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A Survey of the activity of members of the Irish society of chartered physiotherapists at branch Level

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OLLSCOIL LUIMNIGH

Aideen Hinch

0742988

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A Survey of the Activity of Members of the Irish Society
of Chartered Physiotherapists at Branch Level

Aideen Hinch

0742988

Supervisor: Marie O'Donnell

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Author's Declaration

I, the undersigned declare that this project which I am submitting is all my own work and that the data presented is authentic.

_____ (Printed Name)

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A Survey of the Activity of Members of the Irish Society of Chartered Physiotherapists at Branch Level

Authors: Aideen Hinch, Marie O' Donnell

Background: Eight geographical branches exist within the Irish Society of Chartered Physiotherapists (ISCP) and their role is to serve the purpose of the Society. Engaging at branch level is an informal Continuous Professional Development (CPD) activity. Barriers to CPD include cost (time and financial) and attitude to CPD, while facilitators include enjoyment, satisfaction and importance in professional practice (French and Dowds 2008). No previous research exists on ISCP members' participation at branch level. Members' perceptions of the future role of the branch within the new governance structure are required to inform the society.

Objectives: To assess ISCP members' attendance at opinions of ISCP branch activities.

Methods: An online questionnaire seeking data on attendance at ISCP branch level and opinions on branch activities was distributed to over 2464 ISCP members. Data was analysed using descriptive statistics. Analysis of qualitative data was performed through theoretical thematic analysis.

Results: A valid response rate of 13.3% was observed (n=327). A lack of interest/no clinical relevance was the main reason for non-attendance (28.3%) at branch level. Communication/two-way decision making was cited (43.1%) as the primary purpose of branches. 23.5% of respondents felt that no changes should be made to how branches currently function while 12.9% felt that ISCP branches should be dismembered.

Conclusions: ISCP members feel there is a future role for branches but significant changes to the activities that are in place are required in order for them to function more efficiently within the new governance structure.

Keywords: physiotherapy, CPD, participation

References: French, H. and Dowds, J. (2008) 'An overview of Continuing Professional Development in physiotherapy', *Physiotherapy*, 94(3): 190-197

1. Introduction

The Irish Society for Chartered Physiotherapists (ISCP) is the sole professional body representing over 3000 members in Ireland. The Society was founded in 1983 following a number of developments in the profession including the establishment of a university degree qualification (ISCP 2010). The structure of the society includes subgroups based on geographical locations known as branches. Eight geographical branches exist within the ISCP. The purpose of these branches is to serve the purpose of the society. Following the ISCP AGM in November 2010, the ISCP has moved to a single Board structure which is entrusted with the governance of the Society. The management and direction of the affairs of the Society are vested in this democratically elected Board which is the ultimate policy-making body (ISCP 2011). The structure and function of the eight ISCP geographical branches did not change following this AGM.

In July 2005 the ISCP council endorsed a mandatory 3-year Continuous Professional Development (CPD) cycle where each member must gain the minimum recommended requirement of a 100 CPD points over a 3-year period (ISCP council 2006). CPD is an umbrella term for life-long learning which begins at undergraduate level. It can be viewed as a process, which includes all activities that provide opportunities for the development of the individual physiotherapist and the profession as a whole. There are formal and informal activities which can be undertaken. Participation at branch level is a type of an informal CPD activity (J. Colin, personal correspondence, 30 Mar 2011). CPD is dependent on the individual's ability to critically evaluate and review their work through clinical reasoning and reflection (Cooney and Blake 2000 cited in ISCP Council 2006). CPD is accepted as a fundamental aspect of professional accountability and responsibility, and is central to professional and organisational success (O' Sullivan 2004). Participating at branch level of the ISCP, thus far, is a non-mandatory requirement of ISCP membership. Members are permitted to choose whether or not they contribute to their regional branch.

The rationale and barriers to undertaking CPD in Physiotherapy have been identified across the literature. The main issues that emerged from the evidence were motivation, attitude to CPD and, the cost of CPD. The main motivational factor to undertake CPD in

the literature was that CPD is fundamental to professional practice. Other factors included satisfaction and enjoyment (Ryan 2003; Gunn and Goding 2009). Attitude to CPD by professionals themselves, their peers and colleagues or the attitude of the management or organisation within which we work can have both a positive and negative impact on the amount of CPD we assume (O' Sullivan 2003; Stagnitti et al. 2005; Bourne et al. 2007). Both the cost of time and the financial cost of undertaking CPD was another strong theme that emerged in the literature (O' Sullivan 2003; Stagnitti et al. 2005). People are unwilling to participate in CPD where the cost of undertaking an activity significantly outweighs its benefit (French and Dowds 2008).

This study primarily aims to assess the attendance at and opinions of branch activities of ISCP members. The Executive Board of the ISCP are interested in assessing how members interact and participate at branch level (R. O'Connor, personal correspondence, 10 Mar 2010). No previous research has been carried out to date investigating how members of the ISCP contribute and interrelate at branch level. The Board of the ISCP are interested in considering ISCP members' perceptions of the future role of the branch within the new governance structure. This information will inform the new Board of the ISCP.

No previous research examining ISCP branches and how they function has been carried out to date.

2. Aim

The aim of this study is to assess the ISCP members' attendance at and opinions of ISCP branch activities.

3. Methodology

3.1 Study Design

A mixed methodology design using an online questionnaire was chosen as the most appropriate methodology to answer the research question of this study. This questionnaire-based study was developed to assess the attendance at and opinions of the Irish Society of Chartered Physiotherapists (ISCP) branch activities. It was carried out to determine the role of the eight geographical branches and to consider ISCP members' perceptions of the future role of the branch within the new governance structure of the ISCP.

3.2 Participants

The link to the questionnaire was attached to an email outlining all of the relevant information relating to the study and was emailed to over 2464 members of the ISCP via the ISCP head office. 335 questionnaires were completed online by members of the ISCP. Only 327 of these questionnaires could be included for data analysis.

3.3 Inclusion Criteria

- Participants were required to be over eighteen years of age.
- Participants must be Chartered Physiotherapists.
- Participants must be practising members of the ISCP. A practising member of the ISCP is a physiotherapist who is currently in practice and is eligible to receive personal indemnity insurance cover (A. Carty, personal communication, 19 April 2011).

3.4 Exclusion Criteria

- Non-English speaking participants due to questionnaire being available in English only.
- Student physiotherapists and non-practising ISCP members were excluded from this study.

