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A Phenomenological Study Exploring the Professional Identity Development of the First Cohort of Occupational Therapists Trained in Ghana

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A Phenomenological Study Exploring the Professional Identity Development of the First Cohort of Occupational Therapists Trained in Ghana

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ABSTRACT

Aim: This thesis explores the lived experiences of the first cohort of occupational therapy (OT) students from Ghana regarding their professional identity development as they progressed through their pre-registration programme. The aims of the study were to: i) capture students' experiences as they developed their understandings of themselves as occupational therapists in a country with few practicing therapists, ii) examine how students experienced their course programme and transition into becoming occupational therapists, and iii) understand the influence of the learning environment on the students' professional identity development.

Method: A hermeneutic phenomenological approach was used with a purposively sampled group of nine undergraduate OT students recruited from a maiden cohort of eighteen students. Participants were followed through their four-year course programme. One-to-one semi-structured interviews were conducted each year from 2013 to 2016 to explore students' lived experiences. The transcribed interview data was analyzed using Interpretative Phenomenological Analysis.

Findings: Three overarching master themes emerged from cross-case analysis of the interviews. Firstly, *'Knowing self, course programme and aligning with profession'*. This master-theme was generated from a set of themes mainly identified at the end of the students first year of study. The second master-theme, *'Aligning with professional knowledge to redefine professional understanding'*, emerged from two major sub-themes identified as 'Feelings of uncertainty with team members' attitude and, being overwhelmed with caseload', and 'Feeling respected and valued by clients and team members over OT values'. Lastly, is the master-theme *'Re-identifying with the occupational therapy profession and self'*. This was formulated during students' final year of study and entry into practice.

Discussion: The discussion captures students' progressive development via three constructs, 1) Personal knowing - involving students re-identifying the self through the demonstration of innate attitudes, 2) Professional knowing – where students acquired propositional knowledge through different teaching models and, 3) Experiential knowing – through students' clinical and practice-based education, alongside their management of disruption, adversity and uncertainty. The three constructs were identified as threshold concepts. These thresholds had trajectory characteristics which students needed to master to move them from their novice to graduate professional state. The discussion portrays how students navigated the series of threshold concepts by engaging with specific processes involving their innate characteristics as well as experiences in their learning environment at different stages in their education.

Conclusion: This thesis articulates students' experiences of their course programme and their professional identity development from their initial entry onto the programme to their exit point as graduate professionals via three different constructs that emerged as threshold concepts. The students'

narrated lived experiences served as the characteristics of the threshold concepts. The study offers new insights into professional identity formation as a threshold concept. The study identifies personal qualities and dispositions used by students while formulating their disciplinary perspectives in a new and unfamiliar settings. This observation has added clarity to higher educational programme facilitators' understanding of the effect of professional identity development on education approaches. Finally, the study suggests professional identity development is not only transformational but also co-constructed via complex interactions.

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DECLARATION

I declare that this thesis is my own work and has not been submitted for another academic award at another university.

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CHAPTER ONE: INTRODUCTION

1.1 Overview

This study set out to explore the professional identity development (PID) of the first cohort of occupational therapists trained in Ghana. In this introduction, I provide background information on professional identity construction, the process of its development, relating to available literature, and the study context. I will explain the reasons why I wished to undertake this inquiry, including the research question and study aims. Finally, I set out the structure of the thesis.

I begin the background information with the definition of four key terms used throughout the study.

1.2 Definitions

1.2.1 Occupational therapy:

Watson & Swartz (2005) define occupational therapy as a service that is offered by professionals who aim to collaborate with individuals, groups, organizations and communities to achieve particular health related purposes. All of these are associated with everyday occupational behaviours. It is offered to people of all ages if their occupations are restricted because of illness, impairment or disability, or if their circumstances prevent occupational development. Clients are enabled to participate in treatment and/or achieve goals that they have determined as meaningful and purposeful.

The domain of occupational therapy therefore, sets the stage for, and encompasses the evaluation and intervention processes. It focuses on the clients' ability to engage in meaningful and purposeful daily activities or occupations in appropriate contexts (Mariano & Latella 2016).

1.2.2 Occupation:

Occupations are a human pursuit that, at best, fulfils people's need and wants. They have the transformational power to bring about development and maturation across multiple transitions when the choices and processes are personally meaningful (Watson & Swartz 2005). Occupations are therefore expressions of individuality and are also named, organised and valued by each culture.

According to the American Occupational Therapy Association (AOTA 2014a:3) Framework Domain and Process document, occupations are made up of 'performance patterns, performance skills and clients' factors' that are impacted by the context and environment as well as activity demands. These occupations are categorised in areas that individuals typically perform activities that are meaningful to them. For example, they may include activities of daily living (ADL), instrumental activities of daily living (IADL), rest and sleep, education, work, play, leisure and social participation.

Occupation is therefore everyday life's myriad of activities that are embedded in time and place, and in the cultural and other patterns that organise what we do. Occupational therapy then addresses the performance issues affecting the individual's or a group or community's abilities to perform these occupations.

1.2.3 Professional identity

Professional identity for any discipline depends, largely, on how the goals of the discipline are defined, and how progress towards these goals is measured.

Extended research on professional identity construction suggests that self-views are shaped in three primary ways. First, professional identity is the result of the socialization process and rhetoric where one is provided with information regarding the meanings associated with a profession (Fine 1996; Hall 1987). Secondly, researchers suggest individuals adjust and

adapt their professional identity during periods of career transition (Ibarra, 1999; Nicholson, 1984). Schein (1978) also suggested that life as well as work experiences influence professional identity by clarifying one's priorities and self-understanding. Hoeve, Jansen, & Roodbol, (2014) recently supported Schien and, described PI as an individual's personal view of themselves in their professional role that may include their professional self-concept or self-image.

1.2.4 Practice placement education

Practice placement education has been recognized as an integral and critical component of the education of occupational therapy students (Bonello 2001; World Federation of Occupational Therapists [WFOT] 2002). Occupational therapy educators must continue to ensure that practice placement education is relevant to constantly changing work practices (Lloyd, Bassett, & King 2002).

Ideally, as in the traditional practice placement model, these students should be supervised by practicing occupational therapists. This model is, however, not practical at this early stage of the training and education program in Ghana due to the lack of practicing occupational therapists. The school has no option other than to resort to alternative models of practice education and ways of affording students with day to day supervision in the learning environment.

Alternative practice placement or non-traditional practice placement can be described as student placements in settings with no established occupational therapy service (Totten & Pratt 2001). In Ghana, student placement will continue to be in settings with no established occupational therapy service because occupational therapy is not associated with the healthcare delivery systems in Ghana.

1.3 Study context

Occupational therapy education in Ghana comprises class-based and practice-based learning. Practice-based education enables the development

of core occupational therapy skills and techniques and the personal skills that are foundational for professional behavior. However, there are very limited occupational therapists in Ghana. The occupational therapy educational program at the University of Ghana is the first of its kind in the country. The few occupational therapists serve as the main faculty in the training institution thus having very limited time on the field to serve as mentors to the students. Under such conditions, occupational therapy students spent less time with occupational therapy professionals and more time with other healthcare professionals such as nurses, physiotherapists and medical doctors in the field. As an occupational therapist and the coordinator of the occupational therapy training programme, I was interested to examine the impact of learning environment on students' professional identity development. It is within such an environment that the study explored the evolving nature of students' PID.

Ghana is a West African country, bounded on the north by Burkina Faso, on the east by Togo, on the west by Cote d'Ivoire and on the south by the Atlantic Ocean. Ghana has ten administrative regions (Appendix 12), with a population of approximately 25 million according to Ghana Statistical Services report (2010 GSS, PHC).

Two governmental bodies oversee health care infrastructure and delivery in Ghana. These are the Ministry of Health (MOH) and Ghana Health Service (GHS). Health service is provided by GHS while MOH works on policy formation, and the monitoring and evaluation of health service delivery throughout the country (www.moh-ghana.org). Functional levels of health services in Ghana are placed under national level, regional level, district level, sub-district level and the community level. Occupational therapists could function in any of these levels.

The National Health Insurance Authority in Ghana was established under the National Health Insurance Act 2003, Act 650 as a Body Corporate with the objective of securing an insurance policy that ensures access to basic healthcare services to all residents. To ensure this, the National Health

Insurance Authority appropriately manages the Ghana National Health Insurance Scheme (MOH 2012)

Ghana has made tremendous strides in promoting medical care even with her limitations of being a moderately large and very complicated country with inadequate healthcare professionals (Mensah, Oppong & Schmidt 2010). Although the practice of medicine and the illnesses in Ghana are similar in many ways to those in developed countries, infections particularly common in the tropics and trauma are more extensive problems. As with other developing countries, however, Ghana has great difficulty extending modern medical care to smaller towns and rural areas probably because universities and medical training programs in Ghana are heavily concentrated in the larger urban centers.

Currently, Ghana has many government-sponsored healthcare providers and programs and even a well-developed and sophisticated administration of medical education (Driscoll, Akpalu & Wegdam 2014) as compared to the missions and private practitioners.

1.3.1 Occupational therapy, the international and African perspectives

Occupational therapy worldwide has developed significantly since the early 20th century in response to changing external and internal pressures (Mocellin, 1992; Kilhofner, 1997; Wilcock, 1998; Wood, 1998; Sinclair, 2000). In relating the development of occupational therapy to Kuhn's (1970) mechanistic science and his paradigm concept, the profession could be described as being cyclical in its development that can be put under four main stages. These were the pre-paradigm, dominant paradigm, crisis and the period of accepting a new paradigm. The profession is thought to have cycles that are repeated (Macintyre, 1980), hence occupational therapy's story continues to evolve even as the World Federation of Occupational Therapists (WFOT) continuously attempts to bring member countries together for a common understanding of the meaning of the profession.

