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FEATURE ARTICLE

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Occupation-centred practice and supervision: Exploring senior occupational therapists' perspectives

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Abstract

Introduction: Occupation-centred practice is core to contemporary occupational therapy; however, knowledge and implementation of occupation in practice vary. New graduate occupational therapists find implementing occupation-centred practice challenging, partly due to the influence of senior occupational therapists. However, little is known about senior therapists' views, knowledge, and use of occupation-centred practice and the impact this has on new graduates. The aims of this study were to explore senior occupational therapists' perspectives on and use of occupation-centred practice and the extent to which they influence the occupation-centred practice of the new graduates they supervise.

Methods: Interpretative phenomenology was used as the research design. Ten senior occupational therapists in Australia were purposively recruited to participate in semi-structured interviews, which we transcribed. Interpretative Phenomenological Analysis (IPA) was used to analyse the data and develop themes.

Findings: Five themes were discovered from the data: together, but apart; a link between knowledge and identity; navigating different cultures; making up for what is missing; and good supervisors. The themes revealed participants' varied knowledge and use of occupation-centred practice, the influence of practice context, and the way supervision impacted on the practice of new graduates.

Conclusion: Senior occupational therapists valued occupation-centred practice, but their understanding and implementation of it varied. Participants acknowledged that they held great power to influence new graduates' use of occupation-centred practice through supervision. Consequently, if occupation

is not central to supervision, this could perpetuate the ongoing challenges of delivering contemporary practice.

KEYWORDS
new graduates, occupation, occupational therapy, senior occupational therapists

1 | INTRODUCTION

In contemporary occupational therapy, the use of occupation as a therapeutic medium is a central element of practice (Kielhofner, 2009). Fisher and Bray Jones (2017) defined occupation-centred practice as follows:

> ... the occupational therapist maintaining his or her profession-specific perspective and ensuring that he or she places occupation in the centre of his or her professional reasoning and links everything he or she does to the core paradigm of occupational therapy (p. 241).

Key Points for Occupational Therapy

- Practice context is a major influence on occupational therapy practice, and organisational expectations can frequently take priority over occupation-centred practice.
- Senior occupational therapists value occupation-centred practice and advocate for further professional development opportunities on the subject.
- Supervision is a powerful tool for shaping occupational therapists' practice and identity and could be better utilised to align the profession with occupation-centred practice.

Furthermore, a recent Delphi study identified key features of occupation-centred practice: underpinned by theory grounded in occupation, incorporating the client's context, using occupational language in professional discourse and documentation, and using occupation throughout the occupational therapy process (Ford et al., 2022). The advantages of occupation-centred practice for clients, practitioners, and the occupational therapy profession include improved health outcomes, stronger professional identity, and role clarity (Molineux, 2011; Stav et al., 2012; Wilding & Whiteford, 2008). Yet studies have found that knowledge of occupation-centred practice is inconsistent within the profession, often being defined as client- or family-centred practice, evidenced-based, or holistic rather than as a profession-specific lens used to view practice (Di Tommaso et al., 2016; Murray et al., 2019). Implementation of occupation in practice varies from only using occupational goals to fully integrating and centring occupation throughout the practice process (Ashby et al., 2015; Britton et al., 2016; Gillen & Greber, 2014). Contextual explanations for the varied use of occupation in practice have been explored, such as biomedical and acute practice settings (Burley et al., 2018; Murray et al., 2019). Another explanation suggested by Di Tommaso et al. (2016) for the inconsistent use of occupation-centred practice was the influence of supervision and senior colleagues during the early years of practice.

