when undertaking qualitative research. It is acknowledged some gender bias may have occurred during the study, as a random sampling for the nationwide survey was used, thus gender was not able to be controlled for. Similarly, ethnicity was not able to be controlled. Follow-up studies with populations of different ethnicities would be useful and may return different results. A further limitation of this study is that it was undertaken in Aotearoa and the surveys represent the views from one country only, data cannot be compared to other countries/ or data as it is unique to the cultural diversity of the Aotearoa New Zealand population.

6.4 Conclusion

In this study, there are similarities to other studies on the experiences of early career physiotherapists. Further research needs to be undertaken not only on the physiotherapy professional, but also the wider allied health workforce within the Aotearoa health system to support recruitment and retention of clinicians. In Aotearoa, inclusion of cultural safety is unique to the population and the bi-cultural foundation of Aotearoa New Zealand. Any work by the health sector including

research must place at the forefront a relationship that is true to the spirit of Te Tiriti o Waitangi. Supporting and maintaining the healthcare workforce should be placed as the highest importance for healthcare institutes, as they are required to work more efficiently to meet population needs whilst remaining sustainable.

Chapter 7 References

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Appendices

Appendix A Participant Information form and consent form



PARTICIPANT INFORMATION SHEET

Rotational physiotherapists' perspectives on thriving at work at the Waikato Hospital in 2021.

Name of researcher: Fiona Stephens

Rationale:

Kāhui Oranga is a health sector group with a focus to support the wellness of the collective workforces who contribute to care in our health system. It is a tripartite group which includes DHBs, Unions, the Ministry of Health and the NZ Blood Service. Kāhui Oranga's work is underpinned by the theoretical approaches of Te Whare Tapa Whā health and wellbeing model, the World Health Organisation Healthy Workplaces model and Worksafe New Zealand supporting worker health and wellbeing model. The group have strategic partnerships with the New Zealand Mental Health Foundation. Their overall outcome is to enhance wellbeing in our workplaces.

In December 2019, Kāhui Oranga wrote to All DHB Chief Executives introducing the work, providing information and linkage with the Mental Health Foundation and setting an initial aim to have great conversations in the workplace about our mental health and wellbeing. Locally in Waikato DHB Claire Tahu, Chief Advisor of Allied Health Scientific and Technical is the National Director of Allied Health representative on Kāhui Oranga. In 2019, a GoodforWork survey completed in the physiotherapy service reported low agreement in some areas for support to staff's wellbeing.

Thriving at work is one approach that is being advocated for building highly engaged healthcare professionals who are motivated and committed to quality patient care. The intention is to utilise this model in the research because whilst it includes wellness factors such as resilience, it also focuses on identifying the personal and organisational factors that influence the ability of staff to be energised and thriving, thus reducing negative outcomes for the individual or organisation.

The Waikato District has agreed for the research team to conduct focus groups to explore thriving at work to gain a better understanding of the issues and potential improvements to support wellness in rotational staff. The findings of these focus groups will help guide the Wellness Committee and the leadership team in prioritising which areas of wellbeing should be addressed first.

Aims:

To identify opportunities to enhance thriving at work for rotational physiotherapists employed at Waikato Hospital.

Duration and project procedures:

If you agree to participate in the focus group you will be expected to attend a one-off focus group located at a Waikato Hospital venue lasting approx. 1 -1.5 hours. The questions that will be asked have been developed from a strengths-based appreciative Inquiry (AI) action research framework

(Cooperrider et al., 2008). The focus group will be audio recorded and the discussion transcribed for analysis.

You will be required to complete a consent form prior to participating in the focus group.

You can be reassured that all individual responses are anonymous.

The focus group will be facilitated by a Research Assistant, Katie Park NZROT.

Whether or not you agree to take part in the survey will not have any effect on your employment within the DHB.

Benefits

This study will give you the opportunity to feedback what your thoughts are around workplace wellness and thriving at work whilst also exploring what suggestions you may have about implementing changes. The data will be analysed and used to create a survey with other rotational physiotherapists working in DHB's nationally in New Zealand. .

