

Psychologists' Job Satisfaction and The National Disability Insurance Scheme

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Abstract

With the complete roll out of the National Disability Insurance Scheme (NDIS) fast approaching, research has documented the process, evaluations and suggested improvements of the scheme. However, there has been little insight into the perspectives of psychologists who play an integral part in the system in providing services to clients. This qualitative study explored the experience of psychologists working within the scheme and the reported effects it has had on their job satisfaction. Furthermore, the study documents the changes participants believe may improve psychologists' job satisfaction. Eight psychologists were interviewed with six of them registered NDIS service providers. Thematic analysis of the data identified six experience themes with respective subthemes: Client experience; Administrative paperwork; Communication; Session impact; Effects on psychologists; and Outcomes of job satisfaction. Further thematic analysis generated two suggestion themes: Client-centred suggestions and Psychologist-centred suggestions. Participants reported decreased levels of job satisfaction impacted access to psychology services for NDIS clients. Recommendations are offered to improve psychologists' experiences working within the NDIS.

Declaration

This thesis contains no material which has been accepted for the award of any other degree or diploma in any University and, to the best of my knowledge, this thesis contains no material previously published except where due reference is made. I give permission for the digital version of this thesis to be made available on the web, via the University of Adelaide's digital thesis repository, the Library Search and through web search engines, unless permission has been granted by the School to restrict access for a period of time.

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CHAPTER 1: Introduction

1.1 The Importance of Psychological Services for Individuals with Disabilities

The importance of bridging the gap that exists between psychology services and disability is highlighted with over 4.3 million individuals in Australia diagnosed with a disability (Australian Bureau of Statistics, 2016; Simpson & Thomas, 2015). In particular, research has flagged the importance of psychological services for individuals with an intellectual disability (Man, Kangas, Troller, & Sweller, 2017). Consequently, studies urge that mental health professionals in particular, psychologists - be accessible and cater to the needs of this group (Man et al., 2017). Whilst much of the focus has been on individuals with an intellectual disability, the social model of disability indicates that psychological services are vital for individuals with all disability types. The model states that all individuals living with a disability are likely to experience stigma, social exclusion and discrimination (Killackey, Harvey, Amering, & Herman, 2015). Furthermore, studies demonstrate that these different forms of prejudice can be profoundly damaging to the psychological and emotional well-being of such individuals (Crow, 1996). Subsequently, these experiences are likely to effect physical health, functions of daily living, ability to think clearly, participation in community activities such as employment and the ability to manage the social and emotional aspects of life (National Mental Health & Consumer Forum, 2011). Thus collectively, research highlights that mental health is an essential element of one's quality of life and therefore efficacious psychological therapy should be accessible for all individuals with a disability (Simpson & Thomas, 2015).

1.2 Prior Health Provision

Prior to 2013, support services such as psychology services were accessed through publicly funded community health services or use of Medicare funded packages that allowed access to private allied health therapy (Australian Government, 2014). Disability care and

support in Australia has also predominately been a State rather than a Federal responsibility, with various programs managed by different departments. This approach was seen as problematic due to the poor coordination between departments, lack of entitlement to services and the widespread inaccessibility (Senate, 2007). Individuals were entitled to services based on whether they deserved services rather than the actual right to services (Lantz & Marston, 2012). How and when they acquired the disability was also considered (Reddinghough, Meehan, Scott & Delacy, 2015). This in turn led to a dependence on ageing carers, shortage of supported accommodation and family respite facilities and reduced education and employment opportunities (Reddinghough et al., 2015). The stresses of the system also resulted in increased expenses for all governments (Productivity Commission, 2011). Thus, the disability support system was reported “inequitable, underfunded, fragmented and inefficient and gives people with a disability little choice... a real system for people with disability little choice” (Productivity Commission, 2011, p. 5).

1.3 The National Disability Insurance Scheme

In response to the Productivity Commissions report that the current disability system was flawed and unsustainable, the National Disability Insurance Scheme (NDIS) was developed to overcome the shortcomings of the previous system. The new system was put to trial in four different locations in July 2013 and the full roll out commenced in all states and territories in July 2016 (Buckmaster & Clark, 2018).

The NDIS is based on two principles. Firstly, NDIS acknowledges the rights of individuals with a disability to make decisions and plan their life accordingly. Secondly, the NDIS claims to be a ‘no fault’ tired insurance model in order to provide cost effective lifetime supports for individuals with a disability (Productivity Commissions, 2011). Thus, the system aims to be person-centred with individualised services that promote independence, community inclusion and participation (Williams & Smith, 2014). This national scheme is

designed with numerous service providers but with only one source and operation of funding. Ultimately, the implementation of this type of scheme is to overcome previous concerns such as inequity and provide opportunities to recognise the interplay of various needs and suitable services at one time (May et al., 2018b).

Australians under the age of 65 with a permanent and significant disability are eligible for the scheme. Individuals are required to submit a claim to the National Disability Insurance Agency (NDIA), an independent statutory organisation that takes care of the NDIS administration. Individuals must prove their eligibility and that provided support will reduce their future dependence. Each case is approved on a case by case basis and support plans are created with an access planner based on each person's "goals and aspirations" (Australian Government, 2013). Funded supports must be associated with the disability and in turn improve the individual's ability to engage in an "ordinary life" (May et al., 2018a, p. 119). Depending on the individuals need, the scheme has three levels of supports (Productivity Commission, 2011). Individuals are to directly obtain funds from the NDIA and purchase their own supports according to their plan (Self-Managed), or funds can be managed by the NDIA (Agency-Managed) or an approved third party (Plan-Managed) (Australian Government, 2013).

1.4 Psychologists and the NDIS

NDIS participants can purchase psychological services if it is included in their support plan. The importance of psychological services has seen psychologists as among one of the most commonly used therapy services that assist individuals with a disability (Dew et al., 2016). Psychologists can help NDIS participants meet their NDIS plan goals and live an "ordinary life" (National Disability Insurance Agency, 2015, p.ii). Additionally, mental health services provide a pathway for consumers to access disability services such as the NDIS (Williams & Smith, 2014). These services can be accessed through both government

and non-government organisations. This includes disability service organisations, state and territory disability service providers and private businesses (May et al., 2018b).

Psychologists' NDIS clientele is dependent on whether they decide to become a registered NDIS provider or not. As a registered NDIS provider, psychologists are able to see NDIS participants on any of the three funding streams; Agency managed, Plan managed, Self-managed. However, without registration psychologists are only able to see Plan managed and Self-managed participants (Head, 2018).

1.5 Evaluation of the NDIS

As the scheme has only been recently introduced throughout Australia, evaluation of the NDIS so far has been minimal. The majority of research currently available was conducted prior to the introduction of the scheme. As a result this research outlined the need for the new scheme, how it will run, awareness of possible challenges and how they should be dealt with (May et al., 2018a; May et al., 2018b, Reddinghough et al., 2015; Williams & Smith, 2014).

When evaluating similar schemes that have been implemented internationally, research has identified benefits of this person centred and individualistic approach (Productivity Commissions, 2011; Salvador-Carulla & Einfeld, 2014; Williams & Smith, 2014). However, whilst these international schemes are quite successful, the implementation of the NDIS in Australia has other challenges. This is largely due to the national system being fragmented and having limited integration between sectors. (Salvador-Carulla & Einfeld, 2014). Studies in Europe stated that the lack of social coordination between key sectors such as the social and health sectors and the disability and elderly sectors would produce major issues in implementing a scheme such as the NDIS (Salvador-Carulla & Einfeld, 2014).

Further, the NDIS is a complex concept and is ultimately a social policy (Foster, Henman, Tilse, Fleming, Allen, & Harrington, 2016). It is mainly about the 'allocation and

distribution of financial and non-financial welfare services and benefits' (Foster et al., 2016, p28). Thus social policy allocation principles significantly impact equity, as it determines what does and does not get funded (Scott & Bornstein 2009). There is a constant debate between stakeholders to ensure the right balance of equity, efficiency and effectiveness (Foster et al., 2016). However, this is a difficult process as the different interests of government, insurers, taxpayers, recipients and families need to be considered. Cultural and political values further add to this debate (Foster et al., 2016).

The determination of 'reasonable and necessary support' is another complex concept due to the individualistic nature of this scheme (Foster et al., 2016). Furthermore, the scheme must handle diverse complex cases whilst also managing costs. These complexities address the challenges in determining the level of services that are necessary whilst also considering whether the costs and benefits are reasonable (Foster et al., 2016).

1.5.1 NDIS participant evaluation.

The pilot phase of the scheme in 2013 resulted in the reports of NDIS plans being inadequate. It was specifically reported that plans were rushed, inconsistent and inequitable (National Disability Insurance Agency, 2014). Other concerns that were highlighted during the trial period were that disadvantaged and isolated individuals with disability would be further marginalised in accessing the scheme (Soldatic, van Toorn, Dowse, & Muir, 2014). However, currently the NDIA reports NDIS participants generally having a positive overall experience, with 88% of participants stating their experience "good" or "very good" (National Disability Insurance Agency, 2018). In support of these figures, a study indicated parents/guardians of children under the age of seven who received Early Childhood Early Intervention (ECEI) were generally satisfied with both the NDIS and the NDIA. In particular the majority of the parents reported that there were no difficulties with the registration process or allocation of funding (Ranasinghe, Jeyaseelan, White, & Russo, 2017). These

positive experiences are possibly attributed to individuals who receive NDIS funding, as they have a comprehensive understanding of the scheme and the ability to advocate their needs (Green, & Mears, 2014; Soldatic et al., 2014). However, these same participants reported difficulties in seeking therapists and stated the allocation of funding was similar to previous systems (Ranasinghe et al., 2017). Further, even well-informed parents who are strong advocates for their children expressed difficulties in planning meetings which is an essential step to secure funding for necessary supports (May et al., 2018a). Other parents reported their knowledge of their child's difficulties was limited and therefore found it difficult to set goals, purchase appropriate services and therapists (May et al., 2018a; Ranasinghe et al., 2017). Additionally, parents/guardians stated a lack of confidence in accessing and comprehending NDIS information (Howard et al., 2015; Ranasinghe et al., 2017). Whilst these parents were generally satisfied with the system, other studies have indicated the system being problematic for younger children with disabilities and rather is focused on adults with a disability (Howard et al., 2015). NDIS participants also reported forms were highly complex and there was a lack of available information (Howard et al., 2015; Ranasinghe et al., 2017).

