

# Factors Influencing the Transition from Training to Clinical Practice by Occupational Therapy Graduates from Kenya Medical Training College

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## Abstract

Achievement of SDG3 and Universal health coverage requires adequate attention to health workforce characteristics and behavior. Of paramount importance is the successful transition of healthcare workers from the training institutions to the labor market. Transition to practice can be identified as the change from the role of student to the role of practitioner. Transitioning from being a student to being a worker is usually not smooth affair to all graduates, but is constantly faced by a myriad of challenges. To manage these situations, an in-depth understanding of the factors that influence transitions is paramount.

**Study objectives:** The aim of the study was to identify the factors influencing the transition from training to clinical practice of Occupational Therapy graduates from Kenya Medical Training College. Specifically, the study sought to assess the preparedness towards work roles, establish the influence of preceptors on transition to practice and to determine the influence of Occupational Therapy work practices on the transition to practice by the graduates.

**Methods:** The study participants were Occupational Therapy diploma trainees who graduated between 2018-2021 from the three campuses in Kenya-Nairobi, Machakos, and Mombasa. A descriptive cross-sectional mixed methods study design was used. The design permitted the use of both quantitative and qualitative data collection approaches. Purposive sampling was used to select the institutions while disproportional sampling was employed to select representative samples of participants from the three campuses. Simple random sampling was used to select the respondents. Simple random sampling was used to select a county facility where Key informant interviewees were selected representing each of the 8 strata representing the geographical regions in Kenya. The Occupational Therapy in charges was sampled from Nairobi, Busia, Kisii, Trans-Nzoia, Kilifi, Embu, Mandera, and Murang'a. Quantitative data was collected using an online questionnaire, while the qualitative data was collected using a key informant guide. Interview guides were transcribed into themes and then thematically analyzed and presented in narrative forms. STATA software was used to manage, code and analyze the data collected through an inductive and thematic approach

**Results:** show that graduates felt adequately prepared for their work roles at ( $\chi^2=20.1500$ ,  $p=0.017$ ) and had a significant influence as they transitioned to practice. Notably, the results indicate that preceptorship had a significant influence on transitioning to practice ( $\chi^2=16.5961$ ,  $p=0.04$ ) indicating that preceptors play an important role in the transition to practice for graduates. Results also show that Occupational Therapy work practices have a significant influence in the transitioning to practice ( $\chi^2=24.800$ ,  $p=0.003$ ) with a  $p<0.05$ .

**Conclusion and recommendations:** Based on the findings, it can be concluded that feeling of adequacy on work roles, work practices and preceptorship can significantly influence transition from training to practice of Occupational Therapy graduates. Based on the results and the conclusion made, it is recommended that the OT program be strengthened to offer more support through exposure to the work areas; develop a preceptorship program to mentor the novice therapists during their clinical placements during training.

**Key words:** Clinical practice; Preceptor; Transition; Work readiness

## Introduction

An adequate, well-distributed and motivated health workforce is central to the realization of universal health coverage (UHC), and many of the Sustainable Development Goals (SDGs), including health, decent work and economic growth, gender equality and migration [1]. Achievement of SDG3 requires attention to health workforce characteristics and behavior. For this to be realized there should be successful transition of healthcare workers from the training institutions to the labor market. According to the American Occupational Therapy Association, transitioning to practice of Occupational Therapists is expected to rise by 18% between 2018 and 2028. Transition necessitates the valua-

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tion of the number, type and distribution of health workforce required to meet the population need for health services [2].

Transiting from being a student to being a worker is usually not a very smooth affair to all graduates, but is constantly faced by a myriad of challenges. These challenges are diverse, accompanied by lots of stress and anxiety fluctuating with situations, cultures, and orientations. Seah et al. reveal that some of the factors that contribute to stressors faced by novice occupational therapists in their first 6 months of practice include management of a case load, time, and obligation to clients and often accompanied by low confidence [3]. This entire influence patient care management and ultimately the retention of the Occupational therapist in the work force. They further explain that most workers experience shock on starting work, attributable to the confusing nature of the hospital facility operations, expectations of other health professionals, administrative requirements and professional title.

