How Do Novice Physiotherapists Describe their Experiences of Workplace Support?

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ABSTRACT

This study aimed to explore how the experiences of workplace support contributed to the developing professional confidence, competence, and workplace experience of the novice physiotherapist working in Aotearoa New Zealand. Using a qualitative descriptive methodology, 12 registered physiotherapists who had graduated within the last 5 years and were employed in various settings across Aotearoa New Zealand were recruited. They participated in semi structured interviews, which were analysed using reflexive thematic analysis. Three themes described participants' experiences of support: (a) navigating the transition; (b) building capabilities to achieve professional growth; and (c) fostering relationships in the workplace. The participants valued professional support that helped them navigate the early challenges they encountered as well as various forms of support that assisted them in their career development. Provision of support was hugely varied across settings and employers. Findings from this study may assist novice physiotherapists to gain awareness while navigating their own transition, accessing developmental opportunities, and building connections and competencies as a new practitioner. Additionally, this research could encourage employers to consider how best to support their novice employees.

INTRODUCTION

The transition from student to practitioner is challenging for most and particularly so for those entering health professions such as physiotherapy, where the newly registered practitioner needs to adjust to their emerging identity as a professional, learn to manage caseloads, and to practise as an autonomous clinician (Almond et al., 2021; Atkinson & McElroy, 2016; Chipchase et al., 2022; Duchscher, 2009). Early experiences working in any profession are considered formative in shaping professional practices and values, career outlook, and employee retention (Harrison & Healy, 2016). In particular, the first 5 years (during which the recent graduate is defined as a "novice") are viewed as foundational (Black et al., 2010; Takashima & Saeki, 2019). In Aotearoa New Zealand, pre-registration training consists of at least 3 years of theoretical and clinical practice workplace experience. Despite having completed comprehensive training, when confronted with the complexity of their new role, new graduate physiotherapists reportedly experience a steep learning curve and recognise they still have much to learn

(Forbes et al., 2021; Martin et al., 2021; Stoikov et al., 2022; van Wijchen & Alme, 2022).

Assistance to navigate these new spaces and guidance to build on their professional skills has been found to be instrumental in helping the novice health professional find their place in the workforce, achieve job satisfaction, and build successful career outcomes (Bacopanos & Edgar, 2016; Chipchase et al., 2022; Davies et al., 2016; Forbes & Ingram, 2021; Kenny et al., 2021; Martin et al., 2021). The guidance, professional assistance, and/or scaffolding in these contexts is generally referred to as workplace support. This support may take a variety of forms and can be both formally and incidentally provided.

Workplace support practices appear to vary across contexts and organisations. Formal support generally involves scheduled timeslots and may include structured programmes such as those designed to introduce the new employee to the workplace (Chipchase et al., 2022). In addition to this, novice practitioners may be assigned clinical supervisors or mentors for one-on-one guidance and feedback (Cadogan & Potter, 2023; Martin et

al., 2021; Westervelt et al., 2018; Williams et al., 2019). Less structured or informal support may occur at irregular intervals and come from more experienced colleagues or other team members (Black et al., 2010; Hammond et al., 2016). Beyond the need to get started in a new workplace, ongoing support for the novice to develop professional skills and knowledge has been found important for job satisfaction (Arkwright et al., 2018; Davies et al., 2016; Williams et al., 2019), to enhance patient outcomes and for supporting career outlook (Arkwright et al., 2018; Shaw & DeForge, 2012; Tan et al., 2022).

In Aotearoa New Zealand various workplace support initiatives such as structured mentoring programmes, and professional supervision have been recognised as valuable to support the professional development of physiotherapists (see for example Cadogan & Potter, 2023; Holder et al., 2020). However, little is known about how recent graduates describe their experiences of support. The aim of this study was to learn how the experiences of workplace support contributed to the developing professional confidence, competence, and workplace experience of the novice physiotherapist working in Aotearoa New Zealand.

METHODOLOGY

This study used a qualitative descriptive methodology (Sandelowski, 2010), to explore support experiences of the participants who were novice physiotherapists. Grounded in social constructionism, qualitative descriptive methodology is a flexible form of naturalistic inquiry and is suited to exploring informants' perceptions and experiences of a given phenomenon.

