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## The Professional Master's Occupational Therapist: Developing an Emerging Professional Identity

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A thesis submitted in partial fulfillment of the requirements for the Doctor of Philosophy degree in Education

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**THE PROFESSIONAL MASTER'S OCCUPATIONAL THERAPIST:  
DEVELOPING AN EMERGING PROFESSIONAL IDENTITY**

**By**

**Bonny, Fung-Ming, Jung**

A thesis submitted in partial fulfillment  
of the requirements for the degree of  
Doctor of Philosophy

School of Graduate and Postdoctoral Education  
The University of Western Ontario  
London, Ontario

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THE UNIVERSITY OF WESTERN ONTARIO  
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Developing an Emerging Professional Identity**

is accepted in partial fulfillment of the  
requirements for the degree of  
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## ABSTRACT

The purpose of this study is to explore the emerging professional identity of the professional master's entry-level occupational therapist. The questions are:

- 1) What does it mean to be a professional as an occupational therapist?
- 2) How do professional identities emerge for the professional master's entry-level occupational therapist?

From a professional perspective as an occupational therapist and educator, helping clients and students find meaning in their occupations is an integral part of my ontology of practice. To conduct this study, I used a constructivist paradigm within qualitative research as my primary lens and constructivist grounded theory as my methodology to organize, analyse and present the findings. From a personal perspective, I am also influenced by my cultural beliefs and understandings. Constructivism, which focuses on how individuals construct meaning in their situations, has a parallel to the philosophy of Feng Shui which is a long and well-established practice in Chinese society that specifies the relationship between people and their environment. I used the concepts from Feng Shui which emerged later in my study as my second conceptual lens to frame and explain my findings. The primary data source was through semi-structured interviews in a group, in pairs and individually with 11 participants. Several secondary sources of data were utilized including the University Exit Survey from the 2003 graduates, researcher field notes, and literature review.

The concept of occupational therapy as a profession was explored to help inform the study purpose. The experiences of participants reflected their ability to provide an important function and service to society, to practice in a way that respects and honours the client-therapist relationship, to advance the stance of the profession to others and, to develop and maintain personal learning competencies that can sustain them over time within their careers. Reflection is the threaded skill that participants used to help make sense of their clinical

experiences. These factors related to being a professional contributed to their understanding of their professional identity.

Although some of the findings are supported and reflected in the literature on occupational therapy, health sciences or education, new findings are suggested specific to professional master's entry-level occupational therapists. These new findings are related to dissonance in identities, client-centred focus, access to higher education, power in practice and, potential career and educational paths of applicants. Implications for OT education and practice are suggested that involve actions from stakeholders including individual occupational therapists, educational programs, regulatory bodies, professional associations, and employers. Limitations to the study and future research directions are suggested.

The overarching findings as a result of this study are:

- Professional identity is a complex construct that involves the integration and negotiation of multiple identities.
- Reflection is the threaded skill that helps novice occupational therapists make sense of their experiences within their multiple identities—from a Feng Shui perspective and from a praxis perspective.

Keywords: occupational therapy, graduate education, profession, professional identity

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## CHAPTER ONE

### **The Art and Science of Occupational Therapy: Introduction**

Occupation therapy is ... the art and science of enabling engagement in everyday living, through occupation; of enabling people to perform the occupations that foster health and well-being; and of enabling a just and inclusive society so that all people may participate to their potential in the daily occupations of life. (Canadian Association of Occupational Therapy [CAOT], 2007a, p. 372)

As a growing health profession, Occupational Therapy (OT) has undergone many changes since the turn of the century. The profession has experienced a strong growth rate, and the number of active occupational therapists in Canada has increased steadily by 27.2% since 2000 (Canadian Institute for Health Information [CIHI], 2007). Practice has evolved over the years from the provision of diversional activity through the use of therapeutic activity to enablement through meaningful occupation (Polatajko, 2001).

The key concept underlying and framing the OT role is that of “occupation” which refers not only to paid and unpaid work but also to what people do to occupy themselves including looking after themselves (self-care), enjoying life (leisure), and contributing to the social economic fabric of their communities (productivity) (CAOT, 1997, p. 34). The occupational therapy process also incorporates the meanings that individuals attach to their occupations as well as the observable components (Hasselkus & Rosa, 1997). The process of enabling occupational engagement is achieved through holistic and client-centred practice (Law, 1998; Law, Baptiste & Mills, 1995; Sumsion, 2006b).

The work of the occupational therapist is grounded on four assumptions:

- Occupation affects health and well-being.
- Occupation organizes time and brings structure to living.
- Occupation brings meaning to life.
- Occupations are idiosyncratic (CAOT, 2007a).

In Canada and internationally, occupational therapists work with individuals across the lifespan from infancy to older adulthood with a range of mental and physical health concerns. They work in direct client care in a hospital and rehabilitation facilities, community-based settings, or professional practice clinic or business, and in non-direct client roles as educators, researchers, and consultants (CAOT, 2007a; CIHI, 2008, World Federation of Occupational Therapy [WFOT], n/d). With respect to salary, most clinical occupational therapists on Ontario can expect to earn from \$40,000 to \$70,000 annually depending on type of position, practice environment, level of experience, and geographic location (Ontario Society of Occupational Therapists [OSOT], 2008).

### **The Credentialing Change and the Dilemma**

One event that has and will continue to have major implications within the practice of Canadian OT was the decision made in 2002 by the Canadian Association of Occupational Therapy (CAOT) that a master's entry-level education would be required for professional accreditation in the future (CAOT, 2002a). Such a requirement began in the United States in the 1960s; however it was not until the late 1990s that professional master's entry-level programs emerged in Canada, the United Kingdom, and Australia (Allen, Strong, & Polatajko, 2001). Many within the profession in Canada support the view that the move to a master's entry-level requirement is both a responsive and visionary decision that will prepare occupational therapists to enter an era of health renewal with skills to advance excellence in clinical practice and research activities (Coulter, 2002; Polatajko, Polgar, & Cook, 1999). The president of CAOT at that time, Hugette Picard, explained that the decision came about as a result of a major study on the re-validation of the *Profile of Occupational Therapy in Canada*, a national document that guides clinical practice (CAOT, 1996). She stated that the study authors found that "what used to define advanced practice was actually what was expected of occupational therapists in today's environment on an everyday basis ... they are

expected to practice autonomously, to evaluate and reflect on their practice and operate from an evidence-based perspective” (Picard, 2002, p. 1). When announced, OT schools across Canada did not unanimously support this decision by CAOT. In fact, there was great surprise and concern from the Association of Canadian Occupational Therapy University Programmes (ACOTUP) because the decision was perceived as having been made unilaterally without adequate consultation. However, CAOT (2003a) asserted that the decision to move to a master’s entry-level requirement was based on multi-stakeholder review of OT practice in Canada of which ACOTUP had been a consulting stakeholder. CAOT concluded that advanced skills and knowledge are now expected for beginning occupational therapists facing greater accountability for practice decisions and professional autonomy in diverse and multicultural populations. In large part, however, the decision made by CAOT was also influenced by the direction taken by the American Occupational Therapists of Association (AOTA). AOTA stipulated that institutions of higher learning had until January 2007 to establish post-baccalaureate degree programs in OT in accordance with the American Accreditation Council for OT Education (AOTA, n.d.). Being competitive within a global market was essential if Canadian occupational therapists wanted to be perceived as leaders within the international community. As of May 2009, all 12 Canadian universities offered occupational therapy educational programs at a master’s entry-level. In addition, two new master’s entry-level OT programs have been established in the province of Quebec within the last three years (Association of Canadian Occupational Therapy Programs [ACOTUP], 2009).

### **Personal Ground**

My personal view on this matter has evolved over the years. Being a faculty member in one of the OT schools in Canada has exposed me to some of the heated controversies and exciting debates and discussions that have occurred since 2002. On the one hand, I am

excited with the direction my profession is taking with respect to higher education credentialing and the impact this may have on issues such as credibility and autonomy, and specialized service delivery. On the other hand, I ponder whether we are caught up in the dilemma of creeping credentialism which may put the profession out of reach for some learners and create roles that are less and less “hands on” and “clinical” in nature. Currently I am teaching at a university which has offered the master's entry-level program since 2002. Before then, I worked clinically in a variety of hospital and community settings mostly with adult and older adult clients. When I contemplated a topic for my thesis in 2004, the educational community across Canada was caught up in developing new curricula and dealing with the political, financial, and social ramifications in response to the CAOT decision. I had and still have great pride in being part of a strong team of educators that prepares our graduates for significant future professional roles and identity within the health care systems and environments. I recall once asking a student during her last week of school whether she felt prepared for current practice. She replied that she did not feel prepared for current practice but felt prepared for future practice. It was a powerful statement that I have often reflected on over the years as it relates to the significance of my work as an educator to engender that sense of visionary practice in students.

What lies ahead for our graduates and for my profession are many possibilities that have yet to be explored and actualized. However, it is essential to examine critically and vigilantly the implications of educational credentialing in Canada for our graduates and for our future practice.

Thus, the purpose of this study is to explore the emerging identity of the professional master's entry-level occupational therapist. The relevant questions are:

- 3) What does it mean to be a professional as an occupational therapist?



4) How do professional identities emerge for the professional master's entry-level occupational therapist?

### **Significance of Research**

This study adds to the OT profession's understanding of the perceived identity of professional master's entry-level graduates. Although educated in a graduate program, novice occupational therapists are being prepared primarily for a clinical role. In 2002 when CAOT made the decision to move to a professional master's, it was determined that these new graduates would not easily qualify for a doctoral program in the future unless they pursued further education in a research-based graduate area and/or had relevant research experiences in practice. It seems that Canadian OT education situates its graduates in a unique, not well-understood professional arena somewhere between graduate and undergraduate study. The study results contribute to the ongoing reflective and critical discourse within the OT profession. It is important to examine the credentialing shift by exploring the issues in order to understand the decisions made and actions taken and their implications. The outcomes from this study may be beneficial to other stakeholders that include:

- new applicants in deciding career paths
- educators in determining curriculum design and implementation
- employers in formulating hiring and support practices
- professional associations in development of policies, professional profiles, and accreditation standards
- regulatory bodies in developing quality assurance approaches, and licensing criteria
- other professional groups that are considering credentialing shifts

Another significant group of individuals that has a vested interest is the occupational therapists assistant (OTA). The shift in the educational preparation for these support

personnel from certificate to diploma degree (Mohawk College, 2004), has forced all stakeholders to redefine and re-examine what constitutes OT service, how OT service is delivered, and by whom. This shift is important for the profession to grapple with since the three sources of supply for services are from Canadian graduates of occupational therapy university programs, internationally-educated occupational therapists and formally trained support personnel (CAOT, 2007, p. 335). Although there are guidelines to assist occupational therapists in working with support personnel (CAOT, 2009, 2003b; COTO, 2004), the status of support personnel workers within professional associations and regulatory bodies is still being defined and clarified. It is important to note that through credentialing changes from certificate to diploma level, the OTA can be better recognized for their contributions to health care and can be seen as a critical and valued member of the OT service team (A. Martin, personal communication, Jan, 12, 2009). I anticipate that over the next decade, the role of the OTA in Canada will be enhanced in scope and expertise, which will inevitably impact the OT role.

### **Lenses**

From a professional perspective as an occupational therapist and educator, helping clients and students find meaning in their occupations is an integral part of my ontology of practice. As such I used constructivism as my theoretical lens and grounded theory as the methodological approach to my study and to organize, analyse and present the findings. From a personal perspective, I am also influenced by my cultural beliefs and understandings. Constructivism which focuses on how participants construct meaning in their situations (Charmaz, 2006) has a parallel to the philosophy of Feng Shui which is a long and well-established practice in Chinese society that specifies the relationship between people and their environment (Chen, 2007). Literally the term Feng means “wind” and the term Shui means “water” which relate to the energy and forces of the natural environment. The goal of

Feng Shui is to find and develop a comfortable space or environment in which we can live and work efficiently, productively, and happily (Chen, 2007). Feng Shui, "... mirrors Chinese cultural wisdom, which commands if we pay attention to our environment; we will find new ways to weave a thick web of meaning and create different realities in our life space" (p. 103). Thus, I used the concepts from Feng Shui which emerged later in my study as a second conceptual lens to frame and explain my results.

### **Description of Chapters**

The literature review in Chapter Two is organized into two parts. The first part entitled, The Educational Landscape, addresses the historical context of OT education in Canada from 1918 to the present and delves into the literature that provides support for credentialing changes. It is important to understand the past in order to appreciate the present state of the profession from an educational perspective. This is followed by the examination of studies that compare undergraduate and graduate OT Programs. Although my study is not focused on a comparison, this information is important to further understand the type of data that have informed decisions. The second part of Chapter Two, Understanding Identities and Professions, provides a review of the literature on (a) social identity theory, (b) professions' theory, and (c) professional identity.

In Chapter Three, I provide a description of the constructivist paradigm within qualitative research through which this study was conducted, and the methodological approach and procedures using constructivist grounded theory. This chapter presents the foundations of the methodology, a description of the site and the participants, and the methods that I implemented in the data collection and analysis phases.

In Chapter Four, The Yin and Yang of Practice: Results and Analysis, I present and illustrate the data using the concepts of Yin and Yang which are core aspects of Feng Shui. The five categories that emerged from the data are described and include: 1) Transitioning to

practice; 2) Having knowledge and skills for practice; 3) Being a learner; 4) Addressing power; and, 5) Making informed career and educational choices. The Yin and Yang forces are used to explain the opposing, interactive, and complimentary nature of participants' experiences as they entered the early years of their professional practice.

In Chapter Five, I return to the primary questions of the study. I start this chapter by addressing the question, What does it mean to be a professional as an occupational therapist? Five areas are highlighted as important orientations of being a professional. The participant experiences seem to reflect their ability to provide an important function and service to society; to practice in a way that respects and honours the client/therapist relationship; to advance the stance of the profession to others; and, to develop and maintain personal competencies that can sustain them over time within their careers. Reflection, although not articulated by the participants, is suggested as the threaded skill that helps the participants assess, understand, and reframe their practice experiences as professionals. These five areas related to being a professional appear to contribute to the participants' understanding of their professional identity. The second half of this chapter addresses the question, How do professional identities emerge for the professional master's entry-level occupational therapist? The categories presented in Chapter Four were analysed and reframed in light of the literature on professional identity and the discussion on professions. The five reframed categories include, 1) New Graduate Identity; 2) Client-Based Identity; 3) Learning Identity; 4) Power-Based Identity; and, 5) Personal Identity. From the perspective of professional identity, suggestions were raised that focused on: 1) the need for educational programs and employers to address the dissonance in educational and work identities; 2) the importance of providing competent, evidence-based, client-centred care in professional identity; 3) the existence of a learning identity within professional identity; 4) a power-based identity that is influenced by other professions; and, 5) the importance of personal, pre-professional

education identity in the development of professional identity. From the discussion in this chapter, it is suggested that:

- Professional identity is a complex construct that involves the integration and negotiation of multiple identities.
- Reflection is the threaded skill that helps novice occupational therapists make sense of their experiences within their multiple identities—from a Feng Shui perspective and from a praxis perspective.

In Chapter Six, *New Findings and Directions*, I highlight the new findings that emerged from this study, the potential implications to OT practice and education, future directions for research, and the study limitations. Although some of the findings are supported and reflected in the general occupational therapy, health sciences, or educational literature, the findings in this study are specific to professional master's entry-level occupational therapists. With regard to the professional identity of the master's entry-level educated occupational therapist, the suggested new findings are related to: dissonance in identities; client focus; access to higher education; power positioning; and potential career and educational paths. More specifically:

- 1) Professional master's graduates may experience dissonance between their new graduate identity and the expectations of the work setting.
- 2) Professional master's graduates seem to perceive their role as primarily focused on providing client-centred care—the master's education is the vehicle by which they can become prepared to fulfill this role.
- 3) Professional master's graduates may be permitted a more direct access to higher graduate level education than originally foreseen by the professional association and educational programs.

- 4) The professional master's credential may situate graduates in a position of increased power that supports their ability to advocate and advance the profession to other professionals and within the political arena in part because of their credential.
- 5) Applicants to occupational therapy educational programs may have expectations about the potential career and educational paths related to a master's credential, congruent with their pre-educational identity, orientation and disposition.

## CHAPTER TWO

### Literature Review

This chapter is organized in two parts. The first, The Educational Landscape, describes the historical context of OT education in Canada, the literature supporting the move towards a master's entry-level education, and studies that compare undergraduate and graduate OT programs. The second, Understanding Identities and Professions, addresses social identity theory, provides a general overview of professions' theory and studies related to professional identity in health sciences.

#### **Part One: The Educational Landscape**

##### *Canadian OT Education: An Historical Context (1918-2009)*

In order to understand and appreciate the professional context of this study, it is important to discuss the educational changes within the OT profession from an historical perspective. The first formal OT program was a six-week, emergency course created by the University of Toronto in 1918 in response to the demand for qualified personnel to work with war veterans returning from World War 1. After the war ended, these "occupation aides" were recruited into a variety of institutional settings to work with patients with mental health and physical problems (Friedland, Robinson, & Cardwell, 2001). McCordic (1975) identified that the occupational therapist in the early years was not seen as a professional but rather as a craft worker capable of having patients produce a series of activities or projects to keep them occupied. In the following years, the profession of OT became more established in both institutional and community settings within the health care systems. Occupational therapists began to develop increased expertise in meeting a wide range of health related needs and challenges (Hagedorn, 2001; Mendez, 1982). As such, educational programs had to undergo many changes to enable OTs to meet these challenges (Lall, Klein, & Brown, 2003).

From 1926 to 1950, the University of Toronto was the only OT school in Canada (Maxwell & Maxwell, 1977) and in the 1950s; courses in OT and physical therapy (PT) were combined to create a year diploma program in Physical and Occupational Therapy (Cockburn, 2001). This move was controversial in that up to 70% of the graduates chose to practice physical therapy (Bernd, 1969). In the 1950s and 1960s, the OT profession expressed the need to articulate and expand research as foundations for practice (Cockburn, 2001) and by the mid-1970s the combined OT and PT programs had separated and the OT educational programs embraced an independent professional focus and began to incorporate research more rigorously into the curriculum. This move enabled the OT profession to have greater control and agency in shaping the educational and clinical direction of the profession (Coulter, 2002).

It is important to note that from 1980 to 1990, Mohawk College was the only educational institution in Canada still offering a diploma OT program (Westmorland, Salvatori, Tremblay, Jung, & Martin, 1996). This occurred during a time when CAOT established the minimum education for all new programs at a baccalaureate level and required those schools still offering diploma courses to phase them out by 1978 (McCordic, 1975). McCordic stated specifically that if the Mohawk College diploma program proceeded,

the profession of occupational therapy can expect to see its basic level practitioner return to the diploma level of training within community colleges—a level which is lower than the former university diploma level—with all the concomitant factors of loss of status and recognition as a senior health profession which will affect working relationships on health teams. (p 102).

This kind of reaction from leaders within the profession and from the community illustrates the type of resistance and criticism that the community college program experienced. As the profession was moving toward gaining independence, autonomy, and recognition, offering a community college diploma program for basic entry to practice, at a time when all the other schools were offering baccalaureate programs was seen as a significant detriment to the



profession. The concerns were about the credential level earned by the students and not on the quality of the program in producing skilled and competent therapists. As a professional OT, I observed during the beginning years the Mohawk College Program experiencing a level of professional ostracism through subtle yet powerful actions by the local and national professional community. Some examples include: refusal by clinicians to supervise students in fieldwork education, exclusion by associations from representation in the national forum, and limited or restricted job opportunities by employers. An optional degree completion component was added in 1981 to enable the graduates to compete with other graduates. However it was also developed because CAOT, the national accreditation body for OT academic programs in Canada, would only accept the baccalaureate degree as a criterion for eligibility for membership in the Association and for accreditation. The combined Mohawk and McMaster University OT Programs were granted accreditation by CAOT in 1984. Although opinion about the diploma program changed in later years as the community saw the level of professionalism and competence displayed by the graduates, it was clear that this diploma program was not a viable option for the future. In 1992, the Mohawk College OT Program graduated its last class of OT students. At the same time it provided the grounding philosophy and framework for the new McMaster University baccalaureate OT Program in Hamilton (Westmorland et al., 1997). Recognizing the shifts within OT education and possible gaps in service delivery, Mohawk College offered an occupational therapy assistant (OTA) certificate program in 2000 which developed into an OTA diploma program in 2004. Its graduates are able to complement, support, and enhance the OT role (Mohawk College, 2004).

From 1985 to 2001, universities responded to the professions need for advanced studies through the development of six post-entry graduate Master's programs across Canada (Coulter, 2002). Such a move seemed appropriate in that a growing number of occupational

therapists had either completed or were pursuing doctoral and master's degrees (Trentham, 2001). In the 1990s, health care reform directly affected daily practice and every aspect of the profession. More and more occupational therapists left traditional settings for public and private sector or community-based practices where they assumed consultative and case management roles (Coulter, 2002). This was in part due to a decrease in public health funding resulting in hospital closures and in part to an increase in alternate funding for private practice positions (Green, Lertvilai, & Bribresco, 2001). In 2002, CAOT announced that all individuals graduating from university programs in Canada would require a master's entry-level qualification by 2010 (CAOT, 2002b).

In summary, since the early 1900s, OT education has evolved through a variety of forms of entry-level practice. What started as an emergency course, developed through the stages of certificate, diploma, and baccalaureate programs to the current master's graduate program of certification. As a researcher, my educational experiences within the diploma, baccalaureate and master's programs over the last 27 years have provided me with an intimate view of some of these transitions.

### *Support for Credentialing Changes*

Much of the literature, especially since 1981, has addressed the need for credentialing changes. Royeen (1986) questioned whether occupational therapists can compete for economic resources, determine delivery patterns, influence administration and public policies, and receive recognition and status for the profession without raising the entry-level to the master's level. Similarly, Parham (1987) felt that regardless of how important ideas and services might be, the profession falls short of two attributes that are vital to any mature profession: autonomy and responsibility. She argued that occupational therapists are dependent on other professionals for role prescription, for the accreditation of educational programs, for doing the basic research that supports practice, and even for the setting in

which service is provided. She reasoned that a move to a master's entry-level would provide the profession with a higher degree of autonomy and responsibility. Pierce, Jackson, Rogosky-Grassi, Thompson, and Menninger (1987) suggested that the shift from the baccalaureate to master's level would positively affect areas such as education, practice, and politics. Overall, they foresaw positive effects on curriculum expansion, continuing education, research skills, professionalism, credibility, and autonomy in the profession if occupational therapists had master's entry-level education. The negative effects would be the decreased applicant pool, increased tuition and related costs, access to funding and grants, and availability of qualified personnel. The concern for lack of independent control in the profession was also echoed in later years by Waters (2000) who cautioned that although OT is a profession that is willing to adjust practice to keep abreast of trends and provide current service, this can also be perceived as the inability to resist the change foisted upon them by others. Rappolt, Williams, Lum, Deber, Verrier and Landry (2004) surveyed Ontario occupational therapists about their employment characteristics and perspectives on the health system. Their data show that overall, occupational therapists are confident in their ability to provide confident and excellent care. However, about one-quarter of the occupational therapists report that third parties such as employers, case managers, and insurers currently wield a great deal of influence over clinical decision-making. These authors report that such conflicts in decision-making abilities erode clinical autonomy, which is a major concern for the profession.

The concerns related to limited professional autonomy/responsibility and educational level are not unique to the OT profession. Battershill (1994) in his analysis of which occupations control or seek to control the form and content of their work, explored eight Canadian health care professions and grouped them according to autonomy, scope of practice and knowledge, and their ties to the public and legislators. He ranked them from highest to

lowest levels in these areas. He found medicine and dentistry to be the most dominant professions; professions with less autonomy include pharmacy, occupational therapy, and physiotherapy; and, professions with the narrowest scope of practice and autonomy include radiation technology, laboratory technology and respiratory therapy. Battershill identified that occupations within the middle and low end of this ranking are upgrading their entrance qualifications and expanding their knowledge foundation and education in order to gain more autonomy and respect. The trend towards upgrading educational qualifications caused some alarm with the Ontario Hospital Association (OHA), a major employer of health care professionals. The OHA in a response to the growing number of credential increases in various health professions noted three concerns. These included, 1) the exacerbation of the shortage of health care professionals by delaying their entry to practice, 2) the increased workplace and income expectations which may be difficult to meet thereby decrease job satisfaction for new graduates and the existing workforce, and 3) the impact on supply and cost of health care professionals could result in the need for employers to explore alternative methods of health delivery, which may impact patient service (OHA, 2003).

Provincial/federal/territorial government representations expressed apprehension for the shift to a master's because of the fiscal and human resources impact. This creeping credentialism has been a problem to governments when health spending in Canada is a concern (Association of Canadian Occupational Therapy University Programs [ACOTUP], 2003) One of the last OT schools to move to a master's entry-level program in September 2006 experienced resistance from the provincial Minister of Health. The Minister had expressed concerns about professions that make unilateral decisions about increased credentials without consulting with government on a market, economic, equity, and student debt analysis of the impact of change (ACOTUP, 2003). Clearly this situation highlighted the problem that can occur when a professional national body makes decisions without

communicating adequately with all the stakeholders, particularly those who are responsible for resource management. This resistance from the Ministry of Health may have accounted for the delay in the approval for transition for this one school.

It is interesting, although not surprising, that the published literature supporting credential shifts has been mostly generated within the OT profession whereas the cautionary positions have been mainly expressed from those outside the profession. This raises the question of whether the credentialing shift was based on matters related to professional self-interest or to professional excellence and competence. Perhaps the answer lies somewhere in the middle of this continuum.

#### *Comparisons between Undergraduate and Graduate Occupational Therapy Programs*

There are some studies in the literature generated primarily from American OT programs that explore differences between entry-level graduates. Although this research does not aim to compare the baccalaureate with master's graduates, it is important because it sheds some light into some of the evidence and discussions on which decisions have been based and made. Gilkeson and Hanten (1984) compared characteristics of two groups of therapists who had graduated from OT programs in the United States. Those from a baccalaureate program were compared to those who entered practice with a professional master's degree. No overall distinction was detected in the areas of service, education, and research. However, Grant (1984) argued that the concerns about moving to a master's entry education would not come from comparing the productivity of graduates of these programs. She states that educational policy decisions should not be based on comparisons of productivity among groups of graduates who have undertaken the same professional education despite the degree level at which that education is offered. Grant stated that the real issues related to the master's level concern credibility and integrity; that is, academic credibility amongst university peer groups; professional credibility amongst practicing occupational therapists;

and integrity with regard to our future clients. Clark, Sharrot, Hill and Campbell (1985) used a survey questionnaire to assess the responses of 189 former undergraduate and graduate OT students at one American university on issues related to professionalism, leadership, attitudes, and scholarly contributions. They found many similarities between the undergraduate and graduate level students but suggest that graduate education enhances the professionalism of occupational therapy more than undergraduate education does. These authors identify that a greater percentage of basic master's students tend to do research, and publish articles. Such activities foster the development, validation and dissemination of OT knowledge. Rogers, Brayley, and Cox (1988) explored the professional activities of occupational therapists with different educational backgrounds to examine the influence of education on career characteristics. They found no difference in the baccalaureate and master's entry-level occupational therapists productivity level and argued that if the profession wanted to promote professional activities, this could be done in more productive ways than by manipulating the educational entry-level for practice. Storm (1990) had similar findings when she investigated the differences in productivity levels between entry-level (baccalaureate and master's) and doctoral level occupational therapists. She found no significant differences in the provision of direct client care in the baccalaureate and master's level occupational therapists and identified that the positions of researcher and educator are held most often by occupational therapists with doctoral degrees. She concludes that the profession's concentration on entry-level education as a major thrust in the development of knowledge and leadership capabilities does not seem to be supported. Rather she asserts that the profession should concentrate its efforts on developing a research knowledge base through other avenues such as post-professional graduate education. More recently, Allen, Strong and Polatajko (2001) studied the first two cohorts (2000, 2001) of Australian students who commenced the graduate-entry master of OT program at the University of Queensland. They found in their study that the students, through

their profiles, brought a richness of experience into the university. The availability of such programs permits better qualified and more mature students to enter the profession. They suggest that these programs would benefit the profession by 1) attracting high quality of applicants through their pre-existing qualifications and attributes, 2) being more closely aligned with other health care professionals such as physiotherapy in decision-making influence, career path options, and income generation, and 3) developing research capabilities within the students that could strengthen the practice base of the profession. These authors however, based their recommendations on their perceptions rather than existing data from their study.

In summary, even though OT is a relatively young profession compared to other health care professions such as nursing and medicine, much has changed since the beginning of the twentieth century in the areas of educational preparation and practice. The transition to a master's entry-level education is generally viewed within the profession as a positive move that will enable occupational therapists to gain more autonomy, independence, responsibility, and respect within clinical practice and research activities. However, the literature, generated mostly from the United States, has not yielded consistent evidence over the last 25 years to support the view that master's entry-level occupational therapists have indeed met this goal. Some of the literature suggests that we should be concentrating our energies on developing post-professional programs and that implications in the areas of human resource management should be considered carefully in light of these changes. Results from studies related to comparisons between undergraduate and graduate entry-level programs seem to indicate that rather than manipulating the educational requirements, the OT profession should concentrate on the development of post-professional education in order to graduate occupational therapists that can contribute to knowledge development and scholarly activity.

## **Part Two: Understanding Identities and Professions**

In the second part of the literature review, I explore the literature related to social identity, professions, and professional identity.

### *Social Identity Theory*

There is a significant amount of literature related to identity theory and social identity theory and in this study, after perusing the literature, I have selected the writings of Brewer (1991, 2001, 2007) to provide one foundational context to this study. Brewer's taxonomy for social identity theory takes into account individual and group identities in a manner which has relevant application to occupational therapy in general, and to this study in particular. Furthermore, within this analysis, the occupational therapist's role consolidates and reconciles individual personal and professional identity in context to her/his social interactions and relationships with others.

The concept of identity emerged from the discipline of psychology as a construct of the self that addresses the question, "Who am I?" (Korte, 2007). Erikson (1959) in the 1950s created a theory of personality development that delineates eight sequential life stages through which each person moves—infancy, early childhood, play age, school age, adolescence, young and middle-age adulthood and old age. Erikson refers to personal identity as the set of goals, preferences, and other aspects of self that identify an individual as someone in particular and that help differentiate him or her from someone else. He suggests in his later writings that the environment or society plays a role by influencing the manner in which the person solves the tasks posed during each phase (Erikson, 1982). Schwartz (2005) states that, "identity helps one to make sense of, and to find one's place in, an almost limitless world with a vast set of possibilities" (p. 294). Stryker and Burke (2000) refer to identity as those parts of self composed of the meanings that people attach to the many roles they play with society. In differentiating between identity and social identity, Hogg, Terry, and White



(1995) offer the explanation that identity theory sets out to explain an individual's role-related behaviours while social identity theory sets out to explain group processes and intergroup relations. They add that both theories place emphasis on the "multifaceted and dynamic self that mediates the relationship between social structure and individual behaviour" (p. 255). However, Brewer (1991, 2007) argues that a challenge to theories related to the self fails to take into account that people are highly adapted to group living and as such do not account for actions in the form of collective behaviour. Identity theory in isolation does not provide enough emphasis on the social interactions that are inherent in human nature.

With respect to social identity theory, Tajfel and Turner (1986) propose that social identity is developed from group memberships whereby people strive to achieve a positive social identity through comparisons made between internal groups and the external groups. In the case of an unsatisfactory social identification, individuals may choose to leave the group or find ways to make a positive distinctiveness for it. Additionally social identity is described as an inner solidarity with a group's ideals, the consolidation of elements that have been integrated onto one's self from groups to which one belongs (Schwartz, 2001). Brown (2000) suggests that social identity theory has potential for application in the social and political arena. Given that the main focus of social identity theory lies in intergroup relations, the areas of application lie in those domains where groups are in conflict with each other. For minority or lower-status groups, fostering a strong sense of allegiance to the group and to collective deprivation are important motivators for group members to seek redress for their grievances. However the distinction between identity theory and social identity theory is not clear in the literature. Stets and Burke (2000) argue that by integrating characteristics of both identity theory and social identity theory, a more general theory of self can be conceptualized. They suggest the differences are a matter of emphasis not in kind. The differences originate

in the view of the group as the basis for the identity—who one is—held by social identity theory, and a view of the role as identification—what one does—held by identity theory. They add that “being and doing” (p. 234) are both central to one’s identity. They further propose that a complete theory of the self would consider both the role and the group bases of identity as well as identities based in the person that provide stability across groups, roles, and situations.

Brewer (1991, 2007) developed a model entitled Optimal Distinctiveness Theory that provides an explanation for the individual’s desire to attain a balance of assimilation and distinction within and between social groups. The individual’s desire for assimilation and inclusion motivates immersion into social groups. However, as an individual becomes immersed into social groups, a need for differentiation is activated. Conversely, as assimilation decreases, the differentiation need is reduced. These opposing motives are in constant opposition with one another. Brewer hypothesizes that social identity and group loyalty are strongest when individuals categorize themselves in situations where they have a simultaneous sense of belonging and distinctiveness. Considering these polar yet reconciling elements, Brewer (2001) proposes an alternative perspective that views social identity theory as a conceptual bridge between individual and group levels of analysis. She states that, “Social identity provides a link between the psychology of the individual—the representation of self- and the structure and process of social groups within which the self is embedded” (p. 115). She provides an assumption that all conceptualization of social identity refers to the idea that an individual’s self-concept is derived from the social relationships and social groups in which he or she participates. Brewer proposes a useful taxonomy with four terms to distinguish meanings of social identity:

*Person-Based Social Identities*

- are located within the individual self-concept

- are influenced by the membership in specific social groups or categories and the shared socialization experiences that memberships implies
- acquisition of self-concept is through processes of socialization and internalization

*Relational Social Identities*

- include occupational role relationships and personal relationships
- include group identities when the group involved is defined by a network of interpersonal relationships among interacting individuals
- reflect the influence on the self-concept of societal norms and expectations

*Group-Based Social Identities*

- view perception of self as an integral or interchangeable part of a larger group or social unit
- refer to the “we” identity
- are not forged through interpersonal relationships between and among group members, but from common ties to a shared category membership
- view construct of self as extending beyond the individual/person to a more inclusive social unit
- view attributes and behaviours of self as assimilated to the representation of the group as a whole

*Collective Identities*

- consider identification with a collective and a collective identity as the norms, values, and ideologies that such an identification entails
- represent an achievement of collective efforts, above and beyond what individual members have in common to begin with
- provide a link between social identity and collective action in the political arena

(Brewer, 2001, pp. 117-119)

The concept of the personal self, expressed as the “I” imbedded within social identities expressed as the “we” provides recognition of the expandable and contractible nature of the self-concept (Brewer, 1991). As such, Brewer’s writings on social identity theory can help inform the understanding of the development of one’s professional identity within this study because individuals entering the occupational therapy educational programs have established, to some extent, individual identities in their understanding of who they are. Through their experiences in the OT educational program, they gain an awareness of and identification with a professional membership group. Newly developing identities can emerge through this process. From Brewer’s work, it can be suggested that occupational therapists consolidate and reconcile their personal and professional identities in context to their social interactions and relationships with others, e.g., team members, practice setting, academic setting, professional organization.

### *Professions*

As discussed in Part One of this literature review, occupational therapy has striven over the years to move from being an organization of craft workers to being a profession that provides expert services in addressing a wide range of health related needs. The educational credential shifts over the years occurred in part to gain professional autonomy in the education, practice and political arenas, and to receive recognition and status compared to other professions. The *Merriam-Webster Dictionary* simplistic definition describes a “profession” as “a calling requiring specialized knowledge and often long and intensive academic preparation; a principal calling, a vocation or employment.” However the term “profession” has undergone changes over the years in which training and education has played a central role in the professionalizing process and in controlling entry to practice (Hugman, 1991). Evetts (1999) maintains that the Anglo-American research in professions usually interprets professions as a distinct category of privileged occupations. In the early

1950s and 1960s, functions and traits were said to represent the common core of profession occupations. Parsons (1939) in examining the occupations of medicine, law, technology, and teaching describes the professional practitioner as having “technical competence” that is limited to a defined sphere (p. 460). Parson (1969) later refers to the professional complex as occupational groups that perform specialized functions for laymen based on high-level competence. This acquisition of professional status is contingent on undergoing formal, approved training that can include special practicum experiences acquired in the university environment. Schein (1972) suggests that professions evolve through one of two paths, either through a series of evolutionary steps as the needs of society, students, and professionals interact, or through a planned and managed process by the professions and the professional schools themselves. He summarizes the key characteristics of being a professional as having:

- 1) a strong motivation or calling as a basis for choice of career
- 2) decision-making on behalf of a client in terms of principles, theories or propositions
- 3) a specialized body of knowledge and skills that are acquired during a prolonged period of education and training
- 4) autonomy of judgment of his or her own performance
- 5) professional associations which define criteria of admission, educational standards, licensing, areas of jurisdiction
- 6) power and status in their area of expertise—but their knowledge is assumed to be specific (pp. 6-7).

Schein (1972), however, cautions that in arriving at a clear definition, the problem “derives from our attempt to give precision to a social or occupational role that varies as a function of the setting within which it is performed, that it is evolving, and that is perceived differently

by different segments of society” (p. 8). He also identifies that the ideal model to which professions strive rarely applies in practice and is constantly shifting.

Mosey (1985) articulates that these similar characteristics apply to occupational therapy. She identifies that as a profession, occupational therapy has elements that constitute the substance of a profession: a set of philosophical assumptions which is a collection of beliefs about the nature of the individual; the relationship of individuals with their environment and the goals of the profession; and a unique body of knowledge which describes the means for reaching goals. A key domain of concern for occupational therapists includes occupational performance related to activities of daily living, family interactions, play, and work. Occupational performance is then comprised of physical, cognitive, social, and psychological performance components. Our practice processes include screening, evaluation, intervention, and termination. Mosey adds that occupational therapists have a linking structure whereby theories are restructured into a form that is applied to practice. Of importance is the issue that occupational therapists meet the needs of the clients in various settings such as schools, hospitals, and community. And lastly there is empirical research which focuses on determining the effectiveness of various interventions, and theories which focus on developing and testing theories which can then be included in our body of knowledge.

