



**UNIVERSITY OF
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Perceptions of the use of occupation in occupational therapy
practice and education

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ABSTRACT

This thesis describes the perceptions of new and recent occupational therapy graduates about occupation-based practice and occupation-centred education in Australia. For several decades leading occupational therapists have advocated for the profession to re-focus on its foundational ‘occupation for health’ philosophy. However, due to the dominance of the biomedical model prominent throughout Australian health care services, therapists have found it challenging to implement occupation-based practice. Despite this, occupational therapy students are taught the significance of occupation within occupational therapy. It is unclear if these educational messages are translated into practice upon graduation. Currently, there is limited research in Australia which examines the use of occupation-based practice from the perspective of new and recent occupational therapy graduates. There is also a dearth of studies which investigate whether new and recent graduates value and choose to implement occupation into their practice. Consequently, the aim of this thesis is to uncover the new and recent graduates’ perceptions about their use of occupation in practice and their experiences of learning about occupation and occupation-based practice at university.

Three studies were completed, where the findings and insights from one study were used to inform and shape the next. First, a study was designed to test the research questions and feasibility for a larger study. Eight new and recent occupational therapy graduates were recruited to participate in two focus groups. Second, a qualitative phenomenological study was designed to utilise in-depth, semi-structured interviews to gather the perspectives of new and recent graduates. Eighteen occupational therapists were interviewed. Finally, a study was designed to interview eight occupational therapy educators to gain their perspectives of occupation-centred education to supplement the findings of the previous studies.

Findings from this research uncovered that occupation is important but peripheral in the everyday practice of new and recent occupational therapy graduates. Educational experiences left the graduates with a sense of confusion about occupation within occupational therapy practice. The pilot study highlighted that although occupation was deemed to be important, the realities of current day occupational therapy practice inhibited the use of occupation-based practice. From the pilot study further exploration of the topic was necessary. Interviews with new and recent graduates uncovered that occupation-based practice was deemed unnecessary to occupational therapists' practice and in fact, other occupational therapists were discouraging of the use of occupation in favour of impairment-based techniques. The graduates' educational experiences highlighted that educators were providing differing and confusing messages about occupation in practice. Upon graduating, mentors were found to be more useful when attempting occupation-based practice change than university educational experiences. Interviews with occupational therapy educators emphasised the complexity of occupation-based practice in the Australian health care landscape and the need for university educators to drive change within occupational therapy.

In conclusion, it is challenging for therapists and educators to implement occupation-based practice and occupation-centred education in Australia. Moreover, this research has uncovered barriers to occupation-based practice not previously discussed in the literature thus far. In particular, from the graduates' perspective that university educational content did not adequately inspire them to use occupation in practice. Rather, graduates in this study left university with a sense of confusion and uncertainty about occupation. Further discussion and research is required about how occupational therapists and educators perceive, value and include occupation in their daily practice.

100 Word Abstract

Background

This research explored occupational therapists' perceptions of occupation in practice and education. Experiences of occupation-centred education in Australia were also uncovered.

Methods

A phenomenological approach guided the research design. Data gathering included the use of focus groups and semi-structured interviews.

Findings

Occupation was perceived as important for occupational therapists to have knowledge of, but was peripheral in everyday practice. The need to implement occupation-based practice was not explicit within university curricula.

Conclusion

Currently, it is challenging for therapists and educators to implement occupation-based practice. Further research is required to assist educators and therapists to develop their occupation-based practice knowledge and skills.

CERTIFICATE OF AUTHORSHIP OF THESIS

Except where clearly acknowledged in footnotes, quotations and the bibliography, I certify that I am the sole author of the thesis submitted today entitled:

Perceptions of the use of occupation in occupational therapy practice and education

I further certify that to the best of my knowledge the thesis contains no material previously published or written by another person except where due reference is made in the text of the thesis.

The material in the thesis has not been the basis of an award of any other degree or diploma except where due reference is made in the text of the thesis.

The thesis complies with University requirements for a thesis as set out in the *Examination of Higher Degree by Research Theses Policy*. Refer to <http://www.canberra.edu.au/current-students/current-research-students/hdr-policy-and-procedures>



Candidate's Signature

Date: 22 / 12 / 2017



Primary Supervisor's Signature

Date: 22 / 12 / 2017

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PUBLICATIONS RELATING TO THE THESIS

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Peer-Reviewed Published Papers

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Occupation in everyday practice. Occupational Therapy Australia ACT Division. (2015). *Annual General Meeting*. 8th April, 2015, Canberra.

A survival guide for an occupation-focused new graduate. Keynote Speaker. (2015). *Final year occupational therapy student subject launch 2015*. James Cook University, 29th July, 2015, Skype.

Occupation-based practice. (2016). *Tweed Health Occupational Therapy Education Day*. Tweed Hospital. 20th September, 2016, Tweed Heads.

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PREFACE

As this research utilises qualitative methodology to gain an in-depth understanding of participants' perspectives, it is important for the reader to gain insight into the researcher and reasons for completing the study. It is equally important for the researcher to be reflective and open about the reasons for undertaking the research (Yin, 2011). It is imperative for qualitative researchers to have awareness of their own perspectives and acknowledge their previous experiences and feelings toward the research (Yin, 2011). From the beginning of the research, from study design to the final write up, I was conscious to ensure my values, opinions and reflections did not strongly influence the research. However, I do acknowledge that my experiences and feelings could never be removed completely and in fact, add to the depth of the research findings. Hence, it is important to tell readers about the experiences that led me to undertake this research.

During my undergraduate study, I was exposed to occupation and occupation-based practice (or 'occupation-focused', which was the common term at that time). Occupation-based practice is where occupational therapists use occupation as the medium for assessment, intervention and evaluation within the occupational therapy process (Fisher, 2013). Although my initial exposure to occupation was similar to all students in my university cohort, it was not until I started my Honours research where my appreciation for the complexity and importance of occupation-based practice began to pique my interest. I realised, under the guidance of my supervisor, that a profound understanding of occupation and its use in practice was occupational therapy's unique contribution to health. More importantly, occupation will enhance the health and wellbeing of the people with whom occupational therapists work.

After almost three years in an acute hospital, I found not everyone shared my vision for occupation-based occupational therapy! Despite this, the members of the senior leadership team in the Occupational Therapy Department were interested in developing a strategy to transform practice that more explicitly incorporated occupation and I was able to assist in this project. Gaining first-hand experience of the challenges of embarking on large scale practice change, I was left wondering if occupation-based practice may become a reality at all in the future for Australian occupational therapists. I wondered whether it was solely the constraints of the Australian healthcare system, which was cited by colleagues, as the most challenging factor to changing practice. Or, if there were other less overt factors that could be inhibiting practice transformation for occupational therapists? This led me to embark on further research into occupation-based occupational therapy practice.

I have worked as an occupational therapy educator for only four years. Mostly in a part-time capacity, as a Teaching Fellow, as I worked on this research. The last 18 months I have had a full-time academic position. During this short time, I have been able to work in recently established programmes, and so have been fortunate to have conversations with colleagues about occupation and its role in occupational therapy education. I have also designed curriculum with a focus on occupation and its use in practice in Australia. At times during this research, it was challenging to speak confidently of my experiences of occupation-centred education. However, I feel this added to the research as I was constantly reflecting on my beliefs and assumptions and acknowledged the risks of subjectivity in data collection and analysis. This led me to take a number of steps to ensure the trustworthiness of the findings gathered. All these experiences combined have assisted me to develop this thesis to understand the perceptions of new and recent graduates toward occupation in practice and education in Australia.

STRUCTURE OF THE THESIS

This thesis was primarily an exploration into the perceptions of new and recent occupational therapy graduates about occupation. Three main studies are presented within the thesis. Each study builds upon the previous to complete a more extensive understanding of the graduates' perspectives.

To ensure alignment with the qualitative research paradigm, this thesis has been written in first person throughout, except in the findings chapters (Kamler & Thomson, 2006). The findings chapters (chapters three-six), however, contain peer reviewed articles or manuscripts submitted for peer review. These chapters are formatted in the style the respective journals require for publication. The article already published is embedded in chapter three as plain text, exactly as published in the journal. In the case of the manuscripts submitted to journals, the tables have been embedded in the text to increase readability. Due to the large amount of data gathered in study two of this research project, it was decided to separate the findings into two manuscripts for publication, one on the graduates' perceptions of occupation in practice and the other, occupation in education (chapter four & five).

Finally, the discussion and conclusion examines the body of work as a whole, and positions the research within current occupational therapy context and research literature. There are several themes that emerged from interviewing new and recent graduates and educators that are developed in the discussion. Recommendations are made for future considerations in occupational therapy practice and education.

GLOSSARY

New graduate: A new graduate is considered to be an occupational therapist with two years or less of workplace experience. The definition is based on the Occupational Therapy Australia's (2017a) guidelines for membership.

Non-traditional settings: These settings include places where occupational therapists have not historically worked. Such places are commonly referred to as role-emerging areas in practice education.

Occupation: According to the World Federation of Occupational Therapists (2016a), “occupations refer to the everyday activities that people do as individuals, in families and with communities to occupy time and bring meaning and purpose to life. Occupations include things people need to, want to and are expected to do.”

Occupation-based practice: In this research, Fisher's 2013 definition of occupation-based practice is used. Occupation-based practice utilises occupation and occupational engagement throughout all stages of the occupational therapy process, in particular the assessment and intervention phases (Fisher, 2013).

Occupation-centred education: Occupation-centred education refers to occupation being considered as the foundation and core of all learning and teaching experiences in occupational therapy education (Hooper, 2006; Yerxa, 1998).

Recent graduate: In this research, recent graduates are occupational therapists who completed their final year of study from 2007 onwards.

Traditional settings: During this research, traditional settings are where occupational therapists have historically worked, such as acute hospitals and rehabilitation centres.

CHAPTER 1

INTRODUCTION & LITERATURE REVIEW

This chapter presents an introduction to the topic, the literature review and the research aims and questions.

CHAPTER 1

Introduction & Literature Review

Occupational therapy has gone through significant change and transformation in its short history in acute healthcare settings. This has led to occupational therapy being misunderstood by health professionals and the wider community.. The history of occupational therapy has been well documented by others (Ambrosi & Barker Schwartz, 1995a, 1995b; Dunlop, 1933) and is not within the scope of this thesis to re-state here. However, a brief overview of the major paradigm shifts is useful to illuminate the reasons for challenges within current occupational therapy practice.

Occupational therapy as a profession has been punctuated by two major paradigm shifts and currently the profession is endeavouring to transition to a third, the Contemporary Paradigm as described by Kielhofner (2009a). In the first practice paradigm occupation was at the core of practice, giving occupational therapy a unique foundation, distinct from other health professions at the time (Kielhofner, 2009a). The Mechanistic Paradigm was the second major shift, in which practice typically centred on biomechanical perspectives and impairment-based techniques (Kielhofner, 2009a). The shift towards the Mechanistic Paradigm eventuated as there was increasing pressure for practice to become empirically justified and align with the medical model (Wilding & Whiteford, 2009). However, Kielhofner believed that recently occupational therapists' practice had begun to shift again and therapists were all practising within the Contemporary Paradigm (2009a). Molineux (2011), provided an alternate view, he believed that not all therapists in the profession have made the necessary changes to practise within the Contemporary Paradigm.

The Contemporary Paradigm consists of three main concepts: occupation is inextricably linked to health and wellbeing; humans can experience dysfunction in their occupations; and finally, occupation-based practice. The term occupation-based practice was coined by Fisher (2013) to describe occupation as the basis of the assessment, intervention and evaluation phases of the occupational therapy process. However, at present it is unclear how occupational therapists use occupation within their daily practice, especially given the considerable paradigmatic changes the profession has had to navigate in recent decades (Kielhofner, 2009a). There is some contention whether occupational therapists have shifted their practice into the Contemporary Paradigm. In the recent past, academics and leading occupational therapists have encouraged a “renaissance” within occupational therapy, where occupational therapists again may make changes to practice to more closely align to the founding philosophies of the profession (Molineux, 2011; Whiteford, Townsend & Hocking, 2000, p. 1; Wood, 1998). This may indicate that there are still significant practice modifications required before all occupational therapists can practise within this new paradigm.

The history of occupational therapy in Australia has always been intrinsically connected to the medical profession and the biomedical model, which still dominant health services today. One of the first practitioners of occupational therapy in Australia, Ethel Francis, was quoted as promoting occupational therapy by “endeavouring to practise and prove occupational therapy to the medical profession” (Anderson & Bell, 1988, p. 3). However, prior to the 1930s the emergence of occupational therapy in Australia is difficult to investigate given very little was documented at the time. Anderson and Bell (1988) credit Sylvia Docker with documenting the early origins of the profession in Australia. Early occupational therapy practice at St Vincent’s hospital in Sydney was described as providing treatment as a “psychological

stimulant” by using crafts such as “weaving, clay modelling, leather work, macramé, netting and some basketry” (Anderson & Bell, 1988, p. 5). Early occupational therapists who trained in Australia gained a Diploma from the Australian Physiotherapy Association (APA), however were denied entry into the APA as members (Anderson & Bell, 1988). Early alignment with physiotherapy suggested that occupational therapy’s foundations were deeply entrenched within the medical model, and had not yet gained strong recognition as a separate and unique profession. However, in 1946 the first Australian Association of Occupational Therapists was formed (Anderson & Bell, 1988). Still at this time occupational therapists mainly worked in mental health settings, settings for remediation of disabilities or for convalescence and were a growing presence in large hospitals around Australia (Anderson & Bell, 1988).

The 1950s were a time for rapid change in the profession. Not only were occupational therapists being trained in Australia and gaining diplomas not connected to the APA, practice also focused further on remediation, especially after the conclusion of World War II (Anderson & Bell, 1988). Occupational therapy practice shifted slightly to be located in rehabilitation centres and clinics within hospitals where a focus on medical diagnosis was largely changing practice to be more impairment-based in nature (Anderson & Bell, 1988). Arguably, this shift aligned occupational therapy practice even closer to medicine (Anderson & Bell, 1988). In the early fifties, the *Code of Conduct for Occupational Therapists* stated:

Occupational therapists shall practice only under the direction, supervision or the approval of a duly qualified and registered medical practitioner and the occupational therapists shall be answerable, in all matters pertaining to treatment, only to the Medical Officer in charge of the case...Loyalty to the Medical Officer, employer and

to the professional association are essential in the practice of occupational therapy (Anderson & Bell, 1998, p. 220).

The early *Code of Conduct for Occupational Therapists* may indicate how occupational therapy has such deeply entrenched alignment to medicine and the biomedical model. Despite occupational therapy diversifying into other settings, researchers such as Wilding and Whiteford (2007; 2008) have found that Australian occupational therapists were still practising with minimal focus on occupation.

The definition of occupational therapy currently endorsed by the World Federation of Occupational Therapists (WFOT) is:

Occupational therapy is a client-centred health profession concerned with promoting health and wellbeing through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by working with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do, or by modifying the occupation or the environment to better support their occupational engagement (WFOT, 2010).

Numerous authors (Crepeau & Schell, 2003; Molineux, 2004; Reilly, 1962; Rogers, 2005; Schwammle, 1996; Wilcock, 2000) agree that the unique contribution that occupational therapy can bring to health care is a profound understanding of occupation. Occupational therapists should utilise their knowledge of occupation to enable occupational performance and in turn impact the health and wellbeing of the people with whom they work (Gray, 1998). Although there are many different definitions, occupation has been defined as the “culturally

and personally meaningful activity that an individual engages in over a period of time”
(Mackey & Nancarrow, 2006, p. 12).

Occupation-based practice

The term occupation-based practice has risen to prominence and increasingly used in the last five years in the occupational therapy literature. In 2013, Fisher published an important paper that highlighted the difference between occupation-centred, occupation-focused and occupation-based practice. Although these terms had been used interchangeably for several decades, Fisher was the first to elaborate and define the differences. The term ‘occupation-centred’ was originally coined by Wood in 1998 and was elaborated on by Nielson also in 1998. An occupation-centred perspective is broader than solely encompassing practice, and focuses more on a therapist’s view of the profession as a whole, which Fisher (2013), suggested should be centred on occupation. In this respect, an occupation-centred perspective could and should also be applied to education, research and practice. The terms ‘occupation-focused’ and ‘occupation-based’ are more directly related to practice. In occupation-focused practice, “the proximal focus of the intervention is occupation” (Fisher, 2013, p. 166).

Therefore, a therapist will be able to focus on the underlying impairment that has caused “diminished” occupational performance (Fisher, 2013, p. 166). Therefore, an intervention does not require to be working on occupation, but rather remediating a biomechanical, cognitive or affective component of a person, or aspects of the environment. For therapists to be practising in an occupation-based manner their practice should be based on their clients’ chosen occupations through the occupational therapy process but in particular as the basis of the assessment, intervention and evaluation phases (Fisher, 2013). Therefore, occupation can be thought of as “the therapeutic agent of change” in an intervention (Fisher, 2013, p. 164).

However, it is unclear whether occupational therapists choose to base their practice on

occupation, despite a number of leading occupational therapists advocating for practice change.

Advocating for occupation-based practice and change

From the very beginning of the profession, occupational therapy leaders have advocated for practitioners to use occupation as a therapeutic tool for restoring health and wellbeing; for example, in 1919, William Rush Dunton, a founding member of the profession, wrote:

Occupation is as necessary to life as food and drink; every human being should have both physical and mental occupations. All should have occupations they enjoy, or hobbies. Sick minds, sick bodies and sick souls may be healed through occupation (Dunton as cited in Polatajko et. al., 2007, p. 14).

This statement highlights the importance of enabling occupational opportunities for all people.

A number of leading occupational therapists have voiced their points of view on this topic in the Sylvia Docker, Eleanor Clarke Slagle or the Elizabeth Casson Memorial Lectures respectively, but also at Keynote presentations at conferences worldwide. Ballinger (2012) in her Elizabeth Casson Memorial Lecture urged occupational therapists to ensure that they look to the future and be creative about what occupational therapy could be in the coming decades. She urged therapists to promote the unique aspects of the profession and advocate for the important work that occupational therapists can do (Ballinger, 2012). Promoting the value of occupational therapy by creative means was the central message for Jacobs (2012) in the Eleanor Clarke Slagle Lecture. Finally Molineux (2011) in a Keynote address at the 2010 New Zealand Association of Occupation Therapy Conference detailed his views on the need

for occupational therapists to reclaim occupation in therapy and not simply justify practice with occupation as an end goal. Commentaries written by authors such as Fortune (2000), Gillen and Greber (2014), Twinley and Morris (2014) and Wood (1998), demonstrate there is available evidence, a practice need and perhaps a moral and ethical imperative for occupational therapists to implement occupation-based practice into their settings.

However, there continues to be shortcomings in current practice with regard to implementation of occupation-based practice (Gillen & Greber, 2014). In recent times, there has been an increased number of published articles about theory-practice and research-practice gaps and knowledge translation specific to occupational therapy (Cramm & White, 2011; Fänge & Ivanhoff, 2009; Warner & Townsend, 2012). It seems that there is difficulty in implementing the theory of occupation and occupational therapy in practice. In occupational therapy, Steward (1996) concluded that a gap between theory and practice existed. Also, Crepeau and Schell (2003) raised the problem of occupational therapists being unable to implement the theories that underpin their practice. This theory-practice gap can occur in a number of different professions and is particularly common in health professions, for example, in the fields of psychology (Buchanan, 2002) and nursing (Rolfe, 1996; Sellman, 2010). Unlike other professions, however, workplace barriers and system challenges further impact on occupational therapy, due to occupational therapy's contemporary paradigm being in contrast to the medical model. The medical model of health care is often held in opposition to the Contemporary Paradigm or cited as a barrier to enacting occupation-based practice (Kielhofner, 2009a; 2009b; Wilding & Whiteford, 2008). Systemic barriers such as the focus on medical management as a priority, and discharge focused nature of traditional healthcare, could affect uptake of even the most basic of changes to practice or interventions (Novak &

McIntyre, 2010). Despite this, it is unclear in occupational therapy whether therapists cannot implement changes or whether they choose not to instigate changes to practice.

Barriers to occupation-based practice

As knowledge and the scientific enquiry of occupational therapy have developed, it seems that the occupational therapy profession has not been effective in informing the wider community of the profession's core skills and services, which are centred on enabling occupation (Youngstrom, 2002). Indeed, for many years, occupational therapy leaders have been challenging occupational therapists, to describe more effectively how occupational therapy can be of service to society, in order for the profession to thrive into the future (Barker, 2010; Creek & Ormston, 1996; Nelson, 1996; Reilly, 1962; Wilding & Whiteford, 2007). If occupational therapy as a profession claims to have specialist knowledge, its practitioners need to be able to articulate, and align practice to demonstrate this expert knowledge clearly (Wilding & Whiteford, 2007). Polatajko et al. (2007) commented that all occupational therapists must have a recognised, common perspective and language to ensure that the focus of our practice, namely occupation, is not lost.

However, throughout history and especially in recent times, it is evident that a focus on enabling occupation and its use in therapy has not always been central to practice (Bryden & McColl, 2003; Whiteford, Townsend & Hocking, 2000; Wilding & Whiteford, 2007; 2008). The focus on occupation in the current occupational therapy workforce is not explicit and under-utilised. In recent decades, due to the dominance of the medical model, the need to implement empirical justifications for practice, and the tertiary model of health care delivery, practice has been focused on remediating impairments and has moved away from a central focus on occupation (Wilding, 2011; Wilding & Whiteford, 2007). The medical model is

often not defined in the literature but commonly used. However, one definition for the medical model “*refers to medicine's ideas and assumptions about the nature of illness, notably its natural scientific framework and its focus on physical causes and physical treatments* (Scott, 2014).” Ascribing to a medical model of healthcare with its priority placed on physical treatments, could be perceived a challenging for occupational therapists to make practice changes. Krusen (2011) and Metzler and Metz (2010), further highlighted that organisational priorities and the culture of a workplace can enable and hinder occupational therapists to adapt to their environment and implement lasting changes to practice.

Conforming to the culture of a workplace, especially a medically-dominated workplace can be very damaging to profession-specific reasoning for any healthcare worker subscribing to non-medical models of healthcare, as Miles (2008) found through a qualitative investigation of midwifery students’ experiences of fieldwork. Miles (2008) discovered that students and practitioners alike conformed to the existing culture of the worksite and adapted their way of thinking to fit with the dominant culture. Also, Wilding and Whiteford’s (2008) collaborative action research study of occupational therapy practice in an acute hospital setting found that occupational therapists conformed to the dominant medical culture of prioritising physical and impairment-based intervention and that this adversely affected the therapists’ ability to think about and talk about occupational therapy-specific values. Fisher (2009) stressed that occupational therapy should be about occupation and she encouraged therapists to focus less on remediation, impairments, and performance capacities, and instead focus on enabling people to do all occupations.

The disjuncture of professional identity

Misunderstanding of professional identity and role confusion does not only affect occupational therapy. Health care disciplines such as counselling (Miller, 2001), and nursing and midwifery (Fitzgerald, 2002) are misrepresenting their everyday practice by not strongly aligning to their theoretical and philosophical perspectives. Professional identity issues have been widely discussed in nursing literature (Fitzgerald, 2002; Jones, 1996). One such study claimed that many other health professions look to nurses to complete task-oriented roles and think that nurses do not have a place in the overall care coordination and this adversely affected professional confidence (Jones, 1996). Jones (1996) also further commented that organisational control and systems were a major hindrance to professional identity and confidence in nursing staff. Indicating that occupational therapy is not the only profession to have difficulty articulating and demonstrating their professional identity in practice.

Further impacts on occupational therapy are the blurring of professional identity and the over reliance of interdisciplinary practice models. Fortune (2000) presented the notion that occupational therapy's professional identity was under threat, as therapists could be perceived as 'gap fillers' without any professionally articulated model for practice. Such a perspective is troubling, as a study found that knowledge of occupational therapy was poor in health professionals such as nurses and medical practitioners (Jamnadas, Burns & Paul, 2001). A possible explanation for this lack of knowledge could be that occupational therapists are not utilising the central perspective of the profession explicitly as a tool in their daily practice but rather justifying their clinical decisions with occupation as the end point of therapy (Gray, 1998).

Lack of professional identity and professional standing could have lasting long-term effects on the profession. In their action research study of occupational therapy practice, Wilding and

Whiteford (2007) found that initially some participating therapists experienced role uncertainty about occupational therapy practice. Bailey (1990) investigated reasons for occupational therapists leaving the profession. These included becoming disillusioned in their practice, lack of respect from other health professionals and the lack of these professionals' understanding of occupational therapy. Also, role conflict with other disciplines, particularly physiotherapy, was reported to be a significant reason for occupational therapists to become discouraged in their practice and ultimately leaving the profession (Bailey, 1990). This assertion was also supported by Kornblau (2004) who reported that occupational therapists perceive that other professions are "encroaching" upon the domain of occupational therapy practice (p. 9). Working in interdisciplinary teams, common in mental health settings, could also have a negative impact on the role identity and resilience of occupational therapists (Ashby, Ryan, Gray & James, 2013). Despite these widely reported factors, it seems that little is being done to rectify this dilemma.

Educational requirements

The World Federation of Occupational Therapists is the body responsible for consistent and cohesive occupational therapy practice and education internationally (World Federation of Occupational Therapists, 2002). Occupation and its relationship to health and wellbeing are central concepts explored in university occupational therapy programmes (WFOT, 2008). In 2002, the World Federation of Occupational Therapy's (WFOT) *Revised minimum standards for the education of occupational therapists* stipulated significant changes to ensure university courses explicitly articulated an occupational perspective of health. In fact, in the Standards, the *Essential knowledge, skills and attitudes for competent practice* requirement includes an understanding of "the person-occupation-environment relationship and the relationship of occupation to health and welfare" (WFOT, 2002, p. 10). As Figure 1 depicts local contexts or

geographical and socio-political needs shape each occupational therapy programme's curriculum. Importantly, Figure 1 illuminates the direct link that university graduates are the products of their education. That is, that the university curriculum directly shapes graduates' knowledge and attitudes ready for practice. Therefore, as a majority of (or potentially all) students develop their knowledge and appreciation for occupation at university, graduates should be familiar with occupation and its importance in occupational therapy. However, these Standards do not specifically require nor stipulate how this is taught or that practice must be occupational in nature, including implementing occupation-based practice.

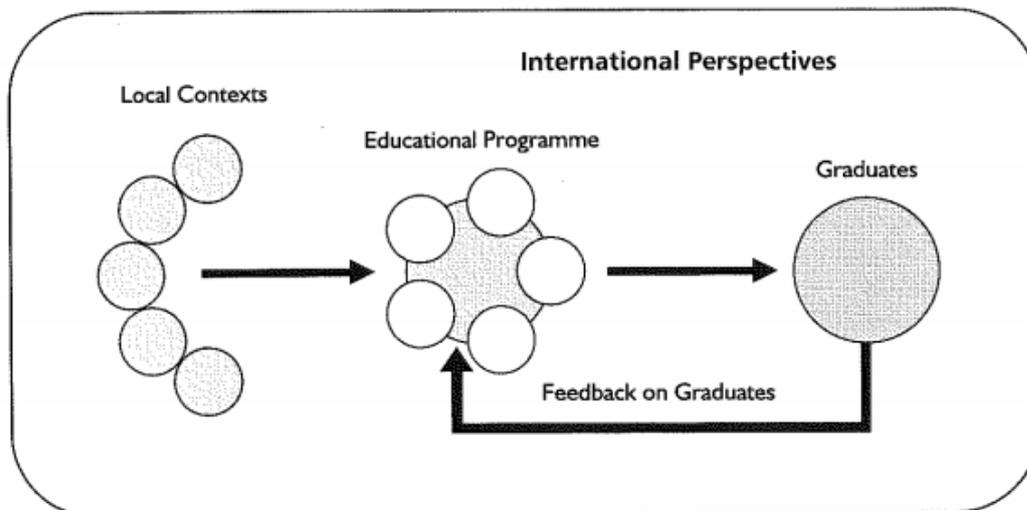


Figure 1: Overview of an Occupational Therapy programmes from World Federation of Occupational Therapists' (2002). Revised minimum standards for the education of occupational therapists.

All Australian accredited occupational therapy courses must adhere to these standards (WFOT, 2002). Adherence implies that all Australian recent and newly registered graduates have an adequate understanding and appreciation for occupation and occupation-based practice. The Occupational Therapy Council (Australia & New Zealand) Ltd. (OTC) is the body responsible for accrediting Australian education programmes. In December 2013, OTC released the *Accreditation standards for entry-level occupational therapy education*

programs. These standards reflect the WFOT's international standards but are also tailored to the local societal and practice contexts in Australia and New Zealand. Arguably, the Australian and New Zealand standards have defined explicit requirements for a connection to occupation. For example, standard 1.6 stipulates "The philosophy and purpose of the program reflect concepts of occupation and occupational therapy shared by the international community of occupational therapists" (OTC, 2013, p. 6). Despite this, it remains unclear whether a guiding principal philosophy is enough to ensure an occupation-based approach to all curriculum design and teaching activities and whether this translates into graduates' understanding of occupation and occupation-based practice.

For a number of decades, leading educators have called for occupational therapy education to have a strong focus on occupation. Yerxa (1998) called for occupation to be the "keystone" and basis for occupational therapy curricula (p. 365). She stated "the seminal idea of occupation needs to become the central organising framework of a future-oriented curriculum to create an integrated profession in which practice, ideas, research, and education support and nurture one another for the benefit of society (Yerxa, 1998, p. 366). Similarly, Nielson (1998) in an opinion piece advocated for educators to prepare students to be clinicians who understand and value occupation. Hooper and colleagues in the United States have been researching the complex nature of occupation within occupational therapy curriculum (Hooper, 2006; Hooper, Krishnagiri, Price, Bilics, Taff, & Mitcham, 2014). After reviewing curriculum in occupational therapy programmes, she found that teaching practices and content were not occupation-centred in nature and highlighted that educators need to integrate occupation into educational content in a better way (Hooper, 2006). Therefore, occupational content may not be as explicit as it could be in educational programmes. It is unknown

whether the same issues are being experienced in Australian occupational therapy programmes.

Rationale For The Project

Very little research has been conducted in the area of occupation-based practice within occupational therapy in Australia. A previous study focused on how occupational language can assist occupational therapists to better connect to philosophical foundations of the profession and prepare for occupation-based practice (Wilding & Whiteford, 2007). Apart from the work of Wilding and Whiteford (2007; 2008; 2009) very little research has been conducted into how Australian occupational therapists think about or value occupation in practice. There is no research available on examining the occupation-based nature of occupational therapists within Australia from the occupational therapists themselves.

A majority of the research completed on new and recent graduates in Australia centred on work readiness and graduates' opinions on their preparedness for work (Nayar, Gray, & Blijlevens, 2013; Robertson & Griffiths, 2009). There have been many studies conducted on the effectiveness of education for preparing graduates to work. This data has been gathered by survey methods such as in studies by Brockwell, Wielandt and Clark (2009), Doherty, Stagnitti and Schoo (2009) and Turpin, Roger and Hall (2012). These surveys however, did not specifically ask questions about occupation-based practice, rather looking at broader practice issues. There is a paucity of studies available that specifically question this population about their thoughts, experiences and beliefs of occupation and the value placed on occupation.

In 2009, Kinn and Aas completed a phenomenological study examining the perceptions of six occupational therapists who graduated over different decades. This research, although not specifically looking at occupation-based practice, highlighted a number relevant and topical issues that were important to therapists working in current practice, such as the common difficulty of describing practice (Kinn & Aas, 2009). However, to date no studies have focused on how new and recent graduates feel about and experience occupation in the workplace and if they are able to actually implement the central focus of the profession on a regular basis. No studies have looked at this population in detail with regard to understanding perceptions of the central philosophy of the profession and how this concept was taught at university.

Graduates are the future of the profession and future leaders in both education and practice. If graduates do not value, or are unsure how to implement the central philosophy of the profession, then perhaps educational models and current models of knowledge translation are failing. However, in a review of the literature to date, there is a dearth of studies that illuminate the perceptions, opinions and knowledge of occupation-based practice of new graduate therapists. As the members of this population of occupational therapists will become the future senior practitioners, managers and leaders of the profession, it is important to obtain their perspectives of the profession. If occupation-based practice is to be a sustained reality then graduates who trained in programmes underpinned by the latest iteration of the WFOT's *Minimum Standards of the Education of Occupational Therapists*, where a renewed focus was placed on occupation and occupation-based practice, should have an understanding and appreciation for this concept. However, from the current literature, this perspective has not been explored.