1.5.2 NDIS service provider evaluation.

In terms of service providers, international research has stated that self-managed support will only be promoted if people in health services and clinicians are well aware and satisfied with the system (Williams & Smith, 2014). In particular mental health services should be familiar with the model and application of self-directed support (National Developmental Team for Inclusion, 2013). However, there has been limited research looking into the perspectives of service providers and their experience with the NDIS. This is a reason for concern as a greater number of service providers are required for the scheme to run effectively (Mason, Crowson, Katsikitis, & Moodie, 2018).

Marchbank (2017) interviewed individuals who were administrators or service leaders that delivered ECEI. The study highlighted that community-based services were unable to cover for the shortcomings that occurred during the transition into NDIS, whereas state-wide services were financially better off. Key themes from the study were the business model as to how the services were delivered, the complexity of the funding stream and the issues of staffing capacity. The main challenge for these individuals was representing as a business, maintaining income streams and managing professional staff. In general, most of the changes were considered stressful by these participants and their businesses (Marchbank, 2017).

The only paper to date that examined mental health through a service provider perspective was a study conducted in the ACT during the pilot phase (Furst, Salinas-Perez, & Salvador-Carulla, 2018). The transition of block funding to individualised funding caused mental health providers and their clients a level of distress and uncertainty. This was largely attributed to the lack of planners' knowledge regarding mental health, eligibility issues and uncertainty about ongoing support. However, when plans were prepared well, the scheme enhanced the participants' life. Thus, the study revealed a 'fit for purpose assessment tool' was required. (Furst et al., 2018). This has been supported by international research as well (Salvador-Carulla & Einfeld, 2014).

Other issues reported by studies include excessive amounts of funding for services that participants rarely utilised (Productivity Commissions, 2017). Service providers expressed that the design of NDIS promotes competition between services. Participants are entitled to choose their service providers and make changes if needed (May et al., 2018a). Studies have also indicated the lack of NDIA response to the challenges faced by service providers. The NDIA stated there was not enough evidence to support these claims despite research indicating otherwise (Furst et al., 2018).

1.6 Theoretical Framework

Research states that service providers need to be satisfied with the NDIS for this system to run adequately (Williams & Smith, 2014). Thus, the understanding of these service providers job satisfaction with the NDIS is important. Service providers that see NDIS participants can be considered as employees of the NDIS.

Job satisfaction is a well-researched area, with multiple definitions and theories (Weiss & Merlo, 2015). Spector (1997) describes job satisfaction ‘as to how people feel about their jobs and different aspects of their jobs’ (p.2). Locke’s definition differs from Spector’s as it understands job satisfaction as a positive emotion. Thus Locke (1969) defined job satisfaction as a ‘pleasurable emotional state resulting from the appraisal of one’s job as achieving or facilitating the achievement of one’s job values’ (p.317). Ultimately most models express job satisfaction as falling on a continuum between job satisfaction and job dissatisfaction. Additionally jobs are seen to have satisfying and dissatisfying features (VanVoorhis, 2003). Research regarding the effects of job satisfaction have found to be significantly linked to performance, productivity, absenteeism, professional attitude, and other social and personal variables (Levinson, Fetchkan & Hohenshil 1998; Muchinsky 1990). It is therefore essential to have an understanding as to what factors contribute to job satisfaction and what changes are needed to be made to improve employee effectiveness.

The Minnesota Theory of Work Adjustment is a popular job satisfaction theory that was developed in the 1960’s. This theory focuses on the interaction between an individual’s work personality and work environment (Dawis, England & Lofquist, 1964). Thus, job satisfaction is attained through the ‘the compatibility between an individual and a work environment that occurs when their characteristics are well matched’ (Kristof-Brown, Zimmerman, Johnson, 2005, p.281). In other words, those who have a good match between work personality and work environment are seen to be satisfied with their job and thus

remain in that particular occupation for a longer period of time. A person who experiences job satisfaction and performs their job in an adequate manner has made a satisfactory adjustment to the organisation. Evidently, the most stable employment situations are a result of a mutually satisfied worker and employer (Eggerth, 2008). A meta-analysis by Kristof-Brown et al. (2005) supported this theory is stating that the prediction of job satisfaction is related to the level of correspondence between organisational demands and one's skills, needs, and values. It should be acknowledged that the person and the environment were previously considered as stable entities (Caldwell, Herold, & Fedor, 2004). However, research now acknowledges that both the environment and the person are in constant transition. Thus in order to sustain or reach correspondence, both the person and the environment must continuously maintain and adjust behaviours accordingly (Dawis & Lofquist, 1984).

An extension of the person-environment correspondence theory is the predictive model (Dawis, 2005). This model identifies two forms of person-job fit. Abilities-demand is the correspondence between the job demands and an individual's level of knowledge and skill. This form of person-job fit is determined by the organisation and predicts the satisfactoriness of employee performance. On the other hand, need-supplies is the correspondence between an employees' needs and values and the reinforcers that the job provides. This person-job fit is determined by the employee and predicts the employee's job satisfaction. Research indicates the lack of correspondence between abilities-demand or need-supplies effects as to how long an individual remains or is retained in a job (Dawis, 2005).

The present study is based on the need-supplies fit. Studies have indicated need-supplies is related to an increase of job satisfaction and a decrease of turnover intentions (Kristof-Brown et al., 2005; Wang, Zhan, Mccune, & Truxillo, 2011). Additionally employees whose needs were met by the organisation were seen to invest more effort,

develop satisfaction and remain within the organisation (Cable and DeRue 2002). According to this person-job fit there are environmental events that satisfy needs called 'reinforcers' (Dawis & Lofquist, 1984). There are at least 20 different reinforcers that ultimately have an impact upon job satisfaction. The level of strength of these needs varies amongst individuals (Dawis & Lofquist, 1984). These needs or reinforcers are categorised into six factors or values: altruism, achievement, comfort, safety, status and autonomy. Altruism entails the ability to be in harmony with others and be of service to others. Achievement entails the use of one's abilities that will result in feelings of accomplishment. Comfort is the importance of a comfortable environment and the absence of stress. Safety entails a structured, stable and predictable environment. Status entails the importance of recognition and possessing authority over others (Dawis & Lofquist, 1984).

1.7 Present Study

There is minimal research regarding the NDIS, in particular from a service provider perspective. Studies have shown in comparison with international research, that the NDIS will only be successful if service providers in this case mental health providers, are satisfied and well aware of the system. To date there is no study known which documents the experiences of psychologists working for the NDIS; the present study aims to fill this gap. To explore this aim the research questions of this study are: 1) what are psychologists' experiences in working with the NDIS and 2) what changes are required to improve psychologists' experiences? A qualitative approach is most suitable for this study as there is no prior research in this area from solely a psychologists' point of view. Findings from this study aim to provide information that could be useful for enhancing the NDIS and parties involved.

CHAPTER 2: Method

2.1 Participants

Psychologists who held registration under the Psychology Board of Australia and have NDIS client experience were invited to partake in the study. Participants were recruited through online posts on the Australian Psychology Society website and the Psychology and Health Forum website (Appendix A). Further recruitment was conducted where study details were relayed to professional affiliations of the supervisors and networks of participants (snowballing).

A total of eight psychologists who were currently working with NDIS participants expressed interest in the study. Five were women and three were men. Participants experience with the NDIS ranged between six months to seven years, with an average length of three years. Four psychologists held registration with the NDIS and one participant had revoked her status. One participant predominantly worked with adults, five treated children and two had a mixture of cliental. Five participants were located in South Australia, two in Victoria and one in New South Wales (see Table 1 for details).

Table 1

Participant Demographics

Participant	Gender	NDIS Clientele	Years of NDIS	NDIS Registered	State
1	Woman	Children	3	Yes	SA
2	Man	Children	5	No	NSW
3	Woman	Children	5	Revoked	SA
4	Man	Children	7	No	VIC
5	Woman	Adults	0.5	No	VIC
6	Man	Children	3	Yes	SA
7	Woman	Mixed	1	Yes	SA
8	Man	Mixed	2	Yes	SA

2.2 Procedure

The University of Adelaide Subcommittee for Human Research Ethics approved the study (19/27). Participants received an Information Sheet that outlined details of the study (see Appendix B). Written and verbal consent to be interviewed and audio recorded was obtained prior to the interview (see Appendix C). Participants were aware their participation was voluntary and they could withdraw at any time.

Upon consent, open-ended interviews were conducted either face to face or over the phone at a convenient time and location for participants. This method of data collection allowed exploration with breadth and depth of comments made by participants during the interviews (Braun & Clarke, 2013). To explore psychologists' experiences with the NDIS, an interview guide containing prompts and probes was developed. Questions explored

psychologists' general experience of the NDIS and its relationship to different areas of work. Questions were asked in no particular order and instead were adapted to the responses of participants. Thus, throughout data collection the guide was continually refined with additional questions and probes to expand on perspectives raised in prior interviews (see Appendix D).

