The Factors that Influence Job Satisfaction in Bands 5 and 6 Therapy Radiographers

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Rationale
• Drive to increase capacity and quality (Cancer Reform Strategy 2007)
• 30% increase in radiographer numbers (NRAS 2007)
• Staff shortages in RadioTherapy (Kresl et al 2004)
• Vacancy figures for RT higher than other Allied Health Professions (Probst and Griffiths 2007)
• 3% attrition PA (Griffiths, Craig and Abrahams 2006) high attrition seen in HEI’s
• Junior professions offer the greatest retention challenge (Newham and Maylor 2002)

Job Satisfaction
• Multifaceted
• Index of positive and negative work experiences (Makanjee et al 2006)
• Global concept
• Job satisfaction is closely linked to intrinsic motivation (Boreham et al 2006)
• Low job satisfaction correlates to withdrawal behaviors (Saari & Judge 2004)
• Negatively effects performance.

Objectives
• Explore and understand the professional experiences of band 5 and 6 therapy radiographers.
• Identify Factors influencing perceptions of job satisfaction
• Develop strategies to increase job satisfaction for this group of practitioners
• Inform a Phase II study

Methodology
• Ethical approval
• Case study design
• Two large centres
• Purposive sampling
• Focus groups were recorded and transcribed verbatim
• Thematic analysis
• Comparison between and within cases
• N=34
• Age range = 21-42 years
• Years qualified range = <1 to 19 years
Results

5 Emergent Themes

- Professional Development
- Organisation
- Transition
- Work Load
- Team

Coding frequency & Rank

| Coding Frequency Rank | Band 7 | Band 8 | Band 9 | Band 10 | Total
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<td>12</td>
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Professional Development

- CPD
  - "If it was left up to (management) to support you then you probably wouldn’t fulfill HPC requirements."
  - "I’ve now done a year with no CPD."

- Training
  - "getting signed off"

- Rotations
  - "you don’t get much say in your rotations."
  - "don’t get rota’d around…deskilled in other things."

- Development Review
  - "I never had one until it was brought in with AAC."
  - "my PDR’s tend to take two or fifteen mins and it’s just like yep, yep, yep."

Organisation

- Hierarchy
  - "(Band 7) come and take over…they know best and they’ll make the decisions."
  - "(the band 8’s) in their own little safe cocoon of the office"
  - "feel really guilty if you’re doing something that you think…you haven’t got a higher enough standing in the department."

- Control
  - "you’re the one on the front line…getting all the flack… and you’re the one who hasn’t got the control to do your job right."

Work Load

- "too many targets…unrealistic targets so then you’re setting yourself up for a fall."

- "no alternative but to just go along with it and just get (patients) done as quick as you can."

- "things double booked left, right and centre"

- "We shouldn’t have 49, but if we are…just be realistic and not mess people about."
Transition

- "the university sold the course that you can do this, that and the other...realised my life would involve treating 40 prostate cases a day”.
- "felt like a student again”
- "survive” or simply “get through the first year”.
- "happy to still be a radiographer and not making any bad mistakes”.
- “I had an unofficial mentor…”

Team

- “I didn’t get the support of the team…it was really, really hard for me”.
- “I felt really well looked after…and I was part of a really good team”.
- “if I was to go to any other trust I don’t think I’d have had the support…”
- “I had so much support. I was even given a mentor”.

A patient’s perspective...

- "(patients) always say how nice we are and that it’s nice coming to treatment…all the pressures going on…isn’t being reflected on the (patients)"

...this comes at a cost
...Is it sustainable?

Conclusion

Professional Development

- Organisation
- Workload
- Transition
- Team

Recommendations

- Improving the way we develop radiographers (pdr, mentorship, competency based work, rotations)
- Improved systems (booking, rotations, service development)
- Phase II study?

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Any Questions?

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