Occupational therapists' re-entry to practice following a career break: a mixed methods study

by

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Occupational therapists' re-entry to practice following a career break: a mixed methods study

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Abstract

There is a shortage of occupational therapists (OTs) in Canada requiring strategies to both increase training opportunities for new therapists as well as retain experienced therapists to maintain a sustainable workforce. One of the strategies for retention is to support therapists who have taken a substantial career break to meet regulatory requirements to return to practice. There is limited research on the re-entry process of OTs and only one study in Canada described a specific re-entry program. There is little information on the factors that facilitate or impede the re-entry transition for OTs in Canada. A literature review revealed a number of factors influencing re-entry of OTs outside of Canada and within other regulated health professions. This study focused on the re-entry transition of OTs in British Columbia (BC) using a mixed methods approach to verify if factors influencing re-entry of OTs elsewhere and of other health professionals also influence the re-entry experience of OTs in BC. A survey followed by semi-structured interviews revealed that returning OTs were primarily mid-career female professionals with children who were highly motivated to return to practice and most had good social support during their re-entry. The study showed that professional connectedness, appropriate supervision that recognized their clinical experience, and opportunities to complete a competence confirmation practicum contributed greatly to a successful return. The study also discovered a number of systemic barriers to successful re-entry primarily related to poor integration among institutional intermediaries involved in the re-entry transition. The lack of active involvement beyond setting re-entry requirements by the regulatory college, the lack of understanding of the re-entry requirements and little or no recognition of re-entry as professional transition by health employers and unions, as well as a lack of direct support for returners by professional associations made the return unnecessarily difficult. Universities could also support the returners

by providing refresher courses. This study led to a number of recommendations to improve the re-entry process that would have the potential to lead to higher re-entry success and retention of OTs.

Lay Summary

To address a work force shortage of occupational therapists (OTs) in Canada one needs to increase support for therapists who have taken a career break and want to return to practice. A survey followed by interviews with OTs who successfully returned to practice in British Columbia (BC) revealed factors influencing their return experience. Being connected to their profession and receiving appropriate supervision contributed greatly to their successful return. Poor coordination among the institutions involved in their re-entry made their return unnecessarily complicated. The regulatory college that sets re-entry requirements could take a more active role in coordinating with health employers while health employers and unions could increase their understanding of re-entry requirements. Professional associations and universities could increase their support for returners to make the process less difficult. A number of recommendations to improve the re-entry process and potentially lead to higher re-entry success and retention of OTs were identified.

Preface

This thesis is original, unpublished, independent work by the author, J. Boily. The research methods reported in Chapter 2 were covered by the University of British Columbia Behavioral Research Ethics Certificate number H20-02994.

As per the methods described in Chapter 2, the interviews were primarily conducted by J. Boily with assistance of S. Forwell. The interviews were initially transcribed by P. Yurk and checked for correctness by J. Boily.

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List of Abbreviations

BREB	Behavioural Research Ethics Board
BC	British Columbia
CAOT	Canadian Association of Occupational Therapists
CCP	competence confirmation practicum
COTBC	College of Occupational Therapists of British Columbia
OT	occupational therapist
PT	physiotherapist
UBC	University of British Columbia

Acknowledgements

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I am also grateful for the support I received from my committee members, Dr. S. Huot and K. Bunting. I thank them for their research insights and for the thoughtful feedback that I received throughout the research project.

Special thanks are owed to my husband and family who offered practical and emotional support and provided the time and space to work on this project in our busy household.

Dedication

This is dedicated to the occupational therapists who so willingly participated in this research project. The generosity of their re-entry stories and their insights as to how this professional transition could be improved inspired a commitment to share with others so future colleagues can benefit from their collective wisdom.

Chapter 1: Introduction and Literature Review

Canadian workforce shortages have been described across all health disciplines, including medicine, nursing, and rehabilitation (Government of Canada, 2017; Malko & Huckfeldt, 2017; "Nursing shortage," 2015). Workforce shortages in many healthcare jurisdictions have been associated with poor patient outcomes such as higher patient mortality, higher rates of infection, more postoperative complications, and more frequent hospital readmissions (Griffiths et al., 2019; Kim, Park, Han, Sun & Kim, 2016; Penoyer, 2010). When experienced healthcare professionals leave, organizations lose expertise and organizational knowledge (Joe, Yoong & Patel, 2013) and mentors for the next generation of healthcare professionals. The attrition of professionals leads to increased workloads and poor working conditions for those who remain while lowering the quality of care, worsening health outcomes for the clients in their care, and increasing demands on public resources to educate new professionals (Lopes, Guerra-Arias, Buchan, Pozo-Matin & Nove, 2017).

Canadian OTs are projected to be a healthcare profession experiencing labour shortages due to expanding population growth and an increasingly ageing population (Government of Canada, 2020). In British Columbia (BC), this projected labour shortage supported a recommendation to increase training seats (Backman et al., 2015). Still, retention strategies of professionals are needed to maintain and meet growing demands for services with an ageing population (Lopes et al., 2017).

One strategy to address workforce shortages is to attract inactive professionals and foster their return to practice. The cost of supporting the re-entry of previously trained healthcare professionals is more economical than training new individuals (Stevens, 2014). Returners often have areas of expertise, know how to apply knowledge, and, once provided with the opportunity

to update their knowledge, can use their clinical judgement appropriately (Edwards et al., 2007). Those who return have been described as highly motivated individuals with a wealth of experience, a love for their profession, and high expectations of themselves (Edwards et al., 2007; Glasper, 2014; Kent, 2015).

Re-entry is defined as "a return to clinical practice in the discipline in which one has been trained or certified following an extended period of clinical inactivity not resulting from discipline or impairment" (American Medical Association, n.d., p.11). Occupational therapy is a female-dominated profession; in 2016, 88.3% percent identified as female (Canadian Institute for Health Information, n.d.). More often, women than men take time away from their careers to care for children or other family members (Kenagy et al., 2011). In a longitudinal study of women in the workforce in the UK, only 44% returned or remained in full-time work three years after giving birth, but those with degrees are twice as likely to return to full-time work than those with less education (Harkness, Borkowska & Pelikh, 2019). OTs have one or more academic degrees, and many will likely return to practice given the opportunity. Supporting re-entry transition is essential to ensure a stable workforce as returners can help fill gaps in the workforce.

Depending on the number and nature of transitions, the environmental supports, and the capacity to adapt, individuals may experience undue stress, even burnout, eventually leading to a reduced ability to provide safe and effective care (Gupta, Paterson, Lysaght & Von Zweck, 2012; Shanafelt, Bradley,Wipf & Back, 2002; Westerman et al., 2013). Lack of adequate training to meet the situational work demands during transitions can increase feelings of inadequacy (Lloyd, McKenna & King, 2005).

Life transitions are processes that people move through to adapt to changes in their lives (Kralik, Visentin, & Van Loon, 2006). Some describe transitions as processes to cope with a

crisis (Moos & Schaefer, 1989); others refer to it as a stressor or a life event that has the potential to produce change (McCubbin & Patterson, 1983). Hutchinson (2003) defines transition as a gradual role or status change due to the individuals' responses to life events. Hutchinson (2003) calls abrupt changes that alter the life trajectory as turning points. In contrast, Gilligan (2009) defined 'turning points' as transitions that create a lasting positive change.

Transitions can be motivating and exciting and an opportunity for professional and personal growth. The experience of discomfort during these situations is a natural part of professional development (O'Brien, Cooke & Irby, 2007; Teunissen & Westerman, 2011). As competency is gained, discomfort can be replaced by feelings of mastery and confidence (Benner, 2001).

Transitions occur throughout an occupational therapist's (OTs) and other health care professionals' careers, starting with entry into practice and repeating with a change in the practice setting, scope, or role, and can include a re-entry back to practice following a prolonged career break (Azimian, Negarandeh, & Fakhr-Movahedi, 2014; Schumacher & Meleis, 1994; Dodds & Herkt, 2013).

Previously, a scoping review was conducted to map the literature related to the professional transitions of OTs to identify the types of transitions OTs experience in their career and factors that facilitate or impede successful transitions (Boily, Clark & Forwell, 2018). Professional transitions such as entry to practice, changes in role, service delivery, care approach, and practice setting were identified in the reviewed Canadian literature. However, re-entry to practice by Canadian OTs was not mentioned in any of the articles identified by the scoping review. One article not identified in the scoping review described a mentoring and

networking model to support internationally trained OTs entering practice in Canada. It included returning Canadian OTs entering professional practice in Ontario (Baptiste et al., 2010).

There is a need to increase understanding of this professional transition and the factors that facilitate a successful return to practice improving job satisfaction, retention, and client outcomes. A deeper understanding will help identify the education, supports, and policies needed for successful re-entry transitions.

To better understand what influences the re-entry transition of OTs, one needs to explore re-entry transition in greater detail across health professions and for OTs outside of Canada. The next section will present the results of a literature review focusing on re-entry transitions of health care professionals inside and outside of Canada. Based on the literature review results, Chapter Two outlines the research questions posed in the study and the methodology of how the questions were addressed. Chapters Three and Four will present the results and discussion, ending with the conclusions in Chapter Five.

The scoping review conducted prior to this study revealed a paucity of literature on Canadian OTs' re-entry transitions. The scoping review, however, did not identify two articles dealing with a re-entry program for OTs in Canada. A subsequent review of the literature specific to re-entry including a synopsis of the OT re-entry and a discussion of the broader implications of re-entry across health professions is presented below to inform an understanding of this professional transition.

Literature Review

Return to work after a career break is a significant professional transition. A literature search was completed to gain a broader perspective on the re-entry to practice transition and included information from other health professionals and OTs who re-entered practice outside of

Canada. When available, keywords and MESH terms were used in the literature search, including re-entry, return to practice, return to work, back to work, career break, health personnel, including OTs, physiotherapists (PT), dietitians, and social workers, nurses, and physicians.

Forty-seven papers were reviewed, with the majority from the medical (17) and nursing (16) literature and seven articles on OTs' re-entry to practice outside of Canada and two inside Canada (see Table 1 for a summative table of the search results).

Table 1
Literature on Re-entry Transition for Health Professionals

Author(s)	Year	Title	Design	Aim
Occupational Therapist				
Allen	1992	The returner as a learner	first-person narrative case study	Describes the return to work after a long career break
Baptiste et al.	2010	Supporting (re) entry to professional practice: The SEPP project	case study	Describes a project supporting entry and re-entry to practice for OTs and PTs in Canada
Baptiste & McMahon	2013	Access to experiential learning: Key to transition to professional practice	perspective paper	Discusses the philosophy, experiences and learning gained from the OTepp practicums
Bourne, Kirke & White	2004	Recruiting experienced occupational therapists: A practical approach	case study	Describes the Return-to-Work program to attract experienced staff back into the workforce
Davis et al.	2010	Guidelines for re-entry into the field of occupational therapy	guideline	Assists re-entering OTs who have chosen to return to service delivery
Dodds & Herkt	2013	Exploring transitions back to occupational therapy practice following a career break	grounded theory	Explores the process of transition and identify the enablers, barriers, and the outcome for re-entering OTs
Graham & Allen	1990	Occupational therapy in Australia: A changing profession and changing attitudes	survey	Reports findings of Victorian Occupational Therapy Labor force survey
Sutcliffe	1992	The occupational therapy labour market, part 1 Making use of trained personnel	survey	Surveys non-practicing OTs looking to elicit the conditions they would need to facilitate return to practice
Turner	1992	How can we facilitate the return of occupational therapists to the professional after a break in service?	survey	Identifies problems experienced by OTs and their senior colleagues and suggestions to ease the transition

Author(s)	Year	Title	Design	Aim
Dietitian				
Lipscomb	2005	Preparing for re-entry: Handling career interruptions	perspective paper	Offers opinion on how dietitians can prepare for re-entry
Nurse				
Asselin, Osterman & Cullen	2006	In their own words: The experience of returning to acute care practice	phenomenology	Examines the experience of the registered nurse who returns to acute care
Blankenship, Winslow & Smith	2003	Refresher course for inactive RN's facilitates workforce re-entry	case study	Describes a refresher course successful in facilitating workforce re-entry for inactive and retired RNs
Curran & Lengacher	1982	RN re-entry programs: Programmatic and personal considerations	perspective paper	Shares experience in developing refresher/re-entry programs for experienced nurses returning to the work setting
Dragon	2019	Returning to the fold: Re-entry to nursing practice	perspective paper	Offers opinions on what is important for nurses and midwives to return to practice in Australia
Elwin	2007	Returning to nursing practice: a learning journey	interpretive phenomenology	Thematic analysis of reflective journals to elicit everyday experiences and shared meanings of nurses' learning journeys in Return to Practice Programme
Glasper	2014	Encouraging lapsed registrants to return to nursing practice	perspective paper	Discusses a new initiative by Health Education England (HEE) to attract lapsed registrants back into the nursing profession
Hammer & Craig	2008	The experiences of inactive nurses returned to nursing after completing a refresher course	phenomenology	Examines the experiences of nine nurses who returned to nursing after completing a refresher course

Author(s)	Year	Title	Design	Aim
Jamieson & Taua	2009	Leaving from and returning to nursing practice: contributing factors	survey	Explores the reasons why nurses left and later considered a return
Kent	2015	For love or money: Registered nurses who return to hospital practice	commentary	Explores the value that returning nurses bring to the hospital setting.
Long & West	2007	Returning to nursing after a career break: Elements of successful re-entry	literature review	Identifies the particular needs of the re-entry RN and suggests elements of successful recruitment, training, and retention policy.
McLean & Anema	2004	Reduce the nursing shortage: Help inactive nurses return to work	case study	Description of a refresher program
McMurtrie, Cameron, Oluanaigh & Osborne	2014	Keeping our nursing and midwifery workforce: Factors that support non-practising clinicians to return to practice	survey	Provides an understanding of how non-practicing nurses and midwives may be helped back into the workforce.
Scammell	2019	Back to nursing: New standards for return to practice programmes	perspective paper	Discusses the extent of loss of skills and competence in non-practicing professionals, views on the use of computer-based testing or objective structured clinical examinations (OSCEs) to assess clinical competence
Skillman, Palazzo, Hart & Keepsnews	2010	The characteristics of registered nurses whose licenses expire: why they leave nursing and implications for retention and re-entry	survey	Discusses the reasons why RNs leave nursing, explores retention strategies, and provides advice on how to encourage non-practicing RNs to return to nursing.
Stevens	2014	Support for nurses returning to practice	perspective paper	Discusses a review of return to practice courses and the recommendations of the Health Board

Author(s)	Year	Title	Design	Aim
White, Roberts & Brannan	2003	Returning Nurses to the Workforce: Developing an online refresher course	case study	Describes the development of a nurse refresher course for distance learning
Physician				
Baron et al.	2020	Anesthesia hazards and the impact of physician re-entry	case study	Describes a re-entry program
Bower, English, Choi, Cedfeldt & Girard	2010	Education to return nonpracticing physicians to clinical activity: A case study in physician re-entry	case study	Describes an innovative educational intervention to return non-practicing physicians to clinical activity
Cass, Gordon & Kilpatrick	2012	Lessons learned in physician re-entry	case study	Describes experience with two physicians who completed an obstetrics and gynecology physician re-entry program.
Edwards, MacDonald & Merriman	2007	Returners as learners: A different species? A qualitative study	phenomenology	Explores the phenomenon of returning
Grace, Korinek, Weitzel & Wentz	2010	Physicians re-entering clinical practice: Characteristics and clinical abilities	case study program evaluation	Examines the medical licensure status, performance, and correlation between physician characteristics and performance on initial assessment
Green et al.	2019	Success and challenge when returning to clinical practice: A case series in anesthesiologist re-entry	case study	Describes the physician refresher/re-entry program
Humphrey, Hamilton & Tran	2017	Hitting the ground running: Returning to work after extended leave	perspective paper	Discusses the challenges for returning physicians and offers recommendations for returners
Hutchins et al.	2006	The general practice returner scheme in London	case study/ program evaluation	Assesses the effectiveness of returning qualified GPs to practice on completion of their training programme.

Author(s)	Year	Title	Design	Aim
Jewett, Brotherton & Ruch-Ross	2011	A national survey of 'inactive' physicians in the United States of America: Enticements to re-entry	survey	Surveys inactive physicians younger than typical retirement age to determine their reasons for clinical inactivity and what barriers, real or perceived, there were to re-enter the medical workforce.
Kenagy et al.	2011	Guiding principles for physician re-entry programs	perspective paper	Discusses physician re-entry and offers recommendations for re-entry programs
Luchtefeld & Kerwel	2012	Continuing medical education, maintenance of certification, and physician re-entry	perspective paper	Discusses continuing medical education and provides recommendations for re-entry
Manriquez, Cookingham & Coonrod	2012	Re-entry into clinical practice in Obstetrics and Gynecology	case study	Describes the development of a re-entry program for physicians
Mark & Gupta	2002	Re-entry into clinical practice: Challenges and strategies	perspective paper	Discusses the factors for leaving and the challenges of re-entry
Nicholson	2017	Challenges faced by trainees returning to work after an extended period of leave: A Director of Emergency Medicine Training perspective	perspective paper	Describes issues encountered by trainees returning to work after time out for illness, voluntary work, and parental leave.
Ross	2017	Returning to work from extended leave: a trainee perspective	first-person narrative case study	Describes returner's experience
Varjavand, Novack & Schindler	2012	Returning physicians to the workforce: History, progress, and challenges	perspective paper	Discusses reasons for leave and return and the challenges for re-entry
Varjavand, Pereira & Delvadia	2015	Returning inactive obstetrics and gynecology physicians to clinical practice: The Drexel experience	case study	Describes the physician refresher/re-entry program at Drexel University College and the lessons learned in our

Author(s)	Year	Title	Design	Aim
				efforts to facilitate obstetrician-gynecologists' clinical re-entry
Physiotherapist				
Boonyawiroj	1996	Physiotherapy re-entry: a case study	first-person narrative case study	Examines the re-entry experience of one PT's returning to clinical practice.
Pretorius, Karunaratne & Fehring	2016	Australian physiotherapy workforce at a glance: a narrative review	literature review	Reviews what is known about the Australian physiotherapy workforce, what factors contribute to attrition from the profession and what strategies could be implemented to improve retention
Sheppard, Crowe, Jones, & Adams	2010	A model for re-education of physiotherapy practitioners to enable return to workforce	grounded theory	Explores the criteria to determine the need for re-entry training and how training programs should be constructed and delivered.
Social Worker				
Quinney	2012	Returning to social work practice: A literature review and comparative analysis between professions	literature review	Identifies reasons for leaving the profession or similar professions; examine the return to practice courses for practitioners wanting to re-enter the profession, or similar professionals, where literature provides useful exemplars or models for similar courses.

Synopsis of the literature specific to the re-entry of OTs. Early research on re-entry seemed to be prompted by labour shortages in Australia and the UK. Graham and Allan (1990) described common characteristics of non-practicing Australian OTs and their intentions to return to work. As most of the non-practicing OTs surveyed were engaged in home duties, the paper suggested strategies that would make the return easier, such as more flexible work hours and the availability of childcare. A 1992 survey of non-practicing English OTs identified similar re-entry challenges related to child-rearing and identified a lack of confidence to practice as a barrier to re-entry while the availability of courses facilitated earlier re-entry (Sutcliffe, 1992). Another UK survey (Turner, 1992) with returning OTs and their supervisors explored the actual barriers experienced by the returners after a career break. It provided suggestions on how organizations could facilitate the transition. The author pointed out that returners needed to be given time to adjust to a new work routine and find a work-life balance. Turner suggested that the experience of returners was distinctively different from the entry experience of newly graduated clinicians, and this finding was echoed later in the interdisciplinary literature (Edwards et al., 2007; Sheppard, Crowe, Jones & Adams, 2010).

A first-person account of re-entry experience described the return to a changing work environment with basic skills, "they just need airing" (p.406), while overcoming a lack of confidence to practice (Allen, 1992). The author acknowledged areas she had to learn and relearn. Allen expressed concern about the availability of peer support and was cautious about taking time away from her caseload to meet her own learning needs. The author described her early weeks as reorienting herself while shadowing other clinicians and often felt overwhelmed by the amount of information. Allen recommended that staff be made aware of strategies to help returners during their "initial frailty" (1992, pg. 406) and stressed that the adjustment to new routines takes time and requires the support of family and colleagues.