The power of senior colleagues to influence the practice of new graduates through supervision is well-documented (Moores & Fitzgerald, 2017; Toal-Sullivan, 2006). Supervision is defined as a process to enable occupational therapists to advance the goals of their employer and further their own professional development (Occupational Therapy Australia [OTA], 2019). Supervision can encompass formal supervision with a dedicated supervisor, informal supervision with colleagues, or a combination of both (OTA, 2019). Formal supervision is described as protected time, most frequently face-to-face (Ayres et al., 2014). Occupational Therapy Australia (2019) guidelines recommend that formal supervision should use supervision models, reflection, problem solving, and critical feedback. Informal supervision is described as immediate feedback and advice offered in addition to scheduled supervision (Moores & Fitzgerald, 2017). Informal supervision can occur through observation and opportunities to work alongside experienced practitioners, not necessarily only a designated supervisor (Occupational Therapy Australia, 2019). Supervisors of new graduates have been described as having a 'gate-keeping' role in an organisation to ensure quality of care (Morley et al., 2007). Several studies have found that knowledgeable colleagues were viewed as an important means of support for new graduates, both through formal and informal supervision (Britton et al., 2015; Moores & Fitzgerald, 2017; Toal-

Sullivan, 2006). Consequently, due to the impacts of supervision on new graduates, the perspectives of senior colleagues regarding occupation-centred practice may influence practice.

New graduate occupational therapists are well-placed to facilitate occupation-centred practice due to their proximity to current theoretical concepts taught in pre-registration occupational therapy programs (Ashby et al., 2016). However, two studies by Di Tommaso et al. (2016, 2019) demonstrated that new graduates found it difficult to implement occupation-centred practice. New graduates reported that pressures from within their practice context, including the expectations of their supervisors, influenced their use of occupation-centred practice (Di Tommaso et al., 2016, 2019). New graduates felt that to be seen as competent by colleagues, they had to conform to seniors' expectations of impairment-based practice and had no power to change the status quo (Di Tommaso et al., 2016, 2019). Furthermore, Di Tommaso et al. (2019) found that some new graduates embraced the influence of senior colleagues and the biomedical culture in their work context at the expense of occupation-centred practice. Participants even expressed frustration at occupational therapists who were using occupation-centred practice, as they were seen to be wasting time (Di Tommaso et al., 2019). In summary, both studies found that new graduates adjusted their attitudes towards the use of occupation in practice to conform with the existing practice of senior therapists (Di Tommaso et al., 2016, 2019).

There is growing literature exploring the benefits of occupation-centred practice and the impact of supervision on new graduate occupational therapists' professional practice. Studies by Di Tommaso et al. (2016, 2019) found that new graduate occupational therapists identified senior colleagues and their perspectives and preferences as an important impact on whether to use theory or occupation in practice. However, there is limited understanding of the perspectives of senior occupational therapists in Australia and their views on occupation-centred practice. Furthermore, it seems appropriate that due to the central nature of occupation in practice, occupation-centred practice should be a fundamental component of new graduate supervision. However, there is little research examining the impact of supervision on occupation-centred practice. Furthermore, studies concerning supervision in occupational therapy have rarely sought the views of supervisors as most studies focused on supervisees' experiences (Dawson et al., 2013; Sweeney et al., 2001). Therefore, the aims of this study were as follows:

1. To explore senior occupational therapists' perspectives and use of occupation-centred practice.
2. To discover senior occupational therapists' perspectives regarding the extent to which they influence the new graduates they supervise, in occupation-centred practice.

2 | METHODS

An interpretative phenomenological study design (van Manen, 1990) was selected to achieve the aims of this study. Interpretative phenomenology involves the uncovering and interpreting of participants' experiences of a phenomenon, using a small sample to collect in-depth data, most frequently through semi-structured interviews (Creswell & Poth, 2013; van Manen, 1990). Ethical approval was obtained from the Griffith University Human Research Ethics Committee (2021/056).

2.1 | Participants

Consistent with interpretative phenomenology, a sample of 10 senior occupational therapists was recruited. Five participants were initially recruited through social media and OTA website advertising. A second round of recruitment of five further participants occurred via email to professional contacts to increase diversity of therapists in different workplace settings. Participants were included if they (i) were a registered occupational therapist currently working in Australia, (ii) were employed with a job title of 'senior therapist', and (iii) supervised a new graduate within the previous 2 years. For this study, new graduates were defined as therapists with less than 2 years practice experience (OTA, 2019). Each potential participant was provided with a Participant Information Sheet and Consent Form and a request for demographic information. Participants gave informed, voluntary consent in writing and were advised they were free to withdraw at any time without penalty or explanation and that their contributions would be removed from the data. Table 1 presents participants' practice areas and supervision experience.

