TRANSITION SUPPORT FOR NEW GRADUATE PARAMEDICS

By

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We accept this Thesis as conforming to the required standard

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ABSTRACT

This action research study explored the supports required to facilitate the successful transition for new graduate paramedics integrating into their role and to provide recommendations to AHS Emergency Medical Services managers to implement a positive change outcome. AHS paramedics who graduated in the last three years participated in a focus group and online survey. The study findings revealed that the transition experience was challenging and caused stress and anxiety for new graduates. Having a support system in place could increase job satisfaction, retention, organizational commitment, and enhance employee skill development. The study concluded that implementing a mentorship program with support of AHS leadership would prove invaluable. The recommendations reflect the importance of providing a healthy and supportive work environment and working collaboratively with key stakeholders to develop and implement support for new graduate paramedics in AHS. This study adhered to all ethical requirements.
DEDICATION

I wish to dedicate this Thesis to my late husband, George Huot, who passed away suddenly on December 30, 2012. His everlasting love gave me the courage and strength to complete this valuable work. I miss you every day of my life.
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CHAPTER ONE: FOCUS AND FRAMING

Registered paramedics in the Province of Alberta deliver an essential service in the care, treatment, and transport of the ill and injured. When paramedics complete their education and become licensed to practice in Alberta they are expected to be competent practitioners with little time to transition into their new role. One of the main employers of paramedics in the Province of Alberta is Alberta Health Services (AHS), an organization that employs approximately 1,200 paramedics (AHS Human Resources Staff Member, personal communication, November 19, 2012). The AHS (2011) *Emergency Medical Services Five Year Plan 2010–2015* outlined opportunities for innovative approaches to system issues and acts as a stimulus for change. This plan stated that Emergency Medical Services (EMS) “is dedicated to providing high quality, patient-focused care through skilled practitioners” (Alberta Health Services [AHS], 2011, p. 4) and is aligned with AHS interest in “delivering quality and safe services to Albertans” (AHS, 2012, p. 3).

I have been an EMS practitioner for 18 years, with 10 of those years working in a management role. As a paramedic, I have experienced firsthand the challenges that a new graduate faces within the first year of transitioning into the role of paramedic. As an EMS manager, I have observed many new graduates enter the workforce overwhelmed and unprepared for their new role. Some appeared to lack the confidence in their clinical skills and judgments that are required to provide safe and competent care. My observation has been confirmed by authors such as Casey, Fink, Krugman and Propst (2004) and Oermann and Gavin (2002) who noted that new graduates enter the workforce with varying skill levels and knowledge but do not initially possess the confidence or the competence to assume care giving responsibilities at a
level expected of a professional. Understanding the transition experience for graduate paramedics and what support may be required to successfully transition them into their new role can lead the inquiry process towards implementing a positive change outcome for AHS EMS.

The inquiry reported in this thesis took place with the support from the Health Professions Strategy and Practice (HPSP) Interprofessional Education (IPE) team. The HPSP IPE team is part of a provincial division of AHS that works to enable a competent, future-ready, collaborative, and sustainable workforce to achieve excellence in professional practice and safe quality patient and client care (HPSP IPE team, personal communication, January 10, 2012). The IPE team is developing a provincial approach to support new graduates, including paramedics, who are transitioning to the workplace. My leadership role as Operations Manager for AHS EMS positioned me well to collaboratively examine what the transition experience is for new graduate paramedics and provide recommendations to all AHS EMS managers on what supports are required to assist in a successful transition from student to practitioner.

Through the process of inquiry, evidence from the literature, and active participation from AHS HPSP IPE and AHS EMS, this inquiry explored the question: What supports are required to facilitate the successful transition for graduate paramedics integrating into their new role within Alberta Health Services? The following sub-questions were examined in this research project:

1. What is the experience for new graduate paramedics transitioning from the role of student to the role of paramedic?
2. Why is transition support important for new graduate paramedics?
3. What are the necessary components of an ideal support program for new graduate paramedics transitioning from student to independent practitioner?

4. How can such a program be implemented within Alberta Health Services?

Significance of the Inquiry

The goal of this inquiry was to identify what support may be required to facilitate the successful transition of new graduate paramedics entering the workplace. Until the experience was researched it was difficult to make recommendations for change. This was emphasized in a discussion with AHS IPE Senior Practice Consultant who stated, “AHS has not yet identified what support the new graduate paramedics may require and if we know what the issues are we can work together to improve them” (Senior Practice Consultant IPE, personal communication, August 9, 2012). There appears to be a great deal of research on what the transition experience is for graduate nurses but minimal information on paramedics’ experiences. Based on the provincial scan, literature reviews conducted by the IPE team, and AHS priorities, new graduate transition support was a relevant topic for every newly hired health care professional in order to provide, safe, competent, and ethical care in AHS (HPSP IPE, personal communication, January 19, 2012). One of the initiatives of the HPSP IPE team is to provide support for the transition of new health professional graduates through collaboration with operational managers to develop supportive programs that will lower staff turnover, create positive work environments, and in some cases generate a cultural shift (HPSP IPE, personal communication, August 13, 2012). Ragsdale and Mueller (2005) identified this when they described that a well-planned support program is critical to successful transition. Chase (1999) agreed when he discussed having a support in place can lower turnover, shorten the transition period, influence the new graduate’s
attitude about work, and lay the foundation for a long successful career. The goal of this action research inquiry was to augment this initiative by identifying what support may be required for successful graduate paramedic transition and provide recommendations to AHS EMS managers in order to implement a positive change process.

Studies report as many as 60% of new graduate nurses have left the workforce within the first year of employment (Baxter, 2010; Cheeks & Dunn, 2010; Duchscher, 2008). According to the Senior Vice President (SVP) HPSP within AHS, 20% of new graduate nurses are leaving within the first year of employment, which is costing the system $25,000 for every new graduate turnover (SVP HPSP, personal communication, November 5, 2012). Winfield, Melo, and Myrick (2009) concluded that a contributing factor to such a high turnover rate is the high expectation placed on the new graduate to rapidly function as a competent nurse. The IPE team was interested in determining what support may be required to successfully transition new graduate paramedics entering the workforce to alleviate a similar turnover occurrence.

One of the key projects of the IPE team is to transition new graduates including paramedics to the workplace by offering support for these individuals to become fully integrated members of the team (Senior Practice Consultant IPE, personal communication, August 9, 2012). At the time this study was instigated, the IPE team had completed research, and a new graduate nurse orientation program had been developed to transition graduate nurses into the workplace. However, the IPE team had not yet investigated the transition experience for new graduate paramedics or the forms of support they require. The research data from this inquiry may benefit AHS by assisting the HPSP IPE team to make recommendations to EMS leaders on what transition support is necessary for new paramedics coming into the workforce.
Internal key stakeholders who can benefit from this inquiry include the graduate paramedics, AHS EMS leaders, and AHS senior leaders. Retention of new graduates of all health disciplines is essential to support the sustainability of AHS (HPSP IPE, personal communication, January 19, 2011). This is supported in the AHS (2012) *Strategic Direction* report, which stated, “Over the next 3 years we will . . . institute innovative practices to retain and recruit the workforce” (p. 16). According to the SVP of AHS Central Zone, the way the current workforce in AHS is operating is not sustainable; “we need to make some changes to ensure sustainability of our workforce exists” (SVP AHS Central Zone, personal communication, November 5, 2012). Sustainability is one of three goals of AHS. The recommendations from this inquiry may assist with sustainability of the EMS workforce and help prevent loss of graduate paramedics within the first year of employment that were shown in the findings in the nursing profession. Ultimately, without sustaining the workforce, the patients, as the final key stakeholder group, will be impacted and the quality of care provided will diminish.

**Organizational Context**

AHS is Canada’s first province-wide, fully integrated health system (AHS, n.d.a). AHS priorities and directions address goals established by the Government of Alberta and are aligned with Alberta’s *5-Year Health Action Plan* (AHS, n.d.a). The Chief Executive Officer of AHS, under the leadership of the Minister of Alberta Health and the AHS Board, leads a staff of 93,000 individuals who make up the AHS workforce (AHS, n.d.a). He is leading health services through “transformational change, shaping the future for AHS to allow achievement of the goals of access, quality and sustainability” (AHS, n.d.b, para. 3). The organizational structure of AHS is large and complex. There are eight Executive Vice Presidents (EVPs) led by the Chief
Executive Officer of AHS, and each EVP leads a division within the organization. HPSP and EMS make up two of the eight divisions, which are each led by an EVP. HPSP is a provincial division of AHS, with IPE being one of several teams within HPSP division. EMS is divided into five geographical zones: North, Edmonton, Central, Calgary, and South Zone. In my position as Manager of EMS in the Central Zone, I report to an Executive Director who reports to the SVP of the zone (see Appendix A).

The mission of AHS is to “provide a patient focused, quality health system that is accessible and sustainable for all Albertans” (AHS, n.d.c, Our Mission section, para. 1). The culture of AHS is defined by providing safe, compassionate, and quality care. There are five strategies that help AHS achieve three goals of access, quality, and sustainability as well as seven values (AHS, 2012; see also Appendix B). These values define the essence of the culture of AHS and provide a common understanding of what is important, anchoring the way of thinking for the entire organization (AHS, 2012).

HPSP staff influence the system by “supporting health providers in delivering safe, consistent and quality health services to Albertans” (HPSP, personal communication, January 19, 2011). The purpose is to enable a competent, future-ready, collaborative, sustainable, clinical workforce to achieve excellence in professional practice, quality care, and safety. This is achieved through proactive workforce planning and support to optimize health care provider roles and address the health care demand of the future (HPSP, personal communication, January 12, 2011). The purpose of the IPE team is to provide leadership in advancing quality clinical learning and practice education to support staff, students, and affiliates.
In Alberta in 2009, nine health regions amalgamated to form AHS. This resulted in the transition of responsibility for ground ambulance from municipalities and organizations to AHS (AHS, n.d.a). This transition has led to significant restructuring and change processes. For the first time in the history of Alberta all of the core components of EMS are under a single governance structure (AHS, 2011). Transitioning EMS into the health care system, as directed by the Minister of Health, has allowed AHS to ensure EMS practitioners are working to their full potential and has provided enhanced educational opportunities to all EMS staff. EMS in Alberta is using a hybrid model including direct delivery by AHS and contracted services (AHS, 2011).

In 2010, ground ambulance service was provided at 194 locations across the province with 115 directly run by AHS (2011), and this number continues to increase. In keeping with the AHS strategic direction, EMS has eight areas of focus. One area linked to this inquiry is “workplace of choice” (AHS, 2011, p. 6), with the desired outcome being “to recruit and retain EMS staff and equip them to meet current and future care needs” (p. 6). With support from both EMS and the IPE team, and through this action research, I was able to gain an understanding of the transition experience for new graduate paramedics coming into the workforce. From the research findings I have offered recommendations to EMS leaders on the support required for a successful transition in order to maintain AHS’s (2011) focus to be a “workplace of choice” (p. 6).

System Analysis of the Inquiry

Determining what support may be required to successfully transition a new graduate from role of student to role of paramedic demands inquiry from a systems perspective. Wheatley (2006) discussed organizations, systems, and change, and she stated, “A system is composed of parts, but we cannot understand a system by looking only at its parts. We need to work with the
whole of a system, even as we work with individual parts or isolated problems” (pp. 139–140).

At the heart of the system under inquiry in this project was the graduate paramedic. The discovery of what support is required for paramedics transitioning from being a student to being a competent practitioner may positively impact the quality of care delivered to patients. The system is a complex web of internal and external stakeholders, with each member playing a role in influencing successful organizational change initiatives. Senge (2006) suggested, “Organizations grounded in system thinking and the related learning disciplines can make a difference by fostering collective rethinking and innovation” (p. 349) enhancing the understanding of systemic change. AHS EMS and HPSP IPE were the two main internal stakeholders involved in this action research inquiry. The four external stakeholders connected to the graduate paramedic that influence the quality of care delivered to patients included Alberta Health, Alberta College of Paramedics, Accreditation Canada, and academic colleges (see Figure 1).

Figure 1. The whole of a system and the interconnection to the individual parts.

Note. HPSP IPE = Health Professions Strategy & Practice Interprofessional Education; EMS = Emergency Medical Services.
AHS EMS employees were the main participants actively involved in this inquiry and the focal point of the change. Stringer (2007) pointed out that the participants actively involved in the problems that concern them have the opportunity to develop a deeper understanding of the situation and to be involved actively in dealing with those problems. Active participation of EMS practitioners who graduated within the last three years was essential to determine what their experience was starting out in their role as a paramedic and what change opportunity could be implemented to support their transition. Having an understanding of this experience was designed to assist in determining the support required for graduate paramedics in order to develop competent and confident practitioners who are able to deliver quality patient care.

The AHS IPE team was the other key internal stakeholder integral to the success of this action research inquiry. The purpose of this team was to listen to the expressed needs of all parties within AHS who shape and deliver professional support and education for the ultimate benefit of quality patient care (HPSP IPE team, personal communication, July 1, 2012). The IPE team directly supports AHS clinicians including EMS and legitimizes the change process acting as change agents. They are currently developing a provincial approach to new graduate support, offering recommendations to clinical leaders that align with this action research.

Alberta Health is the ministry that sets policy, legislation, and standards and defines a number of public policy principles for the delivery of ground EMS (Alberta Health, 2013). The ministry allocates health funding, administers provincial programs, and ensures compliance with government policy (AHS, n.d.a). Alberta Health and AHS have collaborated to develop a health plan that will lead to system-wide improvements to meet the goals of quality, accessibility, and sustainability (AHS, 2011). Quality patient care, accessibility to health care, and sustainability of
resources are the three goals of AHS EMS (AHS, 2012). This links into the goal of this inquiry, which set out to determine what supports are required to facilitate successful transition of graduate paramedics.

Alberta College of Paramedics (ACP), as designated under the Alberta Health Disciplines Act (2000), serves the public by governing and regulating paramedic level of practice. All paramedic practitioners must be registered with the ACP to practice in Alberta. The ACP “works to establish, maintain and enforce regulatory, competence, and practice standards to ensure every registered practitioner provides safe and ethical patient care” (Alberta College of Paramedics, n.d.b, para. 3). The findings from this action research project could guide the future of the EMS profession by implementing a standard for an educational program to support new graduate transition and ensure a high level of quality patient care.

Accreditation Canada is an independent, not-for-profit organization that sets standards for quality and safety in health care and accredits health organizations in Canada and around the world (Accreditation Canada, 2012). AHS EMS is one of several programs participating in Accreditation Canada’s Qmentum program and is committed to using accreditation to improve the quality and safety of the services it offers to its clients and its community. Gaining an understanding of the transition support for new paramedics could help to ensure EMS practitioners maintain high quality patient care.

It was important to engage the academic colleges in this inquiry as paramedics graduating from the colleges will be the targets and advocates for the change. Findings from this research may benefit the colleges by offering recommendations on what support their paramedics students require as they transition from student to practitioner.
One of the five strategies set out by AHS (2012) in the *Strategic Direction 2012-2015* is to “Build One Health System” (p. 9) and to “ensure a healthy, engaged, skilled and optimized workforce” (p. 9). Determining through action research the support new graduate paramedics require to ensure they are engaged and skilled when entering the workforce was intended to align with the strategic direction of AHS.

