Facilitating professional identity in occupational therapy students

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ABSTRACT: The purpose of this study was to explore how a graduate course in occupational therapy theory can help prepare students to develop a professional identity. Thirty students participated in the study. The course included content on the history of occupational therapy, models of practice and the social, philosophical, political and economic factors that impact on occupational therapy. The students were divided into groups of four or five where they discussed issues assigned by the instructor. An electronic blackboard was used to share the discussion with the class. Surveys of the students' opinions were used to collect data on what the students viewed as the strengths and weaknesses of the course. The students felt that the class discussions were the strongest part of the course. They felt that the course improved their critical thinking and problem solving significantly. It was concluded from the results that the course facilitated their professional identity through the connection made between theory and practice. There is a recognized need to explore the issue of developing a professional identity in occupational therapy students through courses integrating philosophical topics and clinical practice. Specifically, it is recommended that further research be carried out in educational settings with larger samples, using comparison groups and other methodologies to evaluate the issue of facilitating professional identity in occupational therapy students.

Key words: occupational therapy education, professional identity

Introduction

In the recent literature, there has been a call for evidence-based practice and training of therapists who are particularly prepared for such practice (Holm, 2000; Stern and D’Amico, 2001; Tickle-Degnen, 2000). Evidence-based practice means being able to provide clients and reimbursement agencies with evidence that therapeutic interventions work as hypothesized (Holm, 2000).
While evidence-based practice should be emphasized both in practice and professional education, the question arises regarding what kind of evidence? What interventions should we legitimately claim to be the domain of occupational therapy? Only after we answer that question can we claim to present evidence that interventions that are uniquely occupational therapy are effective.

Identifying interventions that are unique to occupational therapy is not easy. The identity of the profession, especially pertaining to how occupational therapists practice, has often been questioned and there have been feelings that occupational therapy is losing its identity and is often not distinguishable from physical therapy or social work (Cottrell, 1996; Haase, 1995; Joe, 1995). Use of occupation as a means of intervention is often not apparent in practice (Fisher, 1998). Frequently, the end or goal of occupational therapy is not clear (Crabtree, 1998). It has been suggested that these identity problems are a result of abandonment of the philosophy based on the association between occupation and health, embracing instead a philosophy of health based on the medical model (Wilcock, 2000). Others have attributed the identity problems to the conflicting discourses of pragmatism and structuralism which have been predominant in professional thought and practice at different times (Hooper and Wood, 2002).

Literature review

One of the methods that has been proposed to correct the perceived identity problem and therefore to ensure survival of the profession in the future is to develop ‘… a personal, professional, and educational philosophy grounded in the association between occupation and health…’ (Wilcock, 2000: 1). Breines (1986), Ikiugu (2001), and Hooper and Wood (2002) have suggested that such a philosophy may be pragmatism, since the core assumptions, principles, and values of pragmatism are conceptually consistent with those of occupational therapy. One way to prepare students so that they have a strong occupational therapy identity and are able to engage in evidence-based practice using meaningful occupations might be to introduce them to the basic principles of pragmatism and to help them gain insight into how those principles are consistent with our professional practice.

Many occupational therapists have argued that authentic occupational therapy is occupation-centered (Wood et al., 2000; Wilcock, 2000; Zemke and Clark, 1996). Teaching occupation-centered practice has therefore been suggested as a way to help students develop a strong professional identity. However, it seems, according to the reviewed literature, that a clear link between philosophy, theory, and practice often may not be emphasized to students in their educational preparation. Crist (1999) described a video conferencing approach to teaching occupation-centered practice in which students discussed the application of various theories with major theory developers. At
the end of the semester, the students ‘indicated moderately improved communication skills, understanding of approaches to occupation, and development of clinical problem solving...’ (Crist, 1999: 83). They also stated that they, ‘...better understood the motivation for the expert’s approach and how the interaction between an expert’s philosophy and the practice environment results in the development of a unique approach to occupation’ (1999: 83).

Stern and D’Amico (2001) described a problem-based approach to teaching evidence-based practice. The instructor developed learning objectives based on case studies. Students assigned to each case developed their own learning objectives and used them for discussion in a small group. After the discussions, they rated the extent to which they felt they had achieved the instructor's objectives. However, many of the objectives seemed to emphasize medical complications, medical management and the roles of various health care professionals. Out of the 21 learning objectives based on three case studies, only four (less than 20%) focused on understanding occupational functioning of the clients, such as functional performance, approaches to occupational performance, and, the ‘impact of functional performance deficits on independence’ (Stern and D’Amico, 2001: 459). The rest of the objectives seemed to emphasize the medical model and issues related to administration and support systems. They explored subjects such as, ‘medical options for managing spasticity’ (2001: 458), ‘administrative functions of an occupational therapist’ (2001: 459), and ‘family involvement’. Furthermore, students indicated that the occupation-centered objectives such as understanding of occupational performance approaches were met less often than medically oriented objectives. This indicates that although the programme emphasized problem-based learning and therefore was geared towards application of theory in practice, the medical model was being emphasized more strongly than the occupation-centered view of practice. While medical management and the roles of various health care professionals should be covered, it is important that the main emphasis in occupational therapy education be on understanding occupation-centered practice (Wilcock, 2000; Wood et al., 2000; Zemke and Clark, 1996).