Interviews were transcribed verbatim by the researcher to ensure accurate reporting of participants' accounts and to become familiar with the data (Braun & Clark, 2013). To ensure anonymity of participants, a number was assigned to each interview and identifiable information was removed. Participants had the option of adjusting and approving their deidentified transcript to ensure credibility of the findings (Tracey, 2010). Five participants requested to view their transcripts, but no adjustments were requested. All participants requested to receive a summary of the findings.

An audit trail was maintained by the researcher where aspects of the qualitative research process were recorded. This included the development of the study, preliminary themes, adjustment of the interview guide and links to previous research. To establish rigour, the audit trail was used to compare data at each stage of analysis. Further, to establish transparency, the researcher was reflexive by noting down personal influences and potential biases in the audit trail. Tracey (2010) states that the maintenance of an audit trail ensures sincerity and credibility in conducting qualitative research. The researcher is a support group facilitator for a mental health organisation and therefore is in contact with many individuals who access the NDIS. To eliminate biases, discussions with the supervisors were facilitated throughout each stage of data collection, analysis and report write up.

2.3 Data Analysis

Thematic analysis of open-ended interviews was conducted. This form of analysis involved the identification, recording and analysis of relevant themes or patterns in qualitative data. A theme is ‘something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set’ (Braun & Clarke, 2006, p10). Thus generated themes were data driven, inductive and theoretically driven, theoretical. Collection and analysis of data involved going back and forth between the six stages of thematic analysis: data familiarisation, initial code generation, generating initial themes, reviewing themes, defining themes and reporting themes (Braun & Clarke, 2013). This analytical approach was suitable for this study as it produced a ‘thick description’ of the data set (Braun & Clarke, 2013, p4).

CHAPTER 3: Results

3.1 Overview

The aim of the present study was to explore psychologists' experiences with the NDIS and the reported effects it had on their job satisfaction. The first research question; what are psychologists' experiences in working with the NDIS, generated six overarching themes and their respective sub-themes. Overarching themes; Client Experience, Administrative Paperwork and Communication led to a Session Impact and an Effect on Psychologists. Collectively the above five themes resulted in the theme; Outcomes of Experiences. Figure 1 depicts the above theme interaction for research question one. Analysis of the second research question resulted in key suggestions of NDIS improvement which was divided into two overarching themes with their respective sub-themes; Client-centred suggestions; and Psychologist-centred suggestions (refer to Figure 2).

Figure 1
 Research Question 1: Thematic map

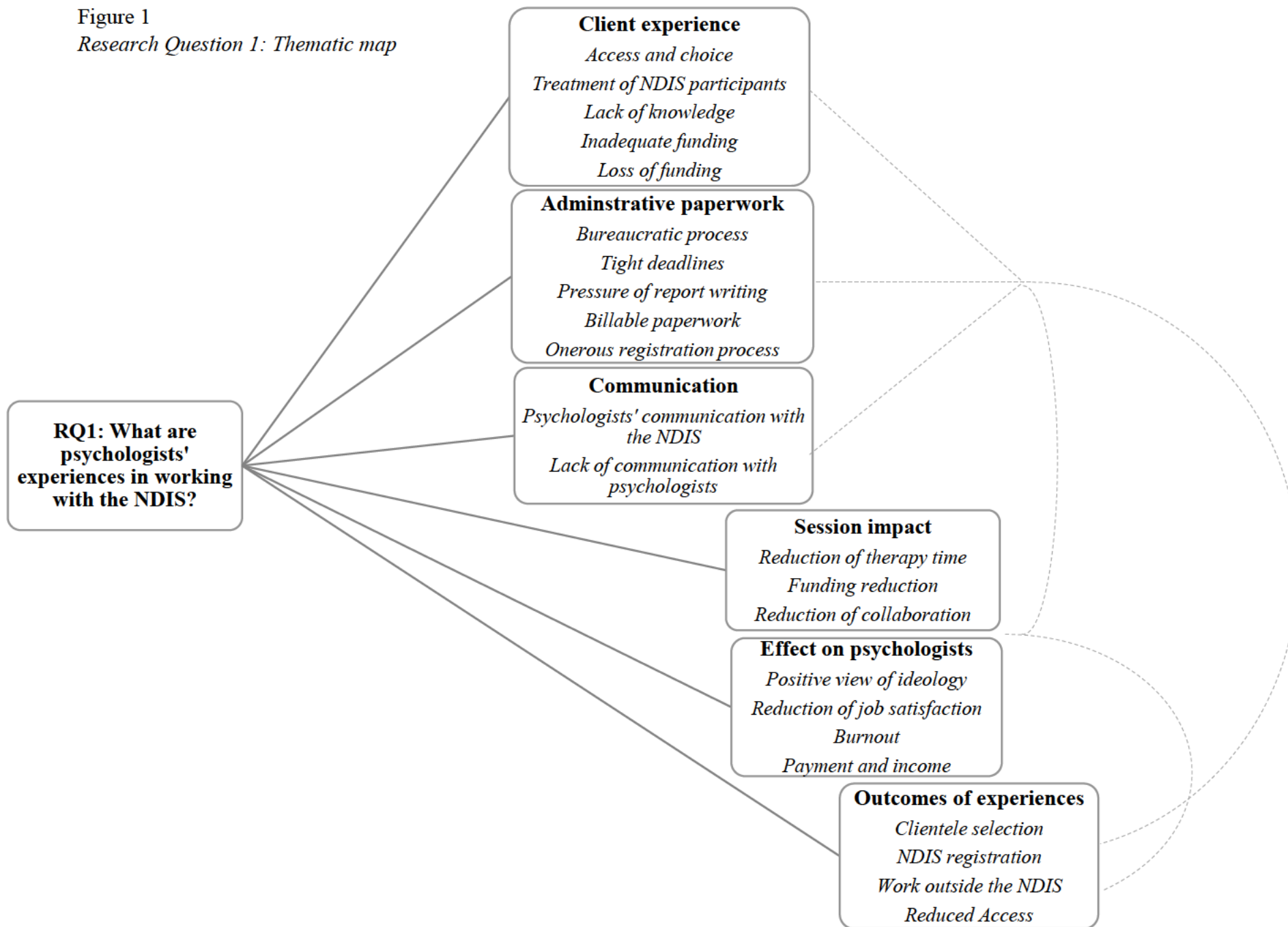
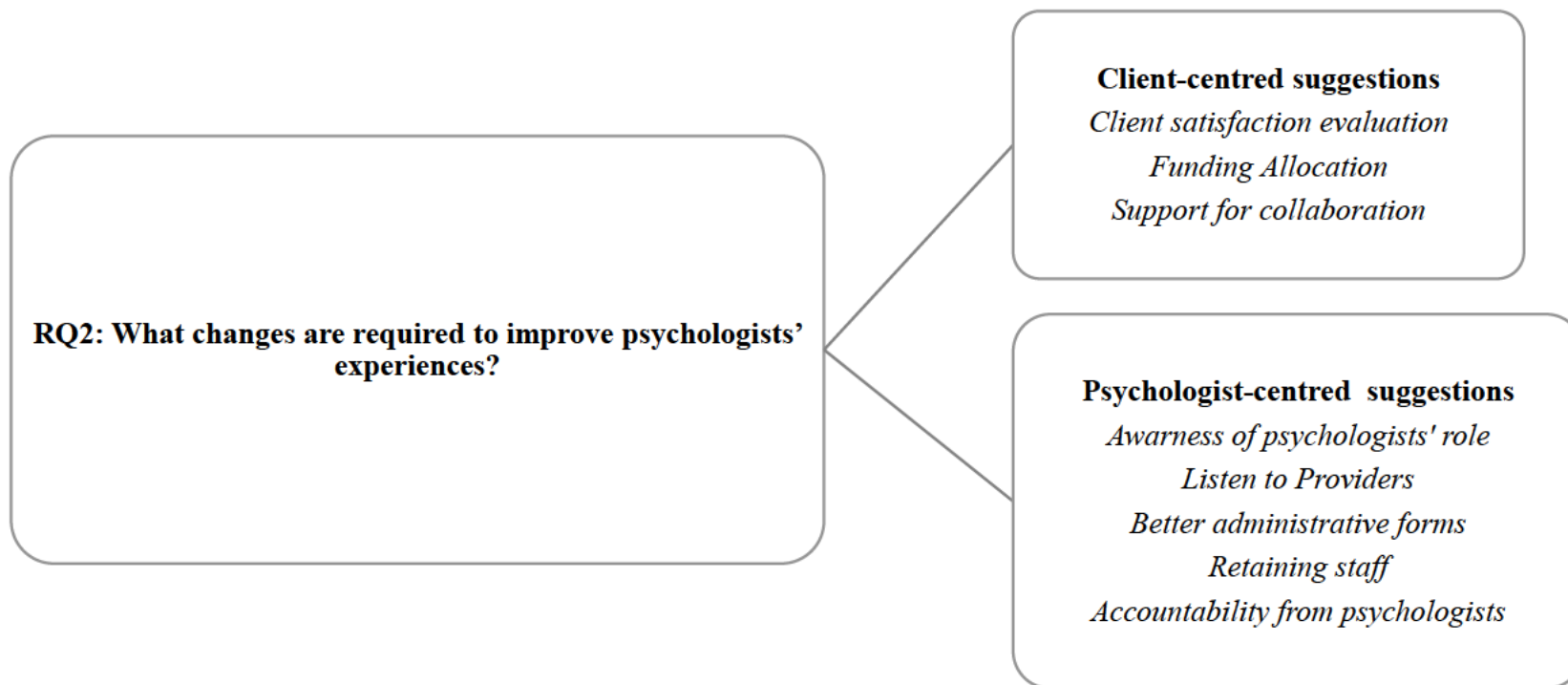


Figure 2
Research Question 2: Thematic map



3.2 Client experience

In describing their experiences and satisfaction with the NDIS, participants commented on their clients' experiences and satisfaction with the system. Participants explicitly stated that clients' experiences and satisfaction played a major role in their own job satisfaction:

I know this is about the family but that's where I get my satisfaction from (Participant 3, lines 254-255).