**Chapter Summary**

The significance, context, and systems perspectives linked to the research reported in this thesis were explained in this chapter. Chapter 2 examines academic literature to gain a deeper understanding of the issues involved in this research inquiry.
CHAPTER TWO: LITERATURE REVIEW

The literature review was aimed at gaining insight into the inquiry question: What supports are required to facilitate a successful transition for graduate paramedics integrating into their new role within Alberta Health Services? It was necessary to look at the literature and determine what the transition experience was for new graduates and what programs were developed for new graduates coming into the health industry. As the inquiry was designed to lead to change, the second part of this literature review explored the concept of change readiness, understanding the change process, resistance to change, and the relevance of participation towards successful change initiatives.

New Graduate Experiences, Necessary Supports, and Existing Programs

Armenakis, Harris, and Mossholder (2009) described the realization that readiness assessments may be for the purpose of discovery as much as for the purpose of confirmation. Discovering what support new graduate paramedics may require as they transition from student to practitioner could lead to change within AHS EMS. This section will explore the literature to determine what new graduates experience during transition, why support programs are necessary and what support programs are utilized for new graduate support.

New graduate transition experience

New graduate paramedics face the ending of their student role (the change) and the beginning of their professional role (the transition). As Bridges and Mitchell (2000) defined, change is external and transition is internal, “a psychological reorientation that people have to go through before the change can work” (p. 31). While conducting this literature search I found no specific information on what the transition experience was for new graduate paramedics moving
from student to practitioner. However, the transition experience from graduate to professional appeared to be widely studied in nursing. Knowing what the transition experience was for nursing and other health care professionals has provided potential insight into this transition for paramedics.

A review of the literature revealed that the transition from the role of student to professional nurse is a difficult process and frequently a source of great anxiety for new practitioners (Casey et al., 2004; Doelling, Levesque, & Clifford, 2010; Oermann & Gavin, 2002). Strauss (2009) supported these authors’ views when he described that “stress and frustration continue to be the feelings dominating the new graduate’s sense of being” (p. 216). Valdez (2008) further discussed the stressful experience of graduates transitioning from the academic world of nursing to the clinical reality of practice and described how many of them felt overwhelmed, unsupported, and disillusioned. Winfield et al. (2009) outlined the stressors most frequently identified in new graduates, which included feeling a lack of confidence and competence in their work, concerns about making errors, and encountering new situations, surroundings, and procedures. Winfield et al. identified major challenges, including the “acquisition of new skills and the application of theoretical knowledge to the practice arena” (p. E8). Paramedic graduates are often faced with making quick independent decisions on emergency treatments, which can heighten stress and anxiety. In their study, Casey et al. (2004) concluded that new graduates “struggled with the dichotomy of needing to be independent yet continuing to rely on the expertise of others” (p. 307). These findings were similar to those of Duchscher (2001), who interviewed graduates experiencing enormous frustration with this same issue. Due to the high-paced stressful environment in EMS, new graduates are more susceptible
of becoming overwhelmed, making it difficult to cope in their new role. Valdez (2008) emphasized that known stressors that accompany entry into practice, coupled with the high-stress, fast-paced, life-and-death environment of the emergency setting, place the new graduate at increased risk for failure to thrive in clinical practice.

Similar stressors were also seen in other areas of health such as new graduates from occupational therapy. Steenbergen and Mackenzie (2004) studied perceptions of these graduates and found that “workplace stress is an issue for many new graduates and professional support has been identified as an important strategy to relieve apprehension and to facilitate the transition from occupational therapy student to new graduate” (p. 160). Similar stress was also noted with junior physicians transitioning into the workforce. Tazakori, Hashempour, Molavi, and Karimollahi (2008) studied 150 new graduate physicians after six months of work. Their results indicated that many of the new graduates had a high level of stressful experiences: “Most of the junior doctors believed that they had not enough knowledge for treating their patients, they were not able diagnoses [sic] and distinguish problem [sic] of their patients and also thy [sic] believed that most of people did not trust them” (Tazakori et al., 2008, p. S309).

Some studies indicated that more mature graduates showed greater confidence in their ability to make decisions and felt less overwhelmed in their new role (Shacklady, Holmes, Mason, Davies, & Dornan, 2009; Winfield et al., 2009). For example, Shacklady et al. (2009) found a few extra years of life experience can make a large difference to medical students’ experiences of transitioning into the workforce, giving them more confidence in their knowledge. These authors stated, “Mature students were more likely to feel positive about their transition into the clinical environment and less likely to feel confused, daunted or overwhelmed”
(Shacklady et al., 2009, p. 625). Winfield et al. (2009) affirmed, “Until skill mastery is achieved, a new graduate is susceptible to feelings of inadequacy in knowledge and skill level. The mounting frustration that frequently occurs can be detrimental to the new graduate’s ability to cope with workplace pressures” (p. E9).

The literature revealed that new graduates in other areas of health care such as nursing, occupational therapy, and medicine felt overwhelmed, lacked confidence, and experienced high levels of anxiety as they transitioned into their new role. Having this understanding of what the transition experience was for these new graduates assisted in building a foundation to this inquiry with the future potential to foster positive change.

**Necessity of new graduate support**

Determining what the literature says about the necessity of new graduate support programs was essential to this inquiry as the question strived to answer what supports are required to facilitate the successful transition of new graduate paramedics into the workforce. Unfortunately, again this literature review was limited in that most studies available on new graduate support programs were primarily based in nursing, with no literature found relating to EMS. While there are many similarities between new graduate nurses and paramedics entering the workforce, differences do exist. The major difference being that paramedics in Alberta have often worked within the EMS system as emergency medical technicians, which offered them some basic experience prior to entering the workforce as a paramedic. However, there was a strong similarity between the graduate nurse and the graduate paramedic, which affirmed the necessity for new graduate paramedic support during transition.
The literature reviewed indicated that the first year of employment is a critical period of transition for new graduates (Casey et al., 2004; Tazakori et al, 2008). The findings showed that new graduates could take up to a full year to start to gain the confidence they need to perform independently in their new role. Steenbergen and Mackenzie (2004) studied new graduate occupational therapists in their first year, and their findings revealed a lack of support resulted in decreased confidence and job satisfaction. Casey et al. (2004) examined stressors and challenges experienced by 270 graduate nurses and stated, “Results reported graduate nurses do not feel skilled, comfortable, and confident for as long as one year after being hired” (p. 303).

One of the common findings in the literature on the necessity of implementing support programs for new graduates was associated with improved retention rates. Between 35% and 60% of new graduates leave their first place of employment within the first year (Baxter, 2010; Casey et al., 2004; Cheeks & Dunn, 2010; Delaney, 2003). Bowles and Candela (2005) reported that 35% of the new nurses they studied left their place of employment within one year and 57% by two years. Park and Jones (2010) surveyed new graduate nurses in 35 American states and found approximately 13% had changed jobs within the first year and 37% reported they planned to change jobs in the near future. New graduates who leave their first place of employment within the first year cost the health care system thousands of dollars. According to Beecroft, Kunzman, and Krozek (2001), replacement cost for just one new graduate having less than one year of experience has substantial financial costs reaching over $40,000. Casey et al. (2004) agreed, stating that nurse turnover is costly for acute care hospitals, with estimated replacement costs exceeding well over $30,000.
The literature showed that implementing support for new graduates in their first year of employment could improve retention rates (Musser, 2001; Strauss, 2009). Strauss (2009) found, “One study from the Winchester Hospital in Boston revealed the average one-year retention rate after implementing a new graduate support program was 97% and the average two-year retention rate was 95%” (p. 219). Musser’s (2001) work also supported this finding, and she described mentors as an important retention strategy for diverse employees. Marcum and West (2004) also proposed that a new graduate supportive program that is focussed on the “development of critical thinking skills, patient care management, and enhancement of self-esteem” (p. 118) would have a direct effect on staff retention. Although no literature was found to directly support this assertion, I believe having support in place for graduate paramedics may impact retention in the EMS industry. Beecroft et al. (2001) contended most health care organizations in which support programs have been tried had a lower rate of staff turnover and had an improved organizational commitment.

I reviewed the limited literature on paramedics and retention strategies and there were no findings to indicate that having a support program for new graduate paramedics transitioning into the workforce was linked to improving retention rates. O’Meara, Tourle, Madigan, and Lighton (2011) found that retention of paramedics was linked to meeting their personal and professional needs by providing attractive working conditions and offering opportunities for further education. The literature revealed that having an understanding of the experience of the new graduate and putting support programs in place can lead to an increase in job satisfaction, retention, organizational commitment, confidence, and competence (Cheeks & Dunn, 2010; Park
There was no contrasting literature found during this review that opposed these findings.

**Support programs for new graduates**

The review of the literature showed various programs that are being utilized in the nursing profession to provide support for new graduates within their first year of employment (Baxter, 2010; Strauss, 2009; Winfield et al., 2009). There were no studies related to the support programs available for new graduate paramedics. However, developing an understanding of what support programs were available for nurses and other health care professionals contributed to understanding programs for new graduates in the EMS profession. This enabled a clearer understanding to determine what supports were required to facilitate the successful transition of graduate paramedics integrating into their new role. The literature discussed several supportive programs in the health care profession, including graduate orientation, mentorship programs, and having a supportive environment (Baxter, 2010; Doelling et al., 2010; Schrubbe, 2003).

Several authors were in agreement that a well-defined new graduate orientation program is essential and should be designed to meet the learning needs of the new graduate (Baxter, 2010; Casey et al., 2004; Park & Jones, 2010; Ragsdale & Mueller, 2005). Casey et al. (2004) noted that a formal orientation program and the presence of strong preceptors were integral to the transition of graduate nurses into the professional nurse role. Similarly, Ragsdale and Mueller (2005) agreed that a well-planned orientation program that focuses on development of clinical skills and technical and critical thinking skills is critical to successful transition. Park and Jones (2010) discussed improvement of new graduate retention and reported on several studies in which staff turnover rates decreased and retention rates increased after participation in extended
new graduate orientation programs. Baxter (2010) recommended that a new graduate orientation program has the potential to boost confidence, promote effective role transition, and increase job satisfaction.

Effective mentorship programs may play a critical role in professional growth and development for new graduate paramedics. Lee and Montiel (2010) suggested there is evidence that formal mentoring programs have an overall positive impact and may assist in improving job satisfaction. A strong mentorship program may be the support recently graduated paramedics need to build confidence and competence in their new role. According to Schrubbe (2004), mentoring can enhance productivity, efficiency, and motivation, and mentors have the ability to inspire confidence in others, push them to their limits, and continue to help people develop to their greatest potential. Baxter (2010) suggested that mentors provide informal support by answering questions and giving encouragement and feedback to the new graduate for an unlimited time. It is important that new graduate paramedics understand the workplace and cultural norms of their work environment as they transition into their new role. Musser (2001) stated that mentors help the new employee understand the unwritten rules of the workplace and the cultural and organizational norms.

Managers and clinical leaders can have a significant impact on creating a culture that is supportive for new graduates, including establishing a welcoming environment (vanWyngeeren & Stuart, 2010). A supportive environment was the strongest theme cited in Zinsmeister and Schafer’s (2009) study. Such previous findings are important to my own study since today’s EMS environment is busy and chaotic, causing new graduates to feel overwhelmed and isolated. In a study by Dyess and Sherman (2009), new graduates reported feeling less alone when they
have direct contact with their clinical leaders. Uncontested in the literature, researchers found that new graduates require organizational support and commitment from their employer (Baxter, 2010; Schmidt, Giovanelli, & Palazollo, 2003).

**Organizational Readiness for Change**

Utilizing action research can lead to successful implementation of shared ideas resulting in a positive change outcome. Weiner (2009) suggested that organizational members are more likely to initiate change, exert greater effort, and display more cooperative behaviour when readiness for change is high. This inquiry involved offering recommendations to EMS managers in AHS to implement a change in process on how new graduate paramedics were integrated into the workforce. In order to provide readiness for change, it was important for me to review the literature in order to determine what is involved in the change process, understand resistance to change, and determine the relevance of participation and involvement as a change strategy.

**The change process**

Beckhard and Harris (2009) explained that the change process involves three conditions: future state, present state, and transition state. They summarized the change process as “a set of conditions and activities that the organization must go through to move from the present to the future” (p. 687). Burke (2009a) was in agreement when he explained, “Without direction, both in terms of who we are and who we want to be in the future, desired organization change will not occur” (p. 747). Change processes require establishing a need for the change and determining how to initiate the change. Similarly, Burke (2009a) described establishing the need for change as part of the “prelaunch phase” (p. 759) and how to initiate a successful change as the “postlaunch phase” (p. 760). Choi and Ruona (2011) stated that employees must believe that the
change is required, appropriate, will be supported by management, and that there is personal benefit involved. Armenakis et al. (2009) supported this and concluded that the readiness change message should include the need for change and the perceived ability of the people involved to change. Beckhard and Harris (2009) affirmed, “The nature of the change in question should be clearly understood, and the position of each ‘source’ regarding that change should be accurately assessed” (p. 691). Armenakis et al. (2009) suggested the readiness change message should include the need for change and the perceived ability of the parties affected to change (p. 571). Burke (2009a) concluded, “If people in the organization see or feel no need for change, they are not likely to embrace the idea” (p. 743). Burnes (2004) argued against this, however, when he stated that a planned approach to change is under increasing criticism.

Several authors agreed that establishing a vision is a fundamental component of leadership and necessary step in the change process (Alimo-Metcalfe, 1996; Burke, 2009a; Kouzes & Posner, 2007; Senge, 2006). “Vision is seen as the essential quality of being able to envisage the future state to which the organization aspires and needs to move towards” (Alimo-Metcalfe, 1996, p. 22). Burke (2009a), as described in the prelaunch phase, linked the inquiry to the values and vision of the organization to “provide clear direction for the organization change effort” (p. 746). Kouzes and Posner (2007) saw establishing a vision as one of the primary functions of leadership and indicated that vision should be based on a sense of purpose and meaning and plays an important role in accomplishing organizational goals. Senge (2006) agreed that creating a shared vision focuses people on a mutual purpose. Understanding the necessity of change and having a clear direction and purpose may help guide AHS EMS leaders to successful implementation.
**Resistance to change**

In order to minimize resistance to change throughout this research inquiry it was important to engage AHS EMS practitioners, leaders, and stakeholders to gain multiple perspectives on how change could benefit the organization. Organizational change is often met with resistance (Atkinson, 2005; Dixon, 2003; Hunt, 1992). Atkinson (2005) asserted that it is important to understand that resistance is a normal healthy response to change and is often caused by lack of understanding, fear of the unknown, and past experiences. Dixon (2003) suggested that resistance should be embraced and that it can be an excellent source of information on the obstacles that will need to be addressed. Hunt (1992) agreed that people do not necessarily resist the change, rather the resistance is created by the way it is introduced and can cause feelings of fear, uncertainty, and loss of control. Resistance and reactions to change are often the result of the way the change is imposed on people. Choi and Ruona (2011) argued that “individuals are not naturally resistant to change—rather they resist the imposition of change, or the way change is imposed on them” (p. 50). This goes against Waddell and Sohal’s (1998) work, as they defined resistance as the “enemy of change” (p. 546) and explained that change implementers perceive resistance as making it difficult for their ideas to be accepted or in some cases result in the change being sabotaged by others.