As researchers, clinicians (physiotherapists), tertiary educators (CC, KW, and LH), and undergraduate physiotherapy students (AN and VM), our shared interests or experiences with physiotherapy education connected us to this topic. An aspect of this research project formed part of AN and VM's final year undergraduate research assignment, which was supervised by KW and CC. The data were primarily collected for a study interested in the contextual factors that shape the professional identity of the novice physiotherapist (which is to be reported elsewhere).

Convenience sampling was used, as this methodology supports a pragmatic approach and we were not concerned with representation; rather, resources were a key factor in determining our sample size. Our target of 12 participants fitted our budget and time frame. Rich data generated from in-depth interviews with 12 participants is considered an appropriate number for such an exploratory aim (Braun & Clarke, 2013). Data were collected using semi-structured interviews and analysed using Reflexive Thematic Analysis (Braun & Clarke, 2022; Terry & Hayfield, 2021). This analysis method fits with our methodology; it follows an inductive process, allowing reporting to stay close to the data and acknowledges the interaction of the researcher in the production of the data and the findings. Rigour is assessed by key markers of quality, as described by Tracy (2010), which include sincerity, coherence, and resonance.

Recruitment

We were interested in capturing a diversity of workplace experiences and thus our recruitment approaches reflected this intent. AN, who was a 3rd year Bachelor of Physiotherapy student at the time of recruitment, was the research assistant employed on a casual contract to support recruitment and conduct the interviews for the main study. Physiotherapists within 5 years of graduation (or "novice" physiotherapists) who were working in diverse settings across Aotearoa New Zealand were recruited through personal and professional connections – via email and relevant online groups. Potential participants who contacted the researcher were provided with study information and invited to take part in an interview. Participants gave written and verbal informed consent prior to commencing the interviews. Basic demographic details, such as time since graduation and current workplace setting, were collected to ensure eligibility and that we were exploring a variety of workplace experiences.

Data collection

Data were collected during a period of regional "lockdown" due to COVID-19 between September and December 2021. Interviews were therefore conducted online via video conferencing (Zoom) by AN and lasted between 20 and 65 min. The semi structured questions focused on the participants' workday routines, perceived role expectations, job satisfaction, and any challenges they may have had to navigate (see Appendix A for indicative questions). Interviews were transcribed verbatim. Privacy was maintained by removal of identifying features including colleague and employer names and using pseudonyms in this journal article.

Data analysis

Analysis followed an inductive approach described by Braun and Clarke (2022). During initial familiarisation, AN and VM identified ideas from reading the transcripts to refine the analysis question, which was "How do the participants talk about their workplace support?". Open coding was conducted by the entire research team, predominantly guided by CC and KW. Two transcripts were randomly selected and independently coded, then discussed to develop analysis skills and share insights. Following this, the remaining transcripts were distributed for coding among the team. Codes were presented on an online board (MIRO https://miro.com/) for collaborative editing. Online meetings with the student researchers were held to consider possible theme grouping. We identified prototype themes by expanding on these discussions and interacting with the Miro board. These prototypes were tested and refined throughout the write up process to arrive at the themes, which are presented below.

RESULTS

Twelve participants (three male, nine female) from across Aotearoa New Zealand were recruited for the current study. Participants were between 9 months to 4 years post-graduation at time of recruitment, with the majority having graduated within the past year ($n = 7$). Ages ranged from 23 to 29 years (see Table 1). The majority were working in cities ($n = 9$), with three participants based in small towns. They worked in a range of settings including private practice with a predominately musculoskeletal (MSK) focus ($n = 8$), in public hospitals ($n = 2$), and in community settings ($n = 2$). Six of the participants had experience of more than one workplace since graduation.