Seven countries came together in 1952 to form the World Federation of Occupational Therapists (WFOT) to pave the way for international

collaboration. Countries where the profession is well established provide examples of their standardised practice influencing the developing countries through these collaborative means. However, the lack of standardized test materials for use outside the established countries that developed them has caused frequent lamented problems (Harris, 1998; Benetton & Malagaes, 2002). For instance, where English was not the preferred language, professionals have developed their own materials looking to their own theoretical frameworks and taking their cultural concepts and biases into consideration (Hagedorn, 2001). This was because, as therapists, the interpretation of clients' perspectives, informed by their norms and values, required cultural competence (Watson, 2002) including sensitivity to prevailing values and world views (Watson & Swartz, 2005).

The World Federation of Occupational Therapists conducted an overview of professional practice in 2000 (Watson & Swartz, 2005). The Federation's survey included 51-member countries of which nine did not respond. It was identified that South Africa and Kenya were the two countries in Africa that were more developed in the profession. The survey considered factors including number of qualified occupational therapists, practicing occupational therapists, population of the countries and the qualified occupational therapists per million. Occupational therapy in South Africa and Africa in general is not without challenges, considering factors including rapid development due to the introduction of many policies of relevance to occupational therapy such as in health, social development, education, labour and housing (Watson & Swartz, 2005). The organizational frameworks for the profession are however slow in taking effect due to financial constraints leading to frustrations in establishing the profession (Watson, 2002). Occupational therapy practice in most African countries is driven by political policies, especially when the source of funding to ensure functionality is solely from the central government. More often most African governments receive support from international organizations and other external communities towards health, and more specifically for mental health. In Ghana, for example, occupational therapy has thrived on resources specifically meant for mental health.

1.3.2 Occupational therapy in Ghana

In Ghana, the occupational therapy profession is little known and poorly understood. Efforts to establish occupational therapy in Ghana have focused on sending personnel overseas, especially in the United Kingdom, to undertake training as occupational therapist. In the late 1960s several occupational therapists were trained at the then London School of Occupational Therapy and returned to establish occupational therapy at the psychiatric hospitals in Ghana (Ndaa, 2014).

During the late 1960s and 1970s the profession thrived within psychiatry, however during the 1980s, as psychiatry in Ghana began to suffer from underfunding and low staff morale, many of those who had been trained left the profession to work overseas or in other professional arenas. In the absence of any training within Ghana, there had been no occupational therapists to fill the vacant posts and the profession went into decline (Ndaa, 2014). Since then further attempts have been made to train occupational therapists overseas with the expectation that they would return to train occupational therapists in Ghana but to no avail (Ndaa, 2014).

In Ghana, the experience with occupational therapy assistants working with mental health patients at the psychiatric hospitals has always defined the level of understanding of the role of occupational therapy to most of the population including healthcare professionals. At the psychiatric hospitals, occupational therapy assistants (OTAs) were trained at post. What the OTAs did at the psychiatric hospitals was to collect patients from various wards of the hospital to the occupational therapy department every morning to engage them in activities such as basket weaving, pottery, sewing, dancing and clapping. There was neither proper record keeping of the aims and objectives of such activities nor any underpinning scientific approach for using selected assessment and evaluation tools. These OTAs, albeit with considerable length of service, are currently running the occupational therapy departments in the absence of qualified occupational therapists (Ndaa, 2014). The OTAs approach to work has been the initial

understanding of the roles of occupational therapy to most Ghanaians including the first cohort of occupational therapy students in Ghana.

Today, occupation is the main focus of the profession (WFOT, 2012). It is certainly an ever-evolving and dynamically growing profession and occupational therapists are found working in a variety of settings with several different age groups and disabilities (WFOT, 2012): yet this is unknown in the Ghanaian community. Starting a programme in occupational therapy in this environment adds an enormous amount of work in awareness creation.

1.3.3 Ghanaian education practice

Ghana has, since independence in 1957, made significant strides in its education system. According to study by Akyeampong (2009), the improved education landscape in Ghana today is the result of major policy initiatives.

The different laws, policy documents and reports, which have helped in meeting the educational needs and aspirations of the people may include the Education Act of 1961^v, the Education Reform Program 1987/88, the University Renationalization Committee Report 1988, the Free Compulsory Universal Basic Education Program 1996 and, the Ghana Education Trust Fund – GET Fund Act 2000 (Akyeampong, 2009).

Ghana runs the 6:3:3:4 educational system where primary school is six years, junior secondary/high school is three years, senior secondary school is three years and the university bachelor's degree is four years.

The main official language of instruction throughout the Ghanaian educational system is English. Students may study in any of the eleven local languages for much of the first three years, after which English becomes the medium. Students continue to study a Ghanaian language as well as French as classroom subjects through at least the ninth grade. All textbooks and materials are otherwise in English.

1.3.4 University education in Ghana

According to Sawyer (2004); Akyeampong (2010); Atuahene & Owusu-Ansah (2013), the three public universities in Ghana could only enrol under 10,000 students in various courses in 1994 however, by 2001 enrolment had risen to about 41,000 due to newly introduced educational reform policies that are beyond the scope of this study. Ghana's tertiary institutions both public and private enrol over 300,000 students in undergraduate, graduate, certificate and diploma programs in a full range of academic and professional fields (Boateng 2014). Increase in growth in enrolment in the higher education sector is evidenced in the percentage Gross Enrolment Ratio (GER). A recent World Bank project conducted in Ghana in 2016 indicated GER for Ghana with respect to tertiary education of both sexes increased from 5.71% in 2005 to 15.57% in 2014 (The World Bank 2016). GER represents the number of individuals who are actually enrolled in schools against the number who are at corresponding enrolment age and are supposed to be enrolled (The World Bank 2016).

In Ghana, almost 35% of tertiary students are enrolled in private institutions (Arthur & Arthur 2016). University of Ghana is the premier university among the universities in Ghana. The University runs the collegiate system with five colleges. The College of Health Sciences holds the School of Biomedical and allied Health Sciences that includes the Department of Occupational Therapy.

Occupational therapy education in Ghana adhere to the World Federation of Occupational Therapists (WFOT) minimum standards for the education of therapists (WFOT Minimum Standards Revised, 2016). As Ghana adopted the guidelines it was observed the content also encourages continual quality assurance for development of OT educational programme beyond the levels specified.

Although WFOT stated a minimum of three/four years for full bachelor or diploma course, the tertiary education system in Ghana requires a 4-year

programme to qualify graduates for a bachelor of science (BSc) degree. There are several factors considered to arriving at the 4-year BSc degree in occupational therapy however, this is beyond the scope of this study. It is important to note that in drawing the curriculum, the minimum 1000 hours of practice education required by WFOT was factored in the programme (WFOT 2011). This has been necessary because practice education is considered an important component in PID, as it bridges between theory and practice learning (Gat & Ratzon 2014).

1.4 Positioning self in the study

Three important paradigmatic issues need to be considered when clarifying the context for this study. Firstly, it is about the health care delivery system in Ghana; secondly, it is concerned with the educational system; and finally, the diverse roles of the researcher are considered. Starting with the latter, Maree (2009) argued on the importance to acknowledge the multiple roles existing in conjunction with research and intervention. My roles as researcher, supervising clinician, and consultant occupational therapist need clarification. Within these multiple roles, I engaged in the research that further encouraged students to learn mainly via reflexivity, diary keeping and hands-on therapy. The different functions and intertwined roles are further interpreted for clarity as follows:

- i. As the consultant occupational therapy programme coordinator, I endeavoured to relevantly include occupational therapy in existing healthcare services for students to learn the role of occupational therapy.
- ii. As the clinical supervisor, I focused on promoting the attitude and skill of the students for accessing, reflecting and applying occupational therapy processes.
- iii. As a researcher, I attempted to engage students in a longitudinal research to encourage them to reflectively learn from their experience and develop their professional identity.

These roles are consolidated mainly to promote the professional development of the undergraduate occupational therapy students while on placement at various settings throughout the years of their training.

1.4.1 Motivation for enquiry

Knowledge of my personal experience was relevant in this study as this has influenced the need to carry out this project as well as assisting readers to appreciate what unfolds in the inquiry.

I am an occupational therapist who was trained in the United Kingdom (UK) from 2000 to 2003; practicing in the UK until I decided to work with the University of Ghana in 2010 as a lecturer and to coordinate a new occupational therapy program. Prior to becoming a therapist in the UK, I had been working as a qualified mental health nurse. Whilst a student occupational therapist, I also practiced as a professional mental health nurse in the UK for three years until acquiring a job as a newly qualified occupational therapist also in the UK. Consequently, I seemed to experience conflicting professional identities while performing the roles of a qualified nurse and a student occupational therapist. Although I struggled occasionally to identify myself especially as an occupational therapist, the constant within this experience was always my placement educators and other occupational therapy supporting staff around me. Reflecting as a student, I recollected proceedings at our students' peer discussions. As students, we often talked about how we saw ourselves as occupational therapists and the specialist areas we identified as our preferred areas to practice as qualified therapists. These choices were often influenced by the sense-making or understanding of activities, as well as the professional relationship with our mentors. This professional scenario suggests the importance of practice placement in the educational program. Practice placement has been recognized as an integral and critical component of the education of occupational therapy students according to Bonello (2001) and the World Federation of Occupational Therapists [WFOT] (2002).