3.5 Questionnaire Development

This study is a follow-up to a pilot study carried out by 2 members of the ISCP Board via telephone interviews. The aim of this pilot study was to test the clarity and the flow of questions. Feedback from investigators was regarding modification to improve the clarity to the open ended questions (M. O' Donnell, personal communication, 11 April 2011).

A renewed questionnaire was developed in response to the pilot study. Questionnaire development took place in order to assess the opinions of the respondents in a confidential manner. The purpose of designing a questionnaire is to seek specific information from the respondents (Polgar and Thomas 2008, p. 99).

The questionnaire comprises of 23 questions that are broken down into 3 sections. The first section focuses on demographic information. It asks the respondent questions on age, the number of years qualified, grade of employment, and the main area of clinical interest. These questions were included to help determine the type of people who responded to the questionnaire and their interests. It also asks demographic questions to determine the type of people most likely to give a particular response. It also asks whether the respondent has current membership or previous membership of an ISCP committee to decipher participation of members within their society. Section Two looks at factual information with a focus on attendance at various types of branch events and reasons why the respondent does or does not attend such events. Section Three focuses on the opinion of the respondent. It asks for the respondent's opinion on the purpose of the branch, suggestions for changes to how the branches currently function and for suggestions on how the branch activities that are currently provided can be altered. A final question allowed the respondent a chance to make any further comment regarding ISCP branches. Section Three helps to determine what ISCP members' opinions are on the future role of ISCP branches.

Email was chosen as the method of delivery of the questionnaire as it is less expensive, easier to edit and analyse, there is a faster transmission time, higher response rates, more candid responses, and quicker response times (Thatch 1995). An email questionnaire enabled quick delivery to a large group of potential responders. An online survey tool called Survey Monkey was the tool chosen to distribute the questionnaire (Survey Monkey 2010).

3.6 Data Analysis

Data was extracted from all returned questionnaires which was read and re-read. Themes were identified within the data using theoretical thematic analysis which, subsequently, were comprehensively analysed and common patterns reported (Braun and Clarke 2006). Quantitative data was analysed using appropriate descriptive statistics and presented in the form of percentages, tables and graphs.

3.7 Ethical Approval

Ethical approval for this study was granted by the Clinical Therapies Research Ethics Committee (CTREC). It is understood that by completing the questionnaire online each respondent is giving their informed consent.

4. Results

4.1 Participants

The online questionnaire was sent to over 2464 members of the ISCP via an email from the ISCP Head Office. 335 questionnaires were completed electronically, giving a response rate of 13.6%. Of these, 8 questionnaires were excluded due to ineligibility (all 8 were non-practising members of the ISCP – 6 were working overseas while 2 were students) giving 327 questionnaires for analytical inclusion, resulting in a valid response rate of 13.3%. Not all of the questionnaires were completed in full. Therefore, the response rate to each question is calculated individually as a percentage of response to each individual question. Respondent demographics are detailed in tables 1 and 2.

Table 1: Respondent Demographics

Age (Years):	No. of Respondents (%):	Years Qualified:	No. of Respondents (%):
20-29	38.5 (n=126)	0-5	32.4 (n=106)
30-39	37.3 (n=122)	6-10	21.7 (n=71)
40-49	15.0 (n=49)	11-15	18.1 (n=59)
50-65	8.9 (n=29)	16-20	13.1 (n=43)
>65	0.0 (n=0)	>21	14.4 (n=47)

Table 2: Respondent Demographics:

Grade of Employment:	No. of Respondents (%)	Area of Clinical Interest:	No. of Respondents (%)
Junior/Basic Grade:	22.9 (n=75)	Musculoskeletal/ Orthopaedics:	45.9 (n=159)
Senior:	45.3 (n=148)	Respiratory/ Cardiology:	7.8 (n=25)
Clinical Specialist:	4.0 (n=13)	Neurology/ Gerontology:	20.2 (n=65)
Management:	8.9 (n=29)	Paediatrics/Disability:	16.8 (n=54)
Further Study/Research:	1.8 (n=6)	Oncology/Palliative Care:	1.6 (n=5)
Self-employed/ Private Practice:	15.0 (n=49)	Rheumatology:	1.2 (n=4)
Education:	1.2 (n=4)	Women's Health:	3.1 (n=10)
Unemployed:	1.5 (n=5)	Health Promotion:	3.1 (n=7)
		Education/Research:	3.1 (n=10)
		Management:	1.2 (n=4)
		Primary Care/Acute Services/Community Care:	3.1 (n=10)

4.2 ISCP Committee Membership

Respondents were asked if they had present or previous membership of an ISCP committee (Figure 1). 41.3% of respondents are presently on an ISCP committee while 45.5% of respondents held previous membership of an ISCP committee. Clinical Interest Groups display the greatest membership (present: 61.4%, n=81; past: 60.8%, n=87). The ISCP Board at present has the lowest membership (3.8%, n=5) while previously Standing Committees (5.6%, n=8) had the lowest membership. The majority of members who have held membership of an ISCP committee were senior physiotherapists (n=107, 52.5%).