A curriculum redesign described by Wood et al. (2000) emphasized an occupation-centered approach in student education. Their goal was to develop a programme centered on the construct of occupation and built upon the foundation of occupational science. The curriculum examines the construct of occupation focusing on the view of the human as an occupational being, occupation as a medium of change, and occupational therapists as scholars and agents of change. Other curricular themes include adaptation, health-related quality of life, activity, participation, relationship to the environment, and clinical reasoning. The expected outcome of the programme is that the students will become clinicians who are change agents to help improve practice, consistent with occupation-centered approaches.

The curricular redesign described above reflects Pierce’s (2001) proposal that translation of theory into practice must be based on use of knowledge of
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occupation to design occupation-based practice. According to Pierce (2001), there are three bridges to occupation-based practice. These are generative discourse, development of occupation-based practice sites, and educational training. Generative discourse refers to discussions about ‘... the relation between theories and research describing typical occupations and their application in practice’ (Pierce, 2001: 250). One might add philosophical understanding of concepts used in the theory of human occupation to Pierce’s (2001) definition of the generative discourse. Occupation-based practice sites are clinical sites where therapy is based on a theoretical understanding of occupation and ‘...custom-designed, naturalistic occupational experiences’ (2001: 250). By educational training, Pierce (2001: 251) meant ‘...educational programs that have been specifically constructed with a focus on teaching effective occupation-based practice...’.

The purpose of this study was to investigate the perceived benefits of a theory course in which a generative discourse (Pierce, 2001), and a philosophical explication of the concepts used in the theory of human occupation were included. In the study, a course was designed not only to teach application of theory in occupation-centered practice but also to teach the pragmatic philosophical constructs postulated to be underlying such practice (Breines, 1986; Hooper and Wood, 2002; Ikiugu, 2001). Students’ feedback regarding how they felt the course helped them to develop a clearer identity as occupational therapists was discussed.

Description of the course

OT 502: Advanced Occupational Therapy Theory, is a three credit required graduate course offered in the occupational therapy programme at the University of Scranton in Pennsylvania. It is offered as a three-hour seminar-type discussion once a week for 13 weeks. The course presents an in-depth analysis of how theory and knowledge are constructed, and their effect on practice. Factors influencing theory and knowledge development are discussed with an emphasis on how basic inquiry leads to application and refinement of theory and knowledge leading to what constitutes best practice. The occupational therapy paradigm is reviewed. According to Kielhofner (1997), the paradigm consists of core constructs, focal viewpoint, and integrating values. The core constructs describe the service that occupational therapy provides, the human need that it meets and the problems that it solves. The focal viewpoint is the profession’s way of thinking about the world, which is primarily a view of the human being as a complex organism connected with the environment through occupational performance. The integrating values of the profession are based on the idea of a human being’s quality of life as attained through engagement in daily occupations. Occupational therapy paradigm shifts over time as described by Kielhofner (1997) are discussed. The effect of such paradigmatic changes
on practice, both positive and negative, is examined. Cultural, economic, and demographic contexts and their effect on theory development and application are also discussed.

The specific topics in the syllabus include a historical examination of the development of occupational therapy from the moral treatment era to the present. The social/cultural, political, economic, and intellectual context and how this context influenced the development of the profession at each era is expounded. The core constructs underlying the assumptions, principles, and values of the profession are gleaned from the literature pertaining to each era of professional development. The connection between these core constructs and the social/cultural, political, and intellectual context of the time is illustrated. For instance, in discussing the development of the moral treatment era, the prominence of John Locke’s liberal philosophy in Europe and how this led to a change in social/cultural and political views which made it possible for Pinel to institute reforms in mental health is examined (Locke, 1924; 1963; 1990; Magee, 1998; Pinel, 1962).