I believe if graduates leave university and do not have adequate understanding or appreciation for occupation then we can never truly realise the potential of the profession. Reilly (1962) and Wood (1998) believed that the true potential of the profession can only be reached if therapists embrace occupation. If occupational therapists can implement occupation-based practice as everyday practice then the lives of individuals, communities and populations will be enriched by engaging in occupations. This study will inform therapists, practice educators, and university academics how graduates perceive occupation and how they conceptualise this in their practice. Occupational therapy educators also need to understand the journey from student to working professional and how perspectives of occupation change over time and use this information to change, improve or modify the way students are taught in the future. Conversely, if graduates trained under the WFOT's guidelines value and are confident in utilising occupation in practice then this research can give rise to new and recent graduates leading the way to using occupation-based practice in the future.

Aims of the research and research questions

The aim of this study was to explore and describe the perceptions of new and recent graduates about occupation in their practice as occupational therapists, and how they learned about occupation at university. An additional aim was to discover whether these graduates believe they have adequate knowledge for occupation-based practice.

To address this overall aim several research statements and questions were posed:

Study 1

1. How new and recent occupational therapy graduates perceive the use of occupation in their daily practice.

2. If new and recent graduates identify occupation as central to occupational therapy practice.
3. Whether new and recent graduates felt adequately prepared by their educational experiences to implement occupation-based practice upon graduating.

The research questions in study one were devised as a pilot study to trial the overall research concept. In this exploratory pilot study the research questions could be explored for value, design and also to refine sampling method for the next larger study.

Study 2

1. How do new and recently graduated occupational therapists think about occupation within occupational therapy?
2. How do new and recent graduates describe the use of occupation in their daily practice?
3. How do new and recently graduated occupational therapists implement occupation-based practice techniques in their work settings?
4. Do new and recent graduates feel sufficiently prepared by their education to implement occupation-based practice upon graduating?
5. What influences some new and recent graduates to value occupation over others?

These research questions are discussed within two research articles, one describing educational themes and the other illuminating practice themes (chapters four and five).

After a discussion with the Supervisory Panel, it was decided that, as I have limited experience in tertiary education, a third study was required to gain Australian university

educators' experience and recommendations of occupation-based practice and their experiences of occupation in occupational therapy curricula.

Study 3

1. To describe Australian occupational therapy educator perspectives on the centrality of occupation in the occupational therapy curriculum.
2. To highlight what occupational therapy educators perceive as enablers and challenges of sustainable implementation of occupation-centred education in Australia.

Scope of the research

This research set out to uncover how new and recent graduates perceive, value and implement occupation in their practice and how they experienced learning about occupation at university. Qualitative research was the most appropriate methodology to answer the research statements and questions. This research did not set out to uncover the extent or prevalence of these issues for a large number of occupational therapists. This research describes the experiences of a small number of new and recent graduates to gain an insight into some of the contextual issues for therapists in Australia. A qualitative approach also framed the final study. Again, this study was designed to elicit perspectives from a small number of educators. An in-depth exploration of occupation-centred education and its prevalence was not within the scope of the research.

CHAPTER 2

METHODOLOGY & METHODS

This chapter contains an overview of the methodology and methods that guided the research development and design.

CHAPTER 2

Methodology

This chapter provides background to the philosophical underpinning and methodological framework for the research. Justification for the overall research design, data collection and analysis is also presented. Specific information relating to the methods used in each study is described in the following chapters (see chapters three to six).

Social constructivism

The social constructivist paradigm guided and influenced the overall research from its inception. Social constructivists believe individuals seek understanding of the world in which they live and will develop subjective and unique meanings of their everyday experiences (Cresswell, 2014). Social constructivist researchers believe there is no one universal truth for all people (Hesse-Biber & Leavy, 2006). For this reason, qualitative researchers are often guided by the social constructivist paradigm, as they believe “the nature of reality is socially constructed” (Denzin & Lincoln, 1994, p. 8). Meaning that social constructivists attempt to reach an understanding from of the person’s lived experience from the person themselves. Acknowledging that every experience is embedded in socio-cultural experiences and a person’s experience cannot be removed from society’s values, norms and expectations (Denzin & Lincoln, 1994). As research participants have varied meanings for the same phenomenon, the researcher must look for complexity and richness within these views rather than narrow meanings (Cresswell, 1998). Although the researcher may have similar experiences to the participant, the researcher cannot presume to understand all the contextual factors that the participant experiences for the same phenomenon. The goal of this research was to relay as much as possible the participants’ view of the situation being studied.

Cresswell (2014) and van Manen (1997) stated participant experiences and the meanings ascribed to them are negotiated socially and historically. These meanings are often forged through interaction and discussion with others (hence social constructivism). Within such a paradigm, researchers must recognise that their own backgrounds shape their interpretation and they position themselves in the research to acknowledge how their interpretation flows from their personal, cultural, and historical experiences (Denzin & Lincoln, 1994). The researcher aims to make sense of the meanings others have of the world. Theories or patterns of meanings will be inductively built and created rather than starting with a pre-conceived theory of the meaning (Creswell, 1998).

I believe every person constructs their own knowledge and meaning of the world from their own experiences. Therefore, a qualitative methodology was required for this research to uncover the multiple perspectives and experiences of occupation and occupation-based practice. Every occupational therapist experiences and values occupation and occupation-based practice in different ways and therefore a positivist, or quantitative research approach would not have suitably uncovered the different meanings occupational therapists ascribe to occupation and occupation-based practice.

Qualitative research

At the commencement of this research, it was apparent that as there was little literature on the topic being researched. Therefore, an increased focus on exploration rather than generation of explanation or theory, or hypothesis testing was required. Therefore qualitative research was selected as the most appropriate methodology to explore the research topic. Findlay (2006) stated “qualitative research aims to investigate and understand the social world rather than to

predict, explain and control behaviour” (p. 7). This research will be guided by Findlay (2006), whereby all data gathered will be used to uncover the phenomenon of A qualitative researcher seeks to “understand the meaning of experiences of individuals” (Cresswell, 1998, p. 38). These experiences are often called lived experiences.

Since the 1990s and into the 21st century qualitative research has become more visible, particularly in health care research. This type of approach may be appropriate when the topic is new, if the subject has never been addressed with a certain sample or group of people, and if existing theories do not apply with the particular sample or group under study (Morse, 1991 in Creswell, 2014). According to Denzin and Lincoln (1994), a qualitative researcher can attempt to illuminate the meanings people bring to certain phenomena by interpreting or making sense of such phenomena. Data can be obtained by numerous methods, including case studies, interviews, examining cultural texts, or observation (Denzin & Lincoln, 1994). However, in this research, focus groups and interviews were the primary data collection methods. This style of research is an interactive and iterative process that can and will be shaped by the researcher’s personal history, gender, ethnicity and indeed by the subjects they are researching (Denzin & Lincoln, 1994, pg. 5).

Qualitative research can bridge the divide between researching a phenomenon at a theoretical level and understanding and getting an ‘insider’s point of view’ or as van Manen states, understanding something “from the inside” (1997, p. 14). This insider perspective was particularly useful for discovering the experiences of new and recent graduates. The findings helped to uncover the value and importance graduates’ place on occupation and if this concept is central to their reasoning when completing the daily work of an occupational therapist.

Phenomenology

Phenomenology developed as an alternative to positivist and empirically based research traditions of the past (McConnell-Henry, Chapman, & Francis, 2009). Phenomenology is a philosophical perspective that assists researchers to explore, uncover and understand everyday experiences without presuming knowledge of those experiences (Crotty, 1998). That is, the researcher is open to what presents itself when participants describe a phenomenon. The use of phenomenology provided the opportunity to uncover the complexity and contextual nature of the participants' perception of occupation in practice and education (Crotty, 1996; Denzin & Lincoln, 1994; Kinn & Aas, 2009). McConnell-Henry, Chapman and Francis (2009) stated the essence of phenomenology is to study phenomena. Phenomenology allows researchers to uncover a certain phenomenon from the participants' perspective (Hesse-Biber & Leavy, 2006).

Phenomenology was developed by German philosopher and mathematician, Edmund Husserl (McConnell-Henry, Chapman & Francis, 2009). Phenomenology emerged from the discipline of psychology in the 18th Century, partly as a critique of positivism. Husserl believed that there was not one universal understanding or truth for all people, and that people experience life and everyday experiences differently (Hesse-Biber & Leavy, 2006). Denzin and Lincoln (1994) stated that qualitative researchers want to attempt to uncover the meaning that people bring to certain phenomena. Phenomenology gives voice to participants and unlike other methodological theories, is interested in what and how an individual believes about their experience (Liamputtong, 2013). Given the underpinning of this process by the belief that knowledge is socially constructed by participants, phenomenology, in particular Heideggerian phenomenology, is a preferred approach to this research.

Heideggerian phenomenological philosophy

Heideggerian hermenutic phenomenological philosophy, which was influenced by Husserl's work, underpinned the research completed in this thesis. The term hermeneutic comes from the Greek word "hermeneusin" which means to interpret or understand (McConnell-Henry, Chapman & Francis, 2009, p. 8). Heidegger believed that shared social experiences lead to constructing knowledge and understanding for individuals (Dreyfus, 1989). The central tenant of phenomenology is to understand the how humans ascribe meaning to everyday life, or uncovering people's lived experiences (van Manen, 1997). Heideggerian or Hermeneutic phenomenology seeks to uncover the phenomenon being studied, that is, "gaining a deeper understanding of the nature or meaning of our everyday experiences" (van Manen, 1997, p.9). Heideggerian phenomenology seeks to understand phenomena that is hidden, difficult to understand or not self-evident (Crotty, 1996; Reiners, 2012; Tuohy, Cooney, Dowling, Murphy, & Sixmith, 2013). In the case of occupation in occupational therapy, every occupational therapist will ascribe different levels of meaning and understanding to occupation and its place in practice. Heideggerian phenomenology can give voice to therapists and their individual perceptions of occupation in practice and education.

Bracketing in Heideggerian phenomenology

Liamputtong (2013) stated that bracketing is where researchers must suspend pre-judgements, determinations and bias about the topic being researched. So that researchers may understand the phenomenon from the participants perspective. At the commencement of this research I attempted to bracket my assumptions and pre-conceived ideas about the project. On further reflection, I was drawn to this topic because of my knowledge and passion for occupational therapy and occupation-based practice. In Husserl's descriptive phenomenology, bracketing is essential (Crotty, 1996). Husserl believed that the researcher must use bracketing to

understand the essence of the phenomenon being investigated (Dreyfus, 1991; McConnell-Henry et al., 2009; Steiner, 1978). Bracketing provides some guidance to researchers of the differences between Husserl and Heidegger's approach to phenomenological research.

However, Heidegger believed that bracketing was not essential and in fact impossible given the researcher shares the research journey with participants (Heidegger, 1962, 1996). In Heideggerian phenomenological philosophy, Heidegger advocates that researchers bring their knowledge and assumptions to the research experience and therefore it is impossible to bracket their biases and assumptions (Dreyfus, 1991; Heidegger, 1962, 1996). Heidegger was opposed to bracketing, and stated that the researcher is an important part of the research, and their interpretations must not be excluded or removed (McConnell-Henry, Chapman & Francis, 2009). Numerous qualitative authors have stated that for researchers to understand, they must recognise what has influenced their understanding and shaped their view of the world (Cresswell, 1998; Grbich, 1999; Tuohy et al., 2013). Therefore, as the development of phenomenology continued through the work of Martin Heidegger, bracketing was deemed as increasingly challenging and particularly unnecessary when completing qualitative studies (Crotty, 1996).

Qualitative research, phenomenology and occupational therapy

Occupational therapy as a profession has a history of using qualitative research to uncover and explore experiences of practice and therapy (Curtin & Fossey, 2007). Curtin and Fossey (2007) have detailed that qualitative methodology lends itself well to the discipline of occupational therapy, where understanding what people chose to do and why, is of paramount importance to effective, client-centred and occupation-based practice. Also as qualitative research commonly uses a narrative based approach to collect and analyse data this further

aligns itself to the practice of occupational therapy. Within the qualitative research paradigm, phenomenological approaches have also been used in a number of notable studies in occupational therapy (Bazyk, Glorioso, Gordon, Haines, & Percaciante, 2010; Kinn & Aas, 2009; Wilding & Whiteford, 2005). Given the long history of occupational therapy research use of phenomenology, it is appropriate that the research presented in this thesis was guided by phenomenological theorist Martin Heidegger.

Data collection

As the research was exploratory in nature the data collection and analysis methods were designed to allow the research questions to be answered and explored. Qualitative approaches allow for flexibility, innovation and to allow the researcher to work more within researcher-designed frameworks that can be tailored to the research questions being asked, rather than following one prescribed method (Cresswell, 2014). This study has been driven and designed solely to enable the research aims and questions to be explored. Again, due to the exploratory nature of the topic, each study that comprised the research was based upon the findings and themes of the previous stage.

There were three studies within the research:

- 1. Occupational therapists' perceptions of occupation in practice: An exploratory study.*

This pilot study was approved by University of Canberra's Human Research Ethics Committee on 7th March 2014 (Ethics project number 14-24). See appendix A for approval letter. See appendix B and C for the information sheet and consent form for the study.

The purpose of the pilot study was to test the scope of the research aims and to trial some of the interview questions to ensure that the graduates' perceptions were uncovered. Therefore, to ensure that graduates felt comfortable to answer questions, a focus group was chosen as the means of investigation in the first phase of the research. See chapter three for further details of this study.

Focus groups

Focus groups allow for collective conversations, and can often be called a group interview (Kamberelis & Dimitriadis, 2013; Kitzinger, 1994). Focus group design allowed for discussion and uncovering of participants' current perspectives in occupational therapy education and practice, in a non-threatening environment and allowed for free flowing discussion. The "pedagogic function" behind focus groups is to develop collective engagement which enables dialogue to reach higher levels of understanding, critical reflection and knowledge generation of a group's interests (Kamberelis & Dimitriadis, 2011, p. 546). Kitzinger (1994) stated focus group interviews purposefully use group interactions as part of the method of data collection. Focus groups can be used as a stand-alone method of data gathering or as part of a series of interview and focus groups to ensure validity of the data (Kitzinger, 1994). Focus groups can be valuable as a pre-research method as it helps to prepare the main study by providing sufficient information about the study objectives, helps to define the main measures to be studied and may prevent possible errors or challenges (Bradbury-Jones, Sambrook, & Irvine, 2009; Brown, 2015a). See appendix D for focus group and interview topics and questions.

Findings from this exploratory pilot study assisted in defining the scope and need for studies two and three by trialling the topics and questions explored in the following interviews, and

ensuring that the findings were useful to occupational therapy by uncovering new perspectives and adding to the knowledge base of the profession.

2. *New and recent occupational therapy graduates' perceptions of occupation in practice and education.*

This study was approved by University of Canberra's Human Research Ethics Committee on 1st August 2014 (Ethics project number 14- 156). See appendix E for approval letter. See appendix F and G for information sheet and consent form for the study.

This study had two interrelated foci: firstly, uncovering perceptions of occupation in new and recent graduates' practice as occupational therapists, and secondly, understanding how occupational therapy graduates learnt about occupation at university. Therefore, this study is presented in two chapters (chapters four and five). In-depth, one-on-one, semi structured interviews provided the means of understanding each graduate's perceptions and experiences.

Semi-structured interviews

Liamputtong (2013) suggested that as phenomenology is concerned with the lived experiences of people, interviews are the best means of uncovering people's individual perspectives. In fact, interviews are the most common means to gather qualitative research data (Grbich, 1999). One reason that interviews are popular within the qualitative paradigm is the assumption that people have specific and important knowledge about the social world that can be elicited from talking with others (Liamputtong, 2013). Interviews enable the interviewee to become the expert and the interviewer to learn from the narrative being provided (Grbich, 1999). Semi-structured interviews are common in qualitative research as the ability to be

flexible allows researchers to follow up on areas which they deem is relevant to the study (Hesse-Biber & Leavy, 2006). A semi-structured approach allowed me uncover each individual therapist's perspectives and gain an understanding of their context and how this changed their perceptions of occupation and the implementation of occupation-based practice. This could be achieved due to the flexibility a semi-structured interview afforded. Grbich (1999) stated that semi-structured interviews "allow for extensive exploration" of a topic (p. 95). Open-ended questioning allows for topics to be explored in more detail, but crucially allows for the participants' perspectives to be uncovered and their perspectives to be developed (Liamputtong, 2013). This is especially important in phenomenological interviews. See appendix D for interview topics and questions.

The findings from this study were used to inform the third study which specifically investigated the opinions and recommendations of occupational therapy educators in Australia about occupation in education.

3. Occupational therapy educators' perceptions of occupation-based education in Australia.

This study has been approved by the University of Canberra's Human Research Ethics Committee on 3rd July 2015 (project number 15-146). See appendix H.

It was originally intended that this study utilise a focus group to gather information about educators' thoughts and recommendations after they had been given the findings from study one and two. However, due to scheduling and educator availability, a focus group was unfeasible. Therefore, individual interviews were completed instead.

This study and the use of semi-structured interviews with educators followed a broad qualitative research approach, and again employed thematic analysis. However, this study differed from the previous two studies by the way of providing a stimulus to the educators prior to their interviews. The stimulus alerted them to the topics and basic questions that would be asked during the interview. Therefore, study three was not a true phenomenological study design whereby the participants are able to share their perspectives with no stimulus from the researcher. See appendix I for the stimulus provided to the educators with an overview of interview topics included.

Data analysis

A rigorous and systematic process of data analysis was completed throughout all three studies. As this research was mainly exploratory in nature, inductive data analysis was required to uncover the new and recent graduates' perceptions of occupation in practice and education. That is, no pre-determined coding or pre-determined lens was applied to the data when completing the analysis, allowing all codes and themes to emerge from the data and participants' voices.

To achieve this, Braun and Clarke's 2006 thematic analysis process was employed, as this analysis method allowed for an inductive semantic approach to the data. Thematic analysis is a method that allows for identification and analysis of themes in qualitative research (Clarke & Braun, 2013). Braun and Clarke's phases of thematic analysis allows for flexibility across different means of gathering data (2006), and therefore could be used throughout the research with focus groups and interviews. Verbatim transcripts from the focus group and interview formed the data. Braun and Clarke's (2006) process has six steps, whereby the researcher

must become familiar with the data, code for potential themes and then complete iterative cycles of refinement of codes into themes.

An overview of Braun and Clarke's (2006) six phases of data analysis are outlined:

1. *Familiarisation of the data*: Common in all forms of data analysis, familiarisation of the data began by listening to the audio-recordings of the interviews and then reading and re-reading the verbatim transcripts. I also recorded any initial thoughts about the data in a reflective journal.

2. *Coding*: Coding involves generating labels for important aspects of the transcripts. During this process I ensured that I always returned to the research aims and questions to ensure relevance of the codes. As with all stages of this process, this was completed manually, without the use of computer data analysis programs. I felt this approach allowed me to gain an in-depth understanding of the data and I have completed all previous thematic analysis and research projects in this manner. Once coding was completed I did extract all data into a table in Microsoft Word to allow for grouping of the codes in the later stages.

3. *Searching for themes*: Searching for themes was completed using manual coding techniques and stored the data extracted in a Microsoft Word table (as described above). Clarke and Braun (2013) described a theme as “a coherent and meaningful pattern in the data relevant to the research questions” (p. 121). I completed this process by grouping codes together in many different patterns I deemed meaningful, such as grouping like codes together, comparing and contrasting difference codes, and grouping together codes from participants in similar areas of practice. This method enabled me to group together a number

of different codes across education and practice in study two, and not be limited to separating the two areas for much richer data analysis processes.

4. *Reviewing themes*: This phase involves checking the coherence of the themes against both the original codes and their alignment with the full data set. During this stage of analysis, I collapsed many smaller themes into one, or split a theme to ensure an accurate representation of the data set. At this stage use of reflexive processes was important to detail any decisions made about expanding or collapsing themes. During this stage, discussion with supervisors about reflections on the data analysis process and emerging or established themes were documented. Use of a reflexive journal enabled me to track my decisions and choices of theme development and if themes needed to be collapsed or expanded upon.

5. *Defining and naming themes*: Clarke and Braun (2013) stated this stage is about the researcher finding and writing down the “essence” of the themes (p. 123). During this phase, I named and presented the themes to my supervisory panel to check for cohesion and clarity within in each theme and across the data set.

6. *Writing up*: This phase involved writing up the themes in their entirety and adding in crucial de-identified demographic data from the participants to provide enough background and clarity. The final version of themes can be found in the findings sections of chapters three to six of this thesis.

Data saturation

In qualitative research, sampling techniques for participant recruitment should be flexible to allow the researcher to understand fully the topic being investigated (Liamputtong, 2013).

Recruitment of a certain number of participants is often not known at the start of the project, and collecting data from participants (new or existing) should only cease when the research questions or aims can be answered (Liamputtong, 2013). The concept of data saturation originates from grounded theory (Hesse-Biber & Leavy, 2006). However, data saturation is used widely in all methods of qualitative research. Data saturation is when a researcher ceases to collect data when no new insights are revealed (Cresswell, 1998). Data from transcripts were analysed as the interviews and focus groups progressed. That is, once an interview was completed another interview was not commenced until at least preliminary analysis was completed. Researchers should stop collecting data when new data generates no additional ideas or themes (Charmaz in Cresswell, 2014). Once no new experiences or understandings emerged from the data the interviews were ceased and no more data was collected from participants.

Trustworthiness and rigour

Despite the lack of explicit bracketing in this study, a rigorous process of trustworthiness was still established. Trustworthiness and rigour were strengthened by engaging in a systematic process of data collection and analysis, the use of reflective processes, and by discussing themes as they arose with my research supervisors. The legitimacy of the findings was improved by utilising a rigorous method of analysis where all decisions, assumptions and interpretations made during data analysis and discussions on themes were recorded in a journal (Braun & Clarke, 2006; Curtin & Fossey, 2007; Stanley & Nayar, 2014). As recommended by Watt (2007), a reflexive journal enabled me to engage in an ongoing personal dialogue to examine assumptions and to thereby consider the data critically.

As qualitative research values socially and personally constructed meanings from the individuals in the research, at times qualitative data collection and particularly analysis can be seen as demonstrating less rigour and increased interpretation from the researcher than quantitative research methods (Cresswell, 2014). Therefore, to overcome this in the data analysis process, I completed data analysis in a systematic process using a widely recognised analysis structure to ensure trustworthiness and rigour to the findings presented. Braun and Clarke's (2006) method of data analysis was employed initially to provide a structure and consistency to the transcripts being analysed to ensure accurate and bias-reduced findings from the study one focus groups. As I became more confident and skilled in data analysis, Braun and Clarke's structure allowed me to develop and uncover complex and multifaceted themes that emerged from the interviews (2006). However, throughout this process I was wary of my personal bias and passion for this topic. To overcome this, I ensured that I regularly used supervision sessions to discuss any questions that arose with my supervisors. Finally, all themes were presented and discussed with the supervisory panel to ensure that the themes were cohesive and overt bias was eliminated. Themes from the data collection and analysis phases are presented in the next chapters.

CHAPTER 3

STUDY 1

Chapter 3 presents the findings of the first study of this research.

This original article was published in the *Australian Occupational Therapy Journal*:

Di Tommaso, A., Isbel, S., Scarvell, J. & Wicks, A. (2016) Occupational therapists' perceptions of occupation in practice: An exploratory study. *Australian Occupational Therapy Journal*, (63)3, 206-213.

DECLARATION OF CO-AUTHORED PUBLICATION CHAPTER

For use in theses which include publications. This declaration must be completed for each co-authored publication and to be placed at the start of the thesis chapter in which the publication appears.

Declaration for Thesis Chapter 3

Declaration by candidate

In the case of Chapter 3, the nature and extent of my contribution to the work was the following:

Nature of contribution	Extent of contribution (%)
Conception and design of the project, recruitment and collection of data, analysis and interpretation of data, drafting of the manuscript and critical revision of the manuscript.	85 %

The following co-authors contributed to the work.

Name	Nature of contribution	Contributor - student at UC
Stephen Isbel	Research supervision assisting in the research design and critical revision of the manuscript.	N
Jennie Scarvell		N
Alison Wicks		N

Candidate's Signature		Date 16/12/17
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Declaration by co-authors

The undersigned hereby certify that:

- (1) the above declaration correctly reflects the nature and extent of the candidate's contribution to this work, and the nature of the contribution of each of the co-authors.
- (2) they meet the criteria for authorship in that they have participated in the conception,

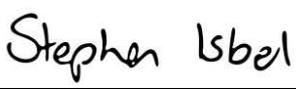
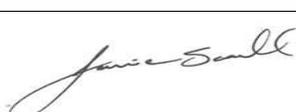
execution, or interpretation, of at least that part of the publication in their field of expertise;

- (3) they take public responsibility for their part of the publication, except for the responsible author who accepts overall responsibility for the publication;
- (4) there are no other authors of the publication according to these criteria;
- (5) potential conflicts of interest have been disclosed to (a) granting bodies, (b) the editor or publisher of journals or other publications, and (c) the head of the responsible academic unit; and
- (6) the original data are stored at the following location(s) and will be held for at least five years from the date indicated below:

Location(s)

University of Canberra

[Please note that the location(s) must be institutional in nature, and should be indicated here as a department, centre or institute, with specific campus identification where relevant.]

Signature 1		Date 16/12/17
Signature 2		16/12/17
Signature 3		16/12/17

CHAPTER 3

STUDY 1:

Occupational therapists' perceptions of occupation in practice: An exploratory study.

Abstract

Background: The World Federation of Occupational Therapists' minimum standards state occupation and its relationship to health must be concepts covered in occupational therapy education. Therefore, it is assumed that Australian graduates have sound knowledge of the principles of occupation-based practice. In some practice settings, the link to occupation may not be explicit and graduates could face challenges to being occupation-based. The aims of this pilot study were to explore graduates' perceptions of occupation in their practice and to investigate whether graduates felt sufficiently prepared for occupation-based practice.

Methods: Two focus groups with eight therapists in total were employed to uncover experiences and perceptions of occupation. Themes were synthesised using Braun and Clarke's method of thematic analysis, where line by line coding was employed to inductively build themes.

Results: Participants believed that occupation-based practice was important but did not necessarily need to be implemented as a means of intervention. From the participants' perspective, simply striving for occupation as the end goal of therapy was acceptable. A strong focus on impairment-based practice hindered some therapists from exploring the use of occupation-based practice. For recent graduates, workplace culture was pervasive and inhibited the use of occupation. In addition, participants felt university educators did not

provide an integrated or consistent approach when teaching how to apply occupation in practice.

Conclusion: Workplace expectations and limited power to influence practice are impeding graduates from authentically applying occupation in practice. Insights from recently graduated therapists about occupation have the potential to inform future directions of occupation-based practice.

Key Words: curriculum, occupational therapy, professional practice, qualitative research, teaching

Introduction

Numerous authors (Molineux, 2004; Reilly, 1962; Wilcock, 2000) agree that the unique contribution that occupational therapy can bring to health care is a profound understanding of occupation. Occupation can be defined as a “culturally and personally meaningful activity that an individual engages in over a period of time” (Mackey & Nancarrow, 2006, p. 12).

Occupational therapists should utilise their knowledge of occupation to enable occupational performance and in turn impact the health and wellbeing of the people with whom they work (Gray, 1998).

However, throughout history and especially in recent times, it is evident that a focus on enabling occupation through its use in therapy has not always been central to practice (Bryden & McColl, 2003; Wilding & Whiteford, 2007). In recent decades, the dominance of the medical model meant the need to implement empirical justifications for practice which focused on remediating impairments, and moved away from a central focus on occupation (Wilding & Whiteford, 2007). Fisher (2009) stressed that occupational therapy should be about occupation and encouraged therapists to focus less on remediation, impairments and performance capacities, and instead focus on enabling people to perform all occupations.

Occupation-based practice utilises a client’s engagement in occupations throughout the occupational therapy process but in particular the intervention and evaluation stages whereby occupation is used as “the therapeutic agent of change” (Fisher, 2013, p. 164). Molineux, in a Keynote address at the 2010 New Zealand Association of Occupation Therapy Conference, detailed his views on the need for occupational therapists to reclaim occupation in therapy and not simply justify our practice with occupation as an end goal (Molineux, 2011). Other leading occupational therapists have used the platform of the Sylvia Docker, Eleanor Clarke

Slagle Lectures and the Elizabeth Casson Memorial Lectures to urge occupational therapists to ensure they look to the future and be creative about what occupational therapy could be in the coming decades (Ballinger, 2012; Barker, 2010; Jacobs, 2012). Commentary by Fortune (2000), Gillen and Greber (2014), and Twinley and Morris (2014), demonstrate there is available evidence and a need for occupational therapists to implement occupation-based practice.

Further confounding implementation of occupation-based practice is the lack of explicit and consistent guidelines. Specifically, Occupational Therapy Australia's *National Code of Ethics* (2001), the *Australian Minimum Competency Standards for New Graduate Occupational Therapists* (2010), and the Occupational Therapy Board of Australia's *Occupational Therapy Continuing Professional Development Registration Standard* (2012) do not contain overt reference to the implementation of occupation-based practice as the core of occupational therapy services.

Occupation and its relationship with health and wellbeing are concepts covered in university occupational therapy programmes (World Federation of Occupational Therapists, 2008). In 2002, the World Federation of Occupational Therapists' (WFOT) *Revised Minimum Standards for the Education of Occupational Therapists* stipulated significant changes to ensure university courses explicitly articulated an occupational perspective of health. All Australian accredited occupational therapy programmes must adhere to these standards (World Federation of Occupational Therapists, 2002). This implies that all Australian recent and newly registered graduates have an adequate understanding of and appreciation for occupation and occupation-based practice. However, it has been argued that in some settings

it can be challenging for graduates to align their learning with the realities of practice (Wilding & Whiteford 2008).

There is a dearth of studies that illuminate the perceptions, opinions and knowledge of occupation-based practice of new or recent graduates. After an extensive search of national and international peer reviewed literature using key words such as ‘occupation’, ‘occupational therapy’ ‘occupation-based practice’, ‘practice patterns’, ‘education’, ‘curriculum’, ‘perception’ and ‘graduates’, no articles were located that specifically researched new and recent graduates’ perceptions of occupation in practice. It was apparent after this review, that challenges of aligning current educational requirements and the demands of practice have not been fully investigated nor have potential strategies to overcome this issue been considered.

Considering this, the aims of the pilot study were to test the feasibility of research questions that explore:

1. How occupational therapy graduates perceived the use of occupation in their daily practice.
2. If graduates identified occupation as central to occupational therapy practice.
3. Whether graduates felt adequately prepared by their educational experiences to implement occupation-based practice upon graduating.

Methods

A qualitative research approach was used in this study. An inductive phenomenological design was used to uncover the graduates’ perceptions (Denzin & Lincoln, 1994).

Phenomenology is a philosophical perspective that assists researchers to explore, uncover and

understand everyday experiences without presuming knowledge of those experiences (Crotty, 1998). The use of phenomenology provided the opportunity to uncover the complexity and contextual nature (Denzin & Lincoln, 1994) of the participants' perceptions of occupation in practice and education.

This study was established as a pilot to explore the scope and possibilities for a larger research project. Two focus groups were held, one in the Australian Capital Territory (ACT) and one in Tasmania. These locations were chosen for convenience and pragmatic reasons. Furthermore, the recruitment process could be easily managed due to the relatively smaller number of new graduates employed. At the time of recruitment, no occupational therapy programme existed in Tasmania, and graduates from the ACT occupational therapy programme were ineligible to participate due to the inclusion criteria relating to year of graduation. Therefore, participants were likely to come from educational programmes in other states of Australia.

Similar recruitment processes were used for both focus groups. Advertisements were placed in each state/territory's Occupational Therapy Australia newsletter and managers at workplaces that employ occupational therapists were contacted.

This study gained ethical approval from University of Canberra's Human Research Ethics Committee (project 14-24). Participants submitted a voluntary consent form prior to each focus group. Pseudonyms have been used to ensure anonymity.

Research Participants

Eight therapists participated in the study, including six females and two males. The participants graduated from a variety of universities in every Australian state that had an

occupational therapy programme, except Victoria (see Table 1). One participant transferred from a Victorian university to another in Queensland. In this instance only, Queensland was recorded as the state of education. Of the eight participants, six completed undergraduate degrees, and two a Master of Occupational Therapy (graduate entry). All participants worked in traditional occupational therapy roles, where occupational therapists have historically worked such as hospitals or community rehabilitation centres. Table 1 depicts where participants were practising at the time and does not include previous areas of practice. Table 1 also indicates years of practice experience.