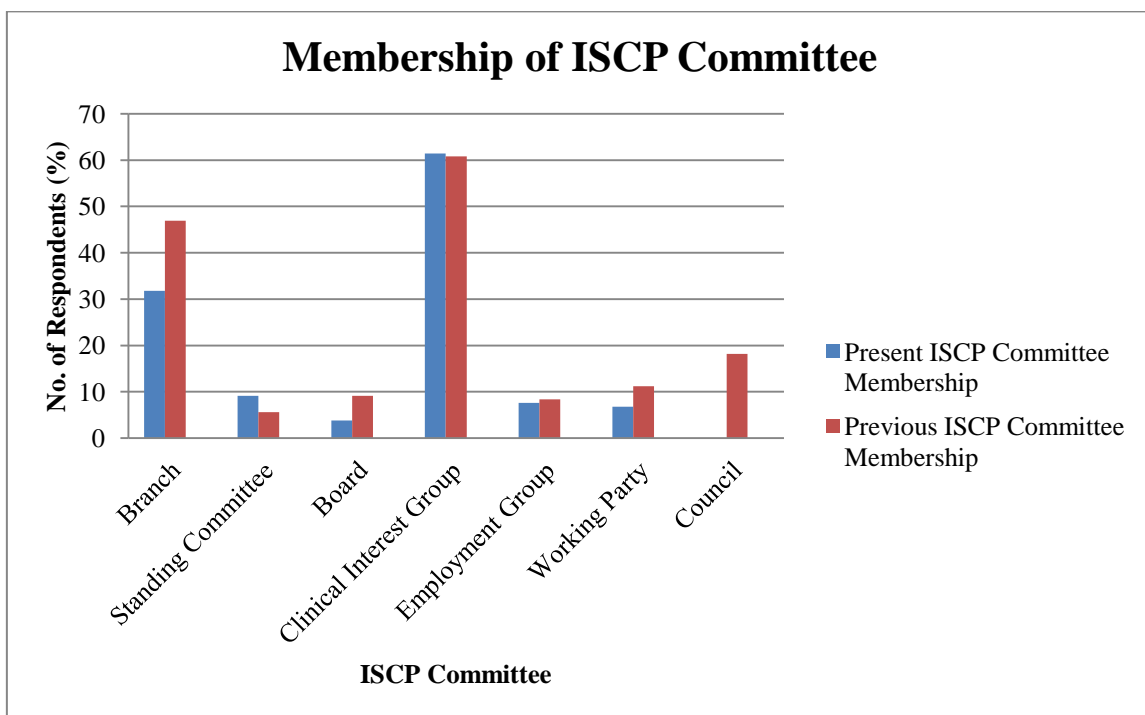


Figure 1: Graph illustrating past and previous membership of an ISCP committee.

4.3 Branch Membership

The pie chart below (Figure 2) demonstrates the number of respondents (n=94, 28.7%) who cited membership of one of the eight geographical branches. Respondents who, according to the chart, are not identified (n=24, 25.5%) alluded to present or previous membership of a branch but did not state which branch they held membership with. The majority of respondents were between the ages of 20 and 29 years (n=30, 31.9%).

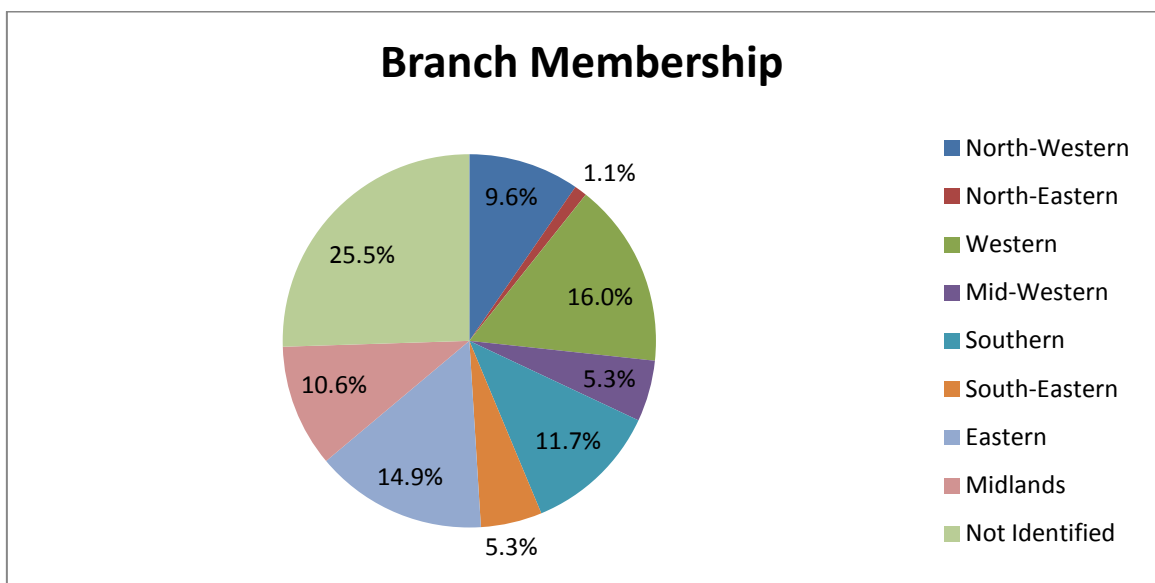


Figure 2: Graph illustrating geographical branch membership

4.4 Attendance/Non-Attendance at Branch Events

Figure 3 shows a bar chart illustrating ISCP practising members' attendance at Branch events. The main Branch events attended by members are Education events (57%, n=171) while the lowest attendance by members is at Branch Social Events (9.3%, n=27). Physiotherapists qualified in the last five years are more likely to attend Branch Education events (n=43, 26.7%) whereas physiotherapists qualified between 6 and 20 years are more likely to attend Branch Social Events (n=14, 52%).

