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The Influences Shaping New Graduate Occupational Therapists' Experiences of Learning to Make Paediatric Intervention Decisions in Non-Government Organisations: A Case Study Analysis

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The Influences Shaping New Graduate Occupational Therapists' Experiences of Learning to Make Paediatric Intervention Decisions in Non-Government Organisations: A Case Study Analysis

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Abstract

Introduction: New graduates commonly experience challenges upon commencing practice, including independently making clinical decisions when working with clients. However, their experiences of learning to make paediatric intervention decisions in the non-government sector has not been investigated.

Methods: Case study methodology enabled an exploratory study of the experiences and perspectives of three new graduates and one experienced occupational therapist working in non-government organisations (NGOs). Data were collected over an eight-month period through semi-structured interviews, informal discussions and participant observations. Inductive thematic analysis was used to analyse the data.

Findings: The increased demand for services and increased focus on billable hours following the introduction of the National Disability Insurance Scheme (NDIS) impacted new graduates' ability to utilise workplace support and resources when learning to make intervention decisions. Accessing support and resources outside of working hours or drawing on wider professional networks did not feature highly in their descriptions of support used.

Conclusion: Workplace contextual factors created variable new graduate experiences of support when learning to make intervention decisions. Whilst safeguarding time for formal supervision and informal support from colleagues is challenging under the NDIS funding model, prioritising new graduate support for clinical decision-making within the current funding structures is crucial to ensure the provision of high-quality services.

I INTRODUCTION

Whilst Australian occupational therapists are acknowledged as working in government, private, community and non-government sectors (Occupational Therapy Australia, 2021), the number of occupational therapists working in the non-government sector is not explicitly reported in health workforce data (Australian Health Practitioner Regulation Agency, 2022; Occupational Therapy Australia, 2023). The introduction of the National Disability Insurance Scheme (NDIS) has created increased opportunities for occupational therapists to work in non-government organisations (NGOs) or the private sector (Hazelwood et al., 2019), as government-based disability services have been disbanded (Gallego et al., 2018). The NDIS has prompted significant changes in the way disability services are funded, with NGOs now receiving payment after service provision rather than government 'block funding' paid in advance (Audit Office of New South Wales, 2017). Additionally, the scheme substantially increased demand for allied health services, leading to concerns regarding workforce shortages (Russi, 2014). Fay and Adamson (2017) proposed that new graduates, commonly defined as practitioners within their first two years of practice (Fitzgerald et al., 2015), could enable a consistent occupational therapy workforce. However, employing large numbers of new graduates can bring difficulties to workplaces.

New graduate occupational therapists commonly experience challenges upon entering the workforce (McCombie & Antanavage, 2017; Robertson & Griffiths, 2009). Long-standing challenges include reduced self-confidence (Hodgetts et al., 2007; Nordholm & Westbrook, 1981) and perceptions of limited skills and knowledge (Gray et al., 2012; Lloyd et al., 2007). It has also been identified that new graduates are often expected to be autonomous from an early stage (Morley, 2009) and be immediately work ready (Hazelwood et al., 2019). Moir et al. (2021) established that, in addition to managing a caseload and working within the organisational context, making decisions about client service provision is challenging for new graduates. Challenges with clinical decision-making are not limited to new graduate occupational therapists, with new graduate physiotherapists and speech pathologists also identified as experiencing clinical decision-making challenges (Kenny et al., 2009; Wells et al., 2021). Occupational therapists make many clinical decisions as part of practice, ranging from the most appropriate assessments or interventions to use to the best environmental set-up to facilitate goal achievement (Copley et al., 2017).

A previous analysis of Queensland occupational therapy job advertisements revealed a high prevalence of paediatric non-government positions (Broome & Gillen, 2014). New graduates have previously reported feeling unprepared for paediatric practice (Gray et al., 2012). Clinical decision-making in paediatric practice is complex because occupational therapists must simultaneously consider a range of factors relating to children and their families, from children's ages and developmental levels to the family's expectations of therapy outcomes (Copley et al., 2008; Kramer et al., 2009). In addition to client factors, both therapist (e.g. prior knowledge and experience) and contextual factors (e.g., team norms) have been identified as impacting upon clinical reasoning and decision-making within some occupational therapy theoretical models (Schell, 2018; Turpin & Iwama, 2011).