2.2 | Data collection

As recommended by Smith et al. (2009), one-on-one semi-structured interviews were used to explore participants' experiences in depth. The interviews were conducted by an experienced qualitative researcher separate from the core research team, who was unknown to participants (EN). This was important as some members of the research team are known researchers in this sphere, which may have impacted the recruitment process and the information participants felt comfortable sharing.

TABLE 1 Participant demographic data.

Participant pseudonym	Length of time supervising new graduates	Practice area
Anne	5 years	Public—Acute hospital
Joy	15 years	Public—Education
Eve	6 months	Private—Disability support
Debra	8 years	Public—Acute hospital
Sally	1 year	Private—Aged care
Mary	9 years	Public—Acute hospital
Lily	14 years	Public—Acute hospital
Clare	17 years	Private—Disability support
Rose	16 years	Public—Acute hospital
Jill	20 years	Private—Disability support

Interviews lasted up to 90 minutes to enable rapport building and collection of in-depth data and occurred via an encrypted video conferencing platform. Interviews were transcribed verbatim, all identifying information was removed and pseudonyms were applied by the first author before analysis. See Box 1 for examples of semi-structured interview questions.

BOX 1 Example of semi-structured interview questions.

- What are your perspectives of occupation-centred practice?
- How do you use occupation in practice?
- How do you think you as a senior or lead occupational therapist, affect the practice of new graduates under your supervision or leadership?
- How do you think your attitudes to occupation-centred practice impacts the use of occupation in practice by new graduates?
- How do you think your use of occupation in practice impacts the use of occupation in practice by new graduates?

2.3 | Data analysis

The six steps of Interpretative Phenomenological Analysis (IPA) (Smith et al., 2009) were used for data analysis. IPA aligns with an interpretative phenomenology research design. It was chosen as a data analysis tool due to its ability to offer a clear analytical process to operationalise the theories of interpretative phenomenology (Smith et al., 2009). IPA recognises that the knowledge and experience of researchers become a filter through which the data are analysed (Smith et al., 2009). This is considered to be inevitable and beneficial in the interpretation of participants' experiences (Smith et al., 2009). IPA step 1 called for each transcript to be read and re-read independently by two researchers. Step 2 required researchers to independently note points of interest in each transcript. These points aimed to describe the phenomena experienced by participants and the meaning it held for participants (Smith et al., 2009). In step 3, two researchers developed emerging themes from the points of interest in the same transcript, ensuring all notable points were accounted for within an emerging theme. Step 4 called for the same two researchers to look for connections across themes, in relation to the research aims, from which a list of higher-order themes was created for each transcript (Smith et al., 2009). All emerging themes were discussed as a broader research team and if required, any points of disagreement were discussed with a third researcher. After all transcripts were analysed separately following the procedure above (step 5), three members of the research team met for step 6 to discuss connections, similarities, differences, and links to theory across all transcripts. During step 6, superordinate themes were constructed from the data, and presented as research findings. During data analysis, the team reflected on the need to obtain more participants, but it became clear that saturation had occurred as no new points of interest or themes were discerned.

2.4 | Trustworthiness

A number of strategies were employed to strengthen the trustworthiness of the findings. Throughout the research process, an audit trail was created, including meeting notes, correspondence between the research team, recorded interviews, transcripts, and coding (Lincoln & Guba, 1985). During data analysis, researchers met at

least once a fortnight, which facilitated regular communication, supervision, and collaboration between team members, promoting plausible and coherent interpretations of the data (Smith et al., 2009). The use of multiple researchers, including a separate interviewer, enabled multiple interpretations of the data, which were then incorporated into the findings by the research team (Creswell & Poth, 2013). This ensured trustworthiness by increasing the richness of data through different and multiple interpretations (Smith et al., 2009).