Table 1: Australian state where graduates trained, years since graduation, and current area of practice

Participant (pseudonyms used)	State	Years since graduation	Area of Practice
Anna	WA	5	Acute Hospital- Medical
Jane	WA	3	Acute Hospital- Aged Care
Kristy	NSW	< 1	Acute Hospital- Rehabilitation
Louise	QLD	< 1	Acute Hospital- Medical
Melissa	NSW	4	Community Mental Health
Peter	NSW	6	Occupational Rehabilitation
Sophie	NSW	5	Community Paediatrics
William	SA	3	Occupational Rehabilitation

Inclusion criteria for participation included completing education between 2007 and 2013, at a WFOT accredited Australian University undergraduate or graduate entry programme. The participants were required to be registered and have work experience as an occupational therapist in Australia. The justification for the years since graduation is tied to the WFOT's *Revised Minimum Standards for the Education of Occupational Therapists* (2002), whereby all graduates from 2007 onwards would have been educated in programmes where these

guidelines should have been adopted. This pilot was also to test if the inclusion criteria would be useful in a larger study, particularly relating to the wide range of years post-graduation.

Data collection

The two focus groups were audiotaped and transcribed verbatim. These transcripts formed the data for analysis. Participants validated the accuracy of the transcription of their focus group session. The participants were asked a mix of open and closed questions about their work experiences and their perceptions of occupation and how and when this construct is utilised in the profession. The participants were also asked whether they felt prepared by their university education to implement an occupation-based plan at work. Topics discussed in the focus groups were decided upon by the authors, based upon current literature and alignment to the research questions.

The focus group design allowed for discussion on and critique of current perspectives in occupational therapy education and practice, in a non-threatening environment and allowed for free flowing discussion. Both focus groups ran for approximately two and a half hours to allow for introductions, in-depth discussion, and debrief, and were facilitated by the first author. Only three participants attended the focus group in the ACT. Kitzinger (1994) stated focus group interviews purposefully use group interactions as part of the method of data collection. Therefore, as there were limited numbers for group interaction another focus group needed to be held and this time five participants attended in Tasmania.

Data analysis

The first author utilised Braun and Clarke's (2006) six step method of thematic analysis and all data were analysed following this method. Line by line coding was initially employed to

inductively build codes and then in turn similar coding was grouped together and further refined to develop into themes (Braun & Clarke, 2006). The focus groups were initially coded separately, with no pre-determined codes, and then combined to allow for a systematic approach to data analysis. This approach also ensured that the codes from one focus group's analysis did not impact on the codes that emerged from the second.

Trustworthiness was strengthened by engaging in a systematic process of data collection and analysis, the use of reflective processes and by discussing themes as they arose with the other authors. The legitimacy of the findings was improved by utilising a rigorous method of analysis where all decisions, assumptions and interpretations made during data analysis and discussions on themes were recorded in a journal by the first author (Braun & Clarke, 2006). As recommended by Watt (2007), a reflective journal allowed the first author to engage in an ongoing personal dialogue to examine assumptions and to thereby consider the data critically.

Results

Three main themes arose from the analysis process. These were the conflict between rhetoric and reality, therapists waiting for permission to become increasingly occupation-based and the role of educators in selling the message of occupation.

Rhetoric vs. Reality

While participants recognised that the theory of occupational therapy and occupation were important, some of the participants had difficulty articulating how they use occupation in practice. Most stated that they first needed to use impairment-based techniques prior to implementing any occupation-based interventions. Although not planned as a topic during the focus groups, the facilitator discussed Gray's (1998) framework of Occupation as Ends versus

Occupation as Means as it was useful for categorising how the participants depicted occupation-based interventions. Overwhelmingly, almost all the participants (6 out of 8) felt that they could not use occupation-based interventions as they would like in practice. Some participants recognised that they should be using occupation in practice but others accepted that this could not be achieved and as a secondary measure focused on maintaining their client-centred role.

The participants felt that occupation and utilising occupation in practice were important because as Sophie commented "... it's our profession!" Melissa stated that "I guess I always kind of look at an occupational therapist and you kind of go occupation is your medicine." When questioned whether impairment-based therapy was acceptable as the means of intervention Sophie further elaborated "if that's only what you do, then [yes] that's a problem."

Using occupation-based intervention was often cited as means of motivating clients to participate in therapy. As Louise stated:

I think it's more motivating and it is honing in on the exact skills that that person needs, so yeah, you can focus on hands but until you actually see what they use their hands for [then you know] how much grip strength they need.

Many responses were similar to this, with Jane suggesting that if an occupation-based therapy is "already incorporated into what you are doing then it's easier." William, who works in occupational rehabilitation, described that he had seen many of his clients experience reduced pain once re-engaged with work: "the pain is there, but it's in the back of their mind."

Some participants stated that occupation-based practice encompassing an “Occupation as Means” (Gray, 1998, p. 357) approach is their preferred style of occupational therapy practice. In reality, however, many of the participants were content that this was unattainable in their own practice. As Louise described “I feel my interventions and assessments are always based on occupation but I don’t get to use occupation as a therapy tool on a regular basis...” Notably one participant felt that by having conversation about occupations would suffice:

In some aspects we advocate for [clients] to use that occupation to help their health and wellbeing... I don’t actually have the capacity to actually practise that activity... but actually having that discussion with them and telling them that that is actually a meaningful and purposeful role and through doing it you are promoting your health and wellbeing. I would say having that discussion [is important when]... you can’t, actually physically [complete an intervention]. (Anna)

When questioned on how the participants would go about implementing occupation-based intervention in practice Kristy answered:

...lots of strength training and dexterity training tasks, and in terms of occupation it’s really hard in a hospital setting but I try, like whether it’s getting to fold some towels up or reach for a cup, pouring tasks, boiling the kettle and using the kettle.

There was a general consensus by the participants that this was acceptable and constituted adequate occupation-based practice in most settings. Other participants who did not work in a hospital also stated that “primarily, personal care, managing their finances, medication management, get back to using a computer or any occupation” (Kristy) or “when prescribing wheelchairs, the therapy is actually getting the right piece of equipment” could all be

occupation-based practice (Sophie). As Kristy commented “maybe when someone’s not ready to be launched into an occupation straight away but maybe that occupation could be a goal at the end for the person. So you do little things to build up to it.” Melissa also agrees “it might be doing shoulder arcs constantly but in the end that’s going to lead to someone being able to return to work again.” These statements demonstrate that some participants do not always use Occupation as Means as the form of intervention in their practice.

Kristy went on to qualify that occupation-based interventions could only be implemented once impairment-based therapy was completed as “it’s only when you get in some strength, and function, and ability for a patient to carry out an occupation that you can be really occupation-focused.” Completing components of occupation rather than incorporating the entire occupation was also a popular strategy:

...if people understand that you are doing this for your bigger goal and you are doing a sub-part of that goal they can see the connection so they’re more likely to do it. If you just tell them to wiggle their fingers cause you know at the end of the day that’s [going to] get you doing this goal over here, then I think that might connect it. (Anna)

At times, it seemed that being impairment-based and using components of occupation could be substituted for occupation-based practice in the participants’ opinions. This perspective was discussed as acceptable practice in both focus groups.

There were numerous times in the focus groups when the participants felt occupation-based interventions could not be implemented. However, this was not deemed problematic, as the participants felt it was more important in the first instance to be client-centred rather than occupation-based. As Anna offered an example of her practice:

I felt that I'd, yeah [I was] client-centred...but at the same time it wasn't really occupationally-focused. So I could have been a nurse, I could have been a physio[therapist]... I didn't feel like I was an OT at that time [be]cause they weren't ready for me to have that conversation about occupations.

Jane concluded at the end of the focus group that most of the practices of traditional occupational therapy were not occupation-based, "ultimately we don't think it's occupation-focused but at the end of the day it is to enable [clients] to live safely." It is troubling that this response was from a new graduate, who easily dismissed occupation and allow mechanistic forms of intervention to be at the fore of her practice.

Occupation-based practice: Waiting for permission

At times throughout the focus groups, the participants expressed that they would like their practice to be more overtly focused on occupation. However they often felt that they were not able to implement this in practice because of their status as a newer graduate, as Kristy remarked: "I think I have to be more occupation-focused but I think with more experience the clinical reasoning would be better." Direct supervisors and line managers were perceived to have a direct role in fostering occupation-based practice of the participants, as Melissa explained "supervision would be really important for implementing that." Therefore, it seems, for graduates' final decisions as to how they practice are heavily reliant on the senior clinicians and supervisors in their workplace.

Many participants said that to be occupation-based the workplace would need to be first supportive. As Louise offered "we don't actually get to deliver intervention that is occupationally based... I focus on [impairments] because that's what I have to focus on, on the ward."

Jane also supports this view, as she is now based on a rehabilitation ward:

You can engage people in and do interventions based on occupation a lot more than say on the [medical] wards, where you're just doing the bare minimum really. My view of what OTs can offer is pretty different in community to when I first moved to the [medical] wards. I was kind of thinking: do I just give out equipment?

Peter who works for a private sector company offered:

I think it's all well and good to have those assessment skills and to look at the broad picture but your intervention is often guided by where you work and what the outcomes need to be rather than what [the client or therapist want].

In this passage, Peter highlights that outcomes that are best for the client and perhaps align to favourable occupational outcomes can be dismissed if it is in opposition to what the company or workplace dictates. It is concerning that workplace expectation pervades and can strongly direct clinical reasoning and alter practice outcomes for recent graduates.

Many participants based their clinical reasoning and practice decisions on what pragmatically and historically had been offered at a workplace in the past. Peter felt that new and recent graduates "are stuck in the middle of that system." Some participants felt there was no choice but to accept that the historical means of practising in a particular setting:

My setting, it was more what [clients] needed to do to safely return home because that's where I'm based. So I guess we have things that we are looking for to make sure that [clients] are safe in terms of they are not a falls risk, that they have got appropriate support and things in place, and with my clients that particular day I didn't get to

achieve really exploring any of those occupations that were impacting on their ability to go home. (Anna)

One participant lamented that:

It would help if everyone else had an idea of what we did, like the medical team for instance in my setting. If they actually knew what we did, maybe we could be a bit more occupation-focused where you get referrals in a timely manner and they actually consider the bigger picture but that doesn't really happen. (Louise)

Educators: Selling the message?

All but one participant cited that they had first learned of occupation and the core philosophies of occupational therapy at university lectures given by occupational therapy educators. However, many participants in this study believed lecturers had downplayed the importance of occupation and increased their uncertainty of the concept. For example, Melissa offered that one of her university lecturers in first year said that explaining the concept of occupation was so complicated that it was easier to say and think that "it's just doing", and therefore Melissa adopted this definition, however then in her fourth year of study another lecturer described "it's not activities of daily living or doing but try and just use the proper occupational therapy language." These mixed messages made it hard for Melissa to feel confident about her understanding of the concept of occupation.

Another common dilemma that challenged the participants upon graduating university was that they never felt prepared to implement occupation-based practice in the current health care environment. Jane mistakenly thought:

I think at [university] in my head, I had a vision of myself going into people's houses and helping Bill to go fishing again with his grandkids to get back to his meaningful roles, but now I'm just making sure Bill can get up and down, you know, get on and off the toilet...and do the simple meal [preparation] he needs to do.

Many participants in the focus groups also did not feel prepared to implement occupation-based perspectives upon leaving university. As evidenced by this statement by Louise, "I feel like [lecturers] go on about [occupation] so much but they didn't actually teach you the skills to deliver occupation-based practice and within a variety of settings..." she continues that "just learning some of those skills would have been much more useful than all of those anatomy subjects." Melissa had a similar experience:

I guess I kind of got mixed messages with some things at [university]. Like I remember we did specific workshops with dexterity tests and things like that, which was just picking up small objects. But then there was a lot of talk about [occupation] that would make you feel very inspired about using occupation in your therapy.

From the participants' experiences, even after graduating, confusion about what constituted occupation-based practice hindered them from applying this confidently in the workplace.

Discussion

This exploratory study was designed to not only elicit understandings from graduates about their perceptions of occupation, and ascertain if occupation was central to their practice, but also to determine if they felt prepared to implement occupation-based perspectives upon graduating. Participants highlighted contrasting views between their beliefs about the importance of an occupation-base to occupational therapy and when to implement this in practice. Many participants favoured impairment-based interventions despite stating

occupation-based practice was highly motivating for clients. Statements on client-centredness provide insights into the marginal status of occupation to the participants' clinical reasoning. Education is the main avenue where occupational therapists learn about occupation; however inconsistencies between the theory and the implementation in university teaching appear to be compounding the difficulties of confidently implementing occupation-based practice. In addition to uncertainty arising from their educational experiences, other factors including power differentials between junior and senior staff and workplace culture are inhibiting new graduates from applying occupation in practice.

The impact of workplace culture

The pervasive nature of workplace culture was raised in the focus groups. Participants expressed that their choices for practice were driven by workplace efficiency or the outcomes expected by their colleagues. Some participants unknowingly conformed to workplace expectations. However, as illuminated by Peter in the findings (pg. 10), some participants intentionally conformed to their colleagues' expectations and dismissed the key tenet's of occupational therapy in the process.

Conforming to workplace culture, especially a medically dominated workplace can be damaging to profession-specific reasoning for healthcare workers subscribing to a social model of health, as Miles (2008) found through an investigation of midwifery students' experiences of fieldwork. Miles discovered that students and practitioners alike conformed to the existing culture and adapted their way of thinking to fit. Also, Wilding and Whiteford's (2008) study of acute hospital practice found occupational therapists conformed to the dominant biomedical culture and this adversely affected the therapists' ability to think and

talk about occupational therapy-specific values. This study adds to the growing body of literature and commentary on the need for examination of individual and workplace beliefs on implementing an occupational approach to practice (Gillen & Greber, 2014; Molineux, 2011).

Occupation as means or Occupation as ends

“Occupation as Ends” where therapists justify their clinical decisions with occupation as the end point of therapy (Gray, 1998, p.357) is ultimately still favoured by the participants, as indicated by findings in this study. Many participants stated that they would be unable to use occupation in practice without first remediating impairments. Nevertheless, it was apparent most participants recognised the importance of and acknowledged the need to continue to reflect upon and implement the founding philosophies of the profession. This resonates with the sentiments of Reilly (1962) who called acquiring knowledge of occupation-based practice an “obligation” for all in the profession (p.2). Given the complexities the findings in this study illuminate, implementing occupation-based practice across the profession could be challenging but a challenge worth striving for.

The general consensus among the two focus groups was if an occupational therapist is working towards a client’s occupations solely as the end goal of therapy, then this still constituted occupation-based practice. It was clear the participants had diverse definitions of occupation-based practice. However, despite a push in recent decades for occupation therapy to re-embrace its founding philosophies, it seems the participants still did not fully understand what constituted and how to implement occupation-based practice. Fisher’s (2013) paper about the differences between occupation-centred, occupation-based and occupation-based practice may help to elucidate the terminology for some. However, occupational therapists

and university educators alike should increase awareness of the differences between striving for occupation as an end goal of therapy and using occupation as the intervention.

Deliberately deciding to practice in an occupation-based manner may make it easier for new graduates given the overriding culture and power divide.

No power to influence practice

In the past two decades, literature has been published on power differential between students on placement and their supervisors (Crist, 2007; Pfeifer, Kranz & Scoggin, 2008). The authors of this paper contend that power disparity is not unique to occupational therapy students. This study revealed that new graduates feel similar pressure to conform to expectations of a workplace due to the perceived power disparity between themselves and senior therapists.

Many participants in the study stated that they would be unable to use occupation-based practice in their daily work due to the existing practice patterns of their senior colleagues. Surprisingly, this assertion was made by therapists with less than one year of experience but also by graduates with more than five years of experience. Pressure to conform and be seen as competent was generally regarded as more important than using occupation in practice. This conscious conformity is not a new concept for occupational therapy students (Di Tommaso & Wilding, 2014) and therapists (Wilding & Whiteford, 2007) who may choose to conform to the existing culture of a workplace, rather than take a different stance. However, it seems that to become truly occupational in practice, changes must be made to influence the profession's

future. Questioning historical means of practising could revive a focus for occupation in practice.

Implications for further research

Initiating conversations with colleagues about the importance placed upon occupation-based practice was a strategy recommended by participants. This strategy has also been endorsed in the literature (Gillen & Greber, 2014). Therefore an examination of and conversations about current practice could be a useful exercise for change towards more meaningful occupation-based practice. Despite the power gap, new graduates and less experienced therapists should be encouraged to have input into these conversations, as they are likely to have the most up-to-date knowledge from university. As supervisors and managers were seen to play integral parts for graduates to implement occupation-based practice, it is important to examine their views on the topic.

It could be helpful for therapists who graduated prior to university curricula reflecting the significant changes made by the WFOT's *Revised Minimum Standards for the Education of Occupational Therapists* in 2002 to increase or review their knowledge of occupation-based practice. This study highlights the need for professional development to more strongly focus on occupation and the occupation for health message. Therefore the opportunity for professional development within and outside the workplace to foster these perspectives is necessary if occupation-based practice is to be a reality of practice.

From this study, we know a small number of graduates from universities across Australia did not feel prepared to implement the central tenets of the profession. Therefore examining and discussing teaching practices and content to meet this shortcoming could be useful. This

reinforces the work already completed in this area by educators in Australia such as Wilcock (2000) and more recently Gustafsson, Molineux and Bennett (2014) and Fortune and Kennedy-Jones (2014). Repositioning occupation to be central in university curriculum is not only being examined in Australia, with educators from the United States also investigating and developing an increased focus on occupation in curricula (Hooper et al., 2015). A new edition of the *Minimum Standards for the Education of Occupational Therapists* could be an opportunity for educators to examine how they are currently informing students of occupation-based perspectives. Revising guidelines to have an explicit occupational focus could assist universities and industry to work together to deliver outcomes that are consistent to the philosophies of occupational therapy, thereby increasing the likelihood of occupation-based practice becoming a priority for the future.

Limitations

This was a very small study designed to explore the usefulness of the research questions for a larger study, and to potentially uncover some perceptions of and challenges faced by new graduates in Australia.

Conclusion

The findings from this study indicate that the research questions are feasible for a larger study to illuminate the perceptions of how graduates use and value occupation in their practice. In addition findings have generated insights as to why occupation might not be at the forefront of practice in Australia. Despite participants in this study having practice experience ranging from one to six years, there were no obvious differences in their perceptions of occupation when used in practice, nor when discussing the centrality of occupation in the profession. Further research in this area is necessary.

Reference List

- Ballinger, C. (2012). The Elizabeth Casson Memorial Lecture 2012: The effectiveness, impact, and legacy of occupational therapy. *British Journal of Occupational Therapy*, 75(8), 350-358. doi: 10.4276/030802212X13433105374233
- Barker, J. (2010). Sylvia Docker Lecture: Into the 21st century-Are we ready? *Australian Occupational Therapy Journal*, 31(3), 98-105. doi:10.1111/j.1440-1630.1984.tb01196.x
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. doi: 10.1191/1478088706qp063oa
- Bryden, P., & McColl, M. A. (2003). The concept of occupation: 1900 to 1974. In M. McColl, M. Law, D. Stewart, L. Doubt, N. Pollock, & T. Krupa (Eds.), *Theoretical basis of occupational therapy* (pp. 27–38). Thorofare, NJ: Slack.
- Crist, P. A. (2007). Commentary: Realising the vision through fieldwork education. *Occupational Therapy in Health Care*, 21(1/2), 313- 318.
- Crotty, M. (1998). *El*. London: Sage Publications.
- Denzin, N., & Lincoln, Y. (1994). *Handbook of qualitative research*. Thousand Oaks, CA: Sage Publications.
- Di Tommaso, A., & Wilding, C. (2014). Exploring ways to improve descriptions of occupational therapy. *New Zealand Journal of Occupational Therapy*, 61(1), 27 – 33.
- Fisher, A. (2009). *Occupational therapy intervention process model*. Fort Collins, CO: Three Star Press Inc.
- Fisher, A. (2013). Occupation-centred, occupation-based, occupation-focused: Same, same or different? *Scandinavian Journal of Occupational Therapy*, 20(3), 162-173. doi: 10.3109/11038128.2012.754492

- Fortune, T. (2000). Occupational therapists: Is our therapy truly occupational or are we merely filling gaps? *British Journal of Occupational Therapy*, 63(5), 225–230. doi: 10.1177/030802260006300507
- Fortune, T., & Kennedy-Jones, M. (2014). Occupation and its relationship with health and wellbeing: The threshold concept for occupational therapy. *Australian Occupational Therapy Journal*, 61(5), 293–298. doi: 10.1111/1440-1630.12144
- Gillen, A., & Greber, C. (2014). Occupation-focused practice: Challenges and choices. *British Journal of Occupational Therapy*, 77(1), 39-41. doi: 0.4276/030802214X13887685335580
- Gray, J. (1998). Putting occupation into practice: Occupation as ends, occupation as means. *American Journal of Occupational Therapy*, 52(2), 354-364. doi:10.5014/ajot.52.5.354.
- Hooper, B., Mitcham, M. D., Taff, S. D., Price, P., Krishnagiri, S., & Bilics, A. (2015). Energizing occupation as the center of teaching and learning. *American Journal of Occupational Therapy*, 69(Supp. 2), 1-5. doi: 10.5014/ajot.2015.018242
- Jacobs, K. (2012). PromOTing occupational therapy: Words, images, and actions (Eleanor Clarke Slagle Lecture). *American Journal of Occupational Therapy*, 66(6), 652-671. doi:10.5014/ajot.2012.666001
- Kitzinger, J. (1994). The methodology of focus groups: The importance of interaction between research participants. *Sociology of health and illness*, 16(1), 103-121. doi: 10.1111/1467-9566.ep11347023
- Mackey, H., & Nancarrow, S. (2006). *Enabling independence: A guide for rehabilitation workers*. Oxford: Blackwell Publishing.
- Miles, S. (2008). Make or break: The importance of good mentorship. *British Journal of Midwifery*, 16(11), 704- 711. doi: <http://dx.doi.org/10.12968/bjom.2008.16.11.31610>

- Molineux, M. (2004). Occupation in occupational therapy: A labour in vain? In M. Molineux (Ed.), *Occupation for occupational therapists* (pp. 1- 13). Oxford: Blackwell Publishing.
- Molineux, M. (2011). Standing firm on shifting sands. *New Zealand Journal of Occupational Therapy*, 58(1), 21-28.
- Occupational Therapy Australia. (2001). *Code of Ethics*. Retrieved from Occupational Therapy Australia Ltd. website: <http://www.otaus.com.au/onlinestore/free-resources/occupational-therapy-australia-national-code-of-ethics>
- Occupational Therapy Australia. (2010). *Australian Minimum Competency Standards for New Graduate Occupational Therapists (ACSOT) 2010*. Retrieved from Occupational Therapy Australia Ltd. website: https://www.otaus.com.au/sitebuilder/aboutus/knowledge/asset/files/16/australian_minimum_competency_standards_for_new_grad_occupational_therapists.pdf
- Occupational Therapy Board Australia. (2012). *Occupational Therapy Continuing Professional Development Registration Standard*. Retrieved from Occupational Therapy Board Australia website: <http://www.occupationaltherapyboard.gov.au/Registration-Standards.aspx>
- Pfeifer, T., Kranz, P., & Scoggin, A. (2008). Perceived stress in occupational therapy students. *Occupational Therapy International*, 15(4), 221- 231. doi: 10.1002/oti.256
- Reilly, M. (1962). Occupational therapy can be one of the great ideas of 20th Century medicine. *American Journal of Occupational Therapy*, 16(6), 1–9.
- Twinley, R., & Morris, K. (2014). Are we achieving occupation-focused practice? *British Journal of Occupational Therapy*, 77(6), 275. doi: 10.4276/030802214X14018723137922

- Watt, D. (2007). On becoming a qualitative researcher: The value of reflexivity. *The Qualitative Report*, 12(1), 82-101.
- Wilcock, A. A. (2000). Development of a personal, professional and educational occupational philosophy: An Australian perspective. *Occupational Therapy International*, 7(2), 79–86. doi: 10.1002/oti.108
- Wilding, C. & Whiteford, G. (2007). Occupation and occupational therapy: Knowledge paradigms and everyday practice. *Australian Occupational Therapy Journal*, 54(3), 185- 193. doi: 10.1111/j.1440-1630.2006.00621.x
- Wilding, C., & Whiteford, G. (2008). Language, identity and representation: Occupation and occupational therapy in acute settings. *Australian Occupational Therapy Journal*, 55, 180–187. doi: 10.1111/j.1440-1630.2007.00678.x
- World Federation of Occupational Therapists. (2002). *Revised minimum standards for the education of occupational therapists*. Perth: World Federation of Occupational Therapists.
- World Federation of Occupational Therapists. (2008). *Position statement: Occupational Therapy entry-level qualifications*. Retrieved from the WFOT website: <http://www.wfot.org/ResourceCentre.aspx>.

CHAPTER 4

STUDY 2: EDUCATION

Chapter 4 presents the findings of the education component of the second study of this research:

*An exploration into university educational experiences of Australian occupational therapists:
Insights from recently graduated therapists.*

CHAPTER 4

STUDY 2: EDUCATION

An exploration into university educational experiences of Australian occupational therapists: Insights from recently graduated therapists.

Abstract

Background. Occupation for health is the founding philosophy of occupational therapy practice. International educational standards require occupational therapy education should similarly be centred on occupation. **Purpose.** This study describes new and recently graduated therapists' experiences of learning about occupation and how these experiences shaped their connection to occupation in practice. **Method.** A phenomenological design was used. Eighteen graduates completed semi-structured interviews. An inductive approach to thematic analysis was used to illuminate themes. **Findings.** Three themes emerged: our holistic perspective makes us unique; education sends mixed messages and the contribution of mentors. Recently graduated therapists revealed they found it challenging to be occupation-based in practice. **Implications.** Working with mentors, was seen as an effective way of learning about occupation in practice. Canadian occupational therapists have access to mentors through formal and informal channels which may increase the ability for graduates to apply occupation in practice.

Keywords: Qualitative research, occupation, tertiary education, curriculum, occupation-centred education, practice.

Introduction

For many years, scholars of occupational therapy have urged the profession to re-embrace occupation as the centre of practice (Molineux, 2004; Whiteford, Townsend & Hocking, 2000; Wood, 1998) and education (Ashby & Chandler, 2010; Hooper, 2006; Whiteford & Wilcock, 2001). The renewed call for practitioners to focus on occupation-based practice has gained momentum in the literature, and other fora such as in keynote presentations at conferences (Ballinger, 2012; Molineux, 2011). Currently in the professional and educational literature, little is known about whether occupational therapists' knowledge of occupation and occupation-based practice is adequate to shift towards changing practice. Tertiary education is often the first time students are exposed to the concept of occupation (Di Tommaso, Isbel, Scarvell & Wicks, 2016). In spite of this call for increased occupationally focused practice in clinical settings internationally, little research has been conducted outside of the United States that focuses on the occupational content of the university curricula. As occupation is an integral, and arguably central, part of occupational therapy education, consequently it is crucial students and occupational therapy graduates have an in-depth understanding of this concept.

Literature Review

Due to the dominance of the medical model, occupational therapists, especially in acute care, have shifted their practice focus away from occupation to interventions which can easily be empirically justified (Wilding & Whiteford, 2007). Fisher (2009) recommended that occupational therapy practice should centre less on impairments and shift towards occupation and occupation-based practice in the future. Occupation-based practice can be defined as the process whereby occupational therapists utilise occupation throughout the entire occupational therapy process, especially in the assessment and intervention stages (Fisher, 2013). This

process ensures that clients' engagement in occupations is the "therapeutic agent of change" (Fisher, 2013, p. 164).

Despite the call for occupational therapy practice to become continually more occupation-based in nature, the progress is slow. A search of the available literature highlights a number of institutional and perceived barriers for occupational therapists to overcome to occupation-based in practice. Such barriers include time pressures, decreased status within the multidisciplinary team and institutional and medically dominated structures within healthcare settings (Di Tommaso, Isbel, Scarvell & Wicks, 2016; Pfeifer, Kranz & Scoggin, 2008; Wilding & Whiteford, 2007).

However, more research and published literature reviews are being completed to highlight this issue in practice (Britton, Rosenwax & McNamara, 2016; Di Tommaso, Isbel, Scarvell & Wicks, 2016; Rebeiro, 1998). Issues of occupation in practice have gained greater share of published literature over the last three decades. Research investigating the use of theory and language (Wilding & Whiteford, 2007; 2008), the ability to translate theoretical models into practice (Towns & Ashby, 2014), and barriers and enablers to occupation-based practice has been undertaken. Along with this research authors are calling for occupation-based practice to be better integrated into specific areas of occupational therapy such as mental health (Rebeiro, 1998), rehabilitation settings (Whiteford, Townsend & Hocking, 2000) and work rehabilitation (Burwash, 1999). At present less is known about occupation-centred education internationally and how this translates to occupation-based practice.

The World Federation of Occupational Therapists' (WFOT) *Revised Minimum Standards for the Education of Occupational Therapists* guidelines have had several iterations to represent

this change (WFOT, 2002). When published in 2002 the guidelines had an explicit focus on occupation and an occupational perspective. All accredited universities globally must adhere to these guidelines. Currently all Australian occupational therapy courses are accredited. Therefore it could be assumed that all Australian graduates have adequate knowledge and a strong focus on occupation in practice.

However, to enable the adoption of occupation-based practice, as a profession occupational therapy must ensure that students have an in-depth knowledge of and appreciation for occupation. Currently research from the Asia Pacific region has explored education literature on topics that do not necessarily scrutinise occupation within the curriculum. Very little research has been conducted in this area of occupational therapy. Previous studies have focused on how to prepare an occupational therapist to think more about an occupation-based perspective (Wilding & Whiteford, 2007), and many articles have been written about the work readiness of graduates (Hodgetts et al., 2007; Nayar, Gray, & Blijlevens, 2013). There has been a significant rise in the number of articles and research about student placements and fieldwork education (Friedland, Polatajko, & Gage, 2001; Rodger et al., 2007), effective or innovative teaching approaches (Fortune & Kennedy-Jones, 2014) and troublesome knowledge for occupational therapy (Murray, Turpin, Edwards, & Jones, 2015). Some of these studies allude to occupation in the curriculum and how this affects practice however many do not specifically investigate the occupational content of curricula, despite a concerted call from leading educators internationally (Whiteford & Wilcock, 2001).

There is a dearth of research specifically investigating occupation in the tertiary education curricula, or graduates' perceptions of occupation in university programmes. Hooper and colleagues in the United States have written about ensuring that occupation is at the centre of

curricula (Hooper, 2006; Hooper, Mitcham, Taff, Price, Krishnagiri & Bilics, 2015; Krishnagiri, Hooper, Price, Taff & Bilics, 2017). Despite specifically reviewing and researching American tertiary institutions, many of the findings could be applicable to educational institutions globally. No studies have looked at the new and recent graduate cohort in detail with regard to understanding perceptions of the central philosophy of the profession and how this concept was taught at university. Moreover, perceived tensions between current educational requirements and the demands of practice have not been fully investigated and there are limited studies that specifically research the occupation focus of graduates in an Australian context.

This study explored Australian new graduates' perceptions of occupation in their practice and their experiences of learning the concept of occupation at university.

The research questions developed to uncover the experiences and perceptions of occupation in tertiary education from the point of view from new and recent graduates in Australia were:

1. Do recently graduated occupational therapists identify occupation as central to occupational therapy?
2. Do they feel sufficiently prepared by their education to implement occupation-based practice upon graduating?
3. What influences some graduates to value occupation over others?

Method

This study was informed by a previous exploratory pilot study designed to test the research questions and the value of using participants with a wide range of years since graduation (blinded for review). From the pilot study, it was evident that in-depth one on one interviews

were needed for the best insight and understanding into occupational therapists' perceptions of occupation in education.

A qualitative research approach was used throughout this study. Phenomenological design was used to uncover the graduates' perceptions. Phenomenology is a philosophical perspective that assists researchers get "as close as possible to the essence of others' life experiences" (Grbich, 1999, p. 92) without presuming knowledge of those experiences (Converse, 2012). That is, the researcher is open to what presents itself when participants describe a phenomenon. The use of phenomenology provided the opportunity to uncover the complexity and contextual nature (Grbich, 1999) of the participants' perception of occupation in their tertiary education.

This study has gained ethical approval from [details removed for peer review] Human Ethics Committee (project number 14-156).

Recruitment

Participants were recruited to the study if they completed their pre-registration education between 2007 and 2014, at a WFOT accredited Australian university program. The participants were required to be occupational therapists registered with the Australian Health Practitioner Regulation Agency and have worked as an occupational therapist in Australia. The justification to include recent graduates is tied to the WFOT's *Revised Minimum Standards for the Education of Occupational Therapists* (2002), whereby all graduates from 2007 onwards would have been educated in programmes where these guidelines should have been adopted.