3.2.1 Access and choice.

The knowledge that a greater number of individuals could access the scheme was positively associated with participants' experience in working with the scheme:

...it has changed for the better because there are those families that can access those services that wouldn't be otherwise (Participant 3, lines 253-254).

Further, it was highlighted that clients had a greater choice in the types of service provision they would like to access to meet their goals:

I have noticed with clients is that they have a lot more choice now as to what service providers and allied professionals they can access (Participant 8, lines 60-61).

3.2.2 Treatment of NDIS participants.

In contrast, participants were emotionally impacted by the inappropriate attitude and treatment towards clients by the NDIS:

...it just helps reinforce for these sorts of clients who often already being battling with their own health issues for such a long time it's just yet another reinforcement of that you know that they are inferior that they don't matter that people don't care about

them um and that they are just going to have to battle to get their needs met and that's very very sad and unnecessary (Participant 5, lines 167-171).

3.2.3 Lack of knowledge.

Further participants felt the lack of knowledge of disability by the NDIS management, impeded the quality of the scheme for their clients:

...that lack of understanding of disability and I don't understand how you can run a scheme and have so many of your people making decisions have no understanding of disability when disability is the core of what you do (Participant 1, lines 493-495).

3.2.4 Inadequate funding.

The allocation of funding for clients seemed inconsistent to participants and this was negatively associated with participants experience in working with the system:

My top quarter of kids last year all went to review... um because the plans were just totally inadequate. Like seeing what they got compared to what others got that was just ridiculous (Participant 1, lines 166-168).

Further, participants felt that individual factors were not taken into account in the allocation of client funding.

Doesn't take into consideration every kid develops at different rates and some have more lacking skills than others (Participant 6, lines 324-325).

3.2.5 Loss of funding.

Participants shared the disappointment of the reduction or loss of funding for their clients. Especially as this was seen to negatively impact clients therapeutic progress:

I'm a person maybe disappointed when somebody loses funding because they may have been making really good progress and then it all just has to stop so there's yeah there's mainly those um parts that I find and um dissatisfying (Participant 8, lines 104-107).

3.3 Administrative Paperwork

Participants commented that in general the majority of a psychologist's taskwork is paperwork:

I think the admin kind of stuff is you know lots of psychologists will tell you that's a large proportion of our job we only see clients for twenty percent of the time the rest of the time it's paperwork (Participant 4, lines 211-213).

3.3.1 Bureaucratic process.

However, the majority of paperwork associated with the NDIS was considered unnecessary and time consuming by participants and instead perceived as more like a bureaucratic process:

I guess is to give you like a like a doctary example if you go to the doctors and the doctors there and you say look I've got a sore throat and the doctor goes through they'll go through a decision making process as psychologist do and they'll go oh you haven't got lung throat cancer you haven't got laryngitis you haven't got this you haven't got that you haven't got tonsillitis they'll work out what you got they'll write a diagnosis down in the notes and give you the appropriate medication. They don't write down the notes about how they work that out they just write down the outcome what the NDIS wanted us to do is write how we got there (Participant 7, lines 96-103).

In contrast some participants found aspects of paperwork beneficial for their professional development:

...there's some benefits of paperwork like I think it make you a better practitioner because it forces you critically think who you are working with and um plan and reflect and all that kind of stuff (Participant 4, lines 213-215).

3.3.2 Tight deadlines.

To maintain client funding, participants are required to produce reports. However, participants reported that the requests to write these reports come with no warning and are required to be submitted in a short time frame. Thus this aspect of the job was deemed stressful:

...one of the kind of potential stressful things with that is that so for example I had probably about five requests just in this last week for a progress report so and they all I kind of within a short time frame so I'm going to be very busy on the weekend trying to get that done in time for peoples' meetings (Participant 8, lines 137-140).

3.3.3 Pressure of report writing.

Therapeutic alliances with clients resulted in participants facing pressure to produce reports that would result in continued funding or even increased funding:

...you want to ah cause you have that relationship and rapport with your client you want to assist them you know to try and maintain the funding they have or potentially get more so you feel that pressure I want to do that to help them (Participant 8, lines 173-176).

3.3.4 Report value.

However, participants at the same time felt their reports were not valued or even read by the NDIS:

I don't think they value them at all I don't think anyone reads them (Participant 4, line 332).

3.3.5 Billable paperwork.

The time spent on report writing to ensure the best possible outcome for the client and the actual amount paid for the paperwork was not seen as commensurate:

We only usually charge for one hours work and I was just before we started my colleague that I was with in the staff room um was mentioning how he never spends just one hour on a progress report you know you can easily spend three hours by the time um you kind of think about what you are going to write in there by the time you examine the goals and the progress made with each goal um and then future directions and recommendations (Participant 8, lines 129-134).

3.3.6 Onerous registration process.

The process of becoming an NDIS registered provider was considered difficult and an emotional toll for some participants. In particular, participants disapproved having to prove their eligibility despite already being federally approved:

The verification and certification process is quite frustrating because um as psychologist we go through a big process of um ah proving that we are working at a standard high enough and ethical enough to be allowed to work and feels like where having to go through a process a second time to prove that again and there both

Federal like AHPRA and they are both at a Federal level and it's frustrating because it is waste of time and resources (Participant 2, line 73-78).

In particular, participants from smaller practices felt that the process was a barrier:

...the certification and verification process makes it um (pause) ahh cost prohibited for us and small practices with not many NDIS clients (Participant 2, lines 51-53).

In comparison, participants from slightly bigger practices with strong admin support found the process of becoming an NDIS registered provider straightforward:

...there was an application or something a number of clinicians at this clinic we each submitted um and what I can remember about that it was a very straightforward process (Participant 8, lines 36-38).

3.4 Communication

3.4.1 Psychologists' communication with the NDIS.

The majority of participants avoided having direct contact with the NDIS unless necessary:

...me personally not a great deal cause I try (laughter) keep a landfill between me and them (Participant 7, lines 160-161).

The process of getting in contact with the NDIS was seen as difficult and time consuming:

It's really really hard to make contact with people and it's that kind of stuff that eats your time (Participant 1, lines 76-77).

Information provided by the NDIS was seen to be inconsistent and instead cause extra work for psychologists:

...for example had one person that says we just upload all the ones that weren't able to put on to the portal we just fill out this form and put the names and the amounts and we send it off and it just gets paid and then that didn't happen so then we spoke to someone else and they go no no what you do you do this so (sigh) I feel like we get run around big time (Participant 3, lines 266-270).

It was dependent upon the person contacted, as to the experience:

...sometimes you get a really good person (Participant 2, lines 69-70).

3.4.2 Lack of communication with psychologist.

Participants highlighted the lack of NDIS consultation with psychologists has resulted in minimal understanding of a psychologist's role and the implementation of inappropriate procedures:

...the problems with the NDIS are... partly I think that they don't consult enough around the stuff they create and so they unnecessarily make things complex (Participant 1, lines 55-57).

Psychologists felt when reaching out to the NDIS with their concerns, they were not genuinely listened to:

I was talking to a couple of sort of people from the government and I just didn't I didn't feel they were genuinely... think they were wanting to hear what we had to say about our experience and what our concerns and fears and hopes were for the commission and certification (Participant 6, lines 411-416).

3.5 Session Impact

The new scheme allowed participants to spend more time with their clients and this was appreciated by participants:

...it's really nice to know that I can work much more intensively with people that's a huge um (pause) so instead of working with people on a very piecemeal basis and ... feeling I can do things adequately I got time to do things with them I can really approach topics well and know we have time to work on it that's great (Participant 5, lines 28-31).

3.5.1 Reduction of therapy time.

However, participants felt the time spent with clients was actually dealing with clients' negative NDIS experience than actual therapy:

...we waste time dealing with their psychological distress and uncertainty and and feelings of being betrayed and so on um rather than dealing with the issues why they come along for in the first place that they got NDIS (Participant 5, lines 150-152).

Participants stated this made their task more complex and more time with the client may be necessary as a consequence:

NDIS is making our problem worse it's making the psychological mentality worse which might mean they need it for longer it's counterproductive (Participant 5, lines 157-159).

Participants' availability to see clients has largely decreased due to the high amount of paperwork that is required to be completed.

Bogged down in this paperwork you actually end up seeing less people and that's very frustrating when you know there are people out there who got needs (Participant 7, lines 117-119).

3.5.2 Funding reduction.

Reduction of funding disrupts the effectiveness of clients' therapy programs due to the reduction of therapy sessions:

...can be little bit hard because we may have planned a specific therapy program and then their funding gets reduced and instead of having fortnightly or monthly sessions they can only have you know one session every couple of months or like we still try and do the program but it's probably not as effective if they were able to come on a more regular basis (Participant 8, lines 87-90).

3.5.3 Reduction of collaboration.

The complexities of funding were seen to mean a reduction of interdisciplinary work:

...now days if he comes with those things whose paying for this becomes a funding thing all the time rather than just going stick it into the system it will all get absorbed somewhere um so I think that's an issue that's started to dissolve the disciplines a little bit which has been really problematic (Participant 7, lines 344-347).