Accepting the challenge to commence a new occupational therapy educational program in the Ghanaian environment where occupational therapy services are virtually unknown was an incredible opportunity and challenge. My knowledge about the importance of practice placement as

part of this professional education and the responsibility of training therapists for the profession was triggered. As I recollected my past experiences as a student occupational therapist, questions were raised like; where is the occupational therapy service? Where is the occupational therapy staff? Where are the placement educators? Who will students associate with as their mentors? How will the training place students confidently in the world market as qualified occupational therapists? In the attempt to answer these questions there was a realization that I could explore this experience through exploring students' perception about themselves as they develop and become occupational therapists. This starting point prompted the research question and informed the method of inquiry. Methodology suggested for the study is linked with the underpinning theories to help establish a scientific basis of the research.

1.5 Study theoretical bases

1.5.1 Meyer and Land's (2003) threshold concepts

According to Meyer and Land (2003), a threshold concept can be considered as akin to a portal, opening up a new and previously inaccessible way of thinking about something. It represents a transformed way of understanding, or interpreting, or viewing something without which the learner cannot progress. As a result of comprehending a threshold concept, there may be a transformative internal view of a subject matter, subject landscape, or even world view (Meyer & Land 2003). It is important to note the transformative aspect, which is what makes a threshold concept different from an ordinary concept, even one that is important in a scientific area. When students acquire threshold concepts, the epistemological commitments of their conceptual ecology are changed to better conform to the appropriate scientific community.

The need for transformation suggests looking at students' views of the threshold concept before and after acquisition; however, it is also important to look at the period during which the change is taking place. Meyer and

Land (2005) later described how learners are found to be in a state of liminality when trying to understand a threshold concept, as was experienced by students in the study when they initially had little or no knowledge on occupational therapy. The process of being in the state of liminality is often both problematic and humiliating, and often involves oscillating back and forth between intermediate states of understanding before the final transformation. This metaphorical explanation of experiences is what goes on when a student is trying to understand an incomprehensible concept in a learning environment.

The issue of helping students through the liminal space becomes meaningful with the understanding of the threshold concepts, a reason that made the study adopt the concept to explain the interesting professional educational challenge of identity development. This challenge of students internalizing a new disciplinary phenomenon can be complex. Meyer and Land (2005) pointed out that the whole complexity could be provided in simplified versions or proxies of the threshold concept. Meyer and Land, however, argued that, when learners get stuck on the simplified proxies instead of learning the real concept, they use the simplified proxies to be able to fake understanding of the real concept. They also observe that threshold concepts are discursive, since they generally do not have a singular nature and are not something that has one true and valid interpretation. That is, they wish to avoid a reader concluding that there is a right version of a concept as could be inferred from using the notion of fake understandings.

Eckerdal et al. (2007) empirically identified different aspects of partially understanding a threshold concept. They postulated that there is a theoretical and a practical aspect to attaining a threshold concept, and that partial attainment could mean that a student has grasped the concept in a theoretical sense without having a concrete understanding or capability to use the concept, or the other way around. They also identified the need to realize the learning objective associated with grasping the concept, which can also be part of a partial attainment of the concept. When learners

identify thresholds, and can navigate or overcome them, it signifies a crossing of a troublesome concept. Exploring the experience of overcoming troublesome concepts is applied in studying the occupational therapy students as they moved from the novice to graduate professional stage. Of note is the argument that, even being novice, we are already entwined with our world and we carry along innate qualities and dispositions that influence our learning to move towards our desired being. Heidegger describes this move as ways of 'being human' (Heidegger, 1962/1927:408) hence, the link to his study on 'being and time'.

1.5.2 Heidegger's opus of 'Being and Time'

Re-thinking ontology, including the being of human and non-human beings, is a recurring theme in Heidegger's magnum opus, *Being and Time*, as well as in many of his later works. Heidegger considered it necessary to clarify what it means to be human if we are to more fully comprehend thinking and knowing as modes of being human. He regarded modes of knowing, such as architecture, biology, history and so on, as ways of 'being human' (Heidegger, 1962/1927:408). This means that, if we are to fully understand knowing within various forms of professional practice, we must understand the being of those who know. Central to Heidegger's ontology is his concept of 'being-in-the-world', which emphasizes that we are always already embedded in, and entwined or mixed with, our world. Humans are not an entity that can easily be isolated from the world. As Heidegger points out, we are typically absorbed in a range of activities and projects with others that involve the use of tools or equipment and production of artifacts. We generally carry out these activities and projects in a mode of 'average everydayness'. That is, we are usually absorbed in, and take for granted, everyday routine, so we generally do not place them under scrutiny. Operating in a mode of average everydayness enables us to complete our tasks and activities.

As we go about our activities and projects, we take up possibilities that are open to us. For example, we may seek out opportunities to interact with particular people or take action that sets us on a new career path. For

Heidegger, 'being human means having possibilities, or possible ways to be' (Heidegger 1962/1927:40). He again stated that 'we also understand ourselves in terms of possibilities' (Heidegger 1962/1927:185). This directedness to possibilities means we are continually in a process of becoming; more specifically, we are already (oriented to) what we are 'not yet' (Heidegger 1962/1927:185–186). For example, if we make a commitment to become a teacher, musician, or economist, what we seek to know, how we act, and who we are is directed by this commitment, which organizes and constitutes our becoming.

1.6 Research rationale

The overarching aim for carrying out this project is to investigate the PID of undergraduate occupational therapy students in Ghana. It was hoped that interpreting and analysing students' lived experiences would capture the process of constructing and developing professional identity, despite existing literature ascribing professional identity enactment and development to students' socializing in a learning environment where they regularly encountered qualified occupational therapists throughout their training period.

Although the study considered the didactic teaching and students' learning styles, I specifically focused on students' activities during practice placement education. The current Ghanaian context is characterised with neither adequate occupational therapy service nor practicing occupational therapy professionals, hence the need to explore PID among this group of students.

1.7 Research questions

- i. How do occupational therapy students in Ghana understand the development of their professional identity?
- ii. How would Ghanaian occupational therapy students' PID be influenced by professional socialization among other healthcare professionals in an environment with limited occupational therapy professionals?

1.8 Research aim and objectives

The aim of the study was to explore PID amongst student occupational therapists in Ghana from their lived experiences.

To find the answers to the research questions the study focused on the following objectives:

- i. To capture students' experiences as they developed their understandings of themselves as occupational therapists in a country with few practicing therapists,
- ii. Examine how the students experienced their course programme and transition into becoming occupational therapists,
- iii. Understand the influence of the socio-cultural learning environment on the students' PID.

1.9 Presentation of the thesis

The thesis consists of the following chapters; *Chapter 2* is the literature review section of the study. The chapter begins by briefly introducing the history of occupational therapy globally; then, more specifically, pertaining to Ghana. I further review the literature on PID in relation to the study's aim and objectives.

Chapter 3: This chapter focuses on methodology, presenting a justification for the chosen methodology and research design including the challenges between my personal stance and philosophical stance with reference to the opinions of other social researchers. The chapter also outlines how I aimed to meet research quality guidelines.

Chapter 4: This chapter acts as a bridge which seeks to highlight on participants' profiles and leads into the analysis chapters. Participants' self-introduction offers a quality and validity check considering IPA as a creative process. Students' readiness to discuss their detailed profile helped

to display their differing background. The process adds clarity for readers to associate with participants and their narrative disclosures.

Chapters 5, 6 and 7: These are the analysis/findings chapters. The analysis was done chronologically based on the themes identified from various interviews conducted over the period of 4 years. Three master themes developed from the analysis were ‘formulating a sense of becoming an occupational therapist’, ‘aligning self with professional knowledge’, and ‘redefining OT profession and self in the Ghanaian context’.

Chapter 8: This chapter discusses the process of students developing professional identity through multiple constructs; that is, bringing together their thoughts, ideas and beliefs of their experiences towards their transformation into graduate professionals. The three main constructs discussed were personal knowing, professional knowing and experiential. I discuss the findings in light of literature that is reviewed in Chapter Two.

Chapter 9: Finally, is the conclusion chapter in which, I explore the limitations of my research and suggest further areas of work that could be progressed. I also present implications for practice from this work.

1.10 Conclusion

Research has not been carried out on the exploration of lived experiences in relation to students’ PID as threshold concepts; and more specifically, within a learning environment where the profession is unknown. In this introductory chapter I presented an overview of the study that seeks to explore the PID of the first cohort of occupational therapy students in Ghana. I introduced the meaning of occupational therapy, professional identity and practice placement education because the study centres on these as reference points.

I related occupational therapy, professional identity and practice placement education to the study context in Ghana, and to participants learning environment. The chapter introduced Ghana’s healthcare and educational

systems including the commencement of training occupational therapy professionals in Ghana.

In discussing occupational therapy profession, I highlighted students' as well as the Ghanaian populations' initial perception about the discipline. This was important because of the relationship between society's knowledge on the newly introduced concept and its acceptance into the community. I acknowledged my diverse roles in the study as the researcher, supervising clinician and occupational therapist consultant (Maree 2009). I admit how my past experience and current role also influenced the onset of the research.

I commented on the theoretical bases for the study by focussing on Meyer and Lands (2003) threshold concepts because the introduction of the new professional training programme is considered as a portal that opens a new and previously inaccessible way of thinking about occupational therapy. I further linked this to Heidegger's (1962/1927:408) opus of 'being and time' in relation to participants learning process, towards the professional course programme they have enrolled to study.