It is illustrated how the philosophy of pragmatism influenced the development of occupational therapy as a profession at the turn of the century (Breines, 1986; Hooper and Wood, 2002). The paradigm of occupational therapy and how it has changed over time as presented by Kielhofner and Burke (1977) and Kielhofner (1997) is discussed. The emerging paradigm as postulated by Kielhofner (1997) is analysed, identifying its core constructs and which of those constructs have remained constant throughout the history of occupational therapy. Finally, models of practice as presented by Kielhofner (1997) are discussed. Each model is compared to the postulated emerging paradigm. Its practice guidelines are evaluated on the basis of how they facilitate occupation-based therapy. Students are encouraged to make suggestions, with rationales, regarding how each model could be reformulated to constitute the best of what is uniquely occupational therapy.

Method of course presentation

This course was designed to develop students’ ability to think critically about what authentic occupational therapy (occupation-centered therapy) might be and how it might be practised. To accomplish that goal, the following methods were used:

1. Discussion questions were posted on the electronic Blackboard (Bb) every week four days before class. Bb is a web-based integration course management system (Blackboard, 2003). Using this medium, the instructor can post course materials, quizzes, messages, and topics for discussion outside the classroom. For this course, the discussion questions encouraged students to complete their reading assignments. Often, description of scenarios was used as a basis for questions to facilitate thinking about application to practice. The following is an example of such a scenario-based
question: ‘Considering the fact that by the year 2030 (you will be about 50 years old by then), the population of those over 60 will have increased by over 100%, discuss the implications of this increase to how you will be incorporating environmental considerations in your practice of occupational therapy.’

2. During class, students were divided into five to six groups of four or five students. Each group was assigned two to four questions to discuss. After about 30 minutes, the class re-convened and each group presented a report of their discussions. Discussion of each question was then opened to the entire class. The instructor summarized the discussion.

3. Discussion topics were regularly posted on the electronic blackboard for continued discussion out of class. An example of such a discussion topic was, ‘Discuss the social, political, and intellectual forces that are shaping the emerging occupational therapy paradigm’ (Kielhofner, 1997).

4. Finally, students completed a final course project in which they critically evaluated and offered suggestions for modification of a frame of reference/model of practice or formulation of a new frame of reference/model of practice. A frame of reference is defined by Mosey (1996) as an internally consistent body of knowledge that assists a professional in problem identification and intervention in a specific professional domain of concern. This definition is close in meaning to that of a conceptual model of practice by Kielhofner (1997) who defines a practice model as a body of knowledge that addresses ‘…the specifics’ raised in the professional paradigm (Kielhofner, 1997: 95). As such, a model is, ‘…a way of thinking about and doing practice that is constantly being refined and improved’ (1997: 97).

Working in groups of three, students chose an area of practice (paediatrics, physical disabilities, geriatrics, psychosocial rehabilitation, home health, or an emerging area of practice). Using the guidelines for development of frames of reference by Mosey (1996), they identified and defined a problem in the chosen area of practice. The problem had to be one for which, to their knowledge based on literature review, no occupational therapy intervention guidelines were currently available, or they considered current guidelines as inadequate to solve the problem. If guidelines were available, students analysed the theory on which they were based. The analysis consisted of identifying theoretical concepts/constructs and their definitions, the propositions connecting the concepts/constructs to form a theoretical core, and the adequacy and consistency of the propositions. They then suggested other constructs/concepts and propositions that may be incorporated in the theoretical core to improve the frame of reference/conceptual model with regard to its ability to guide occupation-based intervention to solve the identified problem.

If there were no guidelines for the identified problem, students reviewed theories that might be relevant to the problem. For example, one of the groups
identified sex and sexual functioning of physically disabled individuals as one area lacking clear guidelines for problem identification and intervention in occupational therapy. They argued that sexual functioning is a meaningful occupation and a legitimate domain of concern for occupational therapists, and therefore there should be clear occupational therapy guidelines for evaluation and intervention in this area of human functioning. They identified and defined concepts/constructs that may be useful in addressing the problem from theories in psychology, human sexuality, and human anatomy and physiology. For example, one of the concepts they derived from the theory of human sexuality was ‘sexuality’, which they defined as follows: ‘Sexuality is composed of physical, cognitive, affective, and behavioural factors that influence sexual function and expression throughout the lifespan.’

After identifying and defining concepts/constructs, they generated propositions connecting them to form a theoretical core. For instance, group A stated one of their propositions as follows: ‘Sexuality is holistic in nature and includes biological, psychological, and cultural components.’ From such propositions, students deduced a set of guidelines for evaluation and intervention. For example, one of group A’s guidelines for evaluation of clients with sexual functioning difficulties was: ‘Assessment should occur with the client and his/her partner if appropriate. The client should be asked how his/her sexuality has changed since the onset of his/her condition, what this change has meant to him/her with regard to his/her role as a spouse/partner in the relationship, his/her knowledge about sexuality and adaptations to help improve sexual functioning given the condition, and his/her expectations regarding sexual performance.’