This information will help inform the physiotherapy wellness committee and managers about what staff feel are the key issues and how to prioritise any staff wellness initiatives. The survey will give additional data on the experience of rotational physiotherapists nationally and suggestions to support these therapists to thrive.

Risks

It is acknowledged staff may feel vulnerable about discussing or raising delicate issues during the focus group sessions. Access to EAP is available at any time to staff in the DHB and staff are encouraged to access the services if following the focus groups they feel they need this support. Participants can also use professional supervision to further explore any topics identified in the focus groups.

Data Storage

All documents and data collected regarding the study will be kept in a locked filing cabinet in Waikato Hospital Waiora Building level B1. Study data will be kept on a password protected computer and any electronic data will be held in password protected files in the Waikato DHB server.

At the end of the six-year period all electronic data will be permanently deleted. All hard copies of study data and consent forms will be destroyed using secure document destruction services within the DHB.

Right to Withdraw from Participation

As an individual contributing to a focus group where it will be difficult to identify individual participant's responses, it will not be possible to withdraw your data from the study once you have participated. You can however leave the room at any point, not enter discussions or ask for the audio recording to be stopped as a means of withdrawing.

Anonymity and Confidentiality

Information that you provide will be used for the purpose of the study only. Due to the nature of the data collection your identity will not be known

Contact Details and Approval

Researcher Name and contact details	Supervisor Name and contact details
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<p>Fiona Stephens 021 341 876</p> <p>Professional Lead Physiotherapy, Waikato Hospital, Pembroke Street, Hamilton</p> <p>Fiona.Stephens@waikatodhb.health.nz</p>	<p>Joanna Hicks 027 394 5168</p> <p>Senior Lecturer, Biomedical Sciences, Te Huataki Waiora, School of Health University of Waikato, Private Bag 3105 Hamilton 3240</p> <p>Joanna.hicks@waikato.ac.nz</p>
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For any queries regarding ethical concerns you may contact the supervisor above or Waikato DHB research office on research@waikatodhb.health.nz

Approval by:

Waikato DHB Research Office Reference number RD020064

Waikato University Ethics committee 25/11/2020 Reference number HREC(Health)2020#75



Consent Form – Participant

THIS FORM WILL BE HELD FOR A PERIOD OF 6 YEARS

Project title: To identify opportunities to enhance thriving at work in rotational physiotherapists employed at Waikato Hospital in 2021. **Researcher** Fiona Stephens

Declaration by participants:

- I have read and understood the Participant Information sheet (PIS)
- I understand that the study aims to identify opportunities to improve thriving at work in rotational physiotherapists at Waikato Hospital.
- I understand that my decision to participate or not participate will not affect my relationship with Waikato DHB.
- I understand the focus group will be recorded.
- I understand that I can request for the recording to be turned off at any time.
- I understand that I can withdraw my participation at any time in the study prior to the focus group starting. If this occurs after the focus groups I understand I am unable to retract the data I have contributed to the study up to the withdrawal point.
- I understand that the recordings will be transcribed by an independent person and then analysed by the researcher of this study.
- I understand that my participation in this study is confidential and that no materials which could identify me will be used in any reports on this study.
- I have had time to consider whether to take part.
- I know whom to contact if I have any questions about the study.
- I agree to take part in this research.

- I understand all data will be kept securely on a password protected electronic folder at Waikato DHB for 6 years, after which they will be securely destroyed.
- I understand that the data may be used to further develop wellness initiatives within physiotherapy at Waikato DHB.
- I understand that all consent forms will be stored separately from the data in locked filing cabinets for 6 years after which they will be securely destroyed.
- I wish / do not wish to receive a summary of the findings by email.