Table 1

Participant Characteristics

Pseudonym	Age (years)	Year qualified	Length of time since graduation (at date of recruitment	Employment setting
Sarah	24	2020	> 1 year	Private practice – Musculoskeletal with a sports focus
Amanda	23	2019	2 years	Hospital rotational
Julie	23	2020	< 1 year	Private practice – Musculoskeletal
Penny	26	2017	4 years	Private provider – Neurological rehabilitation community service (previous experience of hospital in-patient and out-patients)
Ruth	24	2020	> 1 year	Private practice – Musculoskeletal
Milly	24	2018	3 years	Private practice – Musculoskeletal and cancer rehabilitation
John	29	2017	4 years	Rural community outpatients (Previous experience of hospital in-patients)
Ruby	23	2020	> 1 year	Hospital rotational
Marea	22	2020	> 1 year	Private practice – Musculoskeletal and key focus on women's pelvic health
Rose	23	2020	> 1 year	Private practice – Musculoskeletal
David	23	2020	> 1 year	Private practice – Predominantly musculoskeletal
Harrison	24	2019	2 years	Private practice – Musculoskeletal

The participants described their ethnicity as New Zealand European (*n* = 9), New Zealand/Chinese (*n* = 1), Māori (*n* = 1), and European (*n* = 1). Pseudonyms have been used to maintain anonymity.

All the participants discussed workplace support in some form or another as crucial to their early workplace experiences and for developing competence and confidence in their new roles. They noted times when support helped them navigate challenges and develop confidence, and when a perceived lack of support left them floundering. The support they received was often formalised and part of their employment conditions. However, participants also discussed the informal support opportunities they utilised and support networks they consciously constructed. These findings are discussed further under the themes (a) navigating the transition, which considers the support that assisted the participants to move from new graduate towards an emerging identity as a practising physiotherapist; (b) building capabilities to achieve professional growth, which refers to how support in various forms helped the participants develop professional competence and fuel a passion for their new career; and (c) fostering relationships in the workplace, which refers to the conditions that appeared to enable the participants to access and capitalise on the available support opportunities and foster these beneficial relationships.

Navigating the transition: "I was questioning my place – I felt like I had made a huge mistake"

The transition phase from undergraduate student to novice health professional was peppered with feelings of nervous excitement and trepidation. Many participants reported feeling unprepared for the demands of full-time work as a physiotherapist, their real-world client caseloads, the complexity of situations their clients were presenting with, and encountering unfamiliar conditions or scenarios (for example a rare diagnosis) that only had been briefly discussed at university. In addition, the work context presented challenges such as unfamiliar workplace processes and funding models:

> I would say probably the first 3 months was really hard and I was very much questioning my place in the hospital, and I felt like I had made a huge mistake and it's such a big learning curve, but I think after 3 months of working in the hospital I had seen more patients and learnt more than probably in my 4 years of physio [education] … You can't really completely prepare for it I guess. (Amanda, hospital rotation, 2 years since graduation)

Together, with this uncertainty, the participants reported feeling exhausted at the end of their workday, noticing it took them several months to build up their stamina for the cognitive load and demands of their new role. Participants reported various strategies that helped launch them into their role, build their capacity to sustain their workload, develop confidence, and find their feet in their new workplace. The strategies included formal or informal structured induction programmes, a measured introduction to building client caseloads, options to lengthen session times, ready access to senior colleagues to discuss approaches to treatment, formal "tutoring" or "mentorship", as well as informal opportunities to talk through client scenarios, practise new skills, share strategies or tools, and observe other colleagues working.

The participants also appreciated the access to informal support through the ready availability of senior colleagues. Julie described her situation and explained she felt lucky she was working in a supportive workplace:

I have always felt like I had someone [to talk to] if I didn't know or if I needed help with a process or if I needed information. I have never felt like it was just me alone trying to battle my way through seeing patients, which is nice. (Julie, MSK private practice, 9 months since graduation)

For Julie this support helped her feel comfortable in her new role and develop confidence.

These early support strategies appeared instrumental in establishing confidence and competence in these novice therapists who were eager to learn, develop their practice, and do their best for their clients. However, not all the participants were "lucky" and experienced the level of support described above. Milly explained how her employer didn't recognise her need for support to navigate unfamiliar workplace systems and explained:

My previous employer, she was 25 years out, masters qualified, she has been by herself for a few years in her own clinic so I was her first employee and I think she probably just underestimated how much we don't know as new grads. She probably forgot what it's like to be a new grad and then just the administration side obviously I have no idea, anything about ACC [the Accident Compensation Corporation], we don't learn that at uni [university], I didn't know how to fill out an ACC form, I didn't know how to apply for an extension, all of those little things … that you need someone to help you out with that in the beginning. (Milly, MSK private practice, 2 years since graduation)

Lack of recognition for her support needs left Milly feeling frustrated as she battled the steep learning curve on her own. For the others who received adequate support, this smoothed the transition into the workforce while contributing to their sense of professional competence and confidence. The participants also appreciated the benefits of ongoing support, which helped them develop their skills and competence as they settled into their profession. The next theme explores this further.

