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Supervision in Practice Education and Transition to Practice: Student and New Graduate Perceptions

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Supervision in Practice Education and Transition to Practice: Student and New Graduate Perceptions

Purpose: Transitioning into occupational therapy practice is a complex process in which new graduates develop their skills and professional identity. Evidence suggests this process requires guidance and support through supervision. This study investigated final year students' and newly graduated occupational therapists' perceptions and expectations of the role and efficacy of supervision as they transition into practice. **Methods:** A cross sectional online survey was sent to final year students and newly graduated occupational therapists within Australia and New Zealand, to explore experiences, perceptions, and the content of supervision received in practice. **Results:** Of 151 participants, 96% received supervision from an experienced occupational therapist and reported it facilitated skill development and enhanced quality of service to clients; however 4% reported they do not receive supervision in practice. The frequency of supervision decreased between students (63% weekly) and new graduates (41% monthly) and perceptions of supervision effectiveness changed over time. **Conclusions:** The transition to occupational therapy practice is complex and perceptions of the effectiveness of supervision change. Provision of education regarding supervision within undergraduate curriculum, and training for supervisors may alleviate associated stressors. Increasing the frequency of supervision and understanding the supervisory role may support transitioning into practice.

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ABSTRACT

Purpose: Transitioning into occupational therapy practice is a complex process in which new graduates develop their skills and professional identity. Evidence suggests this process requires guidance and support through supervision. This study investigated final year students' and newly graduated occupational therapists' perceptions and expectations of the role and efficacy of supervision as they transition into practice. **Methods:** A cross sectional online survey was sent to final year students and newly graduated occupational therapists within Australia and New Zealand to explore experiences, perceptions, and the content of supervision received in practice. **Results:** Of 151 participants, 96% received supervision from an experienced occupational therapist and reported it facilitated skill development and enhanced quality of service to clients; however, 4% reported they do not receive supervision in practice. The frequency of supervision decreased between students (63% weekly) and new graduates (41% monthly) and perceptions of supervision effectiveness changed over time. **Conclusions:** The transition to occupational therapy practice is complex, and perceptions of the effectiveness of supervision change over time. Provision of education regarding supervision within an undergraduate curriculum and training for supervisors may alleviate associated stressors. Increasing the frequency of supervision and understanding the supervisory role may support transitioning into practice.

INTRODUCTION

In Australia, the recruitment and retention of occupational therapists in the workplace is an area of strategic importance.¹ Occupational therapy entry-level programs provide graduates with the competencies required to practice, although there is minimal understanding and research into the experiences of newly qualified occupational therapists during the process of entering the professional workforce.^{2,3} There is a recognition that the transition from student to new graduate practitioner creates unique and challenging experiences.⁴ These experiences may include stress, value conflict, and role uncertainty.⁵

The complex nature of this transition requires practitioners to develop their professional identity, a process that in turn requires guidance and support through professional supervision.⁶ Professional supervision has been defined within occupational therapy as a formal interaction where an experienced professional monitors and evaluates a student or new graduate over time with the intent of enhancing practice.⁷ While guidance aims to develop clinical skills, support is focused on professional issues relating to client case work, professional development, organizational /management issues, and personal and emotional issues.⁶

The need for supervision is recognised and encouraged within the occupational therapy profession and for continuing professional development within the Australian Health Practitioner Regulation Agency (AHPRA) guidelines.⁸ Supervision is identified by Ashby et al as a strategy which can maintain practitioners' professional resilience and identity.⁹ However, Gaitskell and Morley argue that further research is required into the purpose, practice, and effectiveness of supervision.¹⁰ In particular, research is needed into the efficacy of supervision provided for new graduates and the role of supervision in professional development as a means of alleviating the challenges of the transition from student to graduate.

Literature Review

The development of the new graduate practitioner role is acknowledged as a challenging and stressful experience and is associated with a range of factors.¹¹ These factors can include management of a case load, responsibility of clients, time management, and low confidence in skills, all of which contribute to the stressors experienced by occupational therapists in their first 6 months of practice.³ Agllias acknowledges social work students exhibit similar anxieties about their personal capabilities including skills, knowledge, decision making ability, and capacity to deal with stress.¹² While a successful transition experience is imperative to the retention of occupational therapists within the workforce, there is limited understanding of the support required to assist graduates to transition from novice to expert.⁶ However, Seah et al suggested that the transition phase and development of a competent practitioner involves exposure to a blend of experiences, education, and supervision.³ Seah et al also identified supervision as crucial for development of competencies during the transition from student to practitioner.³ Effective supervision enables new graduates to learn skills specific to their area of practice and impacts on new graduate practice by increasing skill base, enhancing quality of service to clients, and facilitating perception of competence.⁷

Supervision is an essential component in the facilitation of the transition of new graduates from the educational setting to the workplace.¹³ However, the reality of supervision received in practice differs largely from new graduates' expectations.¹⁴ Evidence suggests there is a substantial difference between expectations of a student compared to those of a new graduate.^{15, 16} New graduates expect supervisors to provide specific and regular support and to be personal; be someone they can trust, provide debriefing with, and receive consideration, support, and recognition from.^{14, 17} In addition, Hummell and Koelmeyer identified the majority of new graduates wanted regular support from senior occupational therapists; however, they are often dissatisfied with the amount of supervision provided.⁴