3 | FINDINGS

Five main themes were discerned from the data: together, but apart; A link between knowledge and identity; navigating different cultures; making up for what is missing; and good supervisors.

3.1 | Together, but apart

All participants felt strongly that occupation was central to occupational therapy. Participants were together in valuing occupation in their practice, because 'that's what makes us unique as OTs ... We really need to emphasise that as a profession' (Lily). However, participants seemed to be positioned at different points—apart—on a spectrum of their knowledge, use of terminology, and implementation of occupation-centred practice.

Knowledge of and the priority to implement occupation-centred practice varied between participants. Half the participants considered occupation-centred practice as the 'core of practice' (Eve), and they used an 'occupational lens when looking at a person's life' (Lily). The other half thought centring on occupation was primarily about the goals of therapy: 'at the end of the day, we're occupational therapists and the occupational goal is the point' (Jill). Clare prioritised client-centred practice over occupation-centred practice; however, it was not clear whether she thought the two approaches were the same or different: 'for me, there's a bit of tension. I think the person actually belongs in the centre'.

All participants used the terms 'occupation-based' and 'occupation-focused' interchangeably with 'occupation-centred'. Several participants valued the use of occupational terminology in practice: 'I'm in constant battle to have the word occupation within our literature and role description' (Joy). However, other participants used terms such as 'function', 'task', and 'activity' in preference to or interchangeably with 'occupation'. Rose stated: 'So that's how I really see occupation ... it's looking at their function before, looking at their function now, looking for what's meaningful, looking at the environments they do it in'. Consequently, participants were apart in their knowledge and descriptions of occupation-centred practice, leading to different choices and priorities for how they practice.

Participants also differed on how they implemented occupation into their practice. A few participants perceived occupation-centred practice as an active choice: 'I think you definitely have to make that choice to go, yep, this how I'm going to practice' (Lily). Some tried to use occupation in their practice context where possible, pushing back against biomedical expectations: 'we are not just giving out shower chairs' (Mary). Others only used occupation as the goal of therapy and instead focused on impairment remediation such as 'physical, sensory, visual techniques' (Jill) in practice. Hence, there was a variation in the implementation of occupation-centred practice by participants.

3.2 | A matter of identity

There was a link between participants' knowledge and use of occupation-centred practice and their identity as an occupational therapist. Participants who articulated an understanding of the nature and power of occupation, its links to health and wellbeing, and who valued its use throughout the occupational therapy process were more inclined to positively identify as an occupational therapist, for example: 'I'm not a hand therapist, so I say I'm an occupational therapist' (Lily). Those who centred occupation in their practice were also inclined to advocate for occupation in practice as part of their professional identity: 'I will put my heart on my sleeve about all things occupational' (Joy). Similarly, those who demonstrated a strong occupational identity discussed their desire to learn more about occupation-centred practice and profession-specific theory: 'I guess it would be lovely to have some more short digestible forms of [professional development] ... just someone even talking about how they use occupation in practice' (Debra).

Many participants' professional identities appeared to link closely to their practice context. While one participant stated that she was happy to be referred to as a physiotherapist, others labelled themselves as 'neuro' or 'paediatric' occupational therapists, rather than centring occupation as their domain of expertise. Sally, who described her practice from an impairment remediation lens, linked her identity with her organisational culture of multidisciplinary private practice 'I'm not as occupation-focused as [my colleague] is ... I'm more business-y focused I guess'. It was clear in the data, therefore, that participants linked their professional identity to their understanding and use of occupation-centred practice.