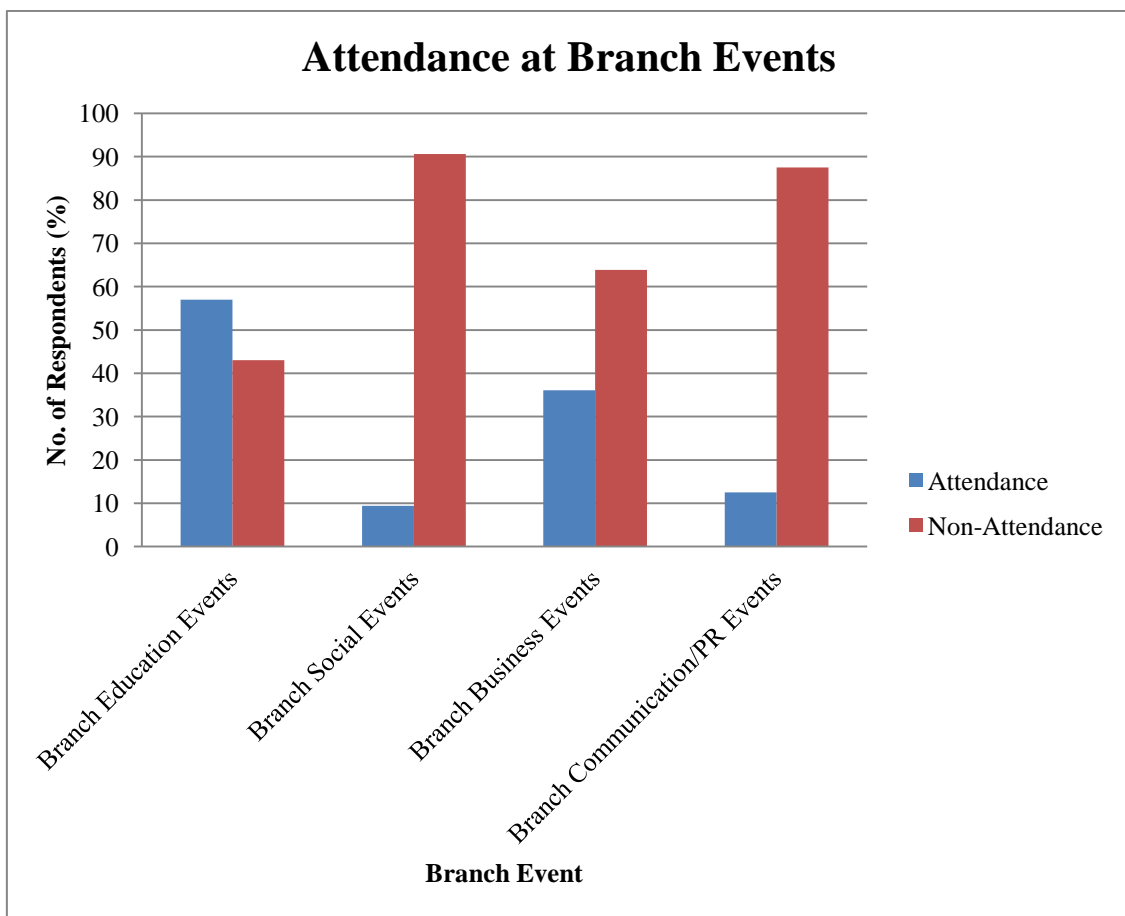


Figure 3: Graph illustrating attendance at the different ISCP Branch events.

Figure 4 demonstrates the main issues raised by respondents which result in non-attendance at Branch events. The main reason given for non-attendance was lack of interest or the event being of little clinical relevance (28.3%, n=223),

“No major interest in this part of the branch’s workings”

followed by being unaware of the existence of such events (24%, n=189).

“I am not aware of any such event taking place in the time since I have become a member.”

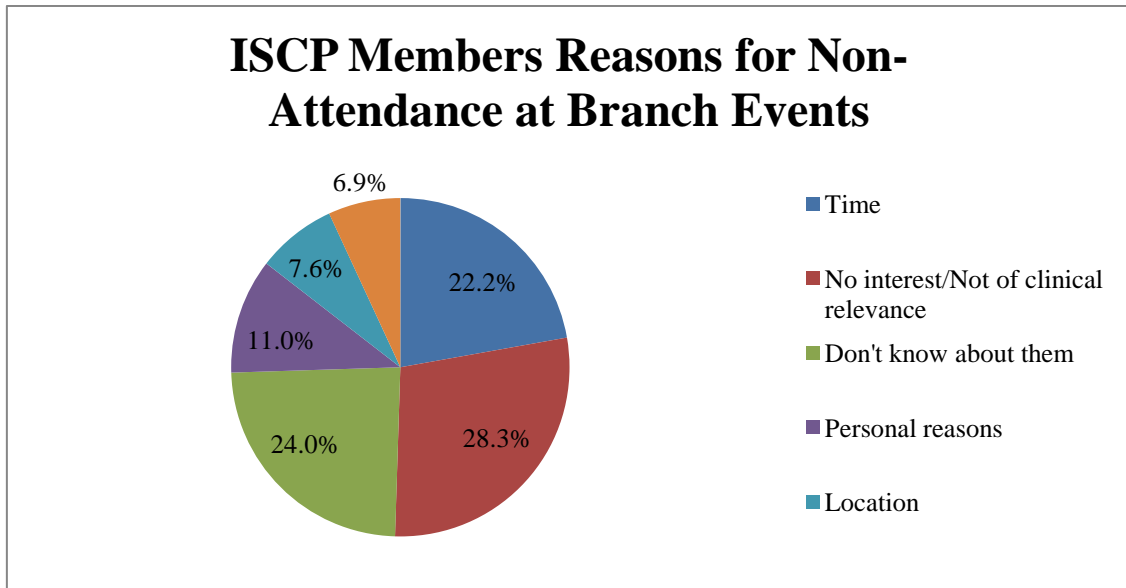


Figure 4: *Illustration of ISCP members’ reasons for non-attendance at Branch events.*

4.5 Purpose of ISCP Branches

The majority of the questionnaires returned reported communication/2-way decision making as the most important purpose of ISCP Branches (43.1%, n=112). 50% of these respondents' main area of clinical interest is Musculoskeletal/Orthopaedics. Results (Figure 5) show the least important purpose of the Branches is an unspecified combination of other purposes (84.7%, n=61).

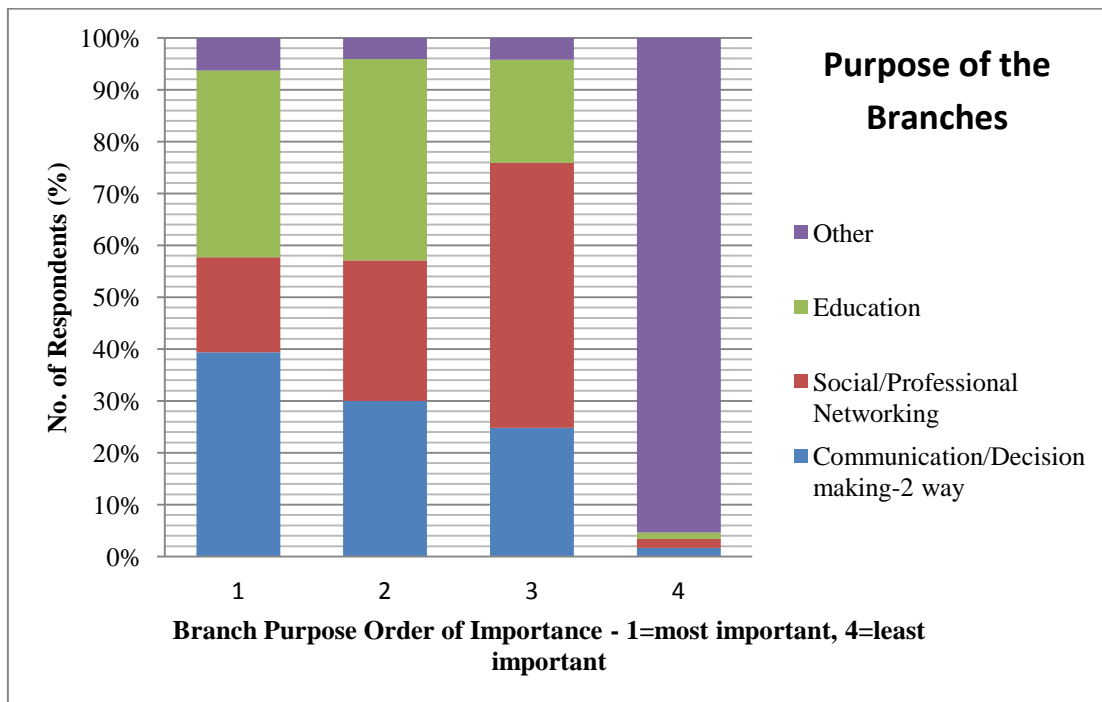


Figure 5: Graph demonstrating members opinions of the purpose of the ISCP Branches.