A central feature of effective supervision is a dependent relationship between the supervisor and supervisee that requires commitment, motivation, and appropriate training skills from the supervisor.¹⁸ For supervision to be perceived as positive by recipients, Maxwell et al argue it involves commitment and structured guidance from supervisors.¹³ Hall and Cox acknowledge that an understanding of the roles and responsibilities within the supervisory relationship may be beneficial to the supervision process.¹⁹ A successful supervisor must contribute self-knowledge, professional experience, a supportive relationship, confidence, and flexibility to the role, requiring them to be skilled practitioners as well as effective teachers.²⁰ However, the characteristics of a supervisor including teacher, performance assessor, role model, and client advocate may cause role conflict for supervisors, especially between supportive teacher and distant assessor.²¹

The need for structured training for both the supervisor and supervisee has been identified by Sweeney et al to ensure awareness of the supervisor and supervisee's needs and expectations, an understanding of the role, function, and techniques associated with supervision, and application of theories and models of supervision.¹⁶ However, both supervisors and supervisees report insufficient training and guidelines for effective supervision.^{18, 21} Cottrell et al acknowledges the need for guidance and training regarding understanding supervision and its importance, as new graduate health professionals are often unaware of what formal supervision is and how it can enhance their practice.²⁰ Training for supervisors regarding the timing, structure, and content of supervision may also alleviate their anxieties regarding the challenges of providing supervision.^{18, 22}

The use of informal supervision and constructive feedback is important; however, formal supervision involving regular, timetabled sessions is imperative and should be protected from interruption, allowing discussion and reflection of specific areas of clinical management and progress of learning objectives.¹⁸ Feedback is best provided on the spot, and is most effective within a good working relationship. Normative feedback regarding strengths, weaknesses, progress, and organisational issues is important; however, emotional dimensions of working life require attention to facilitate construction of professional identity.²³ A frequently cited supervision model in nursing literature is Proctor's three-function interactive model of supervision.²⁴ This model assumes reflection at its core and addresses three components of clinical practice including normative (managerial), formative (educational) and restorative (pastoral support) aspects. Thus, the experience of being a supervisor involves multiple roles encompassing education and practice.¹⁹ However, increased managerial and economic pressures in the workplace have resulted in a shift away from supportive and educational supervision, reducing the restorative aspect which involves supporting personal wellbeing. Reflection and examination of experiences is identified by Pearce et al to play a central role in the supervision process. This is supported by a trusting relationship between the supervisor and supervisee.²⁵ Increasing recognition of the importance of effective supervision is expected to further support service provision within occupational therapy, especially with the introduction of national registration within Australia.¹¹

This study investigated the perceptions of those experiencing supervision during their final year in entry-level programs and newly graduated occupational therapists transitioning into practice. This study aimed to identify how supervision supports and shapes the transition into practice. It is anticipated that the results of this study will assist with the design of more effective supervision strategies in practice to assist in recruitment and retention of new graduates and also to develop effective entry-level curricula which addresses how to seek and enhance supervision experiences.

METHODS

Study Design

A quantitative cross sectional study design using an anonymous self-administered questionnaire through the online program Survey-Monkey® was used to collect data. Survey research involves collection and analysis of participant data to provide description and comparison between participants and is an effective way of collecting data from large numbers of the reference population, across vast geographic distances and in a short space of time.²⁶

Ethics

Ethical approval was granted by the University Newcastle Human Research Ethics Committee (approval # H-2013-0044) with maintenance of participant anonymity the main ethical concern. This was achieved through the use of an anonymous self-administered survey.

Participants and Recruitment

Final year occupational therapy students and new graduate occupational therapists in their first 2 years of practice, across Australia and New Zealand were invited to participate in this research in 2013. This population was targeted to provide a comparison between supervision received as a student and that received as a new graduate transitioning into practice. Australian and New Zealand universities were recruited because of similarities in their graduate-entry programs.

To recruit this population, academics from 16 universities with undergraduate and master-entry occupational therapy programs in Australia and New Zealand were contacted by email. The email described the study and requested the academics distribute the invitation to participate in the research to current students and alumni. In turn, participants received notification via email and on social media sites, such as Facebook, from an academic within their entry-level program institution. This included information about the study, an invitation to participate, and a link to the online survey. The information statement outlined that participation in the study was voluntary. Consent was implied by completion of the questionnaire. After 14 weeks, a reminder email was sent to university academics requesting they distribute the information and encourage students and alumni to engage with the study.

Data Collection

A study specific online survey was developed based on previously published studies about student and new graduate supervision.¹¹ The survey consisted of demographic questions and questions about experiences and perceptions of supervision, including how much supervision they receive, who provides their supervision, does supervision increase their skills, does it provide them with a sense of competence, and is supervision stressful. The questionnaire included a mixture of categorical, open and closed response questions and Likert scales – see appendix 1. Prior to use, the draft questionnaire was piloted with final year occupational therapy students and occupational therapy lecturers and then modified in response to the feedback given to establish face and content validity.