Multiple approaches were used to recruit from around Australia occupational therapists who met the inclusion criteria. Firstly, an email outlining the details of the study was sent to the Executive Officer at Occupational Therapy Australia (OTA) for approval before posting a call for participants in an e-newsletter that is distributed to members Australia wide. The call for participants was also posted on the OTA's website. In addition, an email was sent to each OTA's state and territory Divisional Councils to distribute via their e-newsletter. As Occupational Therapy Australia is a non-compulsory member based organisation, this strategy would not ensure that all occupational therapists who met the inclusion criteria would be notified of the study. Therefore further recruitment strategies were needed.

A copy of the information sheet and details of the study were then forwarded to managers in occupational therapy departments around Australia. Emails were sent to major health services around Australia. Despite this, the authors cannot be sure that all emails were forwarded on to potential participants or that all workplaces that employ occupational therapists were contacted. A search of the internet and directorates for major private organisations and private practices in all states and territories was also utilised to gain access to participants in the private sector. However there were significantly lower numbers of eligible participants via this route, as many new graduates were employed within large public health organisations and particularly in hospitals or community rehabilitation centres. In addition to this, the National and State divisions of Occupational Therapy Australia have information freely available on the areas and workplaces where occupational therapists work. Such information was accessed and used for recruitment. The authors also used professional networks and Facebook groups that relate to occupational therapy in Australia to also advertise the study.

Data Collection

Twenty seven recent graduate occupational therapists volunteered to take part in the study. One participant did not meet the inclusion criteria. By the time data saturation was reached 18 occupational therapists had been interviewed. A majority of the participants worked in regional areas in Australia, that is, outside of major metropolitan areas. All of the participants worked in traditional occupational therapy roles and most worked in publically funded, acute inpatient hospitals. There was a range of years since graduation from under one year up to seven years. Most completed a four year pre-registration undergraduate education program. To protect anonymity details such as the names of the university program and specific workplaces have been omitted. See Table 2 for information about participant demographics and areas of practice.

Table 2: Demographic data for participants

Pseudonym	Years since graduation	Undergraduate/graduate entry education	Locality	Practice area
Rachel	<1	Undergraduate	Metropolitan	Acute: Public inpatient hospital
Anne	1	Undergraduate	Metropolitan	Acute: Public inpatient hospital
Eliza	1	Undergraduate	Regional	Acute: Public inpatient hospital
Kim	1	Graduate entry	Regional	Acute: Private hospital
Sally	1	Undergraduate	Regional	Acute: Public inpatient hospital
Grace	2	Undergraduate	Regional	Community: Aged care
Joanne	2	Graduate entry	Regional	Acute: Public inpatient Paediatrics
Alicia	4	Undergraduate	Rural	Acute: Private hospital
Jenny	4	Undergraduate	Regional	NGO: Paediatrics
Kaitlyn	4	Undergraduate	Regional	Private practice
Laura	4	Undergraduate	Metropolitan	Community: Aged care & Outpatient Rehabilitation
Sarah	5	Undergraduate	Regional	Acute: Public inpatient hospital
Adam	6	Undergraduate	Metropolitan	Acute: Aged care
Danielle	6	Undergraduate	Metropolitan	Acute: Public inpatient hospital
Chloe	7	Graduate entry	Rural	Private practice
Julie	7	Undergraduate	Regional	Acute: Mental health
Melanie	7	Graduate entry	Regional	Acute: Private Rehabilitation
Tim	7	Undergraduate	Regional	Acute: Private hospital

NGO= Non- Government Organisation

Eighteen semi structured in-depth interviews about occupational therapy graduates' perceptions of occupation in their education were conducted. Due to geographical restrictions, it was not possible to complete face to face interviews with all the participants. Seven face to face interviews were conducted in Tasmania, Victoria and the Australian Capital Territory. Eleven interviews were conducted by telephone. Interviews ranged from one to two hours in duration to ensure adequate time to explore all issues in sufficient detail. The interviews were recorded and transcribed.

Data Analysis

The first author utilised Braun and Clarke's (2006) six step method of thematic analysis and all data were analysed following this method. Line by line coding was initially employed to build inductive codes and then in turn similar codes were grouped together and further refined to develop themes (Braun & Clarke, 2006). The transcripts were coded separately even if there were similar questions answered by graduates, with no pre-determined codes, to allow for a systematic and rigorous approach to analysis. This approach also ensured that the codes from one transcript's analysis did not impact on the codes that emerged from the subsequent interviews.

Rigour and positionality

Trustworthiness was strengthened by engaging in a systematic process of data collection and analysis, member checking, the use of reflective processes, and by discussing themes as they arose with the research team. The legitimacy of the findings was improved by utilising a rigorous method of analysis whereby all decisions, assumptions and interpretations made during data analysis and discussions on themes were recorded in a journal by the first author (Braun & Clarke, 2006). As recommended by Watt (2007), a reflective journal allowed the

first author to engage in an ongoing personal dialogue to examine assumptions and to thereby consider the data critically. Qualitative authors have stated that for researchers to understand, they must recognise what has influenced their understanding and shaped their view of the world (Tuohy, Cooney, Dowling, Murphy, & Sixsmith, 2013). To ensure that the interviews were not heavily influenced by the interviewer's bias or world view, the interview questions were developed by the research team and the first five interview transcripts were reviewed to ensure adequate questioning techniques were used.

During mid and final stages of data analysis, the first author presented the emerging themes and justifications for these to the research team. This process enabled all decisions and themes to be discarded, confirmed or refined. A member checking process was utilised by requesting participants to view verbatim transcripts of their interviews and to confirm that these transcripts were wholly accurate representations of the interview and their perceptions. Seventeen of eighteen participants participated in the member checking process.

Findings

From the 18 interviews and the resulting data analysis three main themes were elicited from the data.

Our holistic perspective makes us unique

Holistic practice was deemed by the participants as the unique factor that separated occupational therapy from all other health professions. A majority of participants, 15 of 18, stated that occupational therapists think broadly about a person's health and 'holistic' or 'holism' were the words chosen to describe this phenomenon at some point in the interview. For example, Eliza stated thinking about what makes occupational therapy unique was "*a hard [concept], I guess, because [occupational therapy] is so broad maybe that's what's part*

of what sets us apart. It's the holistic [aspect]." Melanie also added *"we have an ability to look at the person more holistically."* The remaining participants thought that client-centred or person-centred practice was the hallmark of occupational therapy. Only one of the 18 participants mentioned an understanding of occupation as the unique characteristic of the profession.

From the interviews it was unclear why the unique aspect of occupational therapy was challenging for many participants, and it was notable that many participants admitted to giving the topic little thought. Kaitlyn noted, *"It's really tricky question to think about how we are different... I mean a lot of health professionals think holistically..."* When questioned further about statements similar to Kaitlyn's, some participants realised that other professions in fact also claim to think holistically and in a client-centred manner and in fact, these qualities may not be unique to occupational therapy.

However, many participants were in agreement that occupational therapists were leaders in holistic and client-centred practice. Rachel offered:

I think we're really good at looking at the whole person so I mean not to put any other disciplines down but you'd often find that they'd discharge and be happy to send the patient home. [The occupational therapists would] spend a bit more time with them and come up with all of these issues that no-one had actually delved in deep enough to find. So I think we're really good at looking at physiology of a person but also their environment, their social supports, kind of everything that will affect them.

Kim similarly described:

I know that everybody says that they should be working in a client-centred kind of manner and I think all health professionals are adopting that, but I think [occupational therapy] is certainly one step ahead. From my experiences I feel like [occupational therapists] are more willing to listen to what the patient wants to be able to do and what they think...

Despite the participants recognising that other professions do think in a holistic manner about their clients as demonstrated by Kim and Rachel, occupation was not deemed to be the main point of difference of occupational therapy. Rather, in the participants' view, holistic and client-centred reasoning separated occupational therapy from other healthcare professions. Again only one participant believed that knowledge of occupation was the unique aspect of the profession.

Education sends mixed messages

When discussing their perceptions of learning about occupation at university, the participants were able to describe in great detail how their occupational therapy educators would talk about the importance of occupation and occupation-based practice. However when their educators were talking about how to implement an occupational perspective in practice, the participants felt the lecture content turned swiftly to impairment-based techniques. As Tim described:

There would be some [lecturers] I think that would be more impairment based and that would be more you know this is how we assess this, this is how we do that and not necessarily always immediately link it back to an occupation.

Tim stated that this was confusing and was not sure whether occupation or impairments were more important to focus on in practice upon graduating. When describing how she learnt to do

occupation-based assessment and interventions during university Kaitlyn stated “[*practice is being able to break down things and work out you know from an [occupational] perspective, is it the environment, is it a biomechanical issue, you know, identifying where things are breaking down and either remediating or intervening.*” However when prompted further, Kaitlyn was unable to describe what an occupational perspective would entail or how occupation could be included in her practice.

Many participants felt that their assignments could have focused on an occupational perspective but most were unsure, as this was not made explicit by their educators or the instructions for the assessment. Eliza stated:

Every assignment and every class task we were probably sort of looking at it from an occupation focus perspective, but I don’t know if it was ever really sort of drilled down that, that was what we were doing and why we were doing it.

This uncertainty continued with Anne. She offered that the content of assessments and lecture materials “*were probably occupation focused, but I don’t think it was ever specifically stated.*” From the participants’ perspective it was left to up to them to figure out what content was occupation-based and what was impairment-based, which often lead to confusion and the participants feeling underprepared for working life. Laura brought up in her interview that she learnt more about occupation and occupation-based practice “*from my community experience not from my [university] learning*”, once she started working.

Some subjects, although taught by occupational therapy lecturers, did not have any occupational content at all from the perspective of some of the participants. As Rachel describes her experiences of a subject with one lecturer who often expressed that occupation

was important, “*we had one [unit] that was all about the upper limb so learning how to assess, looking for the deficits, working out what [the deficits] were and then how you would try and intervene.*” Rachel went on to express that the interventions presented were impairment-based, highlighting that the content of the unit was not closely aligned to an occupational perspective the educator originally stated was important.

Ultimately this mismatched approach at university led some participants to doubt their skills as an occupational therapist. Also, as Sally described, this led to false expectations of the workplace and no longer valuing an occupational perspective:

I mean if you think about all the stuff you learnt at [university], I remember thinking I was going to be able to go out and tell people, you know, get back to playing bingo and stupid things like that.

Although it seems that Sally had a grasp of occupation-based practice, she then abandoned this perspective as she doubted her abilities as an occupation-based therapist. During the interviews, many participants felt that their university education did not prepare them to work in both in an impairment-focused or occupation-based manner, and or enable them to understand the profession overall. Anne reported:

I feel like sometimes I still don't know enough. I don't know if that will ever change. I certainly came out of [university] and I know I knew lots, but I also knew that there was so much I couldn't possibly ever know, so that was sort of my mindset at that point and it certainly took me four years really to get my head around [occupational therapy] and it continues to challenge me.

It seems that mixed messages about occupation and its importance in the profession and in the workplace, emerge from university education. The content of educational programmes from

the participants' perspective could be more consistent and alignment of all assessments and teaching materials to promote an occupation-based perspective could assist to decrease confusion and increase confidence.

The contribution of mentors

Only three participants of the 18 who were interviewed identified as or striving to be an occupation-based therapist. Despite this, a majority of participants spoke about how other members of the profession inspired aspects of their practice as an occupational therapist. It seems that mentorship, role models and supportive managers were key to participants using and experimenting with occupation in their practice. Also, despite learning about occupation at university the participants felt that it was mentors from whom they learnt more about occupation and how to apply this to their practice.

Melanie, who identified as having a strong connection to occupation described that a mentoring relationship from someone who was external to her university studies had influenced her connection to occupation. She said "*[I had] a really good mentor who really challenged me to think about it [occupation-based practice] a bit more deeply... It's just stuck since then.*" Melanie's informal mentoring relationship continued as she started to work as an occupational therapist. When she commenced work her ideals of being an occupation-based therapist were challenged by her colleagues and she continued to use her mentor for support, and ultimately this positive influence assisted Melanie to choose an occupational perspective. She stated:

I remember being really challenged on it when I was in my first year of working just because I felt like all the ideals of your study were really not being met and so I had to decide, I guess, whether this was actually for real, something that I really wanted in

my practice or whether I was just going to become more procedural...Because at the end of the day it would be very easy as an OT to become procedural and not really worry too much about occupation and all those different aspects of what makes us who we are, because there are so many tasks to do.

Jenny who also identified as an occupation-based therapist stated that she had two role models who inspired her to implement occupation in her practice, one whom she met through university and one with whom she had previously worked. They both had an impact on her choice to maintain a strong connection to occupation in her work. Jenny described how mentorship clarified her priorities as a new graduate. She stated that in her opinion new graduates are not focused on occupation and that mentoring assisted her to overcome this. She commented:

[graduates] don't care about the occupation as much we just care that we need a job and we need to work and this is what the job expects of me whereas I think she took it to the next level and ok this is what the job expects of me but I am not going to lose focus that I am actually occupation-focused because that's the important thing of being an [occupational therapist].

Although not in a formal mentoring relationship, Kim was inspired by another occupational therapist she met at a conference talking about using the philosophy of the profession and in turn changed practice from her interactions with this therapist. *"I looked at it and went yeah that is really useful and I should apply that to my practice."* Despite Kim not claiming to be occupation-based this led Kim to make changes to her practice and therefore highlights the importance of mentorship and occupation-based therapists as role models. Kim stated that examining her practice *"made me think about things a bit deeper and make my practice more*

holistic, whereas you come to work and you have got time constraints you sort of decide how to do things and what needs to be done.”

The workplace manager also had a big influence on one graduate, Rachel. Since starting work in a medium size regional health service, her connection to occupation has increased. Her manager inspired her to start re-imagining how her practice could be:

working within [the health service], I know from a [university] perspective they definitely tried to encourage us to think this way, but I would say that so much of my thinking has been kind of moulded by [the health service] and the culture that they promote. The manager is just so excited about occupation-based practice and she promotes this, and she was saying that she’s been an [occupational therapist] herself for something like 40 years and she’s still so excited about it. [The manager] really wants our focus and our priorities to be occupation-focused.

It is interesting to note that none of the mentors were university educators directly responsible for teaching the graduates. All participants in this study who identified themselves as occupation-based therapists all had mentors who challenged them during university or post-graduation showing that mentorship rather than education played an important role in therapist becoming occupation-based.

Discussion

From the findings of this study it appears educators should be encouraged to continue dialogue and reflection about the occupational content of their tertiary education programmes. Perceived inconsistencies from educators stifled graduates’ understanding of and confidence in occupation and its use in practice. Only a small number of the 18 graduates interviewed

explicitly described themselves as occupation-based therapists (these terms were used interchangeably by participants). From this finding, coupled with the finding that 17 of the 18 participants stated that occupational therapy's unique contribution to health care was a holistic perspective, it can be inferred that occupation may not be central or the most important aspect of their practice and identity as occupational therapists.

Authentic educational experiences are essential

The mixed messages provided by educators at university could also be impacting on the graduates' ability to consistently implement occupation in practice. Mixed messages could also contribute to the de-valuing of occupational therapy theory, and therefore occupation could be abandoned if not reinforced on a regular basis. The theme of education sending mixed messages may suggest that curriculum in occupational therapy needs review and reform. Over a number of decades educators have called for occupational therapy curriculum to be more heavily centred on occupation (Hooper et al., 2015; Krishnagiri, Hooper, Price, Taff, & Bilics, 2017; Price, Hooper, Krishnagiri, Taff, & Bilics, 2017; Rodger, Turpin, & O'Brien, 2015; Whiteford & Wilcock, 2001). Further emphasis should be placed not only on educational content but also the style in which occupational theory is delivered. Consistency of message from all educators and guest presenters should be taken into consideration by educators and course accreditors. Discussions between educators could be beneficial to obtain a global perspective and consensus as to the priorities for new graduates to know upon graduation. It appears that occupational therapists in Australia may be graduating without clarity on the central concepts of occupational therapy. To be a united profession with good standing within multidisciplinary teams and the health care system further changes could be made to the *Revised Minimum Standards for the Education of Occupational Therapists*

(WFOT, 2002) and within each country to ensure that students graduate as high quality occupationally based graduates.

Mentors: Theory to practice link?

In the new graduate years some participants experienced a steep learning curve and sought out mentors. Mentoring relationships were highlighted by the graduates in the study as crucial to their ongoing learning of occupation and occupation-based practice. The perceived need to seek out mentorship opportunities could indicate that some graduates have chosen to consolidate their occupation-based practice skills and knowledge post-graduation. Mentorship programmes are commonly offered in occupational therapy professional associations. Both Australia and Canada have established mentoring services available through their national associations, namely *MentorLink* in Australia (Occupational Therapy Australia, 2017b) and *Mentorship on Demand* (Canadian Association of Occupational Therapists, 2016).

Mentorship can assist less experienced occupational therapists, to develop their professional skills (Lapointe, Baptiste, von Zweck, & Craik, 2014). A number of publications have advocated for occupational therapists to seek out professional mentoring to increase their practice knowledge, skills and maintain close connections to the profession (Lapointe et al., 2014; Milner & Bossers, 2004; Wilding, Marais-Strydom, & Teo, 2003). However, it also seems that new and recent graduates are utilising mentoring to increase their confidence about occupation-based practice and to go through a structured reflection process, as they feel their university education has set up unrealistic expectations of the work occupational therapists can and ought to do. Despite the positive outcomes from mentoring programmes (Milner & Bossers, 2004; Wilding et al., 2003), it is unclear whether such individual mentoring is

sustainable in the future with larger numbers of occupational therapy students graduating from university programmes. As mentoring is time intensive for both mentor and mentee, further reaching educational and professional development opportunities may be needed.

The need for occupation-based professional development

Continuing professional development is important for occupational therapists to remain current and competent in their daily practice (Townsend, Sheffield, Stadnyk, & Beagan, 2006). Access to professional development activities is increasingly difficult in the current healthcare environment, due to limited resources and time (Rappolt, Mitra, & Murphy, 2002; Townsend et al., 2006). Despite this, the graduates in this study actively sought out professional development opportunities. The graduates felt the need to seek out professional development opportunities and mentorship to feel confident about their knowledge and skills to implement occupation. Therefore, therapists who graduated prior to 2007 and were educated under previous iterations of the *Minimum Standards for the Education of Occupational Therapists* might also need further professional development opportunities to ensure that all occupational therapists have the potential to update their occupational knowledge. Therefore it is important that all therapists have access to occupationally based continuing professional development opportunities. The Canadian Association of Occupational Therapists and Occupational Therapy Australia have already provided leadership in this area, however more could be done in response to this study's findings.

Implications for practice and education

The experiences of the new graduates in this study again highlight that undertaking occupation-based practice can be challenging. However, through strong leadership and mentorship occupational therapists can transform their practice to become more occupation-

based. For education, this study has highlighted that graduates may not be learning a cohesive message about the importance and unique contribution of occupational therapy practice. Educators must ensure that educational experiences enhance students' knowledge and skills for occupation-based practice. Using findings from this study will allow educators and therapists to initiate discussion on what they believe occupational therapy practice could become in the future.

Limitations

This study involved Australian occupational therapists only. Due to the nature of qualitative research these findings may not be generalizable to other new and recent graduates. However a purposeful approach to sampling was taken to ensure there was a wide variety of education and practice experiences among the participants. For pragmatic reasons face to face interviews could not be completed with all participants. Nevertheless completing all face to face interviews would unlikely change the content of the interviews.

Conclusion

Working with mentors rather than university education, was seen as the most effective way of learning about occupation in practice. Adequate occupation-centred experiences in education are important to ensure therapists are well prepared and have confidence to implement occupation-based practice. Educators are encouraged to ensure that their programmes and courses have an explicit focus on occupation and how to translate this into practice.

Key messages

Educational experiences at university should focus on the use of authentic and occupation-based case studies to aid students' learning about the use of occupation in practice.

Mentors can assist in graduates to focus on occupation post-graduation.

All occupational therapists should ensure that they access occupationally-based continuing professional development opportunities. Similarly, national professional occupational therapy associations should strive to enhance the occupational content of their professional development offerings.

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References

- Ashby, S., & Chandler, B. (2010). An exploratory study of the occupation-focused models included in occupational therapy professional education programmes. *British Journal of Occupational Therapy*, 73(12), 616-624. doi:10.4276/030802210X12918167234325
- Ballinger, C. (2012). The Elizabeth Casson Memorial Lecture 2012: The effectiveness, impact and legacy of occupational therapy. *British Journal of Occupational Therapy*, 75(8), 350-358. doi:10.4276/030802212X13433105374233
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. doi:10.1191/1478088706qp063oa
- Britton, L., Rosenwax, L., & McNamara, B. (2016). Occupational therapy in Australian acute hospitals: A modified practice. *Australian Occupational Therapy Journal*, 63(4), 257-265. doi:10.1111/1440-1630.12298
- Burwash, S. (1999). A teaching model for work practice in occupational therapy. *Work*, 12, 133-137.
- Canadian Association of Occupational Therapists. (2016). Mentorship. Retrieved from <http://caot.ca/site/pd/mentorship?nav=sidebar>
- Converse, M. (2012). Philosophy of phenomenology: How understanding aids research. *Nurse Researcher*, 20(1), 28-32.
- Di Tommaso, A., Isbel, S., Scarvell, J., & Wicks, A. (2016). Occupational therapists' perceptions of occupation in practice: An exploratory study. *Australian Occupational Therapy Journal*, 63(3), 206-213. doi:10.1111/1440-1630.12289

- Fisher, A. (2009). *Occupational therapy intervention process model*. Fort Collins, CO: Three Star Press Inc.
- Fisher, A. (2013). Occupation-centred, occupation-based, occupation-focused: Same, same or different? *Scandinavian Journal of Occupational Therapy*, 20(3), 162-173. doi: 10.3109/11038128.2012.754492
- Fortune, T., & Kennedy-Jones, M. (2014). Occupation and its relationship with health and wellbeing: the threshold concept for occupational therapy. *Australian Occupational Therapy Journal*, 61(5), 293-298. doi:10.1111/1440-1630.12144
- Friedland, J., Polatajko, H., & Gage, M. (2001). Expanding the boundaries of occupational therapy practice through student fieldwork experiences: Description of a provincially-funded community development project. *Canadian Journal of Occupational Therapy*, 68(5), 301-309.
- Grbich, C. (1999). *Qualitative research in health*. St Leonards: Allen & Unwin Pty Ltd.
- Hodgetts, S., Hollis, V., Triska, O., Dennis, S., Madill, H., & Taylor, E. (2007). Occupational therapy students' and graduates' satisfaction with professional education and preparedness for practice. *Canadian Journal of Occupational Therapy*, 74(3), 148-160. doi:10.1177/000841740707400303
- Hooper, B. (2006). Beyond active learning: a case study of teaching practices in an occupation-centered curriculum. *American Journal of Occupational Therapy*, 60(5), 551-562. doi:10.5014/ajot.60.5.551
- Hooper, B., Mitcham, M. D., Taff, S. D., Price, P., Krishnagiri, S., & Bilics, A. (2015). Energizing occupation as the center of teaching and learning. *American Journal of*

Occupational Therapy, 69(Supplement_2), 6912360010p6912360011-6912360010p6912360015.

Krishnagiri, S., Hooper, B., Price, P., Taff, S. D., & Bilics, A. (2017). Explicit or hidden? Exploring how occupation is taught in occupational therapy curricula in the United States. *American Journal of Occupational Therapy*, 71(2), 1-9.
doi:10.5014/ajot.2017.024174

Lapointe, J., Baptiste, S., von Zweck, C. M., & Craik, J. M. (2014). Developing the occupational therapy profession through leadership and mentorship: Energizing opportunities. *World Federation of Occupational Therapists Bulletin*, 68(1), 38-43.
doi:10.1179/otb.2013.68.1.011

Milner, T., & Bossers, A. (2004). Evaluation of the mentor–mentee relationship in an occupational therapy mentorship programme. *Occupational Therapy International*, 11(2), 96-111. doi:10.1002/oti.200

Molineux, M. (2004). Occupation in occupational therapy: A labour in vain? In M. Molineux (Ed.), *Occupation for occupational therapists* (pp. 1-13). Oxford: Blackwell Publishing.

Molineux, M. (2011). Standing firm on shifting sands. *New Zealand Journal of Occupational Therapy*, 58(1), 21-28.

Murray, C., Turpin, M., Edwards, I., & Jones, M. (2015). A qualitative meta-synthesis about challenges experienced in occupational therapy practice. *British Journal of Occupational Therapy*, 78(9), 534 – 546. doi:10.1177/0308022615586786

Nayar, S., Gray, M., & Blijlevens, H. (2013). The competency of New Zealand new graduate occupational therapists: perceived strengths and weaknesses. *Australian Occupational Therapy Journal*, 60(3), 189-196. doi:10.1111/1440-1630.12027

Occupational Therapy Australia. (2017b). MentorLink. Retrieved from

<http://www.mentorlinklounge.com/>

Pfeifer, T., Kranz, P., & Scoggin, A. (2008). Perceived stress in occupational therapy

students. *Occupational Therapy International*, 15(4), 221-231. doi:10.1002/oti.256

Price, P., Hooper, B., Krishnagiri, S., Taff, S. D., & Bilics, A. (2017). A way of seeing: How occupation is portrayed to students when taught as a concept beyond its use in therapy.

American Journal of Occupational Therapy, 71(4), 1-9. doi:10.5014/ajot.2017.024182

Rappolt, S., Mitra, A. L., & Murphy, E. (2002). Professional accountability in restructured

contexts of occupational therapy practice. *Canadian Journal of Occupational Therapy*,

69(5), 293-302. doi:10.1177/000841740206900505

Rebeiro, K. (1998). Occupation-as-means to mental health: A review of the literature, and a call for research. *Canadian Journal of Occupational Therapy*, 65(1), 12-19.

doi:10.1177/000841749806500102

Rodger, S., Thomas, Y., Dickson, D., McBryde, C., Broadbridge, J., Hawkins, R., &

Edwards, A. (2007). Putting students to work: Valuing fieldwork placements as a mechanism for recruitment and shaping the future occupational therapy workforce.

Australian Occupational Therapy Journal, 54, 94-97. doi:10.1111/j.1440-

1630.2007.00691.x

Rodger, S., Turpin, M., & O'Brien, M. (2015). Experiences of academic staff in using

threshold concepts within a reformed curriculum. *Studies in Higher Education*, 40(4),

545-560. doi:10.1080/03075079.2013.830832

Towns, E., & Ashby, S. (2014). The influence of practice educators on occupational therapy students' understanding of the practical applications of theoretical knowledge: a

- phenomenological study into student experiences of practice education. *Australian Occupational Therapy Journal*, 61(5), 344-352. doi:10.1111/1440-1630.12134
- Townsend, E., Sheffield, S. L.-M., Stadnyk, R., & Beagan, B. (2006). Effects of workplace policy on continuing professional development: The case of occupational therapy in Nova Scotia, Canada. *Canadian Journal of Occupational Therapy*, 73(2), 98-108. doi:10.1177/000841740607300202
- Tuohy, D., Cooney, A., Dowling, M., Murphy, K., & Sixsmith, J. (2013). An overview of interpretive phenomenology as a research methodology. *Nurse Researcher*, 20(6), 17-20.
- Watt, D. (2007). On becoming a qualitative researcher: The value of reflexivity. *The Qualitative Report*, 12(1), 82-101
- Whiteford, G., Townsend, E., & Hocking, C. (2000). Reflections on a renaissance of occupation. *Canadian Journal of Occupational Therapy*, 67(1), 61-69. doi:10.1177/000841740006700109
- Whiteford, G., & Wilcock, A. (2001). Centralizing occupation in occupational therapy curricula: Imperative of the new millennium. *Occupational Therapy International*, 8(2), 81-85. doi:10.1002/oti.134
- Wilding, C., Marais-Strydom, E., & Teo, N. (2003). MentorLink: Empowering occupational therapists through mentoring. *Australian Occupational Therapy Journal*, 50(4), 259-261. doi:10.1046/j.1440-1630.2003.00378.x
- Wilding, C., & Whiteford, G. (2007). Occupation and occupational therapy: Knowledge paradigms and everyday practice. *Australian Occupational Therapy Journal*, 54(3), 185-193. doi:10.1111/j.1440-1630.2006.00621.x

Wilding, C., & Whiteford, G. (2008). Language, identity and representation: occupation and occupational therapy in acute settings. *Australian Occupational Therapy Journal*, 55(3), 180-187. doi:10.1111/j.1440-1630.2007.00678.x

Wood, W. (1998). It is jump time for occupational therapy. *American Journal of Occupational Therapy*, 52(6), 403-411.

World Federation of Occupational Therapists. (2002). *Revised minimum standards for the education of occupational therapists*. Perth: World Federation of Occupational Therapists.

CHAPTER 5

STUDY 2: PRACTICE

Chapter 5 presents the findings of the practice component of the second study of this research:

Experiences of occupation-based practice: An Australian phenomenological study of recently graduated occupational therapists.

CHAPTER 5

STUDY 2: PRACTICE

Experiences of occupation-based practice: An Australian phenomenological study of recently graduated occupational therapists.

Abstract:

Introduction: The call for occupational therapists to embrace the occupation-based practice has increased in recent decades. Little is known about how occupational therapists perceive and implement occupation-based practice. This study aims to uncover the experiences of new and recent graduates of using occupation in their practice.

Method: A phenomenological design guided the development of semi-structured interviews. New and recent Australian occupational therapy graduates were interviewed about their experiences of occupation in their practice. Interview transcripts formed the data and themes were developed by thematic analysis.

Findings: Eighteen occupational therapists were interviewed. Three main themes emerged from the data. Overall graduates found it challenging to embrace occupation in their everyday practice, deciding it is more pressing to remediate impairments than to enable occupations. Some participants stated that occupation-based practice was unrealistic given the efficiency pressures of their practice environments. However, graduates felt with more experience they would be able to implement occupation in their daily practice.

Conclusion: Recently graduated occupational therapists in Australia find it challenging to consistently implement occupation in their daily practice. Their confidence in applying occupation-based skills is an important factor for implementing occupation in practice. Some recent graduates are choosing impairment-based techniques over occupation-based practice.

Keywords: practice, occupation, occupational therapy, qualitative research, practice patterns

Introduction

The history of Occupational Therapy as a profession has been punctuated by two major paradigm shifts and currently the profession is endeavouring to transition to a third, the Contemporary Paradigm as described by Kielhofner (Kielhofner, 2009a). In the first practice paradigm occupation was at the core of practice, giving occupational therapy a unique foundation, distinct from other health professions at the time (Kielhofner, 2009a). The Mechanistic Paradigm was the second major shift, in which practice typically centred on biomechanical perspectives and impairment-based techniques (Kielhofner, 2009a). The shift towards the Mechanistic Paradigm eventuated as there was increasing pressure for practice to become empirically justified and align with the medical model (Wilding and Whiteford, 2009). However, Kielhofner believed that recently occupational therapists' practice has begun to shift again and therapists are now practising within the Contemporary Paradigm (2009a).

The Contemporary Paradigm consists of three main concepts: occupation is inextricably linked to health and wellbeing; humans can experience dysfunction in their occupations; and finally, occupation-based practice. The term occupation-based practice was coined by Fisher (2013) to describe occupation as the basis of the assessment, intervention and evaluation phases of the occupational therapy process. However, at present it is unclear how occupational therapists use occupation within their daily practice, especially given the considerable paradigmatic changes the profession has had to navigate in recent decades (Kielhofner, 2009b). There is some contention whether occupational therapists have shifted their practice into the Contemporary Paradigm. In the recent past, academics and leading occupational therapists have encouraged a "renaissance" within occupational therapy, where occupational therapists again may make changes to practice to more closely align to the founding philosophies of the profession (Molineux, 2011; Whiteford et al., 2000: 61; Wood,

1998). This may indicate that there are still significant practice modifications required for occupational therapists to practise within this new paradigm.

The definition of occupational therapy from the World Federation of Occupational Therapists is “*occupational therapy is a client-centred health profession concerned with promoting health and wellbeing through occupation*” (2017: 4). One interpretation of this definition is that ‘through occupation’ might signal that occupational therapy must use occupation as the therapeutic modality in their practice. Some leading occupational therapists have argued that it is imperative for occupational therapists to align their practice to the founding philosophy of the profession and embrace occupation-based practice (Fisher, 2013; Molineux, 2004; Reilly, 1962). However, it is still unclear whether Australian occupational therapists value occupation in practice and how they perceive the use of occupation in practice.

Literature review

A comprehensive search of the literature using electronic databases CINAHL, Scopus and Medline was conducted. A search of Australian, and international peer reviewed research, was conducted. The search was conducted using combinations of terms including ‘occupation’, ‘occupational therapy’, ‘occupation-based practice’, ‘occupation-focused practice’, ‘practice patterns’, ‘perception’, ‘experience’ and ‘graduates’. The literature was dominated by opinion pieces, commentary, or key note addresses. Few original research papers were uncovered that specifically addressed new and recent graduates’ experiences of using occupation in practice.