On the other hand, the moral altruistic functions of professions is challenged by Krause (1996, 2001) who suggests that professions usually have dual motives—they provide service but they also use their knowledge for economic gain in the marketplace. He refers to professions as striving for monopolistic guild power in that they wish to have control over their associations and training, in the workplace in which their services are provided, and in the marketplace for their services. Evetts (1999) adds that these dual motives raise a challenge for professions in determining how to maintain a balance between two different

concepts. Thus, while promoting distinct professional values and service to clients is important, the monopoly use of expert knowledge for economic gain can pose a dilemma in interprofessional collaboration and practice.

In more recent writings, Cruess, Johnston and Cruess (2004) in their review of the literature propose a definition for medical educators that builds on previous writings and society expectations. They suggest that the commitments members have to “competence, integrity, and morality, altruism, and the promotion for public good within their domain...form the basis for a social contract between the profession and society” (p. 75). Their definition provides an increased emphasis on the member’s accountability to society which now becomes an obligation, and to a changing power relation between the member and the patient. The rights and privileges of the profession should not be assumed but rather granted by society. This shift of power between professional and client reflects the client-centred philosophy that is key to the teachings and practice of occupational therapy (CAOT, 2007a).

Like Krause (2001), Krejsler (2005) takes a less altruistic approach in his understanding of professions. He argues that the functionalist approach to defining professions is based on conceiving professions in the image of a service ideal to create harmony in society. Professions acquire their justification as they develop and maintain social values that may integrate a society. He postulates that the functionalist theory represents only a one-sided rationalist approach that gives priority to specialized knowledge and functions within highly delineated fields without considering holistic approaches. Krejsler suggests that in opposition to a frame of harmony, there should be a focus on the study of conflicts of interests to understand professions. Krejsler’s position seeks to address the conditions that govern the struggles of various occupational groups over limited resources. This calls attention to the self-interest for control of occupational groups as the driving force in the

process of professional development, rather than the assumed altruistic functions that professions perform in society. Abbott (1988) also referred to this self-interest as professions “bound up in the pursuit of jurisdiction and the besting of rival professions” (p. 30). Krejsler (2005) refers to a process termed “social closure” (p. 343) where occupations lobby for state support in order to acquire exclusive rights to exercise and control a certain field of work. In OT, this type of control can be seen as being one of 26 professions regulated through the Regulated Health Professions Act of Ontario (Regulated Health Professions Act, 1991). Through regulation, practice is defined and boundaries are described within which it operates, including requirements and qualifications to practice the profession. Although the OT profession is self-regulating, it is still ultimately accountable to the public through the respective provincial government (College of Occupational Therapists of Ontario, nd). Krejsler (2005) identifies credentialism as a form of exclusion whereby a person acquires a life-long status through specific education. As such, “the educational system thus has developed into a particularly efficient instrument to control access to the better circles of society” (p. 343). Through this interpretation, the CAOT, in stipulating the minimum educational requirements has created exclusion through credentialism. Krejsler (2005) furthers his analysis of professions by exploring different ways of understanding the links between professional practice and the individuality of the professionals as they relate to the condition for functioning in society. He suggests that there is a need for professionals to develop an increasing number of personal competencies in addition to academic and subject-related knowledge and skills because they are required to increasingly individualize teaching, care, treatment and guidance to fit the needs of clients. Hence, according to Krejsler, students must develop individual styles to think and act as professionals, and the ability to integrate professional demands and their own personality. Such processes intersect the needs of the professional, the client, and society and contribute to the professional identity



development of an individual. Olesen (2001), in his study of life history interviews with professionals and semi professionals exploring the subjective engagement of people in the development of their profession, adds that the relationship between the trinity of expert status, knowledge, and subjective involvement is fluid and multiple.

In summary, although the term “profession” is described using a range of characteristics, there is a dichotomous quality within those characteristics. On the one hand, the professional provides an altruistic functionalist service to society; on the other hand, the professional is driven by self-interest, competition, and the economy to develop, maintain and expand services. Occupational therapy has developed and evolved with a focus on the functional altruistic position in the beginning years of growth, however over the recent decade, the concept of self-interest in the face of a competitive market environment has gradually yet persistently been a factor that has influenced the profession. The literature on the definition of “professions” over the years is helpful in understanding how occupational therapy has evolved over the years as a “profession.”

### *Professional Identity*

In this section, I use the writings by Weideman, Twale and Stein (2001) and Wenger, McDermott and Snyder (2002, 2006) to outline the concept of professional identity because of their work regarding learning sites and communities relevant to professional identity development. The latter part of this section addresses studies on professional identity within the nursing and occupational therapy literature.

Social identity as suggested by Brewer (2007) is an individual's self-concept that is derived from the social relationships and social groups in which he or she participates. While individuals may participate in many social groups, the individual's participation in a professional group plays an important part in his/her professional identity development. Professional identity, as one form of social identity concerns group interactions within the

work place and relates to how people compare and differentiate themselves from others (Schein, 1978). Although there are differences in how a profession is defined, professional identity can be described as the attitudes, knowledge, beliefs and skills that are shared with others within a professional group and relates to the professional roles undertaken by the individual (Adams, Hean, Sturgis, & Clark, 2006; McGowen & Hart, 1990).

Weideman, Twale and Stein (2001) propose a dynamic yet practical framework to explain the development of a professional identity by students in graduate education through a socialization process. They base their framework on their extensive research in a range of post-baccalaureate professional preparation programs in higher education. These include arts and sciences doctoral programs; professional programs such as law, medicine, and theology; and master's and doctoral programs that include business, dentistry, education social work, and nursing. Their framework has resonance with this study because of their research on professional programs with an entry post-baccalaureate level similar to that of the occupational therapy programs currently offered in Canada. Although I recognize that there is also a substantive research scholarship on socialization theory, their framework provides a relevant resource for this study because of the links to professional identity. They acknowledge that there are many differences in content and approaches across advanced academic and professional fields and therefore it is important to recognize that graduate students experience processes that reflect their chosen fields and disciplines as well as their institutional home. The authors suggest that the student goes through four stages of socialization—anticipatory, formal, informal, and personal. Using work by Brim (1966), they define socialization as the process by which persons acquire the knowledge and skills that enable them to play active social roles within society. In the anticipatory stage, learners move through recruitment and admissions period as they learn about program expectations and the meaning of being a professional in a specific discipline. The students at this stage

have preconceived ideas of the profession (Golde & Dore, 2001). In the second formal stage the students are admitted into the program and begin formal instruction through coursework. In the informal stage the students develop their roles based on more informal aspects as they learn more about their roles through expectations and behaviours with others. Opportunities to interact in social settings are important at this stage. In the final personal stage, students internalize the roles of the profession and establish a professional identity. However, these authors stress that professional identity and commitment are not presented in the framework as an outcome of the socialization process but are conceived as developing gradually in students as they interact with components within the framework.

Within each of the stages, three core elements also influence socialization: knowledge acquisition, investment, and involvement. Knowledge acquisition includes both the formal and informal knowledge to be successful, which includes knowledge and skills, history, culture, and the language of the profession learned. Learning also incorporates affective knowledge such as understanding the expectations of the profession and assessing whether one has the ability to meet those expectations. Investment includes a commitment to values such as time, career choices, self-esteem and social status. Involvement entails participation in some aspect of the professional role or preparation for it. According to this framework these elements play critical roles in how students learn about their professions, begin to be socialized into the roles of the profession, and ultimately assume professional identities.

The concept of the educational site and program as a social community for learning and interaction is similar to that of Wenger, McDermott and Snyder (2002), who describe the term “communities of practice” as groups of people who share a “concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis” (p. 4). The purpose of “communities of practice” is to create, expand, and exchange knowledge and to develop individual capacity. Although the examples

provided by these authors are based on the business sector and marketplace environment, the concept can be applied in many sectors within business, government, education, and civic life (Wenger & Snyder, 2000; Wenger, 2006). Wenger (2002) notes that within the education sector the perspective of communities of practice can affect three dimensions:

1. internally: how to organize educational experiences that ground school learning in practice through participation in communities around subject matter
2. externally: how to connect the experience of students to actual practice through peripheral forms of participation in broader communities beyond the walls of the school
3. over the lifetime of students: how to serve the lifelong learning needs of the students by organizing communities of practice focused on topics of continuing interest to students beyond the initial schooling

Wenger, McDermott and Snyder (2002) suggest that long-term benefits to the community members include the fostering of professional development through having:

- a forum for expanding skills and expertise
- a network for keeping abreast of the field
- enhanced professional reputation
- increased marketability and employability
- a strong sense of professional identity (p. 16).

Wenger (2006) regards the school not as a privileged locus of learning that is self-contained, rather it is part of a broader learning system whereby life is the main learning event. The institutional education has to be in the service of the learning that happens in the world. One criticism raised about the community of practice is that it is too simplistic a model.

Communities of practice is a concept concerned with the development of professional

identity once the individual is within the profession but does not recognize that individual professional identity may start to form before the individual enters their chosen profession (Andrew, Tolson & Ferguson, 2007). Nevertheless, the concept “communities of practice” can have relevance to occupational therapy education and practice and to professional identity. The occupational therapy education program is one community of practice of which the student is part upon entry to the educational system. The occupational therapy program additionally consists of multiple communities of practice, which includes the professional communities, personal communities, and institutional communities (Weideman, Twale and Stein, 2001) through which students are bound together. This process is but a microcosm of the multiple communities of practice that the students will be engaged in upon graduation in order to continue learning, maintain competence, and be employable. What is unclear in the work of Wenger (2006), is how the educational program/sector as a “community of practice” can facilitate and enhance professional identity. The concept, however, does provide a way for practicing occupational therapists to conceptualize how they acquire and maintain knowledge and expertise within the changing marketplace.

While there is limited literature that explores the professional identity of the occupational therapist in relation to academic preparation, there are four studies in the nursing profession (Deppoliti, 2008; Fagerberg and Kihlgren, 2001; Gregg and Magilvy, 2001; Ohlen & Segesten, 1998), one study in occupational therapy (Clouder, 2003), and a paper in occupational therapy (Mackey, 2007) that provide relevant information to the topic of professional identity. This literature sheds some light into the issues that contribute to professional identity construction beyond the educational experience. The following section of the literature review describes the studies and discussion paper that provide some evidence about professional identity development of health care practitioners after graduation.

Deppoliti (2008) explored the experiences that contributed to the professional identity construction of American nurses one to three years after graduation. The nurses in the study identified three key challenges: 1) overwhelming sense of responsibility, need for ongoing learning, and the need for perfection, 2) power and authority negotiations centred on components of the doctor patient relationship and system issues which contributed to their sense of powerlessness, and 3) the fragmentation within nursing between those who treat it as a calling and those who treat it as a job. In the last of these, the issue of different levels of pre-licensure educational preparation emerged as a dividing factor. Associate degree education was often equated with having technical skills, whereas the baccalaureate education was equated with having critical and professional thinking skills. Gregg and Magilvy (2001) studied the process of establishing the professional identity of 18 Japanese nurses using a grounded theory design. They identified the core category, "bonding into nursing" as the overarching concept that integrated 6 categories that emerged from the data. These included: learning from their experience; recognizing the value of nursing; establishing one's own nursing philosophy; gaining influences from education; having a commitment to nursing, and; integrating a nurse into self. A longitudinal study by Fagerberg and Kihlgren (2001) aimed to understand how Swedish nurses experience the meaning of their identity as nurses when they were students and when they were nurses two years after graduation. The researchers collected data through annual interviews during their education and a final interview two years after graduation. Their results identified four perspectives that were important to the nurses' understanding of professional identity: having a focus on patients and providing good, comprehensive care; being a team leader by meeting needs of staff and patients and being responsible for work; having a preceptor and being a preceptor; and, being oriented to tasks in order to carry out activities demanded by the school and ward. One important finding in their study is that the nurses did not change perspectives but that the

perspectives showed a transition over time. They suggest that the phenomenon of identity can be understood in light of the pre-educational orientation that predicts professional development. Students bring their paradigms of life with them to school and the knowledge that they acquire in school and later in their work life adds to them. The work by Fagerberg and Kihlgren (2001) suggests that the development of a professional identity may start well before the educational process. A qualitative study by Ohlen and Segesten (1998) highlighted the concept of professional identity through semi-structured interviews with eight Swedish nurses. They also conclude that the professional identity of the nurse is conceptualized based on personal and interpersonal dimensions and is viewed as an integral part of the nurse's personal identity. They articulate that compassion, competence, confidence, conscience, commitment, courage and assertiveness are personal attributes of the professional identity of the nurse, which in turn are connected with the caring legacy. According to these researchers, professional personal growth in caring implies moral maturity. Ohlen and Segesten (1998) add that although these characteristics are essential for nurses, they are also essential and common for other caring professionals. Clouder (2003), in a longitudinal study, explored the professional socialization process that occupational therapy students in the United Kingdom experience throughout their education. She interviewed 12 students to explore changes in personal and professional identities. She articulates that while acknowledging the power of the professions to shape student identities, the socialization process involves some degree of individual agency. The tensions between structures and agency may result in newcomers to the profession experiencing their introduction to professional life as both constraining and enabling. These studies explored the perceptions of nurses and occupational therapists who were either students and/or practitioners early in their careers which has applicability to this study. The results from this literature (Deppoliti, 2008; Clouder, 2003; Fagerberg and Kihlgren, 2001; Gregg and Magilvy, 2001; Ohlen & Segesten, 1998), seem to indicate that

there are factors related to attitudes, beliefs, knowledge, and skills that contribute to professional identity. They include:

- personal characteristics such as compassion, competence and confidence
- a commitment and responsibility to their chosen field
- a strong focus on patients to provide competent and comprehensive care
- the importance of ongoing education
- a need for power and authority negotiation with others and the system
- the individual's pre-educational experiences and personal agency

However, limitations to these studies are that the participants are not in professional master's entry-level programs and that their educational backgrounds are not clearly reported.

Additionally, the studies are from an international context from Japan, United Kingdom, United States, and Sweden. The variation in educational standards and criteria for entry-to-practice, as well as differences in cultural and societal norms between countries may also be factors influencing the findings and conclusions. Thus it is uncertain whether master's educated graduates from the Canadian context would have the same perceptions about their professional identity compared to that of the literature presented.

The issue of power negotiation as discussed by Deppoliti (2008) is addressed by Mackey (2007) who suggests that professional identity can be seen as a social construct that involves an interplay between power, knowledge, and self. Mackey identifies that the professional ways of working for occupational therapists are being challenged as structures and systems of authority, accountability, and autonomy undergo review. These new ways of working call for a revision of what it means to be an occupational therapist, a new kind of identity, and a new conception of self. She posits that despite the best efforts to clarify professional identity over the years by using the traditional agenda of identifying a unique knowledge base, growing and exercising autonomy, and gaining monopoly over specialized



areas of work, the profession still experiences professional insecurity and identity confusion. Mackey through her interpretations of Foucault's work, states that his views on power and identity offers a relevant means for examining occupational therapy practices and objectives. She suggests that Foucault's work is "not about giving definitive answers but more about contesting our taken-for-granted assumptions that underpin much of our ways of being; and thereby offering a possibility of re-envisioning occupational therapy practice" (p. 97).

Assumptions within occupational therapy are that occupational therapists are client-centred or that occupational therapists are evidence-based practitioners. How professional identity is understood by an individual is dependent on circumstances and can change over time.

Occupational therapists have several potential identities belonging and relating to a variety of groups. Occupational therapists need to regard every relationship as a relationship of power and there is no neutrality in our interactions. There is a multiplicity of power relations working at one time as therapists work with clients, care providers, organizations and systems. Occupational therapy knowledge is seen as an important technique of power because that is what makes the profession distinguishable. Power and knowledge are linked because knowledge reinforces existing truths and power shifts when there are changes in knowledge. Mackey suggests that occupational therapists need to work continually on their professional selves because there is an increasing demand to demonstrate their competence to service users. She argues that, "as researchers and practitioners, we need to look for professional identity not in the central locations of the professional associations and academic institutions, but at the extremities, from the bottom up perspectives of the everyday lives of the local and particular occupational therapists" (p.100). This position centres the development of professional identity within the individual that is uniquely her/his own. Strategies such as reflective diaries and re-examination of practice focus on working on the self to search for ways to interact with the other, which opens new relationships for new

possibilities for discourse. The outcome she proposes is the emergence of “individualized, reflexive ethical professionals who work on their own personal interpretation of what occupational therapy practice means for both themselves and for their relationships with others” (p. 101). Mackey (2007) urges the profession to reconsider the existing agenda of professional identity based on boundary delineations of knowledge constructs and autonomy and control over specialized work areas. Her work provides an alternative way to think about professional identity related to power, knowledge, and self by asking occupational therapists to step back and reflect on practice, think about the conditions upon which the practice occurs and how these conditions come to act or react in certain ways.

To summarize the professional identity literature, the framework proposed by Weideman, Twale and Stein (2001) seems to be useful in providing a conceptual, structural, and functional approach to identity development through a socialization process in higher education that incorporates concepts from social identity theory. Although the focus is on the socialization process, the framework refers specifically to the role that educational programs have in developing professional identity which is applicable to this study. The “communities of practice” perspective by Wenger, McDermott and Snyder (2002) provides a way to think about cultivating and managing knowledge effectively through regular and sustained interactions with others within the educational program and within practice. They suggest that this process can enable the individual to have a strong sense of professional identity as one possible long term benefit. The essence of their review, related to interactions with others to build one's own capacity and the capacity of others, also has relevance to social identity theory. The studies and writings within nursing and occupational therapy provide a context to how professional identity is understood or perceived within health science professionals.

To summarize the literature reviewed in *Understanding Identities and Professions*, social identity theory provides a framework for understanding how occupational therapists develop their identity as individuals and as members of a group within the society or community in which they live and/or work. Occupational therapists are regarded as professionals however the orientations towards how professions are defined play a critical role in framing what it means to be a member of a profession. Views regarding the definition of being a professional incorporate the subjective involvement and characteristics of the individual. With regard to professional identity development, it is suggested that this is a complex process that takes into account many factors such as personal characteristics, commitment and responsibility to the professions, focus to provide competent patient care, need for an examination of power and authority concepts and negotiations, and pre-educational experiences.

### **Summary**

Chapter Two reviewed the literature on the educational landscape of the occupational therapy profession, and the theories and models related to social identity, and definitions of professions. Part One provides the context to the objective of this study which is to explore the emerging identity of the professional master's entry-level educated occupational therapist. Given that the mandated move from CAOT to a master's entry-level education in Canada is relatively recent, there is limited literature on this topic specific to the Canadian environment. However, the literature suggests that occupational therapy educational credentialing has shifted over the years from certificate to the current master's entry-level in part for reasons related to the desire for the profession to have more autonomy, independence, responsibility, and respect within clinical practice and research activities. Social identity as suggested by Brewer (2007) is an individual's self-concept that is derived from the social relationships and social groups in which he or she participates. Professional identity, as one form of social

identity concerns group interactions within the work place and relates to how people compare and differentiate themselves from others (Schein, 1978). The literature on social identity theory, professions, and professional identity provides the background and foundation which frame the direction of this study related to the exploration of the master's entry-level educational experience of Canadian occupational therapists.

The limitation of this literature review, however, is that there are no findings related specifically to the professional identity of professional master's entry-level occupational therapy graduates in Canada. This study contributes to the existing literature base by exploring the experiences of master's entry-level occupational therapists. The literature is further integrated into the subsequent Chapters Four and Five. Chapter Three addresses the methodology of my study and describes the constructivism perspective, grounded theory, the study context, and the method and process of data collection and analysis.

## CHAPTER THREE

### Methodology

#### Conceptual Overview

Human beings do not find or discover knowledge so much as we construct or make it. We invent concepts, models, and schemes to make sense of experience, and we continually test and modify these constructions in the light of new experience. ... We do not construct our interpretations in isolation but against a backdrop of shared understandings, practices, language, and so forth. (Schwandt, 2003, p. 305)

Because the purpose of this study is to explore the emerging professional identity of the professional master's entry-level occupational therapist, it is important to obtain a sense of what these novice therapists understand as constituting their professional identity. The epistemological assumptions of constructivism as described by Schwandt (2003) capture the essence of what I believe are important to the study and to the participants in constructing meaning from their experiences. This chapter provides a description of the constructivist paradigm within qualitative research through which this study was conducted. I describe the methodological framework and procedures using constructivist grounded theory (Charmaz, 2005).

Denzin and Lincoln (2003a) describe qualitative research as striving towards a "commitment to some version of the naturalistic, interpretive approach to its subject matter and an ongoing critique of the politics and methods of postpositivism" (p. 13). With respect to the role of the researcher, Kielhofner (2006) summarizes the three considerations of the researcher in qualitative research.

- Researchers always impart meaning on what they observed by creating theories.
- Investigators bring to bear all their characteristics (including personal history, training, theoretical understandings, and assumptions) on the research process.

- Researchers are part of a social community that shares a perspective that makes sense of what is studied as well as related norms and rules that set out what should be studied and how (p. 18).

Guba and Lincoln (1994) explain that paradigms are “basic belief systems or world view that guide the investigator, not only in choices of method but in ontological and epistemological ways” (p. 105). Constructivism as a paradigm is concerned with understanding the individual’s point of view in a closer, deeper, and more intimate way, the ontology of which is the co-construction of realities that consider multiple participant understandings (Guba and Lincoln, 2005). People seek understanding of the world in which they live and develop subjective meaning from their experiences. The goal of research is thus to rely as much as possible on the participants’ views of the topic explored (Berg, 2003). As researcher, educator, and occupational therapist, I was interactively linked to the participants because I saw myself as part of the process of creating and contributing to the findings. As such, I was prepared to discover much about my own practice from this group while I acted as a participant observer, engaging in reflexivity through the process. Denzin and Lincoln (1994) propose that, “the personal and variable nature of social constructions suggests that individual constructions can be elicited and refined only through interaction between and among investigator and respondents” (p. 111). Guba and Lincoln (2005) add that the meaning-making activities are of central interest to constructivists because it is these meaning-making activities that shape action or inaction. In the latter part of the study, in conjunction with the constructivism paradigm and lens, the Chinese philosophy of Feng Shui was added to help organize and conceptualize the data. Feng Shui has some parallel to constructivism in that it provides a way to think about the relationship between people and their environment and to find meaning within these relationships. By paying attention to and interacting with the environment, people can find meaning and new realities in their life

space (Chen, 2007). Within the philosophy of Feng Shui, the elements of Yin and Yang emerge to help frame and conceptualize the data findings and analysis discussed in Chapter Four. The element of Chi, the life energy force of the universe that moderates the dynamic interaction between Yin and Yang, is used to make sense further of the categories. The complimentary meaning-making processes of constructivism and Feng Shui guided my thinking and conceptualization of the data.

### **Grounded Theory**

Grounded theory was first described by Glaser and Strauss (1967), as the discovery of theory from data systematically obtained from social research. This was a unique and highly-contested concept at that time in that the researcher did not start with pre-conceived ideas or hypotheses deduced from logical assumptions (Denzin & Lincoln, 2003a). Glaser and Strauss provide guidelines for systematic qualitative data analysis with specific procedures and research strategies. Grounded theory methods, although typically associated with qualitative research can be used with either quantitative or qualitative data (Charmaz, 2005, 2002). According to Charmaz (2006) grounded theory takes a positivist tradition in that there is an external reality that is waiting to be discovered. The observer or researcher is unbiased in recording the facts about the world and the social context of the researcher role and the relationship between the researcher and participant is erased.

#### *Constructivist Grounded theory*

Charmaz (2002, 2005), refers to grounded theory as both a “method” of inquiry and the “product” of inquiry and proposes that the strengths of grounded theory lie in the strategies that guide the researcher step by step through an analytical process; the self-correcting nature of the data collection process; and emphasis on comparative methods. She suggests an alternate vision from that of objectivist grounded theory for future qualitative research: constructivist grounded theory, which takes a middle ground between

postmodernism and positivism. Instead of taking an objectivist stance and using formulaic procedures, she suggests that the methods should be flexible and heuristic. She advocates focusing on construction of meaning, both participants' and researchers' meanings, while using grounded theory, which extends rather than limits interpretative understanding.

Charmaz (2002) suggests that the "grounded theorist's analysis tells a story about people, social processes, and situations. The researcher composes the story; it does not simply unfold before the eyes of an objective viewer. This story reflects the viewer as well as the viewed" (p. 522). Charmaz (2006) states that constructivist grounded theory "lies squarely in the interpretive tradition" (p. 130). Constructivist theories explore how and why participants construct meanings in their situations. Important to the process is that the theory that is developed is dependent on the researcher's view, "it does not and cannot stand outside of it. ... Constructivism fosters researchers' reflexivity about their own interpretations as well as those of their research participants" (pp. 130-131).

The work by Charmaz however has been challenged and critiqued by Glaser (2002) who argues that constructivist grounded theory is a misnomer and that grounded theory can be used with any data. He sees constructivism as an "epistemological bias to achieve a credible, accurate description of data collection-sometimes. But it depends on the data. ... It appears that constructivism is an effort to dignify the data and to avoid the work of confronting researcher bias" (p. 3). He adds that constructivism is used to legitimate forcing of the researcher views on the data, suggesting that the data construction that represents mutual interpretation of the interview is only a small piece of grounded theory interviewing. He states that much of grounded theory interviewing involves passive listening and then later using focused questions during theoretical sampling. According to Glaser, Charmaz's concept of constructivist grounded theory represents a descriptive qualitative data analysis method.



Recognizing that there is some dispute over constructivist grounded theory, Charmaz's approach was chosen because of its applicability to this study for the following reasons:

- the use of grounded research methods is a good tool to make sense of, and from the data
- the researcher's interactive role is important in the construction of meaning from the data.

#### *Criteria for Grounded Theory Research*

Charmaz (2006) suggests the following criteria for evaluating grounded theory studies: credibility, originality, resonance, and usefulness. Credibility requires the study to provide enough evidence in the researchers claim to allow the reader to form an independent assessment and to agree with the claim. The description of the methodology within this chapter provides details of the procedures and processes that were followed in a systematic manner. Limitations to the study are articulated in Chapter Six to identify challenges to the design and implementation of the study. The reader can further judge the credibility of the evidenced based on this information.

Originality of the study determines how grounded theory challenges, extends, or refines current ideas, concepts and practices. Within Chapters Four, Five and Six, the five categories and the main overarching category are presented and discussed. The findings and analysis conclude with new knowledge offering fresh and original insights as well as reinforcing existing knowledge.

Resonance refers to whether grounded theory makes sense to the participants and people who share the circumstance. Determining resonance with the study participants was achieved through member checking; determining resonance with me as the researcher was achieved through reflexivity strategies.

Usefulness addresses the issue of whether the work will contribute to knowledge. The interpretations, recommendations, and future research directions offered in Chapter Six provide meaningful contributions to the occupational therapy profession from a conceptual and practical perspective. Chamaz adds that “When borne from reasoned reflections and principled convictions, a grounded theory that conceptualizes and conveys what is meaningful about a substantive area can make a valuable contribution” (p. 183).

### **Insider Research**

Insider research occurs when the researcher is conducting the study within his/her own organization (Kanuha, 2000). This has advantages and disadvantages. Asselin (2003) lists the advantages as,

The researcher;

- is known to the organization
- may obtain entry into the organization and institutional review board approval more quickly
- has ready access to study participants
- has some previous knowledge of processes within the organization
- may need to spend less time with the participants because he/she is known to them

Except for the review board approval, all these issues were applicable to my own situation. I am currently an Assistant Professor with the Occupational Therapy Program, at the university study site. I have worked within the SRS since 1990 and previously with Mohawk College in the diploma OT Program from 1982 until its closure in 1990. I have been involved in two primary educational capacities: with the students in the OT Program in both the academic and practicum courses; and with the many clinical educators who provide teaching and supervision to our students in the regional, national, and international community. Up until

2003, I was solely responsible for developing, coordinating, and teaching the fieldwork education component of the study site university OT program. My connections with the school and with the community enable me to have an understanding of the demands and expectations of the academic environment as well as the realities of the clinical world. I have an intimate knowledge and awareness of the issue being studied and have experienced first hand how credentialing transitions can exert an emotional toll on the professional community. With regard to insider research, Asselin (2003) and Brannick and Coghlan (2007) identify some challenges to the trustworthiness of the research. The researcher may:

- have difficulties with secondary access to information, i.e., data, people, and meetings, because of her or his position within the organization
- have “taken for granted” assumptions about the culture in which she or he works in which limits her/his ability to probe for deeper meaning and understanding
- have difficulty being objective due to her or his pre-understanding or own lived experiences, beliefs, and emotions related to the setting
- have participants who have perceptions of the researcher that may affect how they interact with the researcher and the amount or type of information shared
- experience role confusion due to role duality when she or he perceives or responds to events or analyses data from a perspective other than as researcher
- experience organizational politics which can have implications on the outcome of the research

Despite the challenges, Brannick and Coghlan (2007) conclude that insider research, “is not only valid and useful, but also provides important knowledge about what organizations are really like, which traditional approaches may not be able to cover” (p. 72).

In this study I was cognizant not only of the challenges identified here, but of my own internal dialogue and reflections about being intimately knowledgeable about the study site.

As a result I strove to be engaged actively in an open and transparent relationship with the participants. For example, within each of the interviews, I had discussions with the participants about my role as researcher within the study even though I may have had interactions with them in other professional capacities. Also being cognizant of Glaser's (2002) critique of constructivist grounded theory as avoiding researcher bias, I took care to avoid imposing my views on the discussions even though I may have had intimate familiarity with the issues.

I now move onto a description of the ethics approval process, study site, and the participants. This is followed by a description of the procedures which include the recruitment process, data sources, data management, and data analysis.

### **Ethical Review**

Research ethics approval was granted first through the University of Western Ontario (Appendix A) and then through the study site university Review Ethics Board prior to the beginning of the study. As identified, the purpose of the study is to explore the emerging professional identity of the professional master's entry-level occupational therapist. According to the ethical review protocol, consent was obtained for the data collection process. Participants were informed that they could choose to withdraw their consent for the group discussions and individual interviews at any time if they wished. As well, according to the usual protocol for educational research, the study site university Occupational Therapy Curriculum Committee was informed of the study and provided their approval. With regard to confidentiality and anonymity, all data were coded with an identification number rather than with participant's names, and I was the only one who had access to the listing of the codes. Names and the information will be destroyed 10 years from the end of the study. All future published material, reports, and presentations will use no identifying details about the participants or university unless further consent is obtained. The information (participant

data, signed consents, audiotapes, transcripts in electronic, and hard copies) are stored in secure locked office.

The participants knew me as their professor during their program studies as students and the relationships established at that time may have had a bearing on their degree of comfort in participating in this study. Given that their participation was purely voluntary, it was assumed that if there were any concerns, they would not volunteer to be participants. A social risk that was considered was related to the anonymity of the information shared. Although the participants provided some critical comments about their educational experience in the university OT Program or their employment site, this was done in a constructive, respectful and considerate manner. The concern about how they would be perceived by others in the group discussion and by me as it could relate to the potential impact to their career track and future professional relationships in the field was also considered because the OT community is fairly small and I do have a role of possible influence in the academic arena. As a result, I was aware that I may yield a different kind of perceived "power" now compared to previously when the participants were students within the program. These social risks were addressed by declaring my position early in the process and ensuring that the material and information shared within the group and interviews would be confidential. Participants were also asked to keep group discussions confidential. It should be noted that it seemed that an individual benefit to the participants was the opportunity to reflect and discuss their professional practice experiences and their educational experiences in a confidential forum. They had an opportunity to re-connect with their classmates and with me as a representative of the university OT Program. P2 shared this thought about the potential benefit during the recruitment phase, "I would be honored to participate, sounds like a great opportunity to explore my own thoughts and feelings about what it is to be an OT and the path leading to this point." From my experience, many of our graduates actively seek out

faculty after they have started their employment to discuss opportunities for them to “give back” to the school. Maintaining such links is an important part of their continuing professional development. As well, connecting with my past students was a genuine pleasure for me.

In addition to following the formal, procedural ethics review process, I was also vigilant about Charmaz's (2006) concept of “principled convictions” (p. 183) needed in grounded theory research to guide my actions. There was one question I asked myself related to ethics: “How would I be a moral person in this process?” (Denzin & Lincoln, 2003a). Continuously considering this question enabled me to think and act in a principled, honest, and straightforward manner, respecting both the participants' and my own perspectives.

### **The Study Site**

The study was situated at a medium-sized university in Hamilton, Ontario noted for its innovative health sciences education programs. The university offered a baccalaureate OT program from 1990 to 2000 and in 2000, the baccalaureate program was phased out and replaced with the new master's entry-level program. Currently, the OT Program is a full-time, two-year, entry-level professional master's program, offered within the Faculty of Health Sciences. For program eligibility into the master's entry-level program, applicants must have achieved a minimum grade point average of 3.0/4.0 over the last 60 units of university academic study or the equivalent. Additionally, the applicants must have completed a four-year undergraduate baccalaureate degree or its equivalent. The goal of the program is to prepare occupational therapists in the knowledge, skills, and professional behaviours to practise in the health care system. The educational philosophy and approach that the program follows is that of adult education, and self-directed, problem based learning. To date, the university OT Program has graduated three master's level classes of approximately 52

graduates in 2002, 2003, and 2004, and five classes of 60 graduates in 2005, 2006, 2007, 2008, and 2009.

### **The Participants**

The participants for this study were selected from the 2003 graduating class through purposive criterion sampling. The power and logic of purposive sampling lie in selecting information-rich cases for study in depth (Patton, 2002). The criteria for this sample are that they were graduates from the same year and had worked at least two to three years in a clinical environment at the time of data collection. These participants provided stories that speak to their experiences as master's students and as emerging OT professionals.

The 2002 graduates were not selected because they experienced the master's entry-level curriculum in the first year of operation and they, along with faculty, endured the symptoms of "growing pains" which may have added a dimension to the data that could complicate the findings. They might have focused their reflections primarily on the nature of that experience which may not be typical of the curriculum. The more recent graduate classes in September 2004, 2005, 2006, and 2007 were not chosen because they lacked sufficient professional clinical experience at the time of data collection.

Eleven participants from the class of 2003—four men and seven women from 27 to 32 years of age—agreed to share their perspectives in a face-to-face discussion, either in a group or individually. They entered the OT program at ages 22 to 27 which is reflective of students proceeding directly from their undergraduate to graduate studies and also of individuals who might have taken time off between their undergraduate and graduate studies to pursue other work related activities. The participants' undergraduate education varied with backgrounds in science (e.g., biological science) and arts (e.g., French, theatre studies). They worked in hospital and community settings; with pediatric, adult and older adult populations with mental health and physical health disabilities. By the time of data collection the

participants had all worked between 2 ½ to 5 years in a clinical capacity. One of the participants interviewed in 2008 was enrolled in a PhD program at the time of interview. While one might have thought that a professional master's would inhibit eligibility into a PhD, P11 met the criteria for admission based on his scholarly research background and additional course work instead of completing a research master's degree.

## **Procedure**

### *Recruitment Process*

An email address list of the 53 graduates of 2003 was accessed through the university alumni services and my professional connections through my ongoing interactions with some of the alumni. An email recruitment letter was sent to the graduates, requesting volunteers for this study (Appendix B). The participants were provided with background information to the study and a consent form at the same time that the recruitment letter was sent. Six email addresses were returned as unavailable. In total, 21 of the graduates responded by email expressing interest in the project. However, 10 of these graduates were unable to participate in a face-to-face interview either because of time constraints or because they were working out of the region or out of the country. Interested volunteers who were able to participate in a face-to-face interview responded to the investigator indicating their willingness to participate. A telephone meeting was offered for further explanation if needed but no one requested this option. The signed consent forms were mailed or given to the investigator before the beginning of the interview.

Face-to-face group interview, paired interviews, and individual interviews were conducted with a total of eleven participants as follows: July 11, 2006, five participants; November 2, 2006, two participants; November 15, 2006, two participants; August 19, 2008 and December 12, 2008 each with two participants. The original design of the study was to have three group interviews of five or six participants, and individual interviews as needed



for more in-depth theoretical sampling. On November 2, 2006, there were four planned participants, but two were unable to attend; one due to a last minute personal commitment and one delivered a baby the day before the interview. On November 6, 2006, paired interviews were conducted since they were the remaining volunteers for the study. For the two 2008 individual interviews, one person was selected and contacted by email from the original list of interested volunteers because the person had moved back to the local community and was geographically available. The second participant contacted for the individual interview was the person who could not attend the 2006 group interview because she had delivered a baby. We had maintained contact since that time and she offered to be a participant if needed at a later date. The gap in time between the 2006 and 2008 interviews was unplanned and was due to researcher personal delays in proceeding with the study and is discussed further within the study limitations in Chapter Six. To accommodate all the participants' work schedules and personal needs, the interviews were conducted in the late afternoon or evening at the university, at their work place, or at an alternate convenient location. The interviews were approximately 1 ½ to 2 hours in length. The participants received a copy of a booklet entitled "*The McMaster Lens for Occupational Therapists: Bringing theory and practice into focus*" (Salvatori et al, 2006) in appreciation for their contributions immediately after the interviews.

#### *Data Sources*

The primary data source was through interviews from the group, pairs, or individuals. All the interviews were conducted and audio taped by the investigator and transcribed by a professional transcriber or by the investigator. Group interviews were chosen as the means for data collection to access data on verbally expressed views, opinions, and attitudes, and to allow an opportunity for participants to discuss and share ideas (Berg, 2004). Although the group and paired interviews may not have yielded as much in-depth information as individual

interviews, they were important in eliciting shared understandings and practices related to professional identity.

Individual interviews took place in 2008 allowing opportunities for in-depth exploration of the individual participant experience (Charmaz, 2006). The questions were semi-structured and open-ended (Appendix C). They allowed for flexibility in order to fully understand the participant's thinking and their interests, and to allow opportunities to explore new directions (Krueger & Casey, 2000; Morgan, 2002).