Naido and Joubert and Opoku et al, concur that changeover from a student to competent professional is a period of heightened stress and anxiety, because the fresh graduates enter a complex new world upon starting clinical practice [4,5]. Both studies indicate that though the graduates have an expectation that they will feel proficient and esteemed as they transition to the role of an Occupational Therapist, there is often a disconnect between a new graduate's expectations and the actualities of their experience. This disconnect can impact on the health personnel performance in patient care management, at a time when the country pursues to have a workforce that is both apt for purpose and fit to practice in provision of Universal Health Coverage.

The Ministry of Health survey of 2020, underscores the need for improving rehabilitation services in the country, Occupational Therapy being one of them. The WHO report of 2021 indicates that currently, the demand for rehabilitation is chiefly unmet. The report highlights that in some low and middle-income countries; more than 50% of people do not receive the rehabilitation services they require, due to multiple factors, one of which is a low figure of proficient rehabilitation. This gap in Human Resources for Health in many circumstances translates into the need for new employees exiting from training and transitioning into the field of clinical practice, in order to meet the global, regional and local rehabilitation health needs. In order to address challenges leading to identified gaps, it is paramount to address the factors contributing to transition challenges. This study therefore sought to expose the factors that influence the transition from training to clinical practice by occupational therapy graduates from Kenya medical training college.

### Specific objectives

The study sought specifically to:

- i) Assess the preparedness towards work roles by Occupational therapy graduates from Kenya Medical Training College.
- ii) Establish the influence of preceptors on transition to practice of Occupational therapy graduates from Kenya Medical Training College.
- iii) Determine the influence of Occupational Therapy

work practices on the transition to practice by graduates from Kenya Medical Training College.

## Materials and Methods

### Sampling

The researcher used disproportional sampling technique to ensure fair distribution of participants from the three schools: Machakos 39; Nairobi 71 and Mombasa 41. Eight Occupational therapy in charges, one from each of the strata, were purposively chosen as key informants to represent the clustered facilities within each region. The researcher further used simple random sampling to select eight county facilities out of each stratum, whereby heads of department were drawn for the study. These regions included Nairobi, Trans Nzoia, Embu, Busia, Kilifi, Muranga, Garissa, and Kisii. The 8 in charges from the County government facilities were called and briefed on the study and later contacted to participate in the study.

### Sample size

The population of OTs who graduated between 2018 and 2021 from Nairobi, Machakos and Mombasa campuses of Kenya Medical Training college (KMTC) working in national or county hospitals was estimated at 249. In order to determine the desired population, the fishers' formula as cited in Mugenda and Mugenda as follows was used:

$$n = \frac{z^2 \times p(1-p)}{d^2}$$

Where:

N=Study population (In this case, N=249 respondents); n=the required sample size for population above 10,000; z=the standard deviation at 95% (which is  $\pm 1.96$ ); p=the estimated proportion of graduates successfully transitioned into practice. Since it is unknown, this study assumed the recommended value of 50%, d=margin of error (in this case, 5% is assumed) [6].

Hence, desired sample size  $n = (1.96)^2 \times 0.5(1-0.5)/0.05^2 = 384.16 \times 0.5(1-0.5)/0.0025 = 384$

Since the target population is less than 10,000, the final sample estimate (nf) required was adjusted as follows:

$$nf = \frac{n}{1 + \frac{n}{N}}$$

Where:

nf=Desired sample size (when the population is less than 10,000); n=the desired sample size (when the population is more than 10,000); N=the estimation of study population. In this case, N=249 respondents.

$$nf = \frac{384}{1 + \frac{384}{249}}$$

Therefore  $nf = 384 \div 2.536 = 151.41 \cong 151$  occupational Therapists.

A semi-structured questionnaire and key informant interviews were used to collect quantitative and qualitative data respectively and administered online. Respondents were contacted over the phone, explained about the study before being asked to voluntarily consent to participate. Those who consented were sent a link giving them access to an online questionnaire. On submission, the responses were captured in the online tool and downloaded in excel format for importing for analysis. Data collection took place over a period of four weeks. Qualitative data was transcribed, reviewed, initial codes created, organized into themes and then thematically analyzed through STATA software.

## Results and Discussion

Data was collected in the months of January, February and March 2022. A total of 151 respondents participated in the study. Of the 151 questionnaires distributed, 134 were useful for analysis. This represented a response rate of 88.7%. The findings were as follows:

### Characteristics of the respondents

Of the 151 questionnaires distributed, 134 were useful for analysis. This represented a response rate of 88.7%. 63 (47%) of the respondents were females while 71 (53%) were males. The majority of the respondents (55) representing 41% had worked for a period of 13 to 24 months followed by 35 (26.1%) who had worked for 1 to 6 months.