Building capability to achieve professional growth: "I am still exposed to new things, there's opportunities here"

Beyond the demand to be ready to practice and make a start in their new roles, participants reflected on how the ongoing workplace support they received helped them foster their capabilities and grow as professionals. This support came in various forms and included informal or formal mentoring, clinical supervision, structured team-based learning, and professional development opportunities such as in-services and regular scheduled group development sessions. There were also opportunities and encouragement to develop skills and expertise in particular areas.

Ongoing individual formal and informal clinical supervision supported the participants to develop their clinical reasoning skills. Ruth explained that having allotted time to discuss complex patient encounters with senior colleagues gave her new perspectives and increased confidence in providing patient care. Other participants commented that all the therapists in their practice were assigned a mentor, which helped normalise the need for ongoing support.

The provision of allocated professional development money to attend courses and extend their skill range was appreciated. Some saw these opportunities as stepping stones in their career growth. Others, like Rose, below, expressed how this investment in their professional development made them feel valued and committed to their employer:

We have allocated CPD [continuing professional development] money and development stuff so he [the employer] is pretty good … that's where my courses have come from … At the moment I am loving it and I am still learning lots and I have loosely sort of committed to that three or four-year mark for now. So purely I think like I've got a really good environment, I've had really good support and a good kind of overall package that I don't think I would go to another private practice in New Zealand. (Rose, MSK private practice, 1 year since graduation)

Beyond the necessity to develop certain skills that would enable the new graduate to meet the demands of their present role, the participants appreciated when they had opportunities that supported their professional growth. Rose was grateful to be enabled to grow in areas that fitted with her interests. She believed, "you need to be in a clinic that allows you to find your own self as a practitioner and not mould the way the clinic goes" (Rose, 1 year since graduation). Others described how their supportive workplace enabled them to discover capabilities while gaining confidence in their role. As Marea explained: "They push me a lot, they push me to reach my potential, which is really nice, and I think now that I have seen that and seen what I am capable of I am just so much more" (Marea, predominantly MSK private practice, 1 year since graduation).

The participants appreciated being encouraged to extend themselves and develop skills in areas they were unaware or unfamiliar with. Marea was encouraged by her employer to specialise in women's health physiotherapy; her training was funded by her employer and she was provided with mentorship to practise these newly acquired skills. These newfound skills fuelled her passion and helped forge a strong sense of purpose as a professional as she recognised the benefit she could add to her community:

I love women's health stuff, like I love it. It's so exciting because like every day I am like 'oh my god I love this, this is what I want to do' whereas the other stuff I am 'I can do this, this is fine'. But I can see if I got four years down the line of just doing [general musculoskeletal practice] I would be bored for sure. (Marea, predominantly MSK private practice, 1 year since graduation)

However, the participants' experiences of ongoing support were variable. They expressed disappointment when it was missing. Ruby (1 year since graduation) had worked in a public hospital where learning opportunities and structured support were part of her attraction to the position; however, she was disappointed when development opportunities did not materialise. She explained, "there is a framework there for it to happen, but everyone is just busy, and it becomes the lowest priority and sometimes it just doesn't happen". Similarly, those in private practices described how promised ongoing professional

support opportunities largely depended on the availability or commitment of the employer and were frequently cancelled.

Professional development learning opportunities were valued as they helped the participants to not just get through their early months in their new positions but to develop their professional skills and competence, and build their career outlook. Supportive workplace relationships helped foster this growth and the appreciation for continual professional development. Our final theme considers the conditions that foster these supportive relationships.

Fostering relationships: "We get help from each other"

Personal attributes and workplace environments were contributing factors that promoted opportunities for supportive workplace relationships. Some participants also recognised they had a role in fostering these supportive relationships. Participants who had positive workplace support experiences attributed this to their experiences of having access to more experienced colleagues who made time to listen and respond adequately to requests for advice and guidance. Overall encouragement and follow through of promises were found to positively impact the professional relationship as was a social workplace that facilitated rapport building and made seeking support less intimidating.