Burke, Lake, and Waymire Paine (2009) explained how an organization can become so efficient in the way they operate that they can get “locked into its ways of doing things” (p. 5), which makes it very difficult to respond to any change or worse yet can prevent much-needed change. Pardo de Val and Martínez Fuentes (2003) and Perren and Megginson (1996) argued that attempts to avoid change through resistance should not always be seen as negative and can
actually be seen as a benefit and should be encouraged. These authors claimed that resisters may have a more detailed understanding of the organization than those who are driving the change (Pardo de Val & Martínez Fuentes, 2003; Perren & Megginson, 1996). Lamb and Cox (1999) were in agreement and stated that resistance to change is healthy and without questioning the norm may prohibit an organization to progress to a productive stage of learning. Waddel and Sohal (1998) supported this concept when they claimed that resisters can play a crucial role by highlighting aspects of change that may not have been well thought out, and playing the devil’s advocate can trigger innovation. Lewin (as cited in Parkin, 2009) believed that equilibrium needs to be destabilized in order for old behaviour to be discarded and new behaviour be successfully adopted. Burke (2009a) supported Lewin’s theory when he contended, “Equilibrium is a precursor to death. When a living system is in a state of equilibrium, it is less responsive to change occurring around it” (p. 755).

Armenakis et al. (2009) spoke to the distinction between change resistance and change readiness and the role of the change agent:

Framing a project change in terms of readiness seems more congruent with the image of proactive managers who play the roles of coaches and champions of change, rather than those whose role is to reactively monitor the workplace for signs of resistance. (p. 682)

Some researchers have indicated that obstacles to change are likely due to the history of the organization and the attitudes of management rather than due to the individuals themselves (Hoag, Ritschard, & Cooper, 2002; Pardo de Val & Martínez Fuentes, 2003). Oreg (2006) reported, “Lack of faith in the organization’s leaders was strongly related to increased reports of anger, frustration, and anxiety with respect to change” (p. 93). Choi and Ruona (2011) argued that many change efforts fail because change leaders often underestimate the central role individuals play in the change process (p. 47). Understanding and monitoring resistance to
change and working collaboratively with all AHS stakeholders has led this research inquiry towards a positive change outcome.

**Change readiness and participation**

It was crucial to involve new graduate paramedics in this inquiry in order to gain a better understanding of the support they required as they transitioned from student to practitioner. Without their participation implementation of a successful change initiative could likely result in failure. The relevance of participation and involvement to successful change was the focus of a variety of research studies. Research has demonstrated that readiness for change is achieved by encouraging participation in decision making throughout the change process (Lines, 2004; Saka, 2003; Weisbord, 2012). Saka (2003) contended that the success of change readiness depends on participation and the unity of goals. Initiating change readiness requires the support of all those involved who are affected by the change. Lines (2004) determined that participation seemed to be related to the successful implementation of strategic change. Weisbord (2012) stated, “There is a great need for employees to be involved in the problem solving and decision making from the start” (p. 248). Goleman, Boyatzis, and Mc Kee (2002) further defined this concept by stating, “Emotionally intelligent leaders made sure that they engaged their teams in the change process, giving them as much information and as much control over their destiny as possible” (p. 186). Armenakis et al. (2009) argued, “Active participation is essentially self-discovered” (p. 576), as “individuals tend to place greater trust in information discovered by themselves” (p. 576). Coghlan and Brannick (2010) agreed when they discussed the importance of a collaborative approach and of engaging others in the process; they advised leaders “not be the expert who decides apart from others” (p. 9). Burke (2009a) was also in support of this and described how it
was “critical to identify and implement new initiatives that will renew organizational members’ energy, spark new ways of thinking, and continue to propel the organization farther down its path of change” (p. 758).

Action research is a methodology used to find solutions to an issue or problem with the collaborative effort of those directly involved in order to initiate a successful change outcome (Coghlan & Brannick, 2010; Goleman et al., 2002; Stringer, 2007). Coghlan and Brannick (2010) discussed how knowledge is discovered utilizing a collaborative relationship between the researcher and the organization and is aimed at addressing a problem or issue to generate new knowledge. Stringer (2007) stated, “By working collaboratively, participants develop collective visions of their situation that provide the basis for effective action” (p. 67). Dent and Powley (2002) cautioned that “badly applied action research methods can raise levels of resistance” (p. 58); this can occur as a result of the overuse of external consultants who can impose on participants their own values and can appear as agents for the organization. In this thesis, however, action research was specifically implemented to enhance ownership of change in order to reduce the likelihood of resistance.

**Chapter Summary**

The first part of this chapter aimed to provide an understanding of what the transition experience was for new graduates, the necessity of support, and what support programs were developed for new graduates. This inquiry was also designed to lead to change; the second part of this literature review explored change process, the effects of resistance to change and summarized the relevance of participation on change readiness. The next chapter will explain the inquiry approach and methodology used in this research study.
CHAPTER THREE: INQUIRY APPROACH AND METHODOLOGY

This chapter provides a description of the methodology used to collect the information for this inquiry. Details about the project participants as well the inquiry methods are outlined including the data collection tools, study conduct, and data analysis. The chapter closes with a discussion on the ethical issues and considerations relating to this inquiry.

Inquiry Approach

The goal of the inquiry was to identify the supports required to facilitate the successful transition of new graduate paramedics entering the workplace. Action research is an effective change management approach to problem solving that allows those with a stake in the problem to help define, assume responsibility, and participate in finding solutions to the problem (Coghlan & Brannick, 2010; Parkin, 2009; Stringer, 2007; Weisbord, 2012). Kaner, Lind, Toldi, Fisk, and Berger (2007) suggested that if people do not participate in and own the solutions to the problem or agree to the decision, implementation would likely fail. Parkin (2009) contended that an action research inquiry approach focuses on organizational improvement and promotes learning within the organization in order to create and develop theory. Organizational action research is a means to develop and implement planned change initiatives within the organizational context. This form of research involves the identification of an organizational issue, organizational collaboration and data gathering, data analysis and reflection, engaging key stakeholders in understanding the findings, finalizing recommendations, and developing action plans to implement change (W. Rowe, personal communication, July 1, 2011). Stringer (2007) pointed out that action research provides the means for people to engage and systematically investigate “an appropriate way of accomplishing a desired goal and evaluate its effectiveness”
This action research inquiry engaged graduate paramedics to determine what support is required to successfully transition them into their new role. Coghlan and Brannick (2010) explained how the action research cycle begins with understanding the context and purpose of the project and is followed by four basic steps of constructing, planning, taking action, and evaluating action in relation to achieving the projects goal. Kemmis and McTaggart (1999) proposed a slightly different formulation of the action research cycle utilizing the steps of plan, act, observe, and reflect. Stringer (2007) described action research as a “simple yet powerful” (p. 18) continual recycling of activities including “look, think [and] act” (p. 8). The first cycle of this inquiry was the organizational readiness cycle and utilized Stringer’s “look, think, act” (p. 40) framework (see Figure 2). Determining what support was required for successful transition of graduate paramedics was the defined purpose of this inquiry and was the issue to be investigated, which marked the first phase in the organizational readiness cycle.

The second phase of the cycle was to “look” (Stringer, 2007, p. 8) at the situation and gather data through literature and research methods from new graduate paramedics about their transition experience, determine why support may be required during the transition from student to practitioner, and consider what might be involved in an ideal support program. The inquiry in this study involved a multi-method approach to data collection, which combined different methods in a research design with the goal being to triangulate the data. Glesne (2011) defined triangulation as a practice of using a variety of methods for obtaining data to validate claims. Due to the large number of respondents and the widespread geography, a focus group session and a qualitative online survey were the methods used in this inquiry. As Glesne (2011) described, focus groups elicit multiple perspectives and also allow for enhanced ownership by
the participants, which is key when recommending change. Stringer (2007) discussed online surveys, describing them as useful tools for extending the data collection process to a broader range of respondents. Fowler (2009) asserted that online surveys offer convenience and a high speed of return at a low cost.

Organizational Readiness Cycle

1. Context & Purpose
2. Look
3. Think
4. Act
5. Re-contextualize & Reconstruct

Change Intervention Cycle

1. Context & Purpose
2. Look
3. Think
4. Act
5. Re-contextualize & Reconstruct
6. Sponsor Plans Action
7. Take Action
8. Evaluate Action
9. Re-contextualize/ & Reconstruct

Transition Zone

leadership transfers to organization

Figure 2. Organizational action research model adapted from the works of Stringer (2007) and Coghlan and Brannick (2010).

Note. From RRU School of Leadership Studies Organizational Action Research (OAR) (p. 1), by W. Rowe, N. Agger-Gupta, B. Harris, & M. Graf, 2011, Victoria, BC, Canada: Royal Roads University. Copyright 2011 by Royal Roads University. Reprinted with permission.

The third phase in the organizational change cycle was to “think” (Stringer, 2007, p. 8) or reflect on the information from the literature and analyze the data from the research methods.
Finally, the fourth phase was to “act” (Stringer, 2008, p. 8), which involved reviewing the findings and making recommendations to key stakeholders on what support is required for graduate paramedics integrating into their new role within AHS. This written document was submitted and transferred over to these key stakeholders to implement a change action.

The second cycle of this inquiry was the change intervention cycle of plan action, take action, and evaluate action (Rowe, Agger-Gupta, Harris, & Graf, 2011; see also Figure 2). The findings and recommendations from this inquiry were disseminated to key stakeholders in order to develop an action plan, implement the action plan, and evaluate the plan. This cycle of “action” (Stringer, 2007, p. 8) continued through multiple iterations. Stringer (2007) described this cycle of activities as an “interacting spiral” (p. 9) that involves a constant process of observation, reflection, and action. Coghlan and Brannick (2010) supported this approach and stated, “In any action research project there are multiple action research cycles operating concurrently” (p. 10). Employing Stringer’s (2007) action research cycle helped me to identify the need for the support required for graduate paramedics entering the workforce and working through the steps of action research “promotes a ‘bottoms up’ approach to managing change” (Parkin, 2009, p. 30).

**Project Participants**

The key participants in this inquiry included the sponsor, inquiry team, and respondents. The respondents involved in the inquiry process were paramedics employed with AHS who graduated within the last three years. I sent out a letter to all the AHS EMS managers in the province requesting the first and last names of the paramedics in their zone who graduated within the last three years (see Appendix C). Employing a random sampling method, a member of my
inquiry team randomly selected four participants from each of the five zones; this team member put potential participants’ names in a closed box and drew out four from each zone. This selection process resulted in a total of 20 focus group participants. Palys and Atchison (2008) explained that when utilizing a random sampling method “nothing but chance must govern the selection process and every sampling element must have an equal probability of being selected” (p. 113). Of the 20 participants who were invited, five participated in the focus group. The participants were located in the central and south part of the province from both rural and urban centres. The AHS EMS operation managers from all five zones provided the names of 117 employees, all of whom had graduated within the last three years. I forwarded an invitation and consent form to all 117 employees inviting them to participate in the online survey.

The research inquiry team consisted of AHS representation from two EMS senior leaders, EMS medical director, three veteran paramedics, and two members from the IPE team. In addition, the inquiry team included two of my cohort members from the Royal Roads University Masters of Arts Leadership Health Specialization program, a transcriptionist, as well as and an editor. A letter of agreement was sent out to the members of the inquiry team outlining their roles and responsibilities, and all members of the team signed a confidentiality agreement (see Appendix D) prior to taking part in the research.

Inquiry Methods

Stringer (2007) suggested that the first component of an action research process is qualitative in nature and requires researchers to gather information about participants’ experiences and perspectives and to clarify their understanding of the issue. Lewin (as cited in Parkin, 2009) described the first element as fact finding to identify the problem, develop a plan,
and determine the measurement tools. The data gathering methods that were used for this research project were a focus group and an online survey.

I started out with the focus group method in order to generate data related to my research question that asked: What supports are required to facilitate the successful transition for graduate paramedics integrating into their new role within Alberta Health Services? This method was used because it involved utilizing a small group with the objective of acquiring information about the perceptions and interpretations of a particular issue of the research participants (Glesne, 2011; Kitzinger, 1995; Liamputtong, 2011). The questions participants were asked in the focus group session sought to answer the inquiry sub-questions. Utilizing open-ended questions such as those shown in Appendix E allowed the respondents to offer a wide range of answers depending on their concerns (Palys, 2003). This method allowed for flexibility and gathered information by asking the participants to elaborate on their responses. Palys (2003) further noted that focus groups are helpful to researchers who are “interested in determining issues of importance to those in the research setting or in acquiring new insights about the phenomenon from those who have experienced it” (p. 162). Stringer (2007) agreed with Palys (2003) when he stated that focus groups are a means of acquiring information and provide participants with the opportunity to “describe their experience and present their perspective on the issues discussed” (p. 73).

Utilizing a small focus group encouraged an exchange of opinions and reactions related to the new graduate transition experience and allowed for dialogue. As Palys and Atchison (2008) explained, the focus group places “opinions ‘on the table’ where differences between perspectives can be highlighted and negotiated” (p. 159).
The data collected from the focus group showed emerging themes that were used to generate questions for the online survey (see Appendix F). The purpose of doing an online survey was to obtain many diverse perspectives in order to generate recommendations and deepen the understanding of the research question. The survey was also used to validate the focus group data. Palys and Atchison (2008) noted that the major advantage of this method is the potential to “generate a substantial amount of data relatively quickly and cheaply” (p. 155). Due to the large geographical area of graduate paramedics working for AHS and the various shift schedules, the survey was an ideal method to populate a large amount of data fairly quickly and easily. The survey contained both closed and open-ended questions. Stringer (2007) explained that open-ended questions enable participants to describe and interpret experiences in their own terms. Closed questions allowed for an efficient collection of data from a large number of people. While closed questions are quick and easy to answer, they can be restrictive, presuming, probing, or leading and can be answered in a few words (Richardson, 2002). The questions for both the online survey and the focus group were piloted by three paramedics on my inquiry team prior to sending out the invitations. As Glesne (2011) suggested, “A pilot study readies you for gathering data” (p. 57).

**Study conduct**

As mentioned earlier, I used a simple random sampling method to select focus group participants. A member of the inquiry team wrote the names of all eligible participants from each of the five zones on a piece of paper and put them into a closed box; this same team member then randomly selected four names from each zone. This made up a total of 20 potential participants for the focus group sessions. In order to minimize the travel distance for participants and
facilitators, the focus group session were set up in two geographical locations in the province, Edmonton and Calgary. I sent the 20 randomly selected employees from each of the five zones an invitation to participate (see Appendix G). The participants were given one week to return the invitation via email to the name of the neutral third party facilitator. Only four people expressed interest in participating; therefore, I sent a reminder out to the participant group and the deadline was extended an additional three days (see Appendix H). One more participant agreed to join by telephone. This made up a total of five for the focus group, with most of the participants being from central and southern Alberta; therefore, the session was held in Calgary. Due to the large geography of the participant group there was an option for the selected participants to teleconference into sessions; however, face-to-face dialogue was preferred. The facilitator of the focus group contacted each participant with the session details (see Appendix I). The participant who joined by telephone was sent the consent form and returned it prior to the session, the four other participants signed the consent forms at the session (see Appendix J). The third-party facilitator reviewed all consent information with participants prior to conducting the focus group session.

The focus group session was voluntary and no payment occurred. Mileage was paid to two participants who were required to travel to Calgary to attend the focus group session. Lunch refreshments were provided during the session, and the session was completed in less than two hours. The third-party facilitator began the focus group session with an introduction that included a basic description of the project, the role of the researcher, a reinforcement of confidentiality of the information, and the participants’ right to withdraw at any time. Liamputtong (2011)
described this information sharing as the prediscussion stage, which is also useful to “assess the characteristics of participants” (p. 73) within the focus group.