4.6 Changes to Current Branch Functions

Figure 6 exemplifies the opinions of the ISCP members on changes they feel should be made to how Branches currently function. 23.5% (n=40) of respondents felt that no changes should be made to how the Branches currently function,

“I think my branch does really well”,

while 15.7% felt that the Branches should be dismembered with all of these respondents citing the Eastern Branch as having no purpose.

“Not sure there is really a need for branches if clinical interest groups are active/progressive and manage to spread activity geographically i.e. not all in Dublin.”

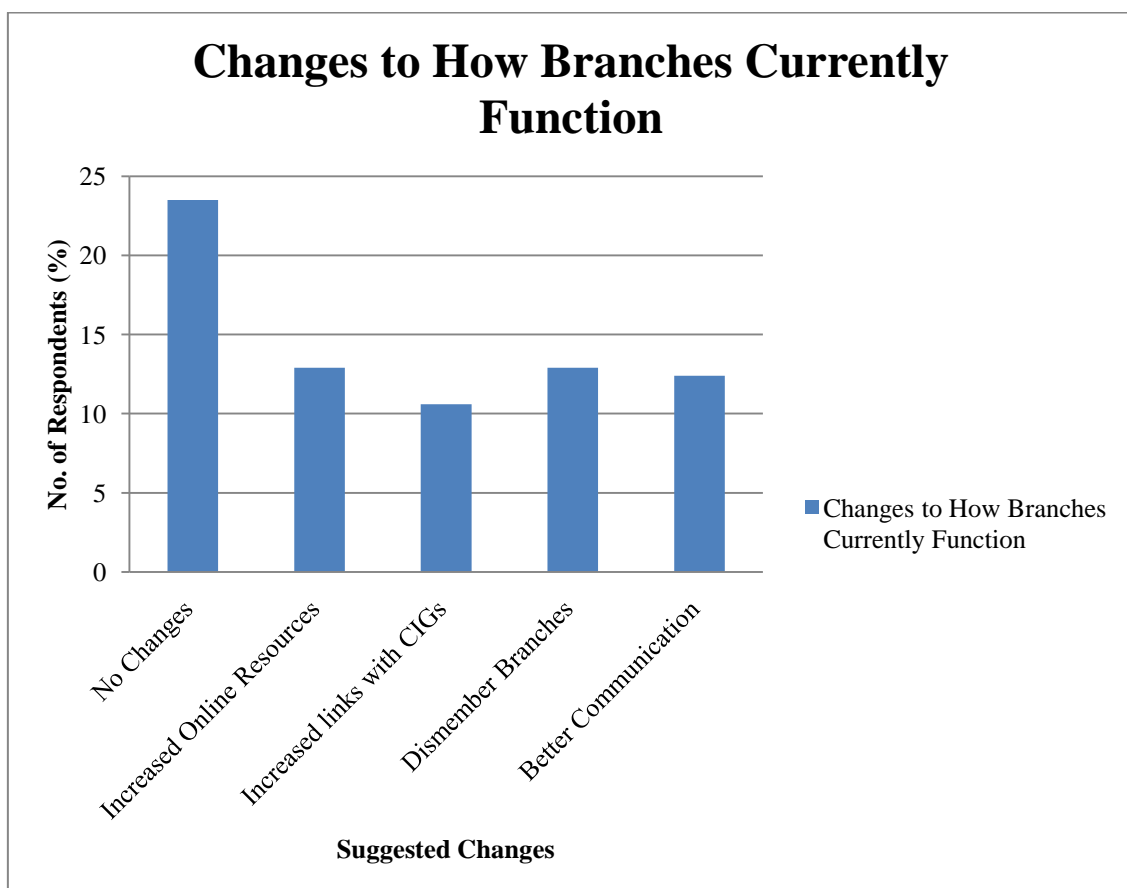


Figure 6: Graph illustrating ISCP members’ suggestions for changes to make to how Branches currently function.

4.7 Changes to Current Branch Activities

Suggested changes by respondents to the activities that Branches currently have in place are illustrated in Figure 7. 38.7% (n=53) of these respondents are between 30 and 39 years of age. The greatest number of respondents feel that no changes are necessary to the type of activities ISCP branches have in place (25.5%, n=35),

“No suggestions come to mind”,

while 10.9% (n=15) of respondents suggested that more should be done to raise the profile of the physiotherapy profession,

“The branches should...aim at bringing physios in the district together to look at ways to maintain or increase the profile of physio among that region’s population. They should knit the communities of physio together regardless of area of excellence. Our competition comes from external sources...Branches should intensify the work done higher up in the chain to get the message out at ground level, not only to the physios in the branch but also to the population as a whole.”