3.6 Effect on Psychologists

Experiences with the NDIS were reported to have a personal and emotional effect on psychologists.

3.6.1 Positive View of NDIS Ideology.

Based on the NDIS ideology, participants were thankful for the scheme being introduced:

...when I first heard the NDIS um I think it was Julia Gillard whose the main person who was pushing for it I was like thank the Lord (Participant 3, lines 355-356).

3.6.2 Reduction of job satisfaction.

However, participants' involvement in the system has also led to a reduction of job satisfaction:

...mixture of some satisfaction and I am pleased that it has been implemented and I love the idea of it hate the way it's been implemented hate the way it frustrates people (Participant 5, lines 110-112).

Job satisfaction was reduced to the extent where a NDIS task is negatively looked upon:

I think when I see um my to do list and when I see a NDIS job my heart sinks (laughter) (Participant 2, lines 96-97).

Thus the enjoyment of work is diminished and in turn stress levels are increased:

They take away from the enjoyment and the joy you get out of work and they really add to your stress (Participant 1, lines 106-107).

Rejecting clients - especially urgent clients - due to the lack of availability of services personally affected participants' job satisfaction:

I think the worst one for me personally is just the whole notion of having to have such long waiting lists and not being able to respond to people. Certainly as a practitioner if I see a referral it's an urgent thing and you can see these people have been struggling you want to be able to go look I can't see you this week but I can see you in three weeks' time or four weeks' time and most people are happy to hang on for that time while you do that but yeah so that's probably the worst one I think for me is that not being able to respond not being a yes we can help you out yes we can see you (Participant 7, lines 155-158).

3.6.3 Burnout.

In working with the NDIS, some participants have reached burnout:

Yeah definitely burnout um just from managing all of that (Participant 3, line 135).

A participant who has recently started providing NDIS services could see herself reaching burnout in the long term:

I haven't got to burnout yet because I haven't been dealing with it long enough but I can see it coming (Participant 5, lines 101-102).

Another participant who worked part-time could envisage how a full case load would result in burnout:

...for a psychologist who works full time with NDIS clients given that there's a few extra admin type things to do um I can certainly see how they may feel burnout because of you know all the NDIS stuff you got to do (Participant 8, lines 417-419).

However, one participant disagreed with these statements as he believed burnout was linked to the profession itself not due to the NDIS:

I think the risk of burnout for therapist might be compassion fatigue is very high and the threat is always there so I don't think NDIS has contributed to burnout (Participant 6, lines 137-139).

3.6.4 Payment and income.

Payment delays from the NDIS were commonplace for participants and their practices:

...whether you go down being a private provider and there being kind of delays and challenges regards to billing (Participant 4, lines 102-103).

These delays impacted smaller practices in particular, as they needed to be factored in order to maintain the business:

..it's just about having to factor that into kind of like cost analysis in terms of that sort of thing and again that's probably why I would never put it above that fifty percent because then you kind of put yourself in that position where you don't have fifty percent of your income (Participant 4, lines 381-384).

Issues regarding outstanding payments caused friction between a participant and her employer even though she had no ability to retrieve it:

I've copped up so much crap from the business owner because of you know we got this debt from eighteen months ago um and that's outside of my control but it's still due to work I've done (Participant 3, lines 373-375).

There was also a concern for larger businesses as they too have to deal with outstanding payments:

somebody... might want twenty sessions of therapy in an year and believe they have funding for that but then when our admin our NDIS admin person goes to bill for that the you know logs onto the portal and whatever she does um quiet often we have a lot of outstanding accounts (Participant 8, lines 79-82).

3.7 Outcomes of Experiences

The combination of NDIS challenges has resulted in a decrease of job satisfaction for many psychologists. This in turn has resulted in different outcomes.

3.7.1 Clientele selection.

To improve participants' job satisfaction and decrease challenges some participants are selective to the type of NDIS clientele they are willing to see. Psychologists are seen to avoid becoming a registered NDIS provider and only see self-managed and plan managed clients:

...moved from being a willing if they were to be a registered NDIS provider to only accepting um people who are self-managed or planned managed so they don't have to meet the same level (Participant 1, lines 85-87).

The majority of the participants took the extra step of implementing boundaries of the amount of NDIS self and plan managed clients they were willing to see:

Ahh I probably keep it about like I like where it is at the moment around twenty percent of my case load being that um and I probably would um like again not go above what it is (Participant 4, lines 369-370).

In contrast, one participant and his practice only sees children under the NDIS, as for him working with children increases his job satisfaction:

working with kids with special needs obviously is even more rewarding so yeah I think that I mean I wouldn't go back to Medicare and general practice after leaving it at two and half three years ago because I don't think I would achieve the same amount of job satisfaction (Participant 6, lines 188-191).

3.7.2 NDIS registration.

Challenges of being a registered NDIS provider saw one participant revoke her status. This led to an improvement in her job satisfaction:

...in terms of my satisfaction I feel actually revoking my provider statement has actually improved definitely yeah I didn't think it would but I just went yeah I'm done I'm done so I just take on those who you know who manage themselves largely (Participant 3, lines 368-370).

Due to the challenges of becoming a registered NDIS provider, psychologists are seen to refuse registration with the NDIS:

I think a lot of psychologists therefore take the approach of not being a registered provider but providing service (Participant 4, lines 93-94).

3.7.2 Work outside the NDIS.

Two participants considered looking for work outside the scheme. Whilst they acknowledge the limited availability of psychologists for NDIS clients, they state they must consider their own mental health:

I think I have some really good self-care strategies I just think you get to the point where everyone has a tipping point where it's like this is not actually worth it. Yeah I can look after myself and I can manage to keep doing this but do I want to? And that's the point I'm at do I want to? I don't know, you know is it enough to say if I don't who will um (sigh) um or am I at the point where nah I've got to look after me. I'm on the verge of that point (Participant 1, lines 319-324).

Discussion amongst psychologists has seen psychologists not wanting to get involved with the NDIS at all. This has shown to directly affect NDIS clients' access availability:

...a lot of my colleagues in smaller practices they are going we won't see NDIS clients cause it's just too hard and billing is too slack they take too long to pay (laughter) and the paperwork is too much and so there the real impacts on clients

cause it means the consumer choice that the whole program is trying to set up is diminished (Participant 7, lines 143-147).

3.7.3 Reduced access.

The reduction of psychologists providing services has seen long waiting lists come into play, making access to services difficult for clients:

...waiting list things that are happening now which means the impact on clients is quite direct they just don't get a service and we've got a point now we are often saying to people essentially go somewhere else and sometimes you know they're going to get something somewhere else and that's lovely and we go that's great and sometimes we go we know they're not going to get a service somewhere else they're going to be hanged on (Participant 7, lines 407-412).

3.8 Client-centred suggestions

3.8.1 Client satisfaction evaluation.

Participants encouraged the NDIS to gather information regarding clients' experiences and implement changes based on those reviews:

I'm not sure if it's already done some kind of client satisfaction is important like a review so that clients at some point have the opportunity to tell somebody a bit higher up you know how that plan manager has performed for them (Participant 8, lines 215-217).

3.8.2 Funding allocation.

Psychologists expressed the need for fair funding; therefore the implementation of standardised funding was recommended:

...they need to standardise the way giving funding out (Participant 6, lines 283-284).

Participants further stated that clients should also have the ability to move funding around according to their needs:

So um a lot of my clients have said that it would be good for a little extra flexibility to kind of shift funding around to as to um you know whatever service is needed more at that time so that might be something they could look at in the future (Participant 8, lines 363-365).

3.8.3 Support for collaboration.

Encouragement and support of collaborative treatment from the NDIS was highlighted by participants as it was thought to be an effective and efficient method for treating clients:

like you know if we had that we would need much less therapy because the parent capacity would increase and we could be more effective in what we are doing (Participant 1, lines 440-442).

3.9 Psychologist-centred suggestions

3.9.1 Awareness of a role of a psychologist.

The NDIS and the NDIA should gain a more comprehensive understanding of a role of a psychologist:

...kind of greater awareness in the community about what psychologist do and how much work is involved behind the scene (Participant 4, lines 231-233).

3.9.2 Listening to providers.

Therefore, the NDIS should listen to providers as to how the system can be improved for both providers and NDIS participants:

...going to take stuff onboard if they are going to improve the system they have to you know listen to key providers in the system to make the experience easier for them and you know less friction you know um make it frictionless for people not add barriers and you know obstructions that make it harder to achieve an outcome with a participant or a group of participants (Participant 6, lines 390-394).

3.9.3 Better administrative forms.

Participants stated changes need to be made in regard to administrative forms. These documents should be made simpler and more user friendly:

I think they need to relook at a lot of their administrative forms and make them basically more user friendly and if that means they need to have a couple more forms I think that would be okay and um not just in terms of filling them in and like the technical side of things, what questions they ask and and how they word them (Participant 1, lines 386-389).

Participants acknowledged and were pleased that the NDIS had already amended a few administrative forms. However, participants made it clear that other forms are also in need of modification:

...they were actually reconstructing to that form now so that's about eight or nine pages so that's reasonable and you can expand that out as you need to and that's doable but there's other forms that are very tedious (Participant 7, lines 303-305).

3.9.4 Easier registration process.

Participants requested that the process of becoming a registered NDIS provider be made simple especially for smaller practices:

...make it easier to become providers (Participant 4, line 246).

3.9.5 Retaining staff.

In order for service providers to continue NDIS services, participants suggested that better treatment towards service providers was needed. This was also in regard to their own staff members:

...making sure their you know their retaining... their one capacity they want to retain people in the industry you have to work hard though you can't just throw money at people and then hope that some are going to stick you know what I mean (Participant 6, lines 443-445).

