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POSTER ABSTRACT

Every voice counts: strengthening the workforce through diverse perspective

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Background: In planning to grow workforce capability, health systems frequently rely on performance metrics and top-down priorities. Including the perspectives of frontline healthcare workers (HCWs) provides contextualised insights that are essential for meaningful sustainable change.

Approach: This study is part of a broader program of research using experience-based co-design to develop interventions to enhance interprofessional collaborative practice (IPCP). We conducted cross-sectional exploratory surveys in a large geriatric and rehabilitation hospital team setting. Separate survey's were developed for each distinct groups: HCWs, leaders, and the safety and quality team. This approach provided context-specific insights from multiple perspectives on workforce capability and priorities for delivering person-centred care.

Total population sampling was used to capture as many participants as possible from each group. All surveys were administered online via Qualtrics and were also available as a paper version. The population sample sizes were approximately 477 HCWs, 93 leaders and two safety a quality team members. The HCW survey was mixed methods exploring the perceived importance and performance of key rehabilitation tasks, and preferences for training versus non-training interventions to address any identified gap.

Open ended questions invited staff to reflect on knowledge, skills and attitudes they believed necessary for their team to deliver person-centred care. The leadership survey explored how team leaders, educators and senior leadership, perceived workforce capability, with a focus on trends emerging from professional development plans and priorities within the service. The final survey asked the safety and quality team to identify priorities from their perspectives of safety issues and patient compliments and complaints.

Results: 75 responses to the HCW survey were received, and the data revealed gaps between the perceived importance and performance of key rehabilitation tasks. These gaps varied across non-clinical, allied health, nursing, and medicine streams. There were also stream-specific preferences for training versus non-training interventions, underscoring the limitations of standardised approaches to workforce capability development.

The leadership survey received 45 responses, and two members of the safety and quality team responded. Content analysis of the open-ended responses from all three surveys revealed alignment of perspectives around the importance of clinical rehabilitation skills and communication. Leaders and HCWs also highlighted the need to enhance processes to support collaboration, and enabling HCWs to enhance service. There were subtle differences in the how these priorities were framed.

Implications: The results foreground the importance of lived experience from different perspectives. It reinforces the need to move beyond metrics and managerial priorities when shaping interventions to develop workforce capability. By privileging the voices of HCWs along with leaders and safety and quality staff, a far broader view of how to develop capability was obtained.

These insights demonstrate that workforce capability is not simply a matter of individual skill acquisition. Person-centred care is contingent upon high levels of relational coordination in rehabilitation teams. As such, interventions must be co-designed with those who enact care daily, ensuring they are both meaningful and responsive to the complexities of local contexts.