The students submitted a written paper, then presented and debated their proposed frame of reference/conceptual model in class.

Course evaluation

The participants in this study were 30 graduate occupational therapy students at the University of Scranton in Pennsylvania. They were from the states of New York, New Jersey, Maryland, and Pennsylvania. All were female, and their ages ranged between 23 and 24 years. Before analysis of the data (which is collected regularly by the university and the department of occupational therapy as part of programme evaluation), permission was granted by the Institutional Review Board (IRB) to analyse and publish the data. To assess adequacy of the course in meeting its objectives, descriptive statistics were used to analyse data from three forms of course evaluations:

1. An occupational therapy department course evaluation: This evaluation is designed by the department of occupational therapy at the University of Scranton to assess the adequacy of course presentation. Students are asked to indicate what parts of the course they found most useful and which ones
least useful. They are asked to suggest areas that they think can be improved. The students write their responses descriptively and therefore, this course evaluation presents qualitative data. The instructor converted this qualitative information into quantitative data by delineating specific statements and tabulating the frequency with which they were made in the evaluations.

2. An evaluation instrument used by the University of Scranton to evaluate the ability of the course to meet specific objectives: This instrument requires the student to rate himself/herself on a five-point Likert-type scale regarding the frequency with which the course helped him/her learn the required material, fundamental principles or theories, and application of the course material to improve rational thinking and decision making.

3. The department of occupational therapy graduate survey (Reinson, 2002): This survey solicited information regarding what parts of the graduate programme and specifically what courses students found most useful and why.

4. In addition, we analysed qualitative data collected from the students’ contribution to the electronic blackboard discussion topic, ‘Discuss the social, political, and intellectual forces shaping the emerging occupational therapy paradigm’ using the QSR Nud*ist Nvivo qualitative data analysis program (Richards, 1999). Using this program, data were segmented (chunked) into units of analysis. The researchers read each unit (paragraph) several times and conceptualized a theme (conceptual code) for that text unit. Patterns of codes, or themes that traversed the whole data set were identified (Miles and Huberman, 1994). The researchers coded the data separately and compared the emerging themes. If they did not agree on any theme, they debated it until they arrived at a consensus.

Results

Feedback from the department course evaluations

What students’ perceived to be the strong points of the course Figure 1 shows the students’ perceptions regarding what they found to be useful in the course. As can be seen, 93% of the students identified group and class discussions as the strongest part of the course. Ten percent of the students also identified linking theory to practice as a strong point, indicating that a number felt that the course helped them understand how theory can be applied in practice.

Areas of the course identified as needing further improvement Figure 2 shows areas of the course identified by the students as needing further improvement. As can be seen, students identified various course presentation methods as their main concern. No student questioned the content or relevancy of the course to occupational therapy practice.
Feelings about the various learning activities

Figure 3 indicates that only one student (3%) mentioned something specific that made the course helpful to her. This student identified the final theory course project as a helpful learning activity.

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Figure 1. Students’ perceived strong points of course OT 502.

Figure 2. Areas of course OT 502 perceived by students to need further development.
Feedback from the university course evaluations

As is evident in Table 1, many students felt that they gained factual knowledge (terminology, classifications, generalizations, or theories) (85%); learned fundamental principles, generalizations, or theories (100%); learned to apply the course material to improve thinking, problem solving, and decision making (93%); and learned specific skills needed by professionals in this field (96%).

Occupational therapy graduate survey

What students liked most about the course
As can be seen in Table 2 a number of the students (23%) liked the theory project. Many also liked the in-depth review of occupational therapy history (20%), revisiting occupational therapy theory as graduate students (17%), and class discussions (17%).

It is important to note that 10% of the students also liked the emphasis on the application of occupational therapy theory in practice.

What students liked least
Twenty percent of the students did not like the theory project.

Strengths of the programme in general
Twenty three percent of the students identified the theory course, along with the management course, as the strengths of the programme. One student identified emphasis on the philosophical basis of occupational therapy as a strength of the programme.
TABLE 1: University course evaluation results (n = 30)