Dodds and Herkt (2013) applied grounded theory to develop a conceptual model depicting how OTs managed re-entry to practice following a career break. The central theme, "navigating," highlighted the need of each returner to forge their pathway back to practicing. "Contemplating" represented the early phase where individuals consider their reasons for returning while in the intermediate stage, "professional connectedness," their return was dependent on their sense of belonging to the profession and the strength of personal identity as an OT. A sense of belonging to the profession sustained connection and influenced the difficulty of the return. Having a strong identity as an OT made the return process more manageable during the next re-entry phase, "maintaining focus." Individuals sought out ways to increase knowledge and competence to practice. They looked for support from someone knowledgeable in the process. Their ability to return to work depended on the access and availability of information and their need for flexibility in work hours. The re-entry transition led to discoveries of the returner on how the health system had changed. A supportive work environment facilitated re-entering transition leading to higher confidence. Factors such as practical orientation, supervision and professional connection, and professional development opportunities positively influenced the return.

In 2010, the American Occupational Therapy Association published a guideline for OTs and occupational therapy assistants to support their re-entry to the profession after an extended absence (Davis, Clark, Currie, Richman & Siebert, 2010). The guidance recommended starting with a self-assessment and building a professional development plan. It recommended updating practice knowledge, increasing formal learning, and supervising practice within the first year of return for those absent greater than three years. The guideline outlined these supervision requirements emphasizing a cooperative relationship to establish, maintain, and build the competence and performance of returners.

Bourne, Kirke and White (2004) described a supportive learning strategy to encourage experienced OTs to return to acute care practice. Some of the targeted individuals were changing practice areas while others were re-entering the profession. They were provided with an opportunity to learn about the practice environment and acute care role expectations. The program consisted of three one-day education sessions and a day of clinical practicum. The learning opportunity gave returners some reassurance about core skills. It helped them identify areas of further development while providing the employer with a recruitment strategy to encourage these clinicians to apply to vacant positions.

Baptiste et al. (2010) offered a perspective on the barriers to gaining full registration, including a lack of connection with the profession and difficulty obtaining supervised clinical practice opportunities for OTs and PTs in Canada. They emphasized the critical role regulatory colleges play in developing and evaluating re-entry programs and for employers to recognize the skills and values of each returner and support their reintegration into the workplace. Baptiste and McMahon (2013) stressed the importance for specific supports for re-entering OTs by providing educational programs and opportunities for experiential learning.

Discussion of the broader implications of re-entry across health professions. One of the confounding factors of most of the studies was their small sample size, limiting the generalizability of the results. Studies dealt with a specific practice context, discipline, or location, which may not allow transferability of the results to a broader context involving different groups of returners. Some authors recognized a sampling bias in their surveys towards a specific practice environment such as public healthcare or felt that the population was not representative (Edwards et al., 2007; McMurtrie, Cameron, Oluanaigh & Osborne, 2014). While

some findings may apply to a broader group, there remains uncertainty whether the presented individual experience is generalizable to all re-entry transitions of OTs.

Numerous circumstances influenced retention, such as disability or illness, family caregiving, alternative career plans, or career dissatisfaction (Baron et al., 2020; Jewett, Brotherton, & Ruch-Ross, 2011). Working conditions, job-related stress, and lack of resources or organizational supports also influenced decisions to step away from a career (Jamieson & Taua, 2009; Lyons, La Valle & Grimwood, 1995; Skillman, Palazzo, Hart & Keepnews, 2010). The research examined why people chose to become professionally inactive, identified incentives for their return and recognized the characteristics of returners to inform strategies that may encourage inactive health professionals to return to practice and help employers recognize the value that returners bring to organizations.

Although returners are highly motivated with experiences to draw upon, clinicians face many barriers to their return. Prolonged career breaks from clinical practice often result in skill degradation (Braun, Sawyer, Kavanagh, & Deering, 2014). The extent of skill loss is directly proportional to the time away from practice (Humphrey, Hamilton & Tran, 2017). Changes in practice occur rapidly, particularly in areas with rapid technological advancements, such as those in the pharmaceutical industry or electronic health systems (Edwards et al., 2007). Therefore, after a lengthy period of professional inactivity, individuals may lack proficiency in clinical knowledge and technical skills (Luchtefeld & Kerwel, 2012). Difficulty drawing from clinical experience or lack of appropriate expertise can contribute to practice errors (Mu, Lohman, & Scheirton, 2006) and may reduce confidence to meet the current work demands (Dodds & Herkt, 2013).

While the literature emphasized anxiety about a lack of skills and diminished confidence to do the job, compounded by fear of making mistakes and difficulties asking for help as

(Asselin, Osterman, & Cullen, 2006; Edwards et al., 2007) it also mentioned that for others the transition is mostly characterized by the process of figuring out the logistics of managing work and home demands over time (Edwards et al., 2007).

A noted literature gap on the re-entry process was a lack of focus on competency assessments, including determining the best methods to assess competency and whether there is a need for standardization of competency assessments (Cass, Gordon, & Kilpatrick, 2012). Studies focussing on re-entry outcomes show a lack of emphasis on the perspective of returners on whether competency assessments or re-entry programs adequately prepared them for their return (Varjavand, Pereira & Delvadia, 2015).

The research suggested that when clinicians feel professionally out-of-date and less confident in their understanding of the current practice environment regulatory requirements may aid the safe return by providing necessary guidance. Still, they may also deter others from attempting a return. For example, when contemplating a return, individuals may experience anticipatory angst due to a lack of clarity about requirements not yet known, while later upon re-entry, individuals need opportunities for supervised practice in organizations that are primarily committed to training students (Baptiste & McMahon, 2013; Pretorius, Karunaratne & Fehring, 2016).

While encouraging organizational work cultures and peer support are vital to clinicians as they update their practice knowledge and clinical skills, re-entering clinicians often face a lack of professional and institutional support to obtain adequate orientation, mentorship, and work flexibility (Asselin et al., 2006; Dodds & Herkt, 2013; Hammer & Craig, 2008). Hospital units perceiving returners as lacking up-to-date knowledge and skills may not initially view them as assets and may be less welcoming (Asselin et al., 2006; White, Roberts & Brannan, 2003).

Tension arises when the returner's desire to fit into the work culture conflicts with the individual's practice ideals (Asselin et al., 2006; Boonyawiroj, 1996).

Employer investment generally exceeds the value of a new employee's productivity at the onset of the employment (Rollag, Parise, & Cross, 2005). To compensate, employers tend to apply strategies that reduce the period of low productivity and focus on increasing the return on their investment. Providing support during re-entry can increase new employees' learning, decrease anxiety, and reduce stress (Saks & Gruman, 2012). Employing organizational socialization strategies have been shown to influence work satisfaction and the new employee's commitment to stay (Bauer & Erdogan, 2011). Therefore, a well-crafted re-introduction to work may help recoup employer investment faster by shortening the low productivity phase during the re-entry process. Furthermore, strategies such as peer teaching, coaching support, or supervision may enhance re-entry success and improve the retention of the returning employees (Green, Iqbal, Hoffman, Green, & Varjavand, 2019). Research is needed to understand working environments better, enhance understanding of supports for work-life balance, and cope with the demands of challenging professional roles (Jamieson & Taua, 2019).

There are examples in the literature of the employer and employee perspective concerning successful return to work, but many explored the recovery process associated with disability or illness (Coole, Radford, Grant, & Terry, 2013; Jakobsen & Lillefjell, 2014; Mansfield et al., 2015). Turner (1992) briefly outlined recommendations on facilitating the return to the practice of an OT following a career break. Generally, however, there is little information in the literature for employers to focus their strategies on easing the re-entry transition of returning OTs.

The Rationale for Research on Re-entry Transition

Employers who are wanting to increase their workforce and retain staff should consider supporting OTs' re-entry. What employers can do to help support this professional transition of returning to practice following a career break is not well known. Also, a knowledge gap exists regarding the barriers and facilitators faced by returning OTs in Canada and whether those factors are consistently present across the population of returners. There is some understanding of the re-entry experience of OTs mostly from outside Canada except for one study conducted in Ontario (Allen, 1992; Baptiste et al., 2010; Dodds & Herkt, 2013), but no information on the re-entry to practice transition in the province of BC could be found.

A study examining re-entry transition of OTs was conducted to investigate the factors influencing the return-to-practice of returning OTs in BC.

Research Questions

This study examined the re-entry transition to understand the barriers and facilitators of this specific professional transition and the potential role of employers and other intermediaries in this professional transition. The following questions were addressed:

1. What were the demographic and career profiles of OTs who completed a re-entry to practice program in BC?
2. What factors contributed to or impeded the transition of OTs re-entering practice following a career break?
3. How did OTs manage a successful return to practice[1]?

[1] The definition of practice reflects the broad work context of OTs which includes clinicians as well as professionals in other areas of practice such as community development, research, education, administration, and policy (Canadian Association of Occupational Therapists, 2012).

4. From a returning OTs' perspective, how might employers support a successful re-entry transition of future OTs who want to return to practice following a career break?
5. Other than employers, what can institutional intermediaries, such as unions, professional associations, and regulatory colleges do to support a successful re-entry transition following a career break?

Chapter 2: Methodology

As the provincial governments in Canada are responsible for enacting legislation for the self-regulation of healthcare professionals, their respective legislation creates differences in the regulatory framework among provinces (Schiller, 2014). Regulations implemented by professional colleges will further be influenced by the organization's culture and the approach taken to protect the public. Each college's procedures may vary along a spectrum from punitive to collaborative, and each college has the authority to define the requirements for re-entry. These jurisdictional differences could make comparisons among the re-entry experiences of potential participants from different provinces difficult and would introduce uncertainties that could not be controlled. Therefore, the study was limited to re-entry transitions occurring in BC.

Due to the low number of returning OTs in BC mixed methods were used to investigate re-entry transitions. This was a pragmatic approach to validate observations of factors that have been shown to impact the re-entry transition elsewhere while describing the experiences of individual returners in BC. Mixed methods can improve an evaluation because the limitation of one type of analysis is balanced by the strength of the other type. Creswell and Clark (2018) have advanced a definition of mixed methods, which allows both qualitative and quantitative data to be collected and combined in the analysis to answer research questions following a specific design that provides logic for how the study is conducted.

A sequential explanatory design starting with a quantitative phase, followed by a qualitative stage was chosen to explain the quantitative results in greater depth (Creswell & Clark, 2018). This sequential explanatory design provided a logical framework for the study to determine whether factors selected during the quantitative phase may be of importance for the returners. The methods are described in two sections beginning with an overview of participants

(eligibility criteria, numbers, and recruitment), and an outline of the research design (Phase One – Survey and Phase Two - Interview).

Participants

All OTs that use the title and practice in BC must be registered with the College of Occupational Therapists of British Columbia (COTBC). As of June 30, 2020, there were 2,772 registered OTs in BC (College of Occupational Therapists of British Columbia, 2020). From July 1, 2010 to January 18, 2021, 52 OTs had provisionally registered for the purpose of completing a re-entry to practice and were practicing in BC as of January 18, 2021 (COTBC, personal communication, January 18, 2021). This represents 100% of the study population.

The study sample consisted of OTs who completed a re-entry program under the direction of the COTBC and who returned to work in the province of BC between July 1, 2010, to July 1, 2020. Ten years allowed for a sample of OTs who likely experienced similar regulatory and institutional environments upon returning to practice in BC. A longer time frame could have introduced uncertainties in the comparability of results due to socio-cultural and technological changes in the workplace occurring over time.

Re-entry OTs practicing and fully registered to practice with the COTBC were invited to participate in an online survey. Regardless of the survey response size, the target population remained small, and the inclusion criteria, which reflected timeframe and jurisdictional constraints, limited the number of potential study participants. Individuals who met the following inclusion criteria were invited to participate:

- previous work experience in Canada
- entered period of inactivity in good standing with a regulatory college
- been out of practice for longer than three years or were unable to meet the minimum requirements set by the COTBC for currency hours within the specified timeframe

- obtained a full unrestricted registration to practice in the province of BC after a career break and re-entered practice after July 1, 2010

Individuals who became inactive because of regulatory college action were excluded from participation in the study.

Recruitment. A signed Agreement for a Usage of the COTBC Register Listing between Supervising Advisor and the COTBC Registrar granted the release of registrant names and their email addresses of those who consented to be contacted for research purposes and who also met the specified study criteria. The agreement outlined the study purpose and methods. It stipulated requirements for using the information, including one-time use for the specified purpose of inviting OTs to participate in an online survey. It prevented release to a third party and ensured information was kept confidential, secure, and stored within Canada and was destroyed upon completion of the project (see Appendix A for a copy of the Agreement for Usage of COTBC Register Listing).

Of the 52 OTs who were registered with COTBC on January 18, 2021 and had re-entered practice since July 1, 2010, 31 consented to be contacted for research purposes (29 with full registration and two non-practicing) (COTBC, personal communication, January 18, 2021). All 31 were invited to participate in the survey via an email. The email outlined the purpose of the study, linked to the consent form, and provided a link to the online survey.

Seventeen participated in the survey. Thirteen participants agreed to be contacted for interview and twelve were interviewed as one was lost to follow-up (see Figure 1 for a flow diagram of the recruitment process).

Additional recruitment efforts were made to raise awareness of the study through a posting on the Canadian Association of Occupational Therapists (CAOT) research webpage. The posting provided a link to the survey and instructed those interested in the study to contact

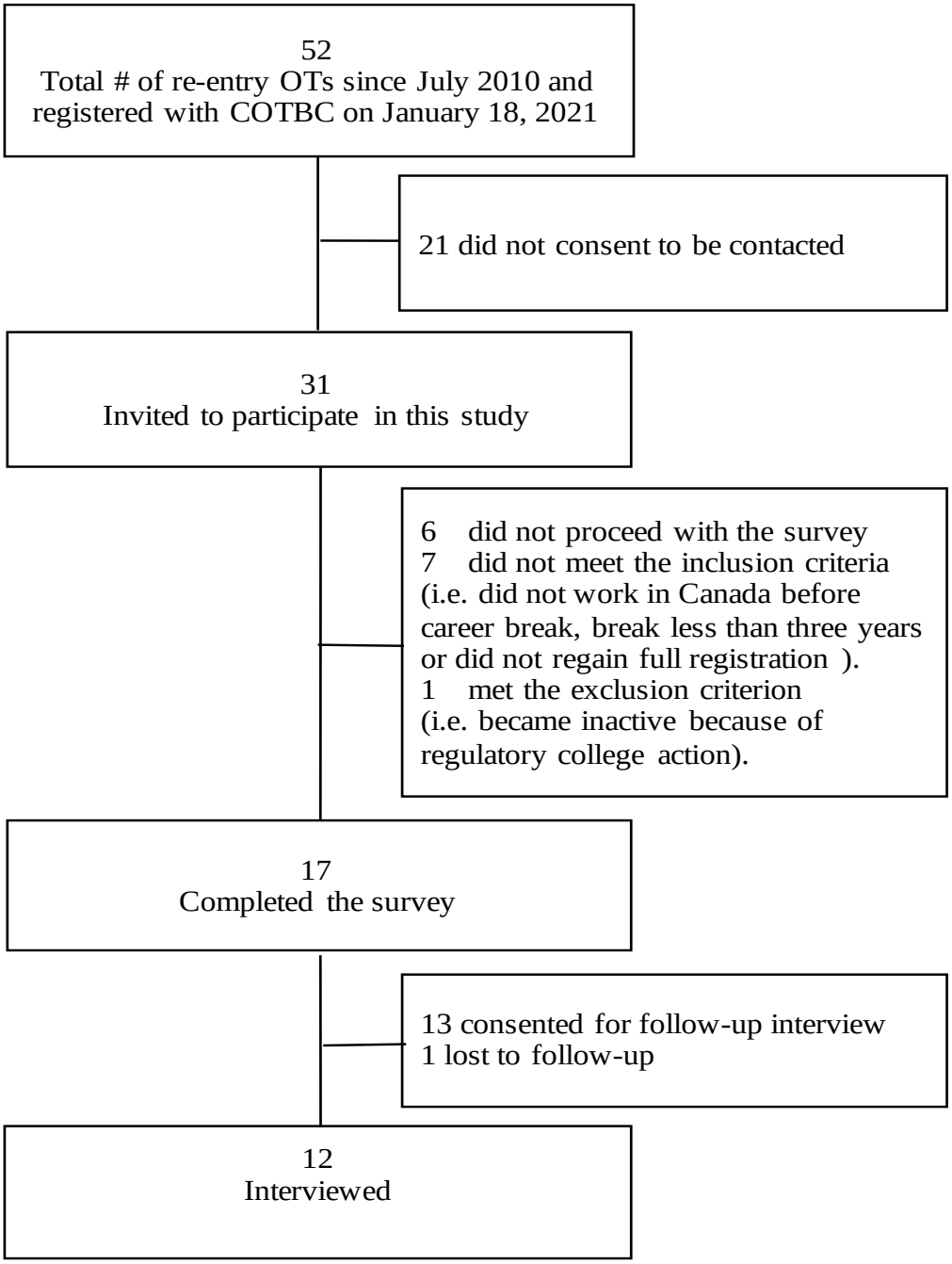

Figure 1. Study recruitment flow diagram.

the researchers. The first section of the survey advised respondents that it would be understood that they consented to participate in the study if they submitted the survey.

Interview recruitment was done via self-selection from the population of survey participants. At the end of the survey, participants were invited to speak about their transition experience in a follow-up interview and directed to an unlinked survey where they could provide their name and contact information.

The professional role of one of the co-investigators as the professional practice leader of a health authority and author of this thesis influenced the choice of the research topic. As a practice leader the investigator is often involved in recruitment and support of new hires including entry-to-practice clinicians.

A review of the names on the register listing revealed that a small number of OTs were employed with the same health authority as the co-researcher. The role as a practice leader could have introduced a power imbalance for participants employed with the same health authority when interviewed by this investigator. A power imbalance could influence their decision to consent to participate in the study or limit their ability to speak freely about their own experience. This risk was mitigated by having another member of the research team consent and interview participants employed by the same health authority as the co-researcher.

Participants were sent a response email with the Interview Consent Form attached to ensure their understanding of the purpose and process for the interview (See Appendix B for a copy of the Interview Consent form).

The consent form informed potential participants about the remote risk of economic and social harm when employers or work colleagues recognized critical information about their experience. If unflattering details were recognized, participants might risk job security or experience hindered career progress, and social harm when standing with colleagues was

threatened. These risks were minimized by safeguarding the participant's identity and disguising any information that could identify individuals.

Verbal consent was obtained using the verbal consent telephone script (see Appendix C for Telephone Consent Script). The interview questions were sent in advance to give the participants the opportunity to ponder them before the interview started.

Those who consented to participate were assigned a unique study number to help maintain confidentiality throughout the project. Only this study number was used to identify information collected from each participant.

Research Design – Sequential Mixed Methods

Initially during the quantitative phase (survey) participants were asked to verify whether factors identified as influential in the literature had relevance during their re-entry and to identify employer supports that were important to them. Followed by the qualitative phase (interview) participants were asked to describe how they managed their re-entry and how employers may be able to support re-entry. The sequential design identified details of the re-entry process that would not have been identified by the survey or the interviews alone. See Figure 2 depicting the design process.