The researcher initially developed broad categories of the types of information to be explored, followed by specific questions relevant to the categories. The questions were reviewed by the thesis supervisor and the peer debriefer for feedback. The peer debriefer is further discussed under the section on Trustworthiness in this chapter. Both the thesis supervisor and peer debriefer were experts in their fields of teaching and occupational therapy respectively and also had extensive experience in curriculum design, teaching methodology, and educational research. The questions were modified in response to their feedback. The questions were paced and sequenced to allow the participants to feel comfortable with being in the interview, to move the conversation into the key questions of the study, and then to pose the main questions of the study (Berg, 2004; Krueger and Casey, 2000). Principles of interviewing as suggested by Charmaz (2006) were followed: place high priority on the participants' comfort level over data; listen intently to what is being said and pay attention to when to probe; understand the experience from the participants' view and validate its significance; and, close the interview at a positive level. Charmaz (2006) suggests that researchers in grounded theory study should devise a few broad open-ended questions and then allow stories to emerge through the interaction and conversation between the researcher and participant. Along with the flexibility of using open-ended questions, grounded theory interviewing also has an element of control whereby the researcher assumes

some control over the data construction compared to other methods such as ethnography. The researcher can pursue new and emergent leads as they arise during the interview and gather specific data for developing the theoretical framework. In the group, paired, and individual interviews, a constructivist approach was taken through the emphasis on eliciting the participant's definition of the situation and tapping her or his associated meanings (Charmaz, 2006).

Several secondary sources of data were utilized including an Exit Survey from the 2003 graduates, researcher field notes, and literature review. Since the beginning of the program in 2000, the university OT Program has collected information on each graduating class through an Exit Survey. Data are collected on the graduates one year after graduation in order to gain a better understanding of their perspectives about their education after they have begun working. The Exit Survey is quantitative and descriptive in nature and asks for information on the graduates' area of practice, client age group, employment facility, perception of preparation for practice, satisfaction level with the program, strengths of the program and recommendations for change. The descriptive information from the survey consists of short comments that provided additional clarification or examples of their rating on the specific item. Of the 2003 graduate class, 34 of the class of 52 graduates (65%) responded to the survey and these data were considered in this research. Both the quantitative and the description data from the survey were reviewed throughout this study and integrated into the results and analysis discussions.

Researcher field notes provided another source of important data. Field notes were completed after each group, paired, and individual interview to document impressions and interpretations, dynamics of the interactions, and suggestions for further information to be gathered (Carpenter & Hammell, 2000; Agar, 1996). Field notes were developed using the framework as suggested by Morse and Field (1995) that includes: interview date, start time,

end time; pre-interview goals; location of the interview; description of the environment; people present; content of interview; non-verbal behaviours; researcher's impressions; technical problems; impact of researcher positioning (positive or negative), and; analysis (questions, hunches, familiar themes, data trends, emerging patterns).

The literature was used as another source of secondary data and was consulted throughout the study. Charmaz (2006) suggests that the literature review can serve as valuable sources of comparison and analysis. Additional literature was accessed related to subcategories that emerged in order to make sense of the data and to develop subsequent categories. The data were compared to the literature review from Chapter 2 and to the new literature. During the writing phase of this study, the literature was also consulted to help further consolidate ideas and theories that emerged.

#### *Data Management*

*N' Vivo 2*, a qualitative research software program, was used to assist in managing the transcript data from the group, paired and individual interviews. It is designed to store, retrieve, code, shape, and model data (QRS International, 2003). Although there was a more current version in the market at the time of data collection, *N'Vivo 2* was used because it was readily available to the investigator who deemed it appropriate for the purposes of this study and was used primarily for the data management functions. Consideration was taken to heed the caution from Charmaz (2000) that although computer assisted techniques offer shortcuts for data management, part of interpretive work is gaining a sense of the whole and reliance on these programs may only provide a one-dimensional view of qualitative research. The program was very useful for the purposes of organizing the data and for the initial phases of analysis. The transcript data were entered into the software program, and the functions were used to sort, arrange, and develop the codes from the data. The subcategories and categories were then later developed manually.

*Data Analysis*

Care and attention were given to the following guidelines as suggested by Charmaz (2000) for the data analysis:

- 1) simultaneous collection and analysis of data—analyzing data as it emerge
- 2) data coding process—constructing codes and categories from the data and not from pre-conceived hypotheses
- 3) comparative methods—constantly comparing data through each stage of the analysis
- 4) memo writing for conceptual analyses—elaborating categories and defining relationship between categories
- 5) sampling to refine emerging theoretical ideas—using this data to construct theory
- 6) integration of the theoretical framework—developing a theory

(pp. 510-511).

Analysis was done as the data emerged (Corbin & Strauss, 1990; Glaser & Strauss (1967). As each of the interviews occurred, I started the analysis process rather than waiting to view the data as a whole upon completion of the data collection. I used initial coding, focused coding, and selective coding as suggested by Charmaz (2006). Charmaz (2000) states that we should, “interact with the data and pose questions to them while coding them. Coding helps us to gain a new perspective on our material and to focus further data collection, and may lead us in new directions” (p. 515). I started by conducting an initial coding process, whereby topics and incidents within the transcripts were described, interpreted, broken down, and clustered into codes. I used memo writing as I reviewed the transcripts to record my reactions to the questions I posed and to the answers generated by the participants. I developed new questions and directions from this initial phase of the analysis process. Memo-writing prompts one to analyse data and code early in the research process (Charmaz,

2006) and allows for a method or system to keep track of the categories and hypothesis generated (Corbin & Strauss, 1990; Hammersley & Atkinson, 1995). Focused coding, the next step, was used to synthesize and explain the large amounts of data. By examining the most significant and frequent codes that emerged the researcher makes decisions about how to categorize and subcategorize the data. As an example of this stage of the coding, see Table 2. The codes were expressed as gerunds in order to be as close to the participant perspective as possible (Glaser, 1992) and they were kept “short, simple, active and analytic” (Charmaz, 2006, p. 50).

**Table 1**

**Example: Focused Coding**

	<b>Transcript Excerpt: P1</b>
<b>Feeling overwhelmed</b>	I was a little overwhelmed just because I wasn't sure what to expect more than anything else.
<b>Having company/organizational support</b>	I was just trying to be comfortable in the role I would play in the larger team. My company was good that way because they offered a lot of support in the beginning they didn't just give me a case out there.
<b>Learning from mentors</b>	I had two mentors that I sort of trailed around with after the initial orientation period. So I went through 3-4 orientations and sort of trailed for 2 weeks and I watched how they interact with the kids, what kinds of things they did and how they structured their whole session with the children. It was nice since once I got to interact with the kids alone I felt more confident. I don't think I trusted my abilities as much at the beginning because it was so new but once I was able to see how they did it, it was a new starting point for me.
<b>Feeling confidence</b>	

The codes and subcategories were returned to all nine of the participants for member checking in July 2007 with a request for comments on “fit” with their experiences. As part of the member checking, in order to gain a more holistic view of the participants understanding of their professional role, I asked the participants to respond by completing the statement, “Being an OT means....” Of the nine 2006 participants, six responded with support for the

categories. Three of the participants provided no responses. The responding participants provided additional information to clarify and enhance the categories through this process. As an example, P2 provided the following response to the member checking request regarding overlapping roles in health care and the need for clarity in the parameters of OT practice.

I am in agreement with the [categories]. The only suggestion I have in addition to add are the challenges of overlapping roles between OT, PT, Chiropractic, Kinesiology etc. as I find that to be very salient in private practice as it seems that many OTs conduct assessments and treatments that overlap with PTs and vice versa. I also find that Chiropractors in the auto sector seem to be conducting many similar services as to OTs (e.g. conducting In-Home ADL assessments and recommending assistive devices for activities of daily living which to me is well out of their scope of practice). So I think not only needing to explain our role as OTs, but also to define parameter's of practice and how we differentiate from other rehab professionals overlap is also important to highlight.

The constant comparative method involves inspecting and comparing all the data that arises in each case (Glaser and Strauss, 1967). Events and actions were identified and compared to others for similarities and differences. Through this constant comparison and through review of the memo writing and field notes, I was able to reconsider and rethink the way that I classified the data. Additionally, following the 2006 and 2008 interviews, reviews of relevant literature that included topics on occupational therapy competencies, client-centred practice, graduate education, and lifelong learning were undertaken to learn more about the concepts and constructs emerging from the data. Comparisons were made by reviewing the literature with its fit with emerging concepts to ensure rigour (Schreiber, 2001) and through this process new theoretical insights were revealed.

After this phase of the analysis, I chose to conduct further sampling to refine theoretical ideas because I felt that the data did not allow me to explore the concept of “identity development through graduate education” as explicitly and in as much depth with the participants as I would have liked. I did not focus as much on the introductory and study transition questions related to how the educational program prepared them for practice, the challenges faced as a novice occupational therapists in their settings, and the strategies used

to cope with those challenges in as much detail. The analysis at that point revealed that there were emerging commonalities in the data that could be formed into subcategories and categories. I focused these remaining two interviews on exploring the following questions in more depth. How has your educational program influenced or shaped what you do and who you are? Describe what it means to be a master's entry-level educated occupational therapist. What kind of impact do you feel you have on health care? What kind of impact do you feel you have on the profession? Glaser (1992) describes theoretical sampling as a process whereby the developed codes guide further collection of data. The codes are then further developed theoretically with other categories until each category is saturated. Theoretical sampling ends when it is "saturated, elaborated and integrated into the emerging theory" (p. 102). Such theoretical sampling is done to gain rich information, fill out theoretical categories, discover variations within theoretical categories, define gaps within and between categories, and sharpen concepts and deepen the analysis (Charmaz, 2002). During the theoretical sampling stage, two additional participants were contacted in 2008 to be part of the individual interviews in order to obtain additional information at a deeper and detailed level. These individuals were approached to volunteer for further data collection based on their potential to refine the ideas and inform the emerging theoretical insights as well as their availability and ongoing interest in my study. Through member checking, both of the 2008 participants were asked in 2009 to provide feedback on the categories and the subcategories developed. They both provided feedback that supported the categories and the subcategories. At this latter stage of the analysis, theoretical coding occurred by unifying the categories within a core category or theme. Theoretical codes specify the possible relationships between categories developed in the focused coding (Charmaz, 2006). Corbin and Strauss (1990) refer to the core category as the "central phenomenon of the study" (p. 14). This process allowed me to summarize and present the main ideas from my research. The final stage of the analysis



was the act of constructing a qualitative interpretation through writing a public text in the form of the thesis. Making sense of what was learned was the most difficult part of the analysis process, trying to distill from the data, an interpretation that is both “artistic and political” (Denzin & Lincoln, 2005, p. 26). I tried to find one version of truth that respected and reflected participant voices, my voice, as well as the existing scholarship.

In summary, this section on procedures addressed the recruitment process, data sources, data management program, and data analysis process of this study. I now turn to a discussion on trustworthiness.

### **Trustworthiness**

Curtin and Fossey (2007) refer to the concept of trustworthiness as the extent to which the findings are an “authentic reflection of the personal or lived experiences of the phenomenon under investigation” (p. 88). Morrow (2005) proposes that the criteria of trustworthiness in constructivist research should address the extent to which participant meanings are deeply understood, and the extent to which there is a mutual construction of meaning among the researchers and participants, considering the context, culture, and rapport. Curtin and Fossey (2007) identify six areas that should be considered when determining whether method, findings, and interpretations of a qualitative research study have been conducted in a trustworthy manner. These strategies include triangulation strategies, member-checking, collaboration between the researcher and the participants, transferability and reflexivity. Table 3 provides a summary of the strategies that I used to address trustworthiness (Charmaz, 2006; Curtin & Fossey, 2007; Kielhofner, 2005; Patton, 2002; Corbin & Strauss, 1990) within this study. Further explanation is provided below.

**Table 2**  
**Trustworthiness**

<b>Triangulation</b>	<b>Member Checking</b>	<b>Peer Debriefing and Research Colleagues</b>	<b>Reflexivity</b>
<p><i>Data triangulation</i> through:</p> <p>1) literature review 2) Exit Survey of 2003 graduation class</p> <p><i>Researcher triangulation</i> through colleague</p>	Utilized twice through stages of analysis	Use of professional colleagues throughout process for consultation	Use of: 1) memo writing 2) field notes

Relative to Table 3, the following section provides a summary of the strategies in more detail. Triangulation, the use of two or more sampling strategies and sources to gather information and to obtain a diverse view of the same phenomenon was used throughout (Kielhofner, 2006). The Exit Survey and further literature review were analysed as sources for data triangulation. Strauss and Corbin (1994) state that the multiple perspectives must be systematically sought during the research inquiry, which in turn contributes to theory building. Researcher triangulation was used with a colleague who was involved in the analysis of the data at varying points to compensate for single-researcher bias (Kielhofner, 2006).

Member checking, the process of taking ideas back to the participants for verification for congruence with their experiences was done twice during the analysis process (Charmaz, 2006). I provided opportunities for the participants to review, comment on and contribute to the findings. This cross-checking and comparing is important to maintaining the consistency of the information gathered at different times and by different means (Patton, 2002). In doing

so, participants have greater trust that the findings are representative of their experiences (Curtin and Fossey, 2007; Creswell, 2003).

Colleagues at my work environment assisted as peer debriefers and served as a collective “mirror, reflecting the investigator’s responses to the research process ... and as a devil’s advocate, proposing alternative interpretations to those of the investigator” (Morrow, 2005, p. 254). I was extremely fortunate to have a readily available academic community to engage in critical discussions at my university work place. These individuals are experts in their field with knowledge in qualitative research, evidence-based practice, occupational therapy practice, and education. One individual, a full-time tenured faculty specializing in the practice of mental illness served as the primary peer debriefer in the following ways: 1) consultation support throughout the process including topic selection, research design and implementation, and theory development, and 2) critique of visual representations of the categories to determine integration of concepts. As an OT educator and researcher with over 20 years of experience, this individual had the knowledge, skills, and tenacity to assist me throughout each step of this journey. I received support through other colleagues within my university workplace that constituted the community of practice. Ongoing availability of faculty research rounds, research team discussions, and curriculum meetings provided me with a rich environment for consultation and learning. In addition to these structured opportunities, it was also common for me to have impromptu meetings with colleagues to discuss issues arising from the study and to gain feedback, advice, or just to be available to listen to my thought processes.

Also critical to trustworthiness in this study is the process of researcher reflexivity. Researcher reflexivity refers to a deliberate and systematic process of self-examination which involves a continuous cycle of seeking insights from inward reflection (Kielhofner, 2006). Carpenter and Hammell (2000) state that, “Reflexivity entails articulation of the deep-seated

(but often poorly recognized) views and judgments that affect the research topic, including a full assessment of the influence of the researcher's background, perceptions and interests on the research process" (p. 113). The systematic introspection of researcher biases, values, and interest is needed to provide awareness of how the researcher is placed within this study and how the researcher shapes the study. The internal dialogue examines what the researcher knows and how the researcher came to know this. Additionally, the nature of qualitative research is such that it involves the interpretation of data by the researcher and as such, reflexivity represents a level of honesty and openness to the research (Berg, 2004). In order to incorporate reflexivity into the study, two methods were used systematically that included use of memo-writing notes and field notes (Corbin & Strauss, 1990). Memo-writing is the intermediary step in grounded theory between data collection and analysis to help the researcher develop the codes into categories in the research process (Charmaz, 2006). Table 4 provides an example of my thinking process as I reflected on naming and organizing the categories as well as developing a visual representation. For example, through memo-writing, I explored my own beliefs and understandings of Feng Shui and used those concepts to organize and construct meaning from the data. My original visual representation was a boxed, linear design which had no interactive elements within the illustration. The idea of using Yin and Yang to frame all the categories and subcategories emerged from this process.

**Table 3****Example: Memo-writing****July, 2009**

The categories and subcategories are expressed here but they are not feeling very fluid. The boxed organization is not reflecting the interacting elements of how they relate to one another. It is static and rather ... boring. I like the use of Yin and Yang to organize the first categorizing of Transitioning to Practice. There seems to be a duality of experiences that the participants share in a naturally emerging way. There seems to be a "good" and "bad" part of their work experiences that just sprang from their words. Is this part of my own personal orientation? I need to be careful that I do not force fit the data into this lens that has always been at the back of my mind. I need help on this part as I am feeling stuck.

<b>Category</b>	<b>Transitioning to Practice</b>	<b>Having Knowledge and skills</b>	<b>Being a Learner</b>	<b>Addressing Power</b>	<b>Having a Master's Education</b>
<b>Subcategory</b>	The Yin of Practice  Being overwhelmed, anxious, stressed, fearful	Having knowledge in evidence based practice	Being a lifelong learner	Having impact on health care	Making informed choices
<b>Subcategory</b>	The Yang of Practice  Being respected, credible, valued, trusted	Using theory to guide practice	Using self-directed and problem-based learning	Having impact on the profession	Valuing recognition
<b>Subcategory</b>	Coping with the challenges of practice	Lacking practical clinical skills			Making an impact in the political arena

**October, 2009**

I have had two people review my boxed representation and the idea of applying Feng Shui concepts to constructing and organizing this material across the categories can work. In rereading the transcripts and the N-Vivo material/print outs (I have done this so many times I know exactly who said what!), I am discovering the second fit. It feels comfortable and reassuring and has "me" there. However I am always grappling with and thinking about the boundaries between researcher and data in qualitative research. Also I am changing the category of Having a Master's Education as it is not really a category...it is the main part of the thesis so it seems out of place here...perhaps should move informed choices into the category level?

As discussed in the data analysis section, I recorded field notes after each interview to document impressions and interpretations, dynamics of the interactions, and suggestions for further information to be gathered (Carpenter & Hammell, 2000; Agar, 1996). Table 5 provides an example of a field note completed after the first group interview. It captured my plan, initial impressions, questions, and reflections of the event. The field note helped me recall the event later and the direction of my thinking.

**Table 4****Example: Field Note**

**October 24, 2006-4:30-6:00pm, university site**

**Plan/Goals:**

- 1) Complete consent forms, background information forms, if choose to ID university, will contact you at that time
- 2) Review length of session
- 3) Review confidentiality/privacy (email), information sheet
- 4) Discuss email (group) and if there are any concerns with others knowing your email address
- 5) Role of researcher...conflict of interest issues, I will not be sharing this back to the school other than as data results
- 6) Questions??
- 7) Test recorder
- 8) Conduct interview
- 9) Give out booklets

**Perceptions:**

I have conducted 1 FG and it seems to have gone well! Provided refreshments and thanked them with the publication...they appreciated having something that is current and published by our faculty (and ML!). Digital recorder worked efficiently. Initially they spent some time catching up and just hearing about what everyone is doing. It seemed like it was a good opportunity for them to touch base. I was pleased that I ended up with 5 participants...2 men and 3 women. Overall I got the sense that they felt very positive about the experience and helping me with my thesis.

Comfortable and easy conversation

Laughter, positive energy

Collegiality

Need for advocating profession

Anxieties at work

Loving work

Lacking skills

Queries about what future will be like

\*Did not spend as much time on the specific question, what did it mean to be an OT...too descriptive?

At the end we spoke about them assisting us in the program in teaching/tutoring/preceptor opportunities. Was this appropriate? Blurring of roles? I think doing this at the end at least did not influence their information sharing. I also invited them to the tutor/preceptor workshop.

## Summary

This chapter presented the foundations of the methodology, including a discussion of the constructivism paradigm that guided my study, a description of the procedures of the study, a description of the site and the participants, and the methods that I implemented in the data collection and analysis phases.

The grounded theory method based on constructivism was chosen as it was seen to be applicable and appropriate to my research question. I aimed to understand how the participants constructed meaning from their experiences as occupational therapist graduates from a master's entry-level program. Also important within this qualitative research approach, was exploring the position and role that I played as someone conducting insider research. I used reflexivity to think about and ponder my own interpretations of the experiences as well as those of the participants throughout the study. I viewed my researcher role not as providing bias to the data but as an active and valuable contributor to the development of new knowledge and theory. I recognized and appreciated that I am an integral and critical part of the research process, and that the study was a joint venture between the participants and me.

Chapter Four presents the results and analysis from the study including a discussion of the second lens of Feng Shui that gradually emerged that added an enhanced meaning to the research experience.



## CHAPTER FOUR

### The Yin and Yang of Practice: Results and Analysis

In this chapter, I describe the analysis process and introduce the categories and subcategories that emerged during the analysis. As described in Chapter Three, a constructivist paradigm using grounded theory methodology was used to explore the emerging professional identity of the professional master's entry-level occupational therapist. The participants were the 2003 graduating class of s university Occupational Therapy Program in southern Ontario. Data were gathered from 11 participants through individual, paired, and group interviews from July 2006 to December 2008 as well as from the university Occupational Therapy Program, 2003 Exit Survey which was also reviewed and analysed. Member checking was done and eight of the participants provided further data as well as written support and confirmation of the categories and subcategories. Peer review and consultation regarding the findings was confirmed through the assistance of two professional colleagues.

The coding process began immediately after the completion of each interview and then again following its transcription. The transcripts were read and re-read and notations were kept through memo writing. As identified by Charmaz (2006), segments of data were initially named or labeled. The initial codes were sorted, synthesized, and organized, using open, focused and selective coding. Through open coding, the data were compared for similarities and differences and renamed or relabeled. The subcategories emerged from this process. The concepts were then further compared and sorted and reassembled through focused coding into categories. Selective coding occurred as initial codes that reappeared were examined to further sort the data, a process that served to help synthesize the categories. Figure 1 illustrates the five categories and associated subcategories through the analysis process.

Figure 1



My secondary lens of Feng Shui emerged through the description of the categories and subcategories using the concepts of Yin and Yang to frame the participants' clinical experiences. Yin and Yang are believed in Chinese systems of thought to be opposing yet complementary interacting forces that complete each other to produce harmony, and within each there should be an element of the other. Yin is the dark element—it is cold, dark, feminine, corresponding to the night. Yang is the bright element—it is sunny, light, masculine, corresponding to the daytime. These forces are part of the practice of Feng Shui which is founded in the belief that the environment exerts a powerful influence on our inner equilibrium and happiness (Duane, 1997). Feng Shui principles provide a way to understand how people can live and work comfortably within their environment. Obtaining balance and meaning in life are essential to achieving a successful, prosperous and productive future (Chen, 2007; Lupone, 1999). Yin and Yang forces are used to explain the duality of the participant experiences as they entered the early years of their professional practice. Some subcategories are threaded within multiple categories which reflect the interactive and dynamic aspects of Yin and Yang. The opposing and interactive nature of the participant experiences creates a tension that impels the participants to think and act in ways to harness their energy and create and find their own meaning, their own Feng Shui.

In Category One, Transitioning to Practice, the Yang experiences encompass the first subcategory of feeling respected, credible, and valued while the Yin experiences encompass the next two subcategories of feeling overwhelmed and coping with the challenges of practice. These challenges include: maintaining client-centredness which is a core philosophy and practice of the profession; limited awareness of the occupational therapy role by others; and, having difficulties in accessing the latest research. Category One provides a perspective on the variations of experiences of being a novice therapist that may not necessarily be unique to the professional master's entry-level graduate.

In Category Two, Having the Knowledge and Skills for Practice, the concept of unique professional knowledge and skills is addressed. The Yang experiences of possessing knowledge in evidence-based practice and theory and the Yin experiences of lacking practical clinical skills are subcategories that emerged. The finding that the master's level curriculum had a greater emphasis on conceptual knowledge and skills than on practical clinical skills may be due to the shorter educational program length compared to a baccalaureate program, emergence of trained occupational therapists assistant programs, and refocused priorities within the profession.

In Category Three, Being a Learner, the importance of being a lifelong learner is presented from two perspectives: from a personal level for pleasure and enjoyment reflective of Yang, and; from a professional and economic level to maintain competence reflective of Yin. Using self-directed and problem-based learning as valuable tools is perceived as the Yang. Education, in context to their master's entry-level appears to be seen as a commodity that allows greater success for survival within a competitive work environment.

In Category Four, Addressing Power, the subcategories of making an impact on health care directed at client care is described from both Yang and Yin perspectives. The Yin perspectives of making an impact on the profession include strategies of linking with the university or educational facility as an educator, tutor, preceptor, and being involved in research and scholarly activities. Related to impact on the profession, a gender specific issue of being a male role model in a female dominant field is raised. The subcategory of making an impact in the political arena is presented in the context that the credential may be perceived as one influencing factor in having an impact in the political environment. The experiences of one participant who was granted admission to a doctoral program from a professional master's degree suggest that direct access to higher education may be possible.

In Category Five, Making Informed Career and Educational Choices, the benefits of the graduate education are identified in the subcategories of finding a fit and being recognized are described in context to Yang. Entering a second degree at a graduate level appears to require reflection of self-interests and needs from a career perspective and from an educational perspective. The master's credential seems to generate some recognition associated with respect and positive regard. Conversely, minimized and limited recognition for the credential is identified as a challenge and described as Yin.

### **Category One: Transitioning to Practice**

The first category is entitled Transitioning to Practice which describes the experiences of the participants as they entered their clinical roles as novice therapists.

#### **Yang**

##### *Feeling Respected, Credible, Valued*

The positive aspects of working in the profession of occupational therapy are well documented in the literature. Studies have shown fairly consistently that student occupational therapists choose their careers primarily based on the desire to help people with disabilities, their interest in interacting with people, the variety and challenge in the role, and the opportunity to work in the health environment (Craik & Zaccaria, 2003; Craik, Gissane, Douthwaite, & Philp, 2001; Holmstrom, 1975; Rozier, Gilkeson, & Hamilton, 1992). Craik and Naphine (2001) surveyed students in an occupational therapy program in the United Kingdom to determine the factors that attracted them to study occupational therapy as a second degree. Students holding degrees in the human sciences and the arts chose to study occupational therapy because of job satisfaction, helping people, and having a variety of work settings. In a study with newly certified occupational therapists, Cooperstein and Schwartz (1992) report similar reasons for choice of profession.

On the side of lightness and joy, the participants shared many positive experiences that contributed to their optimistic view of the profession. Many participants indicated that they felt respected, credible, and valued as a professional by other team members and by their clients. Working within private practice, particularly in the insurance sector, was an area in which some of the participants indicated they felt particularly valued. In the discussions, there was often a sense of elation at the new-found regard for their contributions in health care delivery. These participants discussed the positive regard they received from other team members related to their service delivery, role development, and overall professional role.

I find that I am doing...standardized assessments...I do that and then I highlight the results. I can show the teacher that is what I mean, this is compared to the norm and when they see that, there's more respect when they see that you are doing something for a reason. This is the result. This is my plan. This is our goal. This is why I do it. When I can support my work and my intervention with an assessment that is standardized...they have more respect [for me]. (P7)

I was carving a role out for myself. They had confidence in me. (P3)

I think I am very lucky in where I work now...OTs have been molded over the years in such a way that the [team] actually do value our input as clinicians. (P5)

Many participants spoke of their enjoyment in working with clients as this provided them with the most immediate gratification. Additionally, many indicated that they liked the variety of opportunities in the role, and their work setting.

I started off with just soft tissue injuries and now I am working with various clients with fractures, spinal cord injuries and mild brain injuries. I love it ... I had the opportunity [as a student] to do a lot of placements in a lot of difference settings ... but the most enjoyment I took out of it was when I was working with the schools with the kids. I applied for work that is basically working with kids and I got lucky getting this job with timing and funding. I have been here 2 ½ years and it is great. (P4)

The reason I took on so well is that I have had an affinity to returning-to-work planning. I really like that kind of role because I just see that work is so meaningful for people. It is such a big part of our lives that we spend. (P2)

OT is so broad that I am able to sort of try them all, try all these little areas ... there are so many options. That is what I think I like about OT the best. (P7)

I just feel very comfortable with what I am doing and I like it and you know for a very long time, I see myself at [the Centre]. (P9)

Specific to a particular private practice area, one of the participants from this study who worked in the insurance sector spoke of the high regard that the industry has for the specialized services of occupational therapy.

In the insurance industry itself, I think occupational therapists are very, very much valued just based on our assessment skills and clinical skills that we bring to the table....looking at all these occupations from the legal-medical perspective is very, very highly looked upon. (P2)

Participant P2 highlights an example of a developing and growing practice area that has garnered increased credibility for the profession over the years. Even as recently as 15 years ago, rehabilitation services in the insurance industry were primarily performed by other professions such as nurses and vocational advisors (L. Dyck, personal communication, February 20, 2009). This is noteworthy in that occupational therapy has only recently been more visible and active in the private practice sector. In 2007, 76.8% of therapists in Canada were employed primarily in public government services, 11.8% worked in the private sector and 8.6% worked in a mix of private and public sectors (CIHI, 2008). These statistics mirror the data obtained from the exit surveys of the 2002 through to 2007 graduates from the Occupational Therapy Program. The significance of this emerging practice is felt by the professional associations. Notably, the Ontario Society of Occupational Therapists (OSOT), in recognition of this growing area of practice has an Auto Insurance Sector Team that advocates actively on behalf of occupational therapists working in the sector to develop resources and professional development opportunities, to provide practice support, and to promote an OT perspective to policy discussions (Ontario Society of Occupational Therapy, 2008b). From my experiences as a member of our professional regulatory body and professional provincial and national associations, I feel that this type of support from OSOT is needed particularly for new graduates working in the private practice and the insurance industry sector. The cases are complex and require specialized knowledge and skill that may be challenging for novice therapists.

## **Yin**

### *Feeling Overwhelmed, Stressed, Fearful*

Experiencing stress in the workplace for novice and experienced therapists is also not surprising and is identified in the occupational therapy literature (Leonard & Corr, 1998; Rugg, 2002; Sweeney, Nicholls & Kline, 1993) and nursing literature (Deppoliti, 2008). Sweeney, Nicholls and Kline, (1993) conducted a survey study with 310 occupational



therapists regarding identified stressors experienced in the work environment: respondents' self-perceived work as a professional; time and other demands placed on them; perceived lack of reward and recognition for their work and; respondents' clinical and other client-related administrative tasks. Rugg (2002) in her literature review suggests a possible interaction between workers' level of stress and their expectations of work. Junior therapists had inaccurate expectations of their roles. Leonard and Corr (1998) surveyed newly qualified occupational therapists and discovered that they felt stress related to perceived professional value, where the transition from the role of student to qualified therapist and the conflict between ideal and actual practice caused most concern. In working with clients, the respondents were most worried about "making mistakes" in their new positions.

With respect to the Yin elements of darkness in my study, the participants shared their thoughts of feeling overwhelmed, stressed, and fearful. Some reasons offered for this include unknown expectations, limited supports, and increased responsibilities and with coping with the challenges of practice. These factors were frequently highlighted as contributing to the overall stress of the participants. The following quotes indicate the concerns related to being overwhelmed and fearful of workload expectations.

I was a little overwhelmed just because I wasn't sure what to expect more than anything else. (P1)

I would say I was very overwhelmed. I had some support at first but not I would say a tremendous amount. It is a very flexible job and there was nobody overseeing every single thing that I did, checking me off to see if I did this right or that right. (P4)

There was no OT in my position before I got there so my first impression I think was fear ... fearful of just not knowing really what to do. I had no guidance I guess. I had no mentor. (P6)

Despite the OT group there saying they had a mentorship program, it was formal on paper, but it was really not something that existed on a day to day basis. ... I did the absolute best I could with the resources that I had ... I did say to [my mentor at that time], I need you to come in every Friday. I need you to watch my treatment session and I need you to watch my handling. And I need you to tell me whether or not where

I am going makes sense because right now the child is bored with the treatment session and I need to think outside of the box to keep him engaged. (P11)

The need for emotional and consultation support is identified by Foster-Seargeant (2001) who interviewed eight new physiotherapist graduates and four experienced physiotherapists to explore their understanding of the mentor relationship. The results of that study indicate that new therapists need opportunities to observe, model and practice clinical skills with experienced clinicians, and opportunities to consult with senior clinicians on patient issues. Limited or no support may negatively impact the development of confidence in new graduates.

In addition, the participants in this study experienced an increased sense of responsibility for their clients which weighed on them. As students they had to be supervised by licensed occupational therapists who ultimately bore the final responsibility for their actions (College of Occupational Therapists of Ontario, 1996). Although the degree of client responsibility they carried as a student increased within their clinical placements as they progressed through the program, it was still a shock for them to actually realize that they and they alone would be accountable for their actions. Rugg (1999) reports that junior occupational therapists perceived that post-qualification responsibility were too broad in nature or too rapidly thrust upon them.

The other thing that was really hard for me was being struck by the feeling of responsibility that all of a sudden it was going to be on my shoulders. (P5)

It was a huge responsibility I felt on my shoulders because these are clients with a lot of needs and they do have to be met. (P2)

### *Coping with the Challenges of Practice*

The participants spoke about the many challenges of practice when they entered the work environment. These included maintaining client-centredness, limited awareness of the occupational therapy role by others, and difficulties in accessing the latest research.

One of the foundational philosophical tenets of the occupational therapy profession is that of being client-centred. Client-centred practice, or client-centred enablement seeks to develop a collaborative relationship with clients in order to advance a vision of health and well-being through occupation (CAOT, 1996, 2007a, 2007b). Law (1998), in her literature review of models of client-centred practice, identifies it as including the following concepts: respect for clients and families and the choices they make; facilitation of client participation in all aspects of occupational therapy services; clients and families have ultimate responsibility for decisions related to their daily occupations and occupational therapy services; and, flexible, individualized, occupational therapy delivery of service. Many of the participants in this study in applying the principles to practice, indicated that they found it difficult to maintain a client-centred perspective in the context of other team members and the work environment.

I am constantly trying to be client-centred. In every setting that I've worked in it is very difficult. They don't make it easy at all. It's very hard...as an OT I feel it should be the [clients] and I working on what the [clients] feel they should have to be able to do within their daily life. Something that is important to them. But a lot of times, it is the teacher [in the school health setting]. (P7)

This participant (P7) went on to add that facilitating change with other OTs and within the school setting is extremely difficult, stating that "change sometimes scares people." Another participant shared the story about one of her clients with cerebral palsy and the dilemma and conflicts she faced in considering what the client wanted to do but was not allowed to do.

The right to decide for themselves. It's the client-centeredness. I had this one client who had cerebral palsy and he wanted to swim and he was getting into the pool fine and then the lifeguard was like, well "I don't know about this". [The client] had a physio assessment done and the physio said there is no way he can transfer safely into the pool....He grew up without any accommodation and modifications and that was just the way he was used to doing things so from the standpoint of the physio and the centre, there was just no way he was able to go into the pool. From my standpoint as an OT this is something he wants to do [and should be allowed to do]. (P6)

Wilkins, Pollock, Rochon and Law (2001) suggest that translating the principles of client-centred practice is a difficult task and that change is difficult and takes time. They analysed the findings from three qualitative studies as the basis for their discussion on the multi-level challenges to client-centred practice. They found three broad categories: challenges at the level of the system related to lack of commitment from the organization; at the level of the therapist related to the need for more awareness of how to translate principles to practice; and at the level of the client related to the need to recognize client differences in their understanding of client-centred practice. Their results echo those by Sumsion and Smyth (2000) who found similar outcomes from their survey responses from 36 occupational therapists in the United Kingdom. Similarly, the participants in this study primarily reported on systemic barriers to implementation. However, this may have also been due to their limited novice clinical skills and as such it may have been easier to identify external barriers as opposed to reflecting on how they translate their own understandings of principles to practice.

A number of participants found the limited awareness of occupational therapy by others to be a challenge with both clients and team members.

It's always coming up. What is OT? Are you physio? I need to explain what I am within our small scope that we are allowed to do within our setting. (P6)

I would definitely say people not knowing what you do...you literally have to sit down and explain and they still go back and ask, "so you are going to look at my job?", "no, I'm here to look at all your occupations of daily living". When you say the physiotherapists or the speech language-pathologist is going to follow up, well they know exactly what they are and what they are doing so it's a pretty much educating almost every client you see about what it is. (P4)

Although many participants felt some degree of frustration with this issue, a number highlighted how increasing the awareness of the occupational therapy role to clients and staff was important in helping them gain knowledge about the relevant nature of occupational therapy services to health care.

Sometimes when people are open to finding out what you do and once they know and you build rapport with them, then it feels great because they know what you do. They know what to ask of you but sometimes when you are walking into an environment where they don't know, there might be a little hostility or you get that vibe that you are wasting [their] time. What do you really do and is it really going to make a difference. (P7)

I'm always trying to prove myself, prove what I am doing is worthwhile... Well, what do you do? I do so many varied things that people don't know necessarily. Even staff, I am trying to prove myself to staff. (P6)

One challenge expressed by some was the difficulty in accessing the latest research information. For students who had had almost immediate on-line access to information in the OT program, this was a problem as it meant that they could not keep current with materials in the same manner. They had to pay either for their own access or take actions to access information in a different way.

I think one of the greatest challenges is just having access to the latest research. For our company, they put a lot of money into being able to do a lot of the programs and seminars and things like that. But having access to something like MAC [library services] where you can go online and look for articles [would be helpful] but they do not have that where I work...not having access to the latest information really inhibits the movement towards evidence-based practice. (P1)

The realities and challenges of practice experienced by these participants are supported by Tryssenaar (1999) who used a phenomenological study to explore the experiences of a new baccalaureate educated graduate from a Canadian OT program. She found that the participant wore "rose-colored glasses" initially followed by experiencing the realities of practice, which centred on client and team conflicts. She reported on the sequential nature of the same experiences and reinforced the notion that transition to practice for new therapists can be a challenging process. In a later study, Tryssenaar and Perkins (2001) followed six students from their senior year through to their first year of practice. They conclude that the student's professional development into practice involved four stages; transition, euphoria and angst, reality of practice, and adaptation. These reflect some of the experiences of the participants in my study.

The participants in this study seemed to balance their stress and fear with the experiences of being respected and valued by others—reflecting the Yin and Yang concepts. Although the participant experiences seem to oppose each other, they also complemented each other by causing a persistent tension that was a part of their work experience while they were in transition to practice. This duality of Yin and Yang experiences is captured within Yerxa's (2000) account of her life history through critical incidents of her professional education and clinical work as an occupational therapist. In her early clinical experiences as a novice therapist she talks about being “overwhelmed in trying to find some way for a person totally incapacitated to act” (p. 193) but she also describes the experiences to be “awesome ... awakened by the realization that each patient was a complex and unique human being, not just a disability embodied” (p. 193).

Related to education, the participants in my study experienced challenges in their initial transition to practice from their roles as student to therapist similar to new graduates from baccalaureate degrees. It is possible that graduates from professional education programs at a baccalaureate and master's level may experience similar entry to practice challenges and tensions. This is an important issue to consider when planning and implementing the transition supports for new graduates entering the field from the perspective of the employer. Employers of occupational therapy services can be from a wide range of sectors that include hospitals, community clinics, private practice, and educational institutions (CAOT, 2007a; CIHI, 2008). From my experience there has been confusion regarding the differences between professional baccalaureate and professional master's educated therapists, as well as between professional master's therapists and research master's therapists. Hilton (2005) in her analysis of American OT educational programs identifies that the confusion is due to the various entry-level master's degree nomenclature and lack of definitional criteria for naming the degree between educational programs. This type of

confusion can affect employer understanding of what the degree implies with respect to competency attainment and readiness for practice and thus the types of supports they perceive are needed. The types of supports may need to be tailored to specific practice areas that new graduates enter. Private practice in the auto industry, for example, appears to require more support and guidance owing to the complexity of the client cases, evolving legislation, and medico-legal issues for any new occupational therapist regardless of their educational credential.