Data Analysis

The data gathered from the questionnaire was analysed using JMP® version 9.0. software (SAS institute, Cary, NC, USA). General descriptive statistics (means and percentages) were calculated for categorical and continuous data. The small overall sample size and small number of responses in some cohorts resulted in an inability to calculate differences between cohorts. Chi square was used to analyse differences in supervision with respect to area of practice and different settings.

RESULTS

From the estimated potential sample of approximately 2000, calculated based on university data of graduate entry numbers in 2013, 151 surveys were completed resulting in a response rate of ~10%.

Demographics

Of the 151 participants, the majority were female (n=139, 92.1%), and aged 18-24 years (n= 118, 78.1%) (see Table 1). Most participants were from Australian Universities (n=127, 84.1%) with students contributing the largest response rate (n=101, 66.9%). Most participants had experience in the public sector (n=96, 62.5%), with both the paediatric practice setting (n=28, 28%) and the acute physical hospital setting (n=22, 22%) the most represented.

Table 1. Demographic profile of study participants (n=151)

Demographic information	Final Year Students (n=101) n(%)	2012 Graduates (n= 37) n(%)	2011 Graduates (n=13) n(%)	Total (n=151) n(%)
Gender				
Male	8 (7.9)	2 (5.4)	2 (15.4)	12 (7.9)
Female	93 (92.1)	35 (94.6)	11 (84.6)	139 (92.1)
Age				
18-24 years	78 (77.2)	32 (86.5)	8 (61.5)	118 (78.1)
25-29 years	12 (11.9)	2 (5.5)	2 (15.4)	16 (10.6)
30 years or older	11 (10.9)	3 (8.1)	3 (23.1)	17 (11.2)
University				
Australian	78 (77.2)	37 (100)	12 (92.3)	127 (84.1)
New Zealand	23 (22.8)	-	1 (7.7)	24 (15.9)
Practice setting* (n= 100)				
Acute Hospital Physical Care	14 (24.6)	6 (19.4)	2 (16.7)	22 (22)
Physical Rehabilitation	14 (24.6)	2 (6.5)	1 (8.3)	17 (17)
Paediatric	12 (21.1)	11 (35.5)	5 (41.7)	28 (28)
Inpatient Mental Health	11 (19.3)	2 (6.5)	1 (8.3)	14 (14)
Community Mental Health	12 (21.1)	3 (9.7)	-	15 (15)
Occupational Rehabilitation	7 (12.3)	4 (12.9)	1 (8.3)	12 (12)
Community Health	13 (22.8)	5 (16.1)	1 (8.3)	19 (19)
Aged Care	9 (15.8)	2 (6.5)	1 (8.3)	12 (12)
Sector (n=96)				
Private	6 (12.5)	11 (31.4)	4 (30.8)	21 (21.9)
Public	35 (72.9)	18 (51.4)	7 (53.8)	60 (62.5)
NGO	7 (14.6)	6 (17.1)	2 (15.4)	15 (15.6)
+Note: Not all questions were answered by participants. *Multiple responses -, no response in this category				

Experiences of Supervision

Table 2 presents findings regarding the "experiences of supervision." Most participants received occupational therapy specific supervision (n = 120, 96%) and reported this was effective in supporting their professional practice. There was consistency across the student, 2012, and 2011 cohorts that supervision enabled the learning of new skills specific to their area of practice (n= 117, 92.9%), with 85% of all participants (n=126) indicating they are expected to prepare for supervision. Twenty-two percent of participants (n=28) considered supervision to be stressful.