Phase one: Survey. A survey is a tool to systematically collect information from a sample to quantitatively describe characteristics of a larger population of which the sampled individuals are members. The quantitative characteristics are not just numeric descriptors but allow interpretation of them in a broader contextual framework (Joye, Wolf, Smith & Fu, 2016). Internet-based surveys are helpful because they are easy to design, cost effective and quickly administered but also have disadvantages such as a low response rates and may not sample the population well (Nayak & Narayan, 2019). However, when the target population is a closed population with a sampling frame containing the email addresses of all members of the

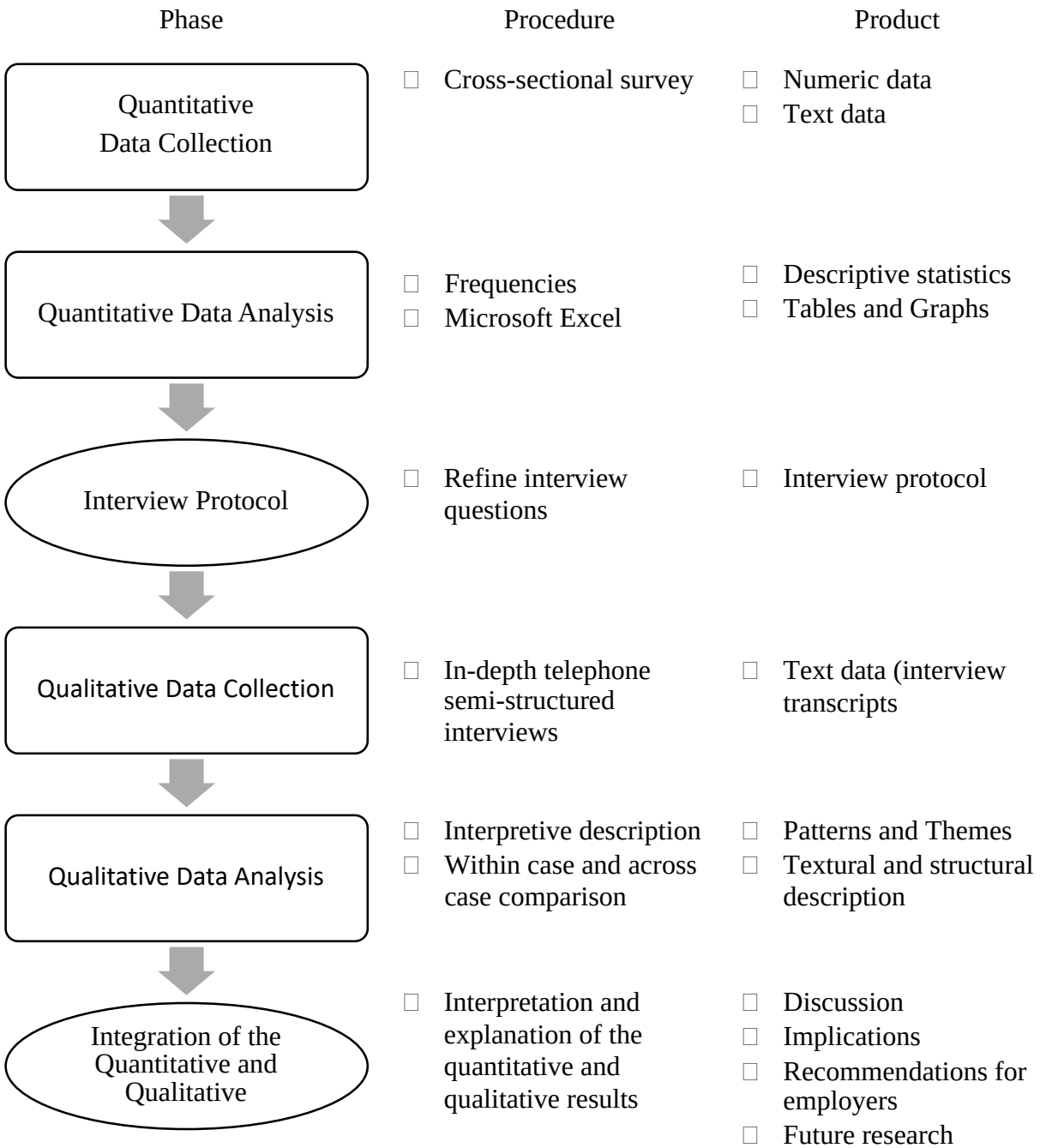

Figure 2. Overview of the sequential explanatory design.

population it reduces this sampling problem and makes a web-based survey an ideal survey tool (Biffignandi & Bethlehem, 2021).

In this study, the survey was used to address the research question one and two:

1. What were the demographic and career profiles of OTs who completed a re-entry to practice program in BC?
2. What factors contributed to or impeded the transition of OTs re-entering practice following a career break?

Data collection. The survey assessed whether the factors that influenced other health professionals and OTs as identified by the literature during their re-entry impacted re-entering OTs in BC and which of those factors were most important to them.

An online survey tool, Qualtrics, available through University of British Columbia (UBC), was used. Qualtrics is a cloud-based service operated by a Canadian contractor. The link to the online Qualtrics survey was emailed with the initial letter of invitation. Potential participants received three reminders via an email linking to the survey at intervals of two weeks to improve the survey response rate. When a survey was submitted, a thank-you email was automatically generated, acknowledging participants for their input.

All collected data remained in Canada and were only accessible by the survey administrator. The survey tool met UBCs requirements for privacy and employed security measures such as data encryption, and all survey responses were anonymized.

Questions verifying the inclusion and exclusion criteria were built into the first section of the survey. When a survey participant did not select the inclusion criteria or positively selected the exclusion criterion, these individuals could not proceed with the survey. A notice was automatically generated thanking them for their interest, and they were provided contact information if they had further questions about the study.

Instrument. The survey asked a total of 39 questions based on information found in the literature starting with a section confirming study criteria (see Appendix D for the paper-based survey tool approved by the UBC Behavioural Research Ethics Board (BREB)). If the participant met the study criteria, they could proceed to the survey questions asking about their educational background, career course, professional connectedness, and career break. The next set of questions asked about their re-entry to practice transition, and then they were asked to list occupations that supported and did not support their re-entry. The next set of questions was meant to identify facilitators, barriers, and employer supports provided upon return to practice. The respondents then rated the selected factors according to their relative importance or impact on their transition. The section ended with an open-ended question asking for additional thoughts that participants would like to share about their re-entry to practice transition. The final section collected demographic information about their age, sex, geographical location, marital status and the number and the ages of children living with them during their re-entry. Having children and raising them was identified in the literature as reasons for career break for women (Kenagy et al., 2011).

This structure was chosen with consideration of the cognitive demands and time requirements to complete the survey. The survey questions were validated for comprehension with an OT professional practice leader interested in the topic of re-entry, and two colleagues tested the online survey to test the logic and flow of the survey. The validation did not lead to any changes in the questions but provided a better estimate of the duration required to complete the survey.

Analysis. Survey responses were tabulated, and descriptive statistics applied to aggregate data and describe factor distribution among survey entries. Special attention was given to the

barriers and facilitators impacting re-entry transition with a focus on the potential role that employer-based facilitation played, and if so, how important it was for the respondents.

A content analysis of the responses to the open-ended question: Is there anything you would like to add about your re-entry to practice transition? was conducted following Bengstsson's (2016) approach to content analysis. The responses were reviewed, and highlighted sections were condensed into meaning units. Those meaning units were coded using a descriptor of the meaning and categorized to describe linkages across the codes. Themes among categories emerged as they related to the research questions.

Phase two: Interview. In this study, interviews were used to address the research question three, four and five:

3. How did OTs manage a successful return to practice?
4. From a returning OTs' perspective, how might employers support a successful re-entry transition of future OTs who want to return to practice following a career break?
5. Other than employers, what can institutional intermediaries, such as unions, professional associations, and regulatory colleges do to support a successful re-entry transition following a career break?

Data collection. Individuals were asked how they managed their re-entry transition and to identify potential employers' support that would benefit the re-entry transition. The fifth question was added because of the reoccurring theme of the role of other institutional intermediaries first revealed in the survey responses and brought up during the follow-up interviews. The integrated results from the survey and the interviews supported recommendations for employers and other institutional groups interested in supporting successful re-entry transition for OTs in BC.

Most interviews took up to an hour, as anticipated. Equipment checks were done before each interview to ensure that the digital recorder was recording. The interviews were conducted by phone or via a secure internet communication tool based on participant preference. A semi-structured interview guide was used. The interviews were recorded and then transcribed verbatim. An assistant was hired to do the initial transcription, and the co-researcher reviewed all transcripts for quality assurance and began to acquaint herself with the data. The recording was erased once transcribed and checked for accuracy by the interviewer.

Password protection and data encryption for storing and transferring computer files were used to safeguard participant privacy and confidentiality. Participant identity was kept confidential using a unique study code, assigning a pseudonym, and disguising any interview details that could reveal the individual's identity.

Hard copies of the verbal consent forms were accessible only to those listed in the study and are stored in a locked cabinet in a sealed envelope for five years following the end of the research and shredded after that. The interview transcripts and notes are stored on a secure UBC campus cloud-based file sharing service that complies with Canadian, Provincial, and UBC security requirements for five years following the end of the study. Materials will be deleted following this specified period. Access to transcripts was limited to this researcher and academic colleagues who collaborated during the research.

Instrument. The interviews were organized into three parts: 1) questions about their career path as an OT, 2) questions about how they managed the return to practice, and 3) questions about their recommendations for employers to improve the re-entry transition (See Appendix E for a copy of the interview guide). At the bottom of the interview template, there was a space for the interviewer to record reflections on the interview, such as personal reactions,

emerging themes, and questions, or concerns the interviewer has identified (Creswell & Poth, 2018).

Analysis. To better interpret the responses of the interviewed participants, an interpretive description framework was used following a method described by Thorne (2008). The approach allowed exploration of the patterns and themes identified in the interview transcripts. The interpretive description framework offers a systematic analysis of the underlying patterns and themes of the re-entry phenomenon using guidance from the qualitative research tradition applying the filter of reflective clinical reasoning to generate meaningful findings directly applicable to a practice setting (Thorne, 2008).

Interviews were transcribed verbatim, attending to the words and sounds and the pauses between the utterances to ensure complete and accurate records. Transcription offered an opportunity to immerse in each story to gain a sense of it as a whole. The transcripts were reviewed to develop an early coding scheme that identifies broad-based general themes and ideas without losing sight of the potential connection between them.

Non-categorical group labels were used to pull together like elements and to compare with similar or dissimilar items from earlier sorting to avoid developing a rigid structure prematurely. Electronic text processing tools were used to cut and paste data into electronic files with descriptive titles to capture the nature of the information without prematurely assigning meaning. To ensure that data was not decontextualized, the information was made traceable to the interview participant by including participant number, transcript page number, and a pseudonym.

Data were sorted several times, keeping different views of their potential connection in mind for handling, grouping, and reconstructing patterns within the data as a whole and interrogating the data for other meaningful relationships. During the sorting process, memos

were kept in the margins to capture thoughts of evolving analysis of themes and to flag potentially meaningful data elements for further investigation.

Analytical memos capturing thinking on evolving questions and conclusions to refine and explore ideas coming out of the data were kept. Memorable quotes have the potential to distract from the advancing analysis but also helpful for illustration of themes were flagged and stored in a separate electronic file to ensure they were not lost.

In the final phase of analysis, factors identified as important in the quantitative phase were integrated with the experience of OTs interviewed in the qualitative phase, and recommendations were developed for easing the re-entry to practice transition.

Following ethical review, the BREB granted a Certificate of Approval – Minimal Risk.

Chapter 3: Results and Discussion

The results for this thesis are presented in two chapters, with this chapter providing the results that address research questions one, two, and three. Chapter four will then address the findings that emerged to respond to research questions four and five.

Question One: Demographic and Career Profiles of OTs

The first section depicts the results of the quantitative analysis of the survey results related to participant demographic characteristics. In this section, the study participants were compared based on their sex, age range, geographical area, marital status, and whether children lived with respondents during the re-entry. Raising children was considered a typical reason for career breaks for women.

Demographic characteristics. The individuals who participated in this study were predominantly married women over 35 years old who had children living with them during their re-entry transition (see Table 2 for the demographics characteristics of the survey respondents).

The sex ratio difference between males and females in the sample was not unexpected considering the data from the Health Workforce Database identified the sex ratio in occupational therapy in BC in 2016 was 88.3% females to 11.7% males (Canadian Institute for Health Information, n.d.). Overall, more women than men will take a career break and become the primary caregiver for children and other family members (Pew Research Center, 2013; Kenagy et al., 2011). Most of them lived in a large urban population, while seven lived in smaller/medium centres and one rural.

Fourteen of the 17 survey participants had children living with them at the time of their re-entry (range: 1 to 4 children; mean: 2), and eight had children between the ages of 0 to 5 years, nine had children between 6 to 12 years, and four had children between 12 to 19 years.

Table 2

Demographic Characteristics

Age ranges	#	%
35-44	8	47.1
45-54	6	35.3
55-64	3	17.6
Geographic area	#	%
Large urban population [a]	9	52.9
Medium population [b]	7	41.2
Rural area	1	5.9
Sex	#	%
Female	16	94.1
Male	1	5.9
Marital status	#	%
Married	15	88.2
Never married	1	5.9
No response	1	5.9
Children living with respondent during re-entry	#	%
Yes	14	82.4
No	2	11.8
No response	1	5.9

Notes.

[a] Large urban population centres (with a population of 100,000 or more)

[b] Medium population centres (with a population between 1000 and 29,999)

Career profile.The next section presents the quantitative results of the participants' educational background, where they started their careers, what area of practice they worked in before career break, the length, and reasons for career break and in what area of practice they did re-entry.

Educational background. Eighteen respondents started the survey, but one did not proceed after the first two questions. Most of the survey respondents indicated their highest level of education, either a bachelor's (9) or a master's degree (8); one participant held a doctoral degree.

Most of the survey respondents (14) were Canadian-trained OTs. Most of those surveyed graduated between 1990 and 2010; four graduated before, and three graduated after that time. Of the respondents trained in Canada, five graduated from the University of Alberta, four from McMaster University, three from UBC, one graduated from Queen's University, and another from the University of Manitoba.

In 2001, the CAOT announced a move across all Canadian universities to a graduate program entry-level training requirement before 2008 (Lall, Klein, & Brown, 2003). The changing requirement may be a reason for the observed split in the highest earned education level between master's and bachelor's degrees. The additional years to attain professional entry may have shortened the time to establish themselves in their careers before taking a career break to have children.

Career start. Respondents started their careers in the countries where they were trained. Of those trained in Canada, the highest number first worked in British Columbia (9), followed by Alberta (2), Ontario (2) and Saskatchewan (1).

Working before career break. Returners had varied career profiles with variations in lengths of time worked before the career break and length of the career break. Many moved from a general hospital and rehab hospital to a group professional practice before their career break. Of the two respondents who selected Other areas, one indicated they were an MOT (Masters of OT) student, and the other worked in Disability Management for a Health Authority (see Table 3 for details about the practice areas worked before career break).

The lengths of work before career break ranged from two to 30 years (mode: 7 years; mean: 9.1 years). One respondent delayed the start of their professional career following graduation, which was confirmed during the interview (see Table 4 for details about the career timeline of survey respondents).

Career break. For most of the surveyed returners, the reasons for their career break were related to their families, included raising children, caring for other family members, and relocating with family (see Table 5 for the details of survey respondent's reasons for taking a career break).

In this regard, these results were consistent with the reasons found by Sutcliffe (1992) in the UK and Bailey (1990) in the USA, who attributed the main reason for attrition was raising children. Accessibility and affordability of quality daycare and flexible employment options like part-time hours or casual positions could reduce the length of career breaks related to raising young children. One interview participant disclosed about casual work,

> *Had I known what I know now I think that I might've, you know, taken that route and worked as a casual, but I didn't. So, I stayed home and raised my children. I did other career things in between* ("Lorelai", interview transcript, April 19, 2021, page 3, line 2).

Other reasons identified in the survey by Bailey (1990) included relocating with a spouse then not obtaining an OT job, caring for sick relatives, and professional disillusionment with OT.

Table 3

Practice Areas Worked before Career Break

General Hospital	Rehab Hospital/ Facility	Mental Health Hospital/Faculty	Residential Care Facility	Community Health Centre	Group Professional Practice/Clinic	Other
# (%)	# (%)	# (%)	# (%)	# (%)	# (%)	# (%)
In which area did you work the longest before taking your career break?						
3 (17.7)	3 (17.7)	1 (5.9)	2 (11.8)	5 (29.4)	1 (5.9)	2 (11.8)
What was the last area of employment before taking your career break?						
1 (5.9)	1 (5.9)	1 (5.9)	2 (11.8)	5 (29.4)	5 (29.4)	2 (11.8)

Notes. Participants could select all that apply

Table 4

Career Timeline

In what year did you first work as an OT?	Years between career start and career break	What year did you start your career break?	Years between the start of career break and the start of re-entry	What year did you start the re-entry to practice process?	What year did you complete your re-entry to practice transition following your career break?
1982	30	2012	7	2019	2020
1983	25	2008	2	2010	2011
1984	6	1990	22	2012	2013
1989	11	2000	11	2011	2012
1995	11	2006	7	2013	2014
1997	3	2000	10	2010	2012
1998	7	2005	6	2011	2012
1999	7	2006	7	2013	2014
1999	7	2006	8	2014	2014
2000	15	2015	5	2020	2020
2002	11	2013	5	2018	2018
2003	7	2010	6	2016	2016
2005	7	2012	3	2015	2016
2007	2	2009	5	2014	2015
2011	3	2014	5	2019	2019
2011	5	2016	2	2018	2018
2014	-2 [a]	2012	2	2014	2014

Notes. [a] Student delayed start of professional work

Table 5

Reasons for Taking the Career Break

Reason for taking the career break	#	%
Raising child(ren)	10	58.8
Geographical relocation	3	17.6
Furthering education or training	3	17.6
Personal health condition	3	17.6
Burnout	2	11.8
Family health condition	2	11.8
Career change	1	5.9
Death of family members	1	5.9

Notes. Participants could select all that apply

Although these findings were established over 30 years ago and social circumstances could be different now, these factors were also mentioned by participants in this study. Some of the survey respondents disclosed burnout as a factor influencing a career break. In a Canadian study of OTs' experiences of burnout, Gupta, Paterson, Lysaght and von Zweck (2012) identified factors like excessive time demands, conflict, a lack of autonomy and respect lead to feelings of burnout and recommended the coping strategies of spending time with family and gaining personal and professional balance. When burnout is severe, a more extended period away may be necessary to recharge, and a better match is needed upon return.

Personal reasons for career break such as advancing education, exploring other careers, and attending to personal health mentioned by respondents were also identified in the medical literature outside of the OT profession (Jamieson & Taua, 2009; Jewett et al., 2011; Mark & Gupta, 2002).

The length of the career break ranged from two to 22 years (mode: 5 years; mean: 6.6 years). The majority of participants identified raising children as the reason for taking a career break. Returners may have different learning needs depending on the length of career break (Cass et al., 2012) because, after a lengthy period of professional inactivity, individuals may lack proficiency in current clinical knowledge and technical skills (Luchtefeld & Kerwel, 2012).

Working after career break. Almost half of those surveyed were in casual positions (8) during their re-entry to practice transition; the remaining participants indicated their employment status as permanent part-time (4), permanent full-time (2), temporary part-time (1), and self-employed (2). Most started back at a general hospital or group professional practice. After their break, those previously working in rehabilitation and mental health facilities appeared to return to the same area.

Over half of the respondents returned to work in public practice (9), and over a third worked in private practice (6) after their break. The remaining respondents (2) returned to a combination of public and private work (see Table 6 for details where survey respondents were first employed after career break).

When asked to identify the number of job changes over the course of their career, eleven selected a range of four to six changes, while four respondents selected one to three changes. Only one respondent identified between seven and ten job changes, and one other survey participant indicated that they had over ten job changes throughout their career.

Question Two: Contributing and Impeding Factors for Re-entry to Practice

One of the focuses of this study was to determine whether barriers and facilitators identified in the literature were also factors that influenced re-entry of OTs in BC. To respond to this research question data from both the survey and interview were used. The following section describes the quantitative results of the survey related to facilitators and barriers considered most relevant by the returning OTs. A thematic summary of findings from the interviews regarding these factors follows the presentation of the survey results.

Survey findings.

Facilitating factors.When the 17 respondents were asked to identify the factors that facilitated their re-entry to practice transition, the most frequently selected factors included: confidence to re-enter practice, availability of a supervised competence confirmation practicum (CCP), family circumstances and availability of child-care (see Table 7 for the identified re-entry facilitators).

Table 6

Practice Areas Worked after Career Break

Where were you first employed after your career break?													
General Hospital		Rehab Facility		Mental Health Hospital		Residential Care Facility		Community Health Centre		Group Professional Practice/Clinic		School Board	
#	%	#	%	#	%	#	%	#	%	#	%	#	%
5	26.32	1	5.26	1	5.26			4	21.05	7	36.84	1	5.26

Notes. Participants could select all that apply

Table 7

Frequencies of Factors that Facilitated Re-entry Transition

Factors that facilitated re-entry to practice transition	#	%
Confidence to re-enter practice	12	70.6
Availability of supervised CCP	12	70.6
Family circumstances	11	64.7
Availably of child-care	8	47.1
Availability of social support	6	35.3
Availability of part-time positions	6	35.3
Proximity to jobs	6	35.3
Availability of temporary position	3	17.6
Completion of studies	3	17.6
Salary	3	17.6
Benefits	3	17.6
Availability of refresher courses	2	11.8
Availability of full-time positions	1	5.9
None	1	5.9
Other [a]	1	5.9

Notes. Participants could select all that apply

[a]Disability case manager

Pragmatic factors facilitated the re-entry of over a third of the respondents, including the availability of social support, availability of part-time positions, and their proximity to jobs. Few survey participants identified other factors such as availability of a temporary position, completion of studies, salary, benefits, availability of refresher courses, full-time positions, and a disability case manager. Of note, one respondent selected the option None.

Ranking of facilitating factors.When asked to rank the identified facilitators in order of importance, two respondents did not choose to rank the facilitators they identified, and one respondent had none to identify. Of those who ranked their choices, 50% ranked availability of child-care and supervised CCP most frequently as one of the top three facilitators (see Table 8 for the facilitators rated by importance).