Despite the call for occupational therapists to embrace occupation-based practice, Fisher remarked “our unique focus on occupation is not always obvious in practice” (Fisher, 1998: 512). Lack of an occupational focus in occupational therapy practice was evident in a study of

child and adolescent mental health clinicians in the United Kingdom (Fortune, 2000). Fortune found that some therapists chose to be a “gap filler and all-rounder” potentially due to positive feedback and favourable recognition from other health practitioners (2000: 229). Fortune stated that often therapists made practice decisions that were not congruent with occupational therapy’s central paradigm (2000). An audit of occupational therapists working in mental health and learning disability settings found that occupational therapists found it challenging to complete occupation-based assessments when they had other generic case manager responsibilities (Parkinson et al., 2009). These scenarios combined could significantly impact on the profession’s identity and value within the broader healthcare environment.

Some occupational therapy research has recently focused on the implementation of occupational approaches in acute hospital settings (Britton et al., 2016; Di Tommaso et al., 2016; Wilding and Whiteford, 2008). In particular, Wilding and Whiteford’s action research study in an Australian hospital, found that when occupational therapists more explicitly included occupation in their practice they experienced increased confidence, professional connection and motivation to achieve occupation-based practice (Wilding and Whiteford, 2008; 2009). However, Britton, Rosenwax and McNamara (2016) found that often the pragmatic and environmental constraints of acute hospitals had an impact on occupational therapists’ clinical reasoning, resulting in a practice that was mainly focused on discharge planning. Brown (2015b) has also commented on the lack of occupation in some health settings, stating that it is preferable to use occupation-based practice. Additionally, he proposed that impairment-based techniques may not fall within the primary scope of occupational therapy practice (Brown, 2015b).

Despite the many complex barriers to occupation-based practice it is unclear whether occupational therapists still wish to aspire to occupation-based practice. New graduates may face even greater challenges to implementing occupation in their practice due to the significant power relationships and hierarchical structures to overcome (Di Tommaso et al., 2016). However, new and recent occupational therapy graduates could be well placed to apply their recent university education into practice. New and recently graduated occupational therapists who have trained in World Federation of Occupational Therapists' (WFOT) accredited university programmes in Australia should have been exposed to the 'occupation for health' philosophy (Wilcock, 2006) and occupation-based practice. This is due to the WFOT's *Revised Minimum Standards for the Education of Occupational Therapists* (2002) guidelines which encourage university educators and programmes to include content with a focus on human occupation. As new graduates have been the most recent therapists to have exposure to the latest theoretical concepts at university, it could be argued that they are well placed to lead the implementation of occupation-based practice. Gillen and Greber (2014) have called for therapists to learn from students in WFOT accredited programmes about the application of occupation in practice, due to the focus of their education being centred on occupation.

Despite this, it remains unclear whether this focus during tertiary education translates to being able to implement occupation in practice. From the literature it is still unclear whether new and recent graduates are able to implement occupation in their practice upon graduation or if they value occupation in their practice. To explore these unknowns, this study explored the experiences of new and recent Australian graduates using occupation in their practice.

Considering this, research questions were formulated to uncover the perceptions of occupation in practice of new and recent graduates in Australia. The questions that underpinned the study were:

1. How do recently graduated occupational therapists think about occupation within occupational therapy? How do they describe the use of occupation in their daily practice?
2. Do recently graduated occupational therapists wish to or believe they can implement occupation-based practice techniques in their work settings?
3. Do they feel sufficiently prepared to implement occupation-based practice upon graduating?

Method

As this study set out to gain a deeper understanding of graduates' perceptions of occupation in practice, the use of qualitative methodology was appropriate. Phenomenology was used to underpin the data collection and analysis to uncover the participants' experiences of occupation in their daily practice. Phenomenology is a philosophical perspective that assists researchers to explore, uncover and understand everyday experiences (Crotty, 1998).

Interviews are commonly used to uncover this contextual information from participants (Grbich, 1999). In-depth, one on one, semi structured interviews allowed the first author to gain understandings about the topic for each of the graduates interviewed.

Ethical clearance was gained from [omitted for blind review] University's Human Research Ethics Committee (number 14-156).

Recruitment

Occupational therapists who graduated from Australian occupational therapy university programmes between 2007 and 2014 were invited to volunteer for the study. An exploratory pilot study had been completed to test the suitability of the wide range of years since graduation, and the findings demonstrated little variation between the new and more experienced graduates in terms of their experiences of using occupation in practice (reference omitted for blind review). Participants were included who had attended either undergraduate or graduate-entry programmes. Finally, all participants were required to be Registered Occupational Therapists and have work experience since graduating. The participants, however, were not required to hold a position where their job title was ‘Occupational Therapist’, allowing for the recruitment of people working in role-emerging settings.

As this study was designed to capture experiences from a diverse range of new and recent graduates around Australia, multiple phases of recruitment were implemented. Firstly, permission was granted to advertise for recruitment on the website of Occupational Therapy Australia (OTA), the national professional body for occupational therapists in Australia. OTA also published the study details in a monthly online newsletter distributed to all members nationally. The study was advertised in each state’s and territory’s respective OTA councils by email newsletter and on their websites. As is the case for many professional associations internationally, not all registered occupational therapists in Australia are members of OTA. Therefore, a more comprehensive recruitment strategy was needed.

Managers of occupational therapy departments in major health services around the country were asked to forward a recruitment email to their staff. The recruitment email contained the study information sheet and reply contact details for a consent form. The first advertising recruited members of OTA, the second advertising recruited staff of public hospitals. The

third advertising recruited Occupational therapists working in the private sector. An internet search for major private organisations and private practices in all states and territories was utilised to recruit participants in the private sector. Additionally, professional networks and social media through Facebook occupational therapy groups were used to advertise the study. This approach ensured that a wide variety of occupational therapists had the chance to volunteer for the study.

Data collection and analysis

After a thorough recruitment phase, 27 therapists volunteered to be interviewed to the study. One therapist did not meet the inclusion criteria due to their year of graduation being prior to 2007, leaving 26 potential participants. The therapists were purposively sampled for interviews based on their experiences post-graduation with both the years of experience and their current practice setting taken into consideration. In-depth interviews were conducted with new and recent graduates from a wide range of educational and practice backgrounds from around Australia. Once data saturation was reached, 18 new and recent graduates had been interviewed. Eleven interviews were completed over the telephone and when geographical location allowed, the remaining interviews were completed face to face. Each interview completed ranged from one to two hours in duration to ensure adequate time to explore all experiences in sufficient detail. As is the nature of phenomenological interviews, a majority of open ended questions were asked.

All participants in this study received an information sheet and signed a consent form to participate in the study. All participants consented to their interviews being audio-recorded. All interviews were transcribed verbatim and these transcripts formed the data. Transcripts were de-identified to ensure any identifying details were removed. After this, Braun and Clarke's (2006) thematic analysis guide was used to build codes and then themes. This

process ensured a systematic analysis of each transcript. Inductive codes were created for each transcript, thereby guaranteeing each transcript was able to elicit new codes and uncover new perspectives. After coding of all the transcripts, themes were developed by grouping codes together and an iterative refining process was completed.

Participants

Participants were interviewed from six Australian states and territories. Sixteen participants were female and two male. Graduates ranged from less than one year of experience working as an occupational therapist up to seven years. Fourteen of eighteen graduates completed undergraduate pre-registration education programmes and four were from graduate-entry programmes. Half of the graduates in this study were employed by publically funded government healthcare services and most of these in an acute inpatient hospital. No participants who volunteered to take part in the study were, in the authors' opinions, from role-emerging practice areas. Many of the participants worked in regional areas around Australia. See Table 3 for further information about each of the participants. To ensure confidentiality, pseudonyms have been used.

Table 3: Participant demographic data

Pseudonym	Years since graduation	Locality	Practice area
Adam	6	Metropolitan	Acute: Aged care
Alicia	4	Rural	Acute: Private hospital
Anne	1	Metropolitan	Acute: Public inpatient hospital
Chloe	7	Rural	Private practice
Danielle	6	Metropolitan	Acute: Public inpatient hospital
Eliza	1	Regional	Acute: Public inpatient hospital
Grace	2	Regional	Community: Aged care
Jenny	4	Regional	NGO: Paediatrics
Joanne	2	Regional	Acute: Public inpatient Paediatrics
Julie	7	Regional	Acute: Public mental health
Kaitlyn	4	Regional	Private practice
Kim	1	Regional	Acute: Private hospital
Laura	4	Metropolitan	Community: Aged care & Community: public outpatient Rehabilitation
Melanie	7	Regional	Acute: Private Rehabilitation
Rachel	<1	Metropolitan	Acute: Public inpatient hospital
Sally	1	Regional	Acute: Public inpatient hospital
Sarah	5	Regional	Acute: Public inpatient hospital
Tim	7	Regional	Acute: Private hospital

NGO= Non- Government Organisation

Trustworthiness and credibility:

The research team were all involved in the design and development of the study. This process continued throughout but especially in the data collection and analysis phase. After five interviews were completed the research team reviewed the de-identified transcripts to ensure that the information required was captured, and no additional information was required. A systematic process of data analysis was completed for every transcript. Use of Braun and Clarke's (2006) guide to thematic analysis ensured a consistent approach when inductively building themes from the data set. The first author was responsible for completing the

thematic analysis. Themes were checked for credibility and deemed to be appropriate by the rest of the authors of this paper. A member checking process was undertaken where all the participants were sent their raw transcripts for checking and to ensure that their interview was represented accurately within the transcript.

As is important in all qualitative research, the first author engaged in a process of reflection and ensured that all assumptions and bias were acknowledged (Yin, 2011). A reflective journal was maintained throughout the data collection and analysis process to ensure that all decisions and reflections were recorded (Watt, 2007).

Findings

After completing a thorough and systematic data analysis, three main themes emerged from the data. They were: Enacting occupation-based practice; Occupation is a luxury; and Experience: “It’s more of a confidence thing.”

Enacting occupation-based practice

During the interviews, participants described their daily practice in many different ways. Despite all participants stating that they strive to assist their clients to return to occupation or to complete their daily occupations during their time in the service, few participants could articulate how they used occupation in their practice. When describing occupation-focused practice or occupation-based practice (used interchangeably by the participants) in their work, there was little reference to occupation in therapy sessions at all. For example, when detailing scenarios about her occupation-based therapy sessions, Kim described a typical therapy session as “*using Theraputty, it might be for fine motor it might be beading or using paperclips or tweezers and marbles and for them relating it to opening containers in the*

kitchen or something like that.” In this example the use of occupation was not explicit in the intervention and as Kim described it was up to the client to make links to daily occupational tasks when in the kitchen.

Sally offered this example of occupation-based practice:

I guess really if I thought about it more at this point...I would probably be doing some of that bottom up kind of approach and those specific biomechanical kind of things, I'm still doing it with the focus of occupation in mind, but the occupation isn't your interventional therapy, and maybe that is OK, I don't really know.

Sally admitted that describing how she used occupation in practice was extremely difficult and that she had given the concept little thought since graduating.

When describing their therapy sessions many participants chose to describe upper limb rehabilitation sessions. It is important to note that all participants in this study were from traditional occupational settings. Tim, a hand therapist, provided insight into his practice in which he commenced his therapy with:

A bit of an assessment of their range of movement and swelling and sensation, whatever their issue might be and get some objective measure on that. And then usually from there I'll be able to update their home exercise program and send them away with that to do for the next week.

He further described that usually his sessions contain “passive ranging activities and some active ranging activities and there might be some strengthening as well. So not particularly activity based, they might be just exercise based.” For Tim, having a process to follow for a

majority of clients was beneficial given the frequency of similar diagnoses and injuries that were being treated in the hand therapy clinic.

Tim was not the only participant to admit that using occupation was not explicit in their practice, as Laura exclaims “*we are discharge planners. I’m a discharge clearer, that’s what I am.*” Laura highlights that in her role on the acute surgical wards of a large metropolitan hospital that no focus on occupation is required and therefore it is not important to her. Rachel also offers her take on the state of occupation-based practice in hospitals: “*we’re not quite as focused on probably what we should be [occupation], or yeah, we do become the one-stop shop [for discharge planning]... rather than probably the role that we were taught through [university].*”

Despite some participants being unapologetic about favouring impairment-based techniques, some participants still saw the value in employing occupation-based practice. As Eliza offered:

Using occupation as therapy is probably good because they’re, technically, doing those tasks, so there’s a point to it, and they can sort of see a point to it, rather than, you know, just moving a cone or whatever, it might be if they’re actually doing something that they do at home anyway, I think, yeah, it could work. And when there’s enough time to implement it, is probably where the issue would arise.

Despite a perception that occupation-based practice would take up more time than other therapy, Eliza described the value that clients could gain when occupational therapists used the occupations of their clients in therapy, as it would enable the clients to see meaning and purpose in the sessions. However, it seems from the responses from the participants,

occupation in practice is not utilised, nor central to the daily practice of the new and recently graduated occupational therapists in this study.

Occupation is a luxury

Seventeen out of eighteen participants indicated that occupational therapists needed to remediate impairments (cognitive, physical or emotional) before they could start occupation-based interventions. The remaining participant worked in a mental health setting where clients with chronic mental health conditions were commonly seen. In short, clients could not participate in occupation-based interventions until they had overcome all their limitations prior to participation in occupations. However, as most of the participants in the study worked in a hospital setting, when their clients overcame impairments or could safely live with their impairments clients were then ready for discharge from the service. So occupation was thought of as a luxury in an occupational therapist's practice; something that could not be implemented unless a therapist had "*spare time.*"

There was an overall acceptance by each participant that if other occupational therapists were able to implement occupation-based interventions or work on little more than self-care or basic safety needs, that these therapists were "*wasting time*", not managing their priorities or caseload well, and were perceived as not being able to handle the pressures and realities of practice. Alicia voiced her teams' collective frustration when another team member prioritised occupation-based practice, "*it's frustrating for the department because [we] need to get through our wait list and all of those really high priority clients.*" Another participant expressed her disbelief that focusing on occupations was allowed by the managers in her workplace: "*I think it does happen like I've heard of... different therapists who can work on [occupation]... they somehow justify working on these goals that seem quite low on the list of*

priorities.” Therefore occupation was not always favoured in practice by the participants. Tim stated *“I don’t know it’s realistic to be occupation-focused.”* He later went on to clarify that he did not think therapists could be occupation-based in their work and be perceived as successful by other occupational therapists. Melanie felt that completing occupation-based practice was menial and perceived implementing occupation as lower level skill than impairment-based practice. She suggested that occupational interventions might be able to be included in practice by *“delegating a lot of those what might be perceived lower skilled or lower priority tasks to [therapy assistants] who can perform those kind of therapies at a slower pace or with supervision.”*

Successfully managing the priorities of their caseloads was important particularly for the new graduates. This was a common topic of conversation during the interviews providing insight as to why occupation was rarely used in their practice. As Kaitlyn stated, *“for someone who’s just had a hip replacement to have a goal of getting back to lawn bowls is just not high enough on the list for us to focus on.”* Jane offered further insights into the choices recent graduates face, stating that *“[occupation is] not going to be the priority, the priority is going to be is how are you coping with your 25 clients that you have.”* Further highlighting the choices and pressures on new graduates, Danielle said that the setting also has an effect on why occupation cannot be used in practice. She stated that occupation is a luxury in the hospital setting and she highlighted the pressures of working in this environment as an occupational therapist. She commented:

I think it’s been a choice somewhere along the line, I mean certainly from an acute [occupational therapy] perspective I don’t think that we work the way [occupational therapy] in general would work, we fit into that acute hospital “get people out of bed setting” and we very much mould to that, I think that’s something that’s forced upon

us because we want that OT role there and we think we do have a role there, but we do have to conform to the setting as well, we can't win it all.

In order to be perceived as successful and competent, it seems the new and recent graduates in this study feel the need to sacrifice occupation and an occupational perspective during their practice and clinical reasoning. Using occupation in practice from was seen by this cohort of participants as luxurious and wasting time and therefore abandoned by them entirely.

Experience: "It's more of a confidence thing."

A common theme throughout all the interviews was participants felt that with more experience they would be able to become more occupation focused in practice. They felt that, with time, their practice would be less about learning the protocols and expectations of the workplace, becoming more automatic in clinical reasoning and increasing their knowledge about common diagnoses, and that their attention would turn to applying occupation in practice. As Eliza stated:

I think it's probably more because I have a job and I have a role and so I try and just sit myself within that role with almost no scope within my brain to think about, you know, what else I could be doing...

Jane also alluded to this in her interview:

You are not thinking about occupation you are just thinking how do I get through what I am expected to do. So you really just ok how do I meet the goals that I am meant to be doing? How do I meet my key performance indicators as a therapist? Not am I being true to occupation. I think that comes later once you get through the first couple of years where you just going oh my god, I don't know how to do this how do I be an [occupational therapist]? Then I think you can start to go back and look at evidence

and things and try and bring that kind of thinking back into it. But I think to start with “how do I get through the day?”

One participant, Sally, was also cautious of this, even though she cited time and experience as the tools to make her practice more occupational. She claimed:

That’s when I said you know that you can’t necessarily always rely on a senior... but I do have in my head that you know that there might be a therapist that’s been out for 40 years and has been doing the same thing for 40 years and maybe that’s not what the evidence and the research says now or that’s not what they learnt at [university] is going to be very different to what I learnt at [university]. So I think there is certainly the potential that there are therapists out there that have been doing things for a long time that aren’t as occupation focused as they could be.

Therefore despite gaining experience and potentially moving to more senior role, experience may not be the key to improving occupation-based practice.

Some participants conceded that with more experience, they perceived that they would feel more efficient at managing a caseload and this might give the illusion of more time. As

Danielle commented:

So I think there's a degree of experience in there, definitely. I think that they've got the basics well and truly, and they can do [the basics of practice] quite efficiently. So maybe they've got a sense of having more time.

Having more experience was cited by one participant as being able to adequately manage all the constraints against being able to implement occupation-based practice. Spending less time

focusing on the constraints and demands that are placed on health professions in current practice may also be a by-product of greater experience. Anna stated:

Experience, I really think as a new graduate your mind is so busy with what things do I have to do and documentation and time management and communication and that kind of thing that sometimes there is so much going on in your mind that, although you want to be as occupation focused as you possibly can sometimes there is just those constraints there so I think that with experience I hope that some of those other things become a bit more second nature and I can focus more of my skills on therapy.

From this it is unclear whether gaining more practical experience as an occupational therapist this will allow a therapist to become occupation-focused in the future if they wish.

Discussion and implications

This study has revealed that for new and recently graduated Australian occupational therapists, impairment-based techniques are more central to decision making and intervention planning than occupation-based practice. Although the graduates felt occupation was a consideration for practice, the graduates did not feel that implementing occupation in practice was desirable or realistic due to external pressures including from other occupational therapists. It seems from this study that graduates believe that they need more experience as occupational therapists prior to being able to consistently implement occupation-based practice.

Occupation-based practice: A choice

This study has highlighted that not only do occupational therapists find it challenging to implement occupation-based practice, even when in situations where occupation may be used,

therapists were choosing impairment-based techniques. Therapists perceived that occupation is luxury in practice and only to be implemented if there was time after remediating impairments. Some therapists decided not to implement occupation due to their perception of occupation not being valued by other occupational therapists in practice. This finding is interesting as research and commentaries have focused on strategies for therapists to become more centred on the founding philosophy of the profession (Fortune, 2000; Gillen & Greber, 2014; Wilding & Whiteford, 2008). Twinley and Morris (2014) questioned whether occupational therapists in the United Kingdom are aligning their practice to be occupation-based, highlighting along with this study's findings, that internationally, implementing occupation-based practice is still not central to practice.

Gillen and Greber (2014) outlined strategies for therapists to more overtly choose to implement occupation in their practice. Their opinion piece, coupled with the graduates' perspectives in this study, it appears that implementing occupation-based practice is a choice for therapists to make on a daily basis. This study revealed that for the cohort of graduates studied, therapists are not choosing to implement occupation in practice. Whilst Wilding and Whiteford's 2008 action research study found that enabling clients to engage in occupation was motivating and satisfying for occupational therapists, this study found that new and recent graduates felt that impairment-based practice still delivered a sense of fulfilment for client and therapist. This finding could highlight why there has been limited uptake of occupation-based practice as advocated by Kielhofner (2009a) and Fisher (2013).

Implications for practice

This study revealed experiences of new and recent occupational therapy graduates implementing occupation-based practice. It appears that graduates believe they require more practice experience and confidence to begin to use occupation in practice. However this study has highlighted that the negative perceptions from other occupational therapists was a barrier to implementing occupation in practice. Therefore occupational therapists should evaluate their own beliefs and perspectives of occupation-based practice. Furthermore therapists in senior positions or those responsible for the supervision of new graduates must be mindful of allowing new graduates to build their skills and confidence to effectively and consistently implement occupation-based practice.

Study limitations:

This study was conducted using qualitative research methods in Australia. Although these findings may be applicable and interesting to occupational therapy, caution should be used generalising the findings to other international settings. This study was conducted in the Australian practice context and mainly highlighted the experiences of working in acute inpatient settings and traditional roles. Therefore, it may be difficult to generalise these findings to other practice settings. Due to the requirement for this study to only recruit participants who volunteered and signed a written consent form, volunteer bias could not be eliminated. Therapists may have volunteered if they had a stronger connection or interest in occupation-based practice than other occupational therapists.

Conclusion

Occupational therapists in this study often chose not to implement occupation in practice favouring impairment-based techniques as their first preference for therapy. Graduates

perceived that with increased experience and confidence, their practice would become increasingly occupation-based in nature. Further research should be conducted to gain international perspectives of new and recent graduates and the value they place on occupation within occupational therapy.

Key findings

- New and recent occupational therapy graduates perceive occupation as peripheral to practice favouring impairment-based techniques.
- Graduates believe with increased practice experience and confidence they may choose to implement occupation-based practice.

What the study has added

New and recent occupational therapy graduates are choosing not to implement occupation-based practice as their preferred treatment modality, preferring to implement impairment-based techniques in the first instance.

References

- Braun V and Clarke V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology* 3: 77-101.
- Britton L, Rosenwax L and McNamara B. (2016) Occupational therapy in Australian acute hospitals: A modified practice. *Australian Occupational Therapy Journal* 63: 257-265.
- Brown T. (2015b) Do physical agent modalities fit under an occupational therapy scope of practice? *The British Journal of Occupational Therapy* 78: 143-143.
- Crotty M. (1998) *The foundations of social research: Meaning and perspective in the research process*, London: Sage Publications.
- Di Tommaso A, Isbel S, Scarvell J, et al. (2016) Occupational therapists' perceptions of occupation in practice: An exploratory study. *Australian Occupational Therapy Journal* 63: 206-213.
- Fisher A. (1998) Uniting practice and theory in an occupational framework. 1998 Eleanor Clarke Slagle Lecture. *American Journal of Occupational Therapy* 52: 509-521.
- Fisher A. (2013) Occupation-centred, occupation-based, occupation-focused: Same, same or different? *Scandinavian Journal of Occupational Therapy*: 162-173.
- Fortune T. (2000) Occupational Therapists: Is our therapy truly occupational or are we merely filling gaps? *British Journal of Occupational Therapy* 63: 225-230.
- Gillen A and Greber C. (2014) Occupation-focused practice: challenges and choices. *British Journal of Occupational Therapy* 77: 39-41.
- Grbich C. (1999) *Qualitative research in health*, St Leonards: Allen & Unwin Pty Ltd.

Kielhofner G. (2009a) *Conceptual foundations of occupational therapy practice* Philadelphia, PA: F. A. Davis.

Kielhofner, G. (2009b). The kind of knowledge needed to support practice. In G. Kielhofner (Ed.), *Conceptual foundations of occupational therapy practice* (pp. 8-14). Philadelphia, PA: F.A. Davis Company.

Molineux M. (2004) Occupation in occupational therapy: A labour in vain? In: Molineux M (ed) *Occupation for occupational therapists*. Oxford: Blackwell Publishing, 1-13.

Molineux M. (2011) Standing firm on shifting sands. *New Zealand Journal of Occupational Therapy* 58: 21-28.

Parkinson S, Forsyth K, Durose S, et al. (2009) The balance of occupation-focused and generic tasks within a mental health and learning disability occupational therapy service. *British Journal of Occupational Therapy* 72: 366-370.

Reilly M. (1962) Occupational therapy can be one of the great ideas of 20th Century medicine. *American Journal of Occupational Therapy* 16: 1-9.

Twinley R and Morris K. (2014) Are we achieving occupation-focused practice? *British Journal of Occupational Therapy* 77: 275-275.

Watt D. (2007) On becoming a qualitative researcher: The value of reflexivity. *The Qualitative Report* 12: 82-101

Whiteford G, Townsend E and Hocking C. (2000) Reflections on a renaissance of occupation. *Canadian Journal of Occupational Therapy* 67: 61-69.

Wilcock A. (2006) An occupational theory of human nature. In: Wilcock A (ed) *An occupational perspective of health* Thorofare, NJ: SLACK Incorporated, 51-74.

- Wilding C and Whiteford G. (2008) Language, identity and representation: occupation and occupational therapy in acute settings. *Australian Occupational Therapy Journal* 55: 180-187.
- Wilding C and Whiteford G. (2009) From practice to praxis: reconnecting moral vision with philosophical underpinnings. *British Journal of Occupational Therapy* 72: 434-441.
- Wood W. (1998) It is jump time for occupational therapy. *American Journal of Occupational Therapy* 52: 403-411.
- World Federation of Occupational Therapists. (2017) *Definitions of occupational therapy from member organisations*: World Federation of Occupational Therapists.
- World Federation of Occupational Therapists. (2002) *Revised minimum standards for the education of occupational therapists*, Perth: World Federation of Occupational Therapists.
- Yin R. (2011) *Qualitative research from start to finish*, New York City, NY: Guildford Press.

CHAPTER 6

STUDY 3

Chapter 6 presents the findings of the third and final study of this research:

Uncovering educator perspectives of occupation-based practice and occupation-centred education in Australia: A qualitative study.

CHAPTER 6

STUDY 3

Uncovering educator perspectives of occupation-based practice and occupation-centred education in Australia: A qualitative study.

Abstract

Background: Occupation and an occupational perspective of health and wellbeing are required to be taught in accredited occupational therapy programmes internationally. Current research into occupational therapy education has commonly focused on curriculum design and the experience of students and their developing skills for practice. Little research has focused on the perspectives of educators and in particular their own reflections and beliefs on the use of occupation in occupational therapy education. The aim of this study was to uncover Australian educator perspectives of teaching occupation-based practice in occupational therapy education.

Method: This study utilised a qualitative research framework. Eight occupational therapy educators and practice education co-ordinators completed semi-structured interviews.

Educators ranged in experience from two to over twenty years in the university sector. The interview transcripts were transcribed verbatim, forming the data for analysis. Braun and Clarke's thematic analysis was used to analyse the data set.

Results: Three themes emerged from the data: occupation is our framework; the balance between practice education and occupation-centred education; and educators changing the focus. Overall, educators believed the 'occupation for health' philosophy and its application are important foundations for education. However, educators provided varied responses on how to teach these concepts to students.

Conclusion: Gaining educators' opinions on the importance of occupation in education is beneficial for ensuring consistency throughout occupational therapy curricula. Theoretical models were endorsed by educators to foster occupation-based practice. Educators must continue to innovate within the profession for occupation-based approaches in practice and education to be strengthened in the future.

Keywords: Occupational Therapy Education, curriculum, occupation, occupational therapy, practice

Introduction

The World Federation of Occupational Therapists (WFOT) produces the *Minimum Standards for the Education of Occupational Therapists* (2016b), which WFOT accredited universities follow. Students who attend universities that are accredited against these standards should graduate with the competencies required to work as a new graduate occupational therapist (WFOT, 2016). However, despite the intention of the guidelines to inform and exemplify occupational therapy practice and education on a global scale, it is unclear whether these standards are sufficient to meet the renewed call for occupational therapy to be occupation-based and embrace a contemporary view of the profession (Kielhofner, 2009a). In Australia, the Occupational Therapy Council and Occupational Therapy Board of Australia ensure the minimum educational standards are met by every university (Occupational Therapy Board of Australia, 2017; Occupational Therapy Council (Australia & New Zealand) Ltd, 2013). Accreditors inspect all aspects of university curricula and the focus placed on the occupation-based practice or the means by which this taught are not stipulated explicitly within the Standards. Thus, there may be variation in the value placed upon occupation-centred content and its delivery in Australian curricula.

Currently there is no universally accepted definition of occupation-based practice. However, the definition developed by Fisher in 2013 is increasingly recognised by occupational therapists and used in the occupational therapy literature. Occupation-based approaches utilise a client's engagement in occupations throughout the occupational therapy process but especially in the intervention and evaluation stages whereby occupation is used as "the therapeutic agent of change" (Fisher, 2013, p. 164). A number of authors advocate the use of occupation-centred approaches in practice and education (Hooper, Mitcham, Taff, Price, Krishnagiri & Bilics, 2015; Molineux, 2004; Reilly, 1962; Wilcock, 2000). When referring to

occupation as the foundation of curricula, the term occupation-centred is most commonly utilised. Occupation-centred education refers to occupation being considered as the foundation and core of all learning and teaching experiences in occupational therapy education (Hooper, 2006; Yerxa, 1998). Occupation-centred education came to the fore within occupational therapy education literature in the late 1990s and early 2000s with a number of educators discussing the importance of centralising all educational content on the ‘occupation for health’ philosophy (Nielson, 1998; Whiteford & Wilcock, 2001; Wilcock, 2006; Yerxa, 1998). Indeed Yerxa advocated that occupation should be the “central organising framework of a future-oriented curriculum” (1998, p. 366). Therefore to align with internationally recognised terminology, all reference to the process of educating students when learning about occupation and occupation-based practice will be referred to as occupation-centred education.

Currently in the Australian and international occupational therapy education literature there is limited research that specifically investigates educators’ perspectives on the centrality of occupation in the curriculum. Literature has instead explored mechanisms of teaching such as utilising models of practice (Ashby & Chandler, 2010; Towns & Ashby, 2014); the means by which occupation and occupation-centred approaches can be introduced into curriculum (Hooper, Mitcham, Taff, Price, Krishnagiri & Bilics, 2015; Krishnagiri, Hooper, Price, Taff & Bilics, 2017; Pierce, 1999) and how teaching an occupational perspective can enhance specific areas of practice such as work rehabilitation (Burwash, 1999). Commentary and viewpoints about education, in particular considerations for occupation in curriculum design and threshold concepts have featured in the Australian literature (Fortune & Kennedy-Jones, 2014). A 2016 study found new and recent graduates lacked confidence and in some cases were unwilling to implement occupation-based approaches in practice (Di Tommaso et al.).

This study highlighted the impact that educators have on students' perceptions of the use of occupation in practice and found that educators predominately taught impairment focused interventions rather than occupation-based practice, leading to confusion with students. Therefore, further investigation into the perspectives of occupational therapy educators, specifically on their opinions and experiences of occupation in education, is the focus of this study.

A comprehensive review of the literature was completed searching databases CINAHL Plus, Embase and MEDLINE, with search terms including 'education', 'occupational therapy', 'occupation-centred', 'occupation-focus', 'occupation-based', 'curriculum', 'practice patterns' and 'theory'. Theoretical papers which were not available via a database search due to year of publication or journal availability were included. In addition, searching reference lists also yielded further articles to review. Given the lack of research focusing on the Australian perspective, further research was warranted.

Hence, the research aims for this study were:

1. To describe Australian occupational therapy educator perspectives on the centrality of occupation in the occupational therapy curriculum.
2. To highlight perceived enablers and challenges from the occupational therapy educators for sustainable implementation of occupation-centred education in Australia.

Method

A qualitative research approach was taken to uncover and describe the educators' experiences and perceptions of the current state of occupational therapy education in Australia, with particular attention to the use of occupation in practice and education. Originally, focus groups were the chosen means of data collection. However, only two educators were available

for the online focus group. Therefore, it was decided to alter the data gathering process. One on one interviews were then chosen as an alternative.

The institutional Human Research Ethics Committee approved this study (Project number 15-156). Pseudonyms and limited reporting of certain demographic data, such as the name of the University where the participating educators were employed, have been implemented to maintain anonymity of the educators.

Participant recruitment

The Australia and New Zealand Council on Occupational Therapy Education (ANZCOTE) network was used initially for participant recruitment. The Chair of ANZCOTE forwarded a recruitment email to a contact person (usually the Program Convenor) at each university programme in Australia. Two emails sent for recruitment through the ANZCOTE network yielded responses from seven Australian educators. However, due to timing and educator availability only two educators were available for an online focus group. Therefore, it was decided to alter the method of data gathering. One on one interviews were then chosen as an alternative to a focus group.