Research relating to occupational therapists' clinical decision-making has primarily focused on more experienced therapists' perspectives (Copley et al., 2008; Copley et al., 2010; Jeffery et al., 2021). Experienced paediatric occupational therapists described drawing on various sources of information to inform their clinical decisions, including evaluation of children's skills and abilities, research evidence, professional development activities, and personal and professional knowledge and experience (Copley et al., 2008; Copley et al., 2010). Similarly, when asked about novice occupational therapists, experienced clinicians perceived the clinical decision-making of novices as being influenced by research evidence and their own knowledge and experience, but also local protocols and the knowledge and experience of others (Jeffery et al., 2021). These experienced clinicians assist new graduates in navigating the transition to practice (Murray et al., 2020) and play a crucial role in the development of new graduates' decision-making skills through the provision of clinical supervision and sharing of practice wisdom (Jeffery et al., 2021).

Additionally, new graduates' engagement with their colleagues, known in some literature as 'communities of practice', enables access to observation and modelling as further support mechanisms for learning to make clinical decisions (Ajjawi & Higgs, 2008).

There is currently a paucity of research pertaining to the experiences of new graduate occupational therapists within NGOs, as these new graduates are rarely targeted or distinguished as a subgroup within the literature. The aim of this research was to explore the experiences of new graduate paediatric occupational therapists learning to make intervention decisions when working in NGOs. This is important as the funding changes associated with the NDIS have resulted in a lack of funding for clinical supervision (Hines & Lincoln, 2016) – a key support mechanism for new graduate occupational therapists (Moores & Fitzgerald, 2017). As experienced clinicians within NGOs would likely have observed the impacts of funding changes on organisations and staff, in addition to their contribution to new graduate development, their perspectives were also seen as important to the research aim. The research questions guiding the study were:

- What are the experiences of new graduate paediatric occupational therapists when learning to make intervention decisions with clients in practice?
- How do the NGO organisational context, new graduates' personal resources and experiences, and their wider professional community influence their experiences of learning to make intervention decisions?

II METHODS

A *Research Design*

This research used case study methodology (Yin, 2018). Case studies are beneficial when investigating "a contemporary phenomenon in depth and within its real-world context" (Yin, 2018, p. 15). In this exploratory research, new graduates' experiences of learning to make intervention decisions (the phenomenon) in NGO settings (context) was the 'case'. The NGO case reported here was part of a larger study which used an exploratory, multiple-case design to explore paediatric service delivery in three contexts – private practice, acute hospital and NGO settings.

Ethical approval was obtained from the University of Queensland Human Research Ethics Committee (approval number 2018001256). A gatekeeper letter was signed by a representative from the purposefully selected NGO confirming permission to conduct case study research at the organisation.

The Case

The case comprised two NGOs. These organisations had branch offices in both metropolitan and regional areas, with different sized transdisciplinary allied health teams in each location. Each organisation provided services to individuals with specific diagnoses. Some occupational therapists worked only with children and adolescents, whilst others worked with a range of age groups. Services were often funded through the NDIS or, occasionally, a government grant for school-based services. Occupational therapists provided consultation visits to schools and/or individual therapy sessions and group programs held on-site at the organisation or off-site (i.e., schools, homes or in the community). Therapy goals often related to play and social skills, emotional regulation, self-care, independent living skills and accessing the school curriculum. Support was offered to new graduates upon commencing practice, including a formal induction or orientation, workshadowing and, sometimes, a graduated approach to full-time work. Following these initial onboarding processes, available support included formal supervision, mentoring, access to written resources and, occasionally, additional workshadowing. Following the introduction of the NDIS, the NGOs had moved to a predominantly fee-for-service model. Participants indicated that the NDIS had also led to increased demand for occupational therapy services, increased referrals for adult clients and pressure to meet billable hours targets.