A third of the respondents ranked confidence to re-enter practice and family circumstances high as a facilitating factor. The availability of social supports was ranked in the top three by a quarter of the respondents. Most other facilitators were ranked high by only one of the respondents, while two respondents considered the availability of part-time positions as an important facilitator. Content analysis of the open-ended survey question identified additional facilitators such as availability for casual work or a graduated return and having school-aged children can reduce the need for daycare.

Impeding factors. The respondents most often identified barriers to re-entry to practice transition as very important were limited availability of supervised CCP, limited availability of refresher courses or re-entry courses, and low confidence to re-enter practice. Almost a quarter of the respondents saw family circumstances as a significant barrier, while other potential barriers were selected by either one or two respondents. Two respondents chose the None option. (see Table 9 for the identified re-entry barriers).

Table 8

Ranking of Facilitating Factors by Importance

Top three ranked facilitators	1st	2nd	3rd	# In Top 3
Availability of child-care	4	4		8
Availability of supervised CCP	4	3	1	8
Confidence to re-enter practice	2	2	2	6
Family circumstances	2		4	6
Availability of social support	1	2	1	4
Availability of temporary position		1		1
Availability of refresher courses		1		1
Availability of part-time positions			2	2
Completion of studies			1	1
Salary			1	1

Table 9

Frequency of Impeding Factors Impacting Re-entry to Practice Transition

Impeding factors impacting re-entry	#	%
Limited availability of supervised CCP	7	41.2
Limited availability refresher courses and/or re-entry courses	6	35.3
Low confidence to re-enter practice	5	29.4
Family circumstances	4	23.5
Insufficient social support	3	17.6
Lack of child-care	3	17.6
Insufficient salary	3	17.6
Limited availability of part-time positions	3	17.6
Poor benefits	2	11.8
Number of hours to complete re-entry	2	11.8
None	2	11.8
Proximity to jobs	1	5.9
Limited availability of full-time positions	1	5.9
Limited availability of temporary positions	1	5.9
Other [a]	5	29.4

Notes. Participants could select all that apply

[a] Other barriers identified. Not able to get a position with a restricted license requiring supervision, Poor support from Health Authority, Limited availability of casual work, Physical health, Unpaid for hours while attaining hours.

Ranking of impeding factors. Out of seventeen, only 11 participants ranked barriers as having the highest impact on their entry hierarchically (see Table 10 for the barriers ranked by highest impact).

Two respondents had previously chosen the None option, and four decided not to rank any of the barriers identified. The most frequently ranked barriers were family circumstances, followed by the limited availability of refresher courses and/or re-entry courses and the limited availability of a supervised CCP. The number of hours to complete re-entry, lack of child-care and insufficient salary was chosen by two respondents each. The remaining barriers were ranked high by only one respondent.

Interview findings. A descriptive summary of the interview themes related to facilitators and barriers together with a discussion of their influences is presented below. Using an interpretive description framework (Thorne, 2008), the themes that emerged were: life circumstances, social supports, confidence to practice, re-entry options and job fit, and availability of supervision and availability of other resources. The themes provided commentary on how they could be both facilitators and barriers that influenced re-entry to practice.

Life circumstances. The return to practice was earlier described by survey respondents as a "tough journey," "daunting" that often co-occurred with other life transitions. Returners faced a steep learning curve in one, sometimes two work settings or new areas of practice, and some had to prepare for the certification exam while juggling the demands of parenting and managing a household. Circumstances such as divorce or relocation added additional family adjustment. The re-entry transition was also confounded when combined with a return to work following a prolonged period of illness. The individuals adjusted to the changing work demands and an altered level of function while meeting the requirements for re-entry.

So, I was overwhelmed by everything [Short Laugh] actually. Not only just the re-

Table 10

Ranking the Highest Impact Barriers on Re-entry

Barriers ranked by highest impact	1st	2nd	3rd	# in Top 3
Limited availability refresher courses and/or re-entry courses	2	1		3
Family circumstances	2	2		4
Number of hours to complete re-entry	2			2
Limited availability of supervised CCP	1	1	1	3
Insufficient social support		1		1
Low confidence to re-enter practice		1		1
Limited availability of temporary positions		1		1
Lack of child-care			2	2
Limited availability of part-time positions			1	1
Insufficient salary		1	1	2
Other	3[a]	1 [b]		

Notes. [a] Other barriers ranked first include: Poor support from Health Authority, Limited availability of casual work, Physical health; [b] Other barrier ranked second: Unpaid for hours while attaining hours

certification so, I can't attribute it all to acute care. It's just, life overall was quite overwhelming (“Edith”, interview transcript, April 20, 2021, page 8, line 13).

Relocating was featured as a circumstance that did not support re-entry transition by three of the participants. One participant mentioned moving between provinces, another identified moving back to Canada after nine years abroad. One described moving in with family for three months because she could not earn an income while getting practice hours.

Social supports. Some attributed their success in re-entry to the support received from friends and family throughout the transition. They gave examples of practical support provided by families, such as setting up in a new city and shouldering more household tasks and respecting the time needed to study. Many noted words of encouragement from friends and family inspired them in their return.

My family was really supportive, and especially my teenage daughter who was like, you know, you've got this, you can do this. What can I do to help? (“Donna”, interview transcript, April 21, 2021, page 6, line 12).

The emphasis in healthcare literature on re-entry was primarily on the importance of the support of colleagues or supervisors, but the influence of family support was less often mentioned. Allen (1992), however, identified that re-entry required family support and adjustment to new routines. The participants in this study stressed the importance of the practical and emotional supports provided by families and friends on their re-entry success. While the support of family members was essential for the returner's success in juggling work and family demands, the encouragement received from friends, especially those who were OTs, was an important facilitator to start the re-entry process and throughout the re-entry process.

However, respondents also acknowledged that having a family and returning to work meant juggling demands. The survey responses identified family circumstances as a barrier with

a high impact on re-entry. Edwards, Macdonald, and Merriman (2007) mentioned that one of the re-entry challenges was the process of figuring out the logistics of balancing work and home demands over time.

A change in family circumstances, such as having children in school, was ranked high as a facilitator for re-entry in the survey responses. Partners retiring from work and children starting school were seen as the starting point when thinking about re-entry. These findings are consistent with Jewett, Brotherton and Ruch-Ross (2011), who recognized that a change in family or personal circumstances was one of the reasons for physicians to return to their careers.

Confidence to practice. Most survey participants identified confidence to practice as a facilitator, and it was ranked important to their re-entry. Low confidence was mentioned as a barrier to re-entry but was not ranked by many as a factor that had a high impact on their return. Low confidence was recognized as a barrier to returning in the health literature, especially in areas where returners lacked experience and had difficulty meeting work demands (Dodds & Herkt, 2013; Asselin et al., 2006; Edwards et al., 2007).

Participants' confidence in the practice setting was influenced by the transferability of previous experience to the new work setting. They identified an easier transition back to an area where they had worked previously than a new area. However, they also mentioned that they have many transferrable skills to draw upon from the previous experience.

> *I mean the learning continues. Certainly, I haven't learned it all yet but there was certain amount of it that just – it felt like a coming home, almost.* ("Meagan", interview transcript, April 16, 2021, page 13, line 12).

Some respondents did not feel confident returning to practice. Confidence was further lessened with an increased length of the career break and especially when they had to change

practice areas. Doing re-entry in an area they had not practiced before created a feeling of being a student or a new graduate and meant they faced a steep learning curve to meet the demands of the practice area.

Individuals also acknowledged that best practices had changed, and the work demands had become more complex. Luchtefeld and Kerwel (2012) cautioned that technical skill and knowledge might not be up to date after a lengthy career break. Specific skills needed to be brushed up, such as documentation skills and this was made more challenging by a move to electronic medical records. Working with rehabilitation assistants caused additional strain for one returner to provide work direction in a new practice area.

> *It's just that I realized how little I knew- is how I felt when I was doing it* (“Rhea”, interview transcript, April 19, 2021, page 15, line 20).

Returners described feeling "like an imposter" (“Donna”, interview transcript, April 21, 2021, page 7, line 10). Some questioned themselves about what they were missing and were afraid that they would make mistakes. Lacking clinical knowledge or technical expertise can contribute to clinical errors (Mu et al., 2006). Despite their difficulties adjusting, they "didn't want to stand out" or "rock the boat" by asking for more support.

> *I think the way I felt, was I was grateful that they were willing to have me on, that I didn't really feel that I could ask much* (“Rhea”, interview transcript, April 19, 2021, page 16, line 19).

Re-entry options and job fit. A CCP was a high-ranked facilitator by most and very important for their entry. It was also identified as a critical barrier for some returners. The supervised practicum for re-entry was a college requirement, and it was essential to gain unrestricted registration.

Finding a place to do a re-entry was difficult and was made more challenging by issues related to insurance coverage or managing financial strain when working unpaid. This effort was described as discouraging if they were not already connected with an employer. Some were able to draw upon professional networks to secure a supervised CCP.

Difficulty to find a place to do the practicum for supervised clinical practice was also identified by returning OTs elsewhere in Canada (Baptiste et al., 2010) and by PTs in Australia (Pretorius et al., 2016) and seen as the most significant challenge in regaining full registration.

Re-entry OTs compete with fully registered OTs who do not have the additional requirement of mandated supervision, and although they have previous work experience, they often compete directly with new graduates for entry-level positions. One stated that she had to compete with OT students to find a supervisor to support her practicum hours.

> *Many of them were super nice, but they said that they actually give preference to new grads. [clears throat] Which I kind of felt, I'm falling in between the cracks because I [laughing] don't have a lot of experience now as I'm not a newly grad* ("Yolanda", interview transcript, April 28, 2021, page 6, line 17)

Participants sometimes sought organizations that would permit them to volunteer their practicum hours. Volunteering hours to obtain the required number of practicum hours was a financial strain for those without additional income, especially with the additional cost of childcare.

> *I was just circling the drain financially that whole time, and it did a lot of damage* ("Julie", interview transcript, April 22, 2021, page 16, line 22).

Having paid employment during the re-entry significantly decreased the financial strain for those returning without other sources of income and covered the cost of daycare.

> *So, I wouldn't have been able to do it if I was doing it unpaid. Because I couldn't afford daycare, um, if I was not getting paid* (“Meagan”, interview transcript, April 16, 2021, page 5, line 13).

Half of the returners started in casual positions. Although a casual position is a paid entry option, working in a casual position may strain the returner. There is often the expectation of quick learning, regular movement between different practice areas, limited support for clinical skill development, and less opportunity to consolidate skills. Moving between practice areas during casual work is considered a cause of stress and anxiety in other health professionals and requires additional resources to support learning (Asselin et al., 2006).

Individuals often did their re-entry transition based on finding a willing employer versus having a particular interest in the area of practice. Once they had full registration, they navigated to the desired practice area but reinvested in their learning. Some who were able to obtain a casual position described the work as less fulfilling. With full registration, they were able to compete for longer-term positions.

Although gradual entry or part-time hours might have made the transition more manageable, individuals often had to take full-time positions to fit the needs of the workplace.

> *Yeah, and I feel like it would've saved so much time, and money, and effort, on everybody's part if I'd been able to do it in the area that I knew that I wanted to be in eventually, anyway.* (“Callie”, interview transcript, April 20, 2021, page 11, line 13).

The re-entry transition into the new practice context was influenced by how well the area matched the returner's previous clinical experience and areas of clinical interest and the ability to accommodate personal needs. The opportunity to return to work in their desired area of practice with a specific population or team and a love for the job inspired returners. Having flexible hours, part-time hours and a job that did not exceed physical abilities supported their success.

> *So, I do think the setting you're in really impacts the experience you're gonna have, and I think it really depends on what areas you were practicing in prior to* ("Rhea", interview transcript, April 19, 2021, page 7, line 12).

Availability of supervision. Appropriate supervision and access to experienced clinicians and a lack thereof were brought up in the responses to the open-ended survey question and reiterated by those interviewed.

The kind of supervision seen as facilitating by the returners recognized their previous experience without expecting them to be proficient, especially when entering a practice area, they had not worked in before. Some respondents appreciated when supervisors respected their previous experience and competency and allowed them to be self-directed in their learning but helped them refresh their knowledge and skills to adapt to their returning environment.

> *I appreciated how much independence I was given. I really- No one was watching me perform anything. I wasn't put on the spot and, like analyzed. Most of my supervision was just in someone's office just discussing how I was doing, versus someone staring me down, which would've made me very self-conscious but, yeah. So overall, the supervision went pretty well that way. So, I would recommend that a supervisor do much of that, just to have confidence and faith in the person that has a lot of core competency skills and are just a little rusty (*"Lauren", interview transcript, April 19, 2021, page 32, line 2)

Respondents recognized that due to their absence from practice, they lacked up-to-date knowledge but had the underlying knowledge and could apply clinical judgement appropriately and adapt it quickly to new problems if provided current information. Their comments echoed experiences described by re-entering physicians (Edwards et al., 2007). Spending time to identify learning needs to support the re-entry experience was also mentioned by Sheppard, Crowe, Jones, and Adams (2010) as a facilitator for returning PTs in Australia and New Zealand.

Sheppard et al. (2010) also stressed that returners might be behind new graduates in knowledge and understanding of the current processes and philosophy, but with appropriate support, they come back to a level of proficiency in practice much quicker than new grads.

Participants mentioned that a supervisor ensured returners met the required practicum hours, but their support also contributed significantly to their transition. Supportive supervisors helped them develop learning goals, gave practical and emotional support, and connected with them regularly to help meet the College mandate.

Supervisors were appreciated for their various approaches to the practicum. Some were recognized for their attention to detail, organizational skills, and structured approach like scheduled meeting times. Others were valued for giving shadow opportunities to learn from an experienced clinician, an open-door policy for questions, a just-in-time demonstration, and an opportunity to take on a caseload gradually. Regardless of approach, they needed to have a connection with the person.

> *The educator is a really big role in re-entry but, definitely doing job-shadows with various therapists on different floors so they can see how the different floors are run, and the role of the OT on the different floors* ("Lorelai", interview transcript, April 19, 2021, page 22, line 5)

Supervising a returner can be considered an additional demand for the supervisor. A supervisor's caseload sometimes limited the support they could provide returners and increased their need for self-sufficiency. Recognizing the investment for both the returner and the supervisor, reduce workload expectations or billable hours to ensure a positive experience.

> *Because maybe they are going to have a little lesser load, or give away something, to take this on, and not burn out themselves, and make it a good- you don't want to invest all*

this time and it be a horrible experience, and then this new clinician leaves ("Neve", interview transcript, April 29, 2021, page 17, line 2).

Respondents suggested that a shared supervision model or lessening the expectations on supervisors, such as reduced billable hours, would support the success of the re-entry. A shared supervision model or splitting up the hours between different therapists reduced the supervision load and allowed them to learn from many individuals.

I think, for me everyone's got little tidbits or caveats, kind of take away messages, or approaches things differently. I always like to watch and learn from other people. Take little bits, here and there, and see how you can wind that into your own practice. They all had varying backgrounds and experiences, so it was- I liked connecting with them. ("Neve", interview transcript, April 29, 2021, page 16, line 6).

Turner (1992) recognized that support for the returner and training and support for the supervising clinicians assist with a successful return.

Returners sometimes wrestled with the supervisor's assumption that their competence in the practice area was high because they had previously worked as OTs. Their assumptions, however, did not take into account the career break and the fact that the returners may not have experience in that area of practice. An unchecked assumption about their abilities created a feeling of being thrown in without the opportunity to learn from other clinicians, and less instruction or direction was provided. These individuals were sometimes left to flounder on their own and to learn from their mistakes.

…to go into a casual position where there's not a lot of support, and I think you're just expected to be up and running, it is quite unnerving after a long break to be left in an

area that really is not your kind of area of confidence or expertise ("Tiffany", interview transcript, April 30, 2021, page 7, line 21).

Availability of other resources. A supportive manager can ease the re-entry transition and a lack thereof can lead to a tough re-entry transition. One returner stated that they felt that they were being pushed out following a period of sick leave. Recommendations for a graduated return were ignored, and meetings were only used to criticize rather than provide constructive feedback.

Aside from the supervisor's support, access to other experienced OTs was deemed valuable to returners when they offered shadowing opportunities, shared their approach to their role, and gave them another person to check with. Having another person who was physically close by or available virtually strengthened their support network. Other OTs helped them reflect on essential areas of practice and prepare for the certification exam.

Returning to a practice setting with an interdisciplinary team was another source of support. Returners valued colleagues for answering questions, sharing their experience and institutional knowledge, and providing encouragement.

I just had really encouraging people around me to say, you know what, you'll learn as you go along and if you don't know something, ask ("Lorelai", interview transcript, April1 9, 2021, page 11, line 19).

For those who had a lengthier career gap, a re-entry course provided the online re-training that helped bring them up to speed and prepare them for the exam while expanding professional connections.

But if you've got to start from scratch, you've taken four to five years, what kind of re-training? I don't know I think that a re-training program is great because it just gets you

back into that whole thinking process, because it is very different ("Tiffany", interview transcript, April 30, 2021, page 14, line 9).

Smaller support networks added strain to the re-entry transition. Without access to other experienced OTs, there is a heavier reliance on the supervisor's support and a greater need to learn independently.

I had to do a lot of that on my own. Like, the thing is, why I wanted to be in the hospital is because I wanted to be near other therapists who I could ask questions and run things by, you know. Because I was basically on my own. ("Lorelai", interview transcript, April 19, 2021, page 13, line 11).

Exam preparation was a solo effort for some when they lacked resources or guidance to prepare for the certification exam. It left the returner with another mountain to climb.

This concludes the results and discussion of facilitators and barriers influencing re-entry. The next section presents the findings and discussion addressing question three, *How did occupational therapists manage a successful return to practice?*

Question 3: Managing Successful Re-entry to Practice

Themes related to this question emerged from the survey data, the responses to the open-ended question at the end of the survey as well as from responses related to the question provided during the interviews. The quantitative data from the survey responses together with a content analysis of the responses to the open-ended survey question and an interpretative description analysis of the interview data revealed seven themes that included *workplace and personal circumstances influence transition*, *the process of return is an emotional journey influenced by mindset*, *motivation* and *resilience* of the returners, their *occupational identity* and *professional connectedness*, and the *occupations that supported* and *occupations that did not support re-entry*. See Table 11 for details on the data sources for these themes.

Table 11

Data Sources for Themes Related to Managing Successful Re-entry

Themes Identified	Data Source			
	Survey			Interview
	Likert question	Multiple choice	Open-ended question	
Workplace and personal circumstances influence the transition			Q. 34	Yes
The process of return is an emotional journey			Q. 34	Yes
Motivation and resilience				Yes
Occupational identity			Q. 34	Yes
Professional connectedness	Q. 13	Q. 16		Yes
Occupations that supported re-entry	Q. 13	Q. 17	Q. 19	Yes
Occupations that did not support re-entry			Q. 20	Yes

Content analysis of responses to the open-ended question. Although re-entry was viewed with excitement, survey respondents also viewed it as *ridiculous* or a *brutal slog*. The participants' responses revealed clues about the mindset that got them through the transition. Their statements illustrated that grit and gumption to overcome barriers, their reason for return, and frequently, gratitude to those who supported them were essential factors for their successful return.

The content analysis revealed two themes about the nature of re-entry and a glimpse into how they navigated their return to practice. These were:

1. Workplace and personal circumstances influence the transition.
2. The process of return is an emotional journey influenced by the returner's mindset.

(See Appendix F for an illustration of the content analysis completed for responses to the open-ended survey question).

The first theme related to question three was *workplace and personal circumstances influence the transition*. Familiarization with charting in electronic medical records and an unstable work situations were seen as hindering return while a casual position, flexible schedules, and workplace support were facilitating re-entry. Having school-aged children made re-entry easier.

The second theme, *the process of return is an emotional journey* characterized by feelings such as *exhausting, disheartening, brutal* but was also invoked *optimistic* emotions and *excitement.* The journey was *influenced by the returner's mindset,* characterized by *gumption, grit, feeling the draw to go back,* and *gratitude*. See Appendix F for the details of the content analysis.

Interpretative description of interview and survey results relating to how participants managed their re-entry transition.

Interview responses related to the first theme '*workplace and personal circumstances influence the transition*' were also identified in the interview responses and were discussed as factors that contributed to or impeded the re-entry transition in the previous section. These included *support from family and friends*, *job fit*, and *supervision*.

The second theme '*the process of return is an emotional journey influenced by the returner's mindset'* was also echoed in their stories of re-entry to practice. The transition was made more challenging by their individual life circumstances that pushed them to adjust to new and competing demands.