Table 2. Student and New Graduate Experiences of Supervision

		Final Year Students n(%)	2012 Graduates n(%)	2011 Graduates n(%)	Total n(%)
Multiple supervisors (n=125)	Yes	45 (53.6)	7 (25)	5 (38.5)	57 (45.6)
	No	39 (46.4)	21 (75)	8 (61.5)	68 (54.4)
Receive generic supervision (n=126)	Yes	67 (78.8)	23 (82.1)	11 (84.6)	101 (80.2)
	No	18 (21.2)	5 (17.9)	2 (15.4)	25 (19.8)
Receive OT specific supervision (n=125)	Yes	80 (95.2)	27 (96.4)	13 (100)	120 (96)
	No	4 (4.8)	1 (3.6)	-	5 (4)
Receive generic/OT specific supervision same person (n=113)	Yes	63 (85.1)	18 (66.7)	10 (83.3)	91 (80.5)
	No	11 (14.9)	9 (33.3)	2 (16.7)	22 (19.5)
Expected to be prepared for supervision (n=126)	Yes	78 (91.8)	18 (64.3)	12 (92.3)	108 (85.7)
	No	7 (8.2)	10 (35.7)	1 (7.7)	18 (14.3)
Supervision effectively supports professional practice (n=125)	Yes	81 (96.4)	26 (92.9)	13 (100)	120 (96)
	No	3 (3.6)	2 (7.1)	-	5 (4)
Supervision enables new skills (n=126)	Yes	79 (92.9)	26 (92.9)	12 (92.3)	117 (92.9)
	No	6 (7.1)	2 (7.1)	1 (7.7)	9 (7.1)
Expect supervisor to set learning goals (n=123)	Yes	56 (68.3)	19 (67.9)	8 (61.5)	83 (67.5)
	No	26 (31.7)	9 (32.1)	5 (38.5)	40 (32.5)
Consider supervision to be stressful (n=125)	Yes	23 (27.4)	4 (14.3)	1 (7.7)	28 (22.4)
	No	61 (72.6)	24 (85.7)	12 (92.3)	97 (77.6)
Concern regarding time management (n=124)	Yes	48 (57.8)	19 (67.9)	7 (53.8)	74 (59.7)
	No	35 (42.2)	9 (32.1)	6 (46.2)	50 (40.3)
Supervision assists with time management (n=125)	Yes	60 (71.4)	19 (67.9)	5 (38.5)	84 (67.2)
	No	24 (28.6)	9 (32.1)	8 (61.5)	41 (32.8)
+Note: Not all questions were answered by participants. -, no response in this category					

Supervision in different practice areas or sectors

When considering supervision in the different areas of practice, there was no significant differences between generic or specific supervision received as can be seen in Table 3.

TABLE 3: Number of respondents from each practice area answering YES to whether they had effective generic or specific supervision, or if both, whether it was from the same person. Fishers exact used for chi² values.

Supervision											
Practice area	Generic		Specific		Same supervisor		Effective		Total working in practice area		Chi ² for generic v specific
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	p value
Acute Hosp. Phys. Care	11	(84.6)	12	(92.3)	10	(76.9)	12	(92.3)	13	(100)	1.00
Phys. Rehab.	7	(70.0)	8	(80.0)	8	(80.0)	8	(80.0)	10	(100)	1.00
Pediatric	14	(77.8)	16	(88.9)	10	(55.6)	16	(88.9)	18	(100)	0.81
Inpatient / community mental Health	16	(69.6)	20	(87.0)	16	(69.6)	20	(87.0)	23	(100)	0.66
Occupational Rehab.	7	(70.0)	9	(90.0)	6	(60.0)	9	(90.0)	10	(100)	0.75
Community Health	10	(71.4)	12	(85.7)	9	(64.3)	11	(78.6)	14	(100)	0.78
Aged Care	6	(50)	11	(91.7)	5	(41.7)	10	(83.3)	12	(100)	0.52
Other	15	(53.6)	15	(53.6)	12	(42.9)	17	(60.7)	28	(100)	1.00
Total	151	(100)	151	(100)	151	(100)	151	(100)	151	(100)	

*23 missing observations included within totals

When investigating supervision across different sectors, there was no significant difference between generic and specific supervision received as can be seen in Table 4. However, in the public sector the same person provided generic and specific supervision in 73.3% of cases, whereas in the private and NGO sectors a different person provided generic and specific supervision more often (52.4% and 46.4% respectively).

TABLE 4: Number of respondents from each sector area answering YES to whether they had effective generic or specific supervision, or if both, whether it was from the same person. Fishers exact used for chi² values

Supervision											
Sector	Generic		Specific		Same supervisor		Effective		Total working in practice area		Chi ² for generic v specific
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	p value
Private	13	(61.9%)	16	(76.2%)	11	(52.4%)	15	(71.4%)	21	(100%)	1.00
Public	45	(75.0%)	54	(90.0%)	44	(73.3%)	53	(88.3%)	60	(100%)	1.00
NGO	12	(80.0%)	10	(66.7%)	7	(46.7%)	11	(73.3%)	15	(100%)	0.81
Total	151	(100%)	151	(100%)	151	(100%)	151	(100%)	151	(100%)	0.66

*55 missing observations included within totals

Perceptions of Supervision

Perceptions of supervision outlined in Table 5 highlights participants agreed that supervisors should share their knowledge and experience (n=126, 100 %). Participants' perceived supervision facilitates confidence, competence, and enhances the quality of service to clients.