<table>
<thead>
<tr>
<th>Rating</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
</tr>
<tr>
<td>Progress on objectives</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gained factual knowledge</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>4 (13)</td>
<td>12 (40)</td>
<td>14 (47)</td>
</tr>
<tr>
<td>Learned fundamental principles, generalizations, or theories</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>9 (30)</td>
<td>21 (70)</td>
</tr>
<tr>
<td>Learned to apply course material to improve thinking</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>2 (7)</td>
<td>12 (40)</td>
<td>16 (53)</td>
</tr>
<tr>
<td>Developed specific skills needed by professionals</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>1 (3)</td>
<td>10 (33)</td>
<td>19 (63)</td>
</tr>
<tr>
<td>Developed skill in expressing myself orally or in writing</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>4 (13)</td>
<td>16 (53)</td>
<td>10 (33)</td>
</tr>
<tr>
<td>Communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was prepared for class</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>8 (27)</td>
<td>22 (73)</td>
</tr>
<tr>
<td>Demonstrated the importance of the subject matter</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>1 (3)</td>
<td>12 (40)</td>
<td>17 (57)</td>
</tr>
<tr>
<td>Made it clear how each topic fitted into course</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>15 (50)</td>
<td>15 (50)</td>
</tr>
<tr>
<td>Summarized material in a manner that aided retention</td>
<td>1 (3)</td>
<td>1 (3)</td>
<td>5 (17)</td>
<td>14 (47)</td>
<td>9 (30)</td>
</tr>
<tr>
<td>Explained course material clearly</td>
<td>0 (0)</td>
<td>4 (13)</td>
<td>11 (37)</td>
<td>11 (37)</td>
<td>4 (13)</td>
</tr>
<tr>
<td>Creating enthusiasm for the course</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spoke with expressiveness and variety of tone</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>5 (17)</td>
<td>18 (60)</td>
<td>7 (23)</td>
</tr>
<tr>
<td>Made presentations which were dry and dull</td>
<td>0 (0)</td>
<td>2 (7)</td>
<td>6 (20)</td>
<td>16 (53)</td>
<td>6 (20)</td>
</tr>
<tr>
<td>Stimulated intellectual effort beyond...most courses</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>3 (10)</td>
<td>13 (43)</td>
<td>14 (47)</td>
</tr>
<tr>
<td>Introduced stimulating ideas about the subject</td>
<td>0 (0)</td>
<td>1 (3)</td>
<td>5 (17)</td>
<td>10 (33)</td>
<td>14 (47)</td>
</tr>
</tbody>
</table>

Qualitative feedback

Ten students (30% of the class) responded to the electronic blackboard discussion topic: ‘Discuss the social, political, and intellectual forces that are shaping the emerging occupational therapy paradigm.’ A content analysis of students’ responses to the topic revealed four primary themes, namely, occupational therapy in context, awareness of the emerging paradigm, proactivity, and application of theory in practice.

Occupational therapy in context
Students demonstrated awareness that the development of occupational therapy theory and practice can only be understood within the political, social,
Facilitating professional identity

TABLE 2: Occupational therapy graduate survey results (n = 30)

<table>
<thead>
<tr>
<th>Comment</th>
<th>Number of students</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>What students liked most about the course</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review of occupational therapy models</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Going over the emerging paradigms</td>
<td>2</td>
<td>7%</td>
</tr>
<tr>
<td>Class discussion</td>
<td>5</td>
<td>17%</td>
</tr>
<tr>
<td>In-depth review of occupational therapy history</td>
<td>6</td>
<td>20%</td>
</tr>
<tr>
<td>Theory project</td>
<td>7</td>
<td>23%</td>
</tr>
<tr>
<td>Discussion questions</td>
<td>2</td>
<td>7%</td>
</tr>
<tr>
<td>Revisiting theory in general</td>
<td>5</td>
<td>17%</td>
</tr>
<tr>
<td>Brought reality of occupational therapy into classroom</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Group discussion</td>
<td>3</td>
<td>10%</td>
</tr>
<tr>
<td>Focus on occupation</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Application of occupational therapy theory in practice</td>
<td>3</td>
<td>10%</td>
</tr>
<tr>
<td>Revisiting the Keilhoffer book</td>
<td>2</td>
<td>7%</td>
</tr>
<tr>
<td>Use of electronic blackboard</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Reading material</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What students liked least about the course</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Theory project</td>
<td>6</td>
<td>20%</td>
</tr>
<tr>
<td>Too much detail</td>
<td>4</td>
<td>13%</td>
</tr>
<tr>
<td>Revisiting frames of reference and comparing them</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Lengthy discussions and repetition</td>
<td>4</td>
<td>13%</td>
</tr>
<tr>
<td>Group discussions</td>
<td>2</td>
<td>7%</td>
</tr>
<tr>
<td>Mid-semester exam</td>
<td>2</td>
<td>7%</td>
</tr>
<tr>
<td>Subjective grading method</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Sometimes not focused</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Expensive books</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Need more projects</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Strengths of the occupational therapy graduate programme</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management and theory courses</td>
<td>7</td>
<td>23%</td>
</tr>
<tr>
<td>Emphasis on the philosophical basis of OT</td>
<td>1</td>
<td>3%</td>
</tr>
</tbody>
</table>

economic, and technological context. This was well articulated by respondent No. 1 who identified the following as part of the context within which occupational therapy exists:

- Health care reform which focuses on prevention, and health promotion reimbursement that now looks for evidence-based practice.
- We are currently engaged in a war that has no end in sight, this will affect our paradigm in ways I do not yet know. Technology and ethics are involved.
- The prevalence of chronic illness and the push from everywhere for quality of life.
- The breakdown of traditional family structure and the building of new models of functional and dysfunctional families.
Respondent No. 1 demonstrated her awareness that the paradigm of occupational therapy is and will continue to be affected by events in the world such as technological developments and societal change in values such as breakdown in family structures. Respondent No. 3 similarly proposed that 'occupational therapists may need to consider what America is valuing these days, as we begin to shape today's paradigm', thus emphasizing the fact that the emerging occupational therapy paradigm cannot be understood without taking into account the context.

Awareness of an emerging paradigm
Students indicated that through the course they became increasingly aware that there is an emerging occupational therapy paradigm (Kielhofner, 1997), which is related to the development of an occupational therapy identity. Respondent No. 1 stated, 'I'm not sure if this question wants us to go back to the beginning of the emerging paradigm, which should take us back to the 70s, which is ironic considering it is still emerging and we do not have an official title for it.'

This statement indicates that respondent No. 1 was aware that there is an emerging paradigm and also that there is an identity issue since it has no generally accepted definition. Some of the sub-themes that emerged in the analysis of students’ responses with regard to the emerging paradigm included development of an identity through proactivity, awareness of the occupational therapy philosophy, and an identification of such a philosophy as pragmatism. With regard to the theme of the emerging paradigm and proactivity, some students felt that in forging the emerging paradigm, occupational therapists need to take an active role in expanding their scope of practice.

In this regard, respondent No. 4 stated, ‘...Occupational therapists have been focusing on the already ill, which is how we began, but now we need to broaden our horizons and try to prevent unhealthy behaviours from happening in society. Occupational therapists should look into the community and set up prevention programmes.’

Similarly, respondent No. 7 had the view that in developing the emerging paradigm to serve the profession, we need to make an effort to move away from the medical model and in the process, take into account the social context within which the paradigm is emerging. She thus stated: 'I think that we need to focus on technology, the public’s ever-improving view of persons with disabilities, the increasing amount of teen anger, overall dissatisfaction with the current medical model as evidenced in the staggering amounts of money going towards alternative approaches, and the sociological shift between the 1980s “money will make me happy” ideology to today's search for meaning and balance as seen in the current exploration of foreign religions, meditation, yoga, etc.’

With regard to the role of a philosophical orientation in clarification of
the emerging paradigm, respondent No. 6 stated that, ‘In order for the paradigm to fully emerge, the profession of occupational therapy needs to have clarity and depth in its philosophies, which will present as theories.’

Proactivity
Students considered the emerging paradigm to be closely associated with the necessity for occupational therapy to be proactive. Proactivity was expressed through the sub-themes of advocacy and the need for occupational therapists to prove the effectiveness of their therapeutic interventions. With regard to proactivity through advocacy, students suggested that we need to, ‘assess the needs of the public and educate them about occupational therapy’ (Respondent No. 2). Through needs assessment and public education, occupational therapists would be advocating for the profession so that it can gain acceptance by the general public.

With regard to proactivity through proof of efficacy, respondent No. 1 pointed out one of the current contextual trends within which the emerging paradigm is developing, ‘Health care reform, focusing on prevention and health promotion reimbursement, is now looking for evidence-based practice.’ Respondent No. 2 reiterated the need for occupational therapists to respond to this need for evidence-based practice by stating: ‘Intellectually, I reiterate what respondent No. 1 said about continuing research and having evidence-based practice. To tie this in socially, not only will insurance companies reimburse us, but the community/society and the individual clients will have more faith in what we do.’ Thus, both respondents 1 and 2 seemed to recognize that the emerging occupational therapy paradigm is happening in a social context. Part of what defines this context is competition for resources. Occupational therapists therefore need not only to promote their profession through advocacy, but also the advocacy must be grounded on research-based evidence that their interventions work.

Application of theory
Finally, the course seemed to facilitate students’ clarity of professional identity through exploration of how theory and practice are connected. They saw this connection as occurring through development and clarification of practice models. In other words, they became aware that it is not enough to advocate for the profession or to proactively develop new areas of practice, but this advocacy, demonstration of efficacy, and proactivity must be based upon clear theoretical models of practice developed through critical thinking.