Clear communication of expectations and support needs were identified as factors in the development of professional relationships and access to support networks. This was particularly true for some of the new graduates for whom COVID lockdowns had impacted their work placement experiences while at university. Julie explained how she anticipated her support needs from the beginning:

> When I had the [employment] interview, I asked what kind of support I will have leading up to the job because I am a new grad, I don't know what I am doing. And yes, that was what they said, and I was pretty happy with that. (Julie, MSK private practice, 1 year since graduation)

David, however, had expected a level of support that was not made available. He explained that he had been attracted to a position working for a highly admired employer only to learn that his employer would be travelling overseas with long periods of absence from the workplace. This left David feeling dissatisfied and unsupported.

The workplace setting appeared to enable or constrain supportive relationships. Working in a team-based environment allowed the participants to learn more about their own profession, strengthened relationships with their colleagues, and created opportunities for informal support.

> We all have lunchbreak at the same time so we can spend time together. So, there's lots of social things organised outside of the workplace with the community so we are not competing against each other [and] we get help from each other so we can book in to bring in another physio in to see a patient of ours if we are stuck and things like that are really good. (Julie, MSK private practice, 1 year since graduation)

Working in a multidisciplinary team such as in the hospital setting provided participants like Amanda with "a pathway

to growth" through exposure to a diverse patient case load, varied learning opportunities, and access to other health professionals and their respective expertise. Amanda (2 years since graduation) believed this supported her to "become well rounded, broaden her skill base, build a good foundation, and enhance her future employment opportunities". These participants appreciated the structured approach to their professional development provided by their employer. However, Penny (4 years since graduation) explained how the busy hospital environment sometimes made access to colleagues challenging. She explained that "time pressure" faced by the team limited her experience of informal support from colleagues and left her feeling vulnerable. This together with failed promises of development opportunities led her to find employment with another provider.

A supportive work environment and opportunities for social interactions within the team were linked to feelings of belonging, security, and camaraderie. Participants described how compatibility with their team gave them a sense of shared values, security, and comfort in their ability to seek help. For example, Julie described how her colleagues shared their strategies for dealing with challenging situations to learn from each other. She felt safe knowing a colleague was in the next room and was willing to come to her assistance if she needed it.

Although the participants appreciated the camaraderie sometimes, they were wanting more than a check-in, David explained:

> My catch ups with my senior because my boss wasn't around, my catch ups with my senior would be like ''how are you going?" and I would be ''going alright, this is great, this is fun" and she would be like ''cool". I have got nothing else to say and so that would be it and it was like 5 minutes. (David, MSK private practice, 1 year since graduation)

For David, a structured approach to support may have been more beneficial, although he acknowledged he could have been more forthcoming in seeking feedback.

Clear communication of expectations, respect from colleagues, and opportunities for openly seeking assistance were important for the participants to develop confidence in their abilities. Ruth, who was less than one year since graduation, shared how in her workplace she felt comfortable asking a colleague for help with a complex patient, without feeling judged for asking possibly "stupid" questions. However, David had a different experience and sometimes felt his approaches for assistance received inadequate consideration:

> David: I think the people that I was working with made it a bit tricky to approach them because I kind of just got the same cookie cutter answers.
>
> Interviewer: That's not ideal, is it?
>
> David: No, it's not. Especially when they are that complex, you need a bit of abstract thinking. (David, MSK private practice, 1 year since graduation)

Unfortunately, poor communication between participants and employers seemed to cause a mismatch in expectations of support. Milly believed her employer was unprepared for

her naivety and "probably forgot what a new grad is like". Although Milly felt able to ask for help, the reaction she received left her feeling awkward and discouraged from seeking the support she needed. She explained:

> I really felt like when I asked for help, I just felt like it was 'oh my gosh I don't know anything'. And like the way that she would sometimes be looking at me like really shocked that I didn't know that. (Milly, MSK private practice, 2 years since graduation)

Other participants described how as contractors in a small private practice there were limited opportunities for face-to-face meetings with their senior colleagues, as they frequently "overlapped" in shifts and were perceived as inaccessible.