B *Participants*

Participants were recruited in two stages. Initially, purposive sampling (Patton, 2015) was used to recruit new graduate and experienced occupational therapists within a purposefully selected NGO. This NGO was chosen as it was known to employ large numbers of new graduates. Experienced occupational therapists were invited to participate as they often have direct contact with new graduates and can offer insight regarding the impact of funding changes on organisations and staff, as well as reflections on their own new graduate experiences. Information regarding the research was circulated by a contact person within the organisation. However, participant recruitment was challenging, with many new graduates citing heavy workloads and feeling stressed as reasons why they could not participate. Three participants, two new graduates and one experienced clinician, volunteered to participate. Due to difficulties recruiting new graduate participants and to explore emerging issues as data were collected, purposeful snowballing sampling was used to recruit new graduates from other NGOs, with one additional new graduate volunteering to participate. Many new graduates continued to cite heavy workloads and feeling stressed as reasons for not participating. Written informed consent was obtained from all participants.

All four participants were female. The three new graduates had 11-18 months' experience in occupational therapy practice, with previous employment reported in aged care, aged care combined with community-based NDIS services, and school-based services. They had worked in these positions for 4-12 months prior to full-time positions within their respective NGOs and cited moving to new organisations due to a lack of support from experienced occupational therapists. The experienced occupational therapist had 11 years' experience (10 years in paediatric practice) and a higher research degree. She had been working for the NGO in a part-time role for 18 months. Within the Findings section, unique identifiers are used for participant quotes, for example, NG1 or E1, representing 'new graduate' and 'experienced' respectively.

C *Data Collection*

To gain a rich understanding of participants' experiences, multiple instances of data collection occurred over an eight-month period. This included semi-structured interviews, observations and informal discussions. The first author, a paediatric occupational therapist who was not known to participants, undertook all data collection. For the semi-structured interviews, an interview guide (see Table 1) was developed by the authors and piloted. As the interviews progressed, small adjustments were made, such as the inclusion of further prompts that allowed greater exploration of topics raised by previous participants. Most interviews were conducted at off-site locations convenient to the participant (e.g., local cafes), with one by phone. Interviews were audio-recorded and transcribed verbatim. Two observations of a new graduate participant facilitating a group program at the purposefully selected NGO took place, during which the first author documented a description of the sessions to guide informal discussions with the participant regarding her decision-making experiences. Factors including workload demands influenced opportunities for further observations. A second new graduate participant from the purposefully selected NGO engaged in an informal discussion via phone regarding her recent therapy sessions. Researcher reflections and descriptions of the informal discussions were documented in field notes.

Table 1

Interview questions

• Tell me about your experience of finishing university, applying for jobs and being offered your first position.
• Tell me about your experience in your first job (particularly the first few months).
• Tell me about anything that changed [or has changed] over the first year [or specify other timeframe].
• Tell me about your experience when first making decisions about "what to do" in your practice.
• When you think back, what do you think helped (or hindered) your decision-making?
• Let's think about your decision-making after [specify timeframe e.g., 12 months, 2 years]. Tell me about your experience.
• What do you think helped you at that time?
• Based on your experiences, what supports or experiences do you think current new graduates need to feel confident and competent in making decisions about "what to do"?

D *Data Analysis*

Data were analysed using an inductive strategy, "working with your data from the ground up" (Yin, 2018, p. 169) which enables researchers to become familiar with the data and allocate codes to represent concepts of interest. Initially, all authors independently coded an eight-page data sample that contained interview and field note data and was representative of the final dataset. The authors then met to discuss these codes and form consensus on an initial coding strategy. When forming consensus, some codes were combined, such as all preliminary codes pertaining to informal interactions with experienced colleagues, new graduate colleagues and peers being grouped together to form a code titled 'Learning from others'. The first author then coded the remaining data using this coding strategy, meeting regularly with the other authors to consider alternative views on the data, refine the codes and reach consensus. All authors then reviewed the coded data and identified three preliminary themes pervading the codes. Member checking (Patton, 2015) was used to verify the authors' initial interpretations, whereby participants were asked to review a summary of the preliminary themes and codes, confirm whether the summary reflected their experiences and make further additions if they wished.