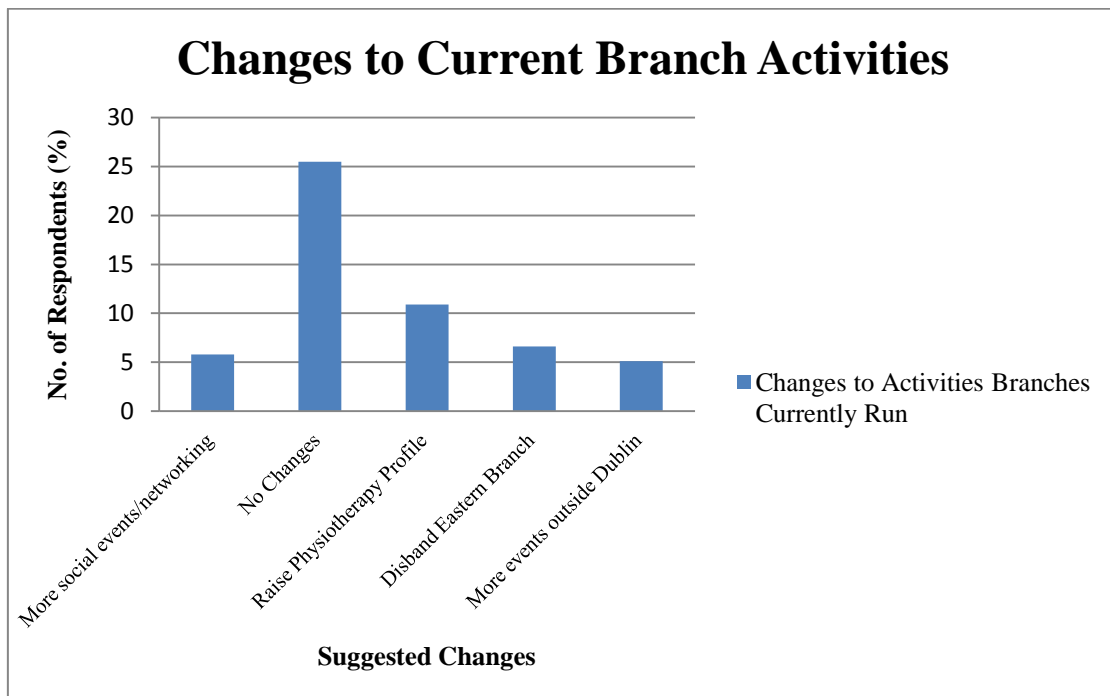


Figure 7: Graph illuminating ISCP members’ suggested changes to current Branch activities.

5. Discussion

The purpose of this research was to gain an understanding of ISCP members' participation at branch level and their opinions on branch activities and opinions on the role of the branch within the future of the society.

5.1 ISCP Membership Patterns

A physiotherapist is eligible for membership of the ISCP if they hold a 4-year Bachelors of Science Honours degree from one of the four physiotherapy programmes in the Republic of Ireland (Blake et al. 2007) or an international equivalent. There are different groups within the ISCP that members can become involved with. These include Branches, Standing Committees, Working Parties, Clinical Interest Groups (CIGs), and Employment Groups. Members can also be elected onto the Executive Board and, prior to the ISCP AGM in November 2010, members could also be chosen to sit on the ISCP Council. Engagement with these groups is completely voluntary and members have the opportunity to decide whether or not they chose to become involved with one or more of these groups.

At the time of this study practising membership of the ISCP stood at 2464 on the society's register (M. O'Donnell, personal communication, 24 Nov 2010). Commitment to the society is something that is difficult to obtain from people nowadays. With people leading such busy lifestyles engaging in their professional society can be the last thing on a long list of priorities. Commitment can be defined as "an individual's attitude towards a particular object or the strength of their belief in a position or course of action" (Overton and MacVicar 2008). Almost half of the respondents to this study have either present or past membership (Figure 1) of an ISCP committee. People participate in groups and societies for a variety of reasons. Numerous theoretical perspectives can be applied to determine why humans join groups. Baumeister and Leary (1995) enlightened on the 'need to belong' which is the human disposition to form and maintain relationships which are stable, strong and positive. According to the belongingness hypothesis human beings possess an innate desire to form and maintain a minimum quantity of significant, lasting and positive interpersonal relationships (Baumeister and Leary 1995). It has been suggested that this disposition is universal,

inherent and is evolutionarily 'built in'. Human beings join and form interpersonal relationships and social groups with people with whom they share a common interest or goal and because they feel that they will benefit from them (Hewstone et al. 2008). This is evident in this study where the greatest number of respondents indicated that they are either present or past members of CIG committees (present: n=81, 61.4%; past: n=87, 60.8%) (Figure 1). Membership is seen to be greater in CIGs compared to the other ISCP groups as members feel that the CIGs are more clinically relevant as well as more interesting than the other type of groups. A number of respondents felt that their education needs are better met by the CIGs as they can join the CIG which is most relevant to the area of physiotherapy in which they have the greatest interest instead of joining a general physiotherapy group. One respondent felt that they are not interested in attending any other groups as they are "totally committed" to their relevant CIG.

Eight geographical branches exist within the ISCP in various locations throughout Ireland. At present, branch committees have the second greatest group membership according to the respondents (n=42, 31.8%) (Figure 1). This number has declined by over 15% in recent times. Research has shown that divergence is common within groups and societies. Divergence occurs when group members lose interest in their group or society over time and this then leads to these members exiting the group or society (Hewstone et al. 2008). This is a possible explanation for the 15% decline in branch committee membership in recent years. Some respondents feel, as mentioned previously, that their needs are better met by their particular CIGs and therefore choose to become involved with and commit to their relevant CIG instead of at branch level. This is particularly evident in the Eastern branch. Almost 15% of respondents who cited which branch they belonged to indicated that they are members of the Eastern branch (Figure 2). Each of these respondents indicated that they are less inclined to participate at branch level as their society needs are better met by the CIGs, which are mainly based in the Dublin region. These respondents stated that they felt that the Eastern branch has become redundant due to the CIGs being placed within the Eastern region and that the branches probably have a greater role to play in the different branch locations outside of Dublin. Some other respondents feel that the Eastern branch is competing with the CIGs as the CIGs offer more attractive education opportunities which are more relevant to members than generic physiotherapy education evenings and courses.

As can be seen in Figure 1 some of the ISCP groups have very small committee member numbers, both present and past committees. Some people like to take an active role in their society and sit on committees while others prefer to take a back seat role and “free-ride”. In other words, people like to consume information or knowledge without contributing to its creation or development (McLure Wasko and Faraj 2000). This can be seen in the Standing Committees and the ISCP Board where they have the smallest committee membership numbers, standing committees in the past and the ISCP Board at present. Reasons for taking a non-active role on committees includes lack of interest in this area of physiotherapy, limited time and other commitments like family and involvement in sports. It is interesting to note that the majority of respondents are senior physiotherapists indicating that the ISCP need to take a more active role in attracting new graduates to participate in their professional society.

5.2 Attendance Patterns

CPD, as previously mentioned, is a process of lifelong learning that, physiotherapists, as well as other health care professionals, engage in which enables them to uphold, advance and augment knowledge and skills in order to improve their work performance (Dowds and French 2008). The motivation for attendance at ISCP branch events is, for the majority of respondents, for education purposes (Figure 3). Individuals are responsible for the undertaking of their own CPD and members can accrue CPD points by attending various events including education evenings held by the various branches. A lot of the literature regarding CPD has been carried out on nurses but this information can be transferred across the majority of allied health professionals also. Motivations for undertaking CPD includes enhanced patient care, the need for updating knowledge, intellectual challenge, to augment the prospect of new career opportunities, preparation for new roles, and submission to employer and professional body requirements (French and Dowds 2008). Some of those surveyed stated that they attend branch education events over other branch events like social or PR events as they get something useful from the education events and they can use these events to inform their practice and improve their competence as a therapist and they can also improve patient care.