The chapter finally discussed the research rational that emanated from 2 research questions with 3 specific objectives to achieving the aim. In conclusion I indicated the presentation of the entire thesis, beginning with the review of existing related literature which is the next chapter to discuss

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This research seeks to explore the professional identity (PI) development of occupational therapy (OT) students in Ghana. The study specifically aims to examine a group of student occupational therapists as they work through their four-year training programme. Therefore, the central focus here is related to PID.

2.1.1 Why review the literature?

In interpretative phenomenological analysis (IPA), primary research questions and subsequent interview questions that may evolve from them are usually not theory driven (Smith, Flowers and Larkin). However, it is important for the researcher to have a broadened knowledge by reviewing relevant literature on the area of study. A literature review is important to this study to help identify gaps which the research questions could help address.

Although it is my aim to introduce readers to the subject area, with a thorough and comprehensive review of the literature, I am able to inform readers on some of the strengths and weaknesses within the key contributions to the studied field and to argue why the study can make a useful contribution. Finlay & Ballinger (2006) clearly stated a range of functions of a literature review that are applicable to this study. They include, establishing whether similar research has been undertaken; to identify how the topic has already been framed; and to see how key issues have been conceptualised. Reviewing the literature gives a clarification of the studied topic and helps appraise existing evidence. It also justifies the need for this study to develop a knowledge base. However, I needed to be wary not to be led by other researchers' ideas.

The chapter therefore, reviews literature to specifically understand the meaning of professional identity and the theoretical frameworks that underpin professional identity as an activity process. Taking into

consideration the importance of practice experience in the course programme, the literature search also involved how to link fieldwork and school activities with PID. In particular, I also examined literature that considered the relationship among professional, personal and social identities. Finally, and painstakingly, I searched for the University's role in professional identity formation including PID and threshold concepts, which had almost no research recorded. My approach to searching the literature is discussed next.

2.2 Searching the literature

Different sources of literature were searched but mainly through online databases via Coventry University Locate. Some databases used included CINAHL, Sciencedirect, Ingenta, Medline, and Proquest. Key words used included, 'student' and 'professional identity', 'reflexivity', 'threshold concepts', 'professional socialization', 'social integration', 'practice placement education', 'fieldwork education' and 'occupational therapy'. Other occupational therapy journals and books were also electronically and hand searched. As inclusion criteria for literature search, I mainly searched journals from authors, whose aims were to disseminate their insights into students' PID in the higher education sector over a period of ten years, covering 2005 - 2015. The search excluded literature that authors dwelt on PID of qualified practitioners because, this study focuses on students PID.

It was however anticipated that the review of literature could continue with the progressive process of interviewing through the four-year longitudinal study. This was because data collected could trigger the need for further information prior to and beyond the given range of 2005 – 2015, to establish more strengths and weaknesses in existing literature.

This study used a systematic review approach to identify articles that discussed PID in higher educational journals. Most of the articles reviewed explored dimensions such as professional reasoning, personal epistemology development, socialization into professions and learning theories that are important in the constructing and developing of professional identity. It was

observed that the reviewed articles hardly discussed the process of professional identity; that is, the transitioning process from novice to expert was not evidenced in their studies. In my search, I however considered the issue of transition to Meyer and Lands (2006) work on threshold concepts. Literature on the threshold concepts helped to focus on working with data obtained from the lived experiences of participants and not merely on my interpretations as revealed in the reviewed literature.

To be more focused on PID, the current study adopts a modified version of questions posed earlier by Trede et al. (2012) in analysing the interpretations of their literature review. My study takes this thematic approach with consideration to the research questions, aims and objectives to serve as a guide to further organise the literature search. Literature was searched under the following themes:

1. How is professional identity understood and described?
2. What theoretical frameworks underpin professional identity?
3. What processes of professional identity link students' clinical and school activities?
4. What is the connection between professional, personal and social identities?
5. What is the role of practice placement settings in PID?
6. What research approach best explores participants experiences?

Literature search based on the above questions helps direct the search in relation to the research's aims and objectives which also directs the interview guidelines administered for participants' views. Participants' narrative interpretations are analysed in conjunction with existing literature, including my observations, to accomplish the objectives of the study.

2.2.1 How is professional identity understood?

Professional identity includes the study of personal identity, which is defined by Gecas and Burke (1995:42) as 'the various meanings attached to oneself by self and others'. They noted the importance of identity as fixing

oneself in society by virtue of the relationships to others. By extension, membership in a profession influences self-definition and shapes how others think about an individual. In their recent study, Aagaard et al. (2017) concluded that being aware of one's professional competence by other members of the inter-professional team could also influence professional identity. In this respect, professional identity could not only be defined as earlier stated by Benveniste and Ibarra as 'the constellation of attributes, beliefs, and values people use to define themselves in specialized skilled and education-based occupations or vocations (Benveniste, 1987; Ibarra, 1999 p772)' but also, should include what other professionals perceive about you.

Extended research on professional identity construction suggests that self-views are shaped in three primary ways. First, professional identity is the result of the socialization process and rhetoric where one is provided with information regarding the meanings associated with a profession (Fine, 1996; Hall, 1987). Secondly, researchers suggest individuals adjust and adapt their professional identity during periods of career transition (Ibarra, 1999; Nicholson, 1984). Finally, Schein (1978) suggested that life as well as work experiences influence professional identity by clarifying one's priorities and self-understanding. Developing on earlier explanations of PI by researchers such as mentioned above, Hoeve et al. (2014) described PI as an individual's personal view of themselves in their professional role that may include their professional self-concept or self-image. Earlier, Johnson et al. had proposed the personal view based on their attributes, traits, beliefs, values and experiences. From the aims and objectives of this study, it is a need to add that PI could also imply collective identity of a profession. According to Wiles (2013), PI can be interpreted as being both an individual construct of self and a collective representation of a profession. This understanding relates to student occupational therapy participants of this study who had earlier internalised to becoming other professionals like medical doctors, physiotherapists, radiologists and pharmacists either than occupational therapists that they did not know about. This has been relevant to the study as it is believed that in developing

professional identity, it is essential for students to form the impression of their chosen profession and acculturate into being a professional.

The reviewed literature again acknowledged how authors used the term 'professional' in a variety of contexts. The contexts included professional development (Cornelissen & van Wyk, 2007; Hunter, Laursen, & Seymour, 2007; Klenowski, Askew, & Carnell, 2006), professional socialization (Mancini, 2015; Holmes, 2013; Cornelissen & van Wyk, 2007; Paterson et al., 2002), professional education (Paterson et al., 2002), professional formation (Reid et al., 2008), professional learning (Knight, Tait, & Yorke, 2006), health care professionals (Clouder, 2005) and professional identity (Briggs, 2007). From the reviewed literature, only Paterson et al. (2002) had a definite definition of professional identity as, the sense of being a professional. Although this definition was limited to a brief description, the authors illustrated other elements of professionalism that are combined to ensure the enactment of PID. They argued that technical skill and interpersonal skills alone cannot ensure the development of professional identity. The authors stressed the need for professional judgment and reasoning, critical self-evaluation and self-directed learning as essential components in the professional identity mix.

Paterson et al. (2002) again referred to definitions developed in the broader literature on the concept of professional identity. For example, they referred to Ewan (1988), who defined professional identity as a 'self-image which permits feelings of personal adequacy and satisfaction in the performance of the expected role'. According to Paterson et al. (2002), adequacy and satisfaction are gained as one develops the values and behaviour patterns consistent with what the society expects of members of the profession. These authors referred to Higgs' (1993) views that describe professional identity occurring when a member of a profession develops the attitudes, beliefs and standards that support the practitioner role and the development of an identity as a member of the profession with a clear understanding of the responsibilities of being a health professional.

Commenting on the discussed definitions in relation to this study, professional identity could be said to involve aspects of peoples' personal identity. That is, a person's professional identity comes from their position within society, their interactions with others, and their interpretations of their experiences. This observation is supported by Walkington (2005). He talks of practitioners' identities being central to their beliefs, values and practices that guide their actions within and outside their practice. Walkington (2005) argued that, although most rapid changes in the development of professional identity occurs when students graduate and begin their work, the development of professional identity actually begins in their education. In his study, Wilkington did not cover the area of socio-cultural aspects that might have affected the students' working environment. Similarly, Flores and Day's (2006) agree that, during the pre-registration training period, professional identity emerges from the students' images of other practitioners. Thus, there is something unique about the profession and the situated context of practice that students need to identify with. This 'something unique' is all about what students observe, their interaction with other people including staff, and how these students are seen and supported. These aspects are the sources for building professional identity based on images of practitioners. According to Geijsel and Meijers (2005), this identity could be refined through the processes of reflection as students develop a more sophisticated understanding of their work through their educational experiences in the formal studies and practice placement.

The concept of the student building professional identity from images of practitioners was demonstrated in the work of Rasmussen et al. (2005). In their study, Rasmussen et al. worked with 72 students at four stages of education (on entry, on completion of university-based study, on completion of fieldwork and one-year post graduation). Participants completed the Cultural Awareness and Sensitivity Questionnaire. The findings indicated that occupational therapy students graduated with an understanding of cultural diversity and the realization that cultural awareness and sensitivity are essential to culturally competent practice, although they did not have enough exposure to cultural issues in both

University-based education and fieldwork. The current study could dwell on this outcome to acknowledge participants' perception of cultural awareness and sensitivity issues considering the learning environment and resources available.