Two participants responded, confirming the authors' initial analysis. When developing the manuscript, the names of the codes relating directly to experiences of learning to make decisions were further refined or adapted based on phrases used by the research participants within the data (e.g. 'Learning from others' and 'Formal supervision sessions' becoming 'It takes a village'). Other initial codes, such as 'Describing what it is like to be a new graduate', 'Describing the case' and 'Recommendations for supporting new graduates' were used to develop other sections of the manuscript. Additionally, as the research team further reviewed and discussed the coded data, a single prominent theme pertaining to the organisational context was identified as pervading all the revised codes, with the remaining preliminary themes forming part of the new graduate experience described within the revised codes. Tables 2 and 3 summarise the initial and revised codes and themes. The contact person from the purposefully selected NGO reviewed the manuscript prior to submission to confirm participant privacy.

Table 2

Summary of initial and revised codes

Initial Codes	Revised Codes
Learning from others Formal supervision sessions	It takes a village
Resources	Coursework, programs and resources
Knowledge and experience Learning through feedback and reflection	Knowledge, experience and reflection
Working with each child and family	Engaging children and families
Impact and development of personal characteristics	I am one of those people who…
Recommendations for supporting new graduates #	
Changes in clinical reasoning and decision-making over time ^	
Describing what it is like to be a new graduate *	
Describing the case *	
Other	

Informed participant recommendations section of the Findings
^ Re-categorised as a preliminary theme
* Informed case description included in the Methods section

Table 3

Summary of preliminary and revised themes

Preliminary Themes	Revised Theme
Environmental factors (funding, geographical location) Learning what to do # Changes in clinical reasoning and decision-making over time #	It's just go, go, go

Informed descriptions of the new graduate experience within the revised codes

III FINDINGS

Participant comments throughout the data indicated that, in general, new graduates found clinical decision-making "hard" (NG2) and "daunting" (NG1). As they gained practice experience, new graduates' confidence increased, but they felt they needed to prioritise their learning to support their clinical decision-making as there was "still lots to learn" (NG2). The following research findings are organised under the pervading theme 'it's just go, go, go' and the five codes highlighting the specific influences that shaped the new graduates' experiences of learning to make intervention decisions: 'it takes a village', 'coursework, programs and resources', 'knowledge, experience and reflection', 'engaging children and families' and 'I am one of those people who…'. The recommendations suggested by participants regarding supporting new graduates' clinical decision-making are then outlined.

A *It's Just Go, Go, Go (Impact of funding models)*

Within the NGOs, workplace support and resources were available to assist new graduates' intervention decisions, however, the demands associated with providing NDIS-funded services impacted their ability to access available supports. The experienced clinician explained:

> I think it's [opportunities to talk with colleagues] slowly getting lost … there used to be time where you'd all be in the same office and talking about things … there's still a little bit of that space, but there's not the depth in conversation because there is not as much time … Because the expectation is to have those five billable hours, so it's just go, go, go … (E1)

One new graduate reinforced this challenge in seeking support for her clinical decision-making saying, "you always feel like you don't want to ask too much of other people because you feel like everyone is busy …" (NG2). In addition to impacting opportunities for support from colleagues, the introduction of the NDIS impacted time available to make decisions and plan for therapy and, in one NGO, contributed to a need to work with both adults and children when the organisation had traditionally provided paediatric services. However, some new graduates' experiences of learning to make intervention decisions were not as strongly influenced by increased demand for services and the focus on billable hours targets as the NDIS was still gaining momentum in some geographical locations, with one new graduate describing commencing work as: "… quite a slow build up" (NG1). In contrast to NDIS-funded services, providing school-based services under a government grant generally enabled greater flexibility for new graduates to develop their clinical decision-making through access to workplace support and time to learn during working hours. A new graduate working wholly under a government grant explained:

> I think for the people on the NDIS system 100% of the time, they probably don't get as many shadowing opportunities as I do, because the grant will still cover me to do shadowing and things like that if I need to. … [They] need to bring in billable hours. (NG3)

Feedback obtained during member checking indicated that NGOs were continuing to evaluate and adapt their new graduate support processes, such as increasing access to mentoring and a graduated approach to practice to enable time to develop skills and access available support.

B *It Takes a Village (Support from others)*

One new graduate mentioned the saying 'it takes a village to raise a child' as a metaphor when discussing the availability of colleagues to provide formal and informal support for clinical decision-making. Participants perceived NGOs as being used to having new graduate employees: "it seems like there's a lot of options [for support] … which is definitely, I think, a benefit of being part of such a large organisation" (NG1). However, new graduates' ability to draw on their colleagues to support their clinical decision-making varied according to the geographical location in which they were based, and the way services were funded.