In summary, the first category of Transitioning to Practice addressed the experiences of the participants from the perspective of Yang and Yin. The Yang includes feeling respected, credible, and valued by team members and the insurance industry for the quality of their work. The Yin comprises feeling overwhelmed, stressed and fearful due to limited supports, unknown expectations, increased responsibility, and, coping with the challenges of practice. Maintaining client-centredness was a major concern and source of distress as it constitutes a key foundation of occupational therapy philosophy and practice. Limited awareness from clients and team members about the occupational therapy role caused some frustration but also motivated many participants to strive towards educating others about the profession. The difficulties in accessing the latest research to support their work were raised as another challenge. The results from this category as it relates to the literature seem to indicate that the transition-to-practice issues may not be unique to master's level graduates.

## **Category Two: Having Knowledge and Skills for Practice**

The ability of the participants in this study to practise competently and confidently as novice therapists was reported in many instances to depend a great deal on the depth and scope of their professional knowledge and skills. Participants' fears as discussed in the first category were frequently linked in part to this second category of Having Knowledge and Skills for Practice. Many spoke of the ways in which they turned to their knowledge and skills to assist them in their daily practice when dealing with their feelings of being overwhelmed and stressed in providing service. They also reported that difficulty in accessing the latest research impeded their ability to be evidence-based practitioners. The subcategories reflective of Yang include having knowledge in evidence-based practice and using theory to guide practice, and the subcategory of Yin comprises lacking practical clinical skills.

### **Yang**

#### *Having Knowledge in Evidence-Based Practice*

One of areas that the participants reported as important for practice is the notion of being an evidence-based practitioner. Evidence-based practice is defined as accessing and critically appraising evidence and then using it to guide clinical reasoning and problem-solving (Cusick & McCluskey, 2000; Law & MacDermid, 2008). Cusick and McCluskey (2000) further claim that occupational therapists must take up evidence-based practice (EBP) or we will be "faced with legal, ethical, and economic consequences that could harm the profession as a whole" (p. 168).

The participants in my study frequently reported that their knowledge and skills in EBP enabled them to keep abreast of current information and provide sound and competent care. Many indicated that this knowledge also increased their credibility within the work environment with other occupational therapists and with team members.



You try to support yourself with evidence and that helps you ... gives you more credibility in the workplace. (P7)

Now that I am out there and I'm feeling more comfortable after 3 years with my clinical skills set, am I ever glad that I have the evidence-based research background. Now I feel that is what I see in the future, like I still try to grow and improve my clinical skills but I realize that everything keeps changing and boy if I didn't know how to go back to the literature to stay current, you could get lost and left behind pretty quick. (P5)

So with this evidence based practice comes the eagerness to go out and ... lets not say every week, but once a month to go out and find out what else is new out there. (P4)

For participant P5, knowledge in accessing clinical evidence was a unique and valuable contribution she could offer the team. She indicated that this knowledge helped put her on a more even playing field with others with more clinical experience. P5 appeared to have a sense of pride in having some expertise to bring to the table as a new therapist. She adds:

My current team is just starting to get the idea on "what this evidence-based practice thing is all about", and you are really seen as a leader or expert in your team so I think that the experienced clinicians really value that we are bringing that piece. And it is actually a really nice compliment rather than being in such a hierarchy where the experienced clinicians had it all, you are bringing it up a notch. You are using them for their clinical skills and experience level and they are using you for your evidence based learning. (P5)

Another participant experienced some frustration and concern with her rehabilitation team in a brain injury unit regarding use of evidence in their clinical practice.

There is something very traditional that we are doing here and some of it is constraining induced therapy, [I say] "wait a minute, in school I am pretty sure we read a whole bunch of articles that said that wasn't valid. I am just going to double check and I'm going to challenge you on how you are practicing because what I understand is I am not sure it is going to work". (P11)

The experiences of these participants reflect the concept that evidence-based practice needs to maintain a fine balance between the value of clinical expertise and external clinical evidence (Law & MacDermid, 2008). Evidence-based practice is not a term that was used commonly in the OT community up until the mid 1990s (McCluskey, 2007). Health care practitioners were deemed to obtain clinical effectiveness through experiences rather than through evidence or research information (Redmond, 1997; Sackett, Rosenberg, Muir Gray,

Haynes, & Richardson, 1996). Bennett et al., (2003), surveyed occupational therapy members of the national professional association of Australia regarding their perceptions of implementation, barriers and their educational needs of evidence-based practice. Forty-four percent of the participants responded (649). Of those who responded, 56% reported using research to make clinical decisions, 96% reported relying on clinical experience and 80% reported relying on colleagues. Rappolt and Tassone (2002) identify similar results in that Canadian occupational and physiotherapists used informal consultation with peers more often than research literature and that they were less critical of the information from peers than of that received in their formal education. The shift from thinking that practice is based solely on experience to one based on evidence has made a great impact on the OT community (McClusky, 2006; Cusick & McCluskey, 2000). Leaders within the profession, professional Organizations, and regulatory bodies identify that occupational therapists are responsible for the “production, retrieval, review and evaluation of research information” (CAOT, ACOTUP, ACOTRO, & PAC, 1999, p. 1). Occupational therapists are now expected to incorporate evidence into their daily practice in order to maintain their competence in all aspects of their roles as practitioners, educators, researchers, managers, and policy analysts (CAOT, 2007b; Caldwell, Whitehead, Fleming, & Moes, 2007; Humphries, Littlejohns, Victor, O’Halloran, & Peacock, 2000). One participant comment reflects the position that the profession needs not only to use evidence within practice but also to contribute evidence to the development of research and in support of the role, looking hopefully to the future for growth in this area.

I think the key piece that is really missing from occupational therapy today is more research ... we really have to put ourselves out there ... and really be sure that our profession is backed up by the evidence because ... you need that [information] to backup why you are treating your clients in this manner or why you are saying that this particular assessment should be this way. ... That is the gap that the future will bring, it has to cut across because there is so much competition out there for similar services. (P2)

Overall the participants expressed their strong belief and commitment to being evidence-based practitioners as the following quotation shows:

I think building evidence-based clinician has been a big focus in the program [and profession] and I think that really, that's really what I have become. (P10)

#### *Using Theory to Guide Practice*

Participants also highlighted the importance of the role theory plays in guiding practice as well as in educating others about the profession. The concept of client-centred practice is also imbedded in this subcategory because many occupational therapy theories and models of practices are primarily developed from the principles of client-centred practice.

One participant stressed occupational therapy theory as the one key area of professional knowledge that helped her cope in developing a new role for a new clinical unit in a mental health facility.

I had to come up with basically a whole protocol of what the OT role and what it was that I was to do on this unit. I had to do some education to the staff about what an OT is so I used a lot of theory. Basic stuff I learned at school, the CMOP [Canadian Model of Performance], OPPM [Occupational Performance Model], COPM [Canadian Occupational Performance Measure] to structure my interviews. So I think using that theory helped me put everything together but I think it was probably about a year and a half before I felt ... comfortable in my position. ... it took a while to settle in and become that role. (P6).

This participant (P6) also reported relying on occupational therapy theory to help her explore and share with the team the unique aspects of her profession relative to other professions. For her, educational preparation in theory was a perceived strength. Using theory enabled her to educate others about her role and also helped her in clinical practice. The university Exit Survey conducted one year after graduation of the class of 2003 revealed that the graduates ranked theory within the top two strengths of their professional preparation for practice. Many respondents from the Exit Survey reported using and applying models of practice into their clinical practice. Van Deusen (1985) surveyed 247 registered American occupational therapists and determined that longevity of practice and education level were both associated

with high priorities for theory development. Notably, post-baccalaureate entry-level therapists placed higher priority on theory development than their peers. It is interesting that knowledge of evidence-based practice and theory were identified as interconnected strengths. Cooper and Saarinen-Rahikka (1986) propose that a dynamic process unites theory, models, and research and that effective clinical practice is ultimately dependent on the interaction of these three elements as a whole. With respect to the application of theory to practice, Elliott, Velde, and Wittman (2002), used a qualitative approach to explore the use of theory in three American occupational therapists with work experience ranging from 2 to 15 years. They determined that although all the therapists valued theory, recognizing that it helped distinguish them from other professions, they all had difficulties with the implementation of theory in their day-to-day work. The implementation barriers were related to inadequate educational preparation, pragmatic issues, and lack of role models.

## **Yin**

### *Lacking Practical Clinical Skills*

Although evidence-based practice and theory were considered strengths, many participants felt that they lacked practical clinical skills. This limitation contributed to their sense of feeling unprepared and lacking confidence for their work with clients as addressed in the category Transitioning to Practice.

Wished I had more preparation in the day-to-day clinical skills I needed for the job. So the hands on clinical assessment that I needed, you know like especially in my job where I was doing very phys-med based job where I had to analyse muscle tone and range of motion ... and high end seating and complex seating. ... I was consulting on how to put an elevator in home ... that was a much higher clinical knowledge base than I had. (P4)

So I had a lot of learning on my own which was interesting because I love to learn but also scary because I didn't feel equipped at all for working in the environment that I do. ... There are some skills that we didn't dive into and do a lot of [in the educational program]. For example splinting ... that is one area I do not feel I have a lot of confidence in. (P6)

All in all it worked out well but I think getting to that point was very nerve wracking and I was not confident whatsoever with my skills to make this work for this particular client. (P2)

Lacking practical clinical skills is a concern supported in the occupational therapy literature. Hodgetts, Hollis, Triska, Dennis, Madill and Taylor (2007) collected data from students and recent graduates from an occupational therapy educational program in Alberta about their satisfaction with their professional education and preparedness for practice. Both the students and graduates reported concerns that they lacked technical skills and concrete intervention strategies. Similarly, the university Exit Survey identify that graduates from 2002 to 2005 found that the first or second priority for change in the curriculum was to provide more focus on practical and clinical skills learning opportunities. The insufficiency of direct, hands-on client assessment and treatment skills was considered a weakness in their educational preparation for practice. This finding has been consistent over the years despite the fact that Canadian occupational therapy programs require a minimum of 1000 practicum hours within the curriculum for academic accreditation nationally (CAOT, 2005) and internationally (WFOT, 2002). This is deemed sufficient to prepare students for practice. The 1,000-hour standard is supported from the findings from a recent study by Holmes et al., (2010) who analysed archival data from seven OT programs in Canada, Ireland, and the United Kingdom, measured by the Competency Based Fieldwork Evaluation Scale to examine the acquisition of fieldwork competency over time. These authors conclude that at the point of acquiring 1,000 hours, entry-level practice is reached by a majority of students, thus providing some support for maintaining the standard. Tryssenaar and Perkins (2001) in their study of six occupational and physiotherapists, report that their participants believed they also lacked knowledge and techniques specific to certain practice areas. These areas varied with the type of position they took upon graduation. However, the authors suggest that educational programs can never educate every student to the specific skill requirements of

their first positions, regardless of the length of the program. This suggestion is particularly applicable to occupational therapy given that the role is continually expanding and growing as therapists work in emerging practice areas and environments. Tryssenaar and Perkins (2001) propose that the issue may be how well or poorly the educational programs manage to link principles, theory, and practice. One participant interviewed in 2008 supported the authors' point regarding the ability of any educational program to adequately address preparation skills for all potential practice areas. This insight, however, may have been due to the benefit of having been in practice for two more years than the earlier participants at the time of the interview. It is possible that the perception by novice therapists that they lack clinical skills may change over time as they gain more insight into their potential scope of practice.

Now after practicing for five years, I recognize that OT is in so many different areas and it would be difficult to teach everything in that time. (P10)

In terms of master's entry-level programs, a number of factors may have affected the issues raised in this category. First, the shorter length of the programs compared to most baccalaureate programs has also reduced the amount of available time to cover the essential knowledge and skills required for practice. This might have exacerbated the existing concern related to lack of preparation for practical clinical skills. Most of the master's programs are approximately 24 months long, including the 1000 hours of clinical education (ACOTUP, 2009). The limited practical clinical skills participants describe may be due to the inability by educational programs to integrate more of these types of learning opportunities within the academic time period. Much of the practical clinical learning at the university occurs within the 1000 hours allotted to clinical education. From my past experience as a Clinical Education Coordinator, I am more aware of the concerns of clinical educators in the master's program that the teaching of clinical skills was downloaded inappropriately to the community. Second, the decreased emphasis on teaching practical clinical skills may also be

related to the emergence of the occupational therapists assistant (OTA) programs offered at the college level (Mohawk College, 2009). The OTAs are supervised by OTs, fulfill a supportive role to the OTs, and are skilled and trained in the technical aspects of service delivery (CAOT, 2009). Therefore, occupational therapy as a whole is being provided by two complementary services with different yet overlapping training foci. It is necessary and economically prudent to educate OTs considering their future complementary roles with OTAs who are well trained to provide the technical aspects of the service. Third, the master's programs have prioritized curriculum content in alignment with expected future competencies for practice. The increasing emphasis on evidence-based practice over the years has influenced educational programs to refocus their priorities in this direction. As such, the Canadian Association of Occupational Therapists, the professional body that accredits academic programs, revised the academic accreditation guidelines in the 2005 edition to reflect the master's degree programs. A new standard of scholarly activity and research was added as a means to support the use of evidence in education and practice from the perspective of both the faculty and the students (CAOT, 2005).

In summary, in this category, Having Knowledge and Skills for Practice, the areas of evidence-based practice, theory, and practical clinical skills were considered by many participants to be important to professional practice. As elements of Yang, the participants indicated that their ability to access literature, appraise evidence, and use it to guide clinical reasoning and problem solving helped them keep abreast of information in order to provide competent care. The participants used theory as a means to help educate others about the unique aspects of the profession as well as to guide professional role development and practice. Within the Yin, the lack of preparation in practical clinical skills was reported as a barrier. However, this limitation motivated the participants to pursue further learning in order to gain competence and confidence. It is suggested that the limits of knowledge and skills

expressed by participants may have been influenced by the master's level education structure and curriculum priorities as well as by the emergence of trained occupational therapists assistants. The next category, Being a Learner, explores the concept of learning in more depth.



### **Category Three: Being a Learner**

Many participants described the importance of and enjoyment of lifelong learning, but they also spoke about the pressure to maintain a constant level of ongoing learning in order to keep abreast of information for clinical practice. Being a learner therefore has elements of both Yin and Yang. Although the concept of ongoing learning emerged in the Transitioning to Practice and Having Knowledge and Skills for Practice categories, this topic merits a separate discussion given the nature of the narratives. All participants identified self-directed and problem-based learning as useful tools and approaches to their overall learning, elements of Yang. One of the concepts that emerged in this category reflects education as a commodity for professional survival.

#### **Yang and Yin**

##### *Being a Lifelong Learner*

Over the years, the United Nations Educational, Scientific and Cultural Organization (UNESCO) has taken a lead in articulating the need for education from a global perspective, regarding it as a basic human right (Gouthro, 2002; UNESCO, n.d.). Similarly, Wain (2007) regards the UNESCO document as having a strong humanistic ideology, with emphasis on responsible, individual, self-directed learning and to the learning society as an open resource for lifelong learning. The purpose of lifelong learning is discussed by a number of authors. Faure et al. (1972) suggest that lifelong learning is an effective way for an individual to adapt to the social and economic changes created by the technological advances in the twentieth century. The focus of lifelong learning is to encourage and enable learning and thus to promote a more integrative and cohesive global community. From a developmental perspective, Bagnall (2009) identifies lifelong learning as education that is distributed throughout the whole of the lifespan that involves a fundamental transformation of society. Medel-Anonuevo, Ohsako and Mauch (2001) argue that lifelong learning should create

opportunities for reflection and dialogue that would help all individuals cope with life. Aspin and Chapman (2000) add that lifelong learning has the central elements of personal development and fulfillment, economic progress and development, and social inclusiveness and democratic understanding and activity.

Regarding personal development and fulfillment reflective of Yang concepts, many of the participants spoke consistently about their positive experiences related to learning as a new therapist. One participant viewed the first couple of years of practice as a great opportunity to work and learn with colleagues and the team while adapting to the work environment.

And I've been a sponge learning off them [staff] and we are usually attending the same courses and conferences so it's great to bring it back and incorporate it in our clinical practice ... there are always continuing education, doing research, and we have lunch and learn, we have journal reviews. So it is a great hospital to learn from. (P3)

Many participants also spoke about the need to continue learning beyond the professional program because of the demands of the job and to maintain professional competency. Although she felt prepared for general practice, P6 also stated that the professional education she received did not provide her with the advanced skills for her specialty area. The lack of professional preparation affecting her sense of competence, reflective of the Yin concept, was the driving force that motivated her to take additional courses. She ultimately gained more competence and confidence in her abilities to fulfill her role through additional education.

When I started to learn about specific types of therapy like cognitive-behavioural therapy ... something we don't learn in schools necessarily ... in the fall I started to really want to learn it and get to learn it. I did an extra course in the spring of this year to become a certified CBT and then after that I felt very confident. I didn't in school because it is a generalized program and I didn't learn all the tools that I needed to treat people with mood and anxiety disorders ... so I had to really find my way and once I found it I had to do more training on top of that on my own time and mostly my own money. ...so anything I can get my hands on just to learn more so I feel more confident. (P6)

I think what the [educational program] has really done for me is to promote that life-long learning, going to those courses and trying to learn more and better yourself and be more efficient and effective with my treatments ... really look for the evidence to say which path, which treatment will be more beneficial for this particular client depending on the issues they are presenting with. (P2)

The concept of individual motivation and personal responsibility that guides lifelong learning is stated simply by this individual.

It's something I have to do for myself and to pay for it to make me a better OT at what I do. It makes me more knowledgeable. (P7)

These findings are supported by a study by Ryan (2003) who examined the motivation factors that influenced participation in continuous professional development and lifelong learning among 94 nurses, 38 occupational therapists, and 50 physiotherapists. Through a survey questionnaire, the participants were asked about their views of lifelong learning and continuous professional development. The three groups provided similar answers categorizing their understanding of lifelong learning as: continuous learning; reflection and reflective practice; and personal and/or professional development. The primary motivating factors for ongoing professional development were: to maintain and update knowledge and skills for competence; to keep abreast of professional and statutory issues relevant to work environment; and to keep abreast of current and new treatment techniques and approaches. Ryan (2003) states that the motivation to seek professional development opportunities is both internally and externally driven with the individual integrating personal goals and aspirations with the vision of the health organizations and managers' immediate needs.

Another specific external reason for ongoing learning related to economic progress and development is expressed by an individual who worked in private practice. Working in private practice was raised previously within the category of Transitioning to Practice as an emerging practice area that has gained increased credibility for the OT profession. However, the opposing perspective, the Yin, relates to the pressures exerted by a competitive work

environment. To address the pressure, one participant spoke candidly about the master's degree and about additional formal continuing education as a form of currency for survival in the midst of a competitive work environment.

I think if we want our profession to survive in offering a unique service ... it's a matter of continuing education. It's a matter of putting those courses and designations behind our names as well. (P2)

The concept of survival of the profession is reflected in the work by Gouthro (2000), who examined the influence of the marketplace in lifelong learning. She stated that increased participation in adult education is now driven by the perception that continuing education is needed within a competitive economy. She explains that "lifelong learning is seen as not to lead a more democratic and egalitarian world but rather to situate individuals, groups, and even nation-states to gain a competitive advantage" (p. 336). She notes that lifelong learning is driven by competition, whether it is based on individual motivation for upgrading qualifications or on the funding support provided by industry or government to academia to provide training programs. Although Gouthro argues that this orientation is a very narrow concept to use within the continuum of lifelong learning, she acknowledges that marketplace interests continue to have an influence in the learning process. Considering this position, the master's level education can be perceived as an important commodity that provides an advantage for the participants within the marketplace environment—or the higher the educational attainment, the more valuable the commodity.

This subcategory highlights many of the participants' views of lifelong learning as a personal and professional responsibility beyond their formal education required to maintain professional competency. Some of the participants, particularly those working in private practice, stressed lifelong learning as a means for competitive survival.

### **Yang**

*Using Self-Directed and Problem-Based Learning*

The concepts of self-directed learning (SDL) and problem-based (PBL) were raised by a number of the participants as assets to their ability to work as professionals. Self-directed learning is the process of seeking out, using, and assessing knowledge (Wain, 2007) as well as a means to foster transformative learning (Brookfield, 1986; Mezirow, 1981). Problem-based learning (PBL) meanwhile is an educational approach that focuses on small group tutorials to provide a context for learning, to activate prior knowledge, expand and encode information, motivate the students, and to stimulate discussion (Saarinen-Rahiika & Binkley, 1998; Schmidt, 1983). The benefits of the PBL approach in occupational therapy education are identified in a study of six international OT schools using PBL by Sadlo (1997). She reports that these students engaged in deep learning and that they had a sense of “increased independence and choice in their learning path” (p. 101).

Although some participants felt some lack of preparedness in clinical skills as identified in the category Having Knowledge and Skills for Practice, many felt that they received excellent grounding in self-direction within a problem-based learning framework. They reported that these skills served them well during times when they felt overwhelmed.

[Working in the school setting, I felt] the overwhelming majority of my kids are just the average kids who are having difficulty with things like hand-writing, printing or fine motor skills. So those kinds of things are easy issues to address but it was the higher needs kids who had equipment needs, medical needs that made me feel a bit more stressed and I had to rely more on my supports to give me ideas about what can be done with a child like that. I had to do a lot more reading on the condition. But that is where the [OT program] came in. It gave me the ability to go out and find the information. (P1)

There are times where you feel overwhelmed but there is. ... I don't know, you sort of know how to get that information so it doesn't seem as hopeless as you may think. (P9)

So I had to really use my self-direction to try to figure out whom to go to but it was really hard in the beginning because I didn't know what I needed to know yet. I hadn't been in the role long enough to even know what I should be learning at that point. (P5)

They expressed confidence in having self-directed learning and problem-based learning skills as part of their professional preparation needed for their ongoing career. P10 described SDL both as a “tool” as well as a philosophy that enabled “liberty of learning.” Self-directed learning allowed him freedom and independence to pursue learning as he felt it was needed.

I do feel confident in my skills at this point and realize that if I do need information I can always access that through [my self-directed learning] through continued education, or journals or to conduct research if I want to. (P2)

I liked the tools [self-directed learning and problem-based learning] we learned. I like learning how to find information, which I thought was very valuable and I continue to use it as a skill ... the program of being self-directed carried through in my first job and going on through my career. (P11)

One participant particularly noted that the learning skills helped with dealing with the short program length.

How much can you fit into a two year program? I'm so glad that as the research changes, as things come along I can go back and look it up and say, “OK, thank God I have these skills to re-arrange my own practice on my own”. (P4)

These comments are not surprising given that the university OT Program is built on the educational philosophies of self-directed learning and problem-based learning. The Master's OT program was founded on the successes of earlier diploma and baccalaureate programs in Hamilton, dating from the early 1980s (McMaster University, 2004; Westmorland, Salvatori, Tremblay, Jung, & Martin, 1996). The Exit Surveys from the graduates (2002 to the present day) continue to rank the self-directed learning model, and problem-based, small group learning, within the top three strengths of the program. What is meaningful, however, is the degree to which many of the participants in this study valued and applied the concepts of SDL and PBL in their immediate practice. Many participants were aware that knowledge is constantly changing and that they needed learning tools to guide them in their current and future practice. The participants were perceived to have a strong commitment to lifelong learning. Their use of learning tools and learning capabilities may

address the challenges related to learning appropriate knowledge and skills content within a condensed shortened master's program and keeping abreast of changing knowledge.

Although the SDL and PBL learning tools reported by the participants may have been specific to their experiences at their university, the message provided in this category indicates that being a lifelong learner and the use of learning tools are important to practice.

Many of these participants highlighted aspects of lifelong learning seen in Crick's definition (2005).

Lifelong learning relates to learning that takes place throughout the lifespan. It assumes the widest possible boundaries, including the main types and classes of learning, and informal, and formal education and self-directed learning. It is relatively continuous, with a broad momentum maintained throughout life. It is intentional on the part of the individual or the organization and it is expressed in some form of personal or organizational strategy ... which may be appraised over time. (p. 360)

In summary, the category Being a Learner emphasized the importance of being a lifelong learner using self-directed and problem-based learning skills. The category focused on actions that participants can take and will take in the future. There was a message expressed by some of the participants that lifelong learning was a personal and professional responsibility critical to being an occupational therapist in a clinical and a competitive market context. Within the competitive market orientation, the master's level education was perceived by some as a positive commodity.

### **Category Four: Addressing Power**

The concept of power emerged in many of the participant responses when they described their ability to have an impact on health care, the profession, and the political arena. The participants reported being challenged in their ability to be change agents and client advocates in light of their power to affect their clients, teams, and the systems in which they worked. The subcategory, impact on health care is linked to the first category of Transitioning to Practice within the subcategory of coping with challenges to practice, particularly that of maintaining client-centred practice. It reflects both Yin and Yang. Making an impact on the profession and making an impact in the political arena is described as Yin.

#### **Yang and Yin**

##### *Making an Impact on Health Care*

The concept of power within occupational therapy has been explored in recent literature. Sumsion and Law (2006), who conducted a critical literature review on client-centred practice care in health care from 1990 to 2005, analysed the content for themes related to client-centred practice conceptual ideas and their influence on practice. The overarching theme of power emerged as an organizing framework under which all other key client-centred elements were considered. The authors suggest that understanding the influence of power at multi-levels is fundamental to implementing occupational therapy client-centred practice. They encourage therapists to ask themselves and to reflect on three key questions related to power at the client and system levels:

- Do I use language that is easy for clients to understand?
- Do I use language that conveys my goal to work in partnership with the client?
- Do I advocate for systems and policies to be changed so clients can assume power for their program? (p. 159)

As novice therapists, some participants struggled with their ability to deliver client-centred practice which was related to their level of power within their professional roles. However, many participants spoke about how they could impact health care through their



actions aimed at the individual client which could then ultimately impact the larger environment. Their actions at this level, reflective of Yang elements, were considered their primary assets and contribution to health care at this early stage in their career.

I think I, as an individual can impact individuals within the health care system which would in turn impact the system, the larger system in terms of not being admitted to hospital, or being able to live in the community independently. That is the only way I can say I have an impact, on a one-to-one basis. (P6)

On a one-to-one basis I can definitely say I know I am making a difference. For my kind of work we do a lot of consulting so you need a lot of players on board to see success and to see change and when the teachers are on board and the parents are on board and the students are on board, then you can see change and it's really great. You know you make a difference. (P7)

I think we have a more human influence. I mean we bring it back to the patient and it's not length of stay, it's more what his or her wishes are. How can we make him or her happy? Quality of life I would think. (P8)

In a health care perspective, it's that transition from hospital to home that I am affecting and influencing on a daily basis when I am involved with people that have been involved in an accident or a work related injury. ... I am that transition person ... I am making a huge difference in the health care stream of things by making sure that transition is there for that person and ensuring that they are safe at home and that their families are aware, that they have everything they could possibly need and I am going to follow up to be sure everything is in place. (P2)

Focusing on the individual level may not be surprising given that the literature suggests that individuals choose health care careers primarily because of the desire to help people with disabilities and health concerns (Cooperstein & Schwartz, 1992; Craik & Zaccaria, 2003; Craik, Gissane, Douthwaite, & Philp, 2001; Holmstrom, 1975; Rozier, Gilkeson, & Hamilton, 1992) rather than to deal with institutional policies. In addition, from a professional expectation perspective, the Canadian Association of Occupational Therapy identifies within the national competency profile that novice therapists are expected to be change agents with respect to advocacy and communication at the client and team level but not at the policy and institutional level. Being able to deal effectively with complex systems and population-related situations is not expected from therapists just entering the work environment (CAOT, 2007b).

From the Yin perspective, some of the participants described feeling powerless within the environment and system in which they worked, reflecting their limited ability to have an impact on health care.

You can feel totally disempowered. I am one OT and I can help my clients but this huge problem [exists] with the health care system where you can try and do what you can to be part of the solution, so it's kind of that balance. (P5)

One participant, who worked in a mental health facility felt immobilized by institutional policy and procedures, shared her experience.

I kind of feel powerless to advocate within an institutional setting. It would be lovely to advocate for everybody but with the [client] restraints issue it was one issue that came up where I heard a woman screaming, "don't take off my clothes, don't take off my clothes!" and there were two security guardsmen standing right beside her and it was traumatic for me. I said "do you have to take her clothes off"? They said, "That's policy"! I just kind of stood there. I mentioned it to my manager and it was just well that's how we do things. And then I brought it up a couple of weeks later in training with all my staff members and they told me that it wasn't wrong for me to feel the way I was feeling....I didn't realize how much it affected me until I started to get support from my team around that. I just thought well I'm being crazy. (P6)

Her experience reflected not only the challenges of fighting the system but also those of working with clients with mental illness. Her inability to help her client at that moment deeply troubled her. Yerxa (2000) in her early clinical experiences working with people with mental illness recalls being "outraged by how such patients were treated" (p. 193). P6 also talked about her limited ability to advocate for her client in that setting. Lohman (2002) identifies that successful advocacy depends on having passion, using a critical thinking approach, understanding the legislative process, and being proactive. P6, although she was clearly impassioned about the issue, perceived that she did not have the authority to stop the way restraints were used with her client because it was "policy" and thus felt powerless to advocate for her client. Tannous (2000) refers to individual advocacy as actions that "focus on empowering one person with a disability via the realization or representation of his/her individual rights" (p. 42).

In a study by Sachs and Linn (1997), 12 Israeli occupational therapists with between 3 to 22 years of professional experience were asked to describe when, why, and how they act as client advocates in their professional environment. One of the participants in Sachs and Linn's study, also working in a mental health facility, felt powerless and helpless to advocate for the client. Similar to P6, the participant accepted the injustice of the situation but then chose to focus her interventions on individual clients rather than on the environment. Focusing on client intervention was her way of impacting health care.

This subcategory illustrates the limited power that some of the participants reported having within health care, sometimes at the client level but particularly at the organizational levels.

## **Yin**

### *Making an Impact on the Profession*

When asked about what kind of impact they had on their profession, many of the participants had to pause and reflect. All were able to speak about their roles in direct client care but had not considered their actions as impacting the occupational therapy profession in a meaningful way at this time. After further probing, participants spoke about their actions in impacting the profession in a number of ways. They described linkages with the university or an educational facility in roles such as teaching, tutoring, and precepting; their involvement in research, scholarly activities and further education; and, their role in educating others about the OT profession.

The concept of giving back to the profession through educational contributions is supported by the literature. Jung and Tryssenaar (1998) explored the experiences of clinical preceptors as they supervised and taught student occupational therapists during clinical placements. The preceptors reported a profound sense of pride in contributing to the growth of the profession through the teaching and learning process. In addition, Tremblay,

Tryssenaar, and Jung (2001), in their survey of health professionals tutors, identified that one of their important motivations in tutoring was to assist in the education of future colleagues in the profession.

The participants in this study identified ways they could contribute to the profession by educating students, being involved in research, and writing about their work.

Taking students ... is a huge way to add to the profession because you are helping them to develop and to share your love for it. Because it is always nice to have a great preceptor who likes her job. (P7)

Initiate some research projects that I really think would impact our practice and looking at some measurements ... and really saying let's value what we are doing here and how we are doing it better to service our clients and insure we are providing high quality services that are effective. (P 5)

I think that the program has instilled this funny sense of, "just having to keep moving". It's this perspective that if you have been practicing for 20-25 years and you haven't written about it yet, what value has that brought to the profession? ... It is a sense of responsibility and I actually felt that I lost that sense of responsibility for awhile because I got so overwhelmed by the first few years of practice that I was just trying to keep my head above water. I forgot about it and then I went to [a course in sensory profile] ... [the speaker] instilled in me that sense of responsibility that if you are doing something and not writing about it, it's absolutely folklore. (P11)

An issue related to gender representation within the profession emerged for one of the participants. Occupational therapy is a predominantly female health profession (92.2%) (CIHI, 2008). A male participant spoke of the importance of impacting the profession by giving back to the school as a male role model for students, something he felt was critically needed in the profession based on his own past experiences.

I would love to do the PBT [problem-based tutoring] tutoring ... and all those things that we learned from as a student. I would like to give back to them especially that teaching piece I have always thought of that because I think we could have really benefited from that male role model. I mean we did have some men as tutors or guest speakers but we didn't have that steady person. (P3)

This participant alluded to the high representation by females in the OT profession as a challenge and issue for men entering the field. Over the years, to balance the high representation of women in the profession, recruitment strategies into the profession have

attempted to broaden the appeal to men. Posthuma (1983) states bluntly that “few men enter the profession of occupational therapy and even fewer remain” (p. 133).

Through a questionnaire study of about 1,000 male OTs in the US, Rider and Brashear (1988) developed a profile in order to better understand them for recruitment and retention purposes. Interestingly, they found that these men were younger, and likely to hold a master's degree or doctorate. They came into the profession because it provided opportunities to work with people, job security and availability, and also an opportunity to assume leadership roles. Readman (1992) identifies a number of issues that need attention for the male OT and argues for the need for supportive counselors to assist both student and therapists with the stresses and strains of being in the profession. Turgeon and Hay (1994) surveyed male OTs in Canada and despite a low response of only 21 % identified that a trend exists towards a lower level of satisfaction in those males OTs with less clinical experience (less than seven years). The participants identified that they were more inclined to leave the profession or pursue another career. The above comments from this male participant in my study have some significance and bearing on the need to provide support to male student OTs while in their educational program and to male OTs early in their careers. However, when this theme was raised specifically with another male participant (P10), he identified that the gender issue was an influencing factor more in relation to the nature of the practice than to the OT role itself. He shares his perspectives about working with clients and with other health care professionals.

There are sometimes requests for a male to work with the child [client] because the child is only seen by women, and perhaps will listen to the male [therapist], a young male who can work with him. I get a lot of that. ... I have worked with a lot of different cultures and I think that is a big part of it, whether it is with families from the Middle East or in southern Manitoba, very rural, very traditional. So a lot of times they listened to me because I was male. And in patriarchal communities and upbringings, they listened to me more than they listened to the [female] physician because of me being a male. On occasions I have been told to communicate messages because it is from me. Let's say, if it is me and a speech pathologist working together in southern Manitoba, there have been one or two incidences where I had to take a

little bit of the lead role even if it is communicating some of the speech pathologist roles for that reason. (P10)

He adds that gender shifts within professions are occurring not only within health care professions but in other professions as well.

Coming into the profession, I had an idea that for OT it might not be the most male dominated ... but I also heard that about physio, about medicine or at least going in that direction, maybe fifty-fifty. My sister just graduated from law school and I think fifty-fifty to 60% in that class too. (P10)

Although P10 did not report a need to have a male role model or a need to be a male role model, he did agree that men are under-represented in the profession.

As another means of impacting the profession, all of the participants talked about the need for raising the awareness of the OT role among other professionals and clients. This concept was identified within the Transitioning to Practice category, but it also applies in this section as it relates to the actions that participants can undertake to make change.

Occupational therapy is a profession that works in competition with other professions such as nursing, social work, and physiotherapy, and as such it is critical to keep the profile in the forefront in order to maintain presence and to avoid role blurring (CAOT, 2007a; Strong, 2002). Given that many participants detected limited awareness from others about occupational therapy, they reported that they had the capacity to make a change in this area with team members, clients and the public.

You can bring more awareness to how OTs fit in with the team. ... I know certainly all of us at one point or another works with other physios or social workers, nurses or nutritionists. ... We can vocalize our [skills and benefits] to the clients ... and talking about the similarities and differences and explaining to them how we fit in and what areas we cover in conjunction with the other areas of other professions. .... I think that is how we can impact OT as a profession. (P1)

There was a strong sense of wanting to contribute back to the profession expressed by many of the participants. Hilson (1999) describes this as “giving back,” above and beyond the clinical role, by becoming a preceptor, tutor, and through involvement in professional

associations. Having a professional network can assist therapists to keep abreast of professional practice issues. However, there was some hesitancy for a couple of participants who were not quite sure if they were making an impact. One spoke about her teaching involvement with a community college as one way to impact the profession; however, she did not initially see this as the case in the early part of the interview.

I try to keep links with the university and program. I also teach at the [community college], they have rehab assistant program ... so in that sense I guess it is kind of educating future Rehab Assistants on the role of OT. So maybe it's not really a direct impact or a really big impact but maybe indirectly it is sort of there. (P9)

Another participant acted on his frustrations around limited evidence and treatment options for his clients by pursuing his PhD. He saw this as a way to discover answers missing from the current literature, the profession of OT, and other professions in his practice area. In doing so, he had a broad impact on his profession and health care through active engagement in higher education and research.

When I was in clinical practice, I felt there weren't a lot of answers and I was frustrated about that. A lot of times it was with the kids who none of the professionals could figure out what was wrong and it was a series of trial and errors about what works and what doesn't work for the child. At first I thought it was an OT thing where I thought we were really limited, we don't have a lot of information. Let's say in intervention [because] we are a young profession. But as I worked with speech pathologists and developmental pediatricians, I got this sense that for a lot of these unique cases, not a lot of people had answers ... a lot of [deciding to do the PhD] had to do with just not really being satisfied with the service I was providing the families with. (P10)

It is interesting in the case of P10 that he was able to gain entry to a PhD program without needing to complete a research master's program. Based on his research work, clinical work, and volunteer experiences, he was able to meet the eligibility criteria for admission.

### *Making an Impact in the Political Arena*

Some participants spoke about the graduate credential as enabling a degree of political impact.