It is important to discuss this area in relation to identity formation and development because the culture of the practicing context could inform the teaching style and instructions shaping students' developing perspectives. Focusing on the socio-cultural influence on clinical and class-based learning was an area I was keen to examine including its relationship in helping to organise students' tacit knowledge along the challenges associated with their daily reflexive activities. These reflexive activities are essential for a well-rounded professional understanding and decision-making ability. Professional self-development is one of the areas this research hopes to explore including consideration of the socio-cultural influences within the learning environment. Indeed, within the Ghanaian context students find themselves in an environment with limited or negligible support to make sense of their own professional development

2.2.2 Theoretical frameworks that underpin professional identity

In the review, it was identified several studies were underpinned by various theoretical frameworks but focusing on professional identity. Some identified theories included the developmental theories of Perry and Erikson, Giddens's structuration theory (Briggs 2007; Peel 2005), and Lave and Wenger's work on communities of practice and situated learning (Hunter, Laursen, & Seymour, 2007). Other referenced theories associated with professional identity included Hofer's 1997 work on personal epistemologies (Kaartinen-Koutaniemi & Lindblom-Ylänne, 2008) and Engestrom's activity theory (de Weerd et al., 2006). Nietzschean theory was also considered to distinguish transformative from adaptive learning (Bramming 2007). In terms of learning theories, reflective practice by Schön in de Weerd et al. (2006) and Pill (2005); critical reflection by Mezirow and Freire in de Weerd et al. (2006); and Vygotsky's social

constructionism cited in Hunter, Laursen, and Seymour (2007) were part of the theoretical discussions. These vast array of teachings confirm how this field of study has little agreement amongst scholars.

The current study is influenced by Meyer and Land's (2003) threshold concepts theory with consideration to students limited opportunity to spending time with, and taking part in activities with professional colleagues to enable them to define what their role is and what is not. This area is of particular interest in this research because the study involves students who have very limited occupational therapy mentors to associate themselves with and, as such, students will be spending more time with healthcare professionals other than OT professionals: how then will they describe their experiences as developing occupational therapists?

This study assumes that several features of learning to become professionals are integral to our professional lived world because the period of transition from aspiring to practising professionals has relevance for continuing to learn as professionals. This feature of continuous learning over time comes with possibilities of bringing change to ways of being professionals as well as ways to handle constraints including resistance towards our becoming. It appears obvious that both continuity and change occur through the passage of time as part of our everyday life.

From a similar scope of understanding, Grosz (2004) supported the argument that, the folding of past into present and into future ensures continuity with change in our lives, while opening up a range of possible developmental trajectories. Grosz continued his argument that even aspiring professionals who may have no prior experience bring with them some notion of what these professions entail that, initially at least, underpins their becoming. This was identified with the participants who came in as students with no knowledge on occupational therapy. However, it was hoped that, at the end of their program, they will enter the profession with knowledge to underpin their professional identity. This process of change continues throughout our professional lives as it becomes integral to both being

professionals and continuing to learn as professionals (Webster-Wright, 2006). The process is as well integral to being human and continuing to learn, more generally. For clarity in relation to the study, a recent study by Meyer and Land's (2003) transformative development using their threshold concepts is used as the main underpinning theory.

2.2.3 Threshold concepts

Meyer and Land's work around threshold concepts (2003) highlighted that knowledge and learning were examples of concepts that can have a range of interpretations, from novice to complex understanding. Earlier studies by Perry (1988) and Saljo (1979) similarly identified particular stages in the development of the threshold concepts that had a transformative effect on the person traversing through stages from naivety to professional. Perry's (1970, 1988) studies with students at Harvard and Radcliffe Colleges in the USA on their view of knowledge development led him to identify an important point in students' development. Perry argued that knowledge could firstly, be acknowledged as provisional and, secondly, seen as evidence used to reason among alternatives. The difference between these perspectives is the distinction between dualistic and relativistic views of knowledge. Entwistle (2007) applied the same reasoning, using Saljo's (1979) work to relate to the concept of learning. He identified a point where a learner makes the transition from seeing learning as both the application and use of knowledge to understand what has been learned. This, he identified as a transition from viewing learning not only as the repetition of what is seen and heard but also the seeking to understand meaning.

Meyer and Land (2003) referred to the above-mentioned concept of learning whose acquisition is of a transformative nature as a 'threshold concept', which is of uttermost importance to this study.

Meyer and Land defined threshold concepts in relation to the following characteristics:

1. Transformative: there is a significant shift that occurs in how a subject is viewed once it was understood. This could sometimes lead to personal identity change.
2. Irreversible: that when a change happens it is unlikely to be forgotten and would require considerable effort to unlearn.
3. Integrative: threshold opens up previously hidden interrelations and creates new understanding relative to the subject.
4. Bounded: there is always a new threshold to master once the concepts have been understood.
5. Troublesome: some knowledge may not be well grasped and that can lead to troublesome knowledge (Perkins, 1999).

The transformative aspect of threshold concepts makes them interesting when focussed on students' activities in their learning environment. The need for transformation suggests looking at students' views of the concept before and after acquisition; however, it is also important to look at the period during which the change is taking place. Meyer and Land (2003) suggest that threshold concepts are irreversible in nature; that is, once new learning takes place, we do not revert back to previous understanding. This aspect may be difficult to confirm because it might be due to continuous use of the new concept that seemingly makes it impossible to go back. Lack of use may result in the concept becoming forgotten. The troublesome nature of the concepts made Meyer and Land (2005) describe how the learner could be in a state of liminality when trying to understand a threshold concept. The process is often both problematic and humiliating, and often involves oscillating back and forth between intermediate states before the final transformation. Meyer and Land again suggest that a threshold concept is bounded by other threshold concepts.

While Meyer and Land (2003) suggest five characteristic natures of their concepts, they hardly stated the number of criteria concepts needed for a threshold concept. There are variations in the literature concerning how many criteria are required for a threshold concept. More recently, Meyer (2010, p.205) defended this by saying 'Threshold concepts cannot be

described as an essentialist nor definitive list of characteristics'. However, Cowart (2010) argues that a concept must meet all five of the criteria if they are characteristics of the threshold concepts. Meanwhile, Park and Light (2010) are of the belief that there are two essential characteristics (integrative and transformative) and three other associative concepts. Most literature considers integrative as a factor essentially needed to enable transformation of students' views of the concept, moving them along a trajectory from novice to expert (Ross et al., 2010; Taylor & Meyer, 2010). Some researchers like O'Donnell (2010) however query all the criteria for a threshold concept due to lack of definitiveness in the definition of the criteria, while Rowbottom (2007) stated earlier that the definitions appear too vague.

In this study, it appears characteristics of the threshold concepts could serve as a metaphor for what goes on when a student is trying to understand a threshold concept in a learning environment. For example, due to their transformative nature, this may involve a change in identity and their acquisition is a part of 'joining a community' (Davies, 2006, p.74) and this has acknowledged links with communities of practice (Land et al., 2004; Land & Meyer, 2010; Meyer & Land 2005). They may also provide 'shape and structure to the subject' (Davies, 2006, p.75). This is an overarching idea that integrates knowledge and understanding.

2.2.3.1 Working with the threshold model

Davies and Mangan (2007) proposed an explanatory model for the threshold concepts. They considered this to consist of both procedural and disciplinary concepts. They argued that the procedural concepts are the enablers to achieving the disciplinary concepts (Davies & Mangan, 2007). However, this proposal has been argued against for being hierarchical starting from the basics, according to Flanagan et al. (2010) and Ross et al. (2010). This study however supports the reviewed explanatory version of Davies and Mangan's (2010) model. Davies and Mangan have further explored the relationship between the different types of concepts, but emphasizing that procedural concepts are the means to enable conceptual

change that leads to the full understanding of a discipline's threshold concepts. In other words, disciplinary threshold concepts are viewed as the thinking process while procedural concepts are the practices within a discipline.

2.2.3.2 Liminality in threshold concepts

In explaining how the threshold model works it was not stated why some learners have issues with certain concepts while others do not. Meyer and Land (2006) however suggested that the differences between individual students are due to variation, and they suggested four types: pre-liminal, sub-liminal, liminal and post-liminal. Pre-liminal is described as how a concept 'comes into view' (Land & Meyer, 2010). Sub-liminal is to do with the tacit everyday understanding of viewing a concept (Land & Meyer, 2010). Liminal variation happens when students are within the liminal space. The issue of helping students through the liminal space needed to be understood because this is where they oscillate between understanding and not understanding. Post-liminal is when students exit the liminal space (Land & Meyer, 2010).

During the period of liminality learners may occasionally experience that they might have acquired the concept but actually have not. This misunderstanding is termed as 'mimicry' by Meyer and Lands (2006, p.24). This may involve a lay view of the concept but not the subject view. For example, the student may recite a definition of a concept but does not fully understand as they may not be able to apply it in the real world. This is what Eckerdal et al. (2007) postulate as a theoretical and a practical aspect to attaining a threshold concept, and that partial attainment may mean that a student has grasped the concept in a theoretical sense without having a concrete understanding, or capability, to use the concept, or vice versa.