Participant Name: _____

Signature _____

Ethnicity Please indicate the one you identify with:

NZ Māori NZ European Other (state) _____

Age _____ **Gender** _____

How long have you been practising Physiotherapy _____

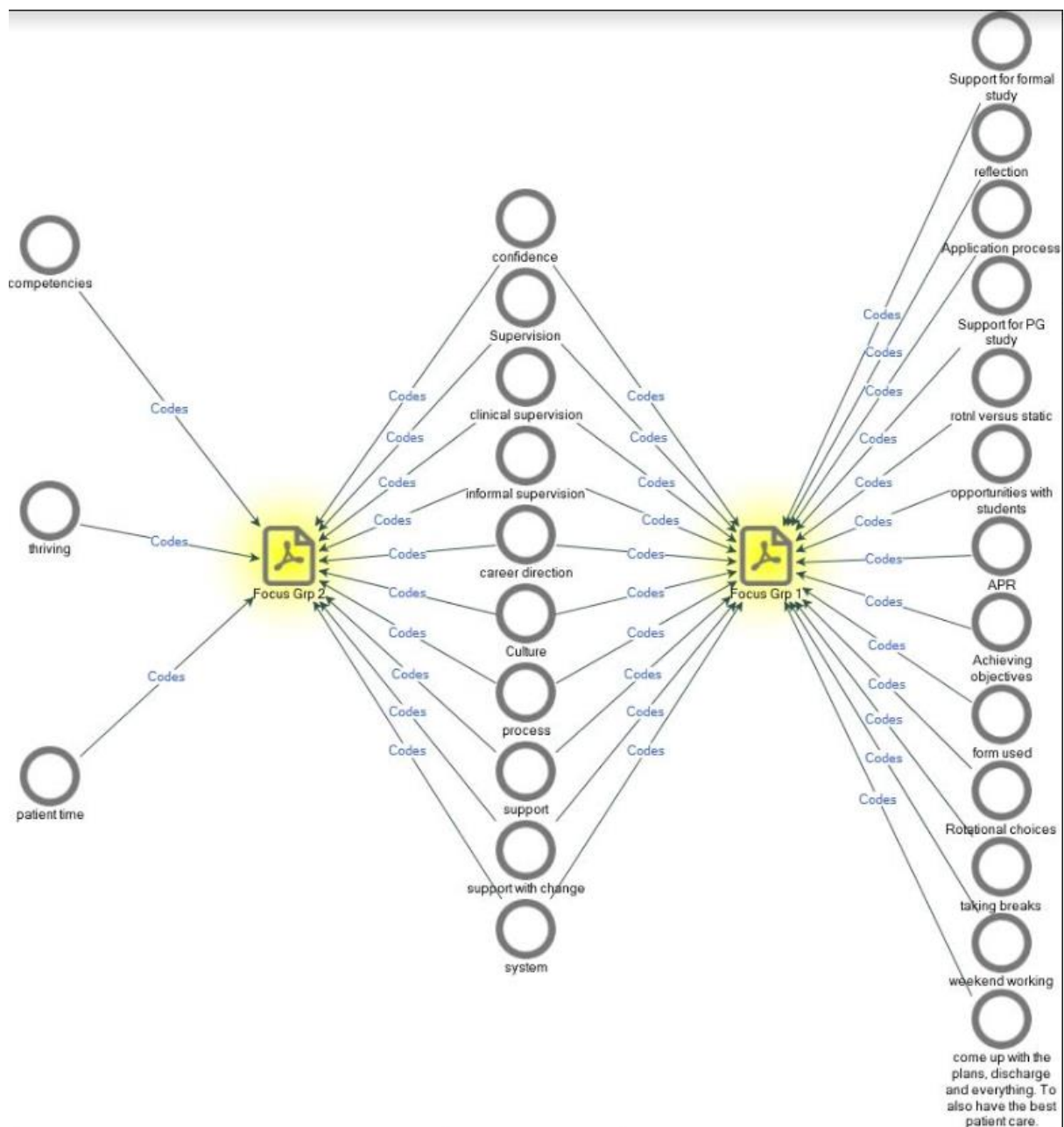
Email address

(If you would like to receive a copy of the final report sent to you by email)

Appendix B Questions for Focus groups

- a) What about your workplace has been supportive of you in your first years of practice?
- b) What other things could your workplace do to support newly registered/qualified physiotherapists?
- c) What about your undergraduate physiotherapy programme prepared you well for being a physiotherapist?
- d) What else could your undergraduate physiotherapy programme have done to prepare you well for being a physiotherapist?
- e) What post-graduate education has assisted you to thrive as an early career physiotherapist?
- f) What advice would you give to your employers about what they could do to support you to Thrive at work?