French and Dowds (2008) gave an overview of CPD in physiotherapy and found some of the barriers and facilitators to undertaking CPD in physiotherapy. Barriers were

identified broadly on two levels: those that inhibit the uptake of education and those that impede subsequent change to practice. This is similar to the results in this study. 90.6% (n=262) of those surveyed do not attend branch social events. The reasons given for this non-attendance at social events includes not benefiting from them either personally or professionally, having a better social life outside of physiotherapy, no interest, as well as time and distance factors. Some respondents stated that the idea of social events is good for networking opportunities but this was disputed by others who felt that networking could be done at any branch events and social events were unnecessary. Explanations for non-attendance at branch events in general were similar for all types of events. The biggest reason given by respondents was that they have no interest in attending such events. Another major reason for non-attendance at branch events is that members never hear of such events or do not know about them. Respondents also mentioned that communication from the branch can be very poor and this is evident in the results of the survey with 24% of those surveyed saying that they don't know about branch events (Figure 4). This may be contributing to poor participation by members at branch level as they are unaware of what is happening in their branches.

5.3 Purpose of Branches

Communication within the health care setting is a vital component of teamwork. If ineffective teamwork exists within health care teams the effects on patient care can be detrimental. ISCP members identified communication/two-way decision making as the most important purpose of the ISCP branches (Figure 5). This is interesting since a significant amount of those surveyed felt that there was poor communication from their respective branches. Effective communication was identified as one of the key factors that is thought to influence effective and ineffective teamwork in a study by Suddick and De Souza (2007) which looked at occupational therapy and physiotherapy managers' perceptions and experiences of teamwork in the neurological rehabilitation setting. They found that effective and ineffective teamwork can impact the team, the patient, individual team members and the neurological rehabilitation service. A review by Doyle (2008) looking at barriers and facilitators of multidisciplinary team works in the paediatric setting found similar results to Suddick and De Souza (2007). Doyle (2008) found that should communication networks be developed, they may prove successful in

enabling effective multidisciplinary working. This can be applied to any physiotherapy setting as effective teamwork is a component of all aspects of physiotherapy practice. A breakdown in communication can lead to a number of negative effects, even in an ISCP group such as at branch level. Some respondents cited that they felt there was a greater need for more links to be made between branches and CIGs to prevent an overlap in the activities and events that they provide for their members. If effective communication was in place, this overlapping of events would not occur and attendance and participation at branch and CIGs would improve as members would be aware of exactly what is on offer. It would also lead to a reduction in the waste of resources, particularly members' time, which was cited as being a factor in non-attendance at branch events in 22.2% of those surveyed.

5.4 Changes to Branch Functions and Activities

Although there were a lot of suggestions made by members as to changes that should be made to how the branch currently functions and to the activities that it provides, the majority of respondents felt that no changes are required to either branch functions or activities. This is a promising result for the ISCP branches as the majority of those surveyed are in favour of keeping the running of the branches the same as they are at present. In contrast to this there are a significant number of respondents who feel that the branches are now redundant and that they should be dismembered. 12.9% of those surveyed indicated that the Eastern branch should be made terminated. As was previously mentioned, branches are seen as more applicable to those members outside of the Dublin area as the Eastern branch is competing with the CIGs, which are all based in that region. Members choose participating in the CIGs over the branch as they are seen as more relevant and appropriate for professional practice. It is difficult to determine whether this is the opinion of members of all eight of the geographical branches or just those in the Eastern branch as those surveyed were not asked which region or branch they belonged to when completing the survey.

The issue of statutory registration and raising the profile of physiotherapy was highlighted by the respondents as one of the main changes to branch activities that they feel is essential for the future of physiotherapy. Although the Health and Social Care Professionals Act 2005 (ISCP 2006) has been passed physiotherapists are anxious about

when statutory registration will come into practice and the delay this process is having on the physiotherapy profession. It is felt that the branches need to have a greater role in helping to speed up the process of the implementation of statutory registration. One respondent commented on how physiotherapists' competition comes from external sources such as osteopaths and physical therapists and if all physiotherapists join together through their respective branches and raise the profile of physiotherapy the general public will be more aware of what the role of physiotherapy is and how it can help people with various illnesses and conditions. It is believed the protection of the physiotherapy title in the near future will be the key to raising the physiotherapy profile and the threat of external competition will be resolved.

Although a small proportion of those surveyed feel that the Eastern branch should be dismembered this is not the opinion of all of the respondents. Also, the Eastern branch was the only one of the eight branches which members feel is not required and should be disbanded which indicates the strong preference of respondents for the upkeep of the branches within the society.

5.5 Strengths and Limitations of the Study

A strength of this study was the large sample size (n=327) and a valid response rate of 13.3%. The design of the questionnaire could be seen as a limitation of this study. The questionnaire should have included a question to determine exactly which branch the respondent is affiliated to. This would have given a more accurate indication of participation at branch level and which branches had the greatest levels of membership by ISCP members which could better inform the ISCP.

5.6 Implications for Practice

The findings of this study suggest the following changes to ISCP branches and their role within the new governance structure:

- To ensure that resources and events are not overlapping, the ISCP branches and CIGs need to define their roles and create links with one another so that the

branches and CIGs are not competing with one another for member participation.

- The ISCP branches need to improve their communication with their members, either online or otherwise, so that members are informed of what is happening within the branch and the wider society.
- The ISCP needs to examine the role of the Eastern branch and determine its future within the society.

5.7 Areas for Future Research

Areas for future research identified include examining the role of the Eastern branch and surveying its members to determine whether it has a future within the ISCP. Another area which needs to be explored is ISCP members' opinions on statutory registration and how this will impact on physiotherapy practice in the future.

6.0 Conclusion

ISCP members have indicated that there is a definite future for the majority of the geographical branches of the society. The exception to this majority is the Eastern branch where members have indicated that the need for the Eastern branch is questionable with some many of members' society and professional needs being met by their respective CIGs. This is something that the ISCP should consider in order to ensure that the society is fulfilling the requirements of its members. In order for the branches to work effectively, however, there are some changes required to the activities and events they provide for their members. Improved communication between the branch and its' members is one such change which is required as a breakdown in communication may be contributing to undesirable participation at branch level. Should such changes be implemented it would be hoped that the ISCP branches will be able to function at a much higher level and in turn future participation by members will be much greater.