There can, however, be other factors that may affect students' understanding of a threshold concept. These may include emotional capital (Cousin, 2006) and their ability to manage feeling of uncertainty (Savin-Baden, 2007). Other important reasons may be the relationship between

social, economic and cultural contexts including students' learning style (Bloomer & Hodkinson, 2000). Others have related this delay in understanding to students' perception of relevance (LeBard et al., 2010; Quinnell et. al, 2010). Some researchers suggested that prior knowledge and experience gained before education enhances knowledge acquisition and integration (Resnik & Jensen, 2003): other literature did not consider these. It is important to acknowledge different ways of understanding a concept as something might not be wrong but simply comes from a different perspective. Learners may fluctuate between different perspectives, especially when learners attempt to relate theory to practice. This is discussed in the next section.

2.2.4 Linking fieldwork and school activities with PID

Most articles identified discussed the role of self, including self-reflection, agency and self-authorship as the focus of the process of PID. For example, Magolda (2004) specifically associated personal epistemology formation and PID. De Weerd et al. (2006) saw reflection as a key process for PID and further argued that reflection is the important link between experience and identity. Building on their argument De Weerd et al. emphasized that learning as a professional involves the individual professional as a whole person and not just what they do.

While focusing on the objectives of the current study to explore how professional identity develops, an empirical study by Bramming (2007) is of interest. She explored transformative learning and described strong learning as a result of creating a crisis that is confronting and challenging and requires high support. A crisis in relation to the current study could be described as a situation where students are required to stop, think and reflect, rather than accepting new information without questioning. Bramming emphasized the importance of creating processes and a situation that enables strong learning. She argued that transformation is an ontological condition of all learning and she saw the learner at the centre of PID. The student is neither constructed as a consumer or an entity under

transformation but is seen as a nexus of learning in a process of crises. According to Bramming, learning is already happening in this state of crisis, a process that is needed for the student's world-view to be contested for transformation to occur. Bramming's argument can be associated with Kolb's (1984) model of experiential learning processes and is considered as one of the processes that links practice placement and learning activities to developing professional identity. Zwozdiak-Myers (2012) describes experiential learning in relation to the ongoing discussion as the process whereby knowledge is created through the transformation of experience. She argued that the two dialectically related modes concerned with grasping experience are concrete experience and abstract conceptualisation and those concerned with transforming experience are reflective observation and active experimentation. As a process of constructing knowledge, experiential learning creates a tension, which Bramming (2007 p18) described earlier as 'crises' among the learning modes from responsive to contextual demands.

Another process underpinning professional development is from Barrow (2006) and Klenowski, Askew, and Carnell (2006). They discussed assessment regimes as potentially playing an important role in PID and the transforming of self. This argument is well supported by this study, and much related to Zwozdiak-Myers' (2012) view, that, knowledge can be constructed by responding to contextual demands, which is evidenced by assessment outcomes of the students.

2.2.5 Professional socialization

Cornelissen and van Wyk (2007) made a link in their exploration of the professional socialization process with a focus on professional self-image. They described professional socialization as a dynamic, interactive and lifelong process, and argued that participation in the professional role, or in preparation for the role, was key for students to gain insights into professional ideology, motives and attitudes. The act of socializing or interacting with and participating in professional roles is an ability that requires inter and intra-personal skills (Taylor, 2014). Taylor, further

explains the skills to include assertiveness, taking initiative, and appearing confident when interacting with others. Insights to these skills shape professional identity.

It is established that students understudying professional academic programs socialize to the profession to refine their professional self. The mechanisms for professional socialization may include interacting with educators and professional occupational therapists, personal reflection, interacting with others with different culture backgrounds, and experiencing uncertainty and vulnerability. The American Occupational Therapy Association has recently defined ‘socialization’ as ‘the process by which students are inculcated to the knowledge, skills, culture, and ethos of occupational therapy; building professional identity (AOTA, 2014b:84)’. This definition may infer that students transform, develop deeper personal awareness and greater understanding of a discipline through socialization. However, Mezirow (1990) has earlier argued that reflection rather leads to transformation via transformative learning because reassessing of an individual’s assumptions and beliefs shapes the way they perceive, understand and feel about the world and act on insights from such reassessments. This research acknowledges earlier arguments from Mezirow’s reflection about? transformative learning and, AOTA’s recent definition of ‘socialization’ to contain tenets that contribute to PID. However, the processing of identity development in relation to enhancers and barriers in the learning environment is yet to be ascertained.

Basing on earlier arguments by Taylor, Cornelissen and van Wyk, it is observed that the performance context is of great value to the student. The performance context or learning environment must be prepared and made conducive for the student to demonstrate their socializing skills that may include participation in professional role. Despite the importance of different means of socialization discussed in existing literature, students may be wary to socialize with professionals in their learning environment. This can be eminent especially, when professionals of students’ study-discipline are underrepresented or absent in their learning environment.

Knowledge on this literature gap could help answer one of the research questions; ‘How would Ghanaian occupational therapy students’ PID be influenced by professional socialization among other healthcare professionals in an environment with limited occupational therapy professionals?’ Knowledge on the gap could also enlighten the argument put forward by Chapman and Pyvis (2006) that students choose and negotiate their identity and, therefore, giving students an opportunity to make informed choices assists the PID process. This is also in line with Hunter, Laursen, and Seymour’s (2007) contribution by drawing on Vygotsky’s zones of proximal development, which emphasizes students’ legitimate engagement or socialization in their future practice.

Dwelling on the arguments above, it is noted that the process of professional socialization is closely linked with PID as both explore values and feelings that help the students develop self-awareness. Knowledge on individual personal characteristics shape the way in which students respond to experiences that tend to influence their socialization, thus enhancing continuous development via improved inter and intra-personal skills.

This study seeks to explore from the students’ own lived experience, how professional socialization influences their PID in relation to the learning environment.

2.2.6 Relating professional, personal and social identities

From the review, I identified that though the majority of articles discussed professional, personal and social identities, they did not make definite connections between them, let alone discussing ways on how to integrate them. Hunter, Laursen, and Seymour (2007) however, hinted that the integration of knowing is the connection among professional, personal and social identities. Hunter et al. (2007) continued their argument that such integration is manifested when students see the relevance of what they are doing and learning, and when they feel valued for what they know and do. Paterson et al. (2002) found that a strong core identity was an important

starting point to develop a professional identity. This study supports this call and seeks to assess how this core identity is manifested at the early stages of participants' training, and how participants identify this core identity from other forms of identities. Peel (2005) argued that people have multiple identities, for example academics as teachers, practitioners and researchers. Peel argued that, for her, the interplay between the professional and the personal were critical to the development of her sense of self in both its public and private facets. I am of the view that such identities could only be well interplayed if they can be identified.

In 1998, Robson used a single case study approach to examine the role that professional socialisation played within the training programme for a student teacher. She described her approach as the 'reaction approach', which emphasised the investment and reflection a student makes along the journey towards becoming a professional, and developing their professional identity. The key themes that emerged from Robson's study were identification with colleagues and students and separation from colleague teachers and students. Robson concluded that the placement setting heavily influences the development of professional identity as student teachers are exposed to a number of challenges and choices within the university and practice placement setting, which may have a positive or negative impact upon their identity. Dams et al. (2006) similarly argued that professional socialisation played role within the training programme when students recognise their new identity as a member of that profession, and what that might mean for their own values. Bhat et al (2018) in their recent work referred to the socialization theories in their discussion of the formation of PI. They described PID as a complex relationship between who we are, who we wish to be and, our interactions with the real world. This comment is worth noting, considering participants in the current study who did not know of the occupational therapy profession, let alone knowing who they were as student OTs and who they wanted to be as professional OTs. However, they continued to interact within the professional environment, wondering how to cope in formulating their professional identity.

In search to appreciate students coping and formulating PID, reference was made towards the work of Hind et. al. (2009). Hind and his team had earlier used the social identity theory (SIT) with inter-professional learning on first year students from five healthcare professions. The study included the following two hypotheses with the given summary of results:

The study's first hypothesis was: 'that individuals who identify strongly and positively with their professional in-group will rank the other professions more negatively' than do in-group members who are not as strongly and positively identified. This was not supported for the total sample. Unexpectedly, analysis showed that students who were positive about themselves were also positive about the other groups and vice versa for negative views.

The second hypothesis was: 'Students who identify strongly and positively with their in-group will be less likely to show willingness to engage in inter-professional learning with other health care students than members of their in-group that do not identify so strongly with their in-group'. This was also not supported except for one small group of students. It however was revealed that, students who identified with their group tended to be more positive about inter-professional learning than students who identified less strongly with their group.

The relevance of this outcome to the research was of particular interest to me considering the OT students were having common lectures with students of other healthcare professions like Physiotherapy and Medical Laboratory Sciences. In the clinical settings, they would also be mostly working with nurses and other healthcare colleagues and professionals all of whom foster inter-professional learning. I was interested to understand how will these relationships reflect in their description of professional identity? This directed the literature review to look into the relationship between fieldwork experience and PID.

2.2.7 Practice placement settings and PID

Practice placement education has been recognised as an integral and critical component of the education of occupational therapy students (Bonello, 2001; World Federation of Occupational Therapists [WFOT], 2002). Occupational therapy educators must continue to ensure that practice placement education is relevant to constantly changing work practices (Lloyd et al., 2002). Ideally, as in the traditional practice placement model, these students should be supervised by practicing occupational therapists. In support of this is a study by Warne et al. (2010) who worked on a comparative view of factors that enhance the learning experience of nurses whilst on clinical practice. The study involved students undertaking a general nurse training programme in nine different Western European countries. 1,903 students were involved from Cyprus, Belgium, England, Finland, Ireland, Italy, Netherlands, Spain and Sweden using a web-based questionnaire. The study focused on: 1. student nurse experiences of clinical learning environment; 2. the supervision provided by qualified nurses in the clinical placement; and 3. level of interaction between the students and nurse teachers. The study used a validated theoretical model, Clinical Learning Environment, Supervision and Nurse Teacher (CLES+T) evaluation scale. The focused areas appeared to be of relevance to this study and, as such, my interest in the outcome. The findings from Warne et al.'s. (2010) study revealed that, generally, respondents were satisfied with their clinical placements although 57% had successful mentorship experience while 43% did not. The most satisfied students had supported individualised mentorship relationships. This is significant to this study because it suggests that learning to become a healthcare professional is a multidimensional process that requires both significant time being spent working with patients and a supportive supervisory relationship.