Appendix C Visual diagram of NVivo coding of Focus Groups



Appendix D Survey Questions

Q1 What gender do you identify as?

- female
- male
- transgender
- non binary/non conforming
- prefer not to respond

Q2 What ethnicity do you identify most with?

- Maori
- Pacific peoples
- NZ European
- Asian
- European
- Middle Eastern/Latin American/African

Q3 How long have you been in your role?

- < 1 year
- 1-2 years
- 2-3 years
- 3-4 years
- 4-5 years
- 5+ years

Q4 How many hours do you normally work in a week?

- < 20
- 21-30
- 31-40
- 40+

Q5 Please rate how the following activities support you to thrive at work	Strongly agree (1)	Agree (2)	Neutral (3)	Disagree (4)	Strongly disagree (5)
Clinical supervision					
Professional supervision					
Access to course funding					
Supervising undergraduate students					
Spending time with patients					
Conversations with your manager/professional leader regarding career aspirations					
Rotational placements that correlate with career aspirations					
Active involvement in rotational placement allocation					
The length of rotational placements					
Assistance to achieve on-call and weekend competencies					
A team culture of taking breaks					
A team culture of inclusiveness irrespective of experience or titles					

Q6 At work	Strongly agree (1)	Agree (2)	Neutral (3)	Disagree (4)	Strongly disagree (5)
I find myself learning often					
I continue to learn more and more as time goes by					
I see myself continually improving					
I am not learning					
I have developed a lot as a person)					
I feel alive and vital					
I have energy and spirit					
I do not feel very energetic					
I feel alert and awake					
I am looking forward to each new day					

Q7 Intention to leave the job or the profession	Strongly agree (1)	Agree (2)	Neutral (3)	Disagree (4)	Strongly disagree (5)
I want to switch to another Physiotherapy job as soon as possible					
I am considering changing my physiotherapy job					
I am keeping my eyes open for another job opportunity in physiotherapy					
I want to leave the physiotherapy profession as soon as possible					
If I had it to do over again, I would still go into physiotherapy					
I plan to continue in physiotherapy for the rest of my working life.					
I do work that goes beyond what is expected of me in my job					

We would love to hear your thoughts on the following?

Q8 If your workplace could do 3 things to support you to thrive, what would these be?

Q9 What else would you like to see? What is your ideal?

Q10 What advice would you give to your employers about extra things they could do to support you to thrive?

Appendix D Raw Data for Survey responses to questions 8, 9, 10

Q8 If your workplace could do 3 things to support you to thrive, what would these be?

<p>More education opportunities/funding Opportunity to actually have non-clinic time at work Approving and encouraging leave</p>
<p>Involve rotational in selection process of rotations. Ensure as much as possible equal exposure to different areas between rotationals, particularly to support on-call and respiratory training Have rotational meetings to allow opportunity for feedback to seniors/practise supervisors</p>
<p>Continue to support with caseload Continue to support discussions around continued learning and career progression Support with learning opportunities</p>
<p>Structured learning More staff Improved management</p>
<p>I feel like I am quite supported however as a new grad and new employee to have at least one more person on the ward would help</p>
<p>Taking lunches together, supportive of learning/checking in, positive feedback</p>
<p>Provide easier access to funding for courses Have more non clinical time Better clinical supervision</p>
<p>Free barista coffee machine, more reflection/case study sessions, more space to present new ideas</p>
<ol style="list-style-type: none"> 1. More cultural support (cultural supervision) 2. More regular clinical support from clinical coaches 3. Support more non-clinical time
<p>Have more senior support around, our workplace is very junior heavy at the moment. Creating a culture that encourages everyone to take their full breaks and leave on time. Recruit to vacancies faster so that we are not left with short staff or nil senior support</p>
<p>work to break ratio - weekends and working hours, increase pay to make you feel important and worth their time. less expectations of note writing - takes away time I can be with patients. encourage mental health days</p>
<p>Continual clinical support Ongoing discussions with colleagues regarding positives/negatives of the experience and things we have learnt. Continue to support a good work/life balance</p>
<p>More coaching 1:1 time in rotational area, encouraging doubles with other skilled therapists to learn ensure work to start/end times/take sufficient breaks</p>
<p>Planned and scheduled supervision with supervisor discussion about career aspirations and how to help assist to achieve these</p>