Prior to starting the focus group, the facilitator obtained each participant’s agreement to tape record the session. I incorporated the use of a tape recording device, taking into account Glesne’s (2011) suggestion that recording devices provide a “nearly complete record of what is being said” (p. 115) and Liamputtong (2011) assertion that audio recordings are invaluable and recommended for all focus groups. Stringer (2007) argued that although tape recorders can allow the researcher to record detailed and accurate information, they can also damage the rapport with respondents and are subject to technical problems. Prior to the focus group session I tested the recording device and explained to the facilitator how to use the device to prevent any technical problems.

It was necessary to use a neutral third-party facilitator for the focus group sessions due to my position of authority as EMS Operations Manager within AHS. Stringer (2007) believed that researchers should maintain a neutral position and ensure that status does not influence the data-gathering process. To ensure the participants were comfortable sharing their experiences and freely expressing their opinions, I requested a fellow Master of Arts in Leadership Health cohort member from my inquiry team be the neutral third-party facilitator and gather the data. Plays and Atchison’s (2008) work supported this approach; these authors discussed how “ethics problems arise when the power differential between researcher and participant is considerable” (p. 72) and advised researchers to avoid a conflict of interest by seeking out an individual with no vested interest in the outcome. Prior to conducting the research, the third-party facilitator provided
verbal assurance to participants that their participation, lack of participation, or the nature of the feedback they offered would not have any impact on their job standing with AHS.

Following the prediscussion stage, Liamputtong (2011) described three other stages that took place during the focus group sessions. These included the introductory stage, questioning stage and ending stage. I worked with my facilitator to ensure she had a good grasp of managing these focus group stages. The role of the facilitator was vital to stimulate the participants to engage actively in the topic of discussion and was flexible enough to proceed in the direction the focus group took. During the ending stage, the participants were asked for input to help generate any additional information that could be meaningful in developing questions for the online survey. Following these practical stages from preparation to the final stage helped guide the facilitator to ensure the collection of rich and valid information occurred (Liamputtong, 2011).

After the focus group session was complete an invitation and consent form were sent out to all the paramedics employed with AHS who had graduated in the last three years to participate in an online survey (see Appendix K). The AHS Data Integration Measurement and Reporting service approved the use of SelectSurvey.net (ClassApps, 2010), an online survey software platform, in my research. SelectSurveys.net allowed anonymous users to complete the survey and was an approved AHS survey tool that had seven distinct security levels and required a login before the survey was created. Prior to the survey being sent out to participants, three paramedic members of the inquiry team reviewed and trialled the online survey questions. To ensure reasonable access and time for those working variable shift patterns, the survey remained open for 10 days with an additional three-day extension (see Appendix L). After the close date, I was able to access the survey for 30 days in order to allow time to analyze the data and run reports.
Following this, the Data Integration Measurement and Reporting service requested that I delete the survey from the ClassApps system.

The survey was accessible via the World Wide Web and an estimated time limit of 10 minutes was given to complete the online survey. By accessing the link to the survey participants gave their informed consent to participate in the research. The online survey was sent out to 116 eligible participants and 44 completed the survey. Participants involved in both research methods were informed that the results from the project would be shared with them upon final completion at their request.

The role of my sponsor, the Executive Director of the IPE team, was to make recommendations to senior leaders and managers on change processes that will promote quality work and to create learning environments that support new graduates (HPSP IPE, personal communication, January 19, 2012). AHS EMS leaders have the authority to implement the project’s intended change; therefore, the Central Zone AHS EMS Executive Directors, Director, and Medical Director were members of the inquiry team. These three leaders are part of an EMS Provincial Senior Leadership Committee. At those committee meetings they can bring forth the recommendations from the research inquiry in order to plan, implement, and evaluate action. Having these senior leaders involved in this research project was integral to the success of the change process. Choi and Ruona (2011) described a strategic management perspective that “regards organizational change as a process of implementing corporate strategy made by organizational leaders and decision makers” (p. 47). Similarly, Burke (2009a) found that linking the inquiry to the values and vision of the organization “provide[s] clear direction for the organization change effort” (p. 746). This research project was linked directly to the vision and
values of AHS. One of the eight areas of focus for AHS EMS is to retain EMS staff and equip them to meet current and future care needs (AHS, 2011).

**Data analysis**

Trustworthiness of a research project, according to Glesne (2011), can be established through the following eight practices: prolonged engagement, triangulation, peer review and debriefing, negative case analysis, clarifying researcher bias, member checking, rich descriptions, and external audit. I validated the research data for this thesis by using triangulation, peer review and debriefing, clarifying researcher bias, and member checking. I selected a multi-method of data collection by including a focus group and an online survey. This approach allowed for triangulation of the data, which enhanced the validity of the research (Berg, 2004; Glesne, 2011). My inquiry team assisted me with the review and interpretation of the data and helped me to clarify any bias. Glesne (2011) described this method of validating the data as peer review and debriefing. I strived to address my bias when reviewing the data by acknowledging my own subjectivity and preconceived opinions and reflecting on my bias as I reviewed and formulated the data. Glesne (2011) described the importance of addressing researcher bias by continuously exploring one’s own subjectivity. After completion of the focus group I had the audio tape of the session transcribed for analysis. In order to validate the information taken from the session I sent the transcribed data to the participants after the session to review, asking for feedback or any misinterpretations. This process is known as “member checking” (Stringer, 2007, p. 58) and is important to ensure the trustworthiness of the research data. This step was important to ensure that the shared information reflected participants’ experiences, and it served to further validate the data.
When analyzing qualitative data, Lacey and Luff (2001) suggested the first steps are to become familiar with the data, transcribe the material, and organize and index the material for identification and efficient retrieval. Analyzing qualitative data is not a straightforward task, and researchers have identified many methods (Berg, 2004; Lacey & Luff, 2001). After I collected all the data, I created a master filing system that allowed me to record the information. I went back to the inquiry question and sub-questions to go through the focus group transcripts, survey data, and supporting literature to look for patterns and trends. I then started to theme and subtheme similar information into a Microsoft Word document. Ryan and Bernard (2003) advised, “Themes come both from the data (an inductive approach) and from the investigator’s prior theoretical understanding of the phenomenon under study (an a priori approach)” (p. 88). Upon completion of themes and subthemes determination, I then began coding the data utilizing highlighted colours. Jacelon and O’Dell (2005) stated,

Coding is the basic tool of the qualitative researcher. Through the process of coding, the researcher fractures the data and organizes it by the ideas contained within. There is no right or wrong process in coding. It is the knowledge and perceptions of the researcher that are used to identify the ideas in the data. (p. 218)

The data coding resulted in study findings and conclusions, which are presented in Chapter 4.

**Ethical Issues**

Glesne (2011) discussed how most of the ethical consideration in qualitative research concerns the nature of relationships with research participants. I found it important to build trusting relationships and ensure open communication with my sponsoring organization, inquiry team, and research participants. Atkinson and Butcher (2003) suggested that when people are deciding whether to trust someone they will seldom make judgements without first getting to know the individual, their reputation, values, and history. Burke (2009b) explained, “Trust and
openness go hand in hand, and openness is practically impossible to achieve without trust among team members” (p. 637). Stringer (2007) stated that in action research it is imperative that all participants know what is going on and the processes are transparent to all involved. Therefore, it was integral that I was transparent in my communication with all the participants involved in this research inquiry.

The Royal Roads University (2011) Research Ethics Policy outlined three core principles based on the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada [TCPS], 2010). These principles include respect for persons, concern for welfare, and justice. I also detail how this project adhered to the ACP (n.d.a) Code of Ethics.

**Respect for persons**

The Tri-Council Policy Statement (TCPS, 2010) stated, “Respect for Persons recognizes the intrinsic value of human beings and the respect and consideration that they are due” (p. 8). Respect is one of the eight values of AHS (2012) and a fundamental practice of my own leadership. Throughout my research, participants were treated with respect and all elements of ethical research practice were adhered to. This included respecting their autonomy by seeking their free, informed, and ongoing consent and addressing constraints such as their inability to act due to controlling influences or coercion.

**Concern for welfare**

Concern for welfare was the next core principle and ethical obligation I adhered to in my research project. The Tri-Council Policy Statement (TCPS, 2010) stated, “Welfare consists of the
impact on individuals of factors such as their physical, mental and spiritual health, as well as their physical, economic and social circumstances” (p. 9). Concern for welfare of the participants also included protecting their privacy and managing their information. As part of the commitment to protect and respect participant privacy and confidentiality, all data gathered during my research were kept in a confidential, secured environment. I also provided the research participants with information that assured the protection of their individual information.

**Justice**

The third core principle is respect for justice. Respect for justice and inclusiveness relates to the principle of fair and equitable behaviour of the researcher. The *Tri-Council Policy Statement* (TCPS, 2010) asserted, “Justice refers to the obligation to treat people fairly and equitably” (p. 10). In conducting my research, the goal was to produce benefits for the participants, the organization, as well as myself, while mitigating any potential harm to participants. With my sponsor and inquiry team I identified the benefits and potential harms and we ensured that the benefits were maximized and the harms minimized.

**Code of ethics**

The ACP (n.d.a) *Code of Ethics* stated that registered practitioners must provide competent, safe, and ethical emergency medical care, consistent with federal and provincial legislation and with current standards of practice. In this research project, I adhered to educational, regional, and provincial ethical standards. I met all Royal Roads University established guidelines and ethical requirements for educational research. In addition, research approval from AHS EMS as well as ethical approval from the Community Research Ethics Board of Alberta was obtained prior to conducting the research.
Chapter Summary

This chapter outlined the methodology used to collect the information for this inquiry including the data collection methods, how the study was conducted and analyzed, as well as the ethical considerations in this inquiry. The next chapter will describe in detail the findings and observations made during the project based on analysis of the data collected and study conclusions.
CHAPTER FOUR: ACTION INQUIRY PROJECT RESULTS AND CONCLUSIONS

In this chapter, I provide an overview of the data collected during my research, review my results, present my conclusions, as well as define the scope and limitations of this inquiry. The conclusions were formed based on themes evident in the data and are supported by the literature presented in Chapter 2. The inquiry question I explored during this research project was: What supports are required to facilitate the successful transition for graduate paramedics integrating into their new role within Alberta Health Services? The following sub-questions also helped guide the findings in this inquiry:

1. What is the experience for new graduate paramedics transitioning from the role of student to the role of paramedic?
2. Why is transition support important for new graduate paramedics?
3. What are the necessary components of an ideal support program for new graduate paramedics transitioning from student to independent practitioner?
4. How can such a program be implemented within Alberta Health Services?

Study Findings

Research data were gathered from AHS paramedics who graduated within the last three years by two methods, a focus group and an online survey. I collected the data through the processes outlined in Chapter 3. When the aggregate data were examined the following themes emerged: (a) transition experience; (b) support approaches suggested; (c) mentorship program; and (d) AHS leadership support to implement a mentorship program.

The focus group was completed in a two-hour facilitated session. Three paramedic participants gathered together in Calgary for an in-person session and one participant
teleconferenced in to the session. I used an external facilitator in order to ensure unbiased conversations due to my position of authority within the organization. The group members shared and reflected on their experience as new graduate paramedics through open conversation and stories.

Data gathered from the focus group were used to formulate an online survey that was made available to 116 AHS paramedics. The online survey was open for a 10-day period in June 2013 and received 44 individual replies, a response rate of approximately 38%. Of the respondents who participated, 59% worked in rural communities and 41% worked in an urban setting. A total of 68% of new graduates surveyed had no support available to them starting out in the workforce.

To maintain the anonymity of the research participants, I used the following participant codes in this report: FG1 through to FG4 for focus group respondents and OLS1 through to OLS44 for online survey respondents. In the following section I examined each theme using supporting qualitative data gathered as evidence.

**Finding 1: Transition experience**

During the focus group session participants shared their experiences of transitioning from the role of student to Emergency Medical Technician (EMT) within AHS. New paramedics reported commonly experiencing stress and anxiety; they questioned their competence, and felt unsupported by management.

**Stress and anxiety**

One of the themes from the focus group data revealed that new graduates felt a great deal of stress and anxiety when they first started working as a paramedic. One graduate spoke out
about the “responsibility and added stress that occurs when you first get that paramedic number” (FG1). The group shared how helping and supporting the new paramedic would assist in alleviating the new member’s stress level. One participant (FG2) discussed how worried she was working night shifts and thinking about the potential emergencies she could be called to without any back-up support; she found nights most stressful. New paramedics’ anxiety levels seem to run high. One new graduate explained, “Today you are on practicum, and tomorrow it is your call” (FG1). Focus group participants discussed how small the EMS industry is and also spoke about the added stress and anxiety new paramedics experience due to having to prove themselves. One participant stated, “EMS is such a small industry, and you make one mistake and everyone in the whole province knows about it, and that is really, really nerve wracking. Your reputation is huge” (FG3). Two focus group members (FG1; FG2) discussed what it was like to be a new paramedic, and expressed feeling scared and intimidated when they were placed on high acuity emergencies on their own.

**Competence**

One participant (FG4) questioned his competence, worrying that he may not remember drug dosages or may give the wrong dosage; he also worried when he did not have a safety net close by. One survey respondent (OLS3) commented on several skills that she did not get a chance to practise when in school, and she found that being faced with situations that required these skills caused her stress and anxiety. Two focus group participants (FG1; FG2) discussed the stress involved in relearning their medical control protocols when they started with AHS because the organizational protocols were different from what they were taught in school. One graduate (FG1) felt relatively incompetent and thought there should be some kind of integration
process in school so the new graduates would know the AHS medical control protocols before they started working. All four participants felt strongly that stress and anxiety were key emotions, but in contrast there was little mentioned about lacking confidence. Although these participants questioned their competence, the online survey findings indicated that 75% of new graduates were confident in their abilities, with only 20% experiencing minimal confidence and indicating they needed some support, and 5% of survey participants who did not feel confident at all starting out as a new paramedic.

Lack of support

The findings from the focus group data showed that new graduates often felt unsupported when they started in their paramedic role with AHS. One participant (FG4) elaborated on the feeling of being devalued and discussed how little consideration was given that they were new graduates and no support was offered to help them build their confidence and competence as they transitioned into their new role. In comparison, one survey respondent commented, “When you come through as a paramedic and finish, you get thrown out there. . . . I do see a lot of non-confident EMTs get their 50 number [paramedic registration number], and they are on their own right away” (OLS26). Research participants elaborated on the shortage of paramedics in the province and how graduates are immediately placed into their new role without adequate time for a supportive transition. A member from the focus group stated, “There is such a high demand for medics and EMTs they push people through whereas before you really had to work for that and prove yourself” (FG3). One participant stated,

I kind of felt unsupported because sometimes you would show up and you would be with a brand new EMT, and they wouldn’t even know how to lift a stretcher or anything, so I kind of felt that we were just a body just thrown out there to cover the shift. (FG2)
The group emphasized that feeling supported creates a better culture. One focus group member expressed that new graduates should be nurtured in a supportive environment as opposed to “having to watch your back because if you make a mistake everyone hears about it” (FG2). Another participant stated, “Creating a better culture creates a better atmosphere” (FG4). This was further supported by a member who discussed the need for a trusting environment and expressed that “having support would increase the quality of work being put out as well” (FG3). Focus group participants affirmed that the more support, the more incentive there is to advance both personally and professionally. In contrast, one survey respondent commented, “[I] don’t think any support is needed, practicum and previous experience is enough” (OLS32).