> My boss … he was always busy … He was chocker, which left zero time for me. If I wanted help, he would have to stop his session with his patient and come and see me, which was a bit tricky, so I always felt like I could never go to him because I didn't want to interrupt his sessions. (David, MSK private practice, 1 year since graduation)

David, dissatisfied with this situation, eventually changed employers. Other participants, acknowledging their need for support, created opportunities for being supported. John was the sole physiotherapist in a community-based service in a remote rural setting. He was consistently faced with the challenges of meeting the needs of a diverse caseload. He described how, with support, he managed these challenges:

> My manager is a dietician so she has a rough idea of what physios do but clinically she's not my clinical support … professional supervision and clinical skill and stuff, some of that comes back to the support network and talking to the right people, so if there is a struggle it's having that connection for what to do … So whether that's old classmates or … There's a guy … that I get supervision from, I have another person I usually speak to about sport and musculoskeletal stuff … Most physios want to help people win, if you set up a really good network it can help you succeed and help navigate some of those challenges. (John, community outpatients, 4 years since graduation)

John believed that in addition to his professional supervision, the conscious construction of a support network enabled him to succeed in his position and deliver a good service to his clients.

In summary, for these participants, a supportive environment, opportunities for professional growth, and access to good support networks helped them develop their confidence and competence, gain satisfaction in their role, and see opportunities for their future career within the profession.

DISCUSSION

Our findings regarding the value of workplace support are reinforced in literature that endorses the value of formal or informal induction programmes to assist the newly qualified practitioner in their transition from new graduate to health professional (Chipchase et al., 2022). This body of work also acknowledges the importance of support for ongoing professional growth, practitioner wellbeing, and learning opportunities that promote the development of career pathways and enhance job satisfaction (Arkwright et al., 2018; Davies et al., 2016; Holder et al., 2020; Westervelt et al., 2018). Despite this evidence, our participants reported that in their experience consistent access to support was variable in their workplaces. Some believed their need for assistance or guidance was not recognised by their employer. Others expressed disappointment when promised support or development opportunities were deferred and apparently not prioritised by their employer, leaving the participants feeling dissatisfied in their role and workplace.

Our findings reiterate the notion that there is a sustained time period or transition phase associated with the shift from being an undergraduate physiotherapy student towards the development of a sense of capability and confidence as a registered health professional. In Aotearoa New Zealand, upon registration, novice physiotherapists are classified as competent to practise physiotherapy autonomously (Physiotherapy Board of New Zealand, 2018). Our participants however highlighted the significant learning that occurs for them throughout their period as a novice physiotherapist, which was far from an overnight switch. There are several aspects of our findings we would like to discuss further in light of this.

There is a sense that, for some participants, their employers had limited insight as to the level of practice that is considered competent at "entry-level" by the national regulatory body and educational institutions. Rather, there appeared to be expectations that the novice physiotherapist should (already) be "independent" and able to practice autonomously. Research indicates that although newly graduated practitioners can be considered competent, they often lack confidence in managing complexity on entering the workforce (Atkinson & McElroy, 2016; Kennedy et al., 2021; Stoikov et al., 2020). Our findings suggest that employers play an important role in supporting their novice employees to develop their confidence and sense of self as a physiotherapist within their workplace.

It is possible that an understanding of contemporary theory relating to teaching and learning on the co-construction of learning, for example, or the provision of scaffolding to extend knowledge and skills could support employers to provide the support structures that will assist their novice employees to develop their capabilities to become an autonomous (and self-aware) practitioner. One particularly relevant learning theory comes from Vygotsky's "zone of proximal development", which proposes that competencies evolve in social interaction with those who are more skilled (van Oers, 2020). Mentoring and structured learning opportunities with colleagues from within or external to the workplace are well-evidenced examples that capitalise on this form of learning. However, workplace funding models and operating conditions can create challenges for providing support or professional growth opportunities. Reid and Dixon (2018), in a review sponsored by Physiotherapy New Zealand, reported that competitive workplace environments, remuneration concerns, and a lack of reimbursement or acknowledgement for teaching and mentoring new graduates were often barriers to offering or participating in these kinds of development opportunities.

Beyond acquiring the necessary knowledge, skills, and professional competencies required in their current role, in

order to function as an effective health professional, the novice practitioner needs learning opportunities and support across their career trajectory. This might include access to formalised professional supervision relationships, designed to support the wellbeing of the practitioner and shown to enhance job satisfaction and enhance clinical performance (Holder et al., 2020). In Aotearoa New Zealand the practice of providing professional supervision or mentoring for all practising physiotherapists is not routine or mandated practice, despite evidence and advocacy for this (Butler & Thornley, 2014; Physiotherapy Board of New Zealand, 2018).