non clinical time for cpd - for admin
<ol style="list-style-type: none"> 1. Ongoing guidance and advice from senior staff 2. Ongoing regular inservice training 3. Ongoing team bonding/supportive team culture
Clinical coaches, active involvement in rotation choices, listening to my concerns and trying to make a difference
Ongoing clinical support Conversations around professional growth and job opportunities Progression in my role
Support annual leave, facilitate growth, promote learning
<ol style="list-style-type: none"> 1. To ensure learning opportunities are consistent across rotations (outpatients and AT&R have less CPD / learning opportunities, and often have less contact with clinical coaches), 2. To have in services from external MSK physios to help us keep these skills - often neglected in hospitals as 'not the priority' or 'won't change discharge', 3. Particular rotations need better senior support, often seniors who have been around a long time seem to work less clinically and 'leave you to it' rather than 'lead by example'
More staff, better pay and less hours.
more professional development opportunities enough staffing more funding for projects / service improvements
Active role in choosing placements and supporting through these.
Fixed check in times More regular supervisor input More support for weekend work
Supportive work environment for learning Care about life outside of work
Better clinical supervision as I feel ours is more professional. Assessing competencies and active training if rotational PT is not meeting competencies. Easier access to training and learning development especially in the first 1-2 years as a new grad.
<ol style="list-style-type: none"> 1) Provide opportunities for rotationals (especially core 1's) to access funding for courses to help staff to maintain an interest by learning new skills and gaining further knowledge. 2) Core 1 rotations to be shorter (4 months) so that rotationals can gain experience in a larger number of clinical areas to help them decide what areas they enjoy 3) Have a liaison for rotationals that can bring the team together to give an opportunity to discuss any issues and feedback to management
Don't work overtime i.e taking entitled breaks, continue supervision with a buddy, increasing variety ie rotations
Education services,

intentionally planned supervision sessions, and discussions with clinical leads/managers around passions and areas of interests to shape future career directions.
Realistic workloads, shorter rotations (4-6 months, not 6-9 months), feeling of more respect/less condescension from management
Time for self directed learning support to bolster my current role assistance from leadership in projects
On call training, supervision with difficult patient, experience in ICU
Opportunity for job progression, order of rotations, opportunities to take on more responsibility within rotations
Specialised inservices, More time with senior therapists to discuss cases, Longer rotations in places like ICU, Paeds etc
protected supervision time better equipment designated work space
1. Prioritising non-clinical time and supporting therapists to complete same. 2. Checking in regularly on how you are managing day to day. 3. Encouraging break times.
Do the basics well, use time efficiently, provide clinical supervision
Encourage protected learning time during the week Halfway feedback. Reflection with a supervisor following seeing patients
More access to CPD funding
Funding for formal education. Supportive team culture. Professional supervision.

Q9 What else would you like to see? What is your ideal?