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8. Appendices

8.1 Appendix 1



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O L L S C O I L L U I M N I G H

Subject Information Sheet

TITLE: A Survey of the Activity of Members of the Irish Society of Chartered Physiotherapists at Branch Level.

WHAT IS THE STUDY ABOUT? The Irish Society of Chartered Physiotherapists (ISCP) is the professional body representing over 3000 members in Ireland. The structure of the society includes subgroups based on geographical location known as branches. Eight branches exist in the ISCP. The purpose of the branches is to serve the purpose of the society.

The ISCP is in the process of changing its governance structure. The structure and function of branches will not change. The executive board of the ISCP are interested in assessing how members interact and participate at branch level. This information will inform the new ISCP board.

THE AIM OF THIS STUDY IS TO:

To assess the ISCP members' attendance at and opinions of ISCP branch activities

WHAT WILL I HAVE TO DO? You will be asked to complete an online questionnaire detailing your views and opinions on the ISCP branches. It is anticipated that completing the questionnaire will take no longer than 10-15 minutes.

WHAT ARE THE BENEFITS? Participation in this study will provide the ISCP with important information which may help determine the future position of the ISCP branches.

WHAT ARE THE RISKS? There are no anticipated risks associated with participation in this study.

WHAT IF I DO NOT WANT TO TAKE PART? Participation is completely voluntary and you are under no obligation to take part in this study.

WHAT HAPPENS TO THE INFORMATION? All data recorded for this study will only be available to the investigator and the research supervisor. Your name will not be required when completing the questionnaire and your results will be anonymous.

WHO ELSE IS TAKING PART? The online questionnaire is being sent to all members of the ISCP.

WHAT HAPPENS AT THE END OF THIS STUDY? All data obtained will be analysed and reported as part of a final year project with the possibility of eventual publication.

CONSENT: By completing the questionnaire you are implying your consent to participate in this study.

CONTACT DETAILS:

- | | |
|---|---------------------------|
| ❖ Aideen Hinch | 0742988@studentmail.ul.ie |
| ❖ Marie O' Donnell (Project Supervisor) | marie.odonnell@ul.ie |

If you have concerns about this study and wish to contact someone independent, you may contact:

The Chairman of the University of Limerick Research Ethics Committee c/o Prof Alan Donnelly, PESS Department, University of Limerick, Limerick, Tel: (061) 202672

Your co-operation is greatly appreciated

8.2 Appendix 2:



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ISCP Questionnaire: Branches

Section 1: Demographics

Age: 20-29 [] 30-39 [] 40-49 [] 50-65 [] >65 []

Years qualified:

Grade of Employment:

Main area of clinical interest:

Membership of ISCP committee:

Yes		No	
-----	--	----	--

If Yes, which committee?

Previous membership of ISCP committee:

Yes		No	
-----	--	----	--

If Yes, which committee?

Section 2: Factual

Do you attend branch meetings or events?

Yes		No	
-----	--	----	--

If Yes, which events?

Education events

Social events

Business events

Communications/PR

Yes	No

Other, please specify _____

How often would you attend? _____ per year

If No, why not? Why do you not attend others?

Section 3: Opinion

What do you think is the purpose of the branches? (1 = most important, 4 = least important)

Communication/decision making – two way*

Social – professional networking

Education

Other, please specify _____

*Dissemination of information from the council, representation to the ISCP

What changes would you suggest to make to:

- How branches are run?

- What branches do?

- Any other comments?

8.3 Appendix 3:

Raw Data:

Table 1: Membership of an ISCP Committee

Group:	Present ISCP Committee (n=132):		Previous ISCP Committee (n=143):	
	%	n=	%	n=
Branch	31.8%	n=42	46.9%	n=67
Standing Committee	9.1%	n=12	5.6%	n=8
Board	3.8%	n=5	9.1%	n=13
Clinical Interest Group	61.4%	n=81	60.8%	n=87
Employment Group	7.6%	n=10	8.4%	n=12
Working Party	6.8%	n=9	11.2%	n=16
Council	N/A	N/A	18.2%	n=26

Table 2: Branch Membership (n=97)

Branch Location:	%	n=
Western	16.5%	n=16
Eastern	14.4%	n=14
Mid-Western	6.2%	n=6
North-Western	9.3%	n=9
North-Eastern	1.0%	n=1
Southern	12.4%	n=12
South-Eastern	5.2%	n=5
Midlands	10.3%	n=10
Not Identified	24.7%	n=24

Table 3: Attendance/Non-Attendance at Branch Events

Event:	Attendance		Non-Attendance	
	%	n=	%	n=
Branch Education Events (n=300)	57%	n=171	43%	n=129
Branch Social Events (n=289)	9.4%	n=27	90.6%	n=262
Branch Business Events (n=291)	36.1%	n=105	63.9%	n=186
Branch Communication/PR Events (n=288)	12.5%	n=36	87.5%	n=252

Table 4: ISCP Members' Reasons for Non-Attendance at Branch Events (n=788)

Reasons for Non-Attendance:	%	n=
Time	22.2%	n=175
No interest/Not of clinical relevance	28.3%	n=223
Don't know about them	24.0%	n=189
Personal reasons	11.0%	n=86
Location	7.6%	n=60
Other	6.9%	n=54

Table 5: Purpose of Branches (1=most important, 4=least important)

	1.		2.		3.		4.	
	%	n=	%	n=	%	n=	%	n=
Communication/ Two-way decision making (n=260)	53.5%	n=139	30.8%	n=80	24.6%	n=64	1.5%	n=4
Social/Professional Networking (n=259)	20.1%	n=52	27.8%	n=72	50.6%	n=131	1.5%	n=4
Education (n=264)	39.4%	n=104	39.8%	n=105	19.7%	n=52	1.1%	n=3
Other (n=72)	1.4%	n=5	4.2%	n=3	4.2%	n=3	84.7%	n=61

Table 6: Changes to How Branches Currently Function (n=170)

Suggested Changes:	%	n=
No Changes	23.5%	n=40
Increased Online Resources	12.9%	n=22
Increased Links With Clinical Interest Groups	10.6%	n=18
Dismember Branches	12.9%	n=22
Better Communication	12.4%	n=21

Table 7: Changes to Current Branch Activities (n=137)

Suggested Changes:	%	n=
More Social Events/Networking	5.8%	n=8
No Changes	25.5%	n=35
Raise Physiotherapy Profile	10.9%	n=15
Disband Eastern Branch	6.6%	n=9
More Events Outside Dublin	5.1%	n=7