Two participants (FG3; FG4) recognized that support for new graduates would enable new paramedics to feel more relaxed and better focussed, and they would be less likely to forget small things. The participants concluded that having a support program such as a mentorship would increase new graduates’ confidence and ease their stress and anxiety.

**Finding 2: Support Approaches Suggested**

Participants in the focus group all shared that the gap between school life and real life is large and they all agreed a support program would have been beneficial. One paramedic (FG2) discussed how real life and school life were very different, and he did not feel properly prepared for the actual real life and real practice. Another member stated, “Making the transition from school to the working world is like night and day” (FG4). A member (FG2) from the focus group believed that AHS could narrow the gap from student to practitioner by having a support program. Following are the ideas and comments shared by both the focus group and online
survey on types of support programs that could facilitate the successful transition for graduate paramedics integrating into their new role within AHS.

**Peer support**

Focus group and survey participants expressed the importance of having support from their peers as they begin their paramedic career. One focus group member stated that when this type of support is in place the “culture shifts towards a more positive nurturing environment, which enhances our profession” (FG3). A noted theme from the research data was the value of having a peer-support program in place. Focus group participants discussed the importance of knowledge sharing among peers and how feedback leads to knowledge. One focus group member (FG2) suggested that learning from each other provides a wholeness, and ideas were discussed among the group for support such as an online forum, peer to peer, or casual chat room. One survey respondent contended, “Peer support is key; to have the opportunity to use experienced paramedics in an urban setting as a soundboard for questions and discussion” (OLS17). Similarly, participants stated the value of having “quality peer support being matched with a quality two-years-and-up experienced paramedic for the first two to six months” (OLS41). A survey member stated, “I wish I would have had someone to check on me after ALS [advanced life support] calls, so I could go over assessment and treatment in a non-intimating, nonthreatening, non-managerial environment” (OLS23). A similar comment was “to arrange supervision sessions and ideally with a non-managerial supervisor” (OLS6). A total of 84% of survey respondents felt that peer support would provide the most benefit for new paramedics.
**Support from management**

A second common theme that emerged from the focus group and survey data was the necessity for new graduates to be supported by management. One survey respondent (OLS18) indicated that the ideal support should come from management and EMS management should be readily available and willing to offer new paramedics whatever support is needed to be successful in their career. Focus group participants further discussed that positive reinforcement and feedback from management was important so that new graduates know they are “on the right path, what worked well, and what didn’t work well” (FG2). One participant (FG2) commented on the importance of EMS management investing time into their new graduate paramedics, which enables them to feel more valued. A second focus group member stated, “Support from management was required to understand the vulnerability of new grads, pair them with seasoned EMTs who have worked in that location for a while” (FG4).

One of the themes that emerged from the findings was the importance of having new graduate paramedics partnered with experienced EMT practitioners, which requires the support from EMS management. Focus group participants explained that when scheduling work shifts management did not take paramedics’ work experience into consideration and they were often partnered with a new EMT who also lacked experience. All focus group members agreed that, as new graduate paramedics, working with an inexperienced EMT partner caused feelings of isolation and frustration because they had nobody to rely on as a safety net, which resulted in negative and stressful experiences. One respondent (OLS29) from the online survey reported that new graduate paramedics are often partnered with inexperienced EMTs and as a result are unable to offer them any support or insight. It is important that EMS managers understand the
challenges new graduate paramedics faced when they were placed with inexperienced partners. One participant expressed, “When you are a new paramedic you have so much to think about on an emergency call, and it is difficult enough to look after yourself never mind worrying about your partner” (FG3). A respondent from the online survey expressed that new graduate paramedics should have “no casual EMT-A [Emergency Medical Technician – Ambulance] partners until six months is over” (OLS1). The findings indicated that new graduates strongly believed that management should take into consideration partnering new paramedics with full-time, experienced EMT-A partners. Another respondent believed placing new graduates “with a brand new EMT partner is setting them up to fail” (OLS2). One graduate (FG3) discussed how nervous he was first starting out and asked to be partnered with another paramedic instead of an EMT. Management told her that she would be fine, and she was partnered with new EMTs. This participant (FG3) felt strongly that support would be very beneficial and requested to be scheduled to work with another paramedic for a few shifts as a safety net; the participant did not receive management’s support for this request. Overall, the data from the online survey showed that 61% of new graduates felt that management support would be most beneficial.

**Other support**

Focus group and survey respondents shared the following ideas on other types of supports needed for new graduate paramedics:

- practising skills in the hospital setting (OLS2),
- feedback on proper documentation of patient care reports (OLS7),
- “periodical meetings with medical director and other new paramedics” (OLS9),
- supervisor engagement on emergency calls with debriefing (OLS15),
• hands-on review sessions with EMS trainers (FG2), and
• working as a temporary paramedic before becoming a licensed practitioner (FG1).

One survey respondent (OLS11) remarked on the importance of having continuing education available for new graduate paramedics. The online survey data further revealed that 25% of the respondents would benefit from the use of educational material, and 32% of survey respondents felt an orientation program would be valuable.

**Support for rural paramedics**

One of the themes that arose from the focus group related to new graduates working in rural communities who were left on their own with no back-up support available on high acuity calls, unlike their urban counterparts who have back-up support close by. One person (FG2) spoke about new graduates who work in urban areas who can receive back-up support from another paramedic within five minutes, but in rural communities there is often a much longer time for assistance; this participant thought it was more important to have support in the rural settings and suggested that AHS tailor the support program based on geography. Another participant (FG4) discussed that rural paramedics generally have a lower call volume than urban practitioners, so they are unable to routinely practise their skills. Two participants (FG4; OLS3) suggested that a program be developed for rural paramedics to rotate into urban settings in order practice their skills. One new graduate explained that working as a paramedic in a rural community was unnerving at times, “You have to really know your stuff because there is not another paramedic readily available for back up and you are it” (FG3).
Timelines for support

In the online survey I asked respondents how long a support program should be, and 55% of respondents chose three months, 23% selected six months, 14% thought 12 months was best, and 9% believed a support program should last indefinitely. I did not explicitly ask focus group participants about the ideal length of time a support program should offer; however, in other discussions, three of the four focus group participants mentioned up to six months would be ideal. One respondent stated that a “mentorship should last until a new medic feels they would be able to function without the support of another medic” (OLS5).

The finding from the online survey showed that 98% of the respondents indicated that having some type of support program in place would have been beneficial as a new graduate paramedic. Only 2% of the online survey respondents felt no support was required for new graduate paramedics.

Finding 3: Mentorship program specifically

The strongest theme that emerged from the data from both the focus group and online survey was the need for a mentorship program for new graduate paramedics. When asked what the ideal support for new graduates would be, 37 out of 44 respondents commented that a mentorship would be the best support to implement. A great deal of discussion took place in the focus group on the value of having a mentorship program that would allow new graduates to work with an experienced paramedic for a period of time to help gain competence and confidence in their new role. Two participants in the group discussed how school gives you the tools to be a paramedic, but actual experience with a mentor is where the real learning takes place, and working alongside a seasoned paramedic would provide comfort and serve as back-up
support. One participant expressed, “Having an assigned engaged mentor would lessen stress. . . . I think it would have made me a better paramedic faster. I think my skills would have developed faster maybe, and probably my confidence as well” (FG2). One focus group participant shared “that a mentor could actually show you what is expected as a medic at the workplace as well increase your confidence and ease the transition” (FG3). Three of the four focus group participants discussed the importance of having a mentor who is not only experienced but is also a person with whom the new graduate can build a trusting relationship.

Survey respondents also reported that a mentorship program would be invaluable for new graduate paramedics and shared many of the same comments. Having a mentorship program “helps the new paramedic ease into his or her new level of responsibility” (OLS3). Another survey respondent commented on the importance of having support from an experienced paramedic to share ideas with in order to build confidence in a safe learning environment. One survey respondent concluded,

There [are] no guarantees you will get called out to high acuity patients, but when it happens, it is very beneficial to have a safety net and mentor to guide you through the call. If anything, it is a confidence booster. (OLS20)

A survey respondent agreed that a “mentorship is the most beneficial, as you are able to work with another experienced medic when you yourself are green and perhaps nervous to make decisions” (OLS18). Another survey respondent summed up the value of a mentorship program and stated,

This gives you more constructive feedback from senior medics by giving you more food for thought for when you are working independently. [It is] by far one of the strongest and most sufficient ways to allow your new medics to feel comfortable in their own shoes. (OLS44)
Online survey respondents described an ideal mentor as being supportive, approachable, trained in mentoring, and able to offer constructive feedback.

**Finding 4: AHS leadership support to implement a mentorship program**

Several focus group participants shared ideas on the importance of having the support from AHS to implement a mentorship program for new graduate paramedics. As one member stated, “It all starts at the top with their support of the program” (FG2). Two of the four focus group members offered ideas on how a mentorship program could be implemented within AHS but required buy-in from AHS EMS leaders. One participant (FG1) explained that if an individual had an AHS position as an EMT and subsequently earned his or her paramedic licence, that person could maintain his or her position and work as a paramedic for four to six months, and if a paramedic opening came available that person could transition in, instead of having to leave the EMT position after the individual graduated. A second participant (FG2) suggested that AHS could support the new graduates for the first six months by having a paramedic mentor come in an hour early at shift change and conduct a debrief session with the new graduate.

Participants further discussed that a mentorship program would assist AHS in sustainment of the workforce. One focus group member expressed, “AHS needs to realize that staff retention and a healthy and happy staff member are going to be more valuable than continual staff turnover and retraining people” (FG4). A second focus group participant emphasized, “sustainment of the workforce leads to succession planning” (FG2). One participant reasoned, “If your profession is enhanced then your service is enhanced, isn’t it ultimately? Then
sustainability of your workforce” (FG4) is also enhanced. “Having a supportive work environment helps in staff retention” (FG2).

One participant concluded that when the organization builds a healthy culture, they obtain buy-in and the “culture shifts towards more positive nurturing one, which enhances our profession” (FG3). All participants were in agreement and discussed that a mentorship program would show a sense of value AHS has in their employees. One participant stressed the importance of “a valued employee who is both competent and confident in their role” (FG1). A second focus group member summed up the conversation by affirming that mentorship builds confidence: “It is not for just you in this job, but your compassion and caring for a bigger community, looking out for our loved ones” (FG4).

Study Conclusions

I structured the conclusions based on the research sub-questions. The results are compared with and supported by relevant literature references. I derived the following study conclusions based on the findings discussed in the previous section of this chapter.

**Conclusion 1: New graduate paramedics experience high levels of stress and anxiety as they transition from student to practitioner**

As identified in the findings, new graduate paramedics typically experience stress and anxiety when transitioning from student to practitioner. Overall they expressed feeling scared and intimidated when they were placed in their new role. The results of the focus group revealed that EMS is a small industry, and new paramedics experienced the added stress and anxiety of having to prove themselves. This conclusion was supported by statements from two focus group participants who expressed how nerve wracking it was for them to be new graduates; these
participants experienced stress and anxiety over potentially making a mistake and having their reputations tarnished. I compared this finding to the literature in the nursing profession and found that new graduate nurses experience these same types of emotions as they transition from student to professional. Several authors concluded that transition from the role of student to professional nurse is a difficult process and is frequently a source of great anxiety for new practitioners (Casey et al., 2004; Doelling et al., 2010; Oermann & Gavin, 2002).

My research identified that a cause of stress and anxiety for new paramedics was the uncertainty of competence with their new skills. This is supported in the literature where Winfield et al. (2009) outlined that the stressors most frequently identified in new graduates were feeling a lack of confidence and competence in their work, concerns about making errors, and encountering new situations, surroundings, and procedures. My research showed that some of the skills that new graduates were unable to practise in school caused new graduates stress and anxiety when faced with applying these skills in actual situations. Winfield et al. (2009) also reported this by identifying major challenges, including the “acquisition of new skills and the application of theoretical knowledge to the practice arena” (p. E8). Although the findings from my research showed that new paramedics questioned their competence, they did not seem to lack confidence. This was evident in my online survey data, which revealed that only 5% of new paramedics admitted to having little to no confidence in their abilities. Winfield et al. (2009) affirmed this by stating, “Until skill mastery is achieved, a new graduate is susceptible to feelings of inadequacy in knowledge and skill level. The mounting frustration that frequently occurs can be detrimental to the new graduate’s ability to cope with workplace pressures” (p. E9).
The findings from the focus group data showed that new graduates often felt unsupported when they started in their paramedic role with AHS. Feeling overwhelmed as a new graduate was a common theme in my research; participants indicated there was such a high demand for paramedics that they were put into their role immediately and felt unprepared for the reality of the workplace. Participants discussed the need for a trusting environment and asserted that having a support system would increase the quality of work. The focus group members felt strongly that enhanced support processes would give them greater incentive to advance both personally and professionally. Graduate paramedics from the focus group felt having a support system would enable them to be more relaxed and better focused and would instill confidence. Steenbergen and Mackenzie’s (2004) study supported the findings from the focus group data when concluding that graduates who lacked support in their first year experienced decreased job satisfaction and confidence. Valdez’s (2008) work further endorsed this concept when he described the stressful experience of graduates transitioning from the academic world of nursing to the clinical reality of practice and discussed how many of them felt overwhelmed, unsupported, and disillusioned.

**Conclusion 2: Support for new graduates is necessary; having support from peers and management is an important component for successful transition**

The research data from the online survey showed that 98% of new graduate paramedics felt having a support system would be beneficial. This study showed that, although the respondents had varying levels of confidence, 84% felt having a support program in place would ease the transition from student to practitioner. The literature revealed that having an understanding of the experience of the new graduate and putting support programs in place can
lead to an increase in job satisfaction, retention, organizational commitment, confidence, and competence (Cheeks & Dunn, 2010; Park & Jones, 2010; Strauss 2009). Ragsdale and Mueller (2005) identified that a well-planned support program is critical to successful transition. The information gathered from my research showed that having a support program in place as a graduate paramedic was necessary due to the large gap from school life to real life and participants felt inadequately prepared for work practice. Studies in other health care professions indicated that the first year of employment is a critical period of transition for new graduates (Casey et al., 2004; Tazakori et al., 2008). Steenbergen and Mackenzie (2004) studied perceptions of new graduate occupational therapists and found that “workplace stress is an issue for many new graduates and professional support has been identified as an important strategy to relieve apprehension and to facilitate the transition from occupational therapy student to new graduate” (p. 160).

My study findings indicated that peer support may facilitate an easier transition for graduate paramedics. The online survey showed that 84% of the graduates reported that peer support may be beneficial. The research data showed that having support of peers allowed graduates a safe environment to ask questions and concluded that knowledge sharing among peers and getting feedback from peers increases the learning experience. In the nursing profession there were similar findings on the importance of peer support during transition:

The project undertaken at Yale University School of Nursing was successful in using a peer-led support group model to decrease anxiety and create a sense of belonging for entry level graduate nursing students, particularly during role transitions and clinical experiences. (Hamrin, Weycer, Pachler, & Fournier, 2006, p. 42)

Hamrin et al.’s (2006) results support the findings in my study, which concluded that having quality peer support is key to a successful transition. My study findings indicated that the
opportunity to use experienced paramedics as a soundboard for questions and discussion would create a sense of belonging for new graduates. This was supported by Atherton and Alliston (2011) who found, “What cannot be underestimated is the value of being a listening ear and giving time for the new graduates to talk about their day and the concerns they have” (p. 13).