> *Well, I had a lot of things going on. When I look back, I'm like, I don't even know how I survived that, to be honest with you* ("Rhea", interview transcript, page 22, line 12).
>
> *Anyways, this* [re-entry] *is not for the faint of heart, though. My god!* ("Julie", interview transcript, page 7, line 11).

The factors related to the mindset of the returner that affected their re-entry journey was influenced by the motivation and resilience of the returners and are described below.

Motivation and resilience. Individual characteristics that helped participants manage their return included being motivated and having resilience. A high level of motivation was also considered a characteristic among physicians re-entering practice (Edwards et al., 2007). Strong motivation was also seen as a driver for successful work transitions by an OT (Mann, 2015).

Interview participants stated a *hunger for learning*. Learning is seen as the individual's proactivity to become proficient again and is driven by the learner's motivation to gain control and integrate or re-integrate into their profession (Ashford & Nurmohamed, 2012). For one respondent, learning meant keeping up to date on research interests during the career break, and

for others, it was their efforts to prepare for exams or the extra time they put in to meet work demands.

> *And, so she and I, every week, online, would go through the exam questions from September to November* (“Lorelai”, interview transcript, April 19, 2021, page 5, line 4).

During the interviews, participants stated their determination to succeed, such as "*I wasn't going to let it go that quick,*" (Julie, April 22, 2021, page 12, line 8) or *"But I wasn't going to let it go that easy. I never had any intention of giving up on the career"* (Julie, April 22, 2021, page 14, line 11), and "*So, I mean, at first, I was thinking, Oh I can't do this. And then when I looked further, it's like okay, well, I really need to give this a shot*." (Donna, April 21, 2021, page 11, line 8). Their motivation was often influenced by readiness for return and stated reasons to return to practice as an OT. Respondents mentioned frustration in an assistant role, the desire to face new challenges, and not wanting to give up or lose their career as reasons for their return.

> *I was excited . . . and scared. So, I was excited because, you know, I was definitely ready for something more* (“Lorelai”, interview transcript, April 19, 2021, page 11, line 1).

Further, participants' resiliency helped them through the transition and helped them cope with their current jobs.

> *So, all that work I did, you know, after having children to help myself and help my own mental health, really helped me get clear about where my priorities are and how to go about how to exist in a less than perfect system and not get bogged down by it* (“Meagan”, interview transcript, April 16, 2021, page 19, line 19).

Occupational identity. Occupational identity has been described as the combination of who we are and who we wish to become (Kielhofner, 2002) and as an expression of the physical, affective, cognitive, and spiritual aspects of human nature (Unruh, Versnel, & Kerr, 2002).

The readiness to return to occupational therapy can indicate a strong sense of identity as an OT and a love for the profession that drew individuals back.

> *Because for me it's more than a profession, it's who I am.* (“Lorelai, interview transcript, April 19, 2021, page 23, line 12).

Working helped one anonymous survey participant find out whether they even wanted to go back to being employed and learn something about themselves, like "*I wanted to feel productive outside of being a mom and wife again.*" For another survey participant, working helped them realize what they missed about being an OT "*I started to miss the responsibility, creativity, problem-solving, treatment planning, goal setting and hands-on practical work that is involved in being an OT.*" Occupation influences how individuals perceive themselves and manage their identities, and engagement in occupation leads to opportunities for growth (Laliberte-Rudman, 2002).

Professional connectedness. Dodds and Herkt (2013) stated that those with strong connections to their professions struggled less during re-entry because they had support when deciding whether to return, assistance in finding a place for re-entry and increased confidence in doing the work. During the survey over 80% of the respondents rated their level of professional connectedness before their career break as good (47.1%) or very good (35.3%), while the remainder identified it as fair (11.8%) and very poor (5.9%).

Professional connections increased a sense of belonging to the profession, which aided returners (Dodds & Herkt, 2013). Having a sense that they would be wanted and welcomed back supported their desire to return.

> *Oh, you should go back to work as an OT! We need you, and we think that you would be a great asset to the profession...And if you ever want to go back, let us know, we would love to support your re-entry* ("Callie", interview transcript, April 20, 2021, page 3, line 14).

Lipscomb (2005) mentioned maintaining contact with professional associations as supporting re-entry. However, only five of the 17 survey respondents identified that they maintained their membership with a professional association during their career break.

Occupations that supported re-entry. Lipscomb (2005) indicated that certain activities done during a career break, such as cultivating relationships with colleagues outside the workplace and involvement with practice groups during a career break, supported the transition of re-entering healthcare professionals. During the survey, participants identified the following occupations that supported their re-entry (see Table 12 for the occupations of participants engaged in on career break).

Of note, six survey participants indicated that none of the occupations listed applied to them over their career break.

Sixteen participants provided open-ended responses to the survey question that asked them to list occupations supporting their re-entry to practice. Content analysis of their responses revealed nine categories of occupations, including profession-related occupations (9), exercising (8), parenting (6), working (6), socializing (6), tending to self-care (4), engaging in leisure pursuits (4), tending to the home environment (3), and volunteering (3).

Participants engaged in various professional occupations during career break. For some,

Table 12

Occupations Respondent's Engaged in during Career Break

Which occupations did you engage in, if any, while you were on a career break?	#	%
Continued personal connection with work colleagues	7	41.2
Engaged in learning opportunities related to topics of interest	5	29.4
Maintained some activity through volunteering, teaching, or shadowing	4	23.5
Read journal articles	4	23.5
Followed profession-related social media	2	11.8
Worked in a family business	1	5.9
None apply to me	6	35.3

Notes. Participants could select all that apply

this entailed participating in a recognized re-entry program (2), and for others, it involved reading articles and online resources, studying, engaging in self-reflection, and communicating with COTBC. For others, it entailed furthering education and pursuing other career opportunities such as professional gardening or psychology.

Half of the survey participants identified that engaging in physical activities supported their re-entry, including hiking, running, walking, skiing, biking, swimming and water sports, fitness, Pilates, and yoga. Many recognized the value of exercise for relieving stress and improving mood.

> *I would often get up an hour early, or even use an hour lunch break to squeeze that in. I know that would not be helpful for all of us, but that was a huge part for me to realize that is one of my sources of happiness, and to prioritize still making time for that one* ("Yolanda", interview transcript, April 28, 2021, page 12, line 21).

Raising children was highlighted as an occupation that supported re-entry transition by six of those surveyed. Parenting demanded continued multi-tasking while caring for others and supported learning about human development. Although it meant an eight-year career break, Yolanda expressed, "I never regret that because I am so grateful that I was able to spend the time with the kids, but I must say, it was quite the decision" (interview transcript, April 28, 2021, page 3, line 18). "Neve" (interview transcript, April 29, 2021, page 12, line 2) highlighted that "a lot of playing with my daughter" was an occupation that supported her re-entry. For many, caregiving continued through the re-entry transition, but they described stepping away a bit, lessening their hours or renegotiating caregiving roles with a partner.

Through most of their break over half were unemployed (9), while many stayed employed part-time (6) and one was working full-time, and another was self-employed. Employment outside occupational therapy, such as working as a frontline care aide, professional

gardener, or education assistant, supported their re-entry to practice. Survey participants mentioned that returning to working as an OT, including having a caseload and receiving support to get confidence back while gradually increasing a caseload, helped them transition. Working part-time hours and having flexible hours helped some during the re-entry transition. Returning to work helped them regain previous roles such as employee, colleague, and student.

Several participants recognized socializing as a supportive occupation. They identified friendships, going out with friends, and talking to best friends who were OTs and who reminded them about their love of this profession. Because of a lack of time and energy, some social activities diminished during re-entry but maintaining a connection with friends over the phone helped through the transition period.

Self-care was also identified as an occupation that supported re-entry. These occupations included resting, eating well, meditating, going to counselling, spending time outdoors, and gaining spiritual nourishment, such as going to the Mosque.

> *Yeah, so for me, the primary would be going to Mosque daily. Like, my spirituality. That helps sort of ground me, and manage my anxiety, and just manage life crises in general* ("Rhea", interview transcript, April 19, 2021, page 10, line 14).

Participants mentioned engaging in leisure pursuits such as reading and travelling during their career break. Depending on the intensity of their re-entry, some were able to maintain leisure activities while others had to put aside activities like practicing piano, knitting, or reading. Activities like gardening, camping, and playing with children were continued. With less time on their hands and more demands on their remaining time, they seemed to have dropped more solitary leisure activities.

> *I also had a lot of leisure time because they were both school age. So, I exercised a lot, made healthy meals [short laugh], um. . . traveled. I put that to the side in order to be*

able to do my re-entry but, I don't regret that at all. I was ready to come back to practice. ("Callie", interview transcript, April 20, 2021, page 14, line 6).

Engaging in household occupations such as gardening, farming, overseeing home construction, weekly meal planning and nightly meal preparation also supported re-entry transition. Homemaking was an area of change for some returners. It meant stopping some tasks like doing laundry or reducing the number of made-from-scratch meals. For one participant, returning to work helped her gain a sense of balance and relaxation back into her home.

But also good, in the sense that I didn't stress about. . . the house. My life became so small [during career break] that it was just laundry and household chores, and weeds. [laughing] It wasn't a place to come and relax anymore. My husband also said, once I went back to work, it did bring balance back into our lives ("Yolanda", interview transcript, April 28, 2021, page 20, line 4).

Volunteer work also supported re-entry to practice. One of the survey participants mentioned "*volunteering in my children's school and their extracurricular activities…Involvement with the local Foodbank*." Volunteering at their children's school provided social connections during a career break, and continuing volunteering gave an outlet to give back.

For some, re-entry was their sole focus, where everything outside of work and study was put on hold. In the early days of return, participants described investing their energy in meeting basic needs and acknowledging that they could not do everything.

Well, I guess having the knowledge that you're going to have to put everything else on hold while you do this re-entry. You may have to put everything- you may have to put in a

lot of hours, depending on how long you've been out of. . . that area of practice ("Donna", interview transcript, April 21, 2021, page 9, line 15).

Their focus on return allowed minimal time to care for themselves, although many mentioned engaging in activities to help re-energize and support their health.

Occupations that did not support re-entry. Thirteen of the seventeen participants listed occupations that did not support their re-entry to practice. Content analysis of their responses revealed four categories of occupations that did not support their re-entry. These categories included working (5), parenting (4), relocating during career break (3), and tending to self (2).

Participants acknowledged issues related to working during career break, locating a place to re-enter and workplace issues. One participant mentioned that work experience that was not recognized as currency hours required them to write the certification exam.

Although parenting was identified as an occupation supporting re-entry, it was also recognized as hindering re-entry. Survey participants stressed the demands of parenting: being the primary caregiver to two young children, raising four children, parenting a struggling child needing additional support, and finding daycare options while managing their children's transition to a new location. In interview, many also acknowledged that parenting was taxing.

Yeah and of course, you know, taking care of my children is nourishing, although taxing at the same time (Meagan, interview transcript, 16 April 2021, page 9, line 10)

Like, I didn't stop being a mom but, I stopped the number of hours. I stopped the stay-at-home mom, pure stay-at-home mom, occupation ("Lauren", interview transcript, April 19, 2021, page 25, line 21).

Two survey responses described significant challenges balancing their needs with the work environment and job demands during the re-entry transition. One survey participant

revealed, "*every occupation that took from my limited energy supply felt detrimental*," and another described "*I can only recall being extremely mentally and physically fatigued through the process. I barely did anything except work and try to recuperate outside of work hours."*

For one interview participant managing significant fatigue meant reducing all activities outside of work and spending time recuperating in bed in anticipation for the week ahead.

> *Just getting there, getting through the day, getting home…I basically dropped everything that was not work-related just because I did not have the energy to do it.* (Edith, interview transcript, April 20, 2021, page 9, line 16).

The experiences mentioned above suggest an occupational disruption, which is seen as a temporary period of significant disruption of one's identity and occupation, both quality and quantity, following a significant life event (Nizzero, Cote & Cram, 2017). Occupational disruption can create emotional drain, uncertainty, and a loss of control (McDonald et al., 2012 but it can lead to a change in priorities, values and goals, a re-examination of occupations and open up new possibilities (Rosenfeld, 1989). A proactive response to occupational disruption will manage or prevent disruption. The strategies used to manage occupational disruption include 1) modifying previous occupations (e.g., change in homemaking efforts), 2) maintaining order or routine (e.g., maintaining an exercise routine), and 3 adopting new occupations or routines (e.g., weekly meal planning) (Nizzero et al., 2017. If adequate support is provided, occupational disruption usually resolves more quickly (Horne, Corr & Earle, 2005).

Summary of Findings

The study participants were predominantly married women over 35 years old who had children living with them during their re-entry transition. Most were Canadian-trained OTs and the reasons for their career break were related to their families, included raising children, caring for other family members, and relocating with family. The length of their career breaks varied

from 5 to over 20 years. Due to the availability of practicum opportunities most of them returned to areas where there were part-time and casual employment opportunities and where they could secure employment or re-entry practicums.

Some of the identified factors that facilitated and impeded re-entry to practice were life circumstances, social supports, and confidence to practice but also identified other factors such as re-entry options and job fit, availability of supervision, and availability of other resources. The data revealed seven themes that influenced the re-entry process of returning occupational therapists. These included *workplace and personal circumstances influence transition*, *the process of return is an emotional journey influenced by mindset*, *motivation* and *resilience* of the returners, their *occupational identity* and *professional connectedness* and the *occupations that supported* and *occupations that did not support re-entry*.

Chapter 4: Results & Discussion

In this chapter the findings and discussion for the remaining two study research questions are presented. These questions were addressed using both data from the survey and the interviews.

Question 4: How Employers Can Support Re-entry Transition

To respond to question four, data was used from various sources including question 31 gaging employer re-entry support (Likert scale), question 32 identifying supports provided (multiple choice), question 33 ranking these by importance (ranking question), question 34 asking for additional information (open-ended question), and from interview responses to the question, *what recommendations would you provide to employers interested in supporting re-entry?* To address this question, first the results of the survey questions about employer support will be presented followed by the related information from the open-ended survey question, and finally a summary of the recommendations for employers gained from the interviews.

Supports provided by employers.When asked if they received sufficient support from their employer during their re-entry transition, 13 of the 17 participants (76.5%) believed they always (6) or most of the time (7) did. The remaining survey participants indicated having received sufficient employer support almost half of the time (2), sometimes (1) and never (1).

More than half of the survey participants indicated that their employer provided supports during their re-entry transition, such as *introduction to other OTs, job shadowing, access to resources, a mentoring relationship, regular feedback and coordinated orientation*. Over a third of the participants mentioned that their employer offered *performance reviews, clarifications of role expectations, reduced caseloads, training specific to the area and organizational updates* during their re-entry. *Continuing professional development courses, in-services, direct*

supervision, and support in developing a learning plan were identified less frequently as employers' support (see Table 13 for the frequency of employer support provided upon re-entry).

When asked to rank the employer supports in order of importance, the most frequent supports were a *mentoring relationship, access to resources, job shadowing, introduction to other OTs and reduced caseload* (see Table 14 for the highest-ranked employer supports).

At the end of the survey, participants were offered an opportunity to add anything they wanted to share about their re-entry to practice transition. A content analysis of these responses revealed glimpses into how employers, and potential employers, may influence re-entry transition (see Appendix F for the details of the content analysis of the open-ended survey question). New requirements, such as electronic medical record training, can delay or complicate return to practice. Additionally, workplace conditions like supervisor support, unstable work conditions, and opportunities for casual work or a graduated return also influenced the transition. Returning therapists had multiple systemic barriers to overcome, including a lack of real re-entry options, issues with paid employment, and issues with volunteering their time to complete a supervised practicum.

The next section presents the recommendations by the participants when asked: *What recommendations would you provide to employers interested in supporting re-entry?*

Recommendations for employers to support re-entry. To address this question the responses provided by interview participants were collated resulting in eight recommendations.

- Understand college re-entry requirements.
- Recognize re-entry as a professional transition.
- Recognize the value of returning clinicians to the workforce.
- Consider specific re-entry options available to returning clinicians.
- Offer clear guidance about insurance requirements.

Table 13

Frequency of Employer Supports Provided upon Re-entry

Which of the supports did your employer provide upon your return to practice?	#	%
Introduction to other OTs	11	64.7
Job Shadowing	11	64.7
Access to resources	10	58.8
Mentoring relationship	9	52.9
Regular feedback	9	52.9
Coordinated orientation	9	52.9
Performance review	8	47.1
Clarify role expectations	7	41.2
Reduced caseload	7	41.2
Training specific to the area	6	35.3
Organization update	6	35.3
Continuing professional development courses	5	29.4
In-services	5	29.4
Direct supervision	4	23.5
Support to develop a learning plan	4	23.5

Notes. Participant could select all that apply

Table 14

Employer Supports Ranked in Order of Importance

Highest Ranked Employer Supports	1st	2nd	3rd	# Ranked In Top 3
Mentoring relationship	4	2	1	7
Access to resources	3	1	3	7
Introduction to other OTs	2	1	1	5
Job shadowing	1	3	2	6
Reduced caseload	1	2		3
Coordinated orientation	1	1	1	3
Direct supervision	1		1	2
Training specific to the area	1			1
Support to develop a learning plan	1			1
Regular feedback		1	1	7
Clarify role expectations		1		3
In-services		1		3
Continuing professional development courses			2	2
Organization update			1	2
Performance review				2

- Identify a coordinator or facilitator for re-entry transition.
- Provide some remuneration.
- Provide supports to facilitate re-entry transition.

Participants' emphasis on how employers might support successful re-entry transition appeared to be less about providing individual learning supports but more about employers not recognizing the value of those who return to the profession and the systemic barriers that made their return more challenging. The following provides nuanced details related to the recommendations.

Understand college re-entry requirements. A lack of understanding among employers and potential employers about college re-entry requirements forced participants to educate the employer about the rationale and the requirements for re-entry. A strong understanding of the college re-entry requirements helped returners negotiate opportunities and identify the support needed.

> *And I could not make this manager understand that I could not fully register, because I did not have practice hours because I had not worked, because I was off on disability!* ("Edith", interview transcript, April 20, 2021, page 4, line 20).

An employer with less understanding and high expectations of performance added to the stress of the transition.

> *So that- I mean, if I had been in a different area maybe I would have had a great experience, but where I was - they weren't knowledgeable, and they weren't interested in learning about it to make it easier for me.* ("Edith", interview transcript, April 20, 2021, page 15, line 2).

Open communication about personal requirements allowed them to ensure a successful return given their circumstances.

> *…`cause maybe, for the supervisors, or even the teams to know that there's different kinds of returns to work, and medical leaves, you can expect this or that* (“Edith”, interview transcript, April 20, 2021, page 17, line 13).

Recognize re-entry as a professional transition. OTs in this study tended to negotiate re-entry with employers who did not recognize this as a professional transition within their institutions. During re-entry, they were no longer students, not officially volunteers, and for many, not yet employees. Although they were seeking a competency confirmation practicum to demonstrate skills, they were not affiliated with a university. As such, they were not supported under the employer's provisions for student training. When negotiating with an employer to volunteer their time, they did so without safeguards that support official volunteers.

> *And when I was trying to go back, and they would take me back if I was a student, or they would take me back if I was hired, but I couldn't be either one of those things* ("Callie," interview transcript, April 20, 2021, page 17, line 6).

> *Because before I was kind of under this sort of volunteer umbrella, but I wasn't even a recognized volunteer within the system. So, I was kind of like really in this no man's land to get those hours for my requirements to get my full license* ("Tiffany," interview transcript, April 30, 2021, page 6, line 4).

After securing a willing supervisor, clinicians seeking to volunteer their time to complete their practicum sometimes faced additional institutional barriers to return to work in public health care. Both the union and the office of professional practice opposed re-entry opportunities. There were no allowances made among public health employers to support volunteering to gain needed practicum hours. In these instances, returning OTs had to seek out other employers willing to give them opportunities to do the CCP. They then sought employment with public health employers after they had regained full registration.

The same educator that nixed my placement …hired me! ("Lorelai", interview transcript, April 19, 2021, page 6, line 9).

Adding to the confusion, this same participant later discovered that this employer had an inconsistent approach to re-entry.

I don't know why they didn't because, shortly after I came back to work, another casual OT who'd been out for six years came back to work at the hospital. And they let her come on as an interim OT, and they had her job-shadow other people, or work under them. So, I don't know why they couldn't do it for me but, they did it for her ("Lorelai", interview transcript, April 19, 2020, page 9, line 5).

Recognize the value of returning clinicians to the workforce. Returning OTs in this study noted that they continued to develop over their career break and had a lot to bring back to the workplace. They had both training and previous work experience and may only need to refresh their skills and knowledge.