TABLE 5. Students and New Graduate Perceptions of Supervisions

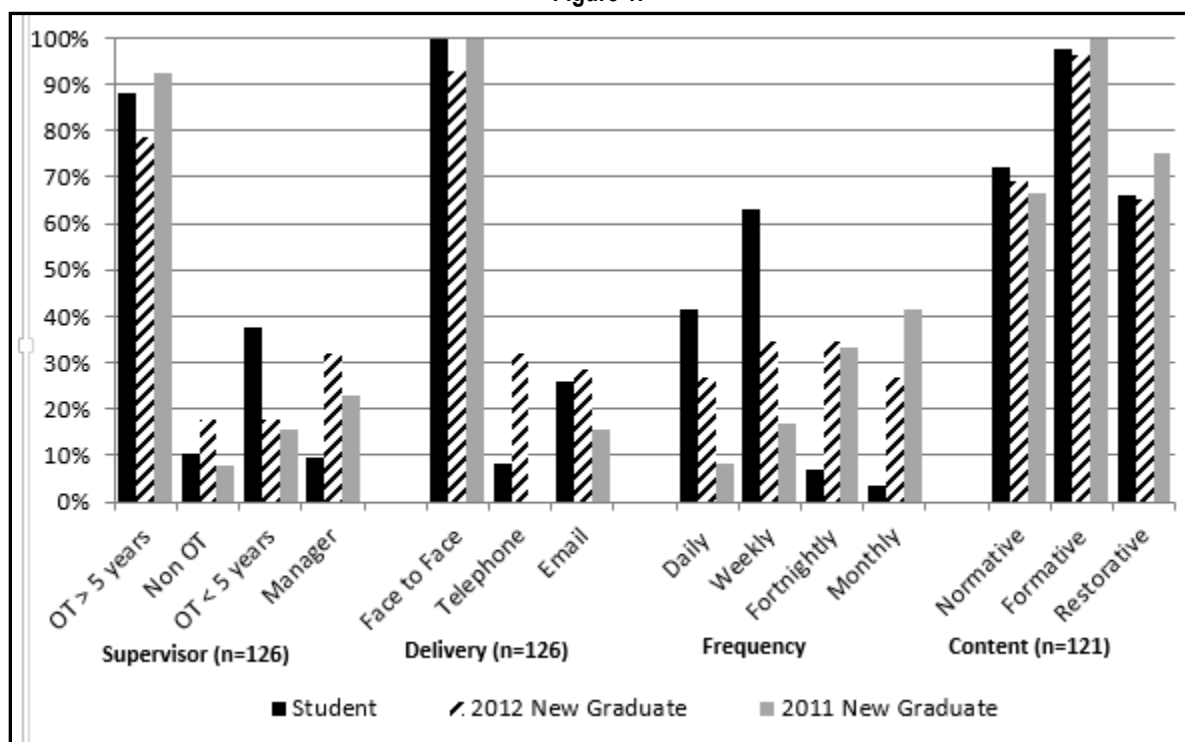
	Strongly agree n(%)	Agree n(%)	Neutral n(%)	Disagree n(%)	Strongly disagree n(%)
Supervision enhances quality of service (n=125)					
Student	48 (57.1)	32 (38.1)	3 (3.6)	1 (1.2)	-
2012 New Graduate	11 (39.3)	15 (53.6)	2 (7.1)	-	-
2011 New Graduate	9 (69.2)	3 (23.1)	1 (7.7)	-	-
Supervision facilitates competence (n=126)					
Student	33 (38.8)	45 (52.9)	6 (7.1)	-	1 (1.2)
2012 New Graduate	10 (35.7)	13 (46.4)	5 (17.9)	-	-
2011 New Graduate	8 (61.5)	4 (30.8)	1 (7.7)	-	-
Expect supervisors to share knowledge (n=125)					
Student	74 (88.1)	10 (11.9)	-	-	-
2012 New Graduate	23 (82.1)	5 (17.9)	-	-	-
2011 New Graduate	10 (76.9)	3 (23.1)	-	-	-
Supervision facilitates confidence (n=126)					
Student	36 (42.4)	43 (50.6)	4 (4.7)	1 (1.2)	1 (1.2)
2012 New Graduate	11 (39.3)	14 (50)	1 (3.6)	-	-
2011 New Graduate	8 (61.5)	3 (23.1)	2 (15.4)	-	-
+Note: Not all questions were answered by participants. -, no response in this category					

Composition of Supervision

As shown in Figure 1, most participants received supervision from an occupational therapist with more than 5 years experience; this finding was consistent across the three cohorts. Supervision was mainly delivered face-to-face (n =124, 98.4%) with smaller numbers reporting supervision via telephone or email (n=48, 38.1%). However, social media such as Skype, MSN, and Facebook were not utilised as a form of supervision delivery.

The frequency of supervision changed between the three cohorts with most students reporting weekly supervision (n=53, 63.1%), whereas most 2011 graduates reported receiving supervision once per month (n=5, 41.7%). The content of supervision was mainly formative, with discussion of individual cases and clinical reasoning most commonly reported (n=118, 97.5%). Participants reported less pastoral support in regards to workplace issues, with only 66.9% (n=81) of participants receiving restorative aspects of supervision.

Figure 1.



Support and Guidance

Participants supported the need for assistance with new graduate competencies (n= 103, 83.1%) and professional development (n=104, 86.7%). However, only 52.9% of participants (n=63) reported the need for assistance with registration requirements.

DISCUSSION

This study highlights the supportive role supervision plays in Australian and New Zealand occupational therapy students' and new graduates' transition from the classroom into the health and social care workforce. It demonstrates that the provision of formal supervision assists occupational therapists during the transition from student to new graduate by facilitating skill development and enhancing quality of service to clients. This study found that the perceptions of the effectiveness of supervision change over time and that students and new graduates identified supervision as stressful.