3.3 | Navigating different cultures

All participants recognised that both senior therapists and new graduates had to navigate practice settings with dominant practice cultures that clashed with an occupational lens and occupation-centred practice. Describing acute settings, Anne remarked '...working within a biomedical model of care, within hospital-based health care, I think as far as occupation-centred practice, that can be a challenging concept for us'. Mary commented on her experience of a reduced scope of practice, whereby she was unable to progress the occupational therapy process: 'assessment probably is 80% of my day unfortunately, and that's a big struggle as an occupational therapist'. New graduates were also negatively impacted by the acute setting, with most participants feeling that new graduates experienced pressure from the multidisciplinary team to adhere to a biomedical culture. Mary observed:

> There's a new cohort of new grads that are coming through, that I think are particularly struggling to make sense of holding onto our identity or what I see our OT-ness to be, which is occupation, and put it in and not lose sight of that in the medical model.

Joy stated that occupational therapy practice in her public education setting had 'just been a bit sabotaged' by the setting's language and role expectations, due to the 'strong inculturation to an education context'. She also discussed challenges for new graduates, 'I'm often surprised at how quickly they will morph into their predecessors' ... or in fact their physio colleagues' way of doing'. Consequently, Joy believed that new graduates were not implementing occupation-centred practice; instead, she thought they were conforming to expectations of the educational context or even aligning with other health disciplines. Additionally, in private practice, funding and billing models negatively impacted on occupation-centred practice. Often, expectations of the practice setting drove the choice of assessment, and therefore, the assessment drove the therapy:

> When we use those assessments and we use the scoring areas to identify where our focus is, we actually need to be intentional about bringing occupation back into that, because if we do not, we will just focus on building whatever skill is identified as the barrier because we want to see an improvement on the assessment. (Clare)

Furthermore, Sally discussed challenges regarding time limitations in private practice, impacting both occupation-centred practice and new graduate supervision, wondering 'how do we implement that in a world that is billable now?'

Participants also reflected on how they managed these expectations and how they supported new graduates to use occupation-centred practice. Some 'pushed back a little' (Lily), by using occupational language in documentation and communication with their team and in supervision, as well as advocating for appropriate referrals or educating their team about occupational therapy. Most participants, while believing in the value of occupation, did not advocate for occupation-centred practice for themselves or the new graduates they supervised or had reduced their use of occupation in their daily practice and in supervision because they had achieved success in their practice settings using impairment-based strategies. Therefore, dominant perspectives and contextual expectations of practice settings were reported by all participants as having a negative impact on their use of occupation-centred practice.

3.4 | Making up for what is missing

Most participants believed that new graduates arrived at their practice context with inadequate levels of knowledge and skills due to differences in university curricula and student placements. These participants believed that part of their role was, therefore, to help new graduates make up for the knowledge and skills that were lacking, but which was necessary for their particular setting, instead of a focus on occupation-centred practice. Additionally, participants believed that new graduates would prioritise impairment-based therapy because they believed that occupation-centred practice was inherently complex or risky:

> I think to accept that some occupation-centred approaches ... it relies on a degree of risk, and a degree of accepting that there will be risk to a client. And I think when you're new ... accepting some risk for a patient is a bit uncomfortable. (Debra)

Various priorities for new graduate training were explored in the interviews. Promoting occupation-centred practice in supervision was discussed by several participants, because as Joy remarked, new graduates would otherwise concentrate on skill development in impairment remediation first, 'where they feel most shaky'. Clare believed that new graduates were 'all cognitively

ready for occupation-centred practice, but unless they have a focus on occupation, the system that they work in will beat that out of them pretty quickly'. However, the majority of participants were more likely to discuss new graduate knowledge development in relation to procedural and setting concerns. They believed that new graduates were under-skilled in impairment assessment and remediation, such as X-ray examination, cognitive testing, or the use of electrical nerve stimulation. The senior therapists viewed new graduates as needing significant support; however, it was more often considered in terms of impairment remediation rather than occupation-centred practice. It appears that both the participants and their new graduates felt that the priorities of the setting, which were impairment-based, were more important than occupation-centred approaches.