Participants suggested this improvement can be largely done by providing interpersonal support. For this to occur people within the NDIS need to be better trained in interpersonal support:

They're not providing enough support on the you know the interpersonal side the training I think it's lacking somewhat (Participant 6, lines 296-298).

3.9.6 Accountability of psychologists.

It was also acknowledged that psychologists themselves need to take accountability in working with the scheme. Thus, it was suggested that psychologists should undertake training in disability and the NDIS scheme as it was currently not part of their professional development:

More training within a psychology profession about what NDIS looks like and how that looks I think there's some accountability from our end as well like I don't in my whole study we weren't really trained at all in disability or working with things like the NDIS (Participant 4, lines 248-251).

Due to the difficulties in getting through to the NDIS/NDIA, participants are outreaching to other organisations for support:

...so I'll go to NDS and I've pitched a couple of emails to them so I'm hoping to engage with them so they can they are sort of like an advocacy group for providers um so hopefully they can advocate for some things I'm concerned about if they aren't I'll just have to find another way to get through to the government (Participant 6, lines 420-424).

CHAPTER 4: Discussion

4.1 Overview

Psychologists play an integral role in the NDIS by providing services to individuals with disability. Thus the purpose of this study was to address the research gap of psychologists' experiences in working with the NDIS. An in-depth qualitative exploration of eight interviews explored two research questions; 1) what are psychologists' experience in working with the NDIS and 2) what changes are required to improve psychologists' experiences?

4.2 Minnesota Theory of Work Adjustment

Themes and their respective sub themes of both Research Questions fall into the framework of the Minnesota Theory of Work Adjustment. The themes and sub themes can be categorised into the six factor values of the theory and the outcome of the person-environment fit. It is acknowledged that themes and sub themes are interconnected and thus are able to fit into multiple aspects of the theory.

4.2.1 Altruism.

The opportunity to be of service to others is part of the altruistic factor in determining person-environment fit (Dawis & Lofquist, 1984).). In particular for psychologists, research indicates that therapeutic work with clients are a key contributor for job satisfaction. Studies indicate improvement of job satisfaction is linked to positive therapeutic outcomes and appreciative clients (Onyett, Pillinger, & Muijen, 1995; Rupert & Baird, 2004; Sciberras & Pilkington, 2018). The present study aligns with these findings as psychologists commented on their clients' experiences in explaining their own job satisfaction. In particular, psychologists were grateful for the greater access for individuals with disability and the positive clientele experiences (Furst et al., 2018; Ranasinghe et al., 2017). However, compared with past research, psychologists further commented on their clients' interaction with the NDIS administration.

Matters regarding client communication with the NDIS and funding allocation affected psychologists' experience with the scheme and in turn job satisfaction. Past research attributes this as an indirect influence, as administrative matters could affect the dynamics and effectiveness of the therapeutic relationship. This ultimately results in a less rewarding and satisfying client-work experience (Sciberras & Pilkington, 2018).

The altruistic factor also entails the ability to work harmoniously with others (Levinson, 1993). Prior to the NDIS, interdisciplinary work was positively and willingly conducted by providers (Green, Malbon, Carey, Dickinson, & Reeders, 2018). Fear & Barnett's (2003) study on a similar system highlighted that whilst psychologists have an altruistic desire to maintain collaborative efforts to deliver effective health services, they are blindsided by the challenges brought upon by the system. In particular, studies indicate the implementation of the NDIS has created a competitive environment for service providers (Furst et al., 2018; Green et al., 2018, May et al., 2018a). Thus psychologists in the present study commented on the lack of collaborative efforts for their patients and its negative impact on treatment. The challenges in providing collaborative treatment was negatively viewed by participants as research shows collaborative treatment ensures quality care for clients (Craig, 2004; Green et al., 2018). Thus the reduction of collaboration also affects psychologists' ability to be of service to others.

In response to negative client experiences, psychologists recommended client-centred suggestions that they believe would improve the client experience. This in turn might improve their own experience and job satisfaction with the system. It was suggested that evaluations of NDIS participants be conducted. Whilst this is already occurring through the NDIA, the validity and reliability of these reports can be questioned due to potential participant bias. Other client centred suggestions regarded adequate plans and funding. In particular participants suggested standardised funding to ensure all NDIS participants are treated fairly. Further, adequate funding should also support collaborative treatment. Whilst these suggestions have already been stated in

previous studies for the betterment of NDIS participants, the indirect effect it will have on psychologists' experience and job satisfaction with the NDIS is a novel finding (Furst et al., 2018; Sciberras & Pilkington, 2018).

4.2.2 Achievement.

The importance of accomplishment through one's abilities is gained by positive therapeutic outcomes, as mentioned in section 4.2.1 (Onyett et al., 1995; Rupert & Baird, 2004; Sciberras & Pilkington, 2018). Psychologists were appreciative of the system in allowing them to work more intensively with clients due to the extra time. However, the ability to gain a sense of achievement has proved difficult for psychologists. Session impacts such as funding reduction, reduction of collaboration and client distress affects the ability for psychologists to produce favourable outcomes for their clients.

Studies have continuously documented the reduction of funding plans for NDIS participants (Furst et al., 2018; Marchbank, 2017; Ranasinghe et al., 2017). However, the present study highlights the impact it can have on psychologists' ability to produce positive therapeutic outcomes for NDIS participants. Psychologists stated the reduction of funding reduces the amount of sessions NDIS participants can pay for. This in turn results in less frequent psychology sessions, reducing the effectiveness of therapy programs. Further reduction of funding effects the means to fund collaborative treatment. Thus, as mentioned above in section 4.2.1, the reduction of funding and collaborative treatment effects the ability for psychologists to provide quality and effective services for participants (Craig, 2004; Green et al., 2018).

Additionally, whilst research has documented the emotional distress experienced by NDIS participants in accessing the system, the effects it has on psychologists is lacking in literature (Collings, Dew, & Dowse, 2019; Purcal, Hill, Meltzer, Boden, Fisher, 2018; Smith-

Merry, Hancock, Bresnan, Yen, Gilroy, & Llewellyn, 2018). Psychologists stated discussions regarding the emotional distress of the scheme took a greater proportion of therapy time.

Ultimately psychologists ended up treating for the emotional distress caused by the NDIS and little time was left to actually treat clients as per their NDIS plans.

Overall these system barriers impeded psychologists' ability to gain a sense of achievement within the NDIS. Additionally, research shows that minimal or slow therapeutic progress is disheartening and exhausting for psychologists (Sciberras & Pilkington, 2018). Psychologists stated that as a result of these challenges, extra therapy time is required in order to produce positive therapeutic outcomes for clients.

4.2.3 Comfort.

The disruption of a comfortable and non-stressful environment was largely due to the high administrative workload required by the NDIS/NDIA. Whilst psychologists acknowledged the high administrative workload that accompanies being a psychologist in itself, NDIS paperwork was considered time consuming and unnecessarily complex.

In particular, psychologists stated that administrative paperwork was bureaucratic in nature. Rural NDIS therapists also labelled the paperwork bureaucratic, unnecessarily complicated and intense (Dew et al., 2016). This was attributed to the lack of knowledge of disability by the scheme. Numerous studies have contributed towards this statement (Dew et al., 2016; Furst et al., 2018). Particularly, business owners delivering ECEI stated that their own service providers found a lack of clarity in completing administrative paperwork (Marchbank, 2017). Additionally psychologists stated the quick turnovers of paperwork required extra work hours for the paperwork to be completed in time for their clients' meetings. Further in linking with altruism as mentioned in section 4.2.1, knowing that the paperwork would affect the patient's plan outcome, there was additional pressure to complete the paperwork in order to

produce a desirable outcome. All these factors increased stress levels of psychologists. Chronic levels of work-related stress are detrimental as studies show an increased risk of professional errors (Fleury, Grenier, & Bamvita, 2017). Further this type of workload is seen to contribute to emotion exhaustion particularly in the mental health profession (Lasalvia et al., 2009; Rupert & Morgan, 2005; Sciberras & Pilkington, 2018).

However, some psychologists found paperwork as a beneficial process as they believed it made them a better practitioner. Research highlights the importance of paperwork in contributing to professional development. Individuals from bigger organisations with administrative support found administrative work (such as registration) a simpler process. In previous research, psychiatrists' and nurses' job satisfaction was lowered due to large amounts of administrative work and poor quality management (Dallender & Nolan, 2002). Additionally, allied health professionals reported workload and organisational problems as high stressors (King, Lloyd, & Holewa, 2008).

However the majority of psychologists in this study urged that easier and simpler forms and processes were needed. Service providers reported to the NDIS the time required for administrative paperwork needed to be reduced and this was recognised by the NDIS (National Disability Insurance Agency, 2018). Psychologists acknowledged the NDIS had readjusted a few forms by shortening the amount of pages. This was received positively by psychologists, but there is still a call for a number of other forms be readjusted. In particular, psychologists suggested that the process of becoming a registered provider be made simpler for all providers.

4.2.4 Safety.

The safety factor of psychologists' job satisfaction was largely affected due to the lack of structure, stability and predictability within the NDIS (Dawis & Lofquist, 1984).). A major concern for psychologists, predominantly those in smaller practices was the issue of billing.

Delay in payments from the NDIS affected the stability of small businesses. This was consistent with other service providers and business owners in particular (Furst et al., 2018; Marchbank, 2017). This is a major concern, as a large growing proportion of psychologists work in private practice (Australian Institute of Health and Welfare, 2006). Additionally, as mentioned in section 4.2.3, strict deadlines and pressure of complex paperwork resulted in extra hours of work required to complete forms. However, these extra hours were not billable paperwork, thus affecting the financial stability of psychologists.