We do have a master's behind our name and I think in the world, it does make a difference. It's just having that designation makes a difference, just like a PhD does and MD does. ... I think that designation does help from a political and social level to put ourselves out there. (P2)

I think when [a person] hears you have a master's, say a politician, to say you have a master's does provide the credibility on top of your professional credentials. (P10)

Although client care and service were identified consistently by all participants as the core functions of an occupational therapist, some reported that the profession's viability and value in the future were dependent on ongoing education and individual credentials. P2 stressed that "there is so much competition out there for similar services." The perspectives of the participants support the issues raised by occupational therapy authors who identify the need for the profession to shift to master's level education in order to compete for economic resources and to have an impact in the political environment (Pierce, Jackson, Rogosky-Grassi, Thompson, & Menninger, 1987; Royeen, 1986). The need to situate the OT profession relative to other professions is supported by Allen, Strong and Polatajko (2001), who report that the master's education aligns the OT with other professionals with respect to career path, decision-making and income generation. These concerns are valid as the various health care professions evolve based on political changes and consumer demands. Recently in Ontario, four professions of kinesiology, homeopathy, psychotherapy and naturopathy came under the regulation of the Regulated Health Professions Act (Ministry of Health and Long-term Care, 2007). Although the four professions are not new, government regulations of these four professions are new. As such, the potential for overlapping scopes of practice with occupational therapy can further challenge the existing funding sources and demands for health care services. This competitive position is reflective of the marketplace economy perspective (Gouthro, 2000) as discussed in the previous category, Being a Learner. In the context of this category of Addressing Power, the actual credential—not just the issue of



lifelong learning—was considered the important factor by some participants in situating the profession more competitively within society.

The master's level program was identified in Category Three as a commodity within a marketplace orientation. Within a political context, the master's education served a professional self-interest purpose by gaining recognition from others for the credential, by gaining access and participation to decision-making groups, and by assuming power and influence as an outcome of this process. Another relevant point is the issue of access to a PhD program from a professional master's program. Although only one participant pursued and gained access to a PhD program from his professional master's credential (along with other work and volunteer experiences), this speaks to the possibility that a professional master's may lead to more direct access than originally envisioned. When the professional master's programs were first introduced, it was clear that they were meant to prepare graduates for enhanced competencies in their professional roles and functions. Those who wanted to pursue doctoral studies would likely need to complete a research master's to gain eligibility (CAOT, 2003a). The educational programs were informing the potential students of this limitation for those who were interested in pursuing higher education. University of Manitoba (2007) articulated quite specifically that "individuals with a professional master's cannot move directly into a doctoral program." Baptiste (2001), Assistant Dean of the OT program at McMaster University, earlier stated that "A research master's is required in order to pursue doctoral or PhD studies" (p. 1). The limitation of access to higher education from a professional master degree, however, is changing. The Associate Dean of the PhD Program at McMaster University, School of Rehabilitation Science recently stated that an applicant with a professional master's degree applying for doctoral studies has the potential for eligibility given other evidence of research experience (S. Wilkins, personal communication, November 18, 2009).

In summary, the category Addressing Power explored power in the context of the participants' ability to impact health care, the profession, and the political arena. Some participants struggled with their perceived power (Yin) and powerlessness (Yang), in working with and advocating for their clients in delivering health care services. However, all the participants ultimately seemed to feel that at this stage in their careers, they were able to make the most significant impact at the client level which could in turn influence the organizational system level. Taking on roles in education and research, and further formal education were reported as means to enable some of the participants to have impact or power in their roles as occupational therapists also reflective of the Yang perspective. Some participants reported that the professional master's enabled potential access to higher education which in turn could enable them to have a greater impact on health care. Direct access to a doctoral program was possible for one participant even though this was not envisioned when the programs were originally developed. The participants perceived that the professional master's credential situated them within the political arena to compete for economic resources and decision-making authority.

### **Category Five: Making Informed Career and Educational Choices**

The category Making Informed Career and Educational Choice emerged as I posed more distinct questions related to the graduate education process. Many participants reported that in pursuing graduate education, they were able to make informed choices regarding the profession and type of learning because they perceived that they were older and wiser relative to the time when they entered their undergraduate programs. The subcategory Finding a Fit is described as Yang. In attaining a master's degree as a consequence of their choice, they addressed different levels of recognition for their graduate credential in the work environment which are explained from both the Yin and Yang context. Lastly, some of the participants reported that the master's degree enabled career opportunities and future upward educational mobility.

#### **Yang**

##### *Finding a Fit*

Participants commented on the multiple benefits of the graduate master's education. Their age when entering the program ranged from 22 to 25. Most stated that they were able to make better informed choices going into a graduate degree than they would have been able to do if they had made a professional choice as an 18-year-old. Given that the participants had gone through an undergraduate degree and had some work and life experiences as an adult, they stated that they had an appreciation of their strengths and weaknesses at a more insightful level than when they entered their baccalaureate program. Having more mature students enter the master's programs was perceived as an asset to the profession, as they would bring enhanced existing skills to the educational experience (CAOT, 2003a).

I think as a student I was more mature coming in ... I think if I entered the program at 17 or 18, it would have been different attacking these types of issues so I really found that beneficial to have an undergrad first and then do a master's and then enter the world as an occupational therapist at that point. I just found that it really kind of builds on one another really well. (P2)

[I had] just the time to grow up and decide. (P7)

I came into the master's program a fairly confident person. (P11)

In making their decisions regarding the choice of profession, the determination of "fit" seemed to resonate with many. For these individuals, going into another degree required extra educational time, costs, and commitment. Given the fiscal and emotional investments, they had to reflect carefully on their choices of their future career and educational institution.

When I was in between programs I did a lot of research. ... I looked at my own personality and different professions I might have a fit with my personality. I went and did a lot of job site visits and went and did another diploma so when I came to OT, I felt I had done a lot of personal research about what kind of profession I could take part in that could be of value to me, a part of me rather than just being a job for me. (P1)

It seemed like something I would be good at. It seemed to look at the whole person and so I thought that this would be a good fit for me. (P7)

I've always know that I wanted to work with kids and I think going through teacher's college helped me realize that I don't want to work with them in a whole huge classroom setting. I want to work one on one with them and I guess OT helped confirm that because it gave me an opportunity to try that out. ... I feel more comfortable and more myself. It's a good fit for me and just knowing who I am and how I can relate to people around me. (P9)

I went into OT school already knowing that I loved pediatrics and that it was all my work experience. Ski instructing, swim instructing, Easter Seals camp, Tim Horton camps. Doing all those things with kids, I already really knew it was my passion. (P11)

Although I anticipated cost to be a significant concern in pursuing higher education, this factor was not raised as a major deterrent by these participants; rather it was regarded to be one of a number of factors that had to be considered in their decision-making. The type of education at a graduate level was also an important factor in their choices. At this stage in their lives, most were seeking education that enabled them to have significant academic freedom.

I was drawn to it because I thought that I could get the training to be a professional OT, but also I saw it as an opportunity to learn at a level that would be more than what I had as an undergraduate. I just envisioned that if it was undergraduate

all over again, you're going over the same sort of syllabus; you've got your readings every day, you've got your midterm ... when I thought of a master's, I thought of more academic freedom in how you think independently and work towards your degree, within the capacity of course, your professionalism. (P10)

The concept of the master's opening doors to other professional possibilities was raised by some. The credential enabled mobility in career opportunities and additional choices and eligibility for further education. Access and eligibility to higher education was raised in categories three and four in the contexts of being a learner and addressing power. In this category, the master's degree enabled a degree of flexibility to pursue other career avenues.

Even if I don't stay in OT, although I love OT now, and I am still looking for the exact fit for me ... having the master's degree will open the door if I decide to do something outside of the profession. I think the master's is not just a "degree". It helps when I am thinking of going outside [OT]. (P6)

The credential as a human capital asset is supported by Tomlinson (2008) in a qualitative study with final year undergraduate students. Tomlinson reports that the participants ascribe importance to their higher education credentials to their future labour market outcomes. Also the idea was raised that higher education qualifications opened up opportunities in economic, occupational, and social arenas that might otherwise be limited.

It was important for many of the participants in this study to find a profession and educational program that struck a parallel chord with their educational level, interests, and personality. The goal was not only to find a job but to also find an experience that had personal, educational, and professional resonance. This perspective is supported by the work by Kallio (1995) who surveyed 2,834 admitted graduate students at a U.S. university to determine the factors that influence college choice decisions. Using adult development theory, Kallio suggests that prospective graduate students select the graduate school or program at a particular stage in their adult development that will vary depending on their own unique life circumstances. The effects of their developmental differences are then felt throughout the decision process. The process is a complex one that involves both the life

stage characteristics and actions of the students and the qualities of the institutions in which they enrolled. Additionally, Chickering and Havighurst (1981) suggest that students at different stages in their lives will have differing needs which impact on their educational and career goals. Students will be influenced by age-linked development tasks relating to individual psycho-social needs, interpersonal relationships of marriage and family life, career preparation and maintenance, and the assumption of roles in a broader societal context.

## **Yang and Yin**

### *Being Recognized*

Related specifically to their master's education credential, many participants spoke about a number of benefits such as professional respect and regard as well as having personal pride in achievement. As clinicians, these participants felt a different sense of respect from other team members when sharing that they had a master's education. The credential denoted a certain professional standing.

I find that having a master's, you get a different kind of respect. I don't mean compared to other OTs who have a Bachelor of Science rather than the master's. When you say you have a master's, particularly to the doctors, you kind of can see it in their face like "oh", maybe your job is a little more respectable. (P6)

This participant goes on to reflect on the recognition about the distinctiveness of the master's degree relative to a baccalaureate degree from a peer clinician. The peer clinician provided P6 with an unexpected external validation of the value of her graduate credentials.

The one OT that I work with who's been working for years and years said, "a Bachelor of Science plus experience does not equal a master's. The master's is a master's", and I found that interesting coming from someone without a master's. (P6)

For another participant, the team members who also had their master's made assumptions about his knowledge level based on his credentials and regarded him on a more equal level.

When I was in Manitoba, a lot of the OTs were only bachelors as the [master's program] there just started. The speech paths who had their master's who had been well established there, interacted with me about studies and different things. They felt, I guess that because I had a master's that I might understand or had a better understanding. (P10)

This participant who worked in the private sector reflected on her personal pride in her achievements when she shared her story about her credentials relative to those of her superiors.

This probably is an aside but under your name you have to list all the letters and all your degrees and under my name it has the honors Bachelor of Health Science and then the Master's of Science in Occupational Therapy and it was so long that my boss' name for the insurance company who is the kinesiologist, they had to shrink [the font size of] my credentials because it outdid my boss' who was supposed to co-sign all my reports. ... I felt really proud that I had had all this education and all this [past] experience. It made me feel good ... but then when they shrunk it. (P7)

However on the side of Yin, the experience of P7 highlighted her disappointment with the minimized and inadequate visual representation of her achievements. Although she introduced her thoughts as “an aside,” it was an important issue that clearly bothered her. This interview was possibly the first opportunity she had to express her concerns about how her academic credentials were “shrunk” owing to political reasons within her organization. In her eyes, this also alluded to a lesser level of autonomy and independence than her superior who had in fact, an undergraduate degree. For P7, the degree seemed to illustrate a certain level of knowledge and skill attainment, and additional years of learning that was important for the public to recognize through this type of representation.

One participant spoke further about the public perception of the value of a graduate degree relative to an undergraduate degree in the current climate.

We spoke earlier about American schools that have moved to a master's and I think even now they are moving towards doctorates. ... Because now a days, a bachelor is as common as possibly a high school diploma. I don't know if that's true but it just seems like a bachelor doesn't get you a job if you are coming out of university unless it is in a specialized area. So I think for a common person to look at a credential ... to say you have a master's does provide that credibility on top of your professional credentials. (P10)

It is noteworthy to highlight that from the perspective of working with clients, almost all the participants who worked in the hospital system reported that the credential did not make a difference to the client when performing front line work. Regardless of the credential,

the bottom line for these therapists and their clients was the ability to provide high quality, competent care. These comments are reassuring in that occupational therapists are primarily educated for the delivery of client service and care, whether it be at a direct client level or at a program level.

I never tell people [in the clinical setting] I have a master's education. I just do my job. I get in there and do the role I have to do and all the OTs in the program, I think we are doing the same job. (P7)

I think from a day to day level in a hospital setting, I don't think it matters if we have a master's or a bachelor's. (P3)

[The parent says] "You are a therapist; you are here to see my child. That's all I want to know." (P11)

The need to have front line competency is reflected in a study by Brown and Hesketh (2004) who explored graduate recruitment from an employer perspective. They indicate that employers are looking less to the credential and more to graduates to demonstrate a wide range of personal, performative and organizational abilities as part of their employment. Although their perspective may be due to recruiting the best from a large pool of individuals who have similar qualifications, it also speaks to the importance of individual attributes and competencies. This issue is also reflected in the work by Storm (1990) who did not find a significant difference in the provision of direct client care between the baccalaureate and master's level occupational therapists.

In summary, many of the participants identified that the second degree at a graduate level was seen as a positive experience related to personal fit, career opportunities, and upward educational mobility. They reported that they entered the process with a better understanding of their interests and needs from a career perspective and from an educational perspective. This finding has implications for educational programs in designing and enhancing admissions criteria and processes that reflect an audience that have defined concepts about their career and educational foci. The master's credential entailed recognition



associated with respect and positive regard for some of the participants. The lack of, or minimized recognition was raised by others which speaks to the expectations that the participations may have had associated with the credential. The credential also generated recognition from other health professionals who made assumptions of a higher level of research knowledge and competency. This finding suggests the need to have increased clarity about the performance implications of the professional master's credential.

### **Summary**

In summary, Chapter Four highlighted the five categories along with the respective subcategories that emerged from the data. In all categories, there is a duality of perspectives expressed through the Yang and Yin subcategories.

The first category Transitioning to Practice reflects the duality of the participants' experiences that entail both benefits and challenges. They coped with developing a role for themselves, being responsible for their work and their clients, maintaining safe and competent care, and reflecting on their abilities to meet the expectations of their chosen profession. However there was also a strong awareness in this transition phase that evidence-based practice was a challenge to the profession and that the profession needed to focus on this area of development. This category raised the possibility that there may be common transition-to-practice issues experienced by new graduates regardless of educational level of preparation, an important consideration that has implications for employers in planning the necessary supports for all new graduates entering the field.

In the second category Having Knowledge and Skills for Practice many of the participants identified how their specialized knowledge and skills in the areas of evidence-based practice, theory, and practical clinical skills enabled them to provide a unique and competent service to clients. They reported that this was a critical element that set them apart as occupational therapists from other professions. The strengths in evidence-based practice

and theory, and gaps in practical clinical skills in their education, may be due to the structure and refocused priorities of the master's level education compared to a baccalaureate program as well as the emergence of the trained occupational therapists assistants.

Linked to the second category is the third one, Being a Learner. Although the participants felt that they possessed specialized knowledge and skills, many also reported that it was critical to be a lifelong learner, partly because of their love for learning but also because of their need to keep abreast with ever changing research and new information. They highlighted that self-directed and problem-based learning helped them be lifelong learners. Education in context to their master's credential, was seen as a valuable commodity for current and future practice.

The fourth category, Addressing Power, raised issues related to power at an individual level, at a professional level, and at a political level. Although having power and autonomy within a defined area of expertise are deemed characteristics of being a professional, many participants experienced frustrations at their inability to be change agents. Despite being committed to a calling, being motivated, having specialized knowledge and skills, and being lifelong learners, some of the participants struggled with their ability to have a meaningful impact on their clients, their profession, and the larger society. However, the master credential was reported by some of the participants as situating them in a more strategic position within the political arena to access resources and better decision-making opportunities. The issue of educational mobility to higher education was raised. Direct access from a professional master's degree to a doctoral degree by one participant suggests the possibility of this transition even though this was not previously envisioned.

In the fifth category, Making Informed Career and Educational Choices, at an individual level, many of the participants reported that they had better personal command over their future because they made informed choices consistent with their personal fit and

potential future opportunities. At a professional level, for some, the credential garnered a level of recognition and respect from colleagues, team members, and other professionals. The master's degree appeared to be an asset for some in situating the profession more competitively within a competitive economy and environment and in allowing individual professional mobility by opening doors to other possibilities.

Based on the analysis of the data, Chapter Five addresses the primary question of the study.

## CHAPTER FIVE

### **Integrating Multiple Identities: Discussion**

To set this chapter in context, I return to the primary purpose of this study which is, to explore the emerging identity of the professional master's entry-level occupational therapist.

In this chapter, I discuss the categories in Chapter Four as they relate to the concepts “professions” and of “professional identity”. Using a constructivist lens I take a reflexive stance towards the research process and outcomes. The “Constructivists see facts and values as linked and acknowledge that what they see—and don't see—rest on values.” (Charmaz, 2006, p. 131). Complementing the constructivist view, I use the secondary lens of Feng Shui, by striving to make sense of the data in order to find something of meaning to the participants and to myself from the categories and subcategories. I begin by addressing the first of two questions which frame the study, “What does it mean to be a professional as an occupational therapist?” Five orientations to being a professional are discussed based on the participant data:

- 1) Functions and Traits
- 2) Power Relationship Shift: Client-Centred Practice
- 3) Self-Interest: Professional Power
- 4) Personal Learning Competencies
- 5) Reflective Practice.

The second half of this chapter addresses the second question, “How do professional identities emerge for the professional master's entry-level occupational therapist?” It is suggested that the professional identities are embedded in the participants' understanding of what it means to be a member of a profession. The five categories raised in Chapter Four are revisited and further analysed, integrating the literature on professions and professional identity. The categories are reframed as:

- 1) Transitioning to Practice: New Graduate Identity
- 2) Having Knowledge and Skills: Client-Centred Identity
- 3) Being a learner: Learning identity
- 4) Addressing Power: Power-Based Identity
- 5) Making Informed Career and Educational Choices: Personal identity.

### **Occupational Therapy as a Profession**

The idea of occupational therapists possessing a professional identity assumes and implies that occupational therapy is a profession. As discussed in Chapter Two, occupational therapy in Canada has evolved over the years in the areas of educational preparation, scope of practice, roles and responsibilities, and public awareness (Cockburn, 2001; Coultard, 2002; Friedland, Robinson, & Carswell, 2001). What started as a certificate course in the early 1900s that trained people to be diversional support workers called craft workers or occupation aides (McCordic, 1975) has developed into a profession that provides a specialized service to meet the health care needs of society (CAOT, 2007a).

How professions have been defined has undergone shifts over the years, also discussed in Chapter Two. The early literature on defining a profession focuses on exclusive rights to specialized knowledge and skills, autonomy and services that reflect a “functions and traits” approach (Parsons, 1939, 1969; Schein, 1972). The medical literature more recently provides a redefined perspective with an emphasis on the power relationship between the health care professional and the patient and the social contract obligation (Cruess, Johnston, & Cruess, 2004). Cruess, Johnston, and Cruess take a more patient-centred view of being a professional that considers a “power relationship shift” from the professional to the patient. Other literature addresses professions as coming from a position of “self-interest” whereby professions vie for limited resources within a competitive economy (Gouthro, 2002; Krause, 2001; Krejsler, 2005). Abbott (1988) refers to this interaction

between professions as an “ecology” (p. 33) whereby professions compete and exist within this system for claims of jurisdiction. This concept considers the degree of power one profession may have over others in competing within the system. Krejsler (2005) also notes that health professionals need to develop an increasing number of “personal competencies” in addition to subject-related knowledge and skills because they are required to meet the individualized and complex needs of patients. Cohn, Boyt-Schell and Crepeau (2010) regard occupational therapy as “reflective practice”, and the process of reflective inquiry as integral to the occupational therapy profession. They suggest that the historical evolution of occupational therapy has illustrated this process. Practitioners enter into a collaborative relationship with clients, systematically analyse client problems and goals, and develop solutions to these complex problems. They state that “The very nature of occupational therapy requires that practitioners use multiple strands of professional reasoning to continuously engage in reflection-in and on-practice” (p. 32).

The term “profession” is described using a range of characteristics, with a dichotomous quality within those characteristics. On the one hand, the professional provides an altruistic function to society; yet on the other hand, the professional is driven by self-interest, power, and competition to develop, maintain, and expand services. Occupational therapy developed and evolved with a focus on the functional altruistic position in the beginning years of growth, but in the recent years, I believe that the concept of self-interest and power in the face of a competitive market environment has gradually yet persistently been a factor that has influenced the profession. Occupational therapy professional associations, educational programs, and research communities have developed and evolved over the years and have served to advance OT as a profession.

Exploring participant experiences in relation to the literature on being a professional is an essential component of this study, and I now discuss the literature and participant

experiences related to being a member of a profession from the five orientations: 1) Functions and Traits; 2) Power Relationship Shift: Client-Centred Practice; 3) Self-Interest: Professional Power; 4) Personal Learning Competencies; and, 5) Self Reflection. The fifth concept was not articulated specifically by the participants, but emerged from the data.

### *Functions and Traits*

From the perspective of functions and traits, the participant experiences relate to early writings by Parson (1939, 1969) and Schein (1972) who suggest areas for the definition of a profession. These are: having a strong motivation as a basis for choice of career; decision making on behalf of a client in terms of principles, theories or propositions; having specialized body of knowledge and skills that are acquired during a period of education and training; and, having autonomy of judgment of his/her own performance. At a pre-educational stage, many of the participants spoke about their desire and motivation to enter the field of occupational therapy because it offered opportunities to interact with and help people. Once in the profession, participants expressed their ongoing positive attitude towards working with clients, developing an autonomous role, and in delivering specialized, competent services. The pleasure of being a therapist was evident in all participants' responses, and seemed to reflect their positive entry into their career. Participants indicated they were cognizant of the need to access literature for evidence. Many also indicated that their unique OT knowledge and skills, acquired through their education, provided a base of information on which they could rely in order to fulfill their roles as occupational therapists. Evidence-based practice and theory specific to OT were highlighted by participants as content areas critical to the profession. The element of having unique knowledge supports Mosey's (1985) application of OT as a profession: occupational therapy has a set of philosophical assumptions and beliefs that informs practice. To some extent many of the participants indicated that they had some autonomy of judgment regarding their own

performances. Many reflected on the greater responsibility they now had over their performance particularly with clients. The challenges articulated were frequently related to their ability to put into action what they thought were practices consistent with their roles as occupational therapists. There is a possibility, however, that the new graduates had an idealistically defined idea of what practice entailed in the context of the realities of the work world. Their expectations of what they could do upon graduation from an academic perspective may have been beyond what is possible in the context of the systems in which they work and beyond what is generally expected for new graduates from the national professional association perspective (CAOT, 2007b). However, many indicated the sense that they and they alone were responsible for their actions, which reflects the notion of professional, autonomous practice. It was clear that these participant experiences reflected the function and traits orientation to the definition of a profession. Their identity as occupational therapists appeared strongly linked to their functions in providing a needed and valuable service to their clients and to their motivation to be an occupational therapist.

#### *Power Relationship Shift: Client-Centred Practice*

The perspective of power shift from professional to patient (Cruess, Johnston, & Cruess, 2004) is a concept that has resonance with occupational therapy. In the early years of development, occupational therapy used and followed a medical model approach to service and care (Friedland, Robinson, & Cardwell, 2001). This is not surprising since as an emerging practice, alignment with a model used within an established profession such as medicine provided a structure for further development. The notion of client input and collaboration has been historically part of the practice of occupational therapy. It was not until the 1980s, however, that a model of client-centred practice was developed and adopted nationally within the profession (CAOT, 1983; Law, Baptiste, & Mills, 1995; Sumsion, 2006b; Townsend, Brintnell, & Staisey, 1990). Sumsion (2006a) posits that the client-centred



process requires therapists to surrender power to the client, who ultimately directs the process and has the power. Clients become equal partners in health care in managing their health care needs. Taking a more public and national approach to practice through the development of this model demonstrated a shift away from the medical model in order to create a unique identity and approach to service within the profession. The concept of client-centred practice reflective of the power shift from professional to client perspective was consistently raised by the participants as a core area of focus. They highlighted the struggles to maintain learned professional principles of client-centred practice in the clinical environment. Being unable to implement this type of practice and not having the ability to make decisions on behalf of and in collaboration with their clients were identified as sources of frustration and stress. Many of the participants indicated that they turned to and relied on professional content such as theory and models based on client-centered practice principles to guide their work particularly when struggling with developing new roles and programs. The question raised is whether, in fact saying that one is client-centred translates to being able to be client-centred. Is there a true power shift occurring? From my experiences, there is the perception (mostly from within the profession) that occupational therapists are unique because of client-centred practice compared to other professions. Wilkins, Pollock, Rochon, and Law (2001) in their review of studies on barriers to client-centred practice report that there are many struggles faced by therapists to translate the theory of client-centredness into practice. They found that there was variation in what “client-centred” meant to the therapists—some therapists lacked recognition of the client-therapist power issues, and others felt that they did not have the skills to practice in client-centred ways. Mortensen and Dyck (2006) explored therapists’ experiences with client-centred practice to reveal how power influenced their work environment. They point out that definitions of client-centred practice varied among participants. In addition, Mortensen and Dyck report that the employment setting and institutional expectations, and

health care resources impacted the ability of occupational therapists to be client-centred. As such, practice is shaped by a number of complex interactions both at the client-therapist level and at the institution-therapist level. Although the national occupational therapy association is committed to supporting organizations, therapists, and clients to receive care that reflects client-centred practice (CAOT, 2007a), realistically translating client-centredness to practice appears still to be a challenge for therapists. Some participants reported their own sense of powerlessness in relation to having an impact on health care and advocating for their clients. Consciously working with a power shift mindset may be difficult when they themselves are struggling with the notion of having limited power to enact change within their employment organizations and within the larger health care system. However, from a positive view and from my perspective related to powerlessness, these experiences may enable the participants to have a better appreciation of how powerless their clients may feel when interacting with health care providers. These reflections may help the participants become further committed to enacting practices that are client-centred, and to advocate for changes at a systems level to support client-centred practice.

The social obligation and contract position (Cruess, Johnston, & Cruess, 2004)—an extension of the power shift perspective—is an important one to consider. Cruess, Johnston and Cruess (2004) argue that the accountability the professional has to society needs to be explicit rather than implicit. They propose a definition of the term “profession” that reflects the changing relationship between the profession and society through the inclusion of commitment, social contract, and social obligation. In doing so, the professions and their members are explicit about their responsibility to those served and to society. The concept of obligations specific to occupational therapy is further developed by Freeman, McWilliam, MacKinnon, DeLuca, and Rappolt (2009). Their accountability framework outlines the external context (e.g., regulatory body, client capabilities) and internal context (e.g., self-

imposed expectations) that occupational therapists should consider when setting accountability priorities in order to fulfill their bottom-line roles and do their best. In this study, the participants spoke about their experiences in ways that reflected a desire to provide the best service they could to their clients; however, they did not articulate specifically that their client-therapist relations constituted a social or accountability obligation. From my perspective, there may be a number of possible reasons for this: participants were unaware of the obligation discourses, or participants felt that they did have an implicit obligation to their clients as evidenced through their efforts to be client-centred. Perhaps they did not feel secure in their ability as novice therapists to enter into an obligation orientation when they were still having difficulties in implementing their role particularly in light of the power issues.

As such, the participants expressed strong beliefs and support for the concept of client-centred practice reflective of a power shift orientation even though they reported facing ongoing challenges and barriers to implementation. Their commitment to client care and client-centred practice is important for educators to understand since working with clients is the core business of occupational therapy. Nevertheless, the struggles of these novice therapists in grappling with power issues speaks to the need for more discussion and dialogue within educational programs to help students achieve a greater understanding of the influence of power in client-therapist relationships and institutional-therapist relationships in practice. Educational programs can engage students in strategies beyond the typical client-centred practice education focused on direct client care. Mortenson and Dyck (2006) suggest the following strategies to facilitate client-centred practice which include: 1) examining institutional structures and processes that facilitate and hinder client-centred practice, 2) learning skills to advocate for institutional changes that would facilitate client-centred practice. The concept of social obligation was not explicitly expressed by the participants although their narratives about client-centred practice seem to indicate that they may have felt

an implicit social obligation, and at the very least felt a high degree of responsibility for the clients. The constructs of social contract, social obligation, and accountability obligation may be important to discuss more explicitly with students in educational programs as an extension of client-centred practice.

*Self-Interest: Professional Power*

The self-interest perspective describes how professions position their claims to status and power within a competitive environment (Gouthro, 2002; Krejsler, 2005). Power in this context relates to the environment in which one works. Schein (1972) identifies that a profession is deemed to have power and status in their area of expertise. Participants in this study, however, gave examples of having to cope with their perceived and real limited power with clients and within their organizations. The difficulties related to lack of independent control of decision-making within OT have been raised within the OT literature since the 1980s (Parham, 1987; Rappolt, Williams, Lum, Deber, Verrier and Landry, 2004; Waters, 2000). It is not surprising that the participants identified their concerns regarding their autonomy and how the profession can be advanced to further this autonomy.

The participants used different strategies to advance the profession that included educational contributions, involvement in research, scholarly activities, and further education. At a clinical day-to-day level, many indicated that they contributed to the advancement of the profession by educating others about the role of OT and the profession. One participant brought to attention the imbalance of gender representation within the profession. He reflected on his own individual ability and power to make a difference for future male learners. He along with many of the other participants took steps to help the profession within their capabilities at this stage in their careers. Despite the power issues raised, the participants' emerging sense of autonomy to influence care at the client level, within their

profession and within society was evident in their aspirations to make changes in their daily clinical practice.

Client service appeared to be the core focus of the profession as reported by all participants. It is important to note that graduate education and credentials appeared to be of little to no importance when working with clients. However, the participants also stressed the importance of a master's education in providing opportunities for professional recognition, career mobility, and access to further graduate education. As such, it appears that the self-interest perspective is reflected by the participants in their reported desire for the advancement of the profession and client care and not specifically for their personal gain. With regard to recognition from others, many participants reported receiving respect and recognition for their skills and for their credentials from many levels, including peers, colleagues, and team members. Within a political context, participants indicated that the credential was important for recognition in order to have a voice at higher levels of decision making. Occupational therapy authors have similarly suggested that shifting from a baccalaureate to master's education would affect the political arena with respect to credibility and autonomy (Pierce, Jackson, Rogosky-Grassi, Thompson, & Menninger, 1987; Royeen, 1986). Having a meaningful voice within these levels has implications for positioning for resources and power. The issue of increased recognition and respect through a graduate education program supports Battershill's (1994) findings that occupations upgrade their entrance qualifications and expand their knowledge foundation to gain more autonomy, respect, and power as a profession. In addition to the participants' existing master's credential, continuing or graduate education was perceived as vital to becoming and remaining competitive within the market, particularly when faced with the emergence of new regulated health professions. The participants' experiences seemed to reflect a strong

allegiance and commitment to advancing and furthering the profile and status of the occupational therapy profession within a competitive environment.

The self-interest stance can be perceived as a negative aspect of being a professional, denoting a narcissistic orientation that gives priority to the self and not to others. In the context of the participants, the self-interest perspective can be seen as a way to help further their ability as occupational therapists to change policy and practice at higher levels and thereby benefit the client. Yet, the participants were cognizant of the need to function within a system or “ecology” of professions (Abbott, 1988) that competes for claims of jurisdiction. In Ontario, legal jurisdiction to title and competencies occurred in 1991 when occupational therapy was included in the Regulated Health Professions Act (Regulated Health Professions Act [RHPA], 1991). This was a major milestone for occupational therapy since prior to this time, practice and title were not guided or monitored in any legal way that indicated accountability to the safety and welfare of the public. An example of the self interest position is depicted through the recent initiatives of the College of Occupational Therapists of Ontario (COTO). COTO was successful in lobbying for the addition of the controlled acts of acupuncture and psychotherapy to the scope of practice for occupational therapists (COTO, 2008, 2009). Occupational therapy had never had controlled acts as part of its scope of practice until then. The work by COTO can be perceived as yielding positive outcomes that can benefit client care through the expansion of the scope of practice for the profession. However, it can also be perceived that occupational therapy created a form of “social closure” (Krejsler, 2005) by lobbying for exclusive rights to a field of work.

The experiences of participants raise questions regarding how educational programs address the issue of power with students and how they prepare and educate students to advocate and lobby for the profession. It would be naïve to think that graduates can function without the awareness of being part of a larger system of competing and overlapping

services. As suggested in the previous section, *Power Relation Shift: Client-Centred Practice*, educational programs can have a role in teaching the skills to advocate for institutional changes that would facilitate client-centred practice. Within the self-interest context, educators may consider whether they have a role in ensuring that students have some knowledge of political influence skills to advance and shape the profession through public and legislative bodies. This would further advance the professional agenda of the professional organizations and serve the interest of the profession. Another focus could be to consider Mackey's (2007) position of examining power in relationship to knowledge and self whereby power is seen to be exercised as opposed to owned. Education for professional practice might help students to consider all relationships as power relationships that are linked to knowledge, and one's own perceptions and subsequent actions. Educators would put emphasis on assisting the student to work on their own interpretation of what occupational therapy means for them and for their relationships with others.

From a self-interest perspective, the OT professional association in stipulating the entry-level requirements at a master's level appears to have situated these participants in a position that supports their ability to advance the profession, advocate for client needs, and advance their own professional careers, in part through their formal credentials.

### *Personal Learning Competencies*

Self-directed learning, problem-based learning, and lifelong learning were reported by the participants as essential to expanding and maintaining their knowledge base for practice. Many participants indicated that learning was not only a professional but also a personal responsibility. They frequently indicated finding pleasure in learning from practice in clinical sites, yet they also expressed the need to continue learning in order to maintain their competency. Such participant reflections on being a learner are supported by Frost (2001) who relates lifelong learning to being a professional. Frost suggests that professions are

facing a continuing struggle for legitimacy due to increased public scrutiny with implications for lifelong learning. He sees the role of lifelong learning for the professional as constantly renewing expertise claims and recognizing social change, and adds that social change requires that professionals be reflective practitioners, learning from the new and changing situations they face on a daily basis. Frost (2001) suggests that the pace of change in the development and application of new information and knowledge brings additional and profound challenges for the professional. Professionals need to be involved in the forefront of research and to perceive the work place as a site of learning. Professionals also need to constantly renew expertise claims of professional skills, knowledge and attitudes in light of new research and technical knowledge. Lifelong learning, self-directed and problem-based learning, and reflective practice as personal learning competencies fit with Krejsler's (2005) suggestion that professionals need to be able to cope with the increased demands by society for informed and individualized approaches to care.

The work by Wenger, McDermott and Snyder (2002) on "communities of practice" as an effective knowledge strategy has relevance to the issues raised in this section. Participants indicated that they had formal and informal "communities of practice" while they were in the educational program that included their professional, personal, and institutional communities. Wenger et al. suggest three dimensions that the school can incorporate "communities of practice"; internal, external, and over the lifetime of the student. From my analysis of these dimensions, the participants as students were exposed to internal learning communities based on subject matter, an example of which might be participating in interprofessional peer groups to learn about communication skills in palliative care. Participating in broader external learning communities beyond the school walls might address such aspects as skills training in a local hospital setting with clinicians and real clients. Addressing the lifetime learning needs of students during their program might include discussion groups about



developing communities of practice during their career in their employment sites. Once novice therapists are in practice, ongoing education courses could be offered to ensure that they maintained and expanded their knowledge for competent practice. Wenger and Snyder (2000) state the “economy runs on knowledge” and add that “people in communities of practice share their experiences and knowledge in free-flowing, creative ways that foster new approaches to problems” (p. 140). Their ideas seem to provide a counter-perspective to the views of “professions” with respect to knowledge and learning. The view that professions learn in order to have exclusive rights to knowledge and expertise that set them apart in order to have a competitive advantage for resources would be inconsistent with the idea of free-flowing exchange of ideas suggested by “communities of practice.” The work by Wenger, McDermott, and Snyder (2002) has implications for all professionals who are facing similar problems with expanding and maintaining their knowledge base and competence for practice within the workplace environment. By focusing on knowledge development through “communities of practice,” health care professionals can potentially address the challenge of the knowledge economy in a way that helps them develop their own capabilities.

The comments from the participants in this study indicate that their personal learning competencies have implications for being a professional from the perspective of personal development and fulfillment, personal and professional competencies, renewal and expansion of expertise, and marketplace economy.

### *Reflective Practice*

Although the concepts of using reflection and being a reflective practitioner were not articulated explicitly by the participants, their narratives about navigating their early years of practice suggests that they were cognizant of and practiced reflection. They spoke about the challenging situations they encountered in practice, such as maintaining client-centred practice, limited awareness of the OT role by others, and difficulty in accessing research. The

related what they knew in the area of evidence-based practice and theory and what they did not know in the area of clinical skills. They ultimately developed and implemented strategies to address the situations.

Reflective practice has been advocated in the OT literature as an important means of professional and personal development that can benefit the therapist, client, and community (Cohn, Boyt Schell, & Crepeau 2010; Kinsella, 2000, 2001, 2009). Reflective practice was introduced by Schön (1983) as a concept that involves the individual continuously and spontaneously learning through life experiences to frame and reframe a situation. Across professions, Schön proposes two additional constructs related to reflection and action: reflection-in-action and reflection-on-action. Reflection-in-action and reflection-on-action are processes of thinking about a problem or issue that arises, restructuring ones' understanding of the problem, and inventing new strategies of action to employ in order to make a difference to the outcomes. The former relates to the thinking one does while in the situation and the latter relates to the thinking ones does after the situation has occurred. Although reflective practice is a content area addressed within the university OT program and integrated into the curriculum, teaching methodology, and assignments, participants may not have identified issues related to reflective practice because of the type and direction of questions used within the interview in this study. However, Mann, Gordon and MacLeod (2009) suggest that reflection may not be obvious to learners and that it may also be a tacit or unspoken process in experienced practitioners. Clouder (2000) also contends that although there are models of reflective practice, many professional courses leave students only partially aware of the nature of reflection. The need to draw attention to examine tacit knowledge in practitioners and learners is stressed by Kinsella (2009) as it relates to implications for professional knowledge. Mann, Gordon and MacLeod, in their systematic review of the health professional education and practice literature articulate the importance of

reflection in professional practice for the following reasons. Reflection helps professionals make meaning of complex situations thus enabling learning from experience. Reflection is stimulated by a challenging clinical problem. Finally, learners require structure and mentorship to guide reflection especially in their early stage of learning. Kinsella (2001) adds that “Reflective practitioners recognize and seek to act from a place of praxis, a balanced coming together of action and reflection” (p. 198). Kinsella (2009) also argues, however, that there is confusion in the literature about the concepts surrounding the terms “reflection” and “reflective practice.” She analyses the philosophical perspectives of Schön’s work and that of four other philosophers and proposes five themes central to reflective practice: 1) technical rationality; 2) professional practice knowledge as artistry; 3) constructivist assumptions; 4) significance of tacit knowledge for professional knowledge; 5) overcoming mind body dualism to recognize the knowledge revealed in intelligent action (p. 6). Kinsella summarizes that “advanced understanding of the philosophical underpinnings and epistemological assumptions of the theory has important implications for well-informed scholarly work, for applications of reflective practice in nursing, health, and social care professions and for advancing conceptions of professional knowledge for the good of the patient, the practitioner, the profession and society” (p. 13). She suggests that researchers, educators, and practitioners frame reflective practice in distinct ways that may not consider all dimensions of the theory.