Experiences of Supervision

This study identified the supportive role supervision plays in the transition from student to health care practitioner, and builds on the work of Boland et al and Pearce et al through expanding knowledge of the role supervision plays in supporting occupational therapists in the transition into professional practice.^{7, 25} The current study showed that supervision increases newly graduated practitioners' confidence and perceptions of their competence in service provision. These findings are congruent with the transitional experiences of speech pathologists and social workers who also report a relationship between the provision of supervision and increases in confidence and competencies.^{12, 27} During the transition into practice, nursing staff leave the student identity behind and become autonomous practitioners. This period is associated with high expectations and a feeling of "being thrown in the deep end."¹⁹ Additionally stressors for occupational therapists are associated with uncertainty about their roles, insufficient skills, and inadequate supervision.¹⁶

The current study found the benefits of supervision were universal, with 96% of participants indicating that supervision effectively supports their professional practice with no significant differences caused by participants' age, gender, student or new graduate status, workplace setting, or the discipline of their supervisor. This indicates that the role of supervision may be universal in the consolidation of occupational therapy skills and generic worker role skills that Hodgetts et al identified as occurring during the transition into professional practice with a focus on service delivery issues.²⁸

The study found supervision supports practitioners in differing ways depending upon their career experience, with second year graduates perceiving supervision to be more beneficial than those in their first year of practice. This may indicate that there is an informal continuum of supervision present in the workforce with the content and amount of supervision changing over time. This continuum was described by Ho and Whitehill to reflect the changes in supervision content for speech pathologists from the initial stages of practice when supervisors adopt a directive role that progresses to a consultative role as they assist students to become independent practitioners.²⁹ This continuum is also similar to the experience of physiotherapy graduates with Hall and Cox suggesting that newly graduated physiotherapists require supervisors to be directive and authoritarian, while more experienced clinicians benefit from a facilitative style in which supervisors challenge their reflections and clinical reasoning.¹⁹ It may be beneficial for occupational therapy supervisors to become more aware of how to modify and change supervision styles to meet supervisee's needs over time.^{30 31}

While the study highlighted that supervision is valued, many supervisees identified supervision as a stressful experience. The current study demonstrated that the first experiences of supervision during practice education are often associated with feelings of discomfort about receipt of criticism and feelings that performance is being judged and rated as part of the assessment process. The current study supported Higgs and McAllister's argument that the supervisory role played by health professionals during professional practice education is complex.²¹

The stressors associated with new graduate supervision identified in the current study included the need to meet challenging goals, feeling unsupported, time restrictions, and unclear expectations. Boland et al argue the stress experienced during supervision is caused by the confusion regarding what supervision entails.⁷ In this study, students and new graduates perceived that expectations of supervision sessions were often unclear. Previous research by Hall and Cox indicates tension arises when the purpose, structure, and boundaries of supervision are not distinguished.¹⁹ This may account for the stress experienced by many new graduates. However, within the current study, the stress associated with supervision decreased with career experience from student through to the second year of practice. This change may be due to the consolidation of skills known to occur during this period and more experience in preparedness for supervision.²⁸ Thus, this finding may corroborate Hall and Cox's argument that the planning and preparation for supervision are key steps in reducing the stress associated with supervision.¹⁹ However, reduction in stress may also be associated with a shift in the type of supervision provided from practice-focused to a focus on consolidation of professional identity, roles, and responsibilities.

Further steps to reduce the stressfulness associated with supervision were identified by Kleiser and Cox who recommend supervisors provide clear structure and feedback to minimise mismatched expectations and to ensure shared guidelines and objectives.²⁴ Cottrell et al suggested that the composition of regular, structured supervision should be related to agreed learning objectives and encompass clinical management, teaching, administration, pastoral care, interpersonal skills, personal development, and reflection.²⁰ However, Gaitskell and Morley recommend those entering a supervisory role require training about the different theories and models of supervision to integrate these techniques along with agendas, contracts, and delivery of feedback.¹⁰ They argue this could assist in the maintenance of satisfaction with supervision and in turn assist in the retention of occupational therapists within the workforce. Chiller and Crisp acknowledge that the provision of supervision, involving guidance and support from an effective supervisor, contributes to retention of practitioners.³²

Perception of Supervision

The current study revealed that the content of supervision impacts its perceived effectiveness, with all three cohorts indicating that supervision largely deals with formative aspects, including discussion of individual cases and clinical reasoning, and normative aspects, such as time management and caseload management. These aspects facilitate consolidation of practice skills, which are vital in the transition to practice. Agllias acknowledges formal supervision is necessary for social work new graduates to process new skills and knowledge, and reports that quality supervision impacts on work satisfaction of new graduates and enhances the quality of service they provide to clients.¹² This was supported by the study findings, which identified students and new graduates perceive supervision increases their skill base, enhances quality of service to client, and facilitates a perception of competence. However, in the current study, the restorative aspects of supervision were reported to receive less attention. Personal support is recognised to assist the transition to practice process.⁵ This study identified less attention was provided to restorative aspects including pastoral support by supervisors, which may contribute to issues regarding professional identity and the retention of occupational therapists as they transition into the workforce.