Respondent No. 1 stated: ‘I feel that the development of a comprehensive community/health promotion/wellness model is the most fundamental component necessary for occupational therapy to thrive… My goal for my theory project is to find the right combination of models that can be combined to form a new emerging model that addresses community/health promotion and wellness.’
Many of the students seemed to agree with respondent No. 1’s sentiment that community programmes aimed at health promotion and wellness should be part of the emerging paradigm’s focus as indicated by the type of final projects they completed for this course.

Respondent No.10 for instance wrote: ‘Respondent 4 and I are planning on investigating a nursing theory... This model came to my attention when interviewing the executive director of a home health organization, who told me this is the model of their organization. We are interested in seeing if this model is conducive to the beliefs and principles of occupational therapy and if it can be adapted to better fit our profession. We will also research various existing home health models and integrate some of their postulates into our adapted model.’

These students were therefore thinking critically about how to integrate concepts from various theoretical models to develop a model of practice addressing various occupational therapy problems.

Discussion

The purpose of this study was to investigate the perceived usefulness of a theory course for graduate students in occupational therapy in which a philosophical component was included to facilitate the students’ identity as occupational therapists. Analysis of both quantitative and qualitative data from students’ feedback revealed the following as the perceived usefulness of the course in facilitating development of professional identity:

Benefit One: Student awareness that occupational therapy occurs in a context

It seemed that students developed awareness that occupational therapy theory and practice develops within the political, social, and economic contexts. This awareness is consistent with what Pierce (2001: 254) referred to as intactness, by which she meant, ‘...the degree to which a therapeutic occupation occurs in the usual spatial, temporal, and sociocultural conditions in which it would usually occur for that client...’. This contextualization of therapeutic interventions makes them more meaningful for clients because they are not contrived. Students demonstrated awareness of the value for contextualization by stating that occupational therapy practice must take into account events such as technological developments, for example computer and internet technology, and changes in societal values such as the breakdown of the traditional family structure.

Benefit two: Awareness that there is an emerging paradigm in occupational therapy

Students seemed to have developed awareness that there is an emerging paradigm consisting of new core constructs, focal viewpoint, and integrating values of occupational therapy (Kielhofner, 1997). They also developed insight
that emergence of this paradigm must be managed by occupational therapists and not external influences. The core constructs, focal viewpoint, and integrating values of the paradigm must help occupational therapists to develop a strong identity as professionals, and empower them to be more proactive by clearly defining their role in various areas of practice. The paradigm must be understood on the basis of a conscious articulation of the underlying philosophical framework from which its core constructs, focal viewpoint, and integrating values are derived. One student stated that emphasis on the philosophical basis of occupational therapy is a strength of the occupational therapy graduate programme.

In the electronic blackboard discussions, students indicated that knowledge of occupational therapy philosophy is an important aspect of developing a clear identity as an occupational therapist. This valuing of occupational therapy philosophy is consistent with Pierce’s (2001) proposal regarding the need to develop a generative discourse in which the concepts of occupation and their application in practice are discussed. By offering this benefit, the course seemed to address the need recognized by Wilcock to develop a clear personal and professional philosophy of practice ‘…grounded in the association between occupation and health…’ (2000: 1) in order to develop a clearer identity of the profession. Students identified such a philosophy as pragmatism, which is consistent with what has been suggested in occupational therapy literature to be the philosophical basis of the profession (see Breines, 1986; Hooper and Wood, 2002; Ikiugu, 2001; Swartzberg, 2002).

**Benefit three: Proactivity**

Students realized the need for occupational therapists to be proactive through advocacy for the profession by assessment of the occupational needs of community members and educating the public about the role of occupational therapy in meeting those needs. For example, a therapist might identify the need for community programming of meaningful leisure activities that adolescents may participate in so as to decrease their tendency to get involved in more harmful activities such as gang membership. This advocacy is based on therapists’ awareness of the emerging professional paradigm. The primary core construct of this paradigm is the human need for engagement in meaningful occupation (Kielhofner, 1997). Therapists also need to understand the philosophical framework on which the paradigm is based, which might be pragmatism, and its view of the human being as an organism consisting of a mind/body unity engaged in a struggle to adapt to its environment through occupational performance (Breines, 1986). Furthermore, advocacy must be grounded on the effectiveness of occupational therapy interventions. In this sense, the course seemed to encourage students to engage in evidence-based practice which has been described as the mandate of our profession in the new millennium (Holm, 2000).
Benefit four: Application of theory in practice

Students seemed to have become clearer about the connection between theory and practice, which made them feel that they were better, more informed advocates of the profession. One student identified the theory project as one assignment that helped her to develop this link. In the university survey, 93% of the students indicated that through this course, they learned to apply the course material to improve thinking, problem solving, and decision making, characteristics that are associated with clinical reasoning skills (Schwartzberg, 2002). This was confirmed by a few students (30%) in their responses on the graduate survey, who indicated that they appreciated the emphasis in the course of application of theory to practice. By assisting students to link theory with practice, this course helped prepare students to become sophisticated practitioners who are able to use knowledge of occupation in practice as proposed by Pierce (2001). In this sense, the course helped students to integrate theory with therapeutic goals.