3.5 | Good supervisors

All participants had a strong commitment to supporting new graduates through supervision. Most commonly participants believed that being a good supervisor involved helping new graduates adapt to setting specific issues, rather than developing the new graduate's occupation-centred practice. All participants recognised the impact of supervision on new graduates, as Mary remarked: 'it changes their trajectory as a clinician'. However, once again, it appeared that promotion of occupation-centred practice was de-prioritised in supervision.

Participants reported that while organisational support for supervision was promoted as a priority, implementation of supervision was inconsistent. Several organisations allocated a protected hour each week with a dedicated supervisor, but this did not always happen. Other organisations held intensive supervision initially, but this reduced in frequency after 2 to 3 months. Some organisations did not provide easy access to an office, meaning virtual supervision occurred even though this was considered less effective than face-to-face supervision by some participants.

During formal supervision with new graduates, participants most frequently addressed skill development, caseload review, organisational requirements (such as reporting or billing), and time management. Generally, there was a reluctance to be directive in supervision, participants 'gently nudging' (Eve) instead, and not wanting to impose what they saw as their personal occupation-centred values onto new graduates. Only one participant reported explicitly discussing occupation-centred practice: 'I'll always try to drive that OT role and the importance of occupational practice' (Lily). Finally, for many participants, supervision affirmed organisational priorities. For example, multiple participants considered the use of impairment-based interventions by new graduates acceptable if they achieved the goals set by the organisations.

Informal supervision by participants also influenced new graduate practice: 'those younger therapists learnt by observing us. So, they would see the sessions, they would see the treatment notes, they would see the reports that we wrote, and then they started doing things on their own' (Clare). However, not all informal supervision aligned with occupation-centred practice, with some participants modelling their focus on biomedical priorities to new graduates, such as demonstrations of impairment assessments and interventions. Consequently, while the supervisors were all committed to assisting new graduate development, they frequently believed that good supervision meant assisting new graduates to adapt to their practice setting rather than promoting knowledge and use of occupation-centred practice. It appears that many participants believed that they were positively influencing new graduates' occupation-centred practice; however, variations in the knowledge of this concept suggest that this was not always the case.

4 | DISCUSSION

This study aimed to explore senior occupational therapists' perspectives about and use of occupation-centred practice and explore their perceptions of the impacts of their supervision on new graduates. Although occupation-centred practice was valued by this cohort of senior therapists, their practice contexts drove practice and expectations in both their clinical and supervisory practices which in turn they acknowledged could influence new graduates.

4.1 | Occupation-centred practice is valued but varied

Findings from this research revealed that although participants valued occupation-centred practice, their implementation of it was variable. This variability was attributed by participants to contextual pressures; however, inconsistent knowledge of occupation-centred practice also appeared to be a contributing factor. These findings align with Murray et al.'s (2019) 'glimmer of occupation' theme, in which occupational therapists' practice and knowledge of occupation-centred practice ranged from only considering occupation in passing to actively making a choice to implement occupation into assessment and intervention. A key finding of this study

was a lack of congruence between the espoused value of occupation to occupational therapists and its implementation in practice, which is consistent with other studies (Ashby et al., 2015; Britton et al., 2016). Thus, it appears that there continues to be a lack of understanding and varied use of occupation-centred practice as discussed in the literature (Fortune, 2000; Gustafsson et al., 2014; Molineux, 2011).

4.2 | Knowledge of occupation-centred practice impacts use and professional identity

This research found that senior therapists' knowledge of occupation-centred practice existed on a spectrum, which impacted their use of occupation in practice. Approximately half the participants' descriptions of occupation-centred practice generally reflected the definition of Fisher and Bray Jones (2017). However, other participants were unable to describe occupation-centred practice in ways consistent with contemporary understandings. This finding was consistent with those of other authors (Di Tommaso et al., 2016). Other participants believed that occupation-centred practice was the same as client-centred practice, however, Ford et al. (2022) showed that a therapist can be client-centred but still use impairment-based therapy. Furthermore, the use of inconsistent terminology to describe occupation-centred practice by participants in this study aligns with other authors' assertion that occupational therapists can find describing their practice using profession-specific terminology challenging and so they revert to biomedical and functional language (Murray et al., 2015; Wilding & Whiteford, 2008).