A second round of recruitment was approved by the Human Research Ethics Committee. The first author sent an email to each Program Director individually to ask that a recruitment email be forwarded on to staff members. All email addresses were publically available from university websites. This method yielded another five educators. Interviews were then scheduled to suit each educator's availability.

Participation in the study was voluntary. Educators were sent a brief introduction to the study and were aware the interviews would be recorded. At the beginning of the interviews

educators were reminded that any identifiable information such as their specific university would be omitted to maintain anonymity.

Research participants

Nine educators from university entry level programmes around Australia were interviewed. One educator withdrew post interview. The eight educators in this study were from universities in Victoria, New South Wales and Queensland. They held Associate Lecturer, Lecturer, Senior Lecturer, and Program Director positions. Four of these educators were also clinical placement coordinators. Educator experience ranged from two years to over 20 years in occupational therapy education. All educators were female.

Data collection

Prior to the interview, educators were sent a brief document with potential interview topics. Predominately open ended questions were asked to explore the educators' perceptions and thoughts on the current use of occupation in occupational therapy education. The length of the semi-structured interviews conducted over the telephone ranged from thirty minutes to one hour in duration. Each of the eight interviews was conducted by one researcher. The discussions were audio recorded and transcribed verbatim.

Data analysis

The transcripts formed the data set for analysis. A content and thematic analysis was completed by the first author. This analysis was then presented to the other authors of this paper. Braun and Clarke's (2006) method of thematic analysis was used when developing

themes. As recommended by Ezzy (2002), line by line coding was also used for grouping together like codes to inductively build the themes presented below.

Results

Overall, the educators were in agreement that occupation was to serve as the basis for occupational therapy curricula. The challenges of implementing occupation in both practice and education were discussed in all of the interviews. Fieldwork experiences were considered extremely important however, such experiences were often identified by the educators as a challenging learning environment for occupation-based practice. Four themes emerged from the data analysis process:

Occupation is our framework

All educators agreed the philosophy underpinning the profession was ‘occupation for health’ (Wilcock, 2006) currently promoted within and outside of the profession. However, no consensus was reached on how to implement the philosophy within an educational content or in practice. Despite differences of opinion about the most important message for occupational therapy students to take away from their education, most educators felt that understanding the unique aspects of occupational therapy practice was important. Four of the eight educators felt the use of impairment-based techniques was suitable if the goal of the practice was broadly focused on occupation. However, five educators still thought occupational therapists ought to strive for occupation-based practice. One educator commented that it was important for her students to recognise that “*occupation as means was the goal*” for practice.

The interviews revealed the educators considered that students should graduate with a deep understanding of occupation. Rachel, an educator from Queensland, stated “*we need to keep*

teaching students about what occupation is and our philosophy because it's the basis for our profession." 'Occupation for health' (Wilcock, 2006) was frequently cited by educators as the basis for all university teaching. As Clare shared:

The students need to understand the core principle that occupation is linked to health. That's all we need to teach them. That's all they need to know. That one thing and we need to repeat that in lots of different ways for four years and they would come out able to be really good occupational therapists. That is the principle they need to get.

Susan agreed, sharing that within her university curriculum "We've got a strong focus on occupational science and the idea of occupation is definitely taught from first year right through to fourth." Despite Clare and Susan impressing that occupation-centred teaching should be implemented across all four years of university programmes, educators often spoke of the challenges especially in the later years where the focus swiftly turned to the practical application of this knowledge, and in particular translating this knowledge into current practice in acute settings.

Despite educators being broadly in agreement about the importance of occupation in the curriculum, educators were still doubtful about the translation of this knowledge into practice. There was agreement from all the educators that this perspective would be broadly unachievable in practice without major changes to practice frameworks currently adopted in Australian health care settings. Half of the educators in this study remarked that occupational therapy may be incongruous to modern day acute health care settings such as hospitals. With focus on discharge and short lengths of stay for clients, Clare stated she thinks "*occupational therapy is an appalling fit in medical-model services for that reason.*" Rachel highlighted this issue by asserting that clients are responsible for their transition to occupational

participation and engagement post hospital admission claiming “[Occupational therapists] actually couldn’t physically do [occupation-based practice], you can only help with their wrist and finger movements; the small components and then [clients] have to make up that occupation by themselves.”

Although the challenges of the cultural environment and institutional norms were cited as barriers to occupation-based practice, educators also recognised that therapists themselves could also be hesitant to strongly align with occupation-based practice and thus have a different role from others in a multidisciplinary team. Jane reflected upon during an interview: “it’s interesting in our profession that to get credibility we feel like we have to be able to play in a biomedical model. I guess that sums it up for me really. I wish we could get past it.”

From these interviews it was clear that most educators (six of eight) felt that occupational therapists were still able to successfully negotiate the, at times, disparate biomedical and occupational perspectives. In fact, these educators felt that they must do more to prepare students for this reality. One educator highlighted the tension for therapists working in the biomedical model by stating:

[Occupational therapists] actually still probably have trouble grappling with what are the outcomes of so called good occupational therapy and good occupation-based practice is anyway. Whereas we can measure joint range of movement, those physical [aspects] can be easier to measure [than occupational engagement] (Laura).

Despite occurrences where physical outcomes are perceived as easier to measure and have a clear alignment with biomedical systems, educators still believe that occupational perspectives be the focus of occupational therapy education and practice. Educators believed

that there were numerous ways to keep occupation at the centre of practice and education, such as implementing occupational therapy models.

There was general consensus among the educators that introducing occupational therapy theoretical practice models was the main method of building understanding of an occupational perspective in practice. Using models in occupational therapy education was deemed as crucial to ensuring students understood occupation and could implement this perspective on placement and in their assessments. Educating students about the various occupational therapy models was seen as an enabler for later occupation-based practice upon graduation. As demonstrated by this quote from an educator from New South Wales, Kate: “[Models] are what really help us to keep our practice occupation-focused, having that lens to look through.” Allowing students to learn and develop their own perspectives was seen as beneficial to their own clinical reasoning and emerging practice. Another educator commented that the use of models could transform student understanding of the application of occupation. She believed models could assist students keep an occupation focus in any area of practice in which they chose to practice:

By giving someone a model... it gives them an opportunity to take it away and grow it, they can use it to apply to which ever setting they end up working in over the years. That's really important... I think it's quite empowering that way.

Anna agreed that models could be useful to provide a consistent approach to implementing occupation in practice. She stated that occupational therapy models were crucial for student education to ensure that students understood that assessment and intervention plans “*didn't just come out of the sky.*” Despite educators in this study not necessarily reaching consensus on the importance of occupation to occupational therapy practice, theoretical models were

seen by a majority of educators as important for enabling students to understand the basis of their practice decisions and clinical reasoning.

“Relationships drive change”: The balance between practice education and occupation-centred education.

As several of the educators had a large role in practice education within their respective programmes, delivering quality practice education experiences for students was discussed in most interviews. Educators highlighted the importance of practice education to students’ understanding of the practical application of occupation and the translation of theory into practice. All educators acknowledged the importance of practice education experiences. There was acknowledgement by one educator that *“the university curriculum is only one part of what helps to graduate these students, there is 1000 hours of practice education we are providing which sometimes has more of an impact on how students view the profession (Jane).”*

Despite this, numerous examples were given by the educators where students were actively discouraged from using the theoretical knowledge they learn at university while out on placement, Laura stated:

I think practitioners, not all of course, but many, still run the line of “oh well, you don’t need to worry about that - that’s theory. You learn that at university but that’s not what we do here” and I don’t know how we get over that again.

This educator went on to explain how one student decided to disengage with the theoretical learning still to be completed at university. This discouragement of theory and university-based teaching could be detrimental to student learning.

Another example was given by an educator describing the mismatch between practice settings and university teaching that could cause confusion for students:

We have to help that group of student supervisors who are telling students, and I know they are telling students this, because students come back to me and tell me that that's what they have been told - "that you will never get a job unless you do acute hospital placement. 'You will never be able to work as an OT unless your first destination is an acute hospital.' Of course this frightens the students! (Clare)

The recommendation by practice educators of the need to have a hospital-based placement was raised in four of the eight interviews. Educators, who worked in NSW, Victoria and Queensland respectively, raised this topic during the interviews, indicating this belief is not isolated to a single state or workplace. However, it is unclear if the idea that a hospital-based placement as essential is a commonly held belief throughout the profession. However Laura, who been alerted by students of this issue numerous times offered a solution for other educators. She stated students should be reassured that educators are aware of these opinions, however managers are, and should be, looking at competency acquisition for practice and it should not matter in which practice area these competencies were acquired. Further, Laura offered that at a fundamental level all occupational therapists are "*tapping into what the persons' needs are and what you can offer as a practitioner, which is the practical living skills, regardless of setting.*" From an educator perspective the advice from supervisors about the importance of an acute hospital placement was deemed detrimental to student learning and potentially de-valued other practice settings, especially in the later years. Differing perspectives between university and practice could further compound students' confusion and may impact on their ability to use and understand the importance of occupation in practice.

One educator, Sarah, recognised that university educators have a role to play in managing student expectations prior to practice education. She stated:

I think that there are still some issues between what gets taught at university and what clinical practice looks like in real life. We get that feedback from students when they go on placement around “oh you talked about this, but it wasn’t like this when I got there.

Similarly Anna offered “actually I think that there is a big difference between what we teach and what people perceive as being the right thing to do in a clinical setting, it’s supposed to be more hand in hand.” Working closely with practice educators was acknowledged as important and necessary by the educators in this study. Educators said that at times briefing prior to placement might not be enough to ensure consistency of experience from university to placement. However, all of the educators recognised that practice educators play an important part in educating students, and the potential long lasting impact these experiences can have for the implementation of theory into practice.

Changing the focus

Analysis of the interview transcripts revealed that all the educators stated, to differing degrees, that occupation was important to occupational therapy practice. However, there were differences of opinion relating to the extent to which occupation should be used in educational curricula and where occupation is best used within the occupational therapy process. Some educators had a clear and strong focus on occupation in education as they believe that occupation-based role emerging opportunities will be the main source of employment for graduates in the future. These educators wish to ensure that the graduates’ competencies can continue to stay relevant and professionally competitive in the coming decades:

We have to be stronger as universities, to be more daring with the curriculum that we develop and give a much stronger voice to the profession out there to say “we are preparing students who are going to be working in 2060.” We can’t teach to the current model of health care - we have to teach the future model of health care...

(Clare)

In this case, the educator felt that occupation-based practice and its use within role emerging settings was the way forward for future occupational therapists to cement the profession’s role in health care in the decades to come. Such a sentiment was shared by a minority of educators.

Educators also recognised that to make a change to ensure education and practice are increasingly occupation-based, self-reflection and critique of current educational programmes are needed. One educator called for unity within the occupational therapy academic community in Australia. Another educator recommended “*educating the educators on those dismissive statements [discouraging occupation] is I think important and encouraging educators to ensure that our programmes are occupation-focused and I think that there is more of awareness around that, but perhaps it’s not universal.*” Increasing focus and critique on consistency in education may assist in bringing change to practice in the near future rather than in decades to come.

Educators in this study felt strongly about universities driving the future of the profession and not allowing the constraints of past practice to dictate the path forward, with Jane declaring “*students aren’t constrained by the past. We need to ask ourselves where occupational therapy can make the best contribution.*” This sentiment was echoed by a number of educators with Sarah emphasising:

We can't all just sit back and think that someone else is going to take up that challenge, we need to definitely have professional champions who show the value of occupation and show the impact that it has on people's health and wellbeing and that that's not about doing 50 upper limb lifts everyday but it's actually about engaging people in occupational based activity. So we can't just say well we will sit back and eventually think a different way to what we did.

One educator believed university educators and leaders of the profession need to continually drive change for the future of the profession:

We, as universities, need to be much braver here, and much stronger, be leading the way, not just following what we think the profession wants. We need to tell the profession what it wants and what it needs. That kind of old idea that universities lead the way rather than follow behind, which is not happening now, I think.

Continuing discussions that will drive changes to occupational therapy curriculum and processes, particularly around the area of practice education, were consistent themes from educators around Australia. To advance practice and education, the educators in this study believe that a consistent approach and further discussion about occupation and its place in education are needed.

Discussion:

Findings from this study highlight the need for educators, practice educators, therapists and students to continue discussions about the focus placed on occupation in tertiary education. In depth discussion and examination of the quality of teaching around occupation and in particular, the content of occupation-based practice could improve the development and consistency of curricula around Australia. Gillen and Greber (2014) and Gustafsson,

Molineux, and Bennett (2014) have called for occupational therapists to engage in discussions about occupation and occupation-based approaches in practice. Collaboration and discussion could benefit educators and the overall occupational therapy profession.

This study along with a previous study by the authors (Di Tommaso et al., 2016) [originally blinded for peer review] have highlighted that educators do not necessarily agree on the methods nor the value of delivering occupation-centred content in occupational therapy education. The importance of a consistent message about the central philosophy of the profession should not be undervalued. In Australia, there is robust scholarship in the area of curriculum development. Recently the literature describing threshold concepts of student learning has explored the benefits of examining what and how educators teach (Rodger et al., 2015). It is clear that educators are committed to improving and strengthening the scholarship of occupational therapy education (Fortune & Kennedy-Jones, 2014; Nicola-Richmond, Pepin, & Larkin, 2016; Rodger et al., 2015). However further discussion and reform are required to place occupation at the centre of occupational therapy education and ensure graduates are committed and capable of employing occupation-based approaches upon graduation.

Are models enough to guide practice?

From the recommendations of some of the educators in this study, occupational therapy frames of reference and models could be beneficial for ensuring occupation is the basis for all interactions with clients when working through the occupational therapy process. As (Kate) stated models can be a useful to frame practice decisions to ensure that a focus on occupation is maintained. A number of leading occupational therapists have advocated for the use of theoretical models in practice (Kielhofner, 2009b; Turpin & Iwama, 2011; Wilding &

Whiteford, 2007). The use of occupational therapy models may be beneficial for students, new graduates and therapists alike to frame practice and ensure all the occupational needs of a client are addressed (Di Tommaso & Wilding, 2014; Wilding & Whiteford, 2007). However, solely relying on these models as the main means of teaching occupation-based practice could be limiting. This may lead to an underdeveloped understanding of occupation-based practice. The authors consider that curricula with an overall focus on occupation and occupation-based practice may be more beneficial to students than only incorporating frames of reference as the main focus of occupational content.

Helpful advice: Harmful for the profession?

Literature has been published about the mismatch between practice in traditional, medically-dominated settings such as acute hospitals and the central philosophy of occupational therapy (Fortune, 2000; Wilding & Whiteford, 2007). Educators in this study made mention of this incongruence, with quotes from Jane and Clare describing the “appalling” fit between medical model settings and occupational therapy. This study has again highlighted the continued phenomenon of the ‘theory practice gap’ (Fortune, 2000; Steward, 1996). Britton, Rosenwax, and McNamara (2016) found the main challenge for acute occupational therapy practice in Australia is finding ways to practise which are philosophically congruent. Furthermore the educators highlight that in the future occupational therapists may be less reliant on medically dominated workplaces. As role-emerging fieldwork opportunities increase, more occupational therapy students are gaining exposure to and developing skills required for non-traditional occupational therapy practice. Advice from occupational therapists about acute or hospital setting-based placements being essential for employment could be detrimental to the profession and could inhibit shifts away from the medical model. There is nowhere in the WFOT standards that state that experience of the acute settings is essential. Rather a broad

range of practice education experiences are emphasised and university programmes are required to provide a diverse placement mix.

Educators must lead the way

A small number of educators who were interviewed for this study agreed occupational therapy educators must lead change in the profession. Academics in the profession have been largely responsible for developing and promoting the theory that underpins our profession. Therefore educators modelling appropriate language and commitment to occupation-based approaches, as well as developing and delivering occupation-centred teaching sessions to students are important to ensure future graduates can implement this perspective in practice. As (Sarah) described, university educators should lead the way and encourage and foster innovative and emerging ways of practising as an occupational therapist. This could include adopting and fostering occupation-based approaches. If occupational therapy educators are not advocating for an occupational perspective in their educational content to students, then this perspective is less likely to be passed on and utilised in practice in the future. Educators can provide occupational therapy students with clarity and consistency on how to best implement occupation-based approaches and the importance of ensuring they remain occupation-based in practice. Such education practices could lead to reduced levels of role confusion and increased connection to a strong professional identity (Ashby et al., 2013).

Limitations

The initial plan to convene a focus group with educators could have led to different results. Using group dynamics and real time discussion with a group may have produced richer discussion, but also further contrasted differences of opinion which would have been of benefit to critique, compare and contrast the current perspectives in the profession. In this

study a high proportion of the educators' roles included a practice education component. With a different mix of educators the findings may have focused less on the constraints of practice education in Australia. Educators may have self-selected in response to the recruitment email, because they were interested in a discussion about occupation-centred curricula.

Considerations for future research

Gaining further perspectives from educators about occupation-centred education could be valuable to open discussions about occupation in occupational therapy education. These insights could then assist to develop recommendations and highlight, maintain and potentially improve the use of occupation in occupational therapy education in Australia.

Conclusion

Findings from this study have highlighted that overall occupational therapy educators value the 'occupation for health' philosophy and broadly agree that education should be focused on providing students with an in-depth understanding and appreciation of occupation.

Occupationally focused models of practice were endorsed as a way to enable students to operationalise occupation into practice. Long standing beliefs and the pragmatic strains of practice education were cited as barriers to occupation-based practice and education.

However, it was recommended that educators do all they can to dispel these beliefs within their student cohorts. It was deemed that educators must lead innovation and change within the profession and ensure that occupation-centred approaches to education are not only maintained but strengthened in the future. Gaining educators' perspective of occupation in practice and education will initiate further discussion and research could reinforce the need for education to be centred on occupation and occupation-based approaches.

References

- Ashby, S., & Chandler, B. (2010). An exploratory study of the occupation-focused models included in occupational therapy professional education programmes. *British Journal of Occupational Therapy*, 73(12), 616-624. doi:10.4276/030802210X12918167234325
- Ashby, S., Ryan, S., Gray, M., & James, C. (2013). Factors that influence the professional resilience of occupational therapists in mental health practice. *Australian Occupational Therapy Journal*, 60(2), 110-119. doi:10.1111/1440-1630.12012
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. doi:10.1191/1478088706qp063oa
- Britton, L., Rosenwax, L., & McNamara, B. (2016). Occupational therapy in Australian acute hospitals: A modified practice. *Australian Occupational Therapy Journal*, 63(4), 257-265. doi:10.1111/1440-1630.12298
- Burwash, S. (1999). A teaching model for work practice in occupational therapy. *Work*, 12, 133-137.
- Di Tommaso, A., Isbel, S., Scarvell, J., & Wicks, A. (2016). Occupational therapists' perceptions of occupation in practice: An exploratory study. *Australian Occupational Therapy Journal*, 63(3), 206-213. doi:10.1111/1440-1630.12289
- Di Tommaso, A., & Wilding, C. (2014). Exploring ways to improve descriptions of occupational therapy. *New Zealand Journal of Occupational Therapy*, 61(1), 27-33.
- Ezzy, D. (2002). *Qualitative analysis: Practice and innovation*. London: Routledge.

- Fisher, A. (2013). Occupation-centred, occupation-based, occupation-focused: Same, same or different? *Scandinavian Journal of Occupational Therapy*, 20(3), 162-173. doi: 10.3109/11038128.2012.754492
- Fortune, T. (2000). Occupational Therapists: Is our therapy truly occupational or are we merely filling gaps? *British Journal of Occupational Therapy*, 63(5), 225-230. doi:10.1177/030802260006300507
- Fortune, T., & Kennedy-Jones, M. (2014). Occupation and its relationship with health and wellbeing: the threshold concept for occupational therapy. *Australian Occupational Therapy Journal*, 61(5), 293-298. doi:10.1111/1440-1630.12144
- Gillen, A., & Greber, C. (2014). Occupation-focused practice: challenges and choices. *British Journal of Occupational Therapy*, 77(1), 39-41. doi:10.4276/030802214X13887685335580
- Gustafsson, L., Molineux, M., & Bennett, S. (2014). Contemporary occupational therapy practice: the challenges of being evidence based and philosophically congruent. *Australian Occupational Therapy Journal*, 61(2), 121-123. doi:10.1111/1440-1630.12110
- Hooper, B. (2006). Beyond active learning: a case study of teaching practices in an occupation-centered curriculum. *American Journal of Occupational Therapy*, 60(5), 551-562. doi:10.5014/ajot.60.5.551
- Hooper, B., Mitcham, M. D., Taff, S. D., Price, P., Krishnagiri, S., & Bilics, A. (2015). Energizing occupation as the center of teaching and learning. *American Journal of Occupational Therapy*, 69(Suppl 2), 1-5. doi:10.5014/ajot.2015.018242

- Kielhofner, G. (2009a). Emergence of the contemporary paradigm: A return to occupation. In G. Kielhofner (Ed.), *Conceptual foundations of occupational therapy practice* (pp. 41-55). Philadelphia, PA: F.A. Davis Company.
- Kielhofner, G. (2009b). The kind of knowledge needed to support practice. In G. Kielhofner (Ed.), *Conceptual foundations of occupational therapy practice* (pp. 8-14). Philadelphia, PA: F.A. Davis Company.
- Krishnagiri, S., Hooper, B., Price, P., Taff, S. D., & Bilics, A. (2017). Explicit or hidden? Exploring how occupation is taught in occupational therapy curricula in the United States. *American Journal of Occupational Therapy, 71*(2), 1-9.
doi:10.5014/ajot.2017.024174
- Molineux, M. (2004). Occupation in occupational therapy: A labour in vain? In M. Molineux (Ed.), *Occupation for occupational therapists* (pp. 1-13). Oxford: Blackwell Publishing.
- Nicola-Richmond, K. M., Pepin, G., & Larkin, H. (2016). Transformation from student to occupational therapist: Using the Delphi technique to identify the threshold concepts of occupational therapy. *Australian Occupational Therapy Journal, 63*(2), 95-104.
doi:10.1111/1440-1630.12252
- Nielson, C. (1998). How can the academic culture move toward occupation-centered education? *American Journal of Occupational Therapy, 52*(5), 386-387.
doi:10.5014/ajot.52.5.386
- Occupational Therapy Board of Australia. (2017). *Accreditation*. Retrieved from <http://www.occupationaltherapyboard.gov.au/Accreditation.aspx>

- Occupational Therapy Council (Australia & New Zealand) Ltd. (2013). *Accreditation standards for entry-level occupational therapy education programs*. South Perth: Occupational Therapy Council (Australia & New Zealand) Ltd.
- Pierce, D. (1999). Putting Occupation to Work in Occupational Therapy Curricula. *American Journal of Occupational Therapy*, 9(3), 1-4.
- Reilly, M. (1962). Occupational therapy can be one of the great ideas of 20th Century medicine. *American Journal of Occupational Therapy*, 16(6), 1-9.
- Rodger, S., Turpin, M., & O'Brien, M. (2015). Experiences of academic staff in using threshold concepts within a reformed curriculum. *Studies in Higher Education*, 40(4), 545-560. doi:10.1080/03075079.2013.830832
- Steward, B. (1996). The theory/practice divide: Bridging the gap in occupational therapy. *British Journal of Occupational Therapy*, 59(6), 264-268.
doi:10.1177/030802269605900604
- Towns, E., & Ashby, S. (2014). The influence of practice educators on occupational therapy students' understanding of the practical applications of theoretical knowledge: a phenomenological study into student experiences of practice education. *Australian Occupational Therapy Journal*, 61(5), 344-352. doi:10.1111/1440-1630.12134
- Turpin, M., & Iwama, M. (2011). Theory and practice In M. Turpin & M. Iwama (Eds.), *Using occupational therapy models in practice* (pp. 13-25). Edinburgh: Churchill Livingstone Elsevier.
- Whiteford, G., & Wilcock, A. (2001). Centralizing occupation in occupational therapy curricula: Imperative of the new millennium. *Occupational Therapy International*, 8(2), 81-85. doi:10.1002/oti.134

- Wilcock, A. (2000). Development of a personal, professional and educational occupational philosophy: An Australian perspective. *Occupational Therapy International*, 7(2), 79–86. doi:10.1002/oti.108
- Wilcock, A. (2006). An occupational theory of human nature. In A. Wilcock (Ed.), *An occupational perspective of health* (pp. 51-74). Thorofare, NJ: SLACK Incorporated.
- Wilding, C., & Whiteford, G. (2007). Occupation and occupational therapy: Knowledge paradigms and everyday practice. *Australian Occupational Therapy Journal*, 54(3), 185-193. doi:10.1111/j.1440-1630.2006.00621.x
- World Federation of Occupational Therapists. (2016b). *Minimum standards for the education of occupational therapists: Revised 2016*. Perth: World Federation of Occupational Therapists.
- Yerxa, E. (1998). Occupation: The keystone of a curriculum for a self-defined profession. *American Journal of Occupational Therapy*, 52(5), 365-372. doi:10.5014/ajot.52.5.365

CHAPTER 7

DISCUSSION & CONCLUSION

This chapter presents the overall discussion, recommendations for the future and conclusions from the research.

CHAPTER 7

DISCUSSION & CONCLUSION

At the commencement of the research, this thesis aimed to explore and describe the perceptions of new and recent graduates about occupation in their practice as occupational therapists, and how they learned about occupation at university. A second aim was added to discover whether graduates believed they have adequate knowledge for occupation-based practice. This chapter summarises the insights gained from the overall research and discusses where findings from this research fit within the current context of occupational therapy practice and the occupational therapy literature. By interviewing graduates and occupational therapy educators and analysing their responses, several consistent themes emerged. Broadly, these themes are centred on the perceptions that occupation is peripheral to current day occupational therapy practice, occupational therapists and educators are discouraging or apprehensive of occupation-based practice in favour of impairment-based techniques in current healthcare settings, that occupational therapy students are receiving unclear messages about occupation-based practice leaving them ill prepared to use occupation-based approaches, and that occupational therapy educators should be providing leadership in the area of occupation-based practice and occupation-centred education.

Confidence for occupation-based practice

From interviewing 28 occupational therapists for this study, it was striking how few were confident to articulate or to practise in a manner that demonstrated their unique contribution to healthcare. Very few of these therapists were confident in their occupational knowledge and how to overcome practice barriers to enable occupation-based practice. Confidence

seemed to be a major consideration for the graduates in these studies. The graduates in this study believed that with increased experience their practice would become more occupationally-based. The new and recent graduates in this study felt that increased experience in their chosen practice areas was key to implementing occupation-based practice as with more experience would come greater confidence in their skills. Tim stated “it’s more of a confidence thing” as a major barrier to him implementing occupation-based practice. However, it is unclear whether increased experience leads to increased confidence due to increased comfort of working as an occupational therapist or the increased power to influence practice as a more senior therapist.

This research highlighted that there are also some power imbalances between new graduates and more senior therapists. In fact, one therapist in this study, Alicia, who had recently moved to a management role described the feeling of frustration when other staff members used occupation-based approaches. If these power imbalances seriously affect practice for new and recent occupational therapists, then this could be a barrier to occupation-based practice. In their action research study in one acute metropolitan hospital in Australia, Wilding and Whiteford (2008) found that creating greater connection to occupation in practice gave occupational therapists greater confidence in their practice. When Laura stated that she was a “discharge clearer”, it became apparent that her connection to occupation was limited, however, she still had great confidence in her abilities as an occupational therapist, but lower levels of job satisfaction. Wilding and Whiteford (2008) found that therapists who had previously lost their connection with occupation and then completed an action research process to become more occupation-based found that re-connecting with occupation gave therapists not only a greater sense of professional confidence but also increased levels of job and personal satisfaction. Therefore, it is beneficial for therapists in positions of power and

influence such as management and senior positions to encourage new and recent graduates to explore and consolidate their connection to occupation and implement occupation-based practice to potentially increase professional confidence and their satisfaction.

There is no evidence in the occupational therapy literature that specifically explores the issue of confidence for occupation-based practice. However, we do know from previous studies completed in occupational therapy, there is significant power inequality between students and their practice educators on placement (Crist, 2007; Di Tommaso & Wilding, 2014; Pfeifer et al., 2008). Previous studies completed on power imbalances in the profession have mainly focused on students whilst on placement, rather than on new or recent graduates. Students unconsciously, or in some cases consciously, changed aspects of their practice based on feedback from supervisors (Di Tommaso & Wilding, 2014). Practice educators expect students to model their behaviour and display modified behaviours and skills based on their feedback (Crist, 2007). Role modelling may be problematic when practice educators' expectations are different from what is encouraged and taught at university (Crist, 2007).

During the formative years of university and within the new graduate years (the first two years practice according to Occupational Therapy Australia membership (Occupational Therapy Australia, 2017a), emerging occupational therapists should be able to build and consolidate their own professional identity and develop their occupation-based practice skills if they wish. In fact, Holland, Middleton and Uys (2012) found that a large proportion of occupational therapy students' confidence is developed from external influences such as supervisors on placement and their peers. However, developing confidence for occupation-

based practice may be problematic if supervisory structures and power imbalances are not fostering the development and growth of occupation-based practice, but rather discouraging it.

Occupation: Not yet accepted?

Findings from this research add to the profession's understanding of the barriers for occupation-based from the perspective of new and recent graduates. Some barriers to occupation-based practice are documented in the literature, such as the dominance of the medical model (Gillen & Greber, 2014; Wilding & Whiteford, 2007). However, this study has also highlighted that it is not only issues external or biomedical or healthcare system factors that inhibit occupation-based practice. At present, from the perspective of new graduates, other occupational therapists are discouraging the use of occupation in practice.

Occupational therapists making a choice to practice in an occupation-based manner is not new to the debate within the literature. Authors such as Gillen and Greber (2014) and Molineux (2011) have asserted occupation-based practice requires therapists to make a deliberate choice about their style of practice. However, in the recent past more debate around the inclusion of occupation as the main requirement of an occupational therapist's practice has intensified. An opinion piece by Gustafsson, Molineux and Bennett (2014) advocated for our knowledge of the Contemporary Paradigm to be considered alongside other paradigms such as evidence-based practice and for therapists to exercise professional reasoning to balance two, at times, incongruous perspectives. Joosten, in 2015 proposed an alternate argument whereby occupational therapists must not solely focus on evidence within the discipline of occupational therapy and expand into broader related knowledge to inform practice. In reference to occupation-based practice, Joosten suggested that rather than concern for "occupational therapists using techniques not unique to occupational therapy or providing intervention that does not meet a very narrow interpretation of being occupation based," the

most pressing concern for the profession is that therapists are not aligning practice to conceptual practice models (2014, p. 220). It is unclear from the literature other occupational therapists' views on the incongruence of other related knowledge paradigms and the Contemporary Paradigm. Such viewpoints highlight that the need to implement occupation-based practice requires more discussion and debate before the profession can be unified on this issue. Findings from this study add to this discussion in the literature. Interviewing graduates and educators uncovered that occupation does not feature prominently in everyday practice decisions and that aspects of client-centred practice and impairment-based techniques are valued over occupation. Furthermore, that related knowledge paradigms are seen as incongruous with the Contemporary Paradigm and occupation-based practice. Machingura and Lloyd (2017) recently published an editorial questioning occupational therapy leaders and their advocacy for practice change into the Contemporary Paradigm. Machingura and Lloyd (2017) stated that occupational therapists traditionally have not questioned the direction of the profession and they criticised some for "abandoning well-researched approaches [evidence-based practice] in their quest for contemporary practice" (Machingura & Lloyd, 2017, p. 3). Their editorial reveals there is still criticism from within the profession of the sole use of occupation-based practice. Findings from this study align with the perspective that occupation as the central tenet of the profession is not widely accepted in practice.

The implementation of occupation-based practice would be facilitated by the development of explicitly, consistent documentation and guidelines. Specifically, Occupational Therapy Australia's *National Code of Ethics* (2001) and the *Australian Minimum Competency Standards for New Graduate Occupational Therapists* (2010), and the Occupational Therapy Board of Australia's *Occupational Therapy Continuing Professional Development Registration Standard* (2012) do not contain overt reference to the implementation of

occupation based practice. With limited mention of occupation-based practice, these documents highlight to therapists that occupation in practice is not an essential element of practice for occupational therapists in Australia. In contrast, the concept of client-centred practice in occupational therapy is widely accepted as an obligation of each therapist (Hammell, 2013; Hammell, 2016).