1 *Informal support*

New graduates worked alongside occupational therapy and other allied health colleagues, enabling informal opportunities to ask questions, debrief, gather ideas and resources, and seek validation of their intervention decisions. One new graduate described how she and her colleagues sometimes "bounce[d] off ideas. I might be like 'Oh, I've got this client that needs help with teeth brushing. What do you guys normally do?'" (NG2). Workshadowing and access to previous reports further assisted new graduates' intervention decisions by providing a baseline for them to follow. One new graduate described "connecting with others" (NG3) as more time efficient than using paper-based occupational therapy models to guide her thinking. However, some new graduates experienced difficulties connecting with experienced colleagues as a support mechanism for clinical decision-making because of the time constraints and increased focus on billable hours when providing NDIS-funded services. For example, one new graduate perceived her colleagues as time poor and worried about "taking someone else's time when they're busy" (NG2).

2 *Formal, organised support*

In addition to informal discussions, new graduates were offered formal supervision. Supervision enabled opportunities for more in-depth case discussions, assistance to navigate challenging situations, and, sometimes, specific teaching to support clinical practice. Supervision also provided further opportunities to ask questions, gather ideas and obtain validation regarding their intervention decisions. However, the NDIS had impacted supervision processes because these were not considered billable time under the new fee-for-service model. The experienced clinician, who had previously supervised some of the new graduate participants, described how the length and frequency of sessions had changed, and felt this contributed to new graduates only discussing the most complex issues they were facing as there was insufficient time to cover more fundamental skills.

Additionally, new graduates perceived their supervisors as "stretched" (NG2) and having insufficient time to guide new graduates, resulting in the supervision of the newest therapists being prioritised. Some new graduates were not based at the same site as their supervisors and felt that off-site supervisors had less knowledge of the specific children with whom they were working, compared to on-site colleagues who had a "visual of the kid and what's going on for them" (NG1). Consequently, these new graduates often focused on broader topics such as supporting children with emotional regulation, rather than discussing decisions regarding 'what to do' with specific clients. One new graduate described informal support as an important addition to formal supervision as "your supervision session might only happen on scheduled times, but instances pop up … and you go 'I don't know what to do'" (NG3).

3 *External networks*

New graduates' professional networks, including university peers, paediatric interest groups and friends, further influenced their clinical decision-making through collaboration and validation of knowledge. One new graduate explained how discussions with friends from university meant: "… I'll hear ideas or activities that they're doing … I draw upon that from them" (NG3). New graduates felt 'close' to their friends and university peers, enabling personal support. New graduates' families, partners and housemates also provided personal support and reportedly encouraged them in their learning or supported them to take a break from learning outside of working hours.

C *Coursework, Programs and Resources (Utilising physical resources)*

On-site resources provided intervention ideas and sometimes pre-made activities that were perceived to support clinical decision-making by "show[ing] the way forward" (NG1). Available resources included formal therapy curricula (e.g., Zones of Regulation (Kuypers, 2011)), orientation modules and resources, and other physical resources and intervention information. Whilst access to on-site resources assisted new graduates' intervention decisions, the wide range of resources made it challenging to know everything that was available to them. New graduates also described "drawing back on" (NG3) university notes and resources when making decisions. This enabled them to find general intervention information and increase their understanding of occupational therapy frameworks and approaches used in their workplace. Facebook groups, podcasts, textbooks and research articles were identified as further resources that could support new graduates' intervention decisions. Whilst some were challenged by not having a "huge amount of time" (NG2) to make decisions and prepare for sessions during working hours due to the demands of meeting billable hours targets, accessing resources outside of work was impacted by descriptions of the importance of taking time for themselves.