The research findings in my study showed that 61% of respondents believed support from their leadership was a necessary component to ease the transition for new graduate paramedics. This type of support would create a stronger learning culture and help employees to build long-lasting careers as paramedics. The research findings from the focus group further revealed that positive reinforcement and feedback from management was important for new graduates to know they are heading in the right direction. Having management available who are willing to offer whatever support is necessary for new paramedics to be successful in their career was emphasized in my research study group. Focus group findings also revealed the importance of educating EMS management on understanding the vulnerability of new graduates and the necessity of having a supportive transition process.

One of the initiatives within AHS is to provide support for the transition of new health professional graduates through collaboration with operational managers to develop supportive programs that will create positive work environments, and in some cases generate a cultural shift (HPSP IPE, personal communication, August 13, 2012). Similarly, vanWyngereen and Stuart (2010) described how managers and clinical leaders could have a significant impact on creating a culture that is supportive for new graduates, including establishing a welcoming environment. Uncontested in the literature, researchers found that new graduates require organizational support and commitment from their employer (Baxter, 2010; Schmidt et al., 2003). Dyess and Sherman
Transition Support for Graduate Paramedics

(2009) reported new graduates feel less alone when they have direct contact with their clinical leaders.

Another conclusion drawn from my research data was that management may show a lack of awareness of the transition needs of new graduates. For example, assigning new paramedics to work with inexperienced partners caused them considerable stress and resulted in feelings of isolation because they had nobody to rely on as a safety net. This compares well with Casey et al.’s (2004) conclusion that new graduates “struggled with the dichotomy of needing to be independent yet continuing to rely on the expertise of others” (p. 307).

A further conclusion from my research findings is that developing a support program for new paramedics who are working in the rural communities should be a consideration for management and other stakeholder groups. New graduates working in a rural setting often do not have another paramedic immediately available for assistance on high acuity emergency calls. This puts the new graduate in a very stressful and vulnerable position because they are often left alone to attend to an unstable patient with no back up readily available and an inexperienced partner. This is a similar finding to that found by Valdez (2008) who emphasized that known stressors that accompany entry into practice, coupled with the high-stress, fast-paced, life-and-death environment of the emergency setting, place the new graduate at increased risk for failure to thrive in clinical practice. The type of support required for new graduate paramedics may vary depending on their geographical location.

Finally, my study concluded that 78% of new graduate paramedics believed that a support program should last at least three to six months. This would require the approval and support of management in order to implement. This perception is in contrast to the literature,
which reported that support for new graduate nurses is required for as long as one year after being hired (Casey, 2004; Duchscher, 2008).

**Conclusion 3: A mentorship program could provide the ideal support to facilitate a successful transition for new graduate paramedics**

The research results show that recent graduate paramedics felt they needed a strong mentorship program to enable a successful transition into their new role in AHS. Data tabulated from the online survey indicated that 89% of the respondents felt a mentorship program would be most beneficial for a new graduate. Two participants had a mentorship program in place when they graduated. These participants described mentorship as a positive experience and found it invaluable to have a mentor who was able to help set them up to begin their career as a paramedic. I concluded that ensuring new graduates have immediate access to a seasoned, approachable mentor helped to increase new graduates’ confidence in the choices they made. Schrubbe (2004) supported this by stating that mentoring can enhance productivity, efficiency, and motivation, and mentors have the ability to inspire confidence in others, push them to their limits, and continue to help people develop to their greatest potential.

My research found that effective mentorship programs could play a critical role in professional growth and development for new graduate paramedics. This conclusion was also supported by the literature; Lee and Montiel (2010) suggested there is evidence that formal mentoring programs have an overall positive impact and may assist in improving job satisfaction. Baxter (2010) noted that mentors provide informal support by answering questions and by giving encouragement and feedback. Baxter’s suggestion was comparable to my study data that showed having a mentor could increase job satisfaction by minimizing stress, increasing confidence, and
easing the transition. Participants in my research concluded that having a supportive mentor to answer questions provides a safety net to help guide new graduates through those high acuity emergency calls. My research data further uncovered the belief that creating a safe learning environment in which new paramedics know they have experienced supportive mentors can help to create a better culture within EMS. It is important that new graduates understand the workplace and cultural norms of their work environment as they transition into their new role. In keeping with this conclusion, Musser (2001) stated that mentors help the new employee understand the unwritten rules of the workplace and the cultural and organizational norms.

**Conclusion 4: AHS leadership support is essential for implementing a mentorship program and could aid in sustaining the workforce**

Implementing a mentorship program for new graduate paramedics requires a change in process within AHS, but according to the results of this action research, this change would prove to be beneficial. Participants in the focus group were in agreement that a mentorship program would show that AHS values their employees, and would result in a valued employee who is both competent and confident in their role. One of the areas of focus in the AHS *EMS Five Year Plan* is “workplace of choice” (AHS, 2011, p. 6), with the desired outcome being “to recruit and retain EMS staff and equip them to meet current and future care needs” (p. 6). Focus group participants in my research expressed that it is important for AHS to realize that staff retention and healthy and happy staff members are going to be more valuable than the cost savings of limiting training, which ultimately result in continual staff turnover and retraining people. The literature has also indicated that implementing support for new graduates in their first year of employment could improve retention rates (Musser, 2001; Strauss, 2009). O’Meara et al. (2011)
found that retention of paramedics was linked to meeting their personal and professional needs by providing attractive working conditions and offering opportunities for further education.

One of the key findings in this research study was that building a healthy culture could result in buy-in and the culture shifts towards being more positive and nurturing environment, which might enhance the EMS profession. One of the five strategies set out by AHS (2012) in the Strategic Direction 2012–2015 is to “Build One Health System” (p. 9) and to “ensure a healthy, engaged, skilled and optimized workforce” (p. 9). According to my study findings, implementing a mentorship program should help to build on this strategy, but this undertaking will require leadership support.

Action research is a methodology used to find solutions to an issue or problem with the collaborative effort of those directly involved in order to initiate a successful change outcome (Coghlan & Brannick, 2010; Goleman et al., 2002; Stringer, 2007). In this action research study participants shared ideas collaboratively to find a solution on how new paramedics can best be supported as they integrate into their role within AHS. The most frequently identified finding reported by study participants that may have the greatest potential impact was to implement a mentorship program for all new paramedic graduates. This will require support from leaders and practitioners in order to initiate a positive change outcome.

Scope and Limitations of the Inquiry

One of the main limitations of this inquiry was the inability to determine the total number of paramedics who were eligible to enrol in the study. I was unable to obtain an accurate count and, therefore, I could not determine what percentage of the total new graduates within AHS was represented in this study. Despite this, feedback received from both the focus group and online
survey showed that the participants were engaged and passionate about the topic and the input they provided. This feedback revealed that participants felt strongly about the necessity of implementing a support program for new graduate paramedics. It is important to identify the factors that may limit the application of or have a constraining effect on the findings and conclusion of this research study. These are indicated as limitations of recall, representation, zonal mix, response, bias, sample size and generalization, limited literature, researcher influence, and timing.

**Recall**

The research study involved paramedics who graduated within the last three years. This may have had a limitation on the responses received in the research study. A paramedic who graduated three years ago may have a different experience than those who graduated one year ago. The graduates from three years ago may not clearly recall events and changes in the organization over the last year may have also influenced the transition experience.

**Representation**

The number of focus group participants represented only 20% of graduate paramedics who were invited to attend. There were only two females and one male that participated in person and one male that joined the session by telephone. The one participant who teleconferenced in to the session was unable to experience the face-to-face interaction, potentially limiting the engagement and involvement in the conversation.

**Zonal mix**

Invitations for the focus group were sent out to two participants from each of the five zones across AHS; however, only two individuals from the south zone and two from the central
zone participated in the research, which represented primarily a rural perspective. There were no participants from the two urban centres, Edmonton and Calgary, which limited the data findings from an urban perspective.

Response

Feedback was received from 44 online survey respondents. However, the data analysis showed that 67 out of 116 opened the survey and either did not complete and closed the browser or failed to submit upon completion, which further limited the amount of data gathered from the online survey.

Bias

As with many action research inquiries there is the potential for personal bias of the researcher as a limitation. Although focus group and survey questions were developed in order to mitigate any bias, survey and interview questions may have led participants to specific answers. Additionally, people have a tendency to report from a more subjective perspective.

Sample size and generalization

Another limitation of this study is that a small sample size was used; therefore, the findings cannot be generalized across all new paramedics in the province. As with all action research studies, the findings in this report are specific to the AHS employees who participated in this study.

Limited literature

There was no literature found directly related to EMS on this research topic. The literature review was limited in that most studies available on new graduate support programs
were primarily based in nursing. While there are many similarities between new graduate nurses and paramedics entering the workforce, differences do exist.

**Researcher influence**

Another limitation of the study was related to my role as a researcher within AHS, as my organizational role as an EMS manager may have influenced who chose to be involved in the research as well as participants’ responses. Although steps were taken to mitigate this by utilizing a third-party facilitator for the focus group and an anonymous survey, my role within the organization could have influenced the research findings.

**Timing**

Finally, a potential limitation to this study was that this research was conducted during a transition in AHS. AHS has recently experienced significant changes in structure and leadership across the organization, which may have had an effect on morale and participants may see the organization from a negative perspective. These organizational changes may have influenced the feedback received from both the focus group and survey respondents. Conducting this research study with the same participants when the organization had more stability may have resulted in different data. The timeframe in which this research was conducted was also very tight.

**Chapter Summary**

In summary, two data collection methods (a focus group and online survey) were used to answer the key research question. The data collection resulted in four themes, which have been detailed in this chapter. This chapter also discussed the four study conclusions drawn out of these key findings. I closed the chapter with a discussion of the scope and limitations of the inquiry. In the next chapter I present the study recommendations and implications of the research.
CHAPTER FIVE: INQUIRY IMPLICATIONS

In this final chapter I have synthesized the literature, research findings, and conclusions to provide recommendations for AHS on the transition support for graduate paramedics. This chapter concludes with a discussion on the organizational implications for responding to the recommendations and the implications for further research.

The inquiry question explored in this research was: What supports are required to facilitate the successful transition for graduate paramedics integrating into their new role within Alberta Health Services? The findings contributed to a deeper understanding of this inquiry and led to four recommendations.

Study Recommendations

From the data collected in the focus groups, online survey and supportive literature, I offer these recommendations to AHS for the support required for new graduate paramedics integrating into their new role. According to Stringer (2007), the purpose of action research is to find a solution to an issue that is relevant to the organization and seek to understand the difficulties they are facing. From this foundation I was able to collect and analyze the research data, document the findings, and draw conclusions to find justifiable solutions that provide relevance to this organization. These recommendations are summarized and explained in depth in this chapter.
Recommendation 1: Share information about the research study with key stakeholders within AHS to develop an understanding of the necessity of new graduate support

My research inquiry showed that implementing a transition support program is required for new graduate paramedics in AHS. In order to advance this study, the first recommendation is to ensure that those who participated in the research project, the leaders of HPSP IPE who supported my study and the EMS stakeholder group, are apprised of the findings. The study findings reinforced the need to implement a transition support program for the benefit of all new graduate paramedics, and sharing this information will establish the necessity of the implementation. Beckhard and Harris (2009) affirmed, “The nature of the change in question should be clearly understood, and the position of each ‘source’ regarding that change should be accurately assessed” (p. 691).

The AHS (2011) Emergency Medical Services Five Year Plan 2010–2015 outlined opportunities for innovative approaches to system issues and acts as a stimulus for change. This plan stated that EMS “is dedicated to providing high quality, patient-focussed care through skilled practitioners” (AHS, 2011, p. 4) and is aligned with AHS interest in “delivering quality and safe services to Albertans” (AHS, 2012, p. 3). Sharing this research information with AHS EMS leaders will assist in providing a stimulus for change with the end goal to optimize quality patient care delivered by EMS. Choi and Ruona (2011) asserted that employees must believe that the change is required, appropriate, will be supported by management, and that there is personal benefit involved. The data from the research affirmed that implementing new graduate support could decrease stress and anxiety, increase competence and confidence, and enhance the EMS
profession. Participants in this study concluded that when graduate paramedics receive support, they are more relaxed, focussed, and have greater incentive to advance both personally and professionally. I hope that sharing my research findings with the key stakeholder groups will generate the necessary appreciation for the urgency of this implementation. Working collaboratively with AHS EMS and HPSP IPE and providing ongoing education throughout the implementation will be necessary to ensure that everyone has a clear understanding of the support required for new graduate paramedics.

**Recommendation 2: Develop and implement a mentorship program, partnering the new graduate with a supportive experienced paramedic for a minimum of three months**

The literature reviewed indicated that the first year of employment is a critical period of transition for new graduates and showed that new graduates could take up to a full year to gain the confidence needed to perform independently in their new role (Casey et al., 2004; Tazakori et al., 2008). The active participation of EMS practitioners in my research study was essential for determining the types of support required for new graduate paramedics transitioning from student to independent practitioner. Participants in my research clearly identified that having a mentorship program for a minimum of three months would be beneficial in building confidence and competence in their new role. Lee and Montiel (2010) suggested there is evidence that formal mentoring programs have an overall positive impact and may be the support recently graduated paramedics need to build confidence and competence in their new role. Participants in my study emphasized that a mentor could help the graduate paramedic ease into his or her new level of responsibility by helping to reduce stress levels, enhance skill development, and provide supportive feedback in decision making. Therefore, the second recommendation in this research
study is to develop and implement a mentorship program, partnering the new graduate with a supportive experienced paramedic for a minimum of three months. Promoting this process from an organizational perspective and establishing the required skills, qualities, characteristics, and relationships of a supportive mentorship could set the practitioners up for success. To emphasize this, Baxter (2010) suggested that mentors provide informal support by answering questions and giving encouragement and feedback to the new graduate for an unlimited time.

Participants in the inquiry groups recommended that mentors be supportive, experienced, and offer constructive feedback in order to build a trusting relationship with the new graduate. Bell (2000) described a mentor as someone who helps the mentee else learn something that he or she would have learned less well, more slowly, or not at all if left to learn alone. For AHS, a mentorship program could prove beneficial in order to develop competent and confident practitioners who are able to deliver quality patient care. Preparing a platform for this to occur will be vital to the success of this recommendation. Roles and responsibilities of the mentor and the mentee need to be defined, how to match or select mentors, and mentorship training will be required. Although mentoring can be a valuable support program for new paramedics, time must be dedicated, funding must be allocated, and organizational commitment must be established to ensure long-term success.

Recommendation 3: Engage EMS Operations team to develop and sustain a healthy and supportive learning environment for new graduate paramedics

One of the five strategies set by AHS (2012) in the Strategic Direction 2012–2015 is to “Build One Health System” (p. 9) and to “ensure a healthy, engaged, skilled and optimized workforce” (p. 9). This action research study uncovered the importance of having a supportive
work environment to ensure new graduates are engaged and skilled when entering the workforce. A supportive work environment should be recognized and understood by AHS EMS management and peers. Therefore, the third recommendation is to engage EMS Operations team to develop and sustain a healthy and supportive learning environment for new graduate paramedics.