Beyond the immediate support needs of the novice physiotherapist, we also believe it is important to consider the bigger picture and to foster their development for the future of the physiotherapy profession, the health system, and the health of New Zealanders. We suggest that, rather than seeing novices and employers as purely being in an employment relationship, the profession considers the notion of communities of practice ((Wenger, 1999). These communities provide opportunities for reciprocal sharing, the co-construction of learning, and altruistic relationships outside the commercial (and as such the employee–employer) sphere (Hammond et al., 2016). Working to establish and facilitate entry into communities of practice (based on localities and shared interests) might enable relationships that span a diversity of contexts to build connections and opportunities for reflection and cross-context learning, development, and advocacy. In this way the novice becomes an active participant in the shaping of the profession (rather than an asset to be capitalised on).

Strengths and limitations

This exploration into support experiences of novice physiotherapists was not originally the prime focus of the original study. However, as all the participants openly discussed their experiences of support, this gave us the opportunity to investigate their expectations and experiences as they developed their professional competence and confidence. AN's involvement in the recruitment and data collection (while an undergraduate physiotherapy student) shaped the data that were collected. The participants appeared to connect with her as a peer, willingly shared their workplace experiences, and offered her advice regarding entering the profession. This was an exploratory study, and as such we did not aim for representation of workplace experience; rather, we sought diversity to promote breadth and complexity and were not intending to make generalisability statements. The participants were predominantly working in private practice with only four participants reporting on their previous or current hospital-based experiences. These organisational conditions potentially generate different support opportunities. Despite this, broken promises of workplace support and a lack of future-focused development opportunities were expressed across our diverse range of participants (and therefore organisational conditions). Similarly, we cannot comment on the impact of ethnicity on support needs; however, as growing the Māori and Pacific physiotherapy workforce in Aotearoa New Zealand is an important ambition, examining the conditions that best enable these novice physiotherapists to flourish should be an area for further research using culturally appropriate methodologies such as kaupapa Māori or Talanoa approaches.

Evaluation of the effectiveness of various and differing forms of workplace support would also require further research.

CONCLUSION

It is important for employers and new graduates to recognise the need for scaffolding to enable the transition from new graduate to autonomous practitioner. As important, is the need for opportunities for the novice to grow and develop as an asset to the profession through the provision of ongoing professional development, mentoring, and professional supervision. We would also suggest opportunities for interaction with other members of their profession are important not just for the novice practitioner but across each physiotherapist's career trajectory, to build and maintain a skilled sustainable, healthy, ethically informed workforce.

KEY POINTS

1. Both potential employer and novice employee may need to adjust their expectations of evolving competency and recognise that the new graduate does not arrive fully formed.

2. Industry wide recognition is needed of the importance of ongoing professional support to build and maintain a sustainable workforce.

3. Workplace practices of support, ongoing education, and professional supervision should be viewed as essential to practice rather than nice to have.

DISCLOSURES

PERMISSIONS

This study was approved by the Auckland University of Technology Ethics Committee (AUTEC reference 21/221). Informed consent (verbal and written) was obtained prior to data collection from all participants.

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CONTRIBUTIONS OF AUTHORS

CC conceived the original study design with the support of LH and KW and secured funding for this research. AN and VM developed the research question on which this paper is based and wrote the first draft of this paper as part of their undergraduate studies. KW and LH supported CC in the production of this version of the paper.

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Appendix A

SEMI-STRUCTURED INTERVIEW QUESTIONS

These are broad topic questions; the interviewer will use probes to follow up on areas of interest as the interview develops.

- Tell me about the image you have shared with us.

- Why did you choose this image? [explore what it says about their work]

- What is a typical workday like for you.

- What have you liked most about this work?

- What gives you the most satisfaction about your role?

- Is this work how you expected it to be when you started?

- Did you feel prepared for the realities of this work?

- What challenges have you had to negotiate? Have there been times when you felt uncomfortable in your work?

- Have you undergone any formal annual performance appraisals/reviews? If yes, ask: what was that experience like? What do you believe your employer wants to hear?