D *Knowledge, Experience and Reflection (Drawing on their developing knowledge and experience)*

New graduates' developing knowledge and experience, and engagement in reflective practice, influenced and informed their intervention decisions. Knowledge from university coursework,

student placements and the organisations' orientation processes supported their understanding of the nature of practice within the organisations and provided general intervention ideas. As they gained practice experience, new graduates began to recognise patterns in client presentation, enabling them to translate intervention ideas between clients. One new graduate described this, saying:

> I know we're person-centred … But I've got some kids on my caseload who, if you didn't look at the names … you would think it was nearly the same case. So, in that way it can make it easier for me, 'like okay I know what I need to do, we can try it and if it doesn't work then we'll adapt it'. (NG3)

Whilst knowledge from university coursework and student placements assisted new graduates' intervention decisions, the experienced clinician identified that they may still be developing the ability to adapt this knowledge to their current work context, such as modifying emotional regulation programs for different age groups. She also identified that new graduates initially needed more time to make intervention decisions and prepare for therapy because of their developing knowledge and experience. However, a new graduate within that organisation described how it was common for therapists to "just get given whoever is next [on the waiting list]" (NG2) due to the increased demand for services and billable hours focus, with little consideration for the therapists' level of familiarity or preparation time needed.

Formal professional development events and activities also supported new graduates' intervention decisions by increasing their clinical skills and knowledge, providing intervention ideas and assisting them to explain their clinical reasoning to families. However, not all new graduates described drawing on professional development events when making intervention decisions. New graduates valued financial assistance and time release from their workplaces to attend professional development.

Reflective practice enabled new graduates to reflect on the intervention decisions they made to inform their future practice. One described how learning from 'bad experiences', such as "trying different activities and realising [it] really didn't work" (NG1) influenced what she decided to do in future sessions. She also described how she had enjoyed having extra time for reflections during the gradual build up in her caseload associated with the NDIS still gaining momentum in her geographical location. The experienced clinician perceived that feeling pressured to meet the maximum NDIS billable hours each day reduced opportunity for reflection and wondered whether these factors "then creates this thing of just doing the same thing over and over again but [not] necessarily doing it well …" (E1).

E *Engaging Children and Families (Engagement as a feedback mechanism)*

The need to effectively engage clients and families provided an inbuilt feedback mechanism that influenced new graduates' intervention decisions. One new graduate described how the awareness that children were only seeing her for "an hour a week" (NG1) contributed to decisions about involving parents in therapy to help ensure they felt supported and that strategies were being "reinforced" (NG1). She also recognised cultural differences in some families, such as expectations of an 'expert model' of service provision, leading to decisions to explain her collaborative approach in more depth.

Because of having to work with both children and adults in her NDIS caseload following the increased demand for services, another new graduate described needing to pay a great deal of attention to choosing therapy activities that were age-appropriate and relevant to the client's context. She described paediatric and adult service delivery as a "completely different ball game" (NG2), and that it took longer to make intervention decisions and reason through her therapy sessions when moving between age groups.

F *I am One of Those People Who… (Impact of personal factors)*

Personal factors such as individual learning styles, self-confidence and other personality traits influenced new graduates' experiences of learning to make intervention decisions. They valued

learning opportunities that met their individual learning styles, with one new graduate describing how she is "someone that naturally likes to talk and debrief and work things out" (NG1). Some new graduates described having perfectionist tendencies and "becoming stressed or worried about not knowing what to do" (NG3), which increased the frequency with which they sought support for their intervention decisions. New graduates felt that their confidence in their clinical decision-making increased through gaining knowledge and practice experience, engaging in professional and personal development activities, and receiving workplace support. One new graduate described needing less validation from colleagues as she gained practice experience.

The experienced clinician wondered whether generational differences had led to new graduates preferring not to undertake work-related activities, such as planning and preparing for therapy, outside of working hours. While new graduates were committed to learning to make good intervention decisions and provide a high-quality service, they felt the need to ensure they kept personal time for family, social and leisure interests outside of working hours, and avoid "cross[ing] the border of being burnt out" (NG3), particularly when working in an environment with high demand for services.

G *Participant Recommendations*

Further to describing their own experiences and perspectives of learning to make intervention decisions, participants made general recommendations regarding how new graduates can be supported to develop confidence and competence in their clinical decision-making. Some recommendations related to workplace support, whilst others related to strategies new graduates could initiate or to support they could seek themselves. Participants also provided suggestions regarding support and resources that could be drawn upon in less supportive positions. Table 4 lists the participants' recommendations for supporting new graduates' clinical decision-making.