Reflective practice therefore can be viewed as an important and useful approach to assist students and practitioners to integrate new learning into existing knowledge and skills in order to function in changing health care systems. This is an important part of their professional role. The participants in this study appeared to use reflection in dealing with their day-to-day practice experiences even though they did not explicitly say so. However the confusion in the literature surrounding the clarity of the terms “reflection” and “reflective

practice” may be a factor in causing confusion in how practitioners and educators interpret, enact and teach reflective practice. This may have had an impact on how the participants interpreted and understood their experiences in the context of being a reflective practitioner. As well, participants may not have been able to explicate and articulate their tacit knowledge in an explicit manner.

### **Summary**

In summary, this section on Occupational Therapy as a Profession analysed the participant experiences in relationship to the literature, as an occupational therapist in context to a being a member of a profession. In addressing the question, What does it mean to be a professional as an occupational therapist? five areas have been highlighted as important dimensions of being a professional.

- Participant experiences seem to support the orientation of functions and traits. This finding reinforces the notion that occupational therapy has been grounded, since its inception, in working with people to address health problems (Friedland, Robinson, & Carswell, 2001; Hagedorn, 2001).
- Practicing in ways that respect and honour the client-therapist relationship reflective of client-centred practice appears to be central to the practice of the participants. The shift of power from the therapist to the client is a critical part of client-centred practice. The participant struggles with implementation of client-centred practice suggests that as a profession, we have moved towards accepting more broadly, a unique and distinct identity and approach to service.
- The participant experiences seem to reflect the self-interest orientation. Power with respect to the participant’s ability to advocate for client needs, advance the profession, and advance their own professional career may be related in part to the master’s credential. This finding has implications for determining

whether the credential shift has in fact made a difference in educating new graduates who have professional autonomy and greater accountability for practice decisions as proposed by the professional association (CAOT, 2003a).

- The participant experiences seem to reflect the need for personal learning competencies that can sustain them over time within their careers. These learning competencies include lifelong learning, problem-based learning, and self-directed learning.
- Reflective practice, although not articulated by the participants, may be the thread that helps them assess, understand, and reframe their practice issues as a professional. Reflective practice may be a tacit aspect of their professional work.

Some possible outcomes may be considered in light of this analysis.

#### *1) Client-Centred Practice*

- Educational programs can engage students in learning additional strategies related to systems to facilitate client-centred practice including, 1) examining institutional structures and processes that facilitate and hinder client-centred practice and, 2) learning advocacy skills that may promote institutional change (Mortenson & Dyck, 2006).
- The constructs of social contract, social obligation, and accountability obligation may be important to discuss more explicitly with students in educational programs as extensions of client-centred practice.

#### *2) Self-Interest and Power*

- Educational programs may consider whether they have a role to play in educating students on knowledge of politics to advance and shape the profession through participation in public and legislative bodies.

- Education for professional practice can address helping students to think about all relationships as power relationships that are linked to knowledge, and one's own perceptions and subsequent actions (Mackey, 2007).

### 3) *Knowledge Communities*

- Addressing the lifetime learning needs of students, critical to managing the knowledge economy, could include introduction and exposure to the concepts of “communities of practice” (Wenger, McDermott & Snyder, 2002) for learning related to future practice needs. Discourses of lifelong learning, self-directed learning, and problem-based learning are already prevalent in the curriculum within this study site and among participants and can be utilized and applied within knowledge communities. As practitioners, the concept of “communities of practice” could be seen as continuing to be applied through lifelong learning in their employment sites and through ongoing education courses to ensure that knowledge for competent practice is maintained and expanded.

### 4) *Reflective Practice*

- Educational programs and practitioners may consider rethinking and further analysing their philosophical underpinnings of reflective practice. For educators, this may promote development of clear and specific educational strategies within their curricula to help students interpret and better understand their actions as future reflective practitioners based on these underpinnings. Making reflection explicit may be one imperative for professional practice.

## **Professional Identity**

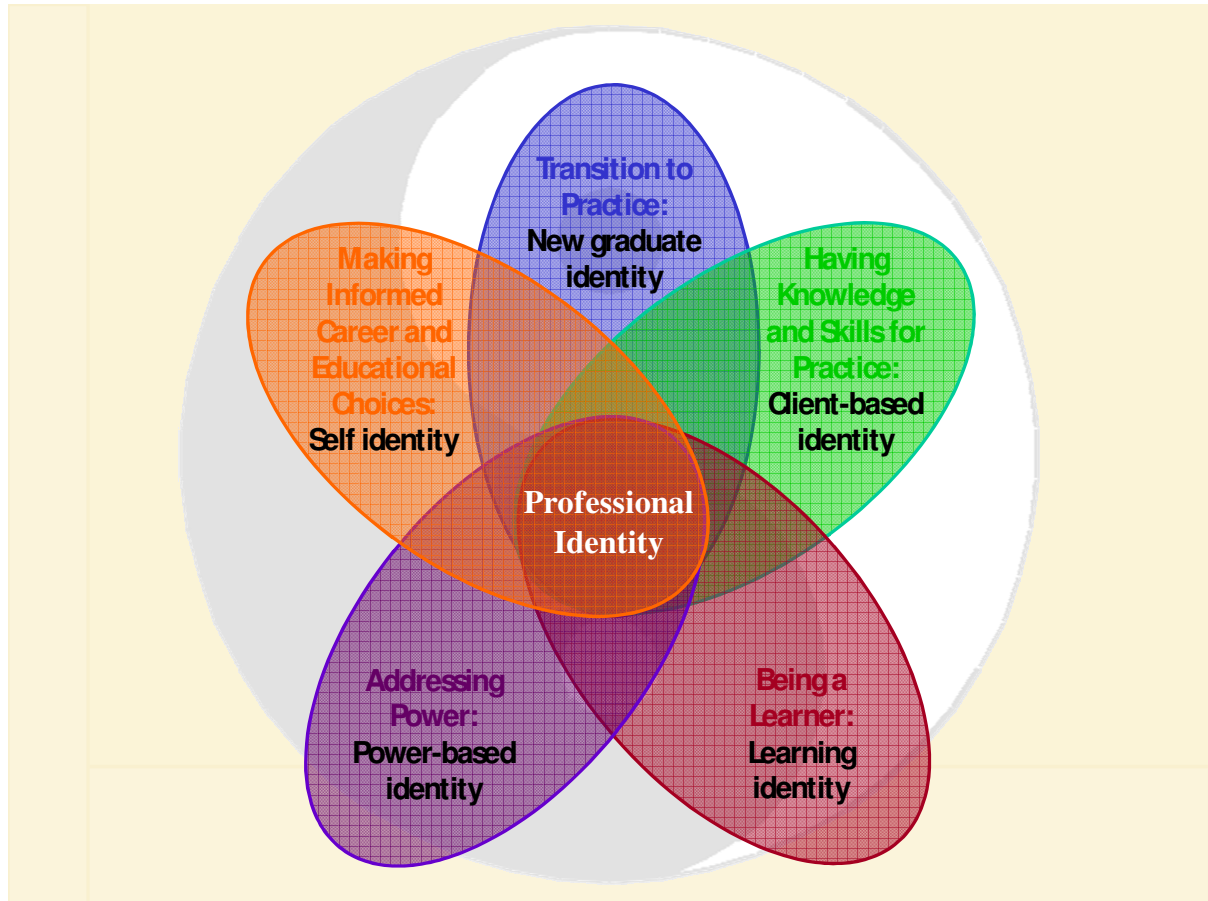
As discussed in Chapter Two, professional identity can be described as the attitudes, knowledge, beliefs and skills that are shared with others within a professional group and

relate to the professional roles undertaken by the individual (Adams, Hean, Sturgis, & Clark, 2006; McGowen & Hart, 1990). Professional identity, as one form of social identity concerns group interactions within the work place and the ways in which people compare and differentiate themselves from others (Schein, 1978). As such, the professional identities of the participants are embedded in their understanding of what it means to be a member of a profession. The five categories reframed from Chapter Four are:

- 1) Transitioning to Practice: New Graduate Identity
- 2) Having Knowledge and Skills: Client-Based Identity
- 3) Being a Learner: Learning Identity
- 4) Addressing Power: Power-Based Identity
- 5) Making Informed Career and Educational Choices: Personal Identity.

Figure 2 illustrates the reframed categories.

Figure 2  
Professional Identity





### **Transitioning to Practice: New Graduate Identity**

In Category One, Transitioning to Practice, the participants reported on their experiences that reflected both positive opportunities and challenges. They spoke of developing a role for themselves, being responsible for their work and their clients, maintaining safe and competent care, and reflecting on their abilities to meet the expectations of the profession. However there was also a strong message articulated by many of the participants that in the transition phase, evidence-based practice was a challenge to implement and that the profession needed to focus on this area of tension in practice. In the analysis of these findings with the literature, it was found that transition-to-practice issues by new graduates regardless of educational level of preparation are widely documented in the literature (Foster-Seargeant, 2001; Leonard & Corr, 1998; Rugg, 2002; Sweeney, Nicolls, & Kline, 1993; Tryssenaar & Perkins, 2001). This important finding has implications for employers in planning the necessary supports for new graduates entering the field. From the above discussion on Occupational Therapy as a Profession, the participant transition to practice experiences seemed to be consistent with the four dimensions highlighted in the literature of providing an important function and service of society; practicing client-centred practice; advancing the profession to others; and, developing and maintaining personal learning competencies.

The participants' responses suggested that they were socialized into the profession through an educational program with the goal to prepare students to be occupational therapists with the knowledge, skills, and professional behaviors to practice in the emerging realities of the health care system. The university OT program purports to graduate individuals who will be 1) autonomous, independent practitioners, 2) members of interdisciplinary and multidisciplinary practice teams, 3) critical consumers of research-based information, 4) leaders in their chosen profession, and 5) lifelong learners. The framework

proposed by Weideman, Twale, and Stein (2001) suggests that students develop a professional identity through an extensive socialization process. Through this process, students develop a new graduate identity grounded within the educational program experiences. However, upon entry to practice in this study, participants in this study reported challenges in being able to implement what they learned in school given the realities of the practice setting.

The dissonance between new graduate identities and the expectations of the employment setting are discussed in the literature. Hamilton (2005) proposes that for many new graduates, the transition from nursing student to professional practitioner is marked by conflict and tension. Hamilton reviewed a discourse construction between two new graduates to explore their graduate professional identities. She suggests that the educational preparation constructs the new graduates as knowledgeable practitioners able to make independent decisions within the constraints of their knowledge and experience. However, this position is tempered and constrained by the health service whereby the new graduates are constructed as functional, efficient organizational operatives providing a service. The new graduates are concluded to have multiple dissonances in their first employment which stem from differing constructions of new graduate identity within educational discourses. Hamilton (2005) recommends that a better understanding of this tension from both the education and service sectors can result in new ways of preparing and introducing the health care practitioners to the workplace. The participants in this study confirmed this and reported on their challenges and struggles with implementing practice expectations and ideals. What is uncertain, however, is whether their expectations and ideals as master's entry-level graduates are different from individuals graduating from professional programs in general. In light of these findings, related to professional identity, the following are suggested:

- educational programs can be more cognizant of the construction of professional identity based on the educational experience
- educational programs can prepare the graduates for the potential tensions related to the reconciliation of their new professional identities with the expectations of the employment settings
- employers should ensure that new graduates have support and mentorship systems available to help them reconcile their new professional identities with the expectations of the employment settings recognizing the potential tensions that can ensue.

### **Having Knowledge and Skills: Client-Based Identity**

In Category Two, Having the Knowledge and Skills, many of the participants reported that they had the knowledge and skills and personal competencies to provide a specialized client service. They articulated that having this knowledge and skill enhanced their profile with others, including their own professional colleagues. Evidence-based practice and theory specific to OT were highlighted by many participants as content areas that were critical to the profession. Although the lack of proficiency in direct, hands-on clinical skills was an area of concern for most of the participants, this concern also motivated them to pursue further learning to redress the problem. Many of the participants reported having a high level of personal expectation to be able to provide quality, competent client care upon entry to practice. From the discussion on Occupational Therapy as a Profession, the importance of having knowledge and skills is threaded through the professional orientations related to: functions and traits whereby unique services can be offered; self-interest whereby power and status is based on area of expertise, and; personal learning competencies whereby learning is associated with continued competence.

Related to group-based social identity (Brewer, 2001), the participants' possession of knowledge and skills may be seen as the common tie that allows entry to and facilitates their ongoing membership within the profession. Participants gain these knowledge and skills initially through their educational program as their first step into professional membership. Upon graduation they need to be eligible for licensure partially through the successful completion of a national exam developed by the national association and endorsed by the provincial regulatory bodies (COTO, 2009). This is another step into professional membership.

The role of the educational program in shaping professional identity, through knowledge and skills acquisition is significant. Beauchamp and Thomas (2009) state that the educational program is the ideal starting point for fostering an awareness of the need to develop an identity as well as the recognition that shifts will occur in that identity in the future. Weideman, Twale and Stein (2001) stress that formal and informal knowledge learned throughout one's educational program ultimately influences and leads to the development of a professional identity. Weideman, Twale, and Stein conceptualize the socialization framework whereby learners develop an identity and commitment to their professional roles not only as an outcome of the education but throughout the socialization process. Professional graduate students experience processes that reflect their chosen profession, the structure and sequence of the academic program, and the university setting. Students learn about the expanding knowledge in the field of study, changing global trends, and societal demands for highly skilled professionals (p. 7). Weideman, Twale and Stein suggest that the university professional program has the most control over the knowledge acquisition, investment and involvement stages. The participants in this study reported on the importance of their knowledge and clinical skills acquired from their educational program and their investment

into the development of their own capacities to become a professional in a chosen field.

These elements appeared to help them develop and manage their clinical practice.

Given that acquiring knowledge and skills within the educational programs appears to be one critical part of professional identity development, the nature of the content and how the content is delivered by the educational programs are important to consider. The structure and educational pedagogy of the master's program determines what knowledge and skills are taught and how this is done. Most of the programs in Canada are shorter than typical baccalaureate programs (ACOTUP, 2005) which may impact what realistically can be addressed in an educationally sound way. With respect to content, the increasing emphasis on evidence-based practice over the years for the profession (Cusick & McCluskey, 2000) has influenced the educational programs to refocus the priorities in this direction. This is reflected in a new standard of scholarly activity and research added to the 2005 Canadian academic accreditation guidelines as a means to support the use of evidence in education (CAOT, 2005). The possible decrease in emphasis and time on teaching practical clinical skills may be due to the challenges of program length but also may be a response to the emergence of well trained occupational therapists assistants who are skilled in the technical aspects of occupational therapy services. Many of the participants reported client care as providing them with satisfaction and pleasure and as being the focus of their role. If graduates are being educated with a high emphasis on certain content such as evidence-based practice and less on direct clinical skills, how might they see their future role and identity as an occupational therapist? Will they be as satisfied with work opportunities that have less direct client engagement? As such, the master's education may result in graduates whose knowledge and skills are reflective of factors such as program structure, emphasis on content reflective of current academic accreditation guidelines and professional trends, and the emergence of well

trained occupational therapists assistants. As educators, we may need to consider how professional identity is developed in relation to these factors.

The participants in this study reported and stressed consistently that having knowledge and skills is important to their ability to provide client care. Occupational therapy is in the business of working with clients at an individual, group or organization level (CAOT, 2007a). Much of the OT literature stresses that our professional focus and approach are client-centred. Models of practice, assessment and intervention strategies, and clinical protocols and pathways are designed based on these concepts (Sumsion & Law, 2006). From a legislated perspective in Ontario, the Occupational Therapy Act (1991) identifies the primary scope of practice of an OT as providing direct client care. As discussed in the earlier section of this chapter on professions serving an important function, the client was consistently identified as central to the work of all of the participants. They reported choosing the profession based on the opportunity to work with and to help people. Once practicing, this was also the area that gave them satisfaction and the area in which they reported that they could make the most impact. Being able to provide client care is supported by Fagerberg and Kihlgren (2001) as one key aspect of an individual's professional identity in the field of nursing.

Toal-Sullivan (2006) studied the professional transition of six Canadian occupational therapists in the first year of practice and found that the relationship between therapist and client is valuable to professional identity development. The study reported that positive, rewarding, and memorable experiences with clients reinforced the reasons why participants chose to be occupational therapists. Toal-Sullivan recommends that clients become mentors within the educational curricula, recognizing their critical role in learning and professional identity development for the student occupational therapist. The importance of the client-therapist relationship reported by the participants reflects Brewer's (2001) description of

relational social identities. For the participants, the occupational role relationships with the clients appeared to influence the development of their sense of self.

In summary, many of the participants reported that having knowledge and skills were important to their ability to provide specialized client service as a professional. Their professional identity appeared to be developed and instilled in part through the knowledge and skills acquired during their educational program. Ongoing positive client-therapist relationships developed in practice appeared to furthermore strengthen and reinforce their professional identity development.

In light of these findings, related to professional identity, the following are suggested:

- curriculum content and educational pedagogy within educational programs may influence professional identity development
- providing competent, evidence-based, client-centred care appears to be important to professional identity
- establishing positive, client-therapist relationships can be valuable to professional identity development

### **Being a Learner: Learning Identity**

In Category Three, Being a Learner, the importance of being a lifelong learner is presented in two ways: from a personal level for pleasure and enjoyment, and from a professional and economic level to maintain competence. This category is closely linked to the one on Having Knowledge and Skills, whereby competence is maintained through lifelong learning. Using self-directed and problem-based learning as valuable tools in context to their master's entry-level program is seen as a commodity that allows greater success for survival within a competitive work environment. It is suggested from the discussion on Occupational Therapy as a Profession, that addressing the learning needs of students, could include introduction and exposure to the concept of communities of practice (Lave &

Wenger, 1991; Wenger, McDermott & Snyder, 2002) for learning related to future practice needs. As practitioners, the concept of communities of practice could be seen as continuing to be applied through lifelong learning in their employment sites and with colleagues and through ongoing education courses to ensure that knowledge for competent practice is maintained and expanded.

The need to be a lifelong learner reported by many of the participants during the early years of professional practice is supported by the findings from Flores (2006) who studied a cohort of novice teachers over the first two years of practice. She reports that the novice teachers referred to their first year of teaching as a learning experience in itself. The teachers had to participate in an ongoing and intense process of learning in order to cope with their new roles and tasks, and to make decisions on their own. This learning process led them to revisit, challenge, and reinterpret their beliefs about the profession about their professional identity.

The concept of communities of practice has relevance to this category with respect to the development of professional identity for learners both within the educational programs as students and within practice settings as practitioners. Related to student education, MacDonald and Isaacs (2001) report the potential of a problem-based learning (PBL) course to facilitate professional identity development in student teachers. Problem-based learning focuses on small group learning to provide a context for learning, uses relevant field problems to stimulate and motivate deep learning, recognizes and values prior student experiences, and encourages learning for understanding (Saarinen-Rahiika & Binkley, 1998; Sadlo, 1997; Schmidt, 1983). MacDonald and Isaacs implemented a PBL course during the final semester of the program and discovered that the students through the use of relevant problems became active participants in two social communities: tertiary students and neophyte teachers. They suggest that the course became a continuation of the student's



participation in the professional world of teaching, and a vehicle for the negotiation of their emerging professional identities. These authors also suggest that the concepts of legitimate peripheral participation in communities of practice (Lave & Wenger, 1991) can be used to explain how PBL can enhance the students' sense of professional development. Lave and Wenger (1991) propose that newcomers to a community of practice become acquainted with the language, vocabulary, and tasks through their peripheral participation. MacDonald and Isaac report in their study that in teacher education, the community of practice is in the school setting and that teacher education programs can assist the students to move into this professional community from a peripheral position if it accounts for the community in its content and pedagogy through PBL. The participants in this study were educated in a program designed on the principles of PBL. As such, the findings and literature provide some support for the use of PBL framed in a community of practice context, as an educational strategy that can facilitate professional identity development. Related to professional practice, Andrew, Tolson and Ferguson (2007), suggest that the communities of practice can be a potentially useful practice strategy for constructing work based collaborative learning for nurses. They state that this approach can help the profession to develop and manage new knowledge and emerging practice through engagement with local and professional groups and communities. Although Andrew, Tolson and Ferguson do not claim that communities of practice can facilitate professional identity development, they do purport that the potential is created for collaboration between academics and practitioners to challenge and change practice. Learning and working together in a unified manner for a defined purpose can be seen to be a form of group-based social identity whereby the individual regards the self as part of a more inclusive social unit (Brewer, 2001). According to Wenger, McDermott and Snyder (2002), individuals are motivated to join a community of practice to develop a sense

of identity and belonging. Learning arises out of community participation and evolves over time through engagement and collaboration.

Some of the participants regarded learning tools as useful commodities to help them survive within a competitive work environment. Wenger (1991) argues that learning identities are embroiled in the process of “commoditization” (p. 65) which can diminish the possibilities of sustained development of identities and mastery. He suggests that it contributes to the devaluation of the individual persons’ knowledgeable skill by comparison with the value of knowledge as a commodity. Commoditization of labour implies the detachment of the value of labour from the person, and is excised from the construction of personal identity. At the same time, some participants reported that they were learners because they regarded it as a personal responsibility, emphasizing learning that is internally driven. Wenger, McDermott and Snyder (2002) regard knowledge as social and dynamic, and suggest that it lives in the human act of knowing. Communities of practice may be seen as the social structures that help individuals manage knowledge. By recognizing the shared responsibility of practitioners to generate and share knowledge, these communities provide a social forum that supports the living nature of knowledge. An important point that these authors raise is that the concept of community does not imply commonality and homogeneity. The long-term interaction does create a common history and identity as well as encourages differentiation among members. Each member develops a unique individual identity in relation to the community. This point has potential links to Brewer’s (1991, 2007) Optimal Distinctiveness Theory whereby an individual desires to attain a balance of assimilation and distinctiveness within and between social groups. Brewer hypothesizes that social identity and group loyalty are strongest when individuals categorize themselves in situations where they have a simultaneous sense of belonging and distinctiveness.

The concept of balancing the need to be the same and to be different has relevance to interprofessional education which is described as two or more professions learning from and about each other to improve collaboration and the quality of care (CAIPE, 1997). D'Amour, Beaulieu, Rodriguez, and Ferrada-Videla (2004) refer to the determinants of collaborative practice that involve having knowledge about one's own role and each other's roles, a willingness to work together, and mutual trust.

Some of the participants in this study reported the importance of using their learning tools to keep abreast of knowledge in order to maintain competency. This would in turn allow greater success for survival within a competitive work environment. Yet some of the participants also regarded learning as a personal responsibility. Thus, learning appears to be important to acquiring the necessary knowledge and skills for practice. The participants' strong commitment to lifelong learning may address the challenges related to covering appropriate knowledge and skills within a condensed master's program and to help them keep abreast of changing knowledge. Developing a strong learning identity while in the educational program and fostering this learning identity while in clinical practice may be a focus for the profession in dealing with the knowledge economy.

Considering the literature from Wenger et al. (2002) and Brewer (2007), perhaps there is a potential to reframe the way that students from professional programs and professional practitioners regard learning. Considerations include: understanding the need for a knowledge strategy within a knowledge driven market, learning and sharing knowledge in a dynamic and shared process, and, recognizing the value of being the same and being different within a learning community. This might provide the new graduates with a way to approach their lifelong learning, although bounded by core knowledge requirements, could also be developed and found within their many social environments.

In light of the findings, related to professional identity, the following are suggested:

- learning appears to be linked to the acquisition of knowledge and skills, important to the provision of competent, evidence-based, client-centred care
- learning appears to be needed to help novice therapists cope with their new roles and decision-making responsibilities which contribute to the construction of their professional identity
- problem-based learning may have potential for the facilitation of professional identity development
- communities of practice (Wenger, McDermott, & Snyder, 2002) is a learning concept that may be used to promote professional identity development within the educational programs and within professional practice

### **Addressing Power: Power-Based Identity**

In Category Four, Addressing Power, making an impact on health care directed at client care and making an impact on the profession are discussed. Related to impact on client care, some participants reported that they were challenged in their ability to be change agents and client advocates in light of the limited scope of their power to have an impact on their clients. Related to the impact on the profession, participants described power in terms of making an impact on the profession through such activities as linking with the university or educational facility as a teacher, tutor, preceptor, and being involved in research and scholarly activities. A gender specific issue emerged with one male participant who spoke of wanting to be a role model to other male students in a female dominant field. Furthermore, some of the participants reported that they could make an impact on the profession through the political arena in part through their credential. The master's education was reported by many participants to provide opportunities for access to higher education and research opportunities. One participant who was enrolled in a PhD program reported that higher education and research enabled him to have some influence in the limited evidence on health

care interventions. The experiences of this one participant who was granted admission to a doctoral program from a professional master's degree suggests that direct access is possible. In the discussion on Occupational Therapy as a Profession, it was pointed out that educational programs might benefit from considering whether they have a role to play in educating students on knowledge of politics to advance and shape the profession through participation in public and legislative bodies. As well, education for professional practice can potentially help students think about considering all relationships as power relationships that are linked to knowledge, and one's own perceptions and subsequent actions (Mackey, 2007).

Sumsion and Law (2006) identify that understanding the influence of power is critical to the ability of occupational therapists to implement authentic client-centred practice. As discussed in the section on Knowledge and Skills, providing competent, evidence-based, client-centred care appears to be important to the participant's professional identity. Ultimately, it appeared that the participants wanted to make a difference to their clients through the provision of care, and to their profession through the provision of education and research involvement.

The relationship between many of the participants and the other professions within their teams seemed to shape their understanding about their own roles and identity. Schein (1978) states that professional identity is concerned with group interactions within the workplace, relating to how people compare and differentiate themselves from others. All participants worked hard and sometimes struggled to develop a role unique to occupational therapy in context to other team members. Some of the participants reported the need to claim jurisdiction over the work not only in the present but in the future through advocacy and additional education and credentials. Functioning within a larger system of health care providers is a dynamic process and Abbott (1988) states that, "professions constitute an interdependent system. A move by one inevitably affects others" (p. 86). He adds that

professions cannot occupy a jurisdiction without fighting for it. Clousten, Whitcombe, and Steven (2008) suggest that the professional identity and value of occupational therapy are challenged by the viewpoints of other more powerful and established professions. They posit that the area of expertise for occupational therapists has still not been clearly articulated in or beyond the professional boundaries and raises questions related to the validity of occupational therapy as a profession. Although occupational therapists focus on client occupations as the primary area of jurisdiction, the term and meaning of “occupation” changes in relation to social and cultural influences (CAOT, 2007a). One of the challenges to practice identified by many of the participants in this study was the limited awareness of the OT role and the need to provide education both to their clients and to other health care professionals about the role. This seemed to be a necessary part of their job at all levels in order to inform their clients of what their involvement would entail, to inform other team members of their contributions to the health care process, and to inform other organizations and groups—in essence, to advocate for the occupational therapy profession.

Some participants reported that the master's credential provided them with some recognition from team members and other professionals related to higher education and expertise. As discussed in Chapter One, the decision by the Canadian Association of Occupational Therapy (CAOT) in 2002 to require a master's for professional accreditation in the future (CAOT, 2002a) was both a responsive and visionary decision that would prepare occupational therapists with skills to advance excellence and expertise in clinical practice and research activities (Coulter, 2002; Polatajko, Polgar, & Cook, 1999). Gaining recognition as a result of the credential is a potential application of the social identity theory, whereby an individual's self-concept is derived from the social relationships and social groups in which she or he participates in (Brewer, 2001). As a lower status group, the potential for overlapping services from emerging and existing professions causes some threat to the

occupational therapy profession. The participants' identification with being a member of a profession, and with being part of a group that has attained a certain level of education can be reflective of a collective identity. Brewer (2001) suggests that collective identity represents an achievement of efforts above and beyond what each individual has in common, which can be important when interfacing with the political environment. Having a strong identification and allegiance to a group can promote solidarity in redressing grievances at this level (Brown, 2000). Related to social identity theory, it is possible to suggest that a master's credential situates participants in a place that affords them some identification with a group that is recognized for knowledge and skills associated with higher education. This recognition from others, notably professions that are more established and with more power, can result in the occupational therapy profession being regarded in a more powerful position. As discussed in the self-interest orientation of professions, the OT association in stipulating the entry-level requirements at a master's level appears to have situated members of the profession in a position that supports their ability to advance the profession, in part through their credentials.

With respect to the one participant who was granted admission to a PhD program, the recognition of his master's credential from a higher education educational institution, along with additional work experiences enabled access to a PhD program even though this was not originally anticipated by CAOT when the credential shift occurred (2003a). Although this situation is related to only one participant it does speak to the potential of the professional master's credential in providing access to higher education.

However, it is important to note that recognition alone is insufficient to make a difference within the work environment. Educational programs may consider providing education on specific knowledge and skills related to power. Griffin, (2001) suggests the following: 1) being comfortable with the concept of power and developing and exerting influence; 2) being able to function effectively in the political climate in which they work, 3)

being assertive; 4) having negotiation and conflict resolutions skills; 5) having skills to influence decision making within the health care team (p. 27).

Many of the participants in this study reported a strong commitment to give back to the profession by such as being tutors, community resource persons, preceptors, and research participants. This desired connection was also evident in the many positive responses I received from the participant pool to assist with my study or simply to maintain contacts with the university. One male student spoke specifically about his desire to be a male role model to other male students in the professions. This raises the issue of occupational therapy as a predominantly female health profession and the degree to which the professional identity of occupational therapists is influenced by gender. Questions arise related to how gender in occupational therapy impacts professional autonomy and power relationship between professions. This issue certainly warrants further research to explore the possible differences in professional identity based on gender. Nevertheless, many of the participants both men and women, reported wanting to continue the relationship with the program upon entry to practice in new and redefined roles. Their contributions seemed to be important to their role as an occupational therapist. Given that the process of identity development is dynamic and undergoes constant shifts, the role of the educational program for alumni in furthering this development may be an area that can be explored. Giving back to the profession as alumni or as members of the profession appeared to give participants some power within their roles. This in turn can reinforce their role as occupational therapists and possibly the development of professional identity.

In light of these findings, related to professional identity, the following are suggested:

- the professional identity of a profession appears to be influenced by viewpoints from other more powerful and established professions



- educational programs can incorporate education related to power within the curriculum
- giving back to the profession through participation in education and research activities appears to be a way to have some power within one's professional role.

### **Making informed Career and Educational choices: Personal Identity**

In Category Five, Making Informed Career and Educational Choices, the benefits of the graduate education were identified as: finding a fit between their personal needs and career choice; finding a fit between their personal needs and graduate educational program, and; being recognized for their credential.

The personal orientation and needs of the participants appeared to play a significant role at a pre-educational level. All participants expressed the need to choose a career that had a strong fit and resonance with their sense of self. The significance of this perspective is illustrated by one participant who stated that, "My background and my experience have guided me in this direction rather than my job, in changing who I am" (P7). All participants reflected on what the profession could bring to them and also what they could bring to the profession. At the same time, many were realistic and pragmatic and considered employment opportunities and future mobility when choosing a career. They articulated expectations about the type and quality of work that they anticipated would bring personal satisfaction after graduation. Many of the participants also expressed expectations about the type and quality of education that a graduate program would entail.

The importance of pre-educational identity, orientation, and disposition in the development of professional identity is addressed in the literature. Roberts (2000) suggests that personal identity exists before the individuals enter the profession. Issues such as age, gender, ethnic identity, and life experiences have taught the students ways of looking at the

world in which they live. She adds that prior experiences, socialization within the educational program, and work as a professional all combine to develop the understanding of how individuals behave. These elements merge into a professional identity that develops and change over time. Schepens, Aelterman, and Vlerick (2009) in their study of student teachers' identity formation reinforce the concept that both the individual self and the educational programs play an important role in professional identity development. They refer to the intersection between the individual and the educational program as the tension bridging two points of view between the self and the educational program: "being born a teacher and becoming a teacher" (p. 361). The individual's personality traits, demographics, and past experiences, and the educational preparation context are considered important factors in professional identity formation. The findings from a study by Schepen, Aelterman and Vlerick (2009) seem to support the notion of finding a fit between one's personal orientation and the professional program, as reported by the participants in this study. The importance of personal orientation is also reflected in studies by Fagerberg and Kihlgren (2001) and Clouder (2003) who identify that pre-educational orientation and individual agency are powerful considerations in the development of a professional identity. Health care professionals bring their paradigm of life to their educational programs and to their work. Self is also stressed by Mackey (2007) as a critical aspect of the creation of a professional identity for occupational therapists. Instead of looking for an identity through role descriptions and professional organizations external to the self, she argues that each occupational therapist should interpret and find meaning about what practice entails at a personal level. Weideman, Twale and Stein's (2001) framework on professional socialization includes a pre-education, anticipatory stage which considers the prospective student's background and predisposition. Undergraduate education, work experience and gender, and predispositions such as career aspirations, values learning styles and beliefs influence the

socialization process. Their framework gives significance to the individual differences and group commonalities of students prior to entering the educational program. Related to disposition, many participants in this study frequently articulated their goals to exemplify such qualities as compassion, commitment, confidence, and competence in their work. Such qualities are suggested by Fagerberg and Kihlgren (2001), and Ohlen and Segesten (1998) as important personal attributes of an individual's professional identity. The significance of individual, personal identity and orientation are consistent with Brewer's (2001) person-based social identity theory, which proposes that an individual's self concept derives from the social relationships in which the person participates. Based on Brewer's conceptualization, it is suggested that at a pre-educational level, the participants in this study had self-concepts that developed through socialization processes in their educational and work experiences, prior to entry into the master's level educational program. As discussed in the earlier section, *Being a Learner*, participants may have developed to some extent a learning identity based on their previous experiences. During their education and post education, their self-concept evolved through ongoing interactions with their environment.

In light of these findings, related to professional identity, the following are suggested:

- student pre-educational identity, orientation, and disposition related to personal self identity appear to be important to professional identity development
- educational programs may consider exploring values and beliefs of students with those of the profession within the curriculum

### **Reflective Practice**

As discussed in the introduction, I suggest that reflection may be the threaded skill that participants used to help make sense of their experiences through the five categories.

Reflective practice is discussed in the literature as an important aspect of professional practice offering a means to think about knowledge acquisition, development, and generation

from a pre-licensure level to practice level. Cohn, Boyt Schell and Crepeau (2010) posit that reflective inquiry is “embedded in any aspects of professional life, from pre-professional education, to credentialing and as an ongoing part of continuing competency” (p. 140). With respect to knowledge and skills, Bannigan and Moores (2009) suggest that reflective practice and evidence-based practice are two key skills that shape the way occupational therapists think. They add that when used together, they can provide a powerful skill set to enable occupational therapists to respond to the service challenges faced in practice. With respect to learning, Williams (2001) report that nursing students exposed to problem-based learning, developed the ability to be reflective in their learning. The concept of communities of practice as a learning network that can expand professional roles to include and promote collaborative reflection is supported by Wesley and Buyse (2001) and Clouder (2002). Kinsella and Whiteford (2008) argue for the need for “occupational therapy to engage in epistemic reflexivity of prevailing discourses and political ideologies made manifest by institutional and bureaucratic arrangements” (p. 256). They challenge the profession to take a more critical position in how it constructs and adopts disciplinary knowledge. They further suggest that uncritical adoption can be a form of hegemony within the practice of occupational therapy.

From the secondary lens of Feng Shui that I used within this study, reflection can be seen as the skill and process that the participants used and engaged in to find meaning in their day-to-day clinical lives and to create different realities in their life space (Chen, 2007). In doing so, they created and integrated the multiple identities that shaped their professional identity. Mackey (2007) suggest that professional identity is a complex construct that involves multiple types of identity. Inherent in the philosophical beliefs of Feng Shui and Yin and Yang, there is a duality of life forces that are opposing, yet interactive and complimentary (Chen, 2007). The participants addressed the opposing Yin and Yang tensions

within practice through reflection and reflective practice. This process parallels Kinsella's (2001) notion of praxis, the dynamic and balanced coming together of reflection and action, also opposing and dichotomous forces. By taking praxis to the workplace, occupational therapists are acting out of informed consciousness, a location where occupational therapists need to work from. Kinsella posits that reflective practitioners recognize and seek to act from this place of praxis.

The role that reflection and reflective practice play in how occupational therapists construct, create, and shape professional identity requires much further exploration. The application to the beliefs of Feng Shui and Yin and Yang, and parallel thinking to the concept of praxis as suggested by Kinsella (2001) allow me to make sense of this process.

### **Professional Associations and Regulatory Bodies**

One area not raised by the participants that is nevertheless noteworthy to me as an educator and active member of a number of associations is the role of professional associations and regulatory bodies in influencing or having some impact on professional identity. The professional associations such as the Canadian Association of Occupational Therapists and Ontario Society of Occupational Therapists, and regulatory bodies such as the College of Occupational Therapists of Ontario have a great deal of influence on the education and expected roles and competencies of occupational therapists. The national association develops and implements the accreditation process for educational programs (CAOT, 2005). The provincial association provides ongoing seminal education opportunities to promote professional growth and development in clinical practice, education and research (OSOT, 2008c). The regulatory body sets standards for practice and licensing requirements in order to protect the public (COTO, nd). All occupational therapists must be a member of the regulatory body in order to be called an OT within their specific jurisdiction and there are significant consequences for OTs who do not follow and adhere to these expectations. As part

of the educational socialization process, Weidman, Twale and Stein (2001) highlight that student interaction with professional communities such as practitioners and associations contribute to professional identity development. The participants' interactions with the associations and regulatory body would suggest a relational and group based social identity which views the self as an integral and interchangeable part of a larger group. This larger group constitutes the "we" identity whereby the self can be assimilated to the representation to the group as a whole (Brewer, 2001, p. 119). Therefore, it is interesting that the participants did not mention these organizations as having a role in developing their professional identity from a group perspective. A number of possibilities may account for this omission: the participants may not have yet understood or appreciated the influence these associations and organizations have on education and practice; the participants may have perceived the regulatory body as an organization that sets rules and boundaries to practice that are policing in nature; and, the participants may have perceived the national and provincial professional associations as not being representative of the national membership, and setting general guidelines and models that are not realistically applied in day-to-day practice. Another possibility is that there were no specific questions asked in the study about the impact of professional associations and regulatory bodies on professional identity. The associations and regulatory bodies on education and practice play a role in influencing education and practice; however, as new graduates, the participants did not articulate their significance in their professional identity development. Despite this omission, questions are raised about how these organizations are perceived by the membership of new graduates from the perspective of making an impact on their professional identity.