Benefit five: In-depth discussion of occupational therapy theory

Students saw this course as a chance to revisit occupational therapy theory and discuss it in detail. All the students (100% in the University of Scranton course evaluation) felt that they learned theoretical fundamental principles and learned how to generalize those principles in this course more than in most courses offered at the university. This ability to generalize theoretical principles indicates ability to apply principles to solve problems, which in this case may be interpreted as further evidence that the students learned how to use theoretical principles in practice.

The five perceived benefits of the course discussed above indicate that the course enhanced student identity as occupational therapists by increasing awareness of the emerging occupational therapy paradigm and beginning awareness of the philosophical framework underlying the paradigm. Students also indicated that they felt a sense of responsibility to use this awareness of the professional paradigm to advocate for the profession through evidence-based practice.

Limitations of the study

1. The small sample in this study limited external validity of the findings. There were only 30 participants from a graduate class in one university in Pennsylvania. Therefore, the findings cannot be generalized to graduate occupational therapy students world-wide or even in the USA.
2. The quantitative data was nominal and the categories of data were not
mutually exclusive. For example, a student who responded to the item in the occupational therapy department course evaluation asking participants to state what they felt were the strengths of the course could have cited helping students link practice and theory as one of the strengths. But the same student could also have identified discussions on the electronic blackboard as a strength. Because the categories were not mutually exclusive, inferential statistics for nominal data such as the chi-square could not be used. The ability to make conclusions regarding statistical significance of the findings was therefore limited.

3. By the very nature of qualitative research, the findings of qualitative data in this study cannot be generalized to the population of graduate occupational therapy students even at the university where the study was completed. Such findings apply only to the 10 students who participated in the discussion that was the source of the data.

Strengths of the study

1. Data were collected using multiple methods which included two types of course evaluations, a graduate survey, and discussions on the electronic blackboard. This allowed for comparison between multiple sources of data, increasing reliability of the findings.

2. The ex post facto design (Depoy and Gitlin, 1998) reduced the possibility of researcher bias. Since the instruments were designed for a purpose other than this study, and since the data were collected initially without the intention of using them for research, we had no reason to try to influence the results in favour of the study.

3. Several methods were used to increase trustworthiness of the findings of the qualitative data analysis. Such measures included: (a) Code–recode method: The first author coded the data at two different occasions and compared the themes that emerged to determine consistency of the findings. Any unit of data coded with themes that turned out to be inconsistent between the two occasions was re-coded. (b) Peer debriefing: The authors coded the data separately and debated the conceptual merits of any emerging themes on which they did not agree until they arrived at a consensus. (c) Reflexivity: Each author wrote a memo containing any thoughts about how he/she was conceptualizing themes. Writing memos facilitated keeping audit trails of thought processes, which helped minimize biases through continuous awareness of the author’s thoughts. (d) Member checks: The authors contacted research participants requesting feedback about the accuracy of the themes that emerged. All participants stated that the themes reflected what they had expressed in the discussion. The above four methods of increasing trustworthiness of qualitative research findings are discussed in detail in Miles and Huberman (1994) and Depoy and Gitlin (1998).
Conclusions and recommendations

The purpose of this study was to investigate the perceived benefits of a theory course, in which a philosophical component was included, in helping students to develop a clearer identity as occupational therapists. To achieve the stated purpose, students' feedback from a variety of sources was analysed. The analysis revealed that the course was perceived by students to help them develop increased awareness of an emerging occupational therapy paradigm whose primary core construct is the view of the human being as a complex organism in adaptive engagement with the environment. They also indicated becoming cognizant of the philosophical framework underlying the paradigm, which has been suggested to be pragmatism (Breines, 1986). They expressed awareness of the context within which this paradigm is emerging, which consists of, among other things, rapidly changing technological advances and family structure. The participants seemed to have become aware of the need to be proactive in this context, and finally they developed a better understanding of the connection between theory and practice. These insights seemingly facilitated development of a professional identity by the students.

Recommendations

It is recommended that more research is carried out to examine how teaching specific philosophical concepts affects occupational therapy students' sense of identity as professionals. Also, this research may be replicated in other occupational therapy programmes to find out if in-depth discussion of occupational therapy theory and the underlying philosophical framework helps students develop a strong identity as occupational therapists. Ascertaining that fact may offer a way of ensuring that occupational therapy students are prepared for practice using occupation-based and evidence-based practice.

References

Facilitating professional identity


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