I would say it would be ideal if they could look at somebody coming back into the practice as somebody who has the abilities and the skills, but they need to just brush up on things ("Callie," interview transcript, April 20, 2021, page 16, line 18).

This is echoed in the literature about other returning health professionals. Edwards, Macdonald, and Merriman (2007) noted that none of the returning physicians in their study considered themselves novices and had high expectations of themselves. Long and West (2007) stated that returning nurses want to be recognized for their skills and life experience.

The participants in this study felt that there appears to be little drive for employers to recruit those who have left the profession despite workforce shortages and suggested an over-reliance on new graduates to meet employment demands.

We need more casuals. But nobody looks at the other pool, right, of therapists that have left? Everyone's so focused on the new grads to replenish their stock instead of looking at, well, why don't we try to get some of those therapists back, even on a part-time basis? ("Rhea", interview transcript, April 19, 2021, page 23, line 20).

This was also pointed out by Kent (2015) who suggested that returning nurses can fill gaps in the workforce and that returners, due to their experience, generally bring insights and sound judgment to clinical situations.

Participants recommended that one strategy for employers would be to tap into this potential workforce by posting opportunities specifically for re-entry that might pique interest and encourage a return to practice. With investment in their re-entry, the returner could feel a commitment to continue working for the employer after gaining full registration. However, a volunteer re-entry practicum could allow employers to check out and train an OT without obligation to hire them at the end of it.

They don't have to pay for that whole learning period when that you have when you're hiring a new OT and plus, they don't have to hire them at the end of it. There's zero obligation ("Julie," interview transcript, April 22, 2021, page 15, line 7).

Consider specific re-entry options available to returning clinicians. In areas without many vacant positions, the job search is more challenging. To be considered for employment, returners strategically downplay re-entry support needed,

Especially if you are competing against people who don't have that because that is just a lot of extra time and effort that they are going to have to put into you. You're going to have to sell yourself or show how you can facilitate this so that it can be the least burden, or troublesome as it can be ("Neve," interview transcript, April 29, 2021, page 14, line 13).

Temporary positions are often a ‘foot in the door’ and a ‘springboard’ to a better position (Galarneau, 2010). Casual positions are often the entry point to a health organization. Holding employment status as a casual greatly facilitated the opportunity for return in a health authority where other re-entry options were not supported.

> *But I know when my now boss realized it, I actually was technically still on their payroll [laughs] list as a casual. It's just like, okay, now we can go* ("Donna", interview transcript, April 21, 2021, page 14, line 7).

However, casual positions may not be ideal for re-entry as employers require the clinician to either be proficient or quickly gain skill without a lot of professional supports in areas where they may not have had previous work experience. Additionally, tenuous employment is not an option for a single-income family.

> *…to go into a casual position where there's not a lot of support, and I think you're just expected to be up and running, it is quite unnerving after a long break to be left in an area that really is not your kind of area of confidence or expertise* ("Tiffany", interview transcript, April 30, 2021, page 7, line 1)

> *I'd kind of wanted to get into public, but I'd always written it off because usually you have to start casual. And for me that doesn't work because I'm a single mom. I can't. I have to have consistent hours. I have to know the money's gonna be there.* ("Julie”, interview transcript, April 22, 2021, page 6, line 6).

Volunteering time to complete a CCP allowed clinicians to demonstrate competence and be considered for future employment; however, many employers would not support volunteering opportunities.

> *Once, obviously, I was in, they could see that I was competent, and they were willing to give me a casual position. But I don't think I would have ever gotten that casual position*

if I hadn't done that sort of volunteering piece, which I'm sure is something that just doesn't happen. That was really the stumbling block is how do I get that initial position with the restrictions on my license ("Tiffany", interview transcript, April 30, 2021, page 5, line 12).

Offer clear guidance about insurance requirements.Volunteer re-entry practicums in public health were denied based on a lack of insurance to cover the individual.

So, she said that there was no insurance to cover me because I wasn't associated with an educational institute ("Lorelai", interview transcript, April 19, 2020, page 4, line 10).

Both personal liability and workers compensation insurance were an issue. Baptiste et al. (2010) noted that health employers in Canada are often unwilling to 'risk' supervising returners during their practice practicum because of uncertainties of general and professional liability insurance coverage and preferred re-entry candidates associated with universities.

With unrecognized professional status during re-entry, the returning individual needed to obtain their coverage. It was unclear why liability would be an issue when individuals carry personal liability insurance, and an employee directly supervises the re-entering clinician.

In BC, worker compensation insurance cannot be negotiated by an individual. The lack of guidance from the employer on worker compensation insurance creates additional stress and insecurity. Those not employed must waive their rights for worker protection or hope the requirement was overlooked.

So, I was going back and forth with [redacted name of Health Authority]. They said, Oh no, you need to figure that out. But I was like, but I'm not affiliated with a particular school? ("Rhea", interview transcript, April 19, 2021, page 18, line 11).

Identify a coordinator or facilitator for re-entry transition. Re-entry is often uncoordinated and left to individuals within the practice area to work through the process alone.

An initial interview with a clinical leader could identify areas of best fit considering previous work experience, determine knowledge or skill gaps in the new setting and convey recommendations to the supervising therapist to help make the most of the supervised practicum. Having identified a coordinator would demonstrate employer recognition of this professional transition as is practice with student placements.

> *So, yeah, just more knowledge for corporate to maybe support people better, because there are various programs where you know, like… that support the clinicians. I don't know if it would be helpful if there was somebody for Allied Health, or something, who supports re-entries, and can assist the clinical leads… Rather than leave it sort of, patchwork or piecemeal for the individual clinician and area to muddle through on their own.* ("Edith", interview transcript, April 20, 2021, page 16, line 7).

Provide some remuneration.When individuals do not have a paid option to complete the CCP, the process of re-entry becomes a financial burden. A voluntary return is not realistic for adults with financial obligations and can place the individual at financial risk while meeting the requirements to gain full registration.

> *Cause I went thousands of dollars into debt to do this. . . and I was just praying that there was gonna be a job available* ("Julie", interview transcript, April 22, 2021, page 11, line 17).

Those who do not have a partner who can financially support them, or other forms of financial backing may not be able to consider a return. Additionally, the cost of daycare may influence the timing and their availability to do re-entry hours.

> *…and it [being unpaid] could be a huge roadblock for many OTs. I was just fortunate that we were able to do that when the kids were in school by then, so I didn't have to pay for childcare* ("Yolanda", interview transcript, April 28, 2021, page 5, line 18).

Some participants negotiated agreements with employers based on compensation rates available to new graduates before they write the certification exam or a rate reduction until fully registered. For those unpaid during re-entry, some kind of remuneration for hours worked, even if not at full salary, or compensation once the individual met competency would be appreciated. However, one respondent noted that being unpaid reduced the performance pressure during the initial days of relearning.

> *It helped me with my, a little bit of insecurity. It took pressure off. [laughs] Thinking that if I was paid, I probably would've had to deliver more. Just mentally, it felt to me, okay, I can take advantage of this learning opportunity* ("Tiffany", interview transcript, April 30, 2021, page 5, line 10).

Provide supports to facilitate re-entry transition. Employer receptiveness, open-mindedness, and curiosity influence the returner's experience. Gestures such as flexible work schedules to meet childcare demands or paid education leave to study or travel to write the certification exam demonstrate understanding of their needs.

> *That was the other thing that made a huge difference. I don't think I mentioned that, but my employers have been extremely flexible with my hours so that I can, you know, fit it in with childcare or school, prior- obligations* ("Meagan", interview transcript, April 16, 2021, page 16, line 2).

Difficulties finding employers that offered flexible work schedules negatively influenced returners to health care (Graham & Allen, 1990; Dodds & Herkt, 2013). However, flexible schedules were an incentive for considering a return to work (Long & West, 2007; Skillman et al., 2010; Jewett et al., 2011).

Questions 5: Recommendations for Other Institutional Intermediaries to Support Re-entry

Although respondents were not explicitly asked to make recommendations about institutional intermediaries, an analysis of themes identified during the content analysis of the open-ended survey question and the interpretive description of the interviews revealed how the regulatory College, professional associations, and unions, could partner to enhance the success of re-entry transition.

The participants provide four recommendations on how the College can improve support for re-entry:

- Continue the support in initiating re-registration.
- Provide more active oversight.
- Verify the basis for re-entry requirements.
- Collaborate with employers.

Two recommendations on how professional organizations can support returners:

- Establish collegial mentorship for re-entry to practice.
- Serve as a repository for professional development resources.

And finally, two recommendations for unions:

- Support remuneration for re-entry.
- Acknowledge re-entry practicum requirement.

Regulatory colleges. Below are the recommendations for COTBC as well as contextual rationale for the recommendation.

Continue the support in initiating re-registration. Initiating re-registration with the College was the first hurdle for returners. The journey began by contacting the College to understand what was required of them as the re-entry requirements are not well known.

It was obviously, a lot of paperwork. Getting the phone calls, trying to see who would be able to help. And even just getting through the paperwork initially, felt like a bit of a mountain. But not because I think the College had it wrong, I just think it was just amazing how my brain- I definitely had my mum brain. [laughing] So, even filling out the forms again, and doing stuff like that, took a bit of energy ("Tiffany", interview transcript, April 30, 2021, page 9, line 1)

I don't think people realize about the hours and how they're set out. So, I think it just sort of creeps up on people and they're sort of caught off guard. ("Rhea", interview transcript, April 19, 2021, page 12, line 19).

Resources such as the website and a key contact person at the College helpfully laid out the process and provided needed resources. Participants generally described their contact with the College as receptive, responsive, and supportive, and the quality of this exchange encouraged them to proceed.

The whole layout and process with the College was really well laid out, and they made it fairly easy… But I have to say that the College made it very easy, uh, maybe, if I had contacted the College and read up and seen what I have to do, if that was unsupportive, I may have thought, [laughs] I don't even want to go through with this. ("Yolanda", interview transcript, April 28, 2021, page 4, line 15).

Provide more active oversight. Participants acknowledged that the primary role of a regulatory college is to protect the public by defining re-entry requirements. The limited assistance, however, from the College with regard to practical guidance on how to meet the re-entry requirements was considered a limitation to their re-entry.

I guess I would say I felt quite isolated. I get some steps from COTBC about what needed to be done, but not how to go about doing some of those things. ("Yolanda", interview transcript, April 28, 2021, page 29, line 2).

The outlined process was not always straightforward because of the language used to describe it.

I didn't find it, in some ways it was very helpful, but a lot of the language they used could be very confusing. ("Tiffany", interview transcript, April 30, 2021, page 11, line 10).

The College provided a quick turnaround when reviewing documents, processing applications, and granting approvals. However, some participants looked for more active oversight, such as a subject outline, recommended courses, or resources to test understanding.

It's not like anybody ever came out to see me, or check on me, or speak to me, or interview me, or anything. I mean, if I phoned them, they were supportive, but I didn't really feel that they really had an active role. And it wasn't like there were any courses, or things they wanted me to review specifically, I don't think ("Julie", interview transcript, April 22, 2021, page 17, line 8).

Lastly, one participant suggested the College might allow returners to defer the Continuing Competency Examination until the re-entry process was completed to reduce the demands on the returning clinician.

Verify the basis for re-entry requirements.Working with returning clinicians to review their currency hours over previous years helped the College to determine re-entry requirements such as the number of CCP hours or whether they need to write the recertification exam. One participant remarked,

…when I first was looking at getting my hours again, the College was basically bending over backwards trying to figure out a way that I didn't have to do my re-entry. You know,

they're like, well do you have this many hours in this year? Or this many in this? Like, they were really [laughs] trying to work it out and I said, you know I'm perfectly happy to do a re-entry, because I felt I needed to get the cobwebs out of my head. You know, I wanted to be- I wouldn't have felt competent going back without having done that re-entry. ("Callie", interview transcript, April 20, 2021, page 9, line 4).

However, when there was less agreement about their professional activities, the returning clinician was left without recourse about the College's assessment. Other issues raised about the regulatory requirements were the length of the CCP and the method of determining the practicum hours. Six hundred hours was seen as a considerable investment of time without understanding the basis for this requirement.

I think it wouldn't hurt to look at the hourly requirement and just see if they feel it's necessary. What did they base that on? I have no idea. Maybe they already looked into it and said, yes, it must be this many hours, because otherwise they fail! [short laugh] But, I don't know, for me it was a really long time though. ("Julie", interview transcript, April 22, 2021, page 16, line 16).

Basing the requirement solely on the length of career break did not consider individual considerations, which might support their readiness for return, such as previous work experience and additional training. A recommendation of one participant was to balance the hour requirement with the individual's experiences.

I felt like considering the experience I had, I felt my recommendation was that they would have a. . . what do you call it. . . a credit kind of system. So, if you were only a few years out of College and you then had to pull out for some reason, and you went back in. I suppose like a kind of pro-rated thing. If you had 'X' amount of experience beforehand,

that they would taper down the hours a bit ("Maggie", interview transcript, April 26, 2021, page 7, line 13).

Additionally, a competency assessment could verify the length of practicum required, but the interview participant recognized that it would be a lot to ask of supervising therapists.

It could just be a straight reduction in the hours, or it could be that they touch base with the OT that's overseeing and saying, do you feel that this person is competent yet, yes or no? But then you're putting a lot on them to be making that call, and maybe they don't want to be the gatekeeper to this OT re-entering ("Julie", interview transcript, April 22, 2021, page 16, line 11).

Collaborate with employers. One participant recognized the value of the College re-entry requirements for ensuring adequate transitional support from employers during re-entry.

So, in that way I was kind of grateful for it because I am not sure I would have gotten that kind of support had it not been mandated or forced by the College ("Rhea", interview transcript, April 19, 2021, page 8, line 15).

It is left to the returning clinician to negotiate their return with employers who do not clearly understand the College requirements. A participant who struggled with her employer's lack of understanding of the re-entry requirements suggested the College could provide a document to support this negotiation.

Yes, if they had a better idea of what was required. And even just something from the College being like, this is why she can't be a full registrant. Because, I mean, it still boggles my mind like three years later, how that was not somehow understandable. I mean, I really felt I was being penalized for something that I had absolutely no control over. Or just like, yeah, something. . . from the College to help them understand better ("Edith", interview transcript, April 20, 2021, page 8, line 18).

Participants noted a disconnect between what the College requires for re-entry and what employers will support. They pointed to a need for employers and the College to partner together to find mutually beneficial re-entry processes to ensure standards are met while providing viable options for re-entering OTs.

> *They were really helpful as far as outlining what I needed to do but didn't really have a say in communicating- And I think this is where the breakdown happens, is that it would've been nice if the College had a relationship with the Health Authorities to be able to support this* ("Callie", interview transcript, April 20, 2021, page 8, line 1).

Increased communication between employers and the College about re-entry options could reduce the difficulty for the individual to source opportunities for re-entry. Another participant suggested that the College might gather identified workplace offers for re-entry.

Professional associations. While recognizing that it was not the role of the College to provide professional support for returners, participants pointed to a lack of other professional intermediaries to support them during their transition. Some participants called for greater support from the professional association to fill that gap.

Establish collegial mentorship for re-entry to practice. Some described feelings of isolation and loneliness and that it was left to them to chart their way to meet the requirements set by the College.

> *You know, the College is protecting the public but, no one's kind of supporting me really.* ("Lauren", interview transcript, April 19, 2021, page 11, line 17).

The professional association might offer advocacy and resources such as professional development opportunities and connections with mentors.

> *Possibly asking the BC Association of OTs, um, if they have any mentors who've gone through that process before who would be willing to mentor somebody. I don't know if*

that exists- but I guess it wouldn't be created unless people started asking for that type of support ("Donna", interview transcript, April 21, 2021, page 3, line 15).

As relatively few professionals complete a re-entry transition each year, participants identified they had not been able to speak to another OT who had successfully navigated the journey and expressed a desire for connection with knowledgeable support. A mentorship program for returning OT would have been considered helpful.

It might've given me a sense of more energy, or focus, or validation, or hope to know that other people had gone through it, and that I wasn't alone. ("Lauren", interview transcript, April 19, 2021, page 29, line 14).

Serve as a repository for professional development resources. As many clinicians were unpaid during re-entry, "Lauren" suggested, the professional organization could "*give them access to free webinars and things maybe for a period of time. Just to get them going- especially if they don't get paid for the six hundred hou*rs" (interview transcript, April 19, 2021, page 28, line 15).

Unions.Within publicly funded health care, unions influence the re-entry transition. Unions assure negotiated employment agreements are followed to safeguard its members job security.

Support remuneration for re-entry. Contractually negotiated agreements for paid work can support re-entry transition for those who have successfully competed for an open position; however, a rigid stance against volunteering may limit re-entry opportunities in more desired areas without existing vacancies. A supported option for re-entering clinicians on par with student training status would need to be negotiated with the union. After sourcing a willing supervisor in public health, one individual was blocked from volunteering by the local union.

And then she found that the union wouldn't let them, because they felt it would be taking away a job, even though it wasn't actually a job posting at all, I was going to be an extra ("Julie", interview transcript, April 22, 2021, page 2, line 8).

In another instance, the participant had to stop volunteering after starting her practicum. With advocacy, this participant was later offered a casual position to gain her needed hours while being paid.

And then I think, I must have done that for about a month, then the unions got hold of it. You can't be volunteering as a professional. That shouldn't be happening that you are providing, you know, a service, but you are not getting paid for it. ("Tiffany", interview transcript, April 30, 2021, page 5, line 8).

Acknowledge re-entry practicum requirement. For returning employees, participants recognized that the union offered limited support during re-entry transition and perhaps pointed to a need for greater understanding by the union of the re-entry requirements of this professional transition.

I mean, that the union was there, but they don't really come in unless, or do anything unless I'd really protested, which I didn't, because at the time I didn't know what it would be like. So, I just said yes to things ("Edith," interview transcript, April 20, 2021, page 17, line 16).

Summary of Findings

Participants provided a number of suggestions on how employers and other professional intermediaries can better support the re-entry process. In total 16 recommendations emerged from the data that offer guidance to those interested in supporting the re-entry to practice transition. See Table 15 for the data sources related to the recommendations for employers and other institutional intermediations for supporting successful re-entry).

Table 15

Data Sources and Recommendations for Intermediaries

Intermediary Recommendations:	Data Source	
	Survey	Interview
Employers		
Understand college re-entry requirements		Yes
Recognize re-entry as a professional transition		Yes
Recognize the value of returning clinicians to the workforce		Yes
Consider specific re-entry options available to returning clinicians	Q.34	Yes
Offer clear guidance about insurance requirements	Q.34	Yes
Identify a coordinator or facilitator for re-entry transition		Yes
Provide some remuneration		Yes
Provide supports to facilitate re-entry transition		Yes
Regulatory Colleges		
Continue the support in initiating re-registration		Yes
Provide more active oversight		Yes
Verify the basis for re-entry requirements	Q. 34	Yes
Collaborate with employers	Q. 34	Yes
Professional Associations		
Establish collegial mentorship for re-entry to practice		Yes
Serve as a repository for professional development resources	Q. 34	Yes
Unions		
Support remuneration for re-entry		Yes
Acknowledge re-entry practicum requirement		Yes

Chapter 5: Discussion, Implications, and Knowledge Translation

Countries like Canada, with an ageing population and high rates of chronic disease, require access to a skilled and specialized workforce and eldercare, which depends on an ageing workforce and strategies to ensure a sustainable supply (Szabo et al., 2020). As Canada grows in population and its population ages, OTs will continue to be in demand (Government of Canada, 2020). Strategies to ensure an adequate workforce include training new therapists while attending to the policies and practices that support mature therapists to continue in the profession (Szabo et al., 2020).

This study explored the factors that facilitated or impeded the return to work of OTs in BC after a substantial career break, described how they managed the re-entry transition and solicited recommendations from them on how employers and other organizations such as the regulatory College, unions and professional associations could better assist returners during their return to practice. Except for a project description by Baptiste et al. (2010) that supported internationally trained OTs and PTs entering practice or clinicians returning to practice in the province of Ontario, this is the only other study looking at the re-entry transition of OTs in Canada and the only one in British Columbia.

Due to their experience as clinicians and their overall life experience, returners are a valuable resource for OT practice in Canada but currently do not seem to be valued as such. The successful returners who participated in this study had established careers before their break accumulating years of experience as occupational therapists depending on the time they worked before the break. Most of the returners acknowledged that their knowledge of current procedures and technical skills needed brushing up, but all of them noted that they had underlying clinical reasoning that helped them quickly regain competence as clinicians. Acknowledgement of re-

entry health professional's previous experience as an asset that returners brought back to the workplace was noted elsewhere in the health literature (Edwards et al., 2007; Kent, 2015).