A united curriculum

Findings from the third study of this research illuminated that educators are striving toward increasing occupation in their own subjects and the overall program curriculum. However, many of the graduates in this study felt that there was a divergence in the curriculum taught, because educators regularly encouraged the use of occupation-based practice but this perspective was rarely explicitly taught within the curriculum. In the first and second study, the graduates' described that educators would promulgate the importance of occupation but in the content of the weekly lectures there was a dearth of occupational content in favour of impairment-based techniques. All educators believed that without major changes to practice occupation-based practice would not be achievable or transferable to acute and traditional settings. A unified and mandated professional response was suggested by some educators to overcome the difficulty of implementing occupation explicitly within the curriculum.

However, when interviewed many educators highlighted that whilst they have always had an appreciation of occupation and the 'occupation for health' philosophy (Wilcock, 2006), just as the graduates in the first two studies, educators did not gain exposure to many of these central concepts in their formative years as a student. Therefore, did not implement occupation in their practice as therapists. Highlighting that educators, as individuals, may not be able to make the necessary changes required for a united curriculum.

Some educators who were interviewed for this research believed that a united response from occupational therapy educational bodies would assist to effect change in the profession. In Australia, the Occupational Therapy Board of Australia (OTB) and the Occupational Therapy Council (Australia & New Zealand) Ltd. (OTC) are responsible for accrediting and re-accrediting occupational therapy programmes. Assessors from the OTC, acting on behalf of the OTB, will assess the content of the programme based upon the *Accreditation Standards for Entry-Level Occupational Therapy Education Programs* (Occupational Therapy Council, 2013). These standards are general standards relating to the content required within each occupational therapy programme, and several of these relate to occupation. These general standards are then operationalised by each university depending on its own philosophy, focus and circumstance. Although all courses in Australia are currently accredited by the World Federation of Occupational Therapists (WFOT) this accreditation process cannot standardise the content that is presented to students about occupation. Occupation-centred education should be the deliberate and considered teaching of occupation and linking occupation to practice in every teaching session. Accreditation processes are unable to adequately examine every teaching session or to uncover what every educator believes about occupation in practice and education. However, the OTB have the collective power to lobby the WFOT to review and significantly modify the Standards to better reflect that transitioning into the Contemporary Paradigm should be a priority for the profession in the coming years.

Brief personal reflections since completing this research

Anecdotally, over the last three years in Australia there has been a noticeable shift in the acceptance of occupation and the terminology used to describe occupational therapy's unique contribution to practice. When presenting early proposals for this research, particularly at occupational therapy conferences, I encountered resistance from some occupational therapists.

Most of the resistance came when talking about changing practice to become increasingly occupational in nature, particularly in acute hospital settings. From my previous experience of working in an acute inpatient hospital, I saw first-hand how removed some practice was from occupation-based practice. I also faced the pressures and challenges described in the literature and by the new graduates in this study. At this point in time, and having completed the research, I feel there is less resistance to the topic and the findings. I think this is mainly due to the acceptance of the difficulties faced by occupational therapists when implementing occupation-based practice. However, I also believe the main difference is that there was less focus on literature which describes the shortcomings of acute hospital practice. By talking more broadly about occupational therapy practice rather than mainly about acute hospitals (where a large number of therapists do work), this assisted to open the communication channels and reduce resistance to the topic of the research.

My final reflection is on the complexity of the research topic. When designing the study it became apparent that focusing on practice was not realistic without also focusing on the educational experiences of the graduates. This resulted in a deeper understanding of the occupational knowledge of graduates, but also additional challenges for occupation-based practice. At first when reviewing the literature for the research and analysing data from the focus groups in study one, I felt that the external practice challenges and their educational backgrounds were the main barriers to decreased knowledge or understanding of occupation in occupational therapy practice (Figure 2).

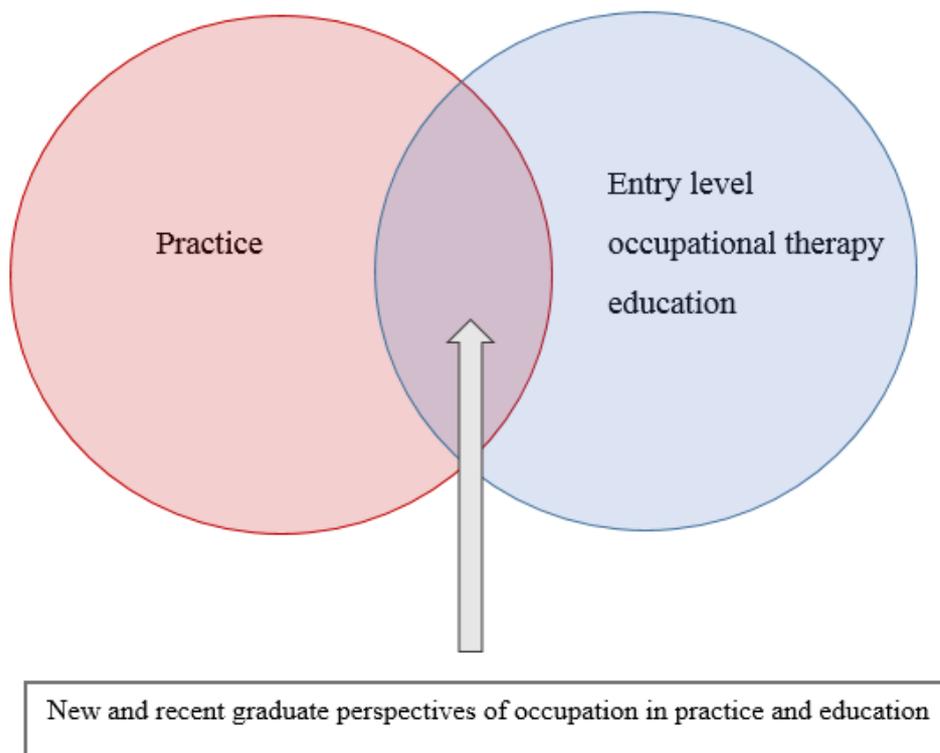


Figure 2. Intersection of the planned research

However, after completing the second study, I realised that for new and recent graduates, that the influences on their inclusion of occupation in their work was far more complex. Not only were there large influences of the workplace culture, the multi-disciplinary teams limited understanding of the role of occupational therapy and the dominance of the medical model (all depicted by the red 'practice' box in Figure 3). There were also hidden influences such as the opinions of other occupational therapy colleagues and their own confidence to practice in an occupationally based manner (Figure 3).

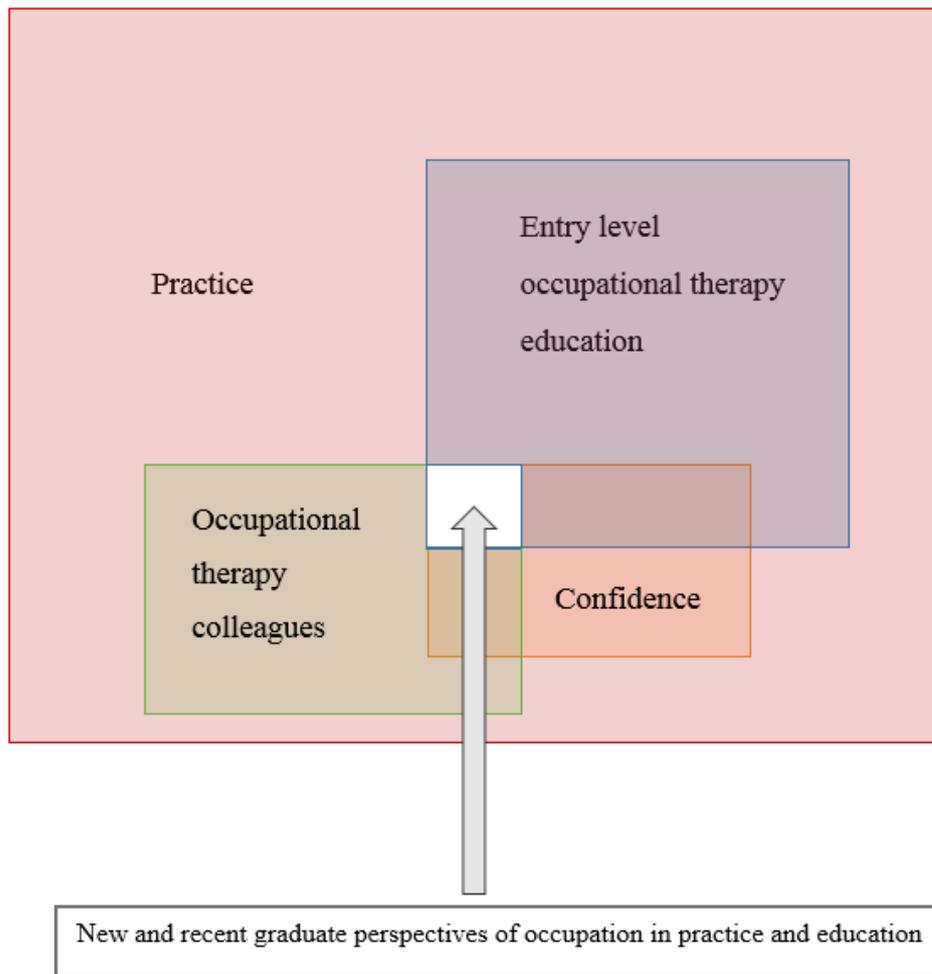


Figure 3. The complexity of the barriers to occupation-based practice.

Therefore, findings from this research will hopefully assist the appreciation of occupational therapy educators, researchers and occupational therapists the complexities and challenges new and recent graduates face within their first decade of practice.

Limitations of the studies

The approach to this thesis was guided by Heidegger's phenomenology for studies one and two. As this research was exploratory, the use of phenomenology limited the modifications that could be completed throughout the second study. Steiner (1978) urged that a phenomenon

must present itself from the participants' perspective. However, it became evident that the concepts of occupation and occupation-based practice have been under-explored in this population of participants, with many asking for clarity after the interview was completed. A stimulus, provided prior to the interviews, for participants may have been useful to assist them to reflect on their previous experiences and more easily allow them to answer questions during the interviews (as was done in study three), as it was clear that a number of graduates and educators did not regularly reflect on occupation in their practice. Therefore, a qualitative descriptive design may have proved useful for the research as the topic was very under explored in the Australian setting for the participant population.

During the third study, Australian educators interviewed had varied years of experience. Half of the educators were placement co-ordinators, and consequently they had limited teaching or curriculum development responsibilities at the time of the interviews. Despite all educators stating that practice education and placement experiences contributed to a student's perception and exposure to occupation-based practice, only half of the sample of educators were able to comment on their experience of occupation within the curriculum of the program or how they implement occupation into the courses they teach. Therefore, if completing this study again, I would purposively sample educators, not placement coordinators, or would stipulate that educators who teach on a regular basis be included.

Directions for future research

There are a limited number of studies which focus on the reasoning processes behind occupation-based practice for occupational therapists in Australia (Wilding & Whiteford,

2007; 2008). This research has provided insights into the value and perceptions of occupation in practice. In the first study of this research, new and recent graduates stated that occupation was important, but still described occupation-based practice as focusing more on remediation of impairments (discussed in the theme *Rhetoric versus reality*). Whilst this research adds to the literature and knowledge of what and how factors such as confidence, other occupational therapists and educational considerations influence occupation-based practice, there remains a dearth of literature focusing on how therapists operationalise occupation in practice.

Therefore, I propose that further research utilising observational data gathering techniques such as ethnographic methods should be conducted to further uncover the reasoning processes and therapist's use of occupation in practice.

Findings from this research also highlighted that occupational therapists experience confusion around their educational experiences about how to implement occupation-based practice.

Further research is required to build upon the work of Wilding and Whiteford (2007; 2008; 2009) particularly regarding how therapists can strive to align their practice more closely to occupation. Research on how to best translate occupational therapy's philosophy and theory into practice is needed in all practice settings, not only acute hospitals. Action research or knowledge translation perspectives may assist in this type of research in the future.

Although this research set out to achieve understandings of why some graduates are more focused on and connect with occupation than others, there remain some unanswered questions. Study two uncovered that mentoring from external therapists rather than the graduates' university educators was more influential for implementing occupation-based practice. However, as the number of participants in this study who identified themselves as occupation-based therapists was very low, these questions require further examination. A

study which purposively samples key occupational therapists in Australia about why or how they developed a connection to occupation would be interesting and useful to continue to build on the work presented in this thesis.

Implications for education

Educators and occupational therapists alike can use these findings to examine their own occupation-centred teaching practices in university education or when supervising students on placement. During the last two decades in the occupational therapy education literature, research has increasingly focused on troublesome knowledge and common areas or topics in the curriculum where students are commonly challenged (Fortune & Kennedy-Jones, 2014; Murray et al., 2015; Rodger et al., 2015). However, occupation is only one component of this research. There are a number of competing demands placed on educators in occupational therapy programmes, such as completing research and service tasks, retention of students and ensuring student engagement, in some cases providing pastoral care, and adding in new content to keep up with best practice in the profession. Despite this, this research demonstrates that more resources and time must be invested into adequately and comprehensively embedding occupation and occupation-based practice within the curriculum.

A process of thorough curriculum mapping is recommended to highlight areas of a programme or specific courses which may need to be refined to further include an overt focus on occupation. Curriculum mapping, whereby occupational therapy educators could examine intended learning outcomes against the documented curriculum (Sellar et al., 2017), could be beneficial for all occupational therapy programmes in Australia to complete given the findings of this research. Graduates felt that educators stated occupation was important to occupational therapy practice, but this perspective did not translate into educational content. It

is interesting to note that educators in study three all described to varying degrees that occupation was the framework for the profession, but also described a conflict between what was taught and what was practiced.

Educators are recommended to reflect on their own personal perspectives on occupation and occupation-based practice. A discussion with colleagues and the program director of occupational therapy on the future directions and strategic planning may be beneficial if a large-scale change is required. By continuing the conversation in the literature, at conferences or within the Australia and New Zealand Council on Occupational Therapy Education (ANZCOTE) network will ensure that Australian educators place occupation at the forefront of their educational choices. Coupled with action to change teaching plans, curriculum planning and discussing and embedding occupation in program teaching philosophy and research will all have an impact on occupation in occupational therapy education.

Implications for practice

The use of Heidegger's phenomenological approach was chosen to give voice to participants who may not have ordinarily been heard (Dreyfus, 1991). In this study, new and recent graduates were given the opportunity to describe their perceptions of occupational therapy's founding philosophy and how practice and education have formed their perspectives. Some participants commented that by thinking about and reflecting on occupation in their practice, they wished to have further discussion with their colleagues about the topic. Therefore, findings from this study could be discussed and debated (via the journal articles) to understand others' perspectives of occupation in practice. Simply discussing colleagues' educational backgrounds and how embedded occupation was in their education may provide further context to how present occupation is for others. I believe that the more comfortable

occupational therapists are talking about occupation will ultimately impact on their ability to advocate for occupation-based practice (or not) in the future.

One area which is under-developed in the literature is how occupational therapists can embark on service or practice change at a departmental level, or as a collective group of therapists.

Apart from Wilding and Whiteford's action research study (2007; 2008; 2009) there are limited evidence-based resources to assist occupational therapists to implement occupation-based practice change. I encourage therapists who are completing service transformations to document and disseminate what strategies assisted them to make sustainable change.

Dissemination at conferences or writing non-research based articles will enable others to trial and refine strategies, or continue the dialogue within the Australian occupational therapy community.

Findings presented in this study may be useful for senior therapists and practice educators who supervise students on placement or new graduates in the formative years of practice. This study gives further insight into the confusion and complexities faced by students and new graduates. Practice educators on placement should be mindful of providing statements that discourage university educational messages such as the use of theory. It may be opportune to use students as a catalyst for discussions about occupation in practice. Senior staff can be mindful of their influence on new graduates and allow new graduates to experiment with occupation-based practice. Findings from study one and two highlighted that graduates are aware of the practice context and the culture of the workplace, and adjust their practice accordingly. Due to perceiving they have less power than more senior colleagues, new graduates seemingly abandon any desire to implement occupation in practice. Therefore, allowing new graduates to trial and implement occupation-based practice could be encouraged

from the commencement of their employment. This may encourage new graduates to be leaders in service transformation and embarking on practice change in the profession.

Conclusion

This research has highlighted the complexity that remains about implementing occupation-based practice for occupational therapists. These studies have highlighted new barriers to occupation-based practice that were not previously described in the literature. These barriers include occupational therapy colleagues' discouragement of occupation-based practice and new and recent graduates perceiving they have limited power to change practice or advocate of occupation-based practice. The graduates who participated in this research, commented that to return to occupations clients needed to first remediate their impairments, prior to being able to use occupation in therapy. It is clear that without significant changes to the way occupational therapists value occupation, occupation-based practice may not be valued by the profession.

This research has uncovered that educational curriculum is not adequately preparing graduates for occupation-based practice. Participants in this research commented that when attending university, they received mixed messages from educators. Educators would promulgate the benefits and importance of occupation but the content of all lectures and practice with clients was based on impairment-based techniques and biomedical principles. Graduates also described their beliefs that occupation was not the most important aspect of practice. Rather, client-centred values and holistic practice were the unique qualities of occupational therapy practice. Educators who were interviewed in this research also provided further insight into why therapists may have difficulty implementing occupation into practice when they are on placement. Practice educators were reported to be discouraging of the theory of occupation.

Therefore, findings from this research gives valuable insight into educational practices related to teaching occupation-based practice and highlighted reasons why graduates may be unsure about occupation and its place in the profession.

It is recommended that occupational therapists continue to have robust conversations about the role of occupation in practice, and the need for occupational therapy to provide unique services distinct from the multi-disciplinary team. For senior therapists and practice educators, this research has uncovered the impact that unequal power relationships have on the implementation of occupation-based practice. Findings from this research have revealed that more work is required at a national level for occupation to be included within university curricula. Educators should examine their individual course content and review how they provide direction to students when teaching about occupation within practice. The introduction of revised WFOT standards in 2016, provides educators with an excellent opportunity to examine and if necessary, teaching practices to be more closely aligned to the founding philosophy of the profession.

REFERENCES

- Ambrosi, E., & Barker Schwartz, K. (1995a). The profession's image 1917-1925, Part 1: Occupational therapy as represented in the media. *American Journal of Occupational Therapy, 49*(7), 715-719.
- Ambrosi, E., & Barker Schwartz, K. (1995b). The profession's image, 1917-1925, Part 2: Occupational therapy as represented by the profession. *American Journal of Occupational Therapy, 49*(8), 828-832.
- Anderson, B., & Bell, J. (1988). *Occupational therapy: Its place in Australia's history*. Sydney: NSW Association of Occupational Therapists.
- Ashby, S., & Chandler, B. (2010). An exploratory study of the occupation-focused models included in occupational therapy professional education programmes. *British Journal of Occupational Therapy, 73*(12), 616-624. doi:10.4276/030802210X12918167234325
- Ashby, S., Ryan, S., Gray, M., & James, C. (2013). Factors that influence the professional resilience of occupational therapists in mental health practice. *Australian Occupational Therapy Journal, 60*(2), 110-119. doi:10.1111/1440-1630.12012
- Bailey, D. (1990). Reasons for attrition from occupational therapy. *American Journal of Occupational Therapy, 44*(1), 23-29.
- Ballinger, C. (2012). The Elizabeth Casson Memorial Lecture 2012: The effectiveness, impact and legacy of occupational therapy. *British Journal of Occupational Therapy, 75*(8), 350-358. doi:10.4276/030802212X13433105374233
- Barker, J. (2010). Sylvia Docker Lecture: Into the 21st century-Are we ready? *Australian Occupational Therapy Journal, 31*(3), 98-105. doi:10.1111/j.1440-1630.1984.tb01196.x

- Bazyk, S., Glorioso, M., Gordon, R., Haines, J., & Percaciante, M. (2010). Service learning: the process of doing and becoming an occupational therapist. *Occupational Therapy in Health Care, 24*(2), 171-187. doi:10.3109/07380571003681194
- Bradbury-Jones, C., Sambrook, S., & Irvine, F. (2009). The phenomenological focus group: an oxymoron? *Journal of Advanced Nursing, 65*(3), 663-671. doi:10.1111/j.1365-2648.2008.04922.x
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101. doi:10.1191/1478088706qp063oa
- Britton, L., Rosenwax, L., & McNamara, B. (2016). Occupational therapy in Australian acute hospitals: A modified practice. *Australian Occupational Therapy Journal, 63*(4), 257-265. doi:10.1111/1440-1630.12298
- Brockwell, D., Wielandt, T., & Clark, M. (2009). Four years after graduation: occupational therapists' work destinations and perceptions of preparedness for practice. *Australian Journal of Rural Health, 17*(2), 71-76. doi:10.1111/j.1440-1584.2008.01020.x
- Brown, S. (2015a). Using focus groups in naturally occurring settings. *Qualitative Research Journal, 15*(1), 86-97. doi:10.1108/qrj-11-2013-0068
- Brown, T. (2015b). Do physical agent modalities fit under an occupational therapy scope of practice? *The British Journal of Occupational Therapy, 78*(3), 143-143. doi:10.1177/0308022615575846
- Bryden, P., & McColl, M. A. (2003). The concept of occupation: 1900 to 1974. In M. McColl, M. Law, D. Stewart, L. Doubt, N. Pollock, & T. Krupa (Eds.), *Theoretical basis of occupational therapy* (pp. 27–38). Thorofare, NJ: Slack.

- Buchanan, T. (2002). Historically grounding the practice of psychology: Implications for professional training. *History of Psychology, 5*, 240–248.
- Burwash, S. (1999). A teaching model for work practice in occupational therapy. *Work, 12*, 133-137.
- Canadian Association of Occupational Therapists. (2016). Mentorship. Retrieved from <http://caot.ca/site/pd/mentorship?nav=sidebar>
- Clarke, V., & Braun, V. (2013). Teaching thematic analysis: Over-coming challenges and developing strategies for effective learning. *The Psychologist, 26*(2), 120-133.
- Converse, M. (2012). Philosophy of phenomenology: How understanding aids research. *Nurse Researcher, 20*(1), 28-32.
- Cramm, H., & White, C. (2011). KT and OT: A context for knowledge translation for occupational therapy. *Occupational Therapy Now, 13*(6), 24-26.
- Creek, J., & Ormston, C. (1996). The essential elements of professional motivation. *British Journal of Occupational Therapy, 59*(7-10).
- Crepeau, E., & Schell, B. (2003). Theory and practice in occupational therapy. In E. Crepeau, E. Cohn, & B. Schell (Eds.), *Willard and Spackman's occupational therapy* (10th ed., pp. 203-207). Philadelphia, PA: Lippincott, Williams & Wilkins.
- Cresswell, J. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: SAGE Publications Ltd
- Cresswell, J. (2014). *Research Design* (4th ed.). Thousand Oaks, CA: SAGE Publication Ltd.
- Crist, P. A. (2007). Commentary: Realising the vision through fieldwork education. *Occupational Therapy In Health Care, 21*(1/2), 313- 318.

- Crotty, M. (1996). *Phenomenology and nursing research* South Melbourne Churchill Livingstone
- Crotty, M. (1998). *The foundations of social research: Meaning and perspective in the research process*. London: Sage Publications.
- Curtin, M., & Fossey, E. (2007). Appraising the trustworthiness of qualitative studies: Guidelines for occupational therapists. *Australian Occupational Therapy Journal*, 54, 88-94.
- Denzin, N., & Lincoln, Y. (1994). *Handbook of qualitative research*. Thousand Oaks, CA: Sage Publications.
- Di Tommaso, A., Isbel, S., Scarvell, J., & Wicks, A. (2016). Occupational therapists' perceptions of occupation in practice: An exploratory study. *Australian Occupational Therapy Journal*, 63(3), 206-213. doi:10.1111/1440-1630.12289
- Di Tommaso, A., & Wilding, C. (2014). Exploring ways to improve descriptions of occupational therapy. *New Zealand Journal of Occupational Therapy*, 61(1), 27-33.
- Doherty, G., Stagnitti, K., & Schoo, A. M. (2009). From student to therapist: follow up of a first cohort of Bachelor of Occupational Therapy students. *Australian Occupational Therapy Journal*, 56(5), 341-349. doi:10.1111/j.1440-1630.2008.00751.x
- Dreyfus, H. (1989). Alternate philosophical conceptualisations of psychopathology. In H. Durfee & D. Rodier (Eds.), *Phenomenology and beyond: The self and its language*. Dordrecht: Kluwer Academic Publishers.
- Dreyfus, H. (1991). *Being-in-the-world: A commentary on Heidegger's Being and Time Division I*. Cambridge, MA: Massachusetts Institute of Technology Press

- Dunlop, W. J. (1933). A Brief History of Occupational Therapy. *Canadian Journal of Occupational Therapy*, 1(1), 6-10. doi:10.1177/000841743300100102
- Ezzy, D. (2002). *Qualitative analysis: Practice and innovation*. London: Routledge.
- Fänge, A., & Ivanoff, S. (2009). Integrating research into practice: A challenge for local authority occupational therapy. *Scandinavian Journal of Occupational Therapy*, 16, 40-48.
- Findlay, L. (2006). 'Going exploring': The nature of qualitative research. In L. Findlay & C. Ballinger (Eds.), *Qualitative research for allied health professionals: Challenging choices* (pp. 3-8). West Sussex: Whurr Publishers Ltd. .
- Fisher, A. (1998). Uniting practice and theory in an occupational framework. 1998 Eleanor Clarke Slagle Lecture. *American Journal of Occupational Therapy*, 52(7), 509-521.
- Fisher, A. (2009). *Occupational therapy intervention process model*. Fort Collins, CO: Three Star Press Inc.
- Fisher, A. (2013). Occupation-centred, occupation-based, occupation-focused: Same, same or different? *Scandinavian Journal of Occupational Therapy*, 20(3), 162-173. doi: 10.3109/11038128.2012.754492
- Fitzgerald, A. (2002). *Doctors and nurses working together: A mixed method study into the construction and changing of professional identities*. Unpublished PhD thesis. University of Western Sydney. Sydney.
- Fortune, T. (2000). Occupational Therapists: Is our therapy truly occupational or are we merely filling gaps? *British Journal of Occupational Therapy*, 63(5), 225-230. doi:10.1177/030802260006300507

- Fortune, T., & Kennedy-Jones, M. (2014). Occupation and its relationship with health and wellbeing: the threshold concept for occupational therapy. *Australian Occupational Therapy Journal*, 61(5), 293-298. doi:10.1111/1440-1630.12144
- Friedland, J., Polatajko, H., & Gage, M. (2001). Expanding the boundaries of occupational therapy practice through student fieldwork experiences: Description of a provincially-funded community development project. *Canadian Journal of Occupational Therapy*, 68(5), 301-309.
- Gillen, A., & Greber, C. (2014). Occupation-focused practice: challenges and choices. *British Journal of Occupational Therapy*, 77(1), 39-41.
doi:10.4276/030802214X13887685335580
- Gray, J. (1998). Putting occupation into practice: Occupation as ends, occupation as means. *American Journal of Occupational Therapy*, 52(5), 354-364.
- Grbich, C. (1999). *Qualitative research in health*. St Leonards: Allen & Unwin Pty Ltd.
- Gustafsson, L., Molineux, M., & Bennett, S. (2014). Contemporary occupational therapy practice: the challenges of being evidence based and philosophically congruent. *Australian Occupational Therapy Journal*, 61(2), 121-123. doi:10.1111/1440-1630.12110
- Hammell, K. (2013). Client-centred practice in occupational therapy: critical reflections. *Scandinavian Journal of Occupational Therapy*, 20(3), 174-181.
doi:10.3109/11038128.2012.752032
- Hammell, K. (2016). Client-centred practice: Ethical obligation or professional obfuscation? *British Journal of Occupational Therapy*, 70(6), 264-266.
doi:10.1177/030802260707000607

- Heidegger, M. (1962). *Being and time* (J. Macquarie & E. Robinson, Trans.). Oxford: Blackwell.
- Heidegger, M. (1996). *Being and time* (J. Stambaugh, Trans.). Albany, NY: State University of New York Press.
- Hesse-Biber, S., & Leavy, P. (2006). *The practice of qualitative research*. Thousand Oaks, CA: SAGE Publications Ltd.
- Hodgetts, S., Hollis, V., Triska, O., Dennis, S., Madill, H., & Taylor, E. (2007). Occupational therapy students' and graduates' satisfaction with professional education and preparedness for practice. *Canadian Journal of Occupational Therapy, 74*(3), 148-160. doi:10.1177/000841740707400303
- Holland, K., Middleton, L., & Uys, L. (2012). The sources of professional confidence in occupational therapy students. *South African Journal of Occupational Therapy, 42*(3), 19-25.
- Hooper, B. (2006). Beyond active learning: a case study of teaching practices in an occupation-centered curriculum. *American Journal of Occupational Therapy, 60*(5), 551-562. doi:10.5014/ajot.60.5.551
- Hooper, B., Krishnagiri, S., Price, P., Bilics, A., Taff, S., & Mitcham, M. (2014). Value and challenges of research on health professions' core subjects in education. *Journal of Allied Health, 43*(4), 187-193.
- Hooper, B., Mitcham, M. D., Taff, S. D., Price, P., Krishnagiri, S., & Bilics, A. (2015). Energizing occupation as the center of teaching and learning. *American Journal of Occupational Therapy, 69*(Suppl 2), 1-5. doi:10.5014/ajot.2015.018242

- Jacobs, K. (2012). PromOTing occupational therapy: Words, images, and actions. *American Journal of Occupational Therapy*, 66(6), 652-671. doi:10.5014/ajot.2012.666001
- Jamnadas, B., Burns, J., & Paul, S. (2001). Understanding occupational therapy: Nursing and physician assistant students' knowledge about occupational therapy. *Occupational Therapy In Health Care*, 14(1), 13-25.
- Jones, D. (1996). *The role of professional identity in nursing and its effect on clinical empowerment*. Unpublished PhD thesis. University of South Australia. Adelaide.
- Joosten, A. (2015). Contemporary occupational therapy: Our occupational therapy models are essential to occupation centred practice. *Australian Occupational Therapy Journal*, 62(3), 219-222. doi:10.1111/1440-1630.12186
- Kamberelis, G., & Dimitriadis, G. (2013). *Focus groups: From structured interviews to collective conversations*. New York City, NY: Taylor & Francis Group.
- Kamler, B., & Thomson, P. (2006). *Helping doctoral students to write*. New York, NY: Routledge.
- Kielhofner, G. (2009a). Emergence of the contemporary paradigm: A return to occupation In G. Kielhofner (Ed.), *Conceptual foundations of occupational therapy practice* (pp. 41-55). Philadelphia, PA: F.A. Davis Company.
- Kielhofner, G. (2009b). The kind of knowledge needed to support practice. In G. Kielhofner (Ed.), *Conceptual foundations of occupational therapy practice* (pp. 8-14). Philadelphia, PA: F.A. Davis Company.

- Kinn, L. G., & Aas, R. W. (2009). Occupational therapists' perception of their practice: A phenomenological study. *Australian Occupational Therapy Journal*, 56(2), 112-121.
doi:10.1111/j.1440-1630.2007.00714.x
- Kitzinger, J. (1994). The methodology of focus groups: The importance of interaction between research participants. *Sociology of Health and Illness*, 16(1), 103-121.
doi:10.1111/1467-9566.ep11347023
- Kornblau, B. L. (2004). A Vision for Our Future. *American Journal of Occupational Therapy*, 58(1), 9-14. doi:10.5014/ajot.58.1.9
- Krishnagiri, S., Hooper, B., Price, P., Taff, S. D., & Bilics, A. (2017). Explicit or hidden? Exploring how occupation is taught in occupational therapy curricula in the United States. *American Journal of Occupational Therapy*, 71(2), 1-9.
doi:10.5014/ajot.2017.024174
- Krusen, N. (2011). The influence of the environment on clinical practice: Unspoken rules. *British Journal of Occupational Therapy*, 74(12), 546-553.
- Lapointe, J., Baptiste, S., von Zweck, C. M., & Craik, J. M. (2014). Developing the occupational therapy profession through leadership and mentorship: Energizing opportunities. *World Federation of Occupational Therapists Bulletin*, 68(1), 38-43.
doi:10.1179/otb.2013.68.1.011
- Liamputtong, P. (2013). *Qualitative research methods*. South Melbourne: Oxford University Press
- Machingura, T., & Lloyd, C. (2017). Contemporary occupational therapy: Disruption or transformation? *International Journal of Therapy and Rehabilitation*, 24(1), 3-4.

