



A Survey on the Study-Work Chasm in the Healthcare Workplace

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BACKGROUND

Healthcare Professionals (HCPs) receive extensive training prior to entering the workplace. While the training attempts to simulate the real-world clinical setting as far as possible, young entrants to the healthcare workforce still find challenges adapting as academic training and workplace settings often do not mirror each other^{1,2}. It is critical to develop young HCPs into effective and productive members of the healthcare workforce. **The aim of this study was to seek HCPs' views about mentoring as a strategy to help newly qualified HCPs transition from school and assimilate themselves in the workplace.**

OBJECTIVES

To obtain information from HCPs with regard to:

- their perception of the study-work chasm in their workplaces;
- their perceived challenges / gaps that newly qualified HCPs face as they transition from study to work
- strategies which can be employed to overcome these challenges / gaps.

METHODS

Two 3-hour interactive workshops, entitled "Bridging the Study-Work Chasm", were held in September 2017 and 2018 for SingHealth HCPs (Fig. 1). The workshops comprised talks and group discussions. Participants were invited to complete an on-line survey voluntarily. The survey consisted of 26 items and 2 open-ended questions. The 2 open-ended questions were 'What do you think are key features of an effective mentoring programme?' and 'What do you think are the barriers to implementing a mentoring programme?'. Participants rated their level of agreement for 15 mentoring-related statements on a Likert-like scale 1-5 (1: Strongly Disagree to 5: Strongly Agree) (Table. 1). The anonymised survey data was collated and descriptive statistics were done.

RESULTS

52 out of 62 participants from various healthcare backgrounds (medical, dental, nursing, ancillary, allied health) completed the survey, achieving a response rate of 83.9%. 41/52 (78.8%) were females, 23/52 (44.2%) were aged 30-39 years old, 24/52 (46.1%) were dentists and 23/52 (44.2%) had 6-10 years of working experience (Fig. 1). 96.2% (50/52) felt a study-work chasm exists in the healthcare workplace with 90.4% (47/52) indicating that a mentoring programme will help to bridge the chasm. 78.8% (41/52) indicated they would probably be more effective mentors with some training (Table 2). Regular bi-directional feedback between mentors and mentees was identified as a key feature of an effective mentoring programme. Lack of time was identified as the top barrier to implementing a mentoring programme.

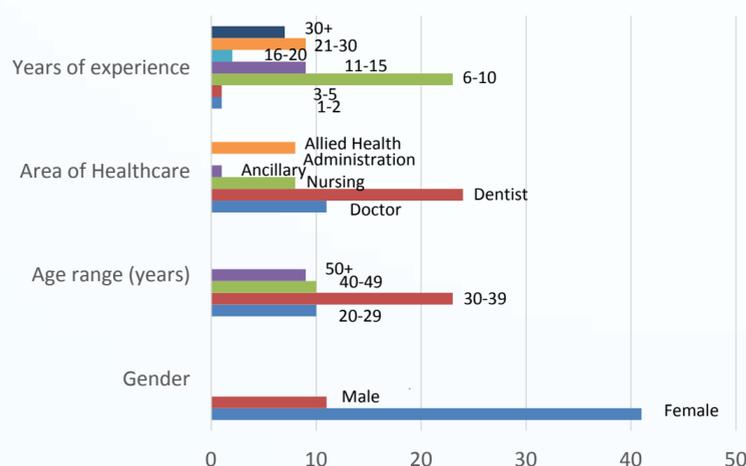


Fig. 1 Bar chart showing the demographics of the respondents

Please rate your level of agreement (1: Strongly Disagree; 4: Somewhat Disagree; 3: Neutral; 4: Somewhat Agree; 5: Strongly Agree) with the following statements:

A. PEER MENTOR BENEFITS

- Q15. I wanted a mentor during my first year out of study to help me transition to my workplace.
- Q16. Having a mentor helped relieve my anxieties about work.
- Q17. Having a mentor helped me to feel confident about being at work.
- Q18. Having a mentor would help in transitioning from study to work.
- Q19. Having a mentor means there is someone I can always go to for my questions.

B. PEER MENTOR QUALIFICATIONS

- Q20. I feel I have enough knowledge to function effectively as a mentor.
- Q21. I feel I have enough skills to function effectively as a mentor.
- Q22. I would probably be a more effective mentor if I have some orientation or training.
- Q23. Mentors should be paired with mentees who have similar backgrounds or are from the same discipline/ profession.
- Q24. Mentors with dissimilar professions from mentees can be effective mentors.
- Q25. Young professionals (with 2-3 years of working experience) make the best mentors for newly qualified HCPs.

C. TIME COMMITMENT FOR MENTORING

- Q26. Newly qualified HCPs need a mentor only during their first year at the workplace.
- Q27. Having a mentor helps even in the later years of working.
- Q28. I would love to continue my relationship with my mentor/ mentee for as long as possible.
- Q29. As a mentee, I expect my mentor to contact me on a regular basis.

Table 1. Survey questions relating to participants' views about mentoring

Total number of participants	Total number of responses
62	52
Response rate	83.9%
Do you think a study-work chasm exists in the healthcare workplace?	No. of responses
(1) Yes	50
(2) No	0
(3) Don't know	2
Do you think a mentoring programme will help to bridge this chasm?	No. of responses
(1) Yes	47
(2) No	0
(3) Don't know	5
I would probably be a more effective mentor if I have some orientation or training.	No. of responses
(1) Strongly agree/ Agree	41
(2) Neutral	9
(3) Disagree / Strongly disagree	2

Table 2. Perceptions of the existence of a study-work chasm and the role of mentoring in bridging the chasm

CONCLUSION

A study-work chasm appears to be experienced by the respondents of the survey. Effective mentoring with sufficient time allocated and opportunities for bi-directional feedback was noted by the HCPs to be a possible way to bridge such a chasm in the healthcare workplace.

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