It is important that AHS EMS Operations team be open to any opportunities that can enhance the development of clinical and critical thinking skills, shorten the transition period, influence the new graduate’s attitude about work, and lay the foundation for a long successful career. Some initiatives discussed in this research study to enhance support for new graduate paramedics that should be explored include setting up peer support programs, medical director education sessions, emergency call debriefings with supervisors, and documentation review. Two other strong suggestions from the study included partnering new paramedics with experienced EMTs and recognition that new graduates working in the rural setting may require different support than their urban counterparts. It is important to explore these opportunities and to trial and evaluate them to see if they meet the learning needs of the new graduate. This will require EMS Operations team to be open to these new initiatives and be willing to move them forward. Burke (2009a) affirmed such an approach when he described how it was “critical to identify and implement new initiatives that will renew organizational members’ energy, spark new ways of thinking, and continue to propel the organization farther down its path of change” (p. 758).

Managers and clinical leaders can have a significant impact on creating a culture that is supportive for new graduates, including establishing a welcoming environment (vanWyngeeren
Comparatively, having a supportive environment for new graduate nurses was shown in the literature: “Working in a supportive environment encourages nurses to stay in the profession, decreases burnout and reduces staff turnover. This helps create a happier, more stable workforce and ultimately leads to improved care for patients” (Atherton & Alliston, 2011, p. 13).

Engaging EMS Operations team to explore other opportunities to enhance the support for new graduate paramedics can create a cultural shift. Burke (2009a) supports this in concluding, “If people in the organization see or feel no need for change, they are not likely to embrace the idea” (p. 743). One of the initiatives required of the HPSP IPE team is to provide support for the transition of new health professional graduates through collaboration with operations managers to develop supportive programs that should lower staff turnover, create positive work environments, and hopefully in some cases generate a cultural shift (HPSP IPE, personal communication, August 13, 2012). The literature affirms such an approach in summarizing that having an understanding of the experience of the new graduate and putting support programs in place can lead to an increase in job satisfaction, retention, organizational commitment, confidence, and competence (Cheeks & Dunn, 2010; Park & Jones, 2010; Strauss 2009).

**Recommendation 4: Utilize a collaborative approach with HPSP IPE and EMS leadership to facilitate the successful transition for graduate paramedics integrating into their new role within AHS**

One of the initiatives of the HPSP IPE team is to provide support for the transition of new health professional graduates through collaboration with operational managers to develop supportive programs that will lower staff turnover, create positive work environments, and in
some cases generate a cultural shift (HPSP IPE, personal communication, August 13, 2012). The HPSP IPE team is currently developing a provincial approach to new graduate support, offering recommendations to clinical leaders that align with this action research. Sharing the findings from this research with AHS HPSP IPE and EMS leaders and working collaboratively towards successful implementation of the recommendations could facilitate a successful transition for new graduate paramedics. Therefore, the final recommendation is to utilize a collaborative approach with HPSP IPE and EMS leadership to facilitate the successful transition for graduate paramedics integrating into their new role within AHS. This is in keeping with Coghlan and Brannick’s (2010) view that knowledge is discovered utilizing a collaborative relationship between the researcher and the organization when addressing a problem or issue. Encouraging collaboration is necessary for teams to come together to work toward a common goal to meet their related interests, share their ideas, and engage in participatory decision making. Schwarz (2006) shares this position in his definition of collaboration as a mutually beneficial relationship between an organization and its employees that jointly designs ways to work together to meet their related interests.

The HPSP IPE team indirectly supports AHS EMS clinicians and legitimizes the change process acting as change agents. Working collaboratively with HPSP IPE, utilizing the findings from this research study and engaging the AHS EMS leadership team is critical to a successful change outcome. Research has demonstrated that readiness for change is achieved by encouraging participation in decision making throughout the change process (Lines, 2004; Saka, 2003; Weisbord, 2012). From the research findings in this study it was apparent that new graduate paramedics were engaged and shared their feelings and ideas openly about their
transition experience. However, some skepticism surfaced that a potential change within the organization would not occur. Such skepticism is evident in writing by other researchers who have indicated that obstacles to change are likely due to the history of the organization and the attitudes of management rather than due to the individuals themselves (Hoag et al., 2002; Pardo de Val & Martínez Fuentes, 2003). The findings in this study also showed that EMS leadership must be engaged in order to develop an understanding of the current situation of new graduate transition experience and to facilitate a positive change outcome. Coghlan and Brannick (2010) also discussed the importance of a collaborative approach and of engaging others in the process; they advised leaders “not be the expert who decides apart from others” (p. 9).

In keeping with the AHS strategic direction, EMS has eight areas of focus. One area linked to this inquiry is “workplace of choice” (AHS, 2011, p. 6), with the desired outcome being “to recruit and retain EMS staff and equip them to meet current and future care needs” (p. 6). Utilizing a collaborative approach with EMS leadership and the HPSP IPE team, I will present the findings, conclusions, and recommendations from this research study in order to come up with an implementation strategy on the support required for a successful transition of new graduate paramedics in order to maintain AHS’s (2011) focus to be a “workplace of choice” (p. 6).

**Organizational Implications**

Whenever change is required within an organization, there is often fear of what lies ahead, and my inquiry process is no different. From the recommendations within this research study there is an opportunity to positively affect change. I believe the success of implementing the research recommendation relies on a collaborative approach from AHS EMS Operations and
the expertise of the HPSP IPE team. My leadership role as Operations Manager for AHS EMS has positioned me well to collaboratively work with these stakeholder groups to achieve a successful implementation process. Now that the experience of new graduate paramedics has been researched and the support has been identified I can work with these two stakeholder groups to develop strategies and implement change. These leadership strategies will help develop a shared sense of direction and commitment, increasing the possibilities of success. My advice is to start by gathering the stakeholder groups together to come up with ideas on how to develop and implement a mentorship program for new graduate paramedics. This is the recommendation that holds the biggest impact for all those involved in the research. Engaging EMS Operations team to develop and sustain a healthy and supportive learning environment for new graduate paramedics will allow for additional support strategies to be explored.

Organizational change is often met with resistance (Atkinson, 2005; Dixon, 2003; Hunt, 1992). A clear understanding of the need for change and involving those affected by the change will minimize the resistance. Atkinson (2005) asserted that it is important to understand that resistance is a normal healthy response to change and is often caused by lack of understanding, fear of the unknown, and past experiences. Saka (2003) contended that the success of change readiness depends on participation and the unity of goals. Initiating change readiness requires the support of all those involved who are affected by the change. Lines (2004) was in agreement and determined that participation seemed to be related to the successful implementation of strategic change. Stringer (2007) supported this and stated, “By working collaboratively, participants develop collective visions of their situation that provide the basis for effective action” (p. 67).
For AHS EMS, not implementing these recommendations could have an adverse effect on staff retention, organizational commitment, and practitioner competence affecting quality patient care and safety. Beecroft et al. (2001) contended most health care organizations in which support programs have been tried had a lower rate of staff turnover and had an improved organizational commitment. Chase (1999) agreed when he discussed having a support in place can lower turnover, shorten the transition period, influence the new graduate’s attitude about work, and lay the foundation for a long successful career. O’Meara et al. (2011) found that retention of paramedics was linked to meeting their personal and professional needs by providing attractive working conditions and offering opportunities for further education. The way the current workforce in AHS is operating it is not sustainable; “we need to make some changes to ensure sustainability of our workforce exists” (SVP AHS Central Zone, personal communication, November 5, 2012). Sustainability is one of three goals of AHS (see Appendix B). Providing quality patient care and sustainability of resources are two areas that AHS EMS leaders must continue to focus on in order to fulfill the organization’s mission, which is to “provide a patient focused, quality health system that is accessible and sustainable for all Albertans” (AHS, n.d.c, Our Mission section, para. 1). Focus should be placed on enabling a competent, future-ready, and sustainable workforce in order to ensure professional practice and safe quality patient care. I believe that if support is not put in place for new graduate paramedics and this journey continues without setting a course aimed at success for the system and its practitioners quality patient care and sustainability of the workforce could be compromised.
Implications for Future Inquiry

Future inquiry could provide additional insight into the study of transition support for new graduate paramedics. In the process of this inquiry, four areas materialized that could warrant further exploration: (a) expand the research into other clinical areas within AHS; (b) conduct similar research studies across various other geographical locations to gain a broader perspective on new graduate support; (c) evaluate the research study; and (d) expand research in the EMS industry.

Expand the research

Stringer (2007) suggested, “A good action research project often has no well-defined ending” (p. 164). This thesis was focussed on support for new graduate paramedics within AHS. Many of the study findings, conclusions, and recommendations may be similar across other areas of health care within the organization and could be utilized in the development of other new graduate support programs. However, additional research inquiry could and should be done in other areas of the system in order to expand this research. Based on the provincial scan, literature reviews conducted by the HPSP IPE team, and AHS priorities, new graduate transition support is a relevant topic for every newly hired health care professional in order to provide, safe, competent, and ethical care in AHS (HPSP IPE, personal communication, January 19, 2012).

This team has completed research and a new graduate registered nurse orientation program has been developed to transition these graduate into the workplace. The HPSP IPE team has not yet investigated the transition experience for new graduates in other clinical areas of health. The research data from this inquiry may benefit AHS by assisting the HPSP IPE team to make recommendations to other clinical managers within the organization. Wheatley (2006) discussed
organizations, systems, and change, and she stated, “A system is composed of parts, but we cannot understand a system by looking only at its parts. We need to work with the whole of a system, even as we work with individual parts or isolated problems” (pp. 139–140).

Conduct similar research and expand the study group

Future inquiry could provide additional insight into this research by expanding the study group to all new paramedic graduates across the province and not limit the study to AHS employees. Having a broader perspective from both urban and rural settings could expand the findings, which could draw out different conclusions and recommendations. Such an approach is in keeping with Senge’s (2006) suggestion, “Organizations grounded in system thinking and the related learning disciplines can make a difference by fostering collective rethinking and innovation” (p. 349). Conducting a similar inquiry might enhance the understanding of systemic change.

Evaluate the research

Future inquiry implications should involve an evaluation analysis after support has been put in place in order to determine if the support had an influence on the transition experience. A subsequent action research study could be conducted to determine whether having a support program such as a mentorship had an effect on workforce sustainability, organizational commitment, practitioner competence, and influenced the overall experience for new graduates. Stringer (2007) has also discussed the need that a formal evaluation of the project may be required to provide information “about the extent to which progress has been made or desired ends have been achieved” (p. 141).
Expand research in the EMS industry

I believe there is a necessity to expand on EMS research. There is very limited literature overall in the EMS industry, particularly in the area of leadership. There was no literature found specific to new graduate support for paramedics. In addition, within AHS I was unable to find any data available on retention rates in EMS, total number of new AHS graduates, or the date they received their paramedic license. There is a need to expand the data base within AHS EMS in order to support future research studies. Doing future EMS research studies in leadership could assist in gaining a better understanding of this industry and expand on what other support initiatives EMS practitioners may require and how leaders can best support these practitioners.

Chapter Summary

In summary this chapter outlined four recommendations on the support required to facilitate the successful transition for graduate paramedics integrating into their new role within AHS. The recommendations included the need to share the information from the research study with key stakeholders, develop and implement a mentorship program, engage EMS Operations team to develop and sustain a healthy and supportive learning environment, and utilize a collaborative approach with key stakeholders to facilitate the successful transition for new graduate paramedics. The chapter also included potential organizational implications that could result if a collaborative approach is not taken to achieve a successful implementation process. Finally, future implications for this study provided additional insight on transition support for new graduate paramedics.

In closing, working on this action research study has provided me with the ability to acquire knowledge and gain experience and skills as a researcher and has truly advanced my
learning and leadership abilities. As I worked through the process for this action research thesis and gained clarity I became energized and found the strength and initiative to engage practitioners, stakeholders, and more importantly myself at a deeper, meaningful level of learning. I recognize that this project is only the beginning of a significant organizational change requirement. The next step will be to work collaboratively with key stakeholders to develop an implementation plan capitalizing on each other’s strengths and expertise. The research does not end here, and I will continue to look for opportunities as a health care leader to use elements of action research to initiate positive change outcomes within my organization.
REFERENCES


Health Professions Act, R.S.A. 2000, c H-7 [Alberta]


APPENDIX A: ALBERTA HEALTH SERVICES ORGANIZATIONAL STRUCTURE

Note. The main organizational structure of Alberta Health Services showing two of eight Executive Vice Presidents. The yellow denotes the portfolio of the project sponsor and the red denotes the portfolio, which houses Emergency Medical Services.

APPENDIX B: THE ORGANIZATIONAL CULTURE OF ALBERTA HEALTH SERVICES

VISION: To become the best-performing, publicly funded health system in Canada.
MISSION: To provide a patient-focused, quality health system that is accessible and sustainable for all Albertans.

APPENDIX C: LETTER TO AHS EMS MANAGERS REQUESTING INFORMATION

[Date]

To: All AHS EMS Operations Managers or Designate

Research Project: Transition support for graduate paramedics.

Hello, my name is Keri Huot, I am involved in a research project as part of the requirement for a Master’s Degree in Leadership (Health Specialization), at Royal Roads University (RRU). My credentials with RRU can be established emailing Dr. Eileen Piggot-Irvine, Academic Supervisor, MA Leadership (Health Specialization) at [email address]. I will be utilizing action research methodology to answer the question: What supports are required to facilitate the successful transition for graduate paramedics integrating into their new role within Alberta Health Services? The two methods I will be utilizing to acquire the research data are focus group and on-line survey. This research project has passed all the ethical requirements set out through RRU, AHS EMS Research Committee, and the Community Research Ethics Board of Alberta. In addition to submitting my final report to Royal Roads University in partial fulfillment for a Master of Arts degree, I will also be sharing my research findings with Alberta Health Services offering recommendations to facilitate a positive change outcome.

I require your assistance in order to start my research and I am asking if you would please provide me with the first and last name of the paramedics in your zone who have graduated within the last three years. The participants will be made aware that participation in this research study is strictly voluntary. As Operations Manager for AHS EMS Central Zone, some of the research participants may either indirectly or directly report to me. It will be made clear to them that they are not obligated in any way to participate and whether they choose to participate or not, will have no effect on their employment or advancement. If they chose to participate they will be free to withdraw at any time without prejudice. Similarly, if they choose not to participate in this research project, this information will also be maintained in confidence.

Could you please email: [email address] the first and last name of the AHS employees in your zone who have graduated within the last three years? Could you please submit this information to me before [date]. After I have received these names I will be sending out an invitation via AHS email asking them to complete an AHS approved on-line survey and I will be randomly selecting 20 participants from across the zones to participate in a focus group which will make up my research findings.

Please feel free to contact me at [telephone number] or email should you have any questions regarding the project and its outcomes. Thank you for your consideration.

Kind Regards,

Keri Huot
APPENDIX D: LETTER OF AGREEMENT FOR INQUIRY TEAM MEMBERS

In partial fulfillment of the requirement for a Master of Arts in Leadership Degree at Royal Roads University, Keri Huot (The Researcher) will be conducting an action research study within Alberta Health Services to explore what supports are required to facilitate the successful transition for graduate paramedics integrating into their new role within Alberta Health Services?

My credentials with Royal Roads University can be established by emailing Dr. Eileen Piggot-Irvine, Academic Supervisor, at [email address].