Inconsistencies regarding the allocation of funding affected the ability to provide efficacious treatment to clients. The inconsistency of funding has been an issue since the trial of the NDIS (Furst et al., 2018; Mason et al., 2018; National Disability Services, 2014). This is attributed to low planner skill level in producing impractical and inadequate plans (National Disability Services, 2014). Despite the cause, the inconsistencies of funding impact the ability for psychologists to offer services with quality treatment. Thus this links to the altruistic factor. Further the inconsistencies of information received from the NDIS has caused extra work for psychologists. The issues of inconsistent information provided by the NDIS is documented in the literature (Smith-Merry et al., 2018). However, the present study highlights the issues it creates for psychologists and the stress it adds to their role. Thus this issue also links to the comfort factor. As a result of these challenges and experiences, psychologists are seen to limit their communication with the NDIS.

4.2.5 Status.

Psychologists commonly expressed the lack of recognition of their profession within the NDIS. Whilst many attributed this to the NDIS, others stated this was a broader issue. Generally mental health professionals are stigmatised and considered to have a lower professional status than any other health care professionals (Rossler, 2012; Verhaeghe & Bracke, 2012). Other

professions, such as those in the medical profession, also diminish the value and importance of psychologists (Sciberras & Pilkington, 2018). Thus, psychologists feel “powerless, helpless and irrelevant as a profession” (Sciberras & Pilkington, 2018). Other studies have also indicated that international schemes led psychologists to feel powerless within the scheme (Papadomarkaki & Lewis, 2008). The studies highlighted that the causes of these feelings are attributed to the lack of consultation of psychologists and the little involvement given to have an effect on their clients’ final outcomes (Sciberras & Pilkington, 2018).

In turn psychologists felt their work in particular the administrative work was not valued by the NDIS. Psychologists therefore felt the NDIS and the NDIA should educate themselves on the importance and value of psychologists within the system and for individuals with disability. Further having a greater understanding of psychologists and their role can also result in positive changes to the type and format of administrative work and the bureaucratic nature of paperwork could change. Finally, psychologists stated that the scheme should provide better support for their staff in order to ensure staff retain in the system. Thus interpersonal support training is in need.

4.2.6 Autonomy.

The lack of social recognition of psychologists is a possible explanation as to why psychologists are not being listened to by the NDIS. This was further explained in section 4.2.5. In turn, the ability to exercise self-initiation as to what changes are needed to be made for the benefit of themselves and their clients were seen to be disregarded by the NDIS. The lack of communication between service providers and the NDIS is documented in the literature (Smith-Merry et al., 2018). In contrast, another study shows recommendations regarding changes to NDIS service pathways made by paediatricians were actioned. In particular, paediatricians requested a professional referral form be developed to support the self-referral form. This

feedback was acknowledged and in turn implemented by the scheme (May et al., 2018b). This study alludes to the low professional status psychologists have in comparison to other professionals, thus it is vital that psychologists are also involved in the process of decision making. Studies show psychologists' level of involvement is reported to influence psychologist's satisfaction with autonomy and altruism (Fleury et al., 2017; Lichtenstein, Alexander, McCarthy, & Wells, 2004;). Additionally, involvement in the decision-making process deepens the commitment of the employee (Campion, Medsker, & Higgs, 1993; Mohr, Young, Meterko, Stolzman, & White, 2011). Therapists reported they valued a flexible and autonomous work environment, particularly in working with individuals with disability (Gallego et al., 2015).

In response, psychologists urged that the NDIS listen to their concerns and recommendations as they believe they could make a positive impact to the system and even save the scheme money. Other reports have highlighted the need for stronger communication between service providers and the NDIA (Smith-Merry et al., 2018). A recent NDIS Annual Report has indicated a proposed metric for measuring provider satisfaction is currently being developed (National Disability Insurance Agency, 2018). Psychologists also stated they were looking at alternative methods such as collaborating with other organisations to advocate their concerns to the NDIA.

Psychologists also acknowledged the limited training undertaken in disability throughout their journey of becoming a psychologist. Research shows a small component of post-graduate coursework training is dedicated to intellectual disability. Further unlike the United States or the United Kingdom, Australia has limited accessibility to undertake specialist training in intellectual disability (Man et al., 2017). Psychologists mentioned it was their responsibility as a profession to undertake further training in disability and in working with schemes such as the NDIS. Due to the increasing demands of mental health services for individuals with disability, the need for advanced training is also documented in literature (Man et al., 2017).

4.2.7 Outcome of factors.

The combination of the six factors saw psychologists present a mixed response regarding their satisfaction with the scheme. However, all participants indicated a reduction of job satisfaction since working with the NDIS. It can be inferred that psychologists need-supplies were not met by the NDIS and thus the person-environment fit was not existent. This in turn resulted in some psychologists facing burnout, being selective with clients or even leaving the scheme altogether.

In expressing their experience in working with the NDIS, certain psychologists mentioned burnout. This is unsurprising as studies indicate a link between job dissatisfaction and burnout (Onyett, 2011). Burnout is described as a reaction to the stress of work, both the nature of the work itself as well as factors in the work setting. Michael and Jackson (1987) identified three components of burnout; emotional exhaustion, depersonalization and reduced personal accomplishment. According to the structural model of burnout, lack of resources and high work demands are key predictors of burnout (Maslach, Jackson, & Leiter, 1996). Particular causes of burnout in the mental health profession are mainly linked to the altruism factor. Compassion fatigue, where direct exposure to clients' emotional suffering and prolonged sense of responsibility for clients' care is a major contributor to burnout (Bears, McMinn, Seegobin, & Free, 2013; Figley, 2002). Additionally excessive amounts of paperwork, the comfort factor of this study also is a cause of burnout (Gitter, 2006; Rupert, Miller, & Dorociak, 2015). Further the lack of therapeutic success, the achievement factor also contributes to burnout (Norcross, Guy & Laidig, 2007). Significant risks may occur as a result of burnout, such as impairment of psychologists functioning and potential harm to clients (Fleury et al., 2017; Rupert & Morgan, 2005). Thus the linkage between the concept of burnout and psychologists' experiences of the NDIS explains as to why many psychologists felt that they were burnt out or could envisage it occurring to them soon or with a larger caseload.

The combination of challenges resulted in psychologists negatively anticipating NDIS work and a reduction of enjoyment in completing NDIS tasks. Thus the reduction of job satisfaction has seen some psychologists decide to not become registered providers, or revoke their status and only see self-managed and agency managed participants. Further they also have decided to restrict the amount of NDIS clientele they see. Other psychologists have decided to take a step back from the NDIS completely. Despite the National Disability Insurance Agency (2018) reporting an increase of service providers in the system, concerns regarding reduced service provision for NDIS participants has been documented.(Furst et al., 2018). Thus in line with the Minnesota Theory, the discordance of person-environment fit links with tenure (Levinson, 1993). A comparable study showed a similar finding, where psychologists attributed their demotivation to work due to the issues regarding the system than the actual client work itself (Sciberras & Pilkington, 2018). This saw the participants of this study leave the public service. Reasons for leaving were due to the limited involvement in decision making and not been valued as a professional in the system (Sciberras & Pilkington, 2018). These reasons were consistent with the present study. Further, participants commented on the discussion of challenges with colleagues. Studies show dissatisfied professionals can negatively influence other colleagues (Fleury et al., 2017). This is partly a possible explanation as to why participants in this study commented their colleagues were not interested in becoming registered NDIS providers or seeing NDIS clientele at all, as there is negative association regarding the NDIS. In particular once participant commented on how the deregistration of NDIS improved her job satisfaction. Few other participants commented on how leaving the system would ultimately improve their mental health and for that reason were considering that option. However, on the other hand one participant solely dedicated himself and his practice to NDIS work due to the ability to provide services to individuals who otherwise wouldn't have access to services.

This study highlights that psychologists' need-supplies are not adequately met and therefore an adjustment to person-environment has not been made by psychologists. This in turn saw participants comment on the reduction of psychologists willing to provide services to NDIS participants. Furthermore due to the lack of service providers, there are long waiting lists for individuals with disability to gain access and this documented in literature (Ranasinghe et al., 2017). These extensive waiting lists in turn are increasing the workload for the limited number of psychologists providing services to NDIS participants. This too contributes to a reduction of job satisfaction (Fleury et al., 2017). Ultimately, the individuals with disabilities are suffering the most as they are in need of psychological services to ensure a better quality of life.

4.3 Strengths

To the researcher's knowledge, no other study has explored psychologists experience in working with the NDIS. Thus, according to Tracy's 'big-tent' criteria for excellence in qualitative research (2010), this is considered a 'worthy topic'. Additionally due to the NDIS being in the capacity building phase and the complete roll out of the scheme fast approaching, the study is significant at this point in time and provides a meaningful contribution to literature.

Being a novel topic, the use of open-ended questions further enhanced the study. Comments made by participants could be explored in detail due to the use of this methodology. Further, the researcher was able to obtain suggestions of improvement based on the comments made by participants. The use of qualitative methods provided a rich and thick description of the data set, as Braun and Clarke (2006, 2013) state this approach is most appropriate when exploring a novel area. Furthermore the researcher maintained an audit trail that documented the stages of qualitative research. This ensured the researcher maintained reflectivity and sincerity, which contributes to the trustworthiness and rigour of the research (Tracey, 2010).

The sample study had a good mix of psychologist who were male and female, NDIS registered and non-registered, adult, children and mixed clientele and years of experience with the NDIS. The use of a diverse sample provides richness in data.