## Summary

Two questions were addressed in this chapter, “What does it mean to be a professional as an occupational therapist?” and “How do professional identities emerge for the professional master’s entry-level occupational therapist.” In the discussion on Occupational Therapy as a Profession, five orientations to being a professional were presented based on the participant data. These include: providing an important function and service to society, practising in ways that respect and honour the client-therapist relationship, advancing the stance of the profession to others, and developing and maintaining personal learning competencies that could sustain them over time within their careers. Reflection although not articulated by the participants is suggested as the threaded skill that helps participants assess, understand, and reframe their practice issues as professionals. From the perspective of being a professional, suggestions were raised that focused on: 1) ways to further promote and facilitate client-centred practice, a core professional concept within occupational therapy that include constructs of social contract, obligation, and accountability; 2) the role that educational programs can play in teaching knowledge and skills in politics and power relationships; 3) management of lifelong learning, self-directed learning, and problem-based learning for students and practitioners through models such as the concept of communities of practice; 4) rethinking and analysing the philosophical underpinnings of reflective practice.

With regard to the discussion on Professional Identity, the categories presented in Chapter Four were analysed and reframed in light of the literature on professional identity and the discussion on professions. The five reframed categories include, 1) New Graduate Identity; 2) Client-Based Identity; 3) Learning Identity; 4) Power-Based Identity; and, 5) Personal Identity. From the perspective of professional identity, suggestions were raised that focused on: 1) the need for educational programs and employers to address the dissonance in

educational and work identities; 2) the importance of providing competent, evidence-based, client-centred care in professional identity; 3) the existence of a learning identity within professional identity; 4) a power-based identity that is influenced by other professions; and, 5) the importance of personal, pre-educational identity in the development of professional identity.

In summary of the discussion in this chapter, the following are suggested:

- Professional identity is a complex construct that involves the integration and negotiation of multiple identities.
- Reflection is the threaded skill that helps novice occupational therapists make sense of their experiences within their multiple identities—from a Feng Shui perspective and from a praxis perspective.

Chapter Six addresses the new findings as a result of this study and includes potential implications for occupational therapy education and practice; study limitations, future research directions, and concluding reflections.



## CHAPTER SIX

### **New Findings and Directions: Conclusion**

In reviewing the findings, I had to ask myself, “Is any of this information new to the occupational therapy profession?” In addressing this question, I considered that although some of the findings are supported and reflected in the general occupational therapy, health sciences or educational literature, the findings in this study are unique in that they are specific to professional master’s occupational therapists. This chapter highlights the new findings gleaned from this study, implications for occupational therapy education and practice, limitations of the study, future research directions, and concluding reflections. From Chapter Five, the following are suggested:

- Professional identity is a complex construct that involves the integration and negotiation of multiple identities.
- Reflection is the threaded skill that helps novice occupational therapists make sense of their experiences within their multiple identities—from a Feng Shui perspective and from a praxis perspective.

The following new findings related to professional identity are suggested as a result of this study:

- 6) Professional master’s graduates may experience dissonance between their new graduate identity and the expectations of the work setting.
- 7) Professional master’s graduates seem to perceive their role as primarily focused on providing client-centred care—the master’s education is the vehicle by which they can become prepared to fulfill this role.
- 8) Professional master’s graduates may be permitted a more direct access to higher graduate level education than originally foreseen by the professional association and educational programs.

- 9) The professional master's credential may situate graduates in a position of increased power that supports their ability to advocate and advance the profession to other professionals and within the political arena in part because of their credential.
- 10) Applicants to occupational therapy educational programs may have expectations about the potential career and educational paths related to a master's credential, congruent with their pre-educational identity, orientation and disposition.

### **Implications for Occupational Therapy Education and Practice**

Related to the new findings, a number of implications are suggested and directed at the stakeholders such as the educational programs, regulatory bodies, professional associations, and employers.

#### *Dissonance in Identity*

Novice occupational therapists require support and mentorship to help them deal with the challenges of practice, and to reconcile their new graduate identity acquired through their master's educational program with the employment expectations. There still appears to be some lack of clarity in the performance and credential implications of professional master's graduates and this may add to the confusion related to general role expectations of master's graduates. With the emergence of increasingly well trained support personnel programs, the role of the occupational therapist will undergo shifts in future years that requires an ongoing examination by educational programs and professional associations regarding competency and performance expectations. CAOT (2009) has been proactive in developing a support personnel practice profile that parallels the practice profile of the occupational therapist. Factors such as the master's program curriculum content, lack of clarity of the performance and credential implications of professional master's therapists, and emergence of well trained support personnel may exacerbate the dissonance between the graduate and the employer expectations. In Chapter One, I share the story about the dialogue I had with a student during

the last week of school. This student said that did not feel prepared for current practice, but she did feel prepared for future practice. Although this was a powerful statement that related to her visionary practice, I never thought closely about how she would have cope with this tension—what she felt she could do with what the current practice environment expected her to do—once in practice. Educational programs need to be more active in recognizing and preparing graduates for this potential tension and dissonance in identities. Employment sites can provide mentorship programs that incorporate reflective practice approaches and strategies helping new graduates understand, reframe and develop strategies to address their clinical situations in light of this tension.

### *Client-Centred Practice*

The participants clearly stated that providing client care was the primary focus of their role and that which gave them the most satisfaction. The credential seemed to be the vehicle that enabled them to be prepared to fulfill this role. On the front line, however, when interacting with clients, the credential was of less importance to the participants. This finding speaks to the importance of the core function of the profession regardless of the credential. This finding is reassuring in light of the potential self-interest orientation that the profession has adopted over the years.

Educational programs exert a significant role in shaping future practitioners through the preparatory education process, as they develop and implement curricula that meet the health care needs of society. Although each program must meet the national academic accreditation standards set by the national association (CAOT, 2005), each university has some freedom to develop and implement curriculum unique to their pedagogy. There is a need to continue educating students to have the knowledge and skills to be competent, evidence-based, client-centred therapists and to continue educating students to have skills in lifelong learning and reflective practice. Preparation also needs to continue to emphasize that

the client is central to the business of OT. There can be an enhanced focus by the educational programs and the professional associations on client-centred practice extended to include such concepts as social obligation and accountability obligation. However, the profession also needs to be vigilant in assuming a critical stance in examining the existing knowledge within the profession, the context of practice, and the implications of actions taken. I recall an occupational therapist who claimed confidently that, "OTs developed client-centred practice!" However, client-centred practice is not unique to occupational therapy and there are several models with a client focus proposed by other disciplines (Sumsion, 2001). Yet if occupational therapists claim that client-centred practice is a central concept that is unique to the profession, we need to be clear to others and to ourselves what it entails, how we enact it, and what it means to the future development of the profession relative to other professions.

#### *Educational Mobility*

Educational mobility was a factor that influenced some of the participant's decision-making process for career and credential choice. Educational programs and professional associations should revisit the message provided to new applicants, current students, and practicing therapists regarding the mobility options for higher education and for career opportunities. The limitations with the professional master's that were previously identified are no longer the same. From my experience as faculty, I am aware that educational streams that bridge professional master's programs and doctoral studies are already available. With this type of direct access, it is prudent to examine the number of occupational therapists that take this path and the types of roles they assume in the future.

#### *Power in Practice*

The master's credential generated recognition associated with higher education and expertise from other professionals. There is a need for therapists to develop political and communication skills to assist them in developing and exercising their power within the

health care sector. Although, the master's credential helped participants gain an introduction into these arenas, specific knowledge and skills need to be acquired before they are able to effect changes. The educational programs can play a significant role in introducing such skills as understanding the concept of power related to knowledge and one's own perception and subsequent actions (Mackey, 2007). The concept of power is important to bring to the forefront for dialogue and debate. Additional skills as suggested by Griffin (2001) can include: functioning effectively in the political climate in which therapists work, being assertive, having negotiation and conflict resolution skills, and having skills to influence decision making within the health care system. Although these skills may be present within existing OT educational programs, there may be a need to build these components within existing skills teaching more explicitly. The professional associations can also develop and support continuing education opportunities to practicing occupational therapists in this focused area. On a cautionary note, however, there needs to be an ongoing critical examination by the profession of the balance between a self-interest orientation through fighting for jurisdiction, and a client-service orientation through advocating for the profession. I raised the question in Chapter Two of whether the credentialing shift was made based on matters related to self-interest or to professional excellence and competence. I still feel that the answer lies somewhere in the middle of this continuum.

#### *Career and Educational Expectations of Applicants*

The importance of the pre-educational identity, orientation, and disposition in the professional development process speaks to the need for educational programs to critically attend to their recruitment and admissions processes and the criteria used in granting potential applicants entry into the program and profession. Procedures can consider exploring in more depth, the abilities of applicants to determine the resonance between their background and disposition with the expectations of the professional master's educational program and

profession. The concept of, being the same yet being different, is valuable for the profession to consider—recognizing that occupational therapists can contribute to the profession as unique individuals and as a collective group. Although educational programs do purport to use adult learning principles, building on and valuing existing knowledge and experiences of students, much more can be done in this area.

The potential career and educational opportunities for a master's level therapist are evolving, and it is important that potential applicants have a view of what these evolving opportunities may be. The professional associations play a large role in explaining and advocating for OT services as well as recruiting applicants into the field. They can develop materials both for potential applicants and the public that speak to these opportunities. The employment and career opportunities will likely continue to evolve as the longer term impact of the master's educational programs becomes evident. The professional associations need to maintain vigilance in tracking these evolutions.

In summary, with the many changes in the roles and functions of occupational therapy over the years, it is crucial for effective collaboration to occur between the educational institutions, professional associations, and regulatory bodies to ensure that new graduates are prepared for and meet expected current and future competencies and functions. Each of the organizations plays key yet complementary roles in the education, guidance, support, registration, and regulation procedures of occupational therapists. Communication and dialogue can result in a stronger united presence and visibility for the profession both within its own members and with other groups. Perhaps more than ever, the next decade requires good communication between organizations nationally and internationally as occupational therapy education evolves at a global level (WFOT, 2009).

### **Limitations of Study**

Although the data yielded worthwhile information that is important to the profession, a number of limitations related to the design and conduct of the study may have compromised the results.

### **Participants**

The participants were recruited through one university in southern Ontario and therefore reflected the experiences related to one curriculum. Although this may offer insights, it may also limit the transferability of these findings to master's graduates from other programs. Because of the high variation in newly developed curricula across Canada during the time of the study, I felt that collecting data from one educational program would at least provide a level of commonality from the participants' educational experiences. In addition only those who were able to meet face-to-face were interviewed, thereby limiting the numbers of participants I was able to include, though many from other parts of Canada and internationally offered to be included in the study. The option of facilitating the interviews via electronic means was considered and would have increased my sample size and added to the richness of the data. However, I chose the face-to-face approach for the following reasons. First, I have more proficiency and a higher comfort level with face-to-face interviews, which enable me to gain information at a deeper and richer level. Second, I felt that I had a sufficient number of participants to provide me with information that would yield meaningful results. The representation of male participants in my study, four out of 11 (27.5%) was higher than the national demographics, which is 7.5% (CIHI, 2008). One of the male participants addressed the need for more male role models within the profession and another discussed the impact of being a male OT on practice. However, I did not explore the gender issue in greater depth since I was able to incorporate the data from the participants

into my existing themes. However, the gender ratio indicates a possibility that the themes might have been influenced by gender and the way it contributes to identity development.

### **Data Collection and Analysis**

Related to data collection and analysis, the first limitation may be the strategies used and how the data were analysed. Group interviews were used as the initial strategy and may have yielded less in-depth data than individual interviews would have done (Berg, 2004). Analyzing data from three interview collection methods (group discussions, paired interviews and individual interviews) may have influenced the results. The second limitation is related to the time between the data collection in 2006 for participants P1 to P9, and in 2008 for participants P10 to P11 which was approximately two years. The 2008 participants had additional opportunities for growth and development from longer professional practice which may have impacted their perceptions of their role as occupational therapists. The 2008 participants had five years of practice at the time of the interviews and their reflections on their early transition to practice experiences would now have been integrated and consolidated into their current experiences. Their ability to recall data over a longer period of time may have also coloured their perspectives. They may have an increased level of confidence and self-awareness of their roles within the profession based on their longer clinical work experience compared to those interviewed in 2006.

### **Personal Ground**

Although I do not necessarily regard my personal ground as a limitation in my study, I feel that I need to share my thoughts about this possibility. The idea of the study started in 2003, during a time of great change and turmoil within the occupational therapy professional and educational community related to the move to a professional master's credentialing. The master's university OT program was still fairly new, having begun only in 2000. As part of the educational community I had been involved in the discussions and debates in the previous



years to address the question “Do we or don't we?” Since initiating this study, having been through more iterations of the program and a longer passage of time, my own personal views have shifted. From my personal experiences with the students and graduates, I do not have as many doubts now about graduating individuals who will make a difference in the lives of clients and on the fabric of society in Canada. Based on my teaching experiences in the professional master's program at the university over the last 11 years, I have developed a more confident view of the master's level as the appropriate path for the occupational therapy profession. However, I ask myself whether my evolving personal frame colours my ability to view the data in a more “objective” light and lessens my critical analysis ability. I reflect on this issue from my 2008 memo writing.

In this last interview with P10, I was most impressed with his journey and the path he has taken, truly considering the nature of our profession and what he as an individual can do to make a difference. He asks the tough questions, “should I sit back and accept the limited evidence in my practice...should I be a part of the solution?” Many get disillusioned and leave the profession. I am not only impressed with his journey; I am impressed with all of their journeys. Am I getting too positive, am I influenced by my regard for them as individuals?

I believe that my personal regard for the graduates and my abilities as a researcher have been kept in balance by diligently using strategies to maintain reflexivity throughout the study. These have included use of peer debriefers, memo writing, and an ongoing review the literature throughout the research process. However, as an advocate of my own OT educational program, I reflect on the fact that I may have been influenced by the dominant educational discourses within my university. Yet, I keep in mind that the interactions between the participants and me as researcher are part of the dynamic process in this study. It is neither possible nor appropriate to disregard my role in the interactive, mutually influencing relationship in the research that I conducted.

### **Future Research**

My study constitutes a snapshot of what was happening at a point in time for the participants. The following conceptual and practice issues are generated for further study as an outcome of this study.

- 1) It would be interesting to see whether these graduates' understanding of their professional identities change or remain unchanged over time in context to their professional education and clinical experiences. A follow-up study would be helpful to explore a longitudinal perspective that may yield important information regarding the development of these occupational therapists over time. Will their professional identity continue to be constructed and shaped by the multiple identities as suggested in this study? Will other identities emerge as they gain more experience and expertise in their field? What kinds of roles will they pursue? Will they seek higher education? With more experience, will they perceive that they have a greater ability to enact change and to be autonomous practitioners? What are their views of the professional organizations and regulatory bodies?
- 2) The concept of reflection is suggested as the threaded skill that helped the participants address their day-to-day clinical experiences. Further research into how therapists understand and interpret reflection and reflective practice may be important to explore in context to their professional identity as an occupational therapist. Given the confusion in the literature surrounding the terms reflection and reflective practice, it may be prudent to revisit and re-examine the tenets of reflective practice in occupational therapy. How is reflective practice taught in educational programs? How is reflective practice understood, integrated, and enacted in professional practice by occupational therapists? How do occupational therapists use reflection to bridge the

- theory-practice gap, and negotiate the tensions and challenges within practice? Are occupational therapists able to articulate and make explicit their tacit knowledge?
- 3) A gender issue was raised by one participant. Occupational therapy is still largely a female dominant profession, and there may be questions yet to be explored regarding gender related identity in relation to power. Are there differences in how professional identity is developed between male and female occupational therapists? Do these differences relate to differences in how therapists understand their ability to impact the profession?
  - 4) The issue of support personnel was not explicitly raised by the participants. One participant spoke about teaching in a support personnel program within a community college. The participants did not link their narratives to individuals who provide primary assistance to them as occupational therapists. It is possible that they did not have many opportunities to work with support personnel in their setting. For example many private practice settings do not employ support personnel as part of their team. Given the major changes in education, from certificate to diploma of the occupational therapist assistant (OTA) in rehabilitation service over the last decade, it is likely that the OT role will also undergo shifts in tandem with the upgraded competencies of the occupational therapists assistant. Given the high satisfaction and pleasure that the participants experienced in their client interactions, how might they feel about their role when OTAs are more involved in direct client care? How might this impact their professional identity? It would also be of interest to explore the role identity development of OTAs to determine whether there are parallels to that of the OT.
  - 5) Credentialing shifts in higher education are occurring or under consideration within other professions such as physiotherapy and nursing. If one of the goals of the profession is to gain autonomy of practice through higher education for occupational

therapy, what does this mean when other professions embark in a similar process?

How will the power relationships between professions impact professional identity?

The concept of creeping credentialism was not explored in my study. It is important, however, to consider whether each profession's enhanced educational qualifications make it prohibitive for systems to support with respect to costs and resource management as identified by the Ontario Hospital Association (OHA, 2003). Can the health care system support these changes? Are they willing to support these changes?

- 6) In considering the ability of the systems to support employment opportunities for future graduates with higher education, one important area to explore in more depth is the perspective of employers. Employers can be from multiple sectors that include hospitals, community clinics, industry, and private practice. Now that almost all Canadian programs are offering a professional master's program, it would be necessary to determine what employers know about the educational change and what they currently look for when hiring new graduates. Do employers have different or enhanced expectations of clinical performance of professional master's graduates? Is there a salary difference between baccalaureate and master's graduates? What transition supports are available to new graduates? This may address the issue of dissonance between new graduate identity and employment setting expectation.

### **Thesis Summary**

The purpose of this study was, to explore the emerging identity of the professional master's entry-level educated occupational therapist. This was accomplished by addressing two questions:

- 5) What does it mean to be a professional as an occupational therapist?
- 6) How do professional identities emerge for the professional master's entry-level occupational therapist?

A constructivist paradigm was used to approach this study and grounded theory methodology was used in the data collection and analysis process. A secondary lens of Feng Shui, an ancient Chinese belief that the environment exerts an influence on our inner equilibrium and well-being, emerged in the latter phase of the analysis process. The concept Feng Shui provided a complementary perspective to finding meaning in the data.

The concept of occupational therapy as a profession was explored to help inform the study purpose. The participant experiences reflected their ability to provide an important function and service to society; to practice in a way that respects and honours the client-therapist relationship; to advance the stance of the profession to others; and, to develop and maintain personal learning competencies that can sustain them over time within their careers. Reflection is a threaded skill that participants used to help make sense of their clinical experiences. These factors related to being a professional contributed to their understanding of their professional identity.

Although some of the findings are supported and reflected in the general occupational therapy, health sciences or educational literature, new findings are suggested specific to professional master's occupational therapists. These new findings are related to: dissonance in identities; client-centred focus; access to higher education; power in practice; and, potential career and educational paths of applicants. Implications for OT education and practice are suggested that involve actions from stakeholders including the individual occupational therapist, educational programs, regulatory bodies, professional associations and the employers. Limitations to the study and future research directions are suggested.

The overarching findings as a result of this study are:

- Professional identity is a complex construct that involves the integration and negotiation of multiple identities.

- Reflection is the threaded skill that helps novice occupational therapists make sense of their experiences within their multiple identities—from a Feng Shui perspective and from a praxis perspective.

In closing this chapter and this study, I include a quote by P11 who reports that for her, “the master’s level program instilled this—don’t settle for what is currently happening, continue to strive for huge things.” As an educator, I find it rewarding to know that our professional education prepared her to take a path that both challenges current practice and aspires for future achievements.

### **Concluding Reflection**

As I approach the end of this part of my educational journey, I pause and reflect on what I have learned from this process. The constructivist and Feng Shui lenses helped me make sense of the data from a research perspective and from a philosophical and cultural perspective. The final lens I see my work through is that of a phoenix, a mythical creature that is colourful, vibrant and beautiful in its plumage. I draw my thoughts back to a passage that I wrote in my 2004 “Issues in Health Professional Education” course that captured my thinking about my pedagogy of education and possibility. I wrote,

Imagine a picture with a golden phoenix filling the page. Her wings are spread majestically and her tail feathers are windswept as if in flight. The background is in pure white with sketches of clouds very faintly scattered throughout the horizon. Overlaying this picture, with transparent yet luminous paper, are words that are written in vibrant colours of red, green, blue, purple, and superimposed along the multiple and extensive plumage of the phoenix. These words are: 1) conscious respect for self and others; 2) importance of identity and voice; 3) recognition of diversity in race, gender and class; 4) learning community and partnership; 5) introspection and reflection; 6) transformation and praxis; and, 7) adult education and self-directed learning. ... The phoenix’ eyes are bright and clear and her gaze is concentrating on you but also at the same time, she seems to be focusing far into the landscape, beyond the existing boundaries of the page, searching for possibilities that are yet to be found.

In revisiting this passage I am cognizant of how much of my individual “self” was integrated into this description through the words “conscious respect for self,” “identity and voice,” “introspection and reflection,” “transformation.” As the phoenix I have gained more

visual clarity and strength from this learning experience which serves to enhance my roles as occupational therapist, educator, researcher, and professional.

## References

- Abbott, A. (1988). *The system of professions*. Chicago, MA: The University of Chicago Press.
- Adams, K., Hean, S., Sturgis, P., & Clark, J. (2006). Investigating the factors influencing professional identity of first-year health and social care students. *Learning in Health and Social and Care*, 5(2), 55-68.
- Agar, M. (1996). *The professional stranger, 2<sup>nd</sup> Edition: An informal introduction to ethnography*. San Diego, CA: Academic Press.
- Allen, S., Strong, J., & Polatajko, H. (2001). Graduate-entry Master's degrees: Launch pad for occupational therapy in this millennium? *British Journal of Occupational Therapy*, 64, 572-576.
- American Association of Occupational Therapy. (n.d.). *ACOTE sets timeline for postbaccalaureate degree programs*. Retrieved February 21, 2005 from [www.aota.org](http://www.aota.org)
- Andrew, N., Tolson, D., & Ferguson, D. (2007). Building on Wenger: Communities of practice in nursing. *Nurse Education Today*, 28, 246-252.
- Aspin, D. N., & Chapman, J. D. (2000). Lifelong learning: Concepts and conceptions. *International Journal of Lifelong Education*, 19(1), 2-19.
- Asselin, M. (2003). Insider research: Issues to consider when doing qualitative research in your own setting. *Journal for Nurses in Staff Development*, 19, 99-103
- Association of Canadian Occupational Therapy Programs [ACOTUP]. (2003). *Minutes, January, 2003*. Hamilton, ON: Author.
- Association of Canadian Occupational Therapy Programs [ACOTUP]. (2009). Canadian occupational therapy university programs. Retrieved from <http://www.acotup-acpue.ca/PDF/CanadianOccupationalTherapyUniversityProgramsMay2009CR.pdf>



- Bagnall, R. (2009). Lifelong learning as an idea for our times: An extended review. *International Journal of Lifelong Education, 28*(2), 277-285.
- Bannigan, K., & Moores, A. (2009). A model of professional thinking: Integrating reflective practice and evidence-based practice. *Canadian Journal of Occupational Therapy, 5*(76), 342-350.
- Baptiste, S. (2001). Personal reflections on occupational therapy education. *Ontario Society of Occupational Therapists: The Link, 67*, 1-2.
- Battershill, C. (1994). Social dimensions in the production and practice of Canadian health care professionals. In B. S. Bolaria & H. D. Dickenson (Eds.), *Health, illness, and health care in Canada* (pp. 135-157). Toronto, ON: Harcourt Brace & Co.
- Beauchamp, C., & Thomas, L. (2009). Understanding teacher identity: An overview of issues in the literature and implications for teacher education. *Cambridge Journal of Education, 39*(2), 175-189.
- Beijaard, D., Paulien, C., Meijer, C., & Verloop, N. (2004). Reconsidering research on teachers' professional identity. *Teaching and Teacher Education, 20*, 107-128.
- Bennett, S., Tooth, L., McKenna, K., Rodger, S., Strong, J., Ziviani, J., Mickan, S., & Gibson, L. (2003). Perceptions of evidence-based practice: A survey of Australian occupational therapists. *Australia Occupational Therapy Journal, 50*, 13-22.
- Berg, B. (2004). *Qualitative research methods for the social sciences, 5th Edition*. New York, NY: Pearson Education, Inc.
- Bernd, J. (1969). Executive secretary/consultant's report. *Canadian Journal of Occupational Therapy, 36*, 149-153.
- Brannick, T., & Coghlan, D. (2007). In defense of being "native": The case for insider academic research. *Organizational Research Methods, 10*, 59-74.

- Brewer, M. (2007). The importance of being *We*: Human nature and intergroup relations. *American Psychologist*, 62(8), 738-751.
- Brewer, M. (2001). The many faces of social identity: Implications for political psychology. *Political Psychology*, 22(1), 115-125.
- Brewer, M. (1991). The social self: On being the same and different at the same time. *Society for Personality and Social Psychology Bulletin*, 17(5), 475-482.
- Brim, O. G., & Wheeler, S. (1966). *Socialization after adulthood: Two essays*. New York, NY: Wiley.
- Brookfield, S. (1986). *Understanding and facilitating adult learning*. San Francisco, CA: Jossey-Bass.
- Brown, R. (2000). Social identity theory: Past achievements, current problems and future challenges. *European Journal of Social Psychology*, 30, 745-778.
- Caldwell, E., Whitehead, M., Fleming, J., & Moes, L. (2007). Evidence-based practice in everyday clinical practice: Strategies for change in a tertiary occupational therapy department. *Australian Occupational Therapy Journal*, 55, 79-84.
- Canadian Association of Occupational Therapists [CAOT]. (1983). *Guidelines for the client-centred practice of occupational therapy*. Ottawa, ON: Department of National Health and Welfare.
- Canadian Association of Occupational Therapists [CAOT]. (1996). *Profile of occupational therapy practice in Canada*, Ottawa, ON: CAOT Publications ACE.
- Canadian Association of Occupational Therapists [CAOT]. (1997, 2002). *Enabling occupation: An occupational therapy perspective*. Ottawa, ON: CAOT Publications ACE.
- Canadian Association of Occupational Therapists [CAOT]. (2002a). Entry level education of occupational therapists to the profession in Canada. *Canadian Journal of*

*Occupational Therapy, 69, 115-119.*

Canadian Association of Occupational Therapists [CAOT]. (2002b). Position statement on entry-level education of occupational therapists to the profession in Canada.

*Canadian Journal of Occupational Therapy, 69, 135-137.*

Canadian Association of Occupational Therapists [CAOT]. (2002). *Profile of occupational therapy practice in Canada, 2<sup>nd</sup> Edition*. Ottawa, ON: CAOT Publications ACE.

Canadian Association of Occupational Therapist [CAOT]. (2003a). *A dialogue on...occupational therapy entry-level education in Canada...the change to a professional master's degree by 2008. A discussion paper*. Ottawa, ON: CAOT Publications ACE.

Canadian Association of Occupational Therapists [CAOT]. (2003b). *Project Summary Report: Profile of Performance Expectations for Support Personnel in Occupational Therapy in Canada*. Ottawa, ON: CAOT Publications ACE.

Canadian Association of Occupational Therapists [CAOT]. (2005). *CAOT Academic Accreditation standards and self-study guide*. ON: CAOT Publications ACE.

Canadian Association of Occupational Therapists [CAOT]. (2007a). *Enabling occupation II: Advancing an occupational therapy vision for health, well-being, and justice through occupation*. Ottawa, ON: CAOT Publications ACE.

Canadian Association of Occupational Therapists [CAOT]. (2007b). *Profile of occupational therapists of Canada*. Ottawa, ON: CAOT Publications ACE.

Canadian Association of Occupational Therapists [CAOT]. (2009). *Practice profile for support personnel in occupational therapy*. Ottawa, ON: CAOT Publications ACE.

Canadian Association of Occupational Therapists, Association of Canadian Occupational Therapy Programs, Association of Canadian Occupational Therapy Regulatory Organizations, & the President's Advisory Committee [CAOT, ACOTUP, ACOTRO,

- PAC]. (1999). Joint position statement on evidence-based occupational therapy. *Canadian Journal of Occupational Therapy, 66*, 267-269.
- Canadian Institute for Health Information [CIHI]. (2007). *Workforce trends of occupational therapists in Canada, 2006*. Ottawa, ON: CIHI.
- Canadian Institute for Health Information [CIHI]. (2008). *Workforce trends of occupational therapists in Canada, 2007*. Ottawa, ON: CIHI.
- Carpenter, C. & Hammell, K. (2000). Evaluating qualitative research. In K. W. Hammell, A. Carpenter, & I. Dyck (Eds.), *Using qualitative research: A practical guide for occupational and physical therapists* (pp. 107-119). London: Churchill Livingstone.
- Centre for Advancement of Interprofessional Education [CAIPE]. (1997). *Interprofessional education- a definition*. London: Centre for Interprofessional Education.
- Charmaz, K. (2000). Grounded theory: Objectivist and constructivist methods. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research, 2<sup>nd</sup> Edition* (pp. 509-535). Thousand Oaks, CA: Sage.
- Charmaz, K. (2002). Qualitative interviewing and grounded analysis. In J. F. Gubrium & J. A. Holstein (Eds.), *Handbook of interview research: Context & method* (pp. 675-694). Thousand Oaks, CA: Sage.
- Charmaz, K. (2005). Grounded theory in the 21<sup>st</sup> century: Applications for social justice studies. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research, 3<sup>rd</sup> Edition* (pp. 507-535). Thousand Oaks, CA: Sage.
- Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative research*. Thousand Oaks, CA: Sage.
- Chen, G. M. (2007). The impact of Feng Shui on Chinese communication. *China Media Research, 3*(4), 102-109.
- Chickering, A. W., & Havighurst, R. (1981). The life cycle. In A. W., Chickering (Ed.), *The*

- modern American college* (pp. 16-50). San Francisco, CA: Jossey-Bass.
- Clark, F., Sharrot, G., Hill, D., & Campbell, S. (1985). A comparison of impact of undergraduate and graduate occupational therapy education on professional productivity. *American Journal of Occupational Therapy*, 39, 155-162.
- Clouder, L. (2000). Reflective practice: Realising its potential. *Physiotherapy*, 86(10), 517-522.
- Clouder, L. (2003). Becoming professional: Exploring the complexities of professional socialization in health and social care. *Learning in Health and Social Care*, 2, 213-222.
- Clousten, T. J., Whitcombe, S. W., & Steven, W. (2008). The professionalization of occupational therapy: A continuing challenge. *British Journal of Occupational Therapy*, 71(8), 314-320.
- Cockburn, L. (2001). The professional era: CAOT in the 1950's and 1960's. *OT Now*, 3, 5-9.
- Cohn, S., S. Boyt Schell, B. A., & E., Blesedell Crepeau (2010). Occupational therapy as reflective practice. In N. Lyons (Ed.), *Handbook of reflection and reflective inquiry: Mapping a way of knowing for professional reflective inquiry* (pp. 131-157). DOI 10.1007/978-0-387-85744\_7, © Springer Science+Business Media, LLC 2010.
- College of Occupational Therapists of Ontario [COTO]. (1996). *Supervision of student occupational therapists: Practice guidelines*. Retrieved from <http://www.coto.org/pdf/Supervision/pdf>.
- College of Occupational Therapists of Ontario [COTO]. (2004). *Practice guidelines: Support personnel*. Toronto, ON: author.
- College of Occupational Therapists of Ontario [COTO]. (nd). *What is an occupational therapist?* Retrieved August 17, 2009 from <http://www.coto.org/public/default.asp>.
- College of Occupational Therapists of Ontario [COTO]. (2008). Psychotherapy update. *On*

*the Record*, 8(3), 13.

College of Occupational Therapists of Ontario [COTO]. (2009). Acupuncture standards:

Developing standards for controlled acts. *On the Record*, 9(3), 7-8.

Cooper, B., & Saarinen-Rahikka, H. (1986). Interrelationships of theory, clinical models and research. *Physiotherapy Canada*, 38, 97-1000.

Corbin, J., & Strauss, A. (1990). Grounded theory research: procedures, canons, and evaluative criteria. *Qualitative Sociology*, 13(1), 3-21.

Cooperstein, K. R., & Schwartz, K. D. (1992). Reasons for choosing occupational therapy as a profession. *American Journal of Occupational Therapy*, 46(7), 534-539.

Coultard, M. (2002). Preparing occupational therapists for practice today and into the future. *Canadian Journal of Occupational Therapy*, 69, 253-260.

Craik, C., Gissane, C. D., & Douthwaite, J., & Philp, E. (2001). Factors influencing the career choice of first-year occupational therapy students. *British Journal of Occupational Therapy*, 64(3), 114-120.

Craik, C., & Naphine, C. (2001). Students' choice of occupational therapy as a second degree. *British Journal of Occupational Therapy*, 64(9), 432-437.

Craik, C., & Zaccaria, J. M. (2003). The career choice of first-year occupational therapy students: A follow-up study. *British Journal of Occupational Therapy*, 66(11), 531-534.

Creswell, J. (2003). *Research design: Qualitative, quantitative, and mixed methods approaches*, 2<sup>nd</sup> Edition. Thousand Oaks, CA: Sage.

Crick, R. D. (2005). Being a learner: A virtue for the 21<sup>st</sup> century. *British Journal of Educational Studies*, 52(3), 359-374.

Cruess, S. R., Johnston, S., & Cruess, R. (2004). "Profession": A working definition for medical educators. *Teaching and Learning in Medicine*, 16(1), 74-76.

- Curtin, M., & Fossey, E. (2007). Appraising the trustworthiness of qualitative studies: Guidelines for occupational therapist. *Australian Occupational Therapy Journal*, 54, 88-94.
- Cusick, A., & McClusky, A. (2000). Becoming an evidence-based practitioner through professional development. *Australian Occupational Therapy Journal*, 47, 159-170.
- D'Amour, D., Beaulieu, M., Rodriguez, L., & Ferrada-Videla, M. (2004). Key elements of collaborative practice & frameworks: Conceptual basis for interdisciplinary practice. In I. Oandasan, D. D'Amour, M. Zwarenstein, et al. (Eds), *Interdisciplinary education for collaborative, patient-centred practice: Research and findings report*. Ottawa, ON: Health Canada.
- Denzin, K. N., & Lincoln, Y. S. (2003a). Introduction: The discipline and practice of qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *The landscape of qualitative research, 2<sup>nd</sup> Edition* (pp. 245-252), Thousand Oaks, CA: Sage.
- Denzin, K. N., & Lincoln, Y. S. (2003b). Paradigms and perspectives in transition. In N. K. Denzin & Y. S. Lincoln (Eds.), *The landscape of qualitative research, 2<sup>nd</sup> Edition* (pp. 1-45), Thousand Oaks, CA: Sage.
- Denzin, K. N., & Lincoln, Y. S. (2005). Introduction: The discipline and practice of qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research, 3<sup>rd</sup> Edition* (pp. 1-32), Thousand Oaks, CA: Sage.
- Deppoliti, D. (2008). Exploring how new registered nurses construct professional identity in hospital settings. *The Journal of Continuing Education in Nursing*, 39(6), 255-262.
- Duane, O. (1997). *The origins of wisdom: Feng Shui*. London, UK. Brockhampton Press.
- Elliott, S., Velde, B., & Wittman, P. (2002). The use of theory in everyday practice: An exploratory study. *Occupational Therapy in health Care*, 16(1), 45-62.
- Erikson, E. H. (1959). Identity and the life cycle. *Psychological Issues*, 1(1), 5-173.