In terms of the type of employment the respondents were engaged in, 64(47.8%) were volunteers, followed by 38 on contract basis, 21(15.7) were on permanent and pensionable terms while 11 (8.2%) were engaged in domiciliary care.

Findings also show that majority (56.7%) of the respondents graduated from Nairobi Campus 27.6% Mombasa while 15.7% Machakos Campus. The results further showed that 55.2% of the respondents graduated in the year 2018; 19.4% graduated in 2019 while 25.4% graduated in 2021.

### Preparedness of the graduates towards work roles and expectations

The study established that less than half of the graduates were prepared towards work roles and expectations. This was evident in the construct items that were used to measure this preparedness. The findings showed that (68.7%) agreed that they were open to change (flexibility), acceptance of diversity and are able to adapt behavior.

### Influence of preceptors to transitioning to practice

The study established that, a minority 29% of the respondents disagreed that the support of the preceptors determines the success of the transition process into practice process. However, 38% of the respondents strongly agreed that the support of the preceptors determines the success of the transition process into practice process. The study further established that 15% of the respondents strongly disagreed that they were satisfied with the solutions put in place to deal with transition into practice. Graduates also reported that their level of comfort and confidence in themselves grew during interprofessional encounters.

### Influence of occupational therapy work practices on transitioning

The findings indicated that 44% of the respondents strongly agreed that they are able to systematically evaluate and intervene whenever a client had an occupational performance need. Only 18% of the respondents disagreed that they are able to systematically evaluate and intervene whenever a client had an occupational performance need. The study further established that 31.6% of the respondents agreed that they were satisfied with the outcomes of the clinical placements during training.

### Preparedness of the graduates towards work roles and expectations

Factor analysis was conducted to reduce items of preparedness of the graduates. Preparedness construct was measured using the 6 items. The study found that KMO had a value of 0.7704. The KMO value is high (more than 0.5). Total variance explained for preparedness showed that one component explained 40% of the total variability in the six items. The results are presented in Table 1 [7,8].

Table 1: KMO Test for Preparedness

Variable	KMO
I am motivated and exude commitment, drive, persistence, achievement orientation.	0.754
I am satisfied with my level of confidence in technical/theoretical knowledge, initiative, personal structure, task management.	0.768
I possess good interpersonal skills such as communication skills, social confidence, collaboration/teamwork, building relationships/engaging with others, social intelligence	0.76
My attitude towards work is that of optimism, respect for others, realistic expectations, humility	0.776
I am open to change (flexibility), acceptance of diversity, able to adapt behavior	0.798
I understand the organizational structures, awareness of organizational culture, rule/process conscious.	0.771
Overall	0.77

## Conclusion

The results from the study showed that preparedness of the graduates towards work roles has an influence on transition to practice. The preparedness of the graduates towards work roles and expectations requires that the novice therapists should be able to handle patient management and administrative issues without feeling inadequate in theoretical, technical and intervention skills. A majority by 59% were satisfied with their level of confidence after schooling. In contrast, Hodgetts highlights that novice therapists in practice having recently graduated, acknowledged they felt lacking in technical and intervention skills, while longer term graduates felt confident in their knowledge and abilities, particularly in their capacity to

offer personalized intervention however this does not translate to competency.

The results indicated that preceptors have an influence on the transition into practice by a majority 60%, who agreed that new health professionals benefit from mentorship and peer support. This aligned with the findings of Khuabi, who states that the novice professionals should be encouraged to seek assistance or supervision from senior colleagues through orientation programs, while the senior colleagues, and should maintain a positive professional relationship with new health professionals, treating them with respect and acknowledgment.

The results also indicated that occupational Therapy work practices had an influence on transition to practice. While 70% of graduates felt they were exposed to current and emerging issues relevant in Occupational Therapy practice during training, only 56% agreed that the practices of the profession supported the successful transition into practice. This would be likened to what Ventura states, that a distinctive ability occupational therapists possess is adaptation, which was specifically exploited in the curriculum building and implementation phase.

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### Conflict of Interest

I did not receive any support or benefits from commercial sources for the work reported in the manuscript, nor did any author receive any other financial interests which could create a potential conflict of interest or the appearance of a conflict of interest with regard to the work.

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