4.4 Limitations and Future Research

The study aimed to conduct purposive sampling but was not done due to a modest number of psychologists recruited. Thus, whilst the study sample was quite diverse, the inclusion of psychologists from larger organisations would further enhance the study as the majority of participants were from smaller practices. The inclusion of psychologists from larger organisations could possibly indicate challenges or positive experiences that differ from smaller practices and vice versa. Additionally, the inclusion of newly registered psychologists even provisional psychologists may provide a different point of view due to their limited experience and novel way of thinking (Good, Keely, Leder, Afful & Stiegler-Balfour, 2003). The psychologists interviewed for this study have all been practicing for some time. Furthermore, the participants of this study mainly saw individuals with intellectual disability. With studies showing the importance of psychological services for all individuals with a disability, psychologists who predominately see individuals with physical disabilities could be studied as well. Such information could be vital and beneficial for the creation and adjustments of social policies, as a greater number of stakeholders would be considered. Thus future research would benefit from considering a range of participants nationwide through the use of purposive sampling.

A possible limitation of the study is participant bias. It could be inferred that participants who chose to take part in the study have greater dissatisfaction levels with the system. A quantitative study combining the themes and the framework may help gather further data to contribute to this literature.

As this study looked at the Minnesota Theory of Work Adjustment from a need-supplies point of view, future research could be conducted through an abilities-demand view. Research could investigate the satisfactoriness of psychologists within the NDIS and the impact it has on individuals with disabilities. Thus the correspondence between the job demands of the NDIS/NDIA and the abilities of psychologists can be assessed. Further to obtain triangulation, clients experiences with the NDIS/NDIA and psychologists could be documented alongside this possible study.

Furthermore, as the theory highlights that work environment and personal needs are continuously changing, the study should be replicated in time to come to assess changes and to ensure we have the most up to date information in order to help not only psychologists but the individuals with disabilities as well.

4.5 Implications

The present study is the first of its kind to solely document psychologists' experiences in working with the NDIS. It provides vital insight to the current issues regarding the NDIS and psychologists. In particular, this study highlights a possible cause for the lack of availability of psychological services for individuals with a disability. Further the findings of this study are in support with previous literature regarding the NDIS. Thus it would be beneficial to present these finding to the NDIS/NDIA, in hope that favourable changes will be made to improve the scheme for all parties involved.

4.6 Conclusion

Psychologists reduction of job satisfaction in working with the NDIS has resulted in the reduction of psychological access for NDIS participants. This is attributed to the employer, the NDIS, who was not able to fulfil the needs of the employees, psychologists. Thus, according to the Minnesota Theory of Work Adjustment, the inability to make a satisfactory work adjustment

can result in tenure. The study supported this claim, as psychologists were seen to be restricting NDIS clientele or even leaving the scheme completely. This is largely problematic as disability studies indicate the importance of psychological services for individuals with disabilities. Therefore, the study presented key suggestions from psychologists that would improve their experience and in turn job satisfaction in working with the NDIS.

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Appendix A: Online Post**Psychologists' job satisfaction and the National Disability Insurance Scheme (NDIS)****Posted 15th May 2019; closes 1st September 2019**

The introduction of the National Disability Insurance Scheme has brought upon many opportunities and challenges for individuals involved with the system. Whilst there is vast literature discussing the experiences of the NDIS, there is little to no literature exploring the job satisfaction levels of psychologists who attend to clients who access the system. Thus the aim of this study is to explore psychologists' job satisfaction levels in working with clients under the NDIS and how this in turn may affect those involved with the system.

We are currently seeking registered psychologists who currently or have previously seen clients under the NDIS. Participation is voluntary and will involve a single interview with a student researcher. Interviews are expected to take between 40-60 minutes and will take place at a time and location of your convenience in Adelaide, or alternatively via telephone or Skype. Upon your consent, the interview will be audio-recorded, and your interview transcript will be de-identified.

This study is being conducted as part of an Honours Psychology thesis through the University of Adelaide, under the supervision of Professor Anna Chur-Hansen and Dr Melanie Turner. This has been approved by the University of Adelaide Human Research Ethics Subcommittee (Approval no: [REDACTED] valid until 19/04/2020)

For further information regarding this study and if you wish to participate, please contact the student researcher – Sanara Gunawardena [REDACTED]

Appendix B: Participant Information Sheet

PROJECT TITLE: Psychologists' job satisfaction and the National Disability Insurance Scheme (NDIS)

HUMAN RESEARCH ETHICS COMMITTEE APPROVAL NUMBER:

PRINCIPAL INVESTIGATOR:

STUDENT RESEARCHER: Sanara Gunawardena

STUDENT'S DEGREE: Honours in Psychology

You are invited to participate in the research project described below.

What is the project about?

A qualitative, exploratory study to explore psychologists' job satisfaction levels in working with the NDIS and how in turn this effects people who access the system. We are looking for psychologists' who currently or previously have seen clients under the NDIS. Thus, we would like to conduct an in-depth interview with you for approximately 40-60 minutes. The purpose of this study is to identify what Psychologists require from the NDIS in order for them to produce the best quality service for their clients through a high level of job satisfaction.

Who is undertaking the project?

This project is conducted by Professor Anna Chur-Hansen, Dr Melanie Turner and Sanara Gunawardena (student researcher). All interviews will only be conducted by the student researcher.

Why am I being invited to participate?

You are invited as you are a psychologist who provides or used to provide services to individuals under the NDIS.

What am I being invited to do?

You are invited to partake in a one-one interview either face-to-face in Adelaide, or via telephone or skype, that explores psychologists' job satisfaction levels in working with the NDIS.

How much time will my involvement in the project take?

As a participant, you will take part in a one-one interview that will last approximately 40-60 minutes with the student researcher.

Are there any risks associated with participating the project?

The study has no foreseeable risks and is unlikely to cause any harm or distress to you.

What are the potential benefits of the research project?

As a participant you will not receive direct benefits. However, the aim of this study is to fill a gap in literature by exploring job satisfaction levels in working with the NDIS.

Can I withdraw from the project?

You have the ability to withdraw from the study at any time without explanation. However, your data can only be withdrawn before the submission of the thesis (i.e., October 2019).

What will happen to my information?

With your consent the interview will be audio recorded and transcribed into a written interview. The interview will be de-identified through a pseudonym of your choice. You are entitled to receive a copy of your final de-identified transcript and request changes if you wish. In addition, at the completion of analysis you will receive a summary of the findings. The findings of this study may be included in a relevant journal article, via media release through the University of Adelaide or conference paper. All data; audio recordings, notes and transcripts will be stored on a password protected university computer and will be deleted from the computer at the completion of the study. A copy of the final de-identified transcripts will be stored on a USB at the School of Psychology at the University of Adelaide for a period of seven years, after which they will be destroyed.

Who do I contact if I have question about the project?

If you have any queries, please contact Professor Anna Chur-Hansen, Dr Melanie Turner or the student researcher. Contact details are listed at the end of this document.

If I want to participate, what do I do?

If you wish to partake in the study, please email the student researcher to organise an interview [REDACTED]. In addition, please acknowledge and complete the consent form. The form can be returned through email to the student research prior to the interview or alternatively you can sign the consent form before the conduction on the interview.

What if I have a complaint or any concerns?

The study has been approved by the Human Research Ethics Committee at the University of Adelaide (approval number [REDACTED]). This research project will be conducted according to the NHMRC National Statement on Ethical Conduct in Human Research. If you have questions or problems associated with the practical aspects of your participation in the

Appendix C: Consent Form**Human Research Ethics Committee (HREC)**

1. I have read the attached Information Sheet and agree to take part in the following research project:

Title:	Psychologists' Job Satisfaction and the National Disability Insurance Scheme (NDIS)
Ethics Approval Number:	██████

2. I have had the project, so far as it affects me, and the potential risks and burdens fully explained to my satisfaction by the research worker. I have had the opportunity to ask any questions I may have about the project and my participation. My consent is given freely.
3. Although I understand the purpose of the research project, it has also been explained that my involvement may not be of any benefit to me.
4. I agree to participate in the activities outlined in the participant information sheet.
5. I agree to be:
Audio recorded Yes No
6. I understand that I am free to withdraw from the project at any time.
7. I have been informed that the information gained in the project may be published in a journal article, via media release through the University of Adelaide, or in conference presentations.
8. I have been informed that in the published materials I will not be identified and my personal results will not be divulged.
9. I would like to receive a copy of my final de-identified transcript from my interview.
 Yes No
10. I would like to receive a summary of the findings of this study.
 Yes No
11. I understand my information will only be disclosed according to the consent provided, except where disclosure is required by law.

12. I am aware that I should keep a copy of this Consent Form, when completed, and the attached Information Sheet.

Participant to complete:

Name:

Signature:

Date:

Researcher/Witness to complete:

I have described the nature of the research
to

(print name of participant)

and in my opinion she/he understood the explanation.

Signature:

Position:

Date:

Appendix D: Interview Guide

I first of all would like to thank you for taking time out of your busy schedule to be a part of this study. The purpose of this study is to explore psychologists' experiences in working with the NDIS and how it has affected you and others in turn.

Could you please tell me a bit about yourself as a psychologist?

What is your clientele currently like?

How long have you been seeing patients who have access to the NDIS?

What is your experience in working with patients who use the NDIS?

What is your experience in working with the NDIS system?

Have there been challenges for you in since your involvement with the NDIS?

Are there any other parties that are affected through your involvement with the NDIS?

How have you changed your working style since the inception of the NDIS?

How has the introduction of NDIS funding model impacted the selection of clients you treat?

What changes do you think the NDIS needs to implement to make your job more satisfactory and easier?

Is there anything to else you would like to comment on regarding your involvement with the NDIS?