The participants in this study were women in mid-career raising families who interrupted their careers for multiple reasons. Because the majority of study participants had children it was not unexpected to learn that facilitators and barriers related to family circumstances and childcare as well as family support were considered very important for their re-entry.

Gendered issues related to return to work such as childcare or flexible work hours are known and understood as supporting women's return to work (Jewett et al., 2011; Ross, 2017), but the lack of opportunity for paid entry options to support their return places additional strain on them and may deter potential re-entry candidates. There seems to be a lack of recognition for the need for a living wage, as the notion appears to prevail that income from married women is supplemental for families (Kent, 2015). This lack of recognition, however, is baffling in a female-dominated profession. Women may step away from work for various personal and family reasons, but when they are ready to return, the re-entry process should be clear of systemic obstacles.

Although most women had children living with them at the time of transition, the returners listed varied other reasons for taking the break aside from raising children. They pursued personal goals such as furthering education, other training, and exploring other careers, or they stepped away to take care of their health or other family members. In part the study aligns with the reasons given by physicians for taking career breaks including recovering from illness, caretaking, pursuing educational or business opportunities and career dissatisfaction (Mark & Gupta, 2002; Luchtefeld & Kerwel, 2012). Luchtefeld and Kerwel (2012) however, noted that taking care of small children was not the major reason for female surgeons to step

away. In contrast, almost 60% of the participants in this study identified raising children as a reason for career break, the decisions to take a break are likely layered by multiple factors.

Regardless of the reason for their break, returning OTs were highly motivated to return to the profession, had a strong sense of identity as OTs and maintained a sense of belonging to the profession. Dragon (2019) also found this to be the case for returning nurses who were motivated to return because of strong professional identity. A majority of participants mentioned that they had good or very good professional connectedness before taking their career break. Dodds and Herkt (2013) hypothesized that professional connectedness increased a sense of belonging to the profession, aided returners by providing them the confidence that they would be wanted and welcomed back and supported their desire to return. Participants in this study offered examples of how professional connectedness motivated and supported their return and posited that efforts to maintain professional connections over break would ease the re-entry transition.

In contrast to the notion that a lack of confidence was a significant re-entry barrier (Dodds & Herkt, 2013; Asselin et al., 2006; Elwin, 2007; Edwards et al., 2007) fewer respondents here ranked a lack of confidence as a significant barrier while most saw confidence as a facilitator during their re-entry. It is conceivable that because the study sample consisted of successful returners most of the respondents may have been confident to practice before starting the re-entry process. A high level of confidence among many returners may also explain the result that practical limitations such as the limited availability of a supervised CCP was considered the most important factor. Returners who are ready and confident to return are more likely to identify practical barriers to their return as important. A number of returners did their re-entry several years before the study was conducted. This may also have influenced whether they remembered their anxiety regarding their confidence to practice at the time of re-entry and may have considered it as less important because this was not a fresh memory.

Returners faced steep learning curves sometimes due to poor fit of previous work experience to new areas of practice. Learning new skills upon return was identified as a potential challenge for OTs (Dodds & Herkt, 2013). The participants here often did not have a choice of where to do their re-entry or had to move between different practice areas in casual positions. These returners had to adjust to changing work demands and an altered level of function while meeting the requirements for re-entry. It was particularly challenging when they returned to an area where they had no previous experience. As was mentioned by Elwin (2007), returning nurses gained confidence through self-directed learning, and the returning OTs appreciated when their experience was recognized and when being allowed to self-direct their learning. If the supervisor's assumptions about their competence was based solely upon the fact that they had previously worked as OTs, this left them struggling to learn the current work demands during re-entry. Grace, Korinek, Weitzel and Wentz (2010) cautioned that returning physicians were poor at analyzing their education needs and the more significant the knowledge or skill gap revealed a larger discrepancy between their perceived and actual education need.

A lack of supervision due to an assumption of proficiency by supervisors especially when returning to unfamiliar practice areas was seen by some as potentially impeding their re-entry. Appropriate levels of supervision such as helping them to develop learning goals, provide practical and emotional support when asked, and connecting with them regularly to help meet the College mandate made them feel as being seen as competent and experienced professionals who needed to refresh their skills while learning new ones.

For those who had longer career breaks or who had less professional connectedness, an online refresher course was valuable for updating knowledge and re-establishing connections. Some of the respondents mentioned limited availability of refresher courses or re-entry courses and lack of connections with local OTs affecting their confidence before and during re-entry as a

barrier. There is currently only one re-entry course in Canada offered through McMaster University. Nevertheless, none of the participants assigned responsibility to universities for delivery of re-entry or professional development courses.

One of the main findings of this study revealed several systemic barriers which could be addressed by adjusting the re-entry process and recognizing it as a formal transition. Systemic barriers were not the focus of the literature on re-entry. Returners pointed out that they faced considerable systemic barriers stemming from a lack of coordination among organizations involved in the return process and a lack of recognition of the re-entry as a typical professional transition of OTs. This lack of recognition resulted in minimal support for the transitioning therapists from some health employers and unions that should have a vested interest in supporting returners due to a workforce shortage of OTs.

Without efforts to ease the systemic barriers to re-entry, this human resource will never be fully utilized to reduce work shortages. The results of this study allow for the development of strategies to reduce and eliminate the systemic barriers to re-entry. One such strategy may be for colleges, professional organizations, and health employers to work together on a coordinated approach to develop guidance on achieving re-entry.

The professional college is responsible for setting the rules and regulations to ensure safe practice of OTs in British Columbia and stipulates the length of CCP based on the number of years of clinical inactivity. Participants questioned the basis for the required number of practicum hours and noted a lack of assessment of their competency for return and throughout the re-entry process. Issues related to standardizing assessment have been noted in the health literature about re-entry and prompted varied approaches to establish competency to practice including (Blankenship, Winslow, & Smith, 2003; Varjavand, Pereira, & Delvadia, 2015; Cass et al., 2011; Scammel, 2019).

The College was seen as providing adequate information on re-entry requirements to regain full registration but provided little assistance beyond procedural oversight in directing their return to practice. The participants felt that the College could take a more active role in providing advice on how to meet the requirements for both the returners and the employers and collaborate more closely with employers on how to implement re-entry practicums.

Finding an employer to support the re-entry was a significant barrier to return, while the financial burden of volunteering time to obtain the practicum hours mentioned by some participants could have been a deterrent for those who did not have the financial and social support from their families. Returners were generally left struggling to negotiate their return on their own with employers whose systems generally did not recognize the re-entry status nor placed high value on their skills and lived experience. Participants felt that employers seemed to prefer entry-to-practice over returning-to-practice clinicians, which they felt was due to a lack of recognition of their value as experienced clinicians.

Re-entry not being considered a formal professional transition by employers makes the process unnecessarily complicated and may affect re-entry success. Employers need to acknowledge the status of re-entry as a professional transition and address the systemic barriers to completing their practicums. Employers could demonstrate support for re-entry by strategically recruiting OTs considering a return, especially in areas with difficulties recruiting clinicians such as long-term care. Offering re-entry practicums to returners may help those 'sitting on the fence' to return to practice.

Most prominent public employers and their associated unions, have a policy against volunteering and often do not permit returners to enter where they may prefer to work. Unions can develop a better understanding of the specific status of returners and work with employers in

developing means that allow returners to either volunteer or allow employers create other means for returners to complete their re-entry practicum.

Employers should also provide flexibility in work scheduling and increase the availability of part-time positions to help returners juggling work and family demands as well as provide remuneration for those who have no other means of financial support during the re-entry process.

Participants wished for greater connection with others who had completed that transition, which echoed the findings by Dodds and Herkt (2013) that professional connectedness is one of the key elements of a successful re-entry. While they did not expect direct support from the College for their re-entry, they felt there should be support or advocacy available. A professional organization could facilitate contact between re-entry candidates and employers or provide resources to support learning and professional development before and during re-entry. Professional associations and universities were not actively providing support during the re-entry process but could provide support for the returners by connecting them with those who have completed the process and provide additional learning supports for those who wish to return to practice.

Study Limitations

There is only a small number of retuning OTs each year. Given the small numbers in the target population for this study, the sample size was small and only contained those who successfully returned to practice and gave consent to be contacted for research purposes. This sample may have biased the results, especially about individual characteristics that influenced the return experience. The successful returners may all have had characteristics that allowed them to overcome adversities of the re-entry process, such as high levels of determination, resilience, and professional connectedness. In order to mitigate this potential bias a mixed method approach was chosen that allowed exploration of individual differences among the

experiences of returners. A more systemic bias existed due to the limited number of male participants. However, the overall number of male participants reflected the actual representation of male versus female OTs working in BC.

Only successful returners participated in the study. The experience of those who contemplated return but did not engage in re-entry or were unsuccessful in regaining full registration to practice, were not included in this study. This may have limited the results to the exploration of factors that affected the successful returners and allowed a more detailed exploration of those factors but may not fully describe all factors affecting those who did contemplate or engage in re-entry but not successfully return to practice. It would have been very difficult or infeasible to find study participants that did not complete re-entry and were willing to share their experiences.

Participants were only included if they completed their re-entry after 2010. This temporal restriction allowed for a comparison of re-entry to similar work and regulatory environments. Additionally, having too wide of a timeframe could have influenced the participants memory of their experiences.

Future Research

This study built on the work on re-entry transitions done elsewhere and generated new lines of questions regarding the re-entry to practice transition in Canada. Future research into the effects of both the systemic and the personal barriers to re-entry should consider means to include re-entry candidates who did not return to practice and those who considered re-entry but for various reasons did not go through with the idea. An understanding of those barriers would offer opportunity to address them.

The number of supervised hours is a significant investment for both the returner and the supervisor. The basis for the decision regarding the number of CCP hours or other assessment

strategies could be evaluated to recognize individual skill differences and the requirements to work in different practice areas.

Knowledge Translation

The knowledge translation goals for this work are to:

a. generate awareness of re-entry to practice as a significant professional transition,
b. share an understanding of the barriers and facilitators that impact this transition,
c. develop materials such as toolkits or guides for re-entering therapists through collaboration and partnership with the regulatory organization.

Relevant recommendations from returners will be shared with COTBC to develop and enhance resources that support the transition back to practice following a career break. Additionally, the results of the study will be shared with healthcare organizations through the Canadian Association of Occupational Therapists of British Columbia. Broader dissemination of the results will be achieved through webinars aimed at supporting reflection on areas for improvement and developing strategies to enhance return to practice.

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Appendices

Appendix A: Agreement for Usage of COTBC Register Listing

Date: December 8, 2020

This agreement is between the College of Occupational Therapists of British Columbia (COTBC) and

Organization: University of British Columbia

Contact Name(s): Dr. Susan Forwell, Primary Researcher & Supervising Advisor
Jeanette Boily, MSc Graduate Student

Contact Information: Susan Forwell, Ph.D. (OT), MA (OT)
Professor & Department Head
Occupational Science & Occupational Therapy
Faculty of Medicine

Address: T325 – 2211 Wesbrook Mall, Vancouver, BC, Canada V6T 2B5

Telephone:

Email:

Project Title: Occupational Therapists' Re-entry to Practice in British Columbia Following a Career Break: A Mixed Methods Study

Project & Purpose:

This study aims to examine the re-entry to practice transition of occupational therapists following a career break to gain a better understanding of the barriers and facilitators of this professional transition and to provide recommendations for employers that support clinicians returning to practice after a career break.

The following questions will be addressed in this study.

1. What are the demographic and career profiles of occupational therapists who completed a re-entry to practice program in British Columbia?
2. What factors contribute to or impede the transition of occupational therapists re-entering practice following a career break?

3. How do occupational therapists manage a successful return to clinical practice?
4. From a returning occupational therapists' perspective, how might employers support a successful re-entry transition of all OTs that want to return following a career break?

A mixed methods approach using a sequential explanatory design will be used to address these questions via a survey followed by in-depth interviews.

The online survey will determine which of the factors identified elsewhere in the literature impact the re-entry to practice transition among returning occupational therapists in British Columbia and their importance to the returners.

In-depth telephone interviews with self-selected survey participants interested in speaking about their experience will explain how they managed a successful re-entry and identify employers' support or lack thereof during the transition.

A deeper understanding of a successful return to practice and information on the role of employers during the re-entry transition can support recommendations to support the re-entry transition of occupational therapists in British Columbia.

Research approval will be obtained through the UBC Behavioural Research Ethics Board, and confirmation will be provided to COTBC before the release of the record.

By Signing this Agreement:

a) COTBC will provide register listing as requested for <u>one-time</u> usage by the requesting organization. (One-time usage means for the duration of the specific project or specific purpose for which the request was made.)

b) The COTBC Register Listing will be utilized by the researcher for the <u>specific and limited purpose</u> of contacting registered occupational therapists who have completed a re-entry program in British Columbia to participate in an online survey to identify factors that influence the re-entry to practice transition.

c) Register Listing:
Register listing will include occupational therapists currently registered with COTBC who have provided the COTBC with consent to release their email address for recruitment to research studies, who completed a re-entry program after July 1, 2010, and regained full unrestricted registration to practice. Individuals who became professionally inactive because of regulatory college disciplinary action will be excluded from the listing.

Registrant name and email address information will be provided to the researcher.

d) The researcher confirms that COTBC Register information <u>will not</u> be released to a third party.

e) The researcher undertakes to ensure this information is kept confidential and is stored in a secure manner at all times, kept within Canada only. Privacy legislation in BC requires that no personal information is stored outside of Canada.

f) The researcher undertakes to destroy the information on the completion of this project securely. Confirmation of destruction will be provided to COTBC within 10 days.

Authorized Signature: _____ Date: _____

Printed Name: Dr. Susan Forwell

Title/Position: Supervising Advisor
Professor & Department Head
Occupational Science & Occupational Therapy
Faculty of Medicine

College of Occupational Therapists of British Columbia

Signature: _____ Date:
,Registrar/CEO COTBC

Appendix B: Consent Form for Interview

Consent Form for Interview

OCCUPATIONAL THERAPISTS' RE-ENTRY TO PRACTICE
FOLLOWING A CAREER BREAK: A MIXED METHOD STUDY

Principal Investigator: Susan Forwell, PhD (OT), MA (OT), BSc (OT), FCAOT
Occupational Science & Occupational Therapy
Faculty of Medicine
University of British Columbia
Email:
Subject line: Re-entry to practice study

Co-Investigator & Primary Contact Jeanette Boily, BSc (OT) Graduate Student
Master of Rehabilitation Science Candidate
Occupational Science & Occupational Therapy
Faculty of Medicine
University of British Columbia
Telephone:
Email:

Co-Investigator: Suzanne Huot, PhD
Occupational Science & Occupational Therapy
Faculty of Medicine
University of British Columbia
Email:

Co-Investigator: Katie Lee Bunting, MScOT, BSc,
Occupational Science & Occupational Therapy
Faculty of Medicine
University of British Columbia
Email:

This study will help Jeanette Boily meet the requirements for a Master's degree and form part of her thesis. She is not receiving funds from any external agency or sponsor.

Why should you take part in this next phase of the study?

Thank you for your recent participation in the online survey of re-entry occupational therapists. This survey identified barriers and facilitators important to re-entry transition for survey

participants. We would like to understand how the factors identified as important in the survey affected the transition of returning therapists. You are being invited to participate because you indicated that you were interested in providing more information about your re-entry experience.

We are doing this study to examine the re-entry to practice transition to gain a better understanding of what makes an occupational therapist's return to practice more manageable or more difficult and the potential role of employers interested in supporting this professional transition.

How is the study done?

If you say 'Yes' to take part in an interview, you can expect the following:

- Two to three business days after you receive this consent form, a member of the research team will contact you by telephone to answer any questions or concerns you may have about the study and to obtain your consent to be interviewed.
- We will make arrangements to conduct the interview over the telephone or Zoom call, depending on your preference, at a time that is most convenient for you.
- Because of Jeanette Boily's leadership position in Vancouver Coastal Health (VCH), a research assistant will interview those who completed re-entry within VCH. Jeanette Boily will interview individuals outside of VCH.
- The interview will take up to an hour.
- We will ask you questions about your career path as an occupational therapist, how you managed the return to practice, and your recommendations for employers.
- The interview will be audio-recorded and transcribed for later analysis.

The results of this study will be reported in a graduate thesis, and anonymized extracts from the interview may also be quoted in conference presentations, educational workshops and academic journal articles. Once the data are made publicly available, you will not be able to withdraw your data.

If you would like to receive a summary of the findings, please let your interviewer know. Once the study is completed, this document will be emailed to interested participants.

What are the risks for you in participating in this study?

There is a remote risk of economic and social harm if an employer or work colleagues recognize unflattering details about your re-entry experience. These risks will be minimized by carefully safeguarding your identity.

The discussion about your re-entry transition is not expected to be overly sensitive, but you might disclose details deemed frustrating or embarrassing. If you feel sensitive or uncomfortable about something you have shared, the information can be flagged and deleted or discussed to determine how it could be included.

What are the benefits of participating?

There are no direct benefits to you from taking part in this study. Still, we hope that the information learned from the survey can be used in the future to benefit other clinicians who return to practice after a career break.

How will your privacy be maintained?

Efforts will be taken to ensure your responses remain confidential. We will minimize confidentiality risks by ensuring:

- Your identity will remain unidentified in any report of the results of this research through the use of a unique study number and anonymizing any details that could reveal your identity.
- The identify of VCH employees will not be revealed to the co-researcher and your responses will only be identified by your unique study number.
- If you choose to be interviewed via a Zoom conference call, the interviewer will use the UBC-licensed version of Zoom to increase security.
- The interviewer will lock the Zoom meeting and will restrict screen sharing to prevent anyone else from joining or taking over the call.
- You can further protect your identity by using their assigned participant number and turning off your camera during the Zoom call.
- The recording of the interview will be destroyed after it has been transcribed.
- Each computer data file will be password protected and encrypted.
- Jeanette Boily will analyze the transcript of the interview, and access to the interview transcript will be limited to collaborating research team members.
- Digital files of interview transcripts and notes will be stored on a secure UBC campus cloud-based file sharing service for five years following the close of the study and deleted after that.

Will you be paid for your time?

In appreciation of your time, an honorarium in the form of a $20 gift card will be mailed to you.

Who can you contact if you have questions about the study?

If you have any questions or concerns about this study, please contact Jeanette Boily or her supervisor, Dr. Susan Forwell. The names and telephone numbers are listed at the top of the first page of this form.

Who can you contact if you have complaints or concerns about the study?

If you have any concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, contact the Research Participant Complaint Line in the UBC Office of Research Ethics at 604-822-8598 or if long-distance email RSIL@ors.ubc.ca or call toll free 1-877-822-8598. The Ethics ID number is H20-02994.

Closing instructions

By giving verbal consent to participate in this interview, it means:

- The purpose and the nature of the study has been explained to me in writing.
- I had the opportunity to ask questions and have received satisfactory responses.
- I understand that I may contact the researcher(s) with any questions that I may have.
- I understand that my participation will involve a one-hour interview. I will be asked questions about my re-entry to practice experience and asked to provide recommendations to improve the re-entry transition.
- I understand that my participation in this study is voluntary and that I am free to withdraw from this study.
- I agree with my interview being audio-recorded and transcribed.
- I understand that my identity will be anonymized.
- I understand that anonymized extracts from my interview may be quoted in a thesis, in conference presentations and educational workshop materials, and publications.
- I do not expect to receive any benefit or payment for my participation.

Appendix C: Verbal Consent Telephone Script

Verbal Consent Telephone Script

OCCUPATIONAL THERAPISTS' RE-ENTRY TO PRACTICE
FOLLOWINGA CAREER BREAK: A MIXED METHOD STUDY

Participant Name: Person Calling:

Date Called: Time Called:

Introduction:

Could I please speak to [name of participant]?

If respondent asks who the caller is:

If speaking to someone other than the potential participant, provide limited information about the study.

My name is [name of caller] and I am calling from UBC about a research study.

If potential participant is unavailable:

Do not leave a message regarding call back information

Is there a better time to call back? Date/time:

If potential participant indicates they are not interested:

Thank you for your time. Goodbye.

If potential participant/SDM is available:

Is now a good time to talk?

If no: Is there a better time to call back? Date/time:

I am calling from Rehabilitation Science at UBC. You are receiving this call because you recently completed an online survey of re-entry to practice, and you indicated you were interested in participating in a follow up interview to help us gain a better understanding of what makes and occupational therapists return to practice more manageable or more difficult, and the potential role of employers interested in supporting this professional transition.

- You provided your contact information in an email indicating your interest in participating in a follow up interview.
- We emailed you an information letter a couple of days ago.

Are you willing to hear more about the study?