The professional identity of participants appeared to be associated with their knowledge and use of occupation-centred practice. Those participants who demonstrated limited knowledge were more likely to link their identities to organisational expectations of practice. In contrast, participants whose knowledge and professional identity linked with contemporary occupational therapy were more likely to centre occupation in their practice, regardless of their setting. Turner and Knight (2015) also reported that limited contemporary paradigm or occupational knowledge caused a lack of professional identity in therapists, who were overly influenced by other health-care perspectives and then did not use occupation-centred practice. Furthermore, this lack of professional identity led to role confusion and a devaluing of the contribution of occupational therapy in participants' practice settings (Ashby et al., 2015; Britton et al., 2016).

4.3 | Context prioritised over occupation-centred practice

Participants primarily attributed their inconsistent implementation of occupation-centred practice to pressures from their practice setting. Conflict between dominant organisational cultures, such as the biomedical model, continues to negatively impact on occupation in practice (Di Tommaso et al., 2019; Murray et al., 2021). In this study, alignment with contextual expectations of practice was more commonly prioritised by the senior occupational therapists over occupation-centred practice. These findings align with other studies which highlight that the acute practice setting can lead to role confusion, a focus on discharge, and reduced use of occupation (Britton et al., 2015; Murray et al., 2019). This research also found that practice in a public education setting can have a negative impact on occupational therapy practice through role expectations, as well as documentation and professional language expectations. These findings were consistent with research into school-based education settings which revealed a pressure to conform to setting specific practice expectations, such as the collaborative model of practice and a lack of understanding of the occupational therapy role by education staff (O'Donoghue et al., 2021). Finally, findings show that in private practice, disability services funding in Australia may lead to a focus on reporting standardised outcomes in preference to occupation-centred practice. This is consistent with Hazelwood et al. (2019)'s discussion of the challenges to new graduate occupational therapists' practice, whereby therapists were expected to work within funding boundaries that did not align with their concepts of best practice.

Participants in this study used a range of strategies to respond to contextual workplace pressures. Some became advocates of using occupational terminology, reflective of Wilding and Whiteford's (2008) research, in which the use of language empowered occupational therapists to demonstrate their value. Others adapted their practice to use occupation where they could, which was similar to Britton et al. (2016) who found that some occupational therapists modified practice to manage setting expectations, including having an occupational goal and adapting occupational models for use in an acute setting. Finally, several participants in this research adopted the culture of their setting, eschewing occupation-centred practice in favour of impairment remediation. In the process, they often found success in the eyes of their colleagues. Similarly, Di Tommaso et al. (2016) found some recent graduates embraced the culture of their setting, becoming critical of colleagues who used occupation-centred practice.

4.4 | Supervision used to adapt new graduate practice to context rather than promote occupation-centred practice

All participants believed that supervision had a substantial impact on the developing practice of new graduates, acknowledging that supervision can change their trajectory as a clinician. This finding is supported by research that has documented the powerful impact of formal and informal supervision on new graduates (Ayres et al., 2014; Turpin et al., 2021). Additionally, Di Tommaso et al.'s (2016, 2019) studies raised the question of how much influence senior therapists have on new graduates' occupation-centred practice. Findings from this study demonstrate that senior therapists believed that they significantly influenced new graduates through supervision, including in the use (or not) of occupation-centred practice. Participants generally viewed supervision as an opportunity to develop foundational knowledge concerning the specific setting requirements, which were prioritised over occupation-centred practice. Popular models, such as Proctor's functional interactive model (Proctor, 2001) and the 4 × 4 × 4 Model (Wonnacott & Morrison, 2014), which are used to guide occupational therapy supervision in Australia do focus on professional development components, as well as supportive and organisational elements; however, none specify centralising occupation-centred theory and philosophy or practice.