- Erikson, E. H. (1982). *The life cycle completed*. New York, NY: W. W. Norton & Company.
- Evetts, J. (1999). Professionalisation and professionalism: Issues for interprofessional care. *Journal of Interprofessional Care, 13*(2), 119-128.
- Evetts, J. (2006). Short note: The sociology of professional groups, new directions. *Current Sociology, 54*(1), 133-143.
- Fagerberg, I., & Kihlgren, M. (2001). Experiencing a nurse identity: The meaning of identity to Swedish registered nurses 2 years after graduation. *Journal of Advanced Nursing, 34*, 137-145.
- Faure, E., Herrera, F., Kaddorura, A. R., Lopes, H., Petrovsky, A. V., Rahnema, M. & Ward, F. (1972). *Learning to be: The world of education today and tomorrow*. Paris, France: UNESCO.
- Flores, M. A. (2006). Being a novice teacher in two different settings: Struggles, continuities, and discontinuities. *Teachers College Record, 108*(10), 2021-2052.
- Foster-Seargeant, E. (2001). The lived experience of new graduate physiotherapists in the first year of practice: Mentorship and program management. (Unpublished master's thesis). Lakehead University, Thunder Bay, ON.
- Freeman, A. R., McWilliam, C. L., MacKinnon, J. R., DeLuca, S., & Rappolt, S. G. (2009). Health professionals' enactment of their accountability obligations: Doing the best they can. *Social Science & Medicine, 69*, 1063-1071.
- Friedland, J., Robinson, I., & Cardwell, T. (2001). In the beginning: CAOT from 1926-1939. *OT Now, 3*, 15-18.
- Frost, N. (2001). Professionalism, change and the politics of lifelong learning. *Studies in Continuing Education, 23*(1), 5-17.
- Gilkeson, G., & Hanten, W. (1984). A comparative analysis of occupational therapy graduates from baccalaureate and entry-level master's degree programs. *The*



- Occupational Therapy Journal of Research*, 2, 67-91.
- Glaser, B. G. (1992). *Basics of grounded theory*. Chicago, II: Aldine Publishing Co.
- Glaser, B. G. (2002). Constructivist grounded theory? [47 paragraphs]. *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research*, 3(3). Art. 12. Retrieved from <http://www.qualitative-research.net/index.php/fqs/article/viewArticle/825/1792>
- Glaser, B. G., & Strauss, A. (1967). *The discovery of grounded theory*. Chicago, II: Aldine Publishing Co.
- Golde, C. M. & Dore, T. M. (2001). *At cross purposes: What the experiences of doctoral students reveal about doctoral education*. Retrieved from [www.phd-survey.org](http://www.phd-survey.org)
- Gouthro, P. (2002). Education for sale? Lifelong learning and the marketplace. *International Journal of Lifelong Learning*, 21(4), 334-346.
- Grant, H. K. (1984). Commentary on 'A comparative analysis of occupational therapy graduates from baccalaureate and entry-level master's degree programs'. *The Occupational Therapy Journal of Research*, 2, 92-4.
- Green, M., Lertvilai, M., & Bribriesco, K. (2001). Prospering through change: CAOT from 1991-2001. *OT Now*. November/December, 13-19.
- Gregg, M. F., & Magilvy, J. K. (2001). Professional identity of Japanese nurses: Bonding into nursing. *Nursing and Health Sciences*, 3, 47-55.
- Griffin, S. (2001). Occupational therapists and the concept of power: A review of the literature. *Australian Occupational Therapy Journal*, 48, 24-34.
- Guba, E. G. & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 105-117), Thousand Oaks, CA: Sage.
- Guba, E. G. & Lincoln, Y. S. (2005). Paradigmatic controversies, contradictions, and emerging consequences. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook*

- of qualitative research, 3<sup>rd</sup> Edition.* (pp. 191-215), Thousand Oaks, CA: Sage.
- Hagedorn, R. (2001). *Foundations of practice in occupational therapy.* London, UK: Churchill Livingstone.
- Hamilton, H. (2005). New graduate identity: Discursive mismatch. *Contemp Nurse, 20(1)*, 67-77.
- Hammersley, M., & Atkinson, P. (1995). *Ethnography: Principles in practice, 2<sup>nd</sup> Edition.* London: Routledge.
- Hasselkus, B. R., & Rosa, S. A. (1997). Meaning and occupation. In C. Christiansen & C. Baum (Eds.), *Occupational therapy: Enabling function and well-being* (pp. 363-377). Thorofare, NJ: Slack.
- Hilson, A. (1999). Mentoring the profession. Retrieved from, <http://www.caot.ca/otnow/nov99-eng/nov99.cfm>
- Hilton, C. L. (2005). The evolving postbaccalaureate entry: Analysis of occupational therapy entry-level master's degree in the United States. *Occupational Therapy in Health Care. 19(3)*, 51-70.
- Hodgetts, S., Hollis, V., Triska, O., Dennis, S., Madill, H., & Taylor, E. (2007). Occupational therapy students' and their satisfaction with professional education and preparedness for practice. *Canadian Journal of Occupational Therapy, 3(74)*, 148-160.
- Hogg, M., Terry, D., & White, K. (1995). A tale of two theories: A critical comparison of identity theory with social identity theory. *Social Psychology Quarterly, 58(4)*, 255-269.
- Holmes, J. D., Bossers, A. M., Polatajko, H. J., Drynan, D. P., Gallagher, M., O'Sullivan, C. M., Slade, A. L., Stier, J. J., Storr, C. A., & Denney, J. L. (2010). 1000 fieldwork hours: Analysis of multi-site evidence. *Canadian Journal of Occupational Therapy, 77(3)*, 135-143.

Holmstrom, E. I. (1975). Promising prospects: Students choosing therapy as a career.

*American Journal of Occupational Therapy, 29(10), 608-614.*

Hugman, R. (1991). *Power in the caring professions*. London: MacMillan.

Humphries, D., Littlejohns, P., Victor, C., O'Halloran, P., & Peacock, P. (2000).

Implementing evidence-based practice: Factors that influence the use of research evidence by occupational therapists. *British Journal of Occupational Therapy, 63(1), 516-522.*

Jung, B., & Tryssenaar, J. (1998). Supervising students: Exploring the experience through reflective journals. *Occupational Therapy International, 5(1), 35-48.*

Kanuha, V. K. (2000). "Being native" versus "going native". Conducting social work research as an insider. *Social Work, 45(5), 439-447.*

Kallio, R. (1995). Factors influencing the college choice decisions of graduate students.

*Research in Higher Education, 36(1), 109-124.*

Kielhofner, G. (2006). *Research in Occupational Therapy: Methods of inquiry for enhancing practice*. Philadelphia, PA: F. A. Davis Company.

Kinsella, E. A. (2000). *Reflective practice and professional development: Strategies for learning through professional experience*. Ottawa, ON: CAOT Publications ACE.

Kinsella, E. A. (2001). Reflections on...reflections on reflective practice. *Canadian Journal of Occupational Therapy, 68(3), 195-198.*

Kinsella, E. A. (2009). Professional knowledge and the epistemology of reflection practice.

*Nursing Philosophy, 11, 3-14.*

Kinsella, E. A., & Whiteford, G. E. (2007). Knowledge generation and utilization in occupational therapy: Towards epistemic reflexivity. *Australian Journal of Occupational Therapy, 56, 249-258.*

Korte, R. F. (2007). A review of social identity theory with implications for training and

- development. *Journal of European Industrial Training*, 31(2), 166-180.
- Krause, E. A. (1996). *Death of the guilds: Professions, states and the advance of capitalism, 1930 to the present*. New Haven, CT: Yale University press.
- Krause, E. A. (2001). Professional group power in developing countries. *Current Sociology*, 49(4), 149-175.
- Krejsler, J. (2005). Professions and their identities: How to explore professional development among (semi) professions. *Scandinavian Journal of Educational Research*, 49, 335-357.
- Krueger, R. A., & Casey, M. A. (2000). *Focus group: A practical guide for applied research, 3<sup>rd</sup> Edition*. Thousand Oaks, CA: Sage.
- Lall, A., Klein, J., & Brown, T. (2003). Changing times: Trials and tribulation of the move to a Master's entry-level education in Canada. *Canadian Journal of Occupational Therapy*, 70, 152-162.
- Lave, J., & Wenger, E. (1991). *Situated learning: Legitimate peripheral participation*. Cambridge: Cambridge University Press.
- Law, M. (Ed.). (1998). *Client-centred occupational therapy*. Thorofare, NJ: Slack Incorporated
- Law, M., Baptiste, S., & Mills, J. (1995). Client-centred practice: What does it mean and does it make a difference? *Canadian Journal of Occupational Therapy*, 62(5), 250-257.
- Law, M., & MacDermid, J. (2008). Introduction to evidence-based practice. In M. Law & J. MacDermid (Eds.), *Evidenced-based rehabilitation: A guide to practice*. (pp. 3-14, Thorofare, NJ: Slack Incorporated.
- Leonard, C., & Corr, C. (1998). Sources of stress and coping strategies in basic grade occupational therapists. *British Journal of Occupational Therapy*, 61(7), 257-262.
- Liao, W. (2009). *Chi: Discovering your life energy*. Boston, MA: Shambhula Publications,

Inc.

- Lohman, H. (2002). Becoming involved with advocacy, *OT Practice, June*, 35-36.
- Lupone, L. (1999). Feng Shui: Therapy for the millennium. *Alternative Health Practitioner*, 5(2), 115-120.
- MacDonald, D., & Isaacs, G. (2001). Developing a professional identity through problem-based learning. *Teaching Education*, 12(3), 315-333.
- Mackey, H. (2007). "Do not ask me to remain the same": Foucault and the professional identities of occupational therapists. *Australian Occupational Therapy Journal*. 54, 95-102.
- Mann, K., Gordon, J., & MacLeod, A. (2009). Reflection and reflective practice in health professions education: A systematic review. *Advances in Health Sciences Education*, 14, 595-621.
- Maxwell, J. D., & Maxwell, M. P. (1977). *Occupational therapy: The diffident profession*. Ottawa, ON: Health and Welfare Canada (Project #606-1242-46).
- Medel-Anonuevo, C., Ohsako, T., & Mauch, W. (2001). Revisiting lifelong learning for the 21<sup>st</sup> century.
- Retrieved from, <http://www.unesco.org/education/uie/pdf/revisitingLLL.pdf>
- McClusky, A. (2007). Managing change and barriers to evidence-based practice. In G. Kielhofner (Ed.), *Research in Occupational Therapy; Methods of inquiry for enhancing practice*. 685-696. Philadelphia, PA: F. A. Davis Company
- McCordic, L. (1975). Factors influencing the education of occupational therapists in Ontario. *Canadian Journal of Occupational Therapy*, 42, 97-103.
- McGowen, K. R., & Hart, L. (1990). Still different after all these years: Gender differences in professional identity formation. *Professional Psychology: Research and Practice*, 21(2), 118-123.

- Mendez, M. A. (1982). *A chronicle of the World Federation of Occupational Therapists: The first thirty years, 1952-1982*. Jerusalem, Israel: World Federation of Occupational Therapists.
- Merriam-Webster's Online Dictionary(2010). Retrieved from <http://www.merriam-webster.com/dictionary/profession>
- Mezirow, J. (1981). A critical theory of adult learning and education. *Adult Education*, 32(1), 3-24.
- Ministry of Health and Long-term Care (2007). *Four new regulated professions*. Retrieved from [http://www.health.gov.on.ca/english/public/legislation/hsib/pd/hsib\\_third\\_reading\\_rhpa\\_professions\\_fs\\_02\\_20](http://www.health.gov.on.ca/english/public/legislation/hsib/pd/hsib_third_reading_rhpa_professions_fs_02_20)
- Mohawk College. (2004). *Occupational Therapist Assistant/Physiotherapist Assistant Program*. Hamilton, ON: Author.
- Mohawk College. (2009). *Occupational Therapist Assistant and Physiotherapist Assistant Program*. Retrieved from <http://www.mohawkcollege.ca/calendar/otapa.html>
- Morgan, D. L. (2002). Focus group interviewing. In J. F. Gubrium & J. A. Holstein (Eds.), *Handbook of interview research: Context & method* (pp. 141-159). Thousand Oaks, CA: Sage.
- Morrow, S. (2005). Quality and trustworthiness in qualitative research in counseling psychology, *Journal of Counseling Psychology*, 52, 250-260.
- Morse, J., & Field, P. (1995). *Qualitative research methods for health professions*. Thousand Oaks, CA: Sage.
- Mosey, A. (1985). Eleanor Clarke Slagle Lecture, 1985: A monistic or a pluralistic approach to professional identity?, *American Journal of Occupational Therapy*, 39, 8, 504-509.

- Mortenson, B., Dyck, I. (2006). Power and client-centred practice: An insider exploration of occupational therapists' experiences. *Canadian Journal of Occupational Therapy*, 73 (5), 261- 271.
- Ohlen, J., & Segesten, K. (1998). The professional identity of the nurse: Concept analysis and development. *Journal of Advanced Nursing*, 4, 720-727.
- Olesen, H. S. (2001). Professional identity a learning processes in life histories. *Journal of Workplace Learning*, 13, 290-207.
- Ontario Hospital Association [OHA]. (2003). *Changing entry-to-practice credentials for regulated health professionals and related employer issues: Final report and recommendations from the HRC Ad Hoc Credentialism Working Group*. Retrieved from <http://www.oha.com/client/OHA/>
- Ontario Society of Occupational Therapists [OSOT]. (2008a). What is Occupational Therapy? Retrieved from <http://osot.on.ca/eng/aboutot/ot.asp>
- Ontario Society of Occupational Therapists [OSOT]. (2008b). What's New? OSOT Responds to 5 year Review of Auto Sector Legislation. Retrieved from <http://osot.on.ca/eng/whatsnew/default.asp?newsItem.ID=203>
- Ontario Society of Occupational Therapists [OSOT]. (2008c). Our mission. Retrieved from [http://www.osot.on.ca/eng/aboutosot/mis\\_vis\\_obj.asp](http://www.osot.on.ca/eng/aboutosot/mis_vis_obj.asp)
- Parham, B. (1987). Toward professionalism: The reflective therapist. *American Journal of Occupational Therapy*, 41, 555-561.
- Parsons, T. (1939). The professions and social structure. Retrieved from <http://www.jstor.org/stable/2570695>
- Parsons, T. (1969). Research with human subjects and the "Professional Complex". *Daedalus*, 98(2), 325-360.
- Patton, M. Q. (2002). *Qualitative research & evaluation methods, 3<sup>rd</sup> Edition*. Thousand

Oaks, CA: Sage.

Pierce, D., Jackson, J., Rogosky-Grassi, M., Thompson, M. E., & Menninger, B. (1987). The possible effects of a change to master's entry level in occupational therapy.

*American Journal of Occupational Therapy, 41*, 658-665.

Picard, H. (2002). Master's level entry: Recognizing the present/positioning for the future.

*Ontario Society of Occupational Therapists, The Link, August/September, 72*, 1-15).

Polatajko, H. (2001). National perspective: The evolution of our occupational perspective:

The journey from diversion through therapeutic use to enablement. *Canadian Journal of Occupational Therapy, 68(4)*, 203-207.

Polatajko, H., Polgar, J. M., & Cook, J. (1999). Master's level entry programmes in occupational therapy: Visionary or reflective of the profession's coming of age? *Occupational Therapy Now, 1*, 7.

Posthuma, B. W. (1983). Males in occupational therapy. *Canadian Journal of Occupational*

*Therapy, 50*, 133-135. QRS International. (2003). *NVivo 2.0*. Retrieved from <http://www.qsr.com.au/products/productoverview/NVivo.htm>

Rappolt, S., & Tassone, M. (2002). How rehabilitation therapists gather, evaluate, and

implement new knowledge. *Journal of Continuing Education in the Health Professions, 22*, 170-180.

Rappolt, S., Williams, P., Lum, J., Deber, R., Verrier, M. & Landry, M. (2004). Clinical

autonomy in occupational therapy practices: Results of a 2003 Ontario survey. *OT Now, 6*, 9-12.

Readman, T. (1992). Recruitment of men in occupational therapy: Past, present and future.

*Canadian Journal of Occupational Therapy, 59(2)*, 73-75. Regulated Health Professions Act. (1991). Retrieved from



[http://www.e-laws.gov.on.ca/html/statutes/english/elaws\\_statutes\\_91r18\\_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_91r18_e.htm)

- Redmond, A. (1997). Evidence based medicine: A blueprint for effective practice or the emperor's new clothes? *Podiatry Management, 11*, 124-126.
- Rider, B., Brashear, R. (1988). *Men in occupational therapy. American Journal of Occupational Therapy, 42*, 231-237.
- Roberts, S. (2000). Development of a positive professional identity: Liberating oneself from the oppressor within. *Advances in Nursing Sciences, 22(4)*, 71-82.
- Rogers, J., Brayley, C., & Cox, R. (1988). The educational level and professional activities of occupational therapists. *American Journal of Occupational Therapy, 42*, 642-646.
- Royeen, C. (1986). The issue is: Entry-level education in occupational therapy. *American Journal of Occupational Therapy, 40*, 425-427.
- Rozier, C., Gilkeson, G., & Hamilton, B. (1992). Why students chose occupational therapy as a career. *American Journal of Occupational Therapy, 46(7)*, 626-632.
- Rugg, S. (1999). Junior occupational therapists' continuity of employment: What influences success? *Occupational Therapy International, 6(4)*, 277-297.
- Rugg, S. (2002). Expectations and stress in junior occupational therapists: 1. *British Journal of Therapy and Rehabilitation, 9 12*, pp. ???
- Ryan, J. (2003). Continuous professional development along the continuum of lifelong learning. *Nurse Education Today, 2*, 498-508.
- Saarinen-Rahiiika, H. & Binkley, J. (1998), Problem-based learning in physical therapy: A review of the literature and overview of the McMaster University experience. *Physical Therapy, 78(2)*, 195-206.
- Sachs, D., & Linn, R. (1997). Client advocacy in action: Professional and environmental factors affecting Israeli occupational therapists' behaviours. *Canadian Journal of*

*Occupational Therapy*, 64(3), 207-215.

Sackett, D. L., Rosenberg, W. Muir Gray, J. A., Haynes, R. B., & Richardson, W. (1996).

Evidence-based medicine: What it is and what it isn't. *British Medical Journal*, 312, 71-72.

Sadlo, G. (1997). Problem-based learning enhances the educational experiences of

occupational therapy students. *Education for Health*, 10(1), 101-114.

Salvatori, P., Jung, B., Missiuna, C., Law, M., & Wilkins, S. (2006). *The McMaster Lens:*

*Bringing theory and practice into focus.* Hamilton, ON: McMaster University.

Schein, E. H. (1972). *Professional education.* New York: NY: The Carnegie Commission on

Education.

Schepins, A., Aelterman, A., & Vlerick, P. (2009). Student teachers' professional identity

formation: Between being born as a teacher and becoming one. *Educational Studies*, 35(4), 361-378.

Schmidt, H. G. (1983). Problem-based learning: Rationale and description. *Medical*

*Education*, 17, 11-16.

Schon, D. A. (1983). *The reflective practitioner: How professionals think in action.* New

York: YY, Basic Books.

Schreiber, R. (2001). The 'How to' of grounded theory: Avoiding the pitfalls. In R. S.

Schreiber & P. N. Stern (Eds.), *Using grounded theory in nursing* (pp. 55-84). New York, NY: Springer.

Schwandt, T. A. (2003). Three epistemological stances for qualitative inquiry: Interpretivism,

hermeneutics, and social constructionism. In N. K. Denzin & Y. S. Lincoln (Eds.),

*The landscape of qualitative research: Theories and issues, 2<sup>nd</sup> Edition* (pp. 292-331).

Thousand Oaks, CA: Sage.

Schwartz, S. (2001). The evolution of Eriksonian and neo-Eriksonian identity theory and

- research: A review and integration. *Identity: An International Journal of Theory and Research*, 1(1), 7-58.
- Schwartz, S. (2005). A new identity for identity research: Recommendations for expanding and refocusing the identity literature. *Journal of Adolescent Research*, 20(3), 293-308.
- Stets, J., & Burke, P. (2000). Identity theory and social identity theory. *Social Psychology Quarterly*, 63(3), 224-237.
- Storm, W. (1990). The relationship of educational level to the development and dissemination of knowledge by occupational therapist. *American Journal of Occupational Therapy*, 44, 39-46.
- Strauss, A., & Corbin, J. (1994). Grounded theory methodology: An overview. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 273-285). Thousand Oaks, CA: Sage.
- Strong, S. (2002). Functional capacity evaluations: The good, the bad, and the ugly. *Occupational Therapy Now*, 4(1), 5-9.
- Stryker, S., & Burke, P. J. (2000). The past, present and future of identity theory. *Social Psychology Quarterly* 63, 284-297.
- Sumsion, T. (2006a). Implementation issues. In T. Sumsion (Ed.), *Client-centred practice in occupational therapy: A guide to implementation, 2<sup>nd</sup> Edition* (pp. 39-53), Edinburgh, UK: Churchill Livingstone Elsevier.
- Sumsion, T. (2006b). Overview of client-centred practice. In T. Sumsion (Ed.), *Client-centred practice in occupational therapy: A guide to implementation, 2<sup>nd</sup> Edition* (pp. 1-18), Edinburgh, UK: Churchill Livingstone Elsevier.
- Sumsion, T., & Law, M. (2006). A review of evidence on the conceptual elements informing client-centred practice. *Canadian Journal of Occupational Therapy*, 73(2), 153-162.

- Sumsion, T., & Smyth, G. (2000). Barriers to client-centredness and their resolution. *Canadian Journal of Occupational Therapy, 67*(1), 15-21.
- Sweeney, G. M., Nicholls, K. A., & Kline, P. (1993) Job stress in occupational therapy: An examination of causative factors. *British Journal of Occupational Therapy, 56*(3), 89–93
- Tajfel, H., & Turner, J. C. (1986). The social identity theory of intergroup behaviours. In S. Worchel & W. (Eds.), *Psychology of intergroup relations* (pp. 7-24). Chicago, IL: Nelson-Hall.
- Tannous, C. (2000). Therapists as advocates for their clients with disabilities: A conflict of roles? *Australian Journal of Occupational Therapy, 47*, 41-46.
- Toal-Sullivan, D. (2006). New graduates' experiences of learning to practice in occupational Therapy. *British Journal of Occupational Therapy, 68*(11), 513-524.
- Tomlinson, M. (2008). "The degree is not enough": Students' perceptions of the role of higher educational credentials for graduate work and employability. *British Journal of Sociology of Education, 29*(1), 49-61.
- Townsend, E., Brintnell, S., & Staisey, N. (1990). Developing guidelines for client-centered occupational therapy practice. *Canadian Journal of Occupational Therapy, 57*, 69-76.
- Tremblay, M., Tryssenaar, J., & Jung, B. (2001). Problem-based learning in occupational therapy: Why do health professionals choose to tutor? *Medical Teacher, 23*(6), 561-566.
- Trentham, B. (2001). CAOT during the 1980s. *Occupational Therapy Now, 5*, 3-7.
- Tryssenaar, J. (1999). The lived experience of becoming an occupational therapist. *British Journal of Occupational Therapy, 62*, 107-112.
- Tryssenaar, J., & Perkins, J. (2001). From student to therapist: Exploring the first year of practice. *American Journal of Occupational Therapy, 55*, 19-27.

- Turgeon, J., & Hay, J. (1994). Male occupational therapists in Ontario: A survey of work-related issues. *Canadian Journal of Occupational Therapy*, 61(5), 277-284.
- United Nations Educational, Scientific and Cultural Organization [UNESCO]. (n/d). Mission: Education. Retrieved from, <http://www.unesco.org/en/efa/mission>
- University of Manitoba. (2007). The master's of occupational therapy program at the University of Manitoba: Answers to questions from occupational therapists. Retrieved from [http://umanitoba.ca/faculties/medicine/units/medrehab/media/program\\_questions.pdf](http://umanitoba.ca/faculties/medicine/units/medrehab/media/program_questions.pdf)
- Van Deusen, J. (1985). Relationship of occupational therapists' education and experience to perceived value of theory development. *The Occupational Therapy Journal of Research*, 223-231.
- Wain, K. (2007). Lifelong learning and the politics of the learning society. In D. Aspin (Ed.), *Philosophical perspectives on lifelong learning* (pp. 39-56), Dordrecht, Netherlands: Springer.
- Waters, B. (2000). Master's degree as a pre-registration qualification: A need for caution? *British Journal of Occupational Therapy*, 63, 500-502.
- Weideman, J. C., Twale, D., & Stein, E. L. (2001). *Socialization of graduate and professional students in higher education: A perilous passage? ASHE-ERIC Higher Education Report, Volume 28, Number 3*. San Francisco, CA: Jossey-Bass.
- Wenger, E. (2006). Communities of practice: A brief introduction. Retrieved from [http://www.ewenger.com/theory/communities\\_of\\_practice\\_intro.htm](http://www.ewenger.com/theory/communities_of_practice_intro.htm)
- Wenger, E., and Snyder, W. (2000). Communities of practice: The organizational frontier. <http://www.itu.dk/people/petero/speciale/Wenger-CoPtheorganizationalfrontier.pdf>
- Wenger, E., McDermott, R., and Snyder, W. (2002). *Cultivating communities of practice*. Boston, MA: Harvard Business Press.

- Wesley, P. W., & Buysse, V. (2001). Communities of practice: Expanding professional roles to promote reflection and shared inquiry. *Topics in Early Childhood Special Education, 21*(2), 114-123.
- Westmorland, M., Salvatori, P., Tremblay, M., Jung, B., & Martin, A. (1996). The once and future programme: Educational innovation in occupational therapy. *Canadian Journal of Occupational Therapy, 63*, 44-54.
- Wilkins, S., Pollock, N., Rochon, S., & Law, M. (2001). Implementing client-centred practice: Why is it so difficult to do? *Canadian Association of Occupational Therapists, 68*(2), 70-79.
- Williams, B. (2001). Developing critical reflection for professional practice through problem-based learning. *Journal of Advanced Nursing, 34*(1), 27-34.
- World Federation of Occupational Therapy [WFOT]. (n/d). *What is occupational therapy?* Retrieved from <http://wfot.org/information.asp>.
- World Federation of Occupational Therapy [WFOT]. (2002). Minimum standards for the education of occupational therapists. WFOT.
- World Federation of Occupational Therapy [WFOT]. (2009). Position paper: Occupational therapy entry-level qualifications. *WFOT Bulletin 59*, 18-19.
- Yerxa, E. (2000). Confessions of an occupational therapist who became a detective. *British Journal of Occupational Therapy 63*(5), 192-199.

## Appendix A

### Ethics Approval from University of Western Ontario, Faculty of Education Ethical Review Committee



#### THE UNIVERSITY OF WESTERN ONTARIO FACULTY OF EDUCATION

#### USE OF HUMAN SUBJECTS - ETHICS APPROVAL NOTICE

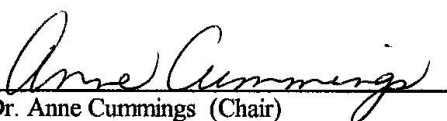
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**Number:** 0603-2  
**Applicant:** Fung-Ming Jung  
**Supervisor:** Dr. Beynon  
**Title:** *The professional master's educated occupational therapist: the development of an emerging identity and profile.*  
**Duration:** April 2006 to December 2006  
**Type:** Ph.D. thesis  
**Received:** March 31/06  
**Status:** Approved April 11/06  
Amended May 24/06 (Letter of Information)

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This is to notify you that the Faculty of Education Ethical Review Committee, which operates under the authority of The University of Western Ontario Research Ethics Board for Non-Medical Research Involving Human Subjects, according to the Tri-Council Policy Statement and the applicable laws and regulations of Ontario has granted approval to the above named research study on the date noted above.

No deviations from, or changes to, the research project as described in this protocol may be initiated without prior written approval, except for minor administrative aspects. Investigators must promptly report to the Chair of the Faculty Ethical Review Committee any adverse or unexpected experiences or events that are both serious and unexpected, and any new information which may adversely affect the safety of the subjects or the conduct of the study. In the event that any changes require a change in the information and consent documentation, newly revised documents must be submitted to the Committee for approval.

  
Dr. Anne Cummings (Chair)

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#### 2005-2006 Faculty of Education Ethical Review Committee

**Dr. Anne Cummings** Faculty (Chair)  
**Dr. Alan Edmunds** Faculty  
**Dr. Ellen Singleton** Faculty  
**Dr. Margaret McNay** Faculty  
**Dr. Jacqueline Specht** Faculty  
**Dr. Carol Beynon** Chair of Graduate Education (*ex officio*)  
**Dr. Jerry Paquette** University Ethical Review Board (*ex officio*)

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The Faculty of Education  
1137 Western Rd.  
London, ON N6G 1G7

Karen Kueneman, Research Officer  
Room 2031 Faculty of Education Building  
[kueneman@uwo.ca](mailto:kueneman@uwo.ca)  
519-661-2111, ext.88561 FAX 519-850-2377

## Appendix B

### Email Recruitment Letter

February, 2006

**Please join my professional discussion and study group!**

I am currently completing my dissertation as part of the requirements for my PhD in Educational Studies at the University of Western Ontario (UWO).

I am conducting a research study entitled: *The professional master's occupational therapist: The development of an emerging identity and profile*, and hope you can assist me as a participant. Your ideas and opinions will greatly add to my understanding of what being an occupational therapist means to you.

I have attached a Participant Information and Consent Form that provides you with more details about the study and the potential scope of your participation.

If you require more information about the study itself, please do not hesitate to email me or call me at:

**Bonny Jung (PhD Candidate, UWO)**

Address: School of Rehabilitation Science  
Occupational Therapy Program  
1400 Main St., W., IAHS  
McMaster University  
Hamilton, Ontario, Canada, L8S 1C7  
(905) 525-9140 ext. 27807  
[jungb@mcmaster.ca](mailto:jungb@mcmaster.ca)

or my supervisor at:

**Dr. Carol Beynon (Associate Professor, Chair of Graduate Education)**

Address: University of Western Ontario  
Althouse Building, Faculty of Education  
1137 Western Rd.  
London, ON, N6G 1G7  
(519) 661-2111 x88870  
[beynon@uwo.ca](mailto:beynon@uwo.ca)



## Appendix C

### Interview Questions

**Title of Study:** The professional master's occupational therapist:  
The development of an emerging identity and profile

**Investigator:**

Bonny Jung (PhD Candidate, University of Western Ontario)  
School of Rehabilitation Science, Occupational Therapy Program  
1400 Main St., W., IAHS, McMaster University  
Hamilton, Ontario, Canada, L8S 1C7  
(905) 525-9140 ext. 27807, [jungb@mcmaster.ca](mailto:jungb@mcmaster.ca)

#### Semi-structured guiding questions

Opening (get people talking and to help them feel comfortable)

- tell us your name, where you work and what you have been doing since you graduated from McMaster University?

Introductory (introduce the topic and get people to start thinking about their connection with the topic)

- how did you find out about this position/job?
- why did you decide to apply there?

Transition questions (moves conversation into the key questions that drive the study)

- when you first started working at this site, what were your impressions as a new graduate?
- describe what you do as an occupational therapist?

Key questions (main questions to the study)

- describe what it means to be an occupational therapist
- describe what it means to be a master's entry-level educated occupational therapist
- how has your educational program prepared you (not prepared you) for practice?
- how has your educational program influenced or shaped what you do and who you are?
- what are the challenges that you face as an occupational therapist in your setting?
- what strategies do you use to cope/deal with those challenges?
- what kind of impact do you feel you have on health care?
- what kind of impact do you feel you have on the profession?

## CURRICULUM VITAE

**Bonny, Fung-Ming, Jung**  
Sept, 2010

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### Educational Background

- 1991      Master of Education, (M.Ed.)  
            Brock University, St. Catharine's, ON
- 1979      Bachelor of Science Program in Occupational Therapy, B.Sc. (OT)  
            University of Toronto, Toronto, ON

### Current Status

- 2000-present      Assistant Professor,  
                            School of Rehabilitation Science, McMaster University.  
                            Faculty of Health Sciences

### Professional Organizations

- 2006 – present      Member, World Federation of Occupational Therapy (WFOT)
- 2005 – present      Member, Canadian Society for the Study of Education (CSSE)
- 2001 – present      Member, Canadian Association of Occupational Therapist (CAOT)
- 1994 – 2001      Associate Member, Canadian Association of Occupational Therapists  
                            (CAOT)
- 1994 – present      Member, Ontario Society of Occupational Therapists (OSOT)
- 1994 – present      Member, College of Occupational Therapists of Ontario (COTO)

### Honours and Awards

- 2008      **Outstanding Service Award**, for dedication to the spirit of volunteering.  
            *Hamilton Literacy Council*
- 2007      **Certificate of Appreciation**, for recognition of outstanding volunteer  
            commitment as a member of the National Advisory Panel for Enabling  
            Occupation II: Advancing an Occupational Therapy Vision for Health, Well  
            Being, and Justice Through Occupation. *Canadian Association of Occupational  
            Therapists.*
- 2003      **Certificate of Appreciation**, for recognition of outstanding volunteer  
            commitment as a member of the National Support Personnel Working Group.  
            *Canadian Association of Occupational Therapists.*
- 2002      **Certificate of Appreciation**, for recognition of outstanding volunteer  
            commitment as a member of the National Fieldwork Education Site Approval  
            Program Working Group and to the Working Group of the Task Force on Support  
            Personnel Competency Profile. *Canadian Association of Occupational Therapists.*

- 1997 **Award of Merit**, for recognition of significant contributions as a member of the National Fieldwork Accreditation Committee. *Canadian Association of Occupational Therapists*.
- 1990 **Certificate of Appreciation**, for recognition as Clinical Instructor and Clinical Education Coordinator to the development and enhancement of the Mohawk College Occupational Therapy Program. *Mohawk College of Applied Arts and Technology*.

### Research Funding

2010-2011

**McMaster University, School of Rehabilitation Sciences, Education Grant:**  
\$3,000  
*Education Framework for Mapping PBL and Professional Practice*  
Gerwurtz, R., Norma McIntyre, Coman, L., **Jung, B.**, Dhillon, S., Solomon, P.

2009-2010

**Hamilton Health Sciences:** \$500.00  
*Staying healthy as an adult learner with limited literacy skills.*  
Harper, T., & **Jung, B.**

2008-2009

**McMaster University, Teaching and Learning Grant**  
\$5,468.00  
*Inclusive Education in Rehabilitation Sciences*  
**Jung, B.**, Tremblay, M., Salvatori, P., Baptiste, S., & Kravchenko, T.

2007-2008

**Program for Interprofessional Practice, Education and Research (PIPER)**  
\$2,594.00  
*Peace through Health Interprofessional Education electives*  
Bosch, J., **Jung, B.**

2005-2007

**World Federation of Occupational Therapists (WFOT), Research Grant**  
\$1,500  
*Inclusive Occupational Therapy Education*  
**Jung, B.**, Tremblay, M., Salvatori, P., Baptiste, S., & Sinclair, K.

2003-2004

**McMaster University, School of Rehabilitation Sciences, Education Grant and Mohawk College, Health Sciences, OTA/PTA Program**  
\$5,658.00  
*Development and Evaluation of an Intra professional Fieldwork Tutorial for Student Occupational Therapists and Student Occupational Therapists Assistants (Phase 2).*  
**Jung, B.**, Martin, A., & Salvatori, P.

2001-2002

**McMaster University, School of Rehabilitation Sciences, Education Grant**

\$2,650.00

*Becoming a tutor: Exploring the learning experiences and needs of new tutors.*  
Tryssenaar, J., **Jung, B.**, & Wilkins, S.

1999-2000

**Canadian Occupational Therapy Foundation (COTF)**

\$5,000.00

*The Effectiveness of Education and Functional Training Programmes for Older Adults with Chronic Illness.*

Wilkins, S., **Jung, B.**, Wishart, L., & Edwards, M.

1998-1999

**McMaster University, Teaching and Learning Grant**

\$8,122.25

*Interdisciplinary Preparation of Clinical Educators: Improving the Quality of Practice Education for Students.*

Sammon, S., Montemuro, M., Royle, J., Parsons, M., Fraser, R., **Jung, B.**, Joshi, A., Gemus, M., Wakefield, J., Brown, M., & Baptiste, S. (Investigators)

1997-1998

**Mohawk College of Applied Arts and Technology**

\$1,000.00

*Occupational Therapy (OT) and Occupational Therapy Assistant (OTA) Fieldwork Project.*

Sainsbury, S., **Jung B.**, and Pierce-Fenn, H. (Investigators)

1996-1997

**McMaster University, School of Rehabilitation Science**

\$900.00

*Occupational Therapy Tutor Survey.*

Tremblay, M., Tryssenaar, J., and **Jung B.** (Investigators)

To assist in the development of a survey questionnaire to gather data about tutors who have taught in the B.HSc. (OT) Programme.

**McMaster University, Educational Centre for Aging and Health (ECAH)**

\$5,520.00

*Role of Occupational Therapy in a Respite Companion Program.*

Wilkins, S. and **Jung, B.** (Investigators)

1996-1998

**Ontario Council of University Programs in Rehabilitation Sciences**

\$29,000.00

*Alternative Models of Supervision in Fieldwork Education.*

**Jung, B.** (Investigator)

### Peer Reviewed Articles

14. **Jung, B.**, Salvatori, P., Baptiste, S., Tremblay, M., & Sinclair, K. (2008). Inclusive occupational therapy education: An international perspective. *WFOT Bulletin*, 57, 33-42.

13. **Jung, B.,** Salvatori, P., & Martin, A. (2008) Intraprofessional student fieldwork education: Occupational therapy and occupational therapist assistant students learning together. *Canadian Journal of Occupational Therapy*, 1, 42-50.
12. Solomon, P., & **Jung, B.** (2006). An interdisciplinary role-emerging placement in HIV Rehabilitation. *International Journal of Therapy Rehabilitation*, 13, 59-64.
11. **Jung, B.,** Tryssenaar, J., & Wilkins, S. (2005). Becoming a tutor: Exploring the learning experiences and needs of novice tutors in a PBL programme. *Medical Teacher*, 27, 606-612.
10. Wilkins, S., **Jung, B.,** Wishart, L., Edwards, M., & Gamble-Norton, S. (2003). The effectiveness of community-based occupational therapy education and functional training programs for older adults: A critical review of the literature. *Canadian Journal of Occupational Therapy*, 4, 214-225.
9. **Jung, B.,** Sainsbury, S., Grum, R., Wilkins, S. & Tryssenaar, J. (2002). Collaborative fieldwork education with student occupational therapists and student occupational therapists assistant. *Canadian Journal of Occupational Therapy*, 69(2), 95-104.
8. Wilkins, S., & **Jung, B.** (2001). Establishing research, fieldwork and service partnerships. *Physical and Occupational Therapy in Geriatrics*, 19(3), 65-78.
7. Tremblay, M. Tryssenaar, J., & **Jung, B.** (2001). Problem-based learning in occupational therapy and physiotherapy: Why do health professionals chose to tutor? *Medical Teacher*, 23(6), 561-567.
6. **Jung, B.,** Larin H., Gemus, M., & Birnie, S. (1999). International clinical placements for occupational and physiotherapy students: An organizational framework. *Canadian Journal of Rehabilitation*, 12(4), 1-5.
5. **Jung, B.,** & Tryssenaar, J. (1998). Supervising students: Exploring the experience through reflective journals. *Occupational Therapy International*, 5(1), 34-47.
4. **Jung, B.,** & Miller, B. (1998). Fieldwork education in a community agency servicing residents with multiple disabilities: Opportunities and challenges. *Journal of Developmental Disabilities*, 6(1), 60-72.
3. Westmorland, M. & **Jung, B.** (1997). Educational partnerships: Student and faculty involvement. *British Journal of Therapy and Rehabilitation*, 4(12), 671-675.
2. Westmorland, M., Salvatori, P., Tremblay, M., **Jung, B.,** & Martin, A. (1996). The once and future programme; Educational innovation in occupational therapy. *Canadian Journal of Occupational Therapy*, 63(1), 44-54.
1. **Jung, B.,** Martin, A., Graden, L., & Awrey, J. (1994). Fieldwork education: A shared supervision model. *Canadian Journal of Occupational Therapy*, 61(1), 12-19.

#### Invited Publications - Book Chapters

2. **Jung, B.**, Solomon, P., and Martin, A. (2010). Exploring the intraprofessional and interprofessional context. In L. McAllister, M. Paterson, J. Higgs, & C. Bithell, (Eds.), *Innovations in allied health fieldwork education: A critical appraisal*. Netherlands: Sense Publishers.
1. **Jung, B.**, Solomon, P., & Cole, B. (2005). Role-emerging placements in rehabilitation sciences. In P. Solomon & S. Baptiste (Eds.), *Innovations in rehabilitation sciences education: Educating leaders for the future*. Germany: Springer-Verlag.