Composition of Supervision

Despite Hummell and Koelmeyer's identification that new graduates want regular support and supervision at a fortnightly minimum, the variations in the amount and frequency of supervision found by Cottrell et al continue.^{4, 20} In the current study, the rate of

supervision appears to decline over time with the majority of practitioners at two years post-graduation receiving only monthly supervision. However, four percent of students and new graduates in the study received no formal supervision. This could have ongoing implications for these new practitioners, with Gray et al highlighting the need to alleviate graduate occupational therapists' perceptions that they are unprepared for practice.¹¹ Other professions, such as psychology, have developed minimum time standards for formal supervision. Newly graduated psychologists have a two year period of internship where supervision opportunities are maximized and regulated, and within which new graduates, referred to as interns, receive pragmatic supervision that focuses on clinical cases and facilitating competence and capabilities.³³ After twelve months of their post-graduate experience, new graduate interns receive supervision aimed at consolidation of professional identity, roles, and responsibilities.^{33, 34} Provision of better access to supervision and professional support using technology such as social media, as well as additional sources of support obtained through professional bodies, such as the Australian Association of Occupational Therapists' Mentorlink program, may increase the frequency of supervision received in occupational therapy practice.³⁵

The current study identified students and new graduates expect supervisors to be personable, trustworthy, and able to share their knowledge and experience. This supports Chiller and Crisp's findings that supervisees value mutual trust and respect with their supervisors.³²

The current study revealed satisfaction levels are linked to who provided the supervision, with the majority of students and new graduates being supervised by occupational therapists with more than five years of experience. Prior research by Hummell and Koelmeyer also found that new graduates wanted regular support from senior occupational therapists.⁴ The current findings may reflect that senior staff are required by registration boards to provide supervision within the occupational therapy workforce. However, the professional supervision relationship can be less effective if the same person fulfills the dual roles of line management and supervisor. This can be overcome with greater clarification between clinical supervision and line management, which may provide clarity regarding the content of supervision and differentiation between clinical supervision and line management.^{20, 25}

The results of this study also found that those working in Non-Government Organisations received more generic supervisor than discipline specific supervision. The supervision was also given by different individuals more often. This maybe the outcome of occupational therapists being employed as generic case workers in this sector rather than in specific occupational therapy positions.^{32, 35} This contrasts with the public sector where generic and specific supervision was provided by the same person more frequently where individuals are more likely to be employed specifically as occupational therapists.

The study showed that the way in which supervision is delivered contributes to its perceived effectiveness, with face-to-face delivery the most common method of delivery. However, if face-to-face delivery was unavailable, telephone and email was utilised to facilitate supervision. Despite the growth in the use of social media over the past 5 years, and the development of telehealth that allows health professionals to link to "experts" from remote locations, it was surprising this study identified that social media such as Skype, MSN, and Facebook are not being used as a form of supervision delivery.³⁶ This may be because of the lack of experience in using these new techniques and/or a lack computer resources and internet connectivity in hospitals.³⁶

Support and guidance

Although support with registration requirements was a lower priority across the cohorts, possibly a result of the recent implementation of national registration within Australia, students and new graduates confirm the need for commitment and structured guidance from supervisors by expressing a desire for support with new graduate competencies and professional development. The introduction of the Australian Minimum Competency Standards for New Graduate Occupational Therapists and national registration within Australia may contribute to the lower reports of restorative aspects of supervision as new graduates seek to enhance clinical skills and competence.² However, this may change because of continuing professional development requirements in which the provision and receipt of supervision contributes to maintenance of professional registration.⁸ Similarly, the profession of physiotherapy in the United Kingdom has introduced supervision in practice in connection with the increasing emphasis on providing evidence of continued professional development.¹⁹ Perceived deficits in professional supervision are linked to job dissatisfaction and attrition of new graduate occupational therapists.⁵ Eraut identified both support and feedback as being critically important for learning, retention, and commitment within the workforce, and Struber discusses a lack of professional supervision and support as being an disincentive for rural practice.^{23, 33}

Limitations

The survey was completed by 151 people from an estimated sample of 2000, producing a response rate of ~ 10%. This may be a result of limited internet access, with department-based access within public hospitals, students who were on placement, and the poor tracking of alumni by participating universities. As with any survey research, there is a potential for bias associated with respondents who may have a different view to non-respondents. It is acknowledged that poor response rates are often a common

phenomenon with questionnaire research.³⁷ With this small response rate, comparison between cohorts was unable to be completed, and the opinion of non-participants may differ from participants, which may affect the validity and transferability of the research.³⁷ Only the supervisee perspective was obtained in this study, and not all participants completed all questions.

Future Research

The content of supervision could be explored in further detail in future studies to understand the process of supervision across health professions regarding knowledge of the components of effective supervision.¹⁸ Gaining student and new graduate perceptions of the characteristics associated with effective supervision would be beneficial to improve the transition of new graduates into occupational therapy practice. Introducing the continuum approach to supervision may improve the perceived satisfaction levels of supervisees.