I am asking you to be part of my inquiry team for my research Thesis project. As a volunteer inquiry team member assisting me with my research project, your role may include one or more of the following:

- Provide advice on the relevance and wording within the research document;
- Support the logistics of the data-gathering methods;
- Facilitate the focus group sessions;
- Assist with analyzing the data; and
- Assist me in the potential implementation of a positive organizational change process for AHS.

In compliance with the Royal Roads University Research Ethics Policy, under which this research project is being conducted, all personal identifiers and any other confidential information generated or accessed by the inquiry team member will only be used in the performance of the functions of this research project, and must not be disclosed to anyone other than persons authorized to receive it, both during the research period and beyond it. Recorded information in all formats is covered by this agreement. Personal identifiers include participant names, contact information, personally identifying terms of phrase or comments, and any other personally identifying information.

**Focus Group Sessions**

Potential participants required in this research project may directly or indirectly report to me, therefore a neutral third party member from the inquiry team with no supervisory relationship with the potential participants, will be asked to work closely with me to bridge this potential or actual conflict of interest in this study. Such requests may include:

- Independently perform a random selection of potential participants to make up the members of the focus group sessions based on criteria you and I will have worked out previously;
- Receive emails from potential participants who may be interested in participating in the focus group session; and
- Formalize the logistics for the focus group sessions, including contacting the participants via email about the time and location of the focus group sessions.
The facilitator will conduct the focus group with the selected participants (without my presence or knowledge of which participants were chosen) using the protocol and questions worked out previously with me. They may also submit written documentation of the findings from the focus group sessions to me with any/all personal identifiers removed first to ensure anonymity. Inquiry team members asked to take on this facilitation role will be under the direction of me and will be fully briefed as to how the focus group sessions will run, including specific expectations; they will be briefed on the research project, the focus group questions, and the methods to be employed in conducting the focus group session.

Randomly selected participants for the focus group will be asked to submit some personal information to the facilitator if they are interested in participating in the focus groups. This information will be held in strict confidence by the facilitator and will be used only for the purpose of this research project. By utilizing this strategy, potential participants with a direct or indirect reporting relationship to me will be assured they can confidentially turn down the participation request as this process conceals from me which potential participants chose to or chose not to participate. This personal information will be collected and retained by the facilitator only and will be destroyed by the facilitator as directed by me, and under the direction of my academic supervisor.

Inquiry team members who wish to share any general information about this research project with anyone outside this inquiry team are required to verify this with me first.

Kind Regards

Keri Huot

Statement of Informed Consent:

I agree to be a member of this inquiry team and have read and understand this agreement.

________________________  __________________________  _______________
Name (Please Print)        Signature                     Date
APPENDIX E: QUESTIONS FOR FOCUS GROUP

1. What was your experience like when you first started in your new role as a paramedic with AHS?

2. With the experience you have had as a new graduate do you feel having a support program in place may have been beneficial to your transition from student to practitioner? Why or Why not?

3. What type of support(s) do you think would be beneficial for new graduate paramedics?

4. What do you believe would be the ideal support for new graduate paramedics transitioning from student to practitioner? Why?
APPENDIX F: QUESTIONS FOR ONLINE SURVEY

1. When did you receive your ACP paramedic registration?
   Year_______ Month_______

2. When you graduated as a paramedic did you work in a rural or urban setting?
   Rural Urban

3. How would you rate your overall confidence level starting out as a graduate paramedic?
   a) I had no or little confidence and needed support
   b) I had minimal confidence and needed some support
   c) I was confident but would have liked some support
   d) I was confident and did not require any support

4. Do you feel having a support system in place when you started working as a new paramedic may have been beneficial?
   a) yes
   b) no

5. Was any support provided to you as a new graduate paramedic?
   a) yes
   b) no

6. What type of support do you feel would benefit you the most as a new graduate? Circle all that apply.
   a) Orientation program
   b) Mentorship program
   c) Educational material
   d) Leadership support
   e) Peer support
   f) No support was required
   g) Other, please specify

7. From the list of supports above, which would be the ideal support to implement and why?

8. How long should the support last?
   a) Three months
   b) Six months
   c) 12 months
   d) Indefinitely
   e) No support program is needed

9. Do you have any other suggestions to offer for new graduate support? If so describe?
APPENDIX G: LETTER OF INVITATION TO FOCUS GROUP

I would like to invite you to be part of a research project that I am conducting. The objective of my research project is to determine what support is required to facilitate the successful transition for graduate paramedics integrating into their new role within Alberta Health Services (AHS). You were chosen as a prospective participant because you are a new graduate paramedic who graduated within the last 3 years and currently employed with AHS.

This project is part of the requirement for a Master of Arts in Leadership at Royal Roads University (RRU). My name is Keri Huot and my credentials with Royal Roads University can be established by emailing Dr. Eileen Piggot-Irvine, my academic supervisor at the RRU School of Leadership Studies, at [email address]. In addition to submitting my final report to RRU in partial fulfillment for a Master’s Degree in Leadership, I will be sharing my research findings with AHS.

You are one of four participants from your zone that has been randomly selected to participate in one of the two focus group sessions that are set up. Your participation is strictly on a volunteer basis. You are not compelled to participate in this research project in any way. If you do choose to participate you are free to withdraw at any time without prejudice. Similarly, if you choose not to participate in this research project, this information will be maintained in confidence and will have no effect on your employment or advancement.

One session will take place in Calgary on [date] at [time] and the second session will occur in Edmonton on [date] at [time]. You are only asked to attend one of these sessions and the specific location will be forwarded to you via email. Refreshments will be served during the session and if you live outside of Edmonton or Calgary your mileage will be paid at 0.505 cents/km. I encourage you to join the focus group session in person to engage in face-to-face dialogue, however if this is not feasible and you wish to participate there will be the option to teleconference into the session.

There will be a maximum of 10 participants in the focus group session and the session will last approximately two hours. The questions to be asked during the session will include the following:

1. What was your experience like when you first started in your new role as paramedic with AHS?
2. With the experience you have had as a new graduate do you feel having a support program in place would be beneficial to your transition from student to practitioner? Why or Why not?
3. What type of support(s) do you think would be beneficial for new graduate paramedics?
4. What do you believe would be the ideal support for new graduate paramedics transitioning from student to practitioner? Why?
Information from the focus group session will be audio recorded and hand-written, and where appropriate summarized in anonymous format, in the body of the final Thesis. I will be using the services of a transcriptionist who will transcribe the data collected from the focus group into written format for analysis. At no time will any specific comments be attributed to any individual unless your specific agreement has been obtained beforehand. All documentation will be kept strictly confidential. I will engage the services of a neutral third-party who is a cohort member of my Masters program to facilitate the focus group session.

In order to maintain your anonymity please provide the information below and forward to (name of assistant and email address), the third party assistant in this process.

1. Your name: ____________________________________
2. Your email address: _____________________________
3. Your Alberta College of Paramedics registration number: __________________________
4. What zone do you currently work in?
   __ North __ Edmonton __ Central __ Calgary __ South
5. Which city will you be attending the focus group session?
   ____ Edmonton, _____ Calgary?
6. Will you be joining the focus group session via teleconference?
   Yes    No

You will be contacted by [name of third-party assistant] in the near future via email to confirm your attendance and provide you with the details of the location of the session or teleconference details.

Please feel free to contact me at any time should you have any questions regarding the project or its outcomes.

E-mail: [email address]
Telephone: [telephone number]

Sincerely,

Keri Huot
APPENDIX H: FOCUS GROUP SESSION EMAIL REMINDERS

First email reminder to participants:

Just a friendly reminder to please review the opportunity below and if you are interested in participating please email [Facilitator’s Name] before May 21, 2013 … her email is in the letter below.

Thank you in advance.

Second email reminder to participants:

It would be really great to have at least two more participants involved in this research study. If you cannot attend in person it would great to have you participate by phone. I have extended the deadline to join in until May 23rd.

Thank-you again in advance for your support.
APPENDIX I: FOCUS GROUP SESSION DETAILS

Researcher’s note to facilitator on what to say when calling the participants who were attending in person:

Please call them and let them know the date, time location/room, teleconference details if calling in to the session and then send them a copy of the consent via email and ask the ones that are calling in to get the consent back to you before the session. Call me if you have any questions.

Facilitator’s email to the participants who were calling in by phone:

Thank-you so much for agreeing to participate in the focus group by telephone. Please find attached a consent form for you to read and sign and return to me via email before the session that is scheduled for May 29th 1100-1300hrs.

If you have any questions about the consent please let me know.

The number to call in to the session is:

[telephone number]

Participant access code is [code number]
APPENDIX J: INFORMED CONSENT FOR FOCUS GROUP PARTICIPANTS

Project title: Transition Support for New Graduate Paramedics

Purpose of the study: This project is part of the requirement for a Master’s Degree in Leadership (Health Specialization), at Royal Roads University (RRU). My name is Keri Huot and my credentials with Royal Roads University can be established by emailing Dr. Eileen Piggot-Irvine, Academic Supervisor, MA Leadership (Health Specialization) at [email address]. This document constitutes an agreement to participate in my research project; the objective is to determine what supports are required to facilitate the successful transition for graduate paramedics integrating into their new role within Alberta Health Services (AHS). In addition to submitting my final report to RRU in partial fulfillment for a Master of Arts degree, I will also be sharing my research findings and recommendations with AHS as well as present it in either a professional or scholarly conference presentation and/or journal article. You may also receive a copy of my final report on request and you may contact me at any time should you have additional questions regarding the project and its outcome.

How information will be recorded: Information will be recorded in audio format, hand written and where appropriate, summarized in anonymous format, in the body of the final report. At no time will any specific comments be attributed to you unless your specific agreement has been obtained beforehand. All documentation will be kept strictly confidential. Any quotations used will be done anonymously by using code numbers.

Participant selection: You were selected as a participant for the focus group by random sampling and without my direct knowledge of whether you chose to participate or not. You will not be specifically identified by name or other personal descriptors in my research, only through the use of confidential codes.

Confidentiality and anonymity. Any information that is collected from you, and that can be identified as having come from you will remain confidential. At no time will any specific comments be attributed to any individual unless your specific agreement has been obtained beforehand. The data will be compiled to determine themes that emerge from the focus group and this will form the basis of the findings in my research paper. Your data will also be used to inform questions for an online survey.

All documentation will be kept strictly confidential by the use of coding to ensure anonymity. The data collected will remain confidential and the only individuals who may have access to identifiable data will be a transcriptionist and facilitator who will sign a confidentiality agreement. There will be loss of anonymity for you during the time of the focus group session with other focus group members, however all participants will be asked to keep the discussion confidential.

I will secure the research data after it has been transcribed in a locked filing cabinet or encrypted digital file that only I can access. Two years after my research has been accepted by RRU, as successful completion of Master of Arts in Leadership degree, I will destroy all raw research data. If you chose to withdraw from this research your data will be removed and destroyed.
before the data analyzed. However, please note that once the data is analyzed and compiled into the research thesis it becomes anonymous and I will be unable to remove it. By signing this letter you provide me permission to dispose of the raw data and digital audio recording as outlined above.

**Participation in the study is voluntary.** As Operations Manager for AHS EMS Central Zone, some of the research participants may either indirectly or directly report to me. It is important that you understand that you are not obligated in any way to participate and whether you choose to participate or not, will have no effect on your employment or advancement. If you chose to participate you are free to withdraw at any time without prejudice. Similarly, if you choose not to participate in this research project, this information will also be maintained in confidence.

**Harm and benefits** - I do not foresee any harm that would result from participation in this study as the questions will be framed using an appreciative inquiry approach, which focuses on organizational strengths and opportunities. The benefits for you as a participant would include the opportunity to provide input and suggestions about what transition support new graduate paramedics may require. The data collected from the focus group showing emerging themes will be used to generate additional questions to conduct an on-line survey.

By signing this letter, you give free and informed consent to participate in this project.

Name: (Please Print): __________________________________________________

Signed: __________________________________________________________

Date: _____________________________________________________________
APPENDIX K: INVITATION AND INFORMED CONSENT FOR ONLINE SURVEY PARTICIPANTS

**Project title:** Transition Support for New Graduate Paramedics

I would like to invite you to be part of a research Thesis project that I am conducting. The objective is to determine what support is required to facilitate the successful transition for graduate paramedics integrating into their new role within Alberta Health Services (AHS). You were chosen as a prospective participant because you are a new paramedic who graduated within the last three years and have experienced this transition from new graduate paramedic to field practitioner. I obtained this information from your Manager of Operations.

This project is part of the requirement for a Master’s of Arts Degree in Leadership (MAL) Health Specialization, at Royal Roads University (RRU). My name is Keri Huot and my credentials with RRU can be established by emailing Dr. Eileen Piggot-Irvine, Academic Supervisor, MAL. Health Specialization at [email address. In addition to submitting my final report to RRU in partial fulfillment for a Master of Arts degree, I will also be sharing my research findings and recommendations with AHS EMS leadership as well as present it in either a professional or scholarly conference presentation and/or journal article. You may also receive a copy of my final report on request and you may contact me at any time should you have additional questions regarding the project and its outcome.

My research consists of findings from both an on-line survey and focus group. You are invited to participate in the on-line survey portion of my research. The questions for this survey were partially developed as a result of the research findings from focus group sessions and directly relate to the transition support for graduate paramedics. You will submit the completed online survey anonymously. The survey will take no more than 20 minutes for you to complete. The survey will remain open until [date] at [time] hours.

This on-line survey is an approved secure survey utilized throughout AHS and is completely anonymous. Information will be downloaded into a word-based format and survey data will be kept confidential. I will secure the survey results in a locked filing cabinet or encrypted digital file that only I can access. Two years after my research has been accepted by RRU, as successful completion of MAL Health Specialization, I will destroy all research data.

This document constitutes an agreement to participate in my research project. You are not compelled to participate in this research project. If you do choose to participate, you are free to withdraw at any time throughout the survey without prejudice. If you choose not to participate in this research project, this will have no effect on your employment or advancement.

Although I am employed with AHS as Manager of EMS Operations-Central Zone, and some of the research participants may either indirectly or directly report to me, I am conducting this research as a MAL student at RRU. This is expressly stated to avoid any confusion regarding a potential conflict of interest in my role. The survey is anonymous and I will be unable to
determine who chose to participate and who chose not to participate. It is important that you understand that you are not obligated in any way to participate and whether you choose to participate or not, will have no effect on your employment or advancement. If you do choose to participate, you are free to withdraw at any time without prejudice simply by closing your web browser prior to pressing submit at the end of the survey. Once the survey is submitted it is impossible to remove the data as it is anonymous.

I do not foresee any harm that would result from your participation in this survey as the questions will be framed using an appreciative inquiry approach, which focuses on organizational strengths and opportunities. The benefits for you would include the opportunity to provide input and suggestions about what transition support new graduate paramedics may require.

If you would like to participate in my research project, please click on the following link or copy and paste into a web-browser. By accessing the link to the survey you are giving informed consent.

[Survey link]

For further information please contact me by phone at [telephone number] or email at [email address]

Sincerely,

Keri Huot
APPENDIX L: ONLINE SURVEY EMAIL REMINDER

Hello All

Just a friendly reminder, I would really appreciate if you would be willing to take a few minutes to complete the online survey. Please see information and link below for the survey. I am extending the deadline until June 24 at 2359 hrs.

Thank-you in advance for your participation.