Table 4

Participant recommendations for supporting new graduates' clinical decision-making

	Participant Recommendations
Workplace support and resources	Enable access to supervision, and for supervision sessions to be longer than 30 minutes and include varied activities Enable opportunities to reflect with, and learn from, colleagues on an 'as-needs' basis Enable opportunities to workshadow experienced colleagues Tailor learning opportunities to suit new graduates' personal learning styles Provide professional development funding Allow additional time for planning and documentation Provide personal support as needed
Strategies new graduates could initiate or support they could seek themselves	Be selective in which employment offers they accept based on availability of workplace support Engage in reflective practice Have a life outside of work (i.e., a hobby) to assist in 'switching off' Be willing to seek and/or advocate for support Be open to learning and comfortable with not being an expert straightaway
Additional support and resources when faced with less supportive positions	Draw on personal and professional networks (e.g., an Occupational Therapy Australia mentor, university cohort and lecturers, previous clinical educators, local occupational therapists, past colleagues, Facebook groups) Utilise podcasts, textbooks, and research articles Attend professional development events to further develop a professional network

IV DISCUSSION

This research explored new graduates' experiences of learning to make intervention decisions within two NGOs. Participants described new graduate clinical decision-making, including intervention, as challenging. A range of support options and resources relating to the organisational context and new graduates' own knowledge and experience were identified as assisting their clinical decision-making. However, the demands associated with providing NDIS-funded services impacted new graduates' access to support and resources when making intervention decisions. Drawing on the wider professional community did not feature highly in their descriptions of support used.

The challenges regarding clinical decision-making reported by participants are consistent with previous literature (Hodgetts et al., 2007; Murray et al., 2020; Parker, 1991). Additionally, some support mechanisms identified in the current study align with research pertaining to experienced paediatric occupational therapists' clinical decision-making (Copley et al., 2008; Copley et al., 2010) and experienced occupational therapists' perceptions of novice professional decision-making (Jeffery et al., 2021). This included drawing on professional development activities, therapists' own knowledge and experience, and the knowledge and experience of others. Some influences that shaped new graduates' intervention decisions in the current study, such as university contacts and resources, and personality traits, exist within other paediatric occupational therapy contexts (Moir, Copley & Turpin, 2022; Moir, Turpin & Copley, 2022). However, influences relating specifically to the NGO context were also identified.

It has previously been established that factors relating to the service context, such as local ways of practicing (Jeffery et al., 2021) and available resources (Kramer et al., 2009), impact occupational therapists' clinical decisions. The current study specifically explored contextual factors that influenced new graduates' paediatric intervention decisions in NGOs. Within the included NGOs, the introduction of the NDIS impacted new graduates' access to supervision and informal support available within the workplace to assist their clinical decision-making. The increased focus on billable hours and demands placed on therapists meant that new graduates perceived their colleagues as busy, affecting how comfortable they felt to seek support from others when making intervention decisions.

These changes also impacted time available to prepare for and reflect on practice. Such impacts are likely associated with a lack of funding for staff training (Carey et al., 2018) and clinical supervision (Hines & Lincoln, 2016) within the NDIS. Additionally, Deloitte (2015) suggested that the fee-for-service model has resulted in financial pressures within some workplaces, such as requiring larger client caseloads as a source of income. As workplaces including NGOs, which are heavily impacted by the funding changes, are continuing to develop processes for balancing the provision of high-quality services, financial pressures and supporting staff development, it is important to consider the implications of these funding changes on client outcomes, new graduate clinical competence and staff retention.

Supervision, informal support and continuing education typically assist new graduates' transition to practice (Moores & Fitzgerald, 2017) and were reported as influences on new graduates' intervention decisions by participants in this research. Prioritising formal supervision can assist new graduates' level of comfort to draw on experienced colleagues and enable opportunities for validation and affirmation of clinical decision-making (Robertson & Griffiths, 2009; Turpin et al., 2021). The introduction of formal supervision requirements for new graduates, such as the period of compulsory weekly supervision in New Zealand (Occupational Therapy Board of New Zealand, 2020), would assist in standardising support across the Australian occupational therapy profession. Alternatively, professional associations such as Occupational Therapy Australia are well positioned to promote minimum levels of new graduate workplace support (e.g. Occupational Therapy Australia, 2025) and assist in developing specific supervision proposal templates that new graduates could use to advocate for supervision within their

workplace to support their clinical decision-making and overall transition to practice. However, it is necessary to consider how protected time for supervision can be safeguarded when NGOs are facing a lack of funding for clinical supervision, and experienced clinicians' availability to provide support may be impacted by increased demand for services and need for larger caseloads as a source of income.