Further investigation regarding the frequency of supervision on continued job satisfaction and professional resilience may provide additional understanding of the recruitment and retention practices of occupational therapists within the workforce. In addition, further research into the experiences and perceptions of supervisors regarding the role of supervision in the transition to practice would provide a richer understanding of the factors which impact upon provision of effective supervision.

CONCLUSION

The transition to occupational therapy practice is a complex and challenging process. This study demonstrates that the provision of formal supervision assists occupational therapists during the transition from student to new graduate by facilitating skill development and enhancing quality of service to clients. Perceptions of the effectiveness of supervision change over time as a result of practice experience, requiring a continuum approach from supervisors. Supervision is identified as stressful due to unclear expectations and the student assessment process. Education within undergraduate curriculum and training for supervisors may alleviate these stressors. Furthermore, an understanding of the content and supervisory role may enhance the effectiveness of supervision in the transition to occupational therapy practice.

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Appendix 1: Survey

Supervision in the transition to Occupational Therapy practice

You are invited to participate in the research project identified above which is being conducted as part of a Bachelor of Occupational Therapy Honours Research Project.

The aim of this study is to understand final year occupational therapy students and newly graduated occupational therapists' perceptions and expectations of supervision in practice as they transition from student to practitioner. Transitioning from student to practitioner has been identified as a potentially stressful and challenging experience. The professional supervision experienced by newly qualified occupational therapists in the process of entering the workforce is unclear.

THANK YOU FOR YOUR TIME AND PARTICIPATION.

- | | |
|---|--|
| 1. Would you like to complete this questionnaire? | Yes/ No |
| 2. Have you undertaken an occupational therapy degree | Yes, currently in my final year
Yes, graduated in 2011
Yes, graduated in 2012
No – if no thank you for your time |
| 3. At which university did you complete your occupational therapy degree? | Charles Sturt University
Deakin University
Flinders University
James Cook University
La Trobe University
Macquarie University
Southern Cross University
Monash University
Auckland University of Technology
University of Newcastle
Otago Polytechnic
University of Queensland
University of South Australia
University of Sydney
University of the Sunshine Coast
University of Western Sydney |
| 4. Are you Male or Female | Male / Female |
| 5. How old are you? | 18-24 years
25-29 years
30-34 years
35 years or older |
| 6. What is your current area of practice? Tick all that apply | Acute Hospital Physical Care
Physical Rehabilitation
Paediatric
Inpatient Mental Health
Community Mental Health
Occupational Rehabilitation
Community Health
Aged Care |

- Other – please specify.
7. What sector are you employed under? Private
Public
NGO
8. Using the definition of supervision “ a formal interaction where an experienced professional monitors and evaluates a student or new graduate over time with the intent of enhancing practice’ (Boland, Strong and Gibson 2010):
- Do you receive supervision in practice/ clinical placement? Yes / No
9. Who provides your supervision? Tick all that apply. Experience OT more than 5 years
Non OT colleague
Experienced OT less than 5 years
Manager
10. How do you receive your supervision? Tick all that apply. Face to face
Telephone
Skype/ MSM/ other social media
Email
Other – please specify
11. How frequently do you receive supervision in practice/clinical placement? Daily
Once per week
Once per fortnight
Once per month
Other – please specify.
12. Do you have multiple supervisors? Yes / No
13. Do you receive generic supervision? (time management, caseload management, prioritization, MDT allocation)
Yes / No
14. Do you receive OT specific supervision? (clinical reasoning, managing professional role/identity, discussing individual cases?) Yes / No
15. If you receive both generic and OT specific supervision is this from the same person? Yes / No
16. Are you expected to be prepared for your supervision session? Yes/ No
17. Do you find supervision effective in supporting your professional practice? Yes/ No
18. Does the supervision you receive enable you to learn new skills specific to an area of practice?
Yes/ No
19. If yes to Qu 17, tick the relevant skills:
Normative (managerial) eg time management, caseload management
Formative (educational) eg discussion of individual cases, clinical reasoning
Restorative (pastoral support) eg professional issues in the workplace.
20. Does the supervision you receive enhance the quality of your service to clients?
Yes – strongly agree, agree, neutral, disagree, strongly disagree.
21. Does the supervision you receive facilitate a perception of competence?
Yes – strongly agree, agree, neutral, disagree, strongly disagree.

22. Do you expect your supervisor to provide clear and specific direction to meet any of the following?
Yes/ No. New graduate competences; professional development; registration requirements
23. Do you expect your supervisor to help you set learning goals/objectives for professional development as a student/new graduate?
Yes/ No
24. Do you expect your supervisor to share their knowledge and experience?
Yes – strongly agree, agree, neutral, disagree, strongly disagree.
25. Do you consider supervision you receive to be stressful?
Yes/ No
26. Does the supervision you receive make you feel more confident in your practice?
Yes – strongly agree, agree, neutral, disagree, strongly disagree.
27. Is time management a concern when managing your caseload?
Yes/ No
28. Does the supervision you receive help with prioritization of time management?
Yes/ No