- Mackey, H., & Nancarrow, S. (2006). *Enabling independence: A guide for rehabilitation workers*. Oxford: Blackwell Publishing.
- McConnell-Henry, T., Chapman, Y., & Francis, K. (2009). Husserl and Heidegger: Exploring the disparity. *International Journal of Nursing Practice*, 15, 7-15.
- Metzler, M., & Metz., G. (2010). Analyzing the barriers and supports of knowledge translation using the PEO model. *Canadian Journal of Occupational Therapy*, 77(3), 151-158.
- Miles, S. (2008). Make or break: The importance of good mentorship. *British Journal of Midwifery*, 16(11), 704-711. doi:10.12968/bjom.2008.16.11.31610
- Miller, E. (2001). *A search for professional identity for relationship counsellors in Australia*. Unpublished PhD thesis. University of New England. Armidale.
- Milner, T., & Bossers, A. (2004). Evaluation of the mentor–mentee relationship in an occupational therapy mentorship programme. *Occupational Therapy International*, 11(2), 96-111. doi:10.1002/oti.200
- Molineux, M. (2004). Occupation in occupational therapy: A labour in vain? In M. Molineux (Ed.), *Occupation for occupational therapists* (pp. 1-13). Oxford: Blackwell Publishing.
- Molineux, M. (2011). Standing firm on shifting sands. *New Zealand Journal of Occupational Therapy*, 58(1), 21-28.
- Murray, C., Turpin, M., Edwards, I., & Jones, M. (2015). A qualitative meta-synthesis about challenges experienced in occupational therapy practice. *British Journal of Occupational Therapy*, 78(9), 534 – 546. doi:10.1177/0308022615586786

- Nayar, S., Gray, M., & Blijlevens, H. (2013). The competency of New Zealand new graduate occupational therapists: perceived strengths and weaknesses. *Australian Occupational Therapy Journal*, 60(3), 189-196. doi:10.1111/1440-1630.12027
- Nelson, D. L. (1996). Why the profession of occupational therapy will flourish in the 21st century. *American Journal of Occupational Therapy*, 51, 11-24.
- Nicola-Richmond, K. M., Pepin, G., & Larkin, H. (2016). Transformation from student to occupational therapist: Using the Delphi technique to identify the threshold concepts of occupational therapy. *Australian Occupational Therapy Journal*, 63(2), 95-104. doi:10.1111/1440-1630.12252
- Nielson, C. (1998). How can the academic culture move toward occupation-centered education? *American Journal of Occupational Therapy*, 52(5), 386-387. doi:10.5014/ajot.52.5.386
- Novak, M., & McIntyre, S. (2010). The effect of education with workplace supports on practitioners' evidence-based practice knowledge and implementation behaviours. *Australian Occupational Therapy Journal*, 57(6), 386-393.
- Occupational Therapy Australia. (2001). Code of ethics. Retrieved from <http://www.otaus.com.au/onlinestore/free-resources/occupational-therapy-australia-national-code-of-ethics>
- Occupational Therapy Australia. (2010). Australian Minimum Competency Standards for New Graduate Occupational Therapists (ACSOT) 2010. Retrieved from https://www.otaus.com.au/sitebuilder/aboutus/knowledge/asset/files/16/australian_minimum_competency_standards_for_new_grad_occupational_therapists.pdf

Occupational Therapy Australia. (2017a). Occupational Therapy Australia membership.

Retrieved from <https://www.otaus.com.au/membership>

Occupational Therapy Australia. (2017b). MentorLink. Retrieved from

<http://www.mentorlinklounge.com/>

Occupational Therapy Board Australia. (2012). Occupational Therapy Continuing

Professional Development Registration Standard. Retrieved from

<http://www.occupationaltherapyboard.gov.au/Registration-Standards.aspx>

Occupational Therapy Board of Australia. (2017). Accreditation. Retrieved from

<http://www.occupationaltherapyboard.gov.au/Accreditation.aspx>

Occupational Therapy Council (Australia & New Zealand) Ltd. (2013). *Accreditation*

standards for entry-level occupational therapy education programs. South Perth:

Occupational Therapy Council (Australia & New Zealand) Ltd.

Parkinson, S., Forsyth, K., Durose, S., Mason, R., & Harris, D. (2009). The balance of

occupation-focused and generic tasks within a mental health and learning disability

occupational therapy service. *British Journal of Occupational Therapy*, 72(8), 366-370.

doi:10.1177/030802260907200807

Pfeifer, T., Kranz, P., & Scoggin, A. (2008). Perceived stress in occupational therapy

students. *Occupational Therapy International*, 15(4), 221-231. doi:10.1002/oti.256

Pierce, D. (1999). Putting Occupation to Work in Occupational Therapy Curricula. *American*

Journal of Occupational Therapy, 9(3), 1-4.

Polatajko, H. J., Davis, J., Stewart, D., Cantin, N., Amoroso, B., Purdie, L., & Zimmerman,

D. (2007). Specifying the domain of concern: Occupation as core. In E. Townsend & H.

- J. Polatajko (Eds.), *Enabling occupation 2: Advancing an occupational therapy vision for health, well-being and justice through occupation*. Ontario: Canadian Association of Occupational Therapists.
- Price, P., Hooper, B., Krishnagiri, S., Taff, S. D., & Bilics, A. (2017). A way of seeing: How occupation is portrayed to students when taught as a concept beyond its use in therapy. *American Journal of Occupational Therapy*, *71*(4), 1-9. doi:10.5014/ajot.2017.024182
- Rappolt, S., Mitra, A. L., & Murphy, E. (2002). Professional accountability in restructured contexts of occupational therapy practice. *Canadian Journal of Occupational Therapy*, *69*(5), 293-302. doi:10.1177/000841740206900505
- Rebeiro, K. (1998). Occupation-as-means to mental health: A review of the literature, and a call for research. *Canadian Journal of Occupational Therapy*, *65*(1), 12-19. doi:10.1177/000841749806500102
- Reilly, M. (1962). Occupational therapy can be one of the great ideas of 20th Century medicine. *American Journal of Occupational Therapy*, *16*(6), 1-9.
- Reiners, G. (2012). Understanding the Differences between Husserl's (Descriptive) and Heidegger's (Interpretive) Phenomenological Research. *Journal of Nursing & Care*, *01*(05). doi:10.4172/2167-1168.1000119
- Robertson, L. J., & Griffiths, S. (2009). Graduates' reflections on their preparation for practice. *The British Journal of Occupational Therapy*, *72*(3), 125-132. doi:10.1177/030802260907200307
- Rodger, S., Thomas, Y., Dickson, D., McBryde, C., Broadbridge, J., Hawkins, R., & Edwards, A. (2007). Putting students to work: Valuing fieldwork placements as a mechanism for recruitment and shaping the future occupational therapy workforce.

Australian Occupational Therapy Journal, 54, 94-97. doi:10.1111/j.1440-1630.2007.00691.x

Rodger, S., Turpin, M., & O'Brien, M. (2015). Experiences of academic staff in using threshold concepts within a reformed curriculum. *Studies in Higher Education*, 40(4), 545-560. doi:10.1080/03075079.2013.830832

Rogers, S. (2005). Portrait of occupational therapy. *Journal of Interprofessional Care*, 19(1), 70-79.

Rolfe, G. (1996). Going to extremes: Action research, grounded practice and the theory-practice gap in nursing. *Journal of Advanced Nursing*, 24, 1315–1320.

Schwammle, D. (1996). Occupational competence explored. *Canadian Journal of Occupational Therapy*, 63, 323-330.

Scott, J. (Ed.) (2014) Medical model. *A dictionary of sociology*. South Melbourne: Oxford University Press.

Sellar, B., Murray, C. M., Stanley, M., Stewart, H., Hipp, H., & Gilbert-Hunt, S. (2017). Mapping an Australian occupational therapy curriculum: Linking intended learning outcomes with entry-level competency standards. *Australian Occupational Therapy Journal*. Retrieved from <http://dx.doi.org/10.1111/1440-1630.12430> doi:10.1111/1440-1630.12430

Sellman, D. (2010). Mind the Gap: Philosophy, theory and practice. *Nursing Philosophy*, 11, 85-87.

- Stanley, M., & Nayar, S. (2014). Methodological rigour: Ensuring quality in occupational therapy qualitative research. *New Zealand Journal of Occupational Therapy*, 61(1), 6-12.
- Steiner, G. (1978). *Heidegger*. London: Fontana Press
- Steward, B. (1996). The theory/practice divide: Bridging the gap in occupational therapy. *British Journal of Occupational Therapy*, 59(6), 264-268.
doi:10.1177/030802269605900604
- Towns, E., & Ashby, S. (2014). The influence of practice educators on occupational therapy students' understanding of the practical applications of theoretical knowledge: a phenomenological study into student experiences of practice education. *Australian Occupational Therapy Journal*, 61(5), 344-352. doi:10.1111/1440-1630.12134
- Townsend, E., Sheffield, S. L.-M., Stadnyk, R., & Beagan, B. (2006). Effects of workplace policy on continuing professional development: The case of occupational therapy in Nova Scotia, Canada. *Canadian Journal of Occupational Therapy*, 73(2), 98-108.
doi:10.1177/000841740607300202
- Tuohy, D., Cooney, A., Dowling, M., Murphy, K., & Sixsmith, J. (2013). An overview of interpretive phenomenology as a research methodology. *Nurse Researcher*, 20(6), 17-20.
- Turpin, M., & Iwama, M. (2011). Theory and practice In M. Turpin & M. Iwama (Eds.), *Using occupational therapy models in practice* (pp. 13-25). Edinburgh: Churchill Livingstone Elsevier.

- Turpin, M. J., Rodger, S., & Hall, A. R. (2012). Occupational therapy students' perceptions of occupational therapy. *Australian Occupational Therapy Journal*, 59(5), 367-374.
doi:10.1111/j.1440-1630.2011.00988.x
- Twinley, R., & Morris, K. (2014). Are we achieving occupation-focused practice? *British Journal of Occupational Therapy*, 77(6), 275-275.
doi:10.4276/030802214x14018723137922
- van Manen, M. (1997). *Researching lived experience: Human science for an action sensitive pedagogy*. Ontario: The Althouse Press.
- Warner, G., & Townsend, E. (2012). KT & OT: Applying knowledge translation theories to occupation. *Occupational Therapy Now*, 14(2), 19-21.
- Watt, D. (2007). On becoming a qualitative researcher: The value of reflexivity. *The Qualitative Report*, 12(1), 82-101
- Whiteford, G., Townsend, E., & Hocking, C. (2000). Reflections on a renaissance of occupation. *Canadian Journal of Occupational Therapy*, 67(1), 61-69.
doi:10.1177/000841740006700109
- Whiteford, G., & Wilcock, A. (2001). Centralizing occupation in occupational therapy curricula: Imperative of the new millennium. *Occupational Therapy International*, 8(2), 81-85. doi:10.1002/oti.134
- Wilcock, A. (2000). Development of a personal, professional and educational occupational philosophy: An Australian perspective. *Occupational Therapy International*, 7(2), 79–86. doi:10.1002/oti.108

- Wilcock, A. (2006). An occupational theory of human nature. In A. Wilcock (Ed.), *An occupational perspective of health* (pp. 51-74). Thorofare, NJ: SLACK Incorporated.
- Wilding, C., Marais-Strydom, E., & Teo, N. (2003). MentorLink: Empowering occupational therapists through mentoring. *Australian Occupational Therapy Journal*, 50(4), 259-261. doi:10.1046/j.1440-1630.2003.00378.x
- Wilding, C., & Whiteford, G. (2005). Phenomenological research: An exploration of conceptual, theoretical, and practical issues. *OTJR: Occupation, Participation and Health*, 25(3).
- Wilding, C., & Whiteford, G. (2007). Occupation and occupational therapy: Knowledge paradigms and everyday practice. *Australian Occupational Therapy Journal*, 54(3), 185-193. doi:10.1111/j.1440-1630.2006.00621.x
- Wilding, C., & Whiteford, G. (2008). Language, identity and representation: occupation and occupational therapy in acute settings. *Australian Occupational Therapy Journal*, 55(3), 180-187. doi:10.1111/j.1440-1630.2007.00678.x
- Wilding, C., & Whiteford, G. (2009). From practice to praxis: reconnecting moral vision with philosophical underpinnings. *British Journal of Occupational Therapy*, 72(10), 434-441. doi:10.1177/030802260907201004
- Wilding, C. (2011). Raising awareness of hegemony in occupational therapy: The value of action research. *Australian Occupational Therapy Journal*, 58(4), 293-299.
- Wood, W. (1998). It is jump time for occupational therapy. *American Journal of Occupational Therapy*, 52(6), 403-411.

World Federation of Occupational Therapists. (2002). *Revised minimum standards for the education of occupational therapists*. Perth: World Federation of Occupational Therapists.

World Federation of Occupational Therapists. (2008). Position statement: Occupational Therapy entry-level qualifications. Retrieved from <http://www.wfot.org/ResourceCentre.aspx>.

World Federation of Occupational Therapists. (2010). *Definitions of occupational therapy from member organisations*. World Federation of Occupational Therapists Ltd.

World Federation of Occupational Therapists. (2016a). Definition "occupation". Retrieved from <http://www.wfot.org/AboutUs/AboutOccupationalTherapy/DefinitionofOccupationalTherapy.aspx>

World Federation of Occupational Therapists. (2016b). *Minimum standards for the education of occupational therapists: Revised 2016*. Perth: World Federation of Occupational Therapists.

World Federation of Occupational Therapists. (2017). *Definitions of occupational therapy from member organisations*: World Federation of Occupational Therapists.

Yerxa, E. (1998). Occupation: The keystone of a curriculum for a self-defined profession. *American Journal of Occupational Therapy*, 52(5), 365-372. doi:10.5014/ajot.52.5.365

Yin, R. (2011). *Qualitative research from start to finish*. New York City, NY: Guildford Press.

Youngstrom, M. (2002). The occupational therapy practice framework: The evolution of our professional language. *American Journal of Occupational Therapy*, 56(6), 607-609.

APPENDICES

APPENDIX A



7 March 2014

APPROVED - Project number 14-24

Ms Amelia Di Tommaso
Faculty of Health
University of Canberra
Canberra ACT 2601

Dear Amelia,

The Human Research Ethics Committee has considered your application to conduct research with human subjects for the project titled **Occupational therapy graduates' perceptions of 'occupation' in practice – Pilot Study**.

Approval is granted until 30 April 2017.

The following general conditions apply to your approval.

These requirements are determined by University policy and the *National Statement on Ethical Conduct in Human Research* (National Health and Medical Research Council, 2007).

Monitoring:	You must assist the Committee to monitor the conduct of approved research by completing and promptly returning project review forms, which will be sent to you at the end of your project and, in the case of extended research, at least annually during the approval period.
Discontinuation of research:	You must inform the Committee, giving reasons, if the research is not conducted or is discontinued before the expected date of completion.
Extension of approval:	If your project will not be complete by the expiry date stated above, you must apply in writing for extension of approval. Application should be made before current approval expires; should specify a new completion date; should include reasons for your request.
Retention and storage of data:	University policy states that all research data must be stored securely, on University premises, for a minimum of five years. You must ensure that all records are transferred to the University when the project is complete.
Contact details and notification of changes:	All email contact should use the UC email address. You should advise the Committee of any change of address during or soon after the approval period including, if appropriate, email address(es).

Yours sincerely
Human Research Ethics Committee

Hendryk Flaegel
Research Ethics & Compliance Officer
Research Services Office
T (02) 6201 5220 F (02) 6201 5466
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APPENDIX B



Participant Information Form- Pilot Study

Project Title

Occupational therapy graduates' perceptions of 'occupation' in practice

Investigator

Amelia Di Tommaso

Field of Occupational Therapy, Discipline of Public Health, University of Canberra ACT 2601

Ph: 6201 2484

Email: Amelia.DiTommaso@canberra.edu.au

Project Aim

The aim of this research is to uncover new and recent occupational therapy graduates' perception of occupation in their daily practice in traditional and non-traditional settings. The aim is also to uncover the graduates' experiences of the occupational aspects of their occupational therapy education.

Benefits of the Project

Research that enhances understanding of how occupational therapy education shapes graduates' perceptions of occupation in practice and influences their professional reasoning is necessary because occupation is a core domain in occupational therapy. Findings from the proposed research have potential to guide future directions of our profession, in both practice and education. The benefit for the participants include being able to examine their practice against the most current literature and perspectives in the profession.

General Outline of the Project

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This exploratory pilot study focuses on the educational and work experiences of occupational therapy graduates from 2007 onwards. In 2002, the World Federation of Occupational Therapy's (WFOT) Revised Minimum Standards for the Education of Occupational Therapists stipulated significant changes to ensure university courses explicitly articulated an occupational perspective of health. All Australian accredited occupational therapy courses must adhere to these standards. Therefore this study is designed to uncover whether graduates' perceptions of their education assisted them to understand occupation and implement occupation in practice. In this pilot study, participants will be asked to provide suggestions and recommendations for improvements to education and practice in the future.

**** Due to the publication date of the WFOT's Revised Minimum Standards for the Education of Occupational Therapists, only graduates from 2007 onwards will be invited to participate.**

Participant Involvement

Participants in the pilot study who agree to participate in the research will be asked to:

- 1) Participate in a 3 hour focus group with the investigator at a time that is convenient. The focus group will be audio-taped with the participants' permission. The investigator will ask questions about their occupational therapy education and work experiences. In particular, participants will be asked if they believe if aspects of their education could be improved.
- 2) Check the verbatim transcript of the focus group for accuracy.

Participation in the research is completely voluntary and participants may, without any penalty, withdraw at any time without providing an explanation. Additionally, the participants can refuse to answer any question during the research process.

Confidentiality

www.canberra.edu.au

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Only the investigator and her Principal Supervisor will have access to the original audio recording of the focus group. Privacy and confidentiality will be assured at all times. The focus group will be recorded, transcribed and then transferred to a password protected computer on the University of Canberra network. All paperwork, e.g. the consent forms will be stored in a locked filing cabinet the chief investigator's office.

Anonymity

Due to the need to conduct a focus group, it is not possible for the participants to be completely anonymous. However, once the group is conducted and transcribed all participants will be allocated a pseudonym, and any identifying information will not be reported. From this point on all data and participant information will be referred to by pseudonym only.

Data Storage

The information collected will be stored securely on a password protected computer and in a locked filing cabinet throughout the project and then stored at the University of Canberra for the required five year period after which it will be destroyed according to university protocols.

Ethics Committee Clearance

The project has been approved by the Committee for Ethics in Human Research of the University (14-24).

Queries and Concerns

If you have any queries or concerns about your part in the research, you can contact the University of Canberra Ethics and Compliance Officer, Mr Hendryk Flaegel.

Mr Hendryk Flaegel
Ethics and Compliance Officer
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Please feel free to contact the investigator, Amelia Di Tommaso, via email or phone, whose contact details are provided at the top of this form.

If you wish to participate in this pilot study please email the investigator for a copy of the Consent Form.

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APPENDIX C



Consent Form- Pilot Study

Project Title

Occupational therapy graduates' perceptions of 'occupation' in practice

Consent Statement

I have read and understood the information about the research. I am not aware of any condition that would prevent my participation, and I agree to participate in this project. I have had the opportunity to ask questions about my participation in the research. All questions I have asked have been answered to my satisfaction.

Please indicate whether you agree to participate in each of the following parts of the research (please indicate which parts you agree to by putting a cross in the relevant box/es):

- Agree to actively participate in the focus group (audiotaped).
- Agree to read the transcription of the audio recording to ensure accuracy within an allocated time frame.
- Ensure the confidentiality of the other participants in the focus group.
- Agree to have de-identified data published in various formats including journal articles, report and thesis

Name.....

Amelia Di Tommaso
B. HlthSc (Occ Thy) (Hons)
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**UNIVERSITY OF
CANBERRA**

Signature.....

Date

Once you have completed and signed this form, please scan and email to the investigator.

Email: Amelia.DiTommaso@canberra.edu.au

Your consent form will then be printed and kept in a locked filing cabinet.

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APPENDIX D

Semi-structured interview topics (Focus Group & Interviews)

Demographics:

Age:

University:

Year Graduated:

UG/PG:

Work History: Years of Work:

Ice breakers: e.g.

What drew you to occupational therapy as a career?

Body of interview: (Not all questions were asked, depending on conversation level of participant)

What words come to mind when I say occupation?

What do you think is occupational therapy's unique skill that sets us apart from other professions?

Let's talk about your day today.../ What's a typical day of you as an occupational therapist?

Can you describe how you use occupation in your practice with clients?

What influences your decisions to use occupation?

Occupation-based practice

Think of the most occupation-based therapist you know...

Similarities and differences to yourself...

In an ideal world...(no funding pressures, no short staffing etc.), what would your practice as an occupational therapist look like?

Educational Experiences

When is the first time you heard about occupation?

How did your educators talk to you about occupation?

What was it like learning about occupation/ occupation in practice?

Closing:

From your perspective, what would help you to be more occupation- based?

APPENDIX E



1 August 2014

APPROVED - Project number 14-156

Ms Amelia Di Tommaso
Faculty of Health
University of Canberra
Canberra ACT 2601

Dear Amelia,

The Human Research Ethics Committee has considered your application to conduct research with human subjects for the project titled **Occupational therapy graduates' perceptions of 'occupation' in practice**.

Approval is granted until 30 September 2016.

The following general conditions apply to your approval.

These requirements are determined by University policy and the *National Statement on Ethical Conduct in Human Research* (National Health and Medical Research Council, 2007).

Monitoring:	You must, in conjunction with your supervisor, assist the Committee to monitor the conduct of approved research by completing and promptly returning project review forms, which will be sent to you at the end of your project and, in the case of extended research, at least annually during the approval period.
Discontinuation of research:	You must, in conjunction with your supervisor, inform the Committee, giving reasons, if the research is not conducted or is discontinued before the expected date of completion.
Extension of approval:	If your project will not be complete by the expiry date stated above, you must apply in writing for extension of approval. Application should be made before current approval expires; should specify a new completion date; should include reasons for your request.
Retention and storage of data:	University policy states that all research data must be stored securely, on University premises, for a minimum of five years. You must ensure that all records are transferred to the University when the project is complete.
Contact details and notification of changes:	All email contact should use the UC email address. You should advise the Committee of any change of address during or soon after the approval period including, if appropriate, email address(es).

Yours sincerely
Human Research Ethics Committee

Hendryk Flaegel
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APPENDIX F

15 December 2017



Participant Information Form

Project Title

Occupational therapy graduates' perceptions of 'occupation' in practice

Investigator

Amelia Di Tommaso

Field of Occupational Therapy, Discipline of Public Health, University of Canberra ACT 2601

Ph: 6201 2484

Email: Amelia.DiTommaso@canberra.edu.au

Project Aim

The aim of this research is to uncover new and recent occupational therapy graduates' perception of occupation in their daily practice. The aim is also to uncover the graduates' experiences of the occupational aspects of their occupational therapy education.

Benefits of the Project

Research that enhances understanding of how occupational therapy education shapes graduates' perceptions of occupation in practice and influences their professional reasoning is necessary because occupation is a core domain in occupational therapy. Findings from the proposed research have potential to guide future directions of our profession, in both practice and education. The benefit for the participants include being able to examine their practice against the most current literature and perspectives in the profession.

General Outline of the Project

This exploratory study focuses on the educational and work experiences of occupational therapy graduates from 2007 onwards. In 2002, the World Federation of Occupational

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15/12/2017

Therapy's (WFOT) Revised Minimum Standards for the Education of Occupational Therapists stipulated significant changes to ensure university courses explicitly articulated an occupational perspective of health. All Australian accredited occupational therapy courses must adhere to these standards. Therefore this study is designed to uncover whether graduates' perceptions of their education assisted them to understand occupation and implement occupation in practice. In this pilot study, participants will be asked to provide suggestions and recommendations for improvements to education and practice in the future.

** Due to the publication date of the WFOT's Revised Minimum Standards for the Education of Occupational Therapists, graduates from 2007 onwards will be invited to participate.

Participant Involvement

Participants in the study who agree to participate in the research will be asked to:

- 1) Participants will be required to participate in a one on one interview (approximately 1-1.5 hours). The interview will be audio-taped with the participant's permission. The investigator will ask questions about their occupational therapy education and work experiences. In particular, participants will be asked if they believe this part of their education could be improved or modified.
- 2) Check the verbatim transcript of the interview to determine if it is accurate and complete.
- 3) If required, answer any follow up questions if they arise to supplement the original interview data.

Participation in the research is completely voluntary and participants may, without any penalty, withdraw at any time without providing an explanation. Additionally, the participants can refuse to answer any question during the research process.

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15/12/2017

Confidentiality

Only the investigator and her Principal Supervisor will have access to the original audio recording of the one to one interviews. Privacy and confidentiality will be assured at all times. The interviews will be recorded, transcribed and then transferred to a password protected computer on the University of Canberra network. All paperwork, e.g. the consent forms will be stored in a locked filing cabinet the chief investigator's office.

Anonymity

Due to the need to conduct a face to face interview, it is not possible for the participants to be completely anonymous. However, once the interview is conducted and transcribed all participants will be allocated a pseudonym, and any identifying information will not be reported. From this point on all data and participant information will be referred to by pseudonym only.

Data Storage

The information collected will be stored securely on a password protected computer and in a locked filing cabinet throughout the project and then stored at the University of Canberra for the required five year period after which it will be destroyed according to university protocols.

Ethics Committee Clearance

The project has been approved by the Committee for Ethics in Human Research of the University (14-156).

Queries and Concerns

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**UNIVERSITY OF
CANBERRA**

15/12/2017

If you have any queries or concerns about your part in the research, you can contact the University of Canberra Ethics and Compliance Officer, Mr Hendryk Flaegel.

Mr Hendryk Flaegel
Ethics and Compliance Officer
Telephone (02) 62015220
UNIVERSITY OF CANBERRA, ACT, 2601
Or email: hendryk.flaegel@canberra.edu.au

Please feel free to contact the investigator, Amelia Di Tommaso, via email or phone, whose contact details are provided at the top of this form for any further details.

If you would like to participate in this study please email the researcher for a copy of the Consent Form.

Email: Amelia.DiTommaso@canberra.edu.au

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APPENDIX G

18th May 2015



Consent Form

Project Title

Occupational therapy graduates' perceptions of 'occupation' in practice

Consent Statement

I have read and understood the information about the research. I am not aware of any condition that would prevent my participation, and I agree to participate in this project. I have had the opportunity to ask questions about my participation in the research. All questions I have asked have been answered to my satisfaction.

Please indicate whether you agree to participate in each of the following parts of the research (please indicate which parts you agree to by putting a cross in the relevant box/es):

- Agree to actively participate in the one on one interview (audiotaped).
- Agree to read the transcription of the audio recording to ensure accuracy within an allocated time frame.
- Agree to answer follow up questions if required. .
- Agree to have de-identified data published in various formats including journal articles, report and thesis

Name.....

Contact Phone No.....

Amelia Di Tommaso
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Signature.....

Date

Once you have completed and signed this form, please scan and email to the investigator.

Email: Amelia.DiTommaso@canberra.edu.au

Your consent form will then be printed and kept in a locked filing cabinet.

Amelia Di Tommaso
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APPENDIX H



UNIVERSITY OF
CANBERRA
AUSTRALIA'S CAPITAL UNIVERSITY

3 July 2015

APPROVED - Project number 15-146

Ms Amelia Di Tommaso
Faculty of Health
University of Canberra
Canberra ACT 2601

Dear Amelia,

The Human Research Ethics Committee has considered your application to conduct research with human subjects for the project titled **Occupational therapy graduates' perceptions of 'occupation' in practice and education**.

Approval is granted until 31 March 2016.

The following general conditions apply to your approval.

These requirements are determined by University policy and the *National Statement on Ethical Conduct in Human Research* (National Health and Medical Research Council, 2007).

Monitoring:	You must, in conjunction with your supervisor, assist the Committee to monitor the conduct of approved research by completing and promptly returning project review forms, which will be sent to you at the end of your project and, in the case of extended research, at least annually during the approval period.
Discontinuation of research:	You must, in conjunction with your supervisor, inform the Committee, giving reasons, if the research is not conducted or is discontinued before the expected date of completion.
Extension of approval:	If your project will not be complete by the expiry date stated above, you must apply in writing for extension of approval. Application should be made before current approval expires; should specify a new completion date; should include reasons for your request.
Retention and storage of data:	University policy states that all research data must be stored securely, on University premises, for a minimum of five years. You must ensure that all records are transferred to the University when the project is complete.
Contact details and notification of changes:	All email contact should use the UC email address. You should advise the Committee of any change of address during or soon after the approval period including, if appropriate, email address(es).

Yours sincerely
Human Research Ethics Committee

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APPENDIX I

Occupational therapists' perceptions of occupation in practice and education

The findings presented below have been selected to illuminate new and recent graduates' experiences and perceptions of occupation in practice and education. This brief overview of themes has been developed from two focus groups and 18 in-depth interviews with occupational therapy graduates from around Australia. The findings have been presented to provide some material to reflect on prior to the 30 minute interview.

*Pseudonyms have been used throughout.

Educators: Selling the message?

All but one participant cited they had first learned of occupation and the core philosophies of occupational therapy in university lectures given by occupational therapy educators. However, for many participants in this study, lecturers had downplayed the importance of occupation and increased their fear of the concept. For example, Melissa offered that one of her university lecturers in first year said that explaining the concept of occupation was so complicated that it was easier to say and think that "it's just doing", and therefore Melissa adopted this definition. Then during her fourth year of study another lecturer described "it's not [only] activities of daily living or doing but try and use the proper OT language." These conflicting ideas made it challenging for Melissa to feel confident about her understanding of occupation, impacting on her ability to implement this in practice. Some graduates did not even have an adequate description of occupation prior to leaving university, as Henry commented "I don't think I had a definition of occupation when I graduated university. The main thing I remember from university is holistic approach and ADLs."

Mixed messages: Inconsistencies in education

This finding was common throughout the focus groups and the interviews. At university educators would talk about the central importance of occupation and using occupation in practice. Sophie highlighting that lecturers "were all really kind of encouraging us to embrace our differences from other professions and encourage us to be proud of that and tell people about it." The important distinction that Sophie was describing was occupational therapists' use and understanding of occupation as a therapeutic medium. However when it came to teaching practical skills and learning about the practice of occupational therapy, educators then converted to teaching about impairment-based approaches. This

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started to cement students' thinking that occupation-based practice was idealistic and not achievable during intervention.

Louise highlights this with the quote:

I guess I kind of got mixed messages with some things at [university].

Like I remember we did specific workshops with dexterity tests, which was just picking up small objects. But then there was a lot of talk about [occupation] that would make you feel very inspired about using occupation in your therapy.

Therefore, the concept of occupation was seen as separate to the everyday practice of occupational therapists where only impairment-based skills were required.

Some units, although taught by occupational therapy lecturers, did not have any occupational content at all from the perspective of some of the participants. As Kate describes her experiences of a subject with one lecturer whom often expressed that occupation was important, "we had one [unit] that was all about the upper limb so learning how to assess, looking for the deficits, working out what [the deficits] were and then how you would try and intervene." Kate went on to express that the interventions presented were impairment-based, highlighting that the content of the unit was not closely aligned to an occupational perspective the educator originally stated was important.

Many participants did not feel prepared to implement occupation-based perspectives upon leaving university. As evidenced by this statement by Louise, "I feel like [lecturers] go on about [occupation] so much but they didn't actually teach you the skills to deliver occupation-based practice..." she continues that "just learning some of those skills would have been much more useful than all of those anatomy subjects."

Occupation is a luxury

All participants (27 out of 27) felt that an occupational therapist needed to remediate impairments before they could enact occupation-based interventions. In short, clients could not participate in occupation-based interventions until they had overcome all their physical, cognitive or emotional impairments. However, as most of the graduates in the study worked in a hospital setting, by overcoming

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I would suggest making sure that before students leave they know how to accurately represent OT as an occupation-focused profession, and how to articulate that, and how to maintain that definition, even when put under pressure from different systems, and different employers. [Because] I know in my first job, it was all about the business and the bottom dollar... It was never about occupation, ever. (Timothy)

Finally, a quote from Adam:

I think to create some sort of emotive connection to what occupation is. To really build a meaning in the student; and then I guess it's talking about meaning for me on what occupation is to me so that I can then understand well if I'm working with someone who can't do something that is their occupation, so that I can understand what it's like to lose [an occupation] and to gain [an occupation]. So perhaps it's an overt understanding of the language and philosophy of occupation and why it's important not only for our patients but also our profession.

The interview content:

Given the findings above, in the interview I would like to discuss:

- Your opinions on these findings
- Your recommendations to overcome some of the challenges highlighted by the participants
- Your experiences of occupation in the university curriculum
- Your recommendations or opinions on the future of occupational therapy education

If you would like any further information about the study, please do not hesitate to ask.

*The interviews will be audio recorded. Participation in the interviews will imply full consent has been given. No identifying information will be reported. This study has gained ethical approval from the University of Canberra's Human Research Ethics Committee (15-146).

I appreciate your time in completing the interview.