Additionally, whilst new graduates benefit from a graduated approach to practice to enable opportunities to reflect, plan and prepare for therapy, and cope with increasing pressures working under the NDIS, NGOs relying on NDIS funding might have limited capacity to afford this. As new graduates predominantly working with paediatric clients reported being able to recognise and draw on patterns in client presentation when making clinical decisions, scaffolding new graduates' caseloads to allow them to gain repeated exposure to certain age groups initially would support skill consolidation and opportunities to draw on previous cases when making clinical decisions.

Moreover, enabling access to clinical reasoning and decision-making tools (Kuipers & Grice, 2009; Tan et al., 2021) and workplace onboarding processes introducing assessment and intervention approaches commonly used within the workplace would provide new graduates a practical pathway to follow whilst gaining workplace-specific skills, knowledge and experience. Despite the lack of funding for staff training, prioritising support mechanisms within workplace policy enhances client service provision (Hazelwood et al., 2019). The provision of support to assist new graduates to provide high-quality services is crucial as the NDIS enables service users to choose their own providers (Russi, 2014).

Although the provision of support may further increase financial and workload pressure within NGOs, new graduates are unlikely to need high levels of support on an ongoing basis. Research suggests it can take up to six months for new graduate occupational therapists to begin feeling clinically competent (Hodgetts et al., 2007; Tryssenaar & Perkins, 2001). Therefore, it may be a good investment for organisations to provide early support to further develop new graduates' knowledge and experience to assist their intervention decisions.

Outside of the workplace context, new graduates drew on their established networks and university training to support their intervention decisions, with variable descriptions of using formal professional development events and activities within the wider professional community. They did not often describe drawing on personal resources and experiences beyond personal support from family and friends, tending to prioritise personal time outside of work. This may have stemmed from new graduates prioritising on-site support to become clinically competent in their workplace context (Jeffery et al., 2021), perceptions of sufficient workplace support, or feeling too time-poor or overwhelmed to engage in professional learning beyond their immediate needs. Further exploration of new graduates' access to personal resources and experiences and support from the wider professional community is needed.

Additionally, whilst participants in the current study acknowledged the importance of prioritising personal time outside of work to avoid burnout, they appeared unprepared to navigate the challenges of seeking support and engaging in professional learning in an environment focused on billable hours. Ongoing collaboration is needed between universities, workplaces and professional associations to determine approaches to further expose students to the realities of working within a fee-for-service funding model prior to commencing practice. This may include further clarification of the billing of student-led services under the NDIS (National Disability Insurance Agency, 2020) to enable more 'in-depth' experiences of billable hours expectations.

A *Limitations and Future Research*

Challenges recruiting occupational therapists working in NGOs resulted in small participant numbers. Whilst this is acceptable within case study research, this study only begins to explore experiences of new graduates working in NGOs. Future research is required to understand their experiences of learning to make intervention decisions within NGOs more broadly, particularly given that occupational therapists working in NGOs may be underrepresented in research generally. Additional research is also required to further understand the factors influencing new

graduates' access to support from the wider professional community to assist their intervention decisions. Possible impacts of lack of support on client outcomes were not explored in the present study and could be the focus of further research.

V CONCLUSION

This research provided insight into new graduate occupational therapists' experiences of learning to make intervention decisions within two Australian NGOs. Whilst workplace supports and resources were offered to new graduates, the significant changes in the way services were funded following the introduction of the NDIS impacted their ability to access available supports to assist their clinical decision-making. New graduate decision-making challenges exist within other allied health disciplines (Kenny et al., 2009; Wells et al., 2021), with these professionals also providing NDIS-funded services (National Disability Insurance Agency, 2021). Consequently, it is necessary for organisations employing new graduate allied health professionals to balance economic demands and supporting new graduate employees whilst they learn to make high-quality intervention decisions. Additionally, ongoing collaboration regarding approaches to further expose students to the realities of working within a fee-for-service funding model is needed.

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