☐Yes ☐No

If no: Thank you for your time. Goodbye.

If yes proceed to study information.

Study Information:

You are a candidate for this research because you successfully returned to practice as an occupational therapist in British Columbia after taking a career break.

Further participation in this study involves participating in a single follow-up interview. The interview asks questions about your career path as an occupational therapist, how you managed the return to practice, and your recommendations for employers. I will take about an hour to complete. The interview can be done over the telephone or Zoom call, depending on your preference, at another time that is most convenient for you. The interview will be audio-recorded and transcribed verbatim for later analysis.

Do you have questions about how the study will be done?

☐Yes ☐No

If yes: Have all your questions been answered?

☐Yes ☐No

Potential risks, harms, discomforts:

There is a remote risk of economic and social harm if an employer or work colleagues recognize unflattering details about your re-entry experience. These risks will be minimized by carefully safeguarding your identity.

The discussion about your re-entry transition is not expected to be overly sensitive, but you might disclose details deemed frustrating or embarrassing. You do not need to answer questions that make you feel uncomfortable or that you do not want to answer.

If you feel sensitive or uncomfortable about something you have shared, the information can be flagged and deleted or discussed to determine how it could be included.

Do you have questions about the potential risks of this study?

☐Yes ☐No

If yes: Have all your questions been answered?

☐Yes ☐No

Potential Benefits:

You will not benefit directly from this study. Still, we hope that the information learned from the survey can be used in the future to benefit other clinicians who return to practice after a career break.

Do you have questions about the potential benefits of this study?

☐Yes ☐No

If yes: Have all your questions been answered?

☐Yes ☐No

Reimbursement:

You will not be paid or reimbursed for being in this study.
As a token of our appreciation for your participation in this study, you will be given $20 gift card from a retailer of your choosing, such as Starbucks, Amazon, Shoppers Drug Mart or Superstore. The gift card will be sent to you by email.

Confirm the gift card preference:

Do you have questions about reimbursement?

☐Yes ☐No

If yes: Have all your questions been answered?

☐Yes ☐No

Confidentiality Information

All information collected about you will be anonymized by replacing your identifiable information and the use of a unique study number. Only the study code key can connect the information collected about you to your identity. The study code key will be safeguarded by the Primary Investigator and the Co-researcher, Jeanette Boily.

The research team will keep any information about you in a secure location for 5 years and then destroy it.

Do you have questions about how your privacy will be protected?

☐Yes ☐No

If yes: Have all your questions been answered?

☐Yes ☐No

Participation Information

This study is voluntary. You can choose if you want to participate and you can change your mind at any time during the interview and you can choose not to answer specific questions. If you don't want to participate in the study anymore you can let me know over the phone now or email me later to ask to have your data withdrawn.

- You can decide to stop at any time, even part-way through the interview for whatever reason.
- If you decide to stop participating, there will be no consequences to you.
- If you decide to stop we will ask you how you would like us to handle the data collected up to that point.
- This could include destroying it or using the data collected up to that point.
- If you do not want to answer some of the questions you do not have to, but you can still be in the study.
- If they feel sensitive or uncomfortable about something you have shared, let the Interviewer know. This information can be flagged and deleted or discussed to determine how it would be appropriate to include it.

Do you have questions about the voluntary nature of participation in this study?

☐ Yes ☐ No

If yes: Have all your questions been answered?

☐ Yes ☐ No

Contact Information:

This study has been reviewed and cleared by the UBC Behavioral Research Ethics Board.

In case you would like to know more about your rights as a research participant or have any other research ethics questions, here are some contact numbers that are good to have. Do you the document I sent you a couple of days ago handy, or have a pen and paper ready?

If you have any concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, contact the Research Participant Complaint Line in the UBC Office of Research Ethics

- Phone 604-822-8598
- or if long-distance call toll free 1-877-822-8598
- or email RSIL@ors.ubc.ca
- The Ethics ID number is H20-02994.

For questions regarding the study, you can contact

- Dr. Susan Forwell Telephone:
  Email:

- Jeanette Boily Telephone:
  Email:

We would be pleased to send you a short summary of the study results when we finish going over our results. Please let me know if you would like a summary and what would be the best way to get this to you.

☐ Yes

Questions:

Do you have questions, or would you like any additional details about what we've talked about so far?

☐ Yes ☐ No

If yes: Have all your questions been answered?

☐ Yes ☐ No

Consent:

Are you ready to decide if you want to participate or not? If you need time to think about the study or want to talk about it with someone else, we can arrange to talk at a different time.

If participant/parent wants additional time or wants to talk again, ask about best time to call back - date/time:

Do you agree to participate in this study knowing that you can withdraw at any point with no consequences to you?

☐ Yes ☐ No

If no: Thank you for your time. Goodbye.

If yes: Please confirm that you have been informed regarding the information about this study and are giving your consent to be a part of it.

☐ Verbal Consent

Name of person providing consent:

Name of person obtaining consent:

Time: Date: DD/MMM/YYY

X

Signature of Person Obtaining Consent

Next Steps

Determine if the interview will be done via phone or Zoom call and determine date/time for interview

☐ Zoom call or ☐ telephone

date/time:

Appendix D: Survey Tool

OCCUPATIONAL THERAPISTS' RE-ENTRY TO PRACTICE
FOLLOWING A CAREER BREAK : A MIXED METHOD STUDY
SURVEY TOOL

Introduction

Thank you for taking the time to complete this survey. Your feedback is much appreciated as it can be used to improve the re-entry process for others. Your participation is voluntary. You are free to skip any questions or to drop out of the survey at any time.

Please answer the questions by marking the appropriate response or by writing in the boxes provided. Once you submit the survey, it will be understood that you have consented to participate in this survey.

Survey responses will be aggregated together, and any information provided in open-ended responses will be anonymized to reduce the risk of identifying a specific individual.

Study Criteria Confirmation

The following questions confirm you meet the criteria for participation in this study.

1. **I worked in Canada before taking my career break.**
   - O Yes
   - O No

2. **I entered my period of inactivity in good standing with a regulatory college.**
   - O Yes
   - O No

3. I **was out of practice for longer than three years or did not meet the minimum currency hours requirements to maintain full registration.**
   - O Yes
   - O No

4. **I gained a full unrestricted registration to practice in the province of British Columbia after a career break and re-entered practice after July 1, 2010.**
   - O Yes
   - O No

5. **I became inactive because of regulatory college action.**
   - O Yes
   - O No

OT Training

The following questions ask about your educational background:

6. **What is the highest degree or level of education you have completed?**
   - o Bachelor's degree
   - o Master's degree
   - o Doctoral degree
   - o Other (please specify)

7. **Where did you train to become an occupational therapist?**
   (select one)
   - o University of British Columbia
   - o University of Alberta
   - o University of Manitoba
   - o University of Toronto
   - o University of Western Ontario/Western University
   - o McMaster University
   - o Queen's University
   - o Université d'Ottawa
   - o Université de Montréal
   - o McGill University
   - o Université Laval
   - o Université Sherbrooke
   - o Université du Québec à Trois-Rivières
   - o Dalhousie University
   - o Outside of Canada

Career Course

The following questions ask about your career course as an occupational therapist:

8. **In what year did you first work as an occupational therapist?**

9. Where did you first work as an occupational therapist?

(select one)

- British Columbia
- Alberta
- Saskatchewan
- Manitoba
- Ontario
- Quebec
- New Brunswick
- Prince Edward Island
- Nova Scotia
- Newfoundland/Labrador
- Nunavut
- North West Territories
- Yukon
- Outside Canada

10. In which area did you work the <u>longest</u> before taking your career break?

(select one)

- General Hospital
- Rehabilitation Hospital/Facility
- Mental Health Hospital/Facility
- Residential Care Facility
- Assisted Living Residence
- Community Health Centre
- Group Professional Practice/Clinic
- Solo Professional Practice/Clinic
- Post-Secondary Education Institution
- School or School Board
- Association/Government
- Industry/Commercial
- Other (please specify)

11. What was the <u>last</u> area of employment before taking your career break?

(select one)

- General Hospital
- Rehabilitation Hospital/Facility
- Mental Health Hospital/Facility
- Residential Care Facility
- Assisted Living Residence
- Community Health Centre
- Group Professional Practice/Clinic
- Solo Professional Practice/Clinic

- Post-Secondary Education Institution
- School or School Board
- Association/Government
- Industry/Commercial
- Other (please specify)

12. How many job changes have you had over the course of your OT career (examples: change in employer, role, or population served)?
(select one)
- 1 to 3
- 4 to 6
- 7 to 10
- 10 +
- Don't know

Professional Connectedness

13. How would you rate your level of professional connectedness to occupational therapy before your career break?
(Professional connectedness refers to your sense of belonging and connectedness with the profession of occupational therapy)
- Very good
- Good
- Fair
- Poor
- Very poor

Career Break:

The following questions ask about your career break:

14. What year did you start your career break?

Year started the career break

15. What were your reasons for taking a career break?

(check all that apply)

- ☐ Raising child(ren)
- ☐ Geographical relocation
- ☐ Furthering education
- ☐ Career change
- ☐ Burnout
- ☐ Salary
- ☐ Work hours
- ☐ Personal health condition
- ☐ Family health condition
- ☐ Other (please specify)

- ☐ None apply to me

16. Which of these activities did you engage in, if any, while you were on a career break?

(check all that apply)

- ☐ Continued personal connection with work colleagues
- ☐ Engaged in learning opportunities related to topics of interest
- ☐ Maintained membership with a professional association
- ☐ Maintained some activity through volunteering, teaching, or shadowing
- ☐ Followed profession-related social media
- ☐ Read journal articles
- ☐ Other (please specify)

- ☐ None apply to me

17. Were you in paid employment during the majority of your career break?

(select one)

- o Full-time paid employment
- o Part-time paid employment
- o Temporary
- o Casual
- o Self-employed
- o Unemployed

Re-entry Transition

The following questions ask about your re-entry to practice transition:

18. What year did you start the re-entry to practice process?

Year re-entry to practice process initiated following career break (YYYY):

19. List the occupations that supported your re-entry to practice.

20. List the occupations that did not support your re-entry to practice.

21. Where did you find guidance regarding the re-entry to practice process?

(check all that apply)

- ☐ Online resources
- ☐ COTBC contact
- ☐ Professional colleagues
- ☐ Potential employers
- ☐ Other (please specify)

- ☐ None of the above

22. What were the re-entry program requirements to gain full registration with COTBC?
(check all that apply)

- ☐ Competence confirmation practicum = 150 hours in 90 days
- ☐ Competence confirmation practicum = 300 hours in 180 days
- ☐ Competence confirmation practicum = 600 hours in 1 year
- ☐ Pass the National Occupational Therapy Certification Examination
- ☐ Other:
- ☐ Additional educational activities
  Please briefly outline the topics or learning focus of the educational activities:

23. What year did you complete your re-entry to practice transition following your career break?
Year fully registered to practice following career break)

24. Where were you first employed <u>after</u> your career break?
(check all that apply)

- o General Hospital
- o Rehabilitation Hospital/Facility
- o Mental Health Hospital/Facility
- o Residential Care Facility
- o Assisted Living Residence
- o Community Health Centre
- o Group Professional Practice/Clinic
- o Solo Professional Practice/Clinic
- o Post-Secondary Education Institution
- o School or School Board
- o Association/Government
- o Industry/Commercial
- o Other (please specify)

25. What was your employment status <u>during</u> your re-entry to practice transition?
(select one):

- Permanent full time
- Permanent part-time
- Temporary full time
- Temporary part-time
- Casual
- Self-employed

26. In which sector did you work during your re-entry to practice transition?
(select one):

- Public Practice
- Private Practice
- A Combination of Public and Private

<u>Factors Impacting Re-entry to Practice Transition</u>

The following questions will ask about factors that influenced your re-entry transition:

27. Which of the following factors facilitated your re-entry to practice transition?
(check all that apply)

- ☐ Confidence to re-enter practice
- ☐ Availability of supervised competence confirmation practicum
- ☐ Family circumstances
- ☐ Availability of child-care
- ☐ Availability of social support
- ☐ Proximity to jobs
- ☐ Availability of full-time positions
- ☐ Availability of part-time positions
- ☐ Availability of temporary positions
- ☐ Availability of refresher courses and/or re-entry courses
- ☐ Completion of studies
- ☐ Salary
- ☐ Benefits
- ☐ Other (please specify)
- ☐ None apply to me

28. Of the facilitators you selected in questions 27, please rank them in order of importance to you.

29. **Which of the following barriers impacted your re-entry to practice transition?** (check all that apply)
    - ☐ Low confidence to re-enter practice
    - ☐ Limited availability of supervised competence confirmation practicum
    - ☐ Family circumstances
    - ☐ Lack of child-care
    - ☐ Insufficient social support
    - ☐ Proximity to jobs
    - ☐ Limited availability of full-time positions
    - ☐ Limited availability of part-time positions
    - ☐ Limited availability of temporary positions
    - ☐ Limited availability refresher courses and/or re-entry courses
    - ☐ Insufficient salary
    - ☐ Other (please specify)
    - ☐ None of the above

30. **Of the barriers you selected in question 29, please rank them in order highest impact on your re-entry.**

31. **Did you receive sufficient support from your employer during your re-entry to practice transition?**
    - o Always
    - o Most of the time
    - o About half the time
    - o Sometimes
    - o Never

32. Which of the supports did your employer provide upon your return to practice?
(check all that apply):

- ☐ Coordinated orientation
- ☐ Introduction to other OTs
- ☐ Job shadowing
- ☐ Clarify role expectations
- ☐ Organization update
- ☐ Training specific to the area
- ☐ Reduced caseload
- ☐ Regular feedback
- ☐ Direct supervision
- ☐ Performance review
- ☐ Mentoring relationship
- ☐ Peer support of another re-entry OT
- ☐ Support to develop a learning plan
- ☐ Access to resources
- ☐ Continuing professional development courses
- ☐ In-services
- ☐ Other (please specify)

- ☐ None

33. Of the employer supports you selected in question 32, please rank them in order importance to you?

34. Is there anything you would like to add about your re-entry to practice transition?

Personal Demographics

Before we finish, we are looking for some demographic information to describe the group of individuals who completed this survey. Information will be aggregated to reduce the risk of identification of a specific individual.

35. To what age range do you belong?

- o 25 -34
- o 35 - 44
- o 45 - 54
- o 55 -64
- o 65 - 74

36. To which gender identity do you most identify?

- o Female
- o Male
- o Non-binary

37. In which geographic area do you live?

Choose one:

- Large urban population centre (with a population of 100,000 or more)
- Medium population centre (with a population between 30,000 and 99,999)
- Small population centre (with a population between 1000 and 29,999)
- Rural area

38. What is your current marital status?

Choose one:

- Married
- Widowed
- Divorced
- Separated
- Never married

39. How many children lived with you at the time of your re-entry to practice?
(specify the number of children in each age range

0 to 5 years of age ☐

6 to 12 years of age ☐

13 to 19 years of age ☐

Over 19 years of age ☐

Thank you for taking the time to complete this survey questionnaire.

If you are interested in taking part in an interview, please click here to provide your contact information

Appendix E: Interview Guide

OCCUPATIONAL THERAPISTS' RE-ENTRY TO PRACTICE IN BRITISH COLUMBIA FOLLOWING A CAREER BREAK: A MIXED METHOD STUDY

Interview Guide

- This interview will take approximately 1 hour, and it will be recorded and transcribed
- Your comments remain anonymous, and you can withdraw your consent at any time
- Do you have any questions? Would you like to proceed?

1. Tell me about your career path as an occupational therapist in the years leading up to, during, and following your career break.
2. How would you describe your re-entry transition?
3. What occupations supported you during your re-entry and which occupations did you stop, and why?
4. What would you recommend returning therapists do either during their career break or during the re-entry process to help them manage the return to practice transition?
5. What recommendations would you provide to employers interested in supporting re-entry?
6. Is there anything else that we haven't spoken about that you would like to share?

Thank you for sharing your experiences.

Interviewers Post Interview Reflections

Record your reactions, emerging themes, questions, or concerns

Appendix F: Content Analysis of Open-Ended Survey Question

Condensed Meaning Units (responses identified by the date and time submitted)	Code	Category	Theme
• "Specific re-entry options would be great to support this transition." (3-29-21; 17:20) • "…extremely difficult to organize…shut down…from the get-go..."…they didn't have the insurance to cover anyone doing a re-entry…well supported by the manager…but…HR, and Professional Practice, there was zero support" (3-29-21; 17:00) • "…difficult to get the required computer and orientation training [on gradual return schedule]" (3-11-21; 14:03) • "'Professional Practice Office'… denied my request to complete my re-entry to OT…' too risky'…would have been more beneficial had I been able to complete… where I knew I wanted to ultimately work." (3-1-21; 21:17) • "Large time commitment for my mentor…was hard for him in private practice" (2-16-21; 14:47)	'Specific re-entry options would be great to support this transition."	Multiple barriers for re-entry	The return to practice after a career break has multiple systemic barriers to overcome
• "…difficult to acquire paid employment…" (3-29-21; 17:20) • "…I was paid very poorly during this whole period of time…" (3-3-21; 20:56) • "…lucky that my husband was supportive, and he looked after us financially…if they [others without support] are not paid. That would probably be a massive barrier!" (3-1-21; 22:38)	Paid employment issues		
• "…volunteer hours…creates a problem…not covered by WorkSafe…" (3-29-21; 17:20) • "…there was an issue with my being in the workplace as a volunteer" (3-3-21; 8:01)	Volunteering creates problems		

Condensed Meaning Units (responses identified by the date and time submitted)	Code	Category	Theme
• "I had to re-train on the computer system before being able to do any work." (3-11-21; 14:03) • "…familiar with computers and electronic record keeping also. (3-3-21; 20:56)	Electronic medical record training	Workplace influences	Workplace and personal circumstances influence the transition.
• "I received the mentorship when I connected with my practice lead. My particular work setting & supervisors were very unhelpful & …lack of support…[for]losing full registration… viewed this as a black mark on my record." (2-16-21; 11:23)	Workplace support		
• "I worked in 3 private clinics on part-time basis…laid me off…lost contracts…and then ultimately folded clinic" (2-15-21; 19:50)	Unstable work		
• "…good fortune of still being on a casual list…when it was discovered that I was still technically a casual employee this made things much simpler". (3-3-21; 8:01)	Casual status		
• "…graduated schedule was essential to my successful return to work" (3-11-21; 14:03)	Flexible schedule		
• "My kids were already in school, so daycare was taken care of. (3-1-21; 22:38)	School-age children	Personal circumstances	
• "I organized the whole thing myself…I know they needed OT support…found my own supervisors…" (3-29-21; 17:00)	Gumption	Mindset	The process of return is an emotional journey influenced by the returner's mindset
• "I got through it and am now back to work" (3-29-21; 17:00) • "It was one step at a time…" (2-25-21; 22:23) • "…completing my competency hours in an area that was not my primary area of interest…" (3-1-21; 21:17)	Grit		
• "…do it if they feel the draw to go back." (2-25-21; 22:23)	Feeling the draw		
• "I had two wonderful OTs… were very supportive and did an amazing job…I think the re-entry program was great" (3-1-21; 22:38) • "I'm grateful for the therapists that helped me…as well as my family who supported me throughout the process" (2-25-21; 22:23) • "…so grateful to God for giving me this opportunity." (2-25-21; 22:23)	Gratitude		

Condensed Meaning Units (responses identified by the date and time submitted)	Code	Category	Theme
• "Was extremely valuable to me" (2-16-21; 14:47) • "I felt well supported by my employer, colleagues, COTBC and OTs…" (2-15-21; 19:53)	Gratitude (continued)	Mindset (continued)	The process of return is an emotional journey influenced by the returner's mindset (continued)
• "Initially I was very optimistic …and was excited to get started…" (3-1-21; 21:17)	Positive emotions	An emotional experience	
• "…exhausting and disheartening experience overall." (3-29-21; 17:00) • "I found this [practicum denial] completely ridiculous" (3-1-21; 21:17) • "My first 2 years were brutal" (2-15-21; 19:50)	Negative experience		
• "…most challenging time was the schooling and expectations thereof." (2-25-21; 22:23) • "…it might be nice to have access to professional development courses for free…." (3-01-21; 22:38)	Re-entry Training	Re-entry improvements	Re-entry could be improved by refining processes and training
• "…determine how many hours are needed on an individual basis… I felt I didn't need more than 300 hours of 'practice.'" (3-3-21; 20:56) • "…if the mentors could be supported/compensated in some way" (2-16-21; 14:47) • "…have a college statement or something official to convey that it was nothing that I had done wrong" (2-16-21; 11:23)	Process suggestions		