Most participants did not explicitly discuss occupation-centred practice with the new graduates they supervised. Possible reasons for this may include the previously discussed limited knowledge and contextual challenges to senior occupational therapists' practice, similar to Di Tommaso et al. (2019) and Gillen and Greber (2014)'s research or the perspective that occupation-centred practice is a personal value, not to be pushed onto new graduates. Additionally, as several participants had achieved professional success through their alignment with contextual expectations such as the biomedical perspective, this may have influenced their supervision priorities away from occupation-centred practice. Therefore, findings revealed that the prioritisation of contextual demands by senior therapists was being demonstrated to new graduates through supervision. This occurred both formally, through discussion topics, resource provision, and assistance with the self-identified needs of the new graduate, and informally, through practice choices, language use, and role modelling. These findings are similar to Di Tommaso et al.'s (2016, 2019) research whereby new graduates felt that they had to conform to organisational expectations, due to the pressure from senior therapists to use impairment-based interventions rather than occupation-centred practice.

Consequently, this study found that supervision can perpetuate challenges of identity and knowledge for the occupational therapy profession, with new graduates being influenced by senior occupational therapists' individual perspectives and use of occupation in practice. By prioritising setting expectations over occupation-centred practice, wider understanding of the contribution of occupational therapists can be impacted (Molineux, 2011). These findings are consistent with literature on contemporary occupational therapy practice and the tension between conflicting knowledge paradigms, such as the biomedical, upon occupation-centred practice (Gustafsson et al., 2014; Kielhofner, 2009).

4.5 | Future research

Findings from this study highlighted that senior therapists sought further education for themselves about occupation-centred practice, so they could support new graduates' use of occupation through supervision. Future research could explore professional development opportunities to address this demand and the impact of that education and training. Furthermore, links between knowledge and use of occupation-centred practice were uncovered in this research. Future research could explore how to minimise the gap between knowledge limitations and the operationalisation of occupation-centred practice for all therapists, no matter their setting. Finally, this study raised a question about how the use of occupation in private practice may be influenced by policy requirements related to funding. Due to the significant growth of this practice setting in Australia, this may be an important area for future research into occupation-centred practice.

4.6 | Limitations

In line with interpretative phenomenological design, this research study had a small sample size. Although appropriate for interpretative phenomenology, the findings are not generalisable to the experiences and perspectives of all senior occupational therapists who provide supervision. Additionally, over half (six) of the participants were employed by government services, and all participants were female and working in Australia; therefore, findings are specific to these contexts only. Only therapists who held a job title of 'senior occupational therapist' were interviewed in order to ensure consistency and clarity for recruitment procedures; however, the authors acknowledge that other therapists, including those from other disciplines, also supervise new graduates.

4.7 | Conclusion

This research used an interpretative phenomenological design to explore senior occupational therapists' perspectives on and use of occupation-centred practice and to discover senior occupational therapists' perspectives regarding the extent to which they influence the occupation-centred practice of the new graduates they supervise. Findings were that there was variation in knowledge and use of occupation-centred practice by senior occupational therapists. This variation in knowledge and use appears to have impacted their professional identity as occupational therapists. The perspectives of the participants influenced new graduate practice through supervision, which was used to adapt to practice settings rather than to use occupation-centred practice. This demonstrates that some occupational therapists may be continuing to inconsistently use occupation in their practice which may perpetuate ongoing tensions regarding the profession's ability to align with the contemporary paradigm. Future research could explore the impacts of tailoring professional development specifically to supervisors, to support occupation-centred practice, increase the links between knowledge and use of occupation in practice on professional identity, and investigate how public policy impacts the use of occupation in private practice.

AUTHOR CONTRIBUTIONS

All authors contributed to the design and implementation of this research study. EN and KP completed data collection. KP, AD, and MM completed data analysis and developed the initial draft of the manuscript. All authors have reviewed the manuscript and consent to submission to the journal.

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CONFLICT OF INTEREST STATEMENT

The authors declare that there is no conflict of interest for this study.

DATA AVAILABILITY STATEMENT

Research data are not shared.

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