In another study, Kaartinen-Koutaniemi and Lindblom-Ylänne (2008) saw the intersection of placement setting and professional identity from experiences that students derived from the curriculum as well as from the workplace. That is, both the curriculum and work together shaped PID. Paterson et al. (2002) and Hunter, Laursen, and Seymour (2007) concluded

in their articles that support given by universities to assist students to learn from workplace experiences provided a connection between university and work, and facilitated the development of professional identity. West and Chur-Hansen (2004) however argue against such a connection, and claimed that the workplace had a far greater influence on PID than universities. De Weerdt et al. (2006) argued along the same lines and saw the intersection of PID between university and work as arising from multi-community membership, regarding students as pre-accredited professionals and also as learners. Jackson (2016:296) recently came out that 'pre-accredited professionals' could be best described as students developing 'pre-professional identity' which is 'an understanding of and connection with the skills, qualities, conduct, culture and ideology of a students intended profession'. Recent studies by Nuttman-Schwartz (2017) argued that acculturation, an essential factor to developing students PI, involves processes that occur through education and experience while (Mancini 2015; Holmes 2013) had earlier argued that the importance for acculturation involved the processes of socialization. Thus, neither education nor field work experience supersedes each other in students PID.

Similarly, Cohen (1981) earlier suggested that professional identity is developed through a process of witnessing and experiencing professionals at work to be able to identify the key skills, competencies, approaches, values and norms that the individual practitioners demonstrate. These are then internalised and referenced to enable the individual to identify similarities with their own behaviour. As an interest area for this research, it was necessary to understand the process that underpins the formation of professional identity, and to explore how individuals distinguish the characteristics of different professional groups in a given setting. The university supposedly influenced students in the constructing of their professional identity as well as its development (West & Chur -Hansen, 2004).

2.2.8 University's role in professional identity formation

Although most of the articles reviewed by Trede et al (2012) mentioned the university's role in PID, the authors did not make it their prime focus. The literature search revealed that some authors only addressed the university's role in facilitating PID by discussing transformative learning, reconciling personal and professional values, and by calling for increasing student participation and engagement. Earlier, Barrow (2006) saw a role for universities in equipping students to measure themselves against standards, because this prepared them to take care of themselves and to build their professional identity.

Recent international review study by Browne, Wall and Bernnet (2018) has identified more important role the universities and other professional health training providers play to support students to develop and shape their self-concept and professional identity. For example, Peterson (2016) earlier identified that nursing students in the United States needed to internalise the values of the profession in order to form a professional identity. Peterson's study revealed reports by students saying they experienced PI through formative education during their degree and incidentally through practice placement. However, in the United Kingdom, Clements et al (2015) had earlier investigated students' perceptions of PID and its effects on students' retention. Results from Clements et al. showed that practice placement played an influential aspect of students PID especially, in areas of self-appraisal and the opportunity to relate with other health professionals. Also, a study in New Zealand by Song (2016) concluded that students PID basically dwelt on reflection on personal values, life experiences, peer to peer interaction and formal learning of professional values. These late findings although not settled on common areas identified as roles for universities and PID, their argument augment earlier study by Burrow (2006) who presumed the need to go further to add to the university's role in PID by ensuring that there are opportunities for students to develop the social, critical, cultural, professional and personal aspects of professional identity. This is believed to be achieved by first identifying them as barriers or thresholds and then working to overcome them through experiential

learning. Bramming (2007) argued that the main concerns of the University are to maintain high professional standards, but also added that universities must be concerned with transformative learning and education, which is then seen as a process where students are active participants. In supporting Bramming's suggestions on transformative learning and education, participants in a recent study by Caplin (2016) in the United States reported among several factors including transformation in thinking as in transformative learning mostly influenced PID.

According to Hunter, Laursen, and Seymour (2007), the role of universities is to create conditions for student participation. Once this is provided by the university, the authors argued that developing professional identity is up to students. These authors feel students need to start to take ownership, engage in practice processes, act professionally and reflect to build up their professional confidence. Pettifer and Clouder (2008) claimed that lecturers needed to maintain a relationship to their profession in the field by relating theory to practice in their teaching. This has been observed as very necessary to enhancing PID as based on the findings by West and Chur-Hansen (2004). They argued that universities play a weak role in PID once students engage in learning in the workplace because what students learn at universities is undermined by what they observe at work. West and Chur-Hansen therefore questioned the efficacy of the university's role in facilitating PID. This study goes further to identify with the importance of participants' own views on how the training programme enhances the recognition of themselves both at the universities and on the field. This may include a focus on the needs for action and practice, rather than on thinking and talking about PID as suggested by West and Chur-Hansen.

Hunter, Laursen, and Seymour (2007) summed up the implications for university learning and teaching of professional identity formation by stating that it is important that students be provided with authentic experiences to reflect, and with academics who understand their mentoring role. The interrelationship between students and their lecturers, the effective

use of experiences that lead to heightened self-awareness and deeper understanding of practice appear to be key concerns in PID.

Another implication emerging from the reviewed literature was for learning and teaching to focus more on action and behaviour than on theory and concepts. A previous study by West and Chur-Hansen (2004) highlighted that lecturers should consider the formal, informal and hidden curriculum and its impact on PID. This confirms the need for students to be encouraged to question their self-understanding and deeply understand their professional relations with others (Barrow 2006; Baxter Magolda 2004; Kaartinen-Koutaniemi & Lindblom-Ylänne 2008). The importance of such transformation and generating insights from engaged learning and teaching was earlier on emphasized, especially by Bramming (2007) and Peel (2005). Peel (2005) particularly stressed the importance of reflection in developing professional identity. I was therefore conscious of issues like the risk of distorted knowing and being if students dwell only on experiences without reflection. Surprisingly, Chapman and Pyvis (2006) in contrast, claimed that the experience of attending a university course in itself automatically has an impact on professional identity.

2.3 Conclusion

The chapter reviews literature to specifically understand the meaning of professional identity and the theoretical frameworks that underpin professional identity as an activity process, taking into consideration the importance of practice experience in the course programme. In particular, I also examined literature that considered the relationship among professional, personal and social identities. Finally, I searched for the University's role in professional identity formation including the relationship between PID and threshold concepts.

Different sources of literature were searched but to be more focused on PID, the search was thematically done under identified themes. In searching for the understanding for PID most authors related to personal identity especially, by fixing oneself in a society by virtue of relationship with

others. However, arguments are by recently raised by other researchers in support that the perception of other members of the inter-professional team could also influence ones PI. Generally existing literature demonstrated different authors using the term professional in variety of contexts including professional development, professional socialization, professional education, professional learning and professional identity. There was however, no demonstration of the path to enacting PI and its further development, which is a gap this study attempts to ascertain.

To understand the underpinning theories and frameworks associated with professional identity, several works were reviewed including Erikson and Perry's developmental theories, Engeströms activity theory, learning theories by Schon in de Weerd's work and, Vygotsky's social construction theory, to mention a few. It was established that the vast array of theories in relation to PI confirms the little agreement amongst scholars. The current study is however influenced by Meyer and Land's (2003) threshold concepts theory. Meyer and Land's work on threshold concepts highlighted that knowledge and learning were examples of concepts that can have a range of interpretations, from novice to complex understanding. Although Meyer and Land (2003:1) referred to the above-mentioned concept of learning whose acquisition is of a transformative nature as a 'threshold concept', Davies and Mangan (2007) argued against, stating that the threshold concepts were rather procedural and disciplinary concepts. Despite the argument, this study proposes that threshold concepts had a transformative effect on the person traversing through stages from naivety to professional which, is of uttermost importance to this research.

Another important aspect of the searched literature was related to professional socialization. It was established that students understudying professional academic programs socialize to the profession to refine their professional self. The association between socialization and PID was established based on earlier arguments from Mezirow's reflection and transformative learning and, AOTA's recent definition of 'socialization'. They both contain tenets that contribute to PID. However, the processing of identity development in relation to enhancers and barriers in the learning

environment is yet to be ascertained. Dwelling on the arguments above, it is again noted that the process of professional socialization is closely linked with PID as both explore values and feelings that help the students develop self-awareness. Furthermore it helps to infer the link among personal, professional and social identities as per very recent study by Bhat et al (2018). They described PID as a complex relationship between who we are, who we wish to be and, our interactions with the real world. The real world mainly consists of learning environment provided by the universities and other professional health training providers, to support students to develop and shape their self-concept and professional identity. This important role is however yet to be fully realised.

Generally PID has been described as a journey of professional growth that is very much personal, grounded in experiential learning from which personal meaning is derived. It is the interconnection and influence of participants' personal self, course delivery and learning style and their experiences in the learning environment which is the interest area of the current study to answer the research questions; 'how do occupational therapy students in Ghana understand the development of their professional identity?' and 'how would Ghanaian occupational therapy students' PID be influenced by professional socialization among other healthcare professionals in an environment with limited occupational therapy professionals'.