Equality for roationals
Appreciation for the work we do from other professions.
Achievable case loads, support to learn, good orientations to new rotations, senior physiotherapists who have time to support and teach, improved management, managers who are approachable and involved with the team. Be surrounded by colleagues who also seem to love their job, not just me.
To have one more person on the ward with me as it can get overwhelming sometimes

Accruing annual leave is difficult when starting out in role
NA
A system to help assist with ensuring we are "working to rule" Better systems to cover vacancies, staff shortages and leave
Hauora days - at my sisters job, they are obliged to take one mental health day once a month, fully paid, no questions asked - with planning of course. my sisters role is not even in the health care system and I feel like health care workers experience high levels of stress at work but get less amount of acknowledgement for it
N/A
Adequate FTE to support above.
variety of rotation choice
Maybe more time spent with senior staff in clinical settings to learn from observing more complex cases
Clinical supervision and senior PTs being open/having the time to support the rotational staff
Making sure there is more of a structured orientation for new grads and regular supervision/ oversight for new staff. I would like to be supported in taking on more roles/ leadership opportunities as a more experienced rotational physio
Longer rotations, more course opportunities
Unsure what else
A significant pay raise.
adequate staff so we have enough time to do our jobs with patients. more time to spend with patients
less weekend work if not a 7 days service with rostered input on weekends
Better communication from senior physio's. Extra work responsibilities going to senior physios rather than new grads as we are still trying to find our feet and often get dumped with things such as H&S reps etc. Hands on clinical supervision where you have access to bigger DHBs to learn more experienced work. As sometimes the smaller hospitals can become rote learnt and the wider experience / learning isn't there because the seniors may not have that experience.
Maybe shorter rotations? Continue in services with seniors.
Increased communication.
Shorter rotations, not getting placed in repeat rotations because of "service need"
More peer support/senior support to develop skill set
ICU patient/ rehab
Regular on-call training and other ongoing training specific to rotations

Support and continued learning
more designated therapy spaces on inpatient wards, and a greater understanding/appreciation for what Physiotherapists do from the other medical professionals.
More social events, team building activities, leadership training for junior rotationals
Senior management being more a part of the team
More senior guidance and learning opportunity from senior physiotherapists.
Rotations that align with career aspirations. Support to move into more senior roles. Less hierarchical team structure.

Q10 What advice would you give to your employers about extra things they could do to support you to thrive?

Unsure
Be more present. Understand what is going on within the team. Don't rely on line managers to be the messenger.
I am not sure
Accruing annual leave is difficult when starting out, inducting staff better so that they're not stressing about missing things/letting things slip through the net
Ask as many questions as you need Be proactive
Better manual handling training for nurses
Provide more incentives to staff to help with retention
Same as above
incr money, less hours
N/A
Increasing FTE for sick/annual leave to ensure adequate staffing levels
non clinical rotational time scheduled regular supervision and discussion of goals / career aspirations
Above
Make sure you do something if someone brings a concern to you - nothing worse than going to your boss and telling them you're struggling for them to just give you a

"pat on the back" and tell you you're doing a good job. Actually try to implement a plan to change/sort out the problem.
Make sure new graduates and rotational staff are supported early on and have a set supervisor/ supervision time
See above
Listen to our suggestions, these are important to us. Better communication from management, it seems the higher up someone is promoted, the less attention they pay to rotational staff
Pay us what we worth!
adequate staffing, more funding
More incentives for therapist to want to come to work in hospitals
Improved team spirit/morale
Communicate better, allow new grads to direct their learning needs and support them in this. Provide options to train in areas of interest rather than trying to make them do every speciality under the sun.
Encouraging study days and prioritising learning
Having blocked out/protected time for areas of education, increased observation sessions with seniors to watch and learn what is expected at a rotational level.
Respect your rotators, don't try to manipulate them or force them into rotations they don't want to do. Try to accommodate their wants/needs more rather than always prioritising "service need"
Really listen to what our issues are, it's hard to thrive when you feel like your issues are being brushed aside and very un-inspiring
No advice
Orientation documents for rotations, advance planning of rotations
More inservices
Take feedback from employees seriously and turn th into action points rather than just explaining why nothing can be done about it.
Understand how much team culture affects the working environment and the importance of investing into your rotational staff so that they invest into your team and want to stay here.