The next chapter moves on to share the methodological approach and methods used to conduct the study. I present a justification for my choice of methodology and the research design including other considerations related to my personal stance and philosophical stance.

CHAPTER THREE: METHODOLOGY

3.1 Introduction

This study seeks to explore the development of participants' professional identity as they progress through their study programme to become occupational therapists. Participants for this inquiry are from a cohort of students undertaking the Bachelors of Science (BSc) in Occupational Therapy program in Ghana. Working with participants from this first cohort of students is of particular interest to this study as they offer an opportunity to explore their thoughts, emotions and self-actualization in the course of their program as well as their perception on academia.

In this chapter I present a justification for the chosen methodology and research design including selection of participants, data collection methods and approach to analysis, validity and reliability to qualitative research. I also discuss challenges between my personal stance and philosophical stance with references to the opinions of other social researchers.

3.1.1 Personal stance

In thinking about proposing and commencing this inquiry, I considered many factors including participants qualities and dispositions, the psychosocial influence of the study environment on participants and my relationship with the project. More importantly I again related the research to my prior experience as an occupational therapy student and later a practitioner who worked in an environment where occupational therapy was well developed. Knowledge of my position is relevant because it has influenced the need to carry out this project as well as assisting readers to appreciate my personal stance and what unfolds in the inquiry.

Although my position in this study has been clarified in section 1.4 of chapter one, I would reiterate that my knowledge on the importance of practice placement in professional education and training triggered my interest and the importance I place on understanding more about PID from the student experience. My past experiences made me reflect on issues that

unfolded the following questions that were considered earlier under section 1.4; where is the OT service? Are there OT staff in the learning environment? Who are the placement educators? Who will students associate with as their mentors? How will the pre-registration education confidently place students in the world market as qualified occupational therapists? These situational questions introduced me as the principal investigator alongside the student participants to explore their lived experience in relation to PID. I thought I needed a unique criteria or approach to enable me explore my participants' most lived experience during their educational programme.

3.1.2 Philosophical stance

In relation to my personal stance, I thought this social research ought not to be explanatory, but rather narrative because I needed as accurate a description as possible of the actions of the students through our interactions. To ensure not to miss any of such experiences, I initially thought to involve them in 1-to-1 interviews and make use of their fieldwork diaries to explore their feelings and experiences. I wanted to understand what was meaningful to these students regarding the phenomenon of becoming occupational therapists, by focusing on description and interpretation of experiences, as the basis of my inquiry. My role involved accessing the meaning associated with students' particular actions, which should be understood in context. This knowledge of the 'context' or background for the proper interpretation of my participants' actions is my understanding of hermeneutics, an area that will be discussed further in this chapter.

In establishing my researcher stance, I considered the ontological views of realism, which is an objective perspective and idealism that focuses on subjective perspective and their relation to the already established hermeneutic phenomenological approach. Realism suggests that there is objective knowable knowledge that exists but is independent of the actions of participants, which means this knowledge appears to be external to their experiences, according to MacKay (1997). In relation to this study it meant

participants' knowledge of PI development may not be related to their experiences. However, looking from a relativist perspective, which is the choice for this study, knowledge is viewed as subjective and is constructed by individuals. The subjective perspective further suggests that knowledge is the meaning that participants' assign to their lives, a product of their minds that may be gained by learning about the knowledge that they hold (Schuh & Barad 2008). This inquiry has adopted this perspective, acknowledging that there are multiple ways of knowing and that participants' knowledge on PI development is being drawn from the integration of such personal knowledge and their activities. I therefore sought to tease out participants' perception based on their understanding of their actions.

My action is based on the constructivist notion that reality is a product of one's own creation. That is, 'knowledge is a compilation of human made constructions' (Raskin, 2002:4). Constructivist perspectives argue that reality is an internal construction where individuals assign meaning to experiences and ideas, so reality cannot be separated from knowledge of it. This subjective constructivist stance thus considers the ontological question of the relationship between participants' current knowledge level about themselves, their roles, self-actualization, and what is to be known. The ontological question further directs the inquiry into experientialism because it has been established from the previous argument that knowledge is believed to develop through experience. Knowing that knowledge is not static but constantly changing, again supports this inquiry's position as a longitudinal study.

Basing on Heidegger's developed hermeneutic phenomenological approach, that consciousness could not be seen as separate from the world since it is part of people's experience also supported this research being carried out in participants' learning environment. He argued that a person's background influences the way they see the world so it is important to take this into consideration. Taking the background into consideration relates both to participants, that is, their existing knowledge and what is to be known and I

(researcher), my presupposition against participants' experienced narratives. Subjectivist epistemology therefore assumes that we cannot separate ourselves from what we know; but also assumes the researcher and the participant are linked to know who we are and to appreciate that how we understand the world is a central part of how we understand ourselves and others. Being closely related with my participants during this longitudinal study and my dual role as academic and researcher, allows me to shed light on their taken-for-granted experiences. I was clear that my position endowed me with power so, I consciously squared this with ethical consideration that participants taking part in the research did so only on the basis of freely given informed consent. This will be further discussed in the recruiting section 3.2.2 to acknowledge that students may be afraid to be penalized for not taking part in the research. However, when prospective participants read through the research information they were further informed of their roles to include, the opportunity to schedule our interview meetings at their convenient venues. Participating students therefore owned the interview appointment schedules that lead to regular negotiations between us. The attitude of allowing participants to partly own the research by giving them roles and, I appreciating them as co-researchers, generated a relaxed relationship between us. This positive relationship enabled us to create meaning and to develop understanding of our roles thus, buttressing my subjective position. This is because much as I assume that there is the possibility of some influence from my position and already known knowledge, I also think my prior knowledge could assist me to appreciate participants' rich information.

During this dilemma of possibly influencing the investigation with my already known knowledge, I decided to apply the concept of 'bracketing', which is further demonstrated in my data collection section. This is a methodological device in phenomenological inquiry that requires a deliberate attempt to put aside my belief about the phenomenon under investigation, or what I already know about the subject prior to and throughout the phenomenological investigation (Landridge, 2007). It is the holding in abeyance those elements that define the limits of participants'

experience when uncovering a phenomenon about which they know a great deal (Ray, 1985). According to Ray, adopting this attitude is unique with a phenomenological approach.

Using 'bracketing' under this condition is another means of demonstrating the validity of data collection according to Ahern (1999). To use this concept successfully, I found myself continuously tasked to make efforts to put aside my prior knowledge, beliefs, values and experiences to enable me to accurately describe participants' life experiences. Koch (1995) argued that hermeneutic phenomenological approach cannot avoid prior knowledge of the phenomenon under study. Although Koch's argument places the technique of 'bracketing' under questioning, Gearing (2004), later rebutted Koch's argument that the concept of 'bracketing' is applicable in hermeneutic phenomenological study but requires researchers to have a methodological awareness of its complexity, theoretical underpinnings, and applicability to their respective study.

Based on the discussed arguments by Koch and Gearing, attempt to consider the use of bracketing in this study involved a thorough planning. For example, reflecting on my past experience as a student in a different environment as compared to my participants has been essentially considered before the data collection and analysis process. Planning to use bracketing informed the strategizing of this study. The study has been guided by the thinking activity of reflexivity that continued to help with issues of bracketing while the research was in progress. This process was daunting because it involved sincere efforts in terms of self-reflection and self-awareness. According to Ahern (1999), a flash of insight indicates the areas of bias that might be experienced during the reflective thinking process. Such signals informed me of the need to 'bracket' my knowledge in that area as a researcher. These activities served as check points, indicating alerts of issues related to bracketing that I needed to sort before I proceeded to the next stage in the inquiry.

As a social science researcher, I am in support of the opinion that presuppositions or expert knowledge on the part of the researcher are valuable guides to inquiry and even make the inquiry more meaningful to undertake. Indeed, I found it impossible to rid my mind of the background of understandings that had led me to consider this topic worthy of research. In the first place, it is my past experience as a student occupational therapist as compared to my observation of current occupational therapy students in Ghana that led to the realization to research in this area. It was my knowledge base that led to specific ideas about how the inquiry could proceed to produce useful knowledge. Therefore, personal knowledge, according to Geanellos (2000), is both useful and necessary in phenomenological research. Although Annells (1996) and LeVasseur (2003) have criticized that, the technique of 'bracketing' as described by some phenomenologists, is inconsistent and questionable within a hermeneutic phenomenological approach, I am of the view that the concept can be highly recommended based on the researcher's practical strategies on the use of reflexivity. For example, in the process of this enquiry I continued to employ a reflexive approach to make all preconceptions explicit and explain how they are being used in the inquiry as I seek participants' views.

Guiding my ontological, epistemological and research perspective is the phenomenological paradigm. Arriving at a phenomenological paradigm has been premised by my attempt to explore the perception of a group of students' lived experience that could best be achieved by employing a qualitative approach.

3.1.3 IPA research approach

According to Smith, Flowers and Larkin (2013), IPA is a qualitative research approach committed to the examination of how people make sense of their major life experience. Denzin and Lincoln (2012) had earlier argued that understanding the concept of PID could be best achieved through analysis of interpretations and actions of the participants, the core value of

qualitative approach. Based on arguments by the above mentioned researchers, Polger and Thomas (2013) stated that IPA is an organised means of examining the personal meanings of individuals' experiences and actions in the context of their social environments. Just as it is preferred to carry out such qualitative research in a natural environment, so is this study carried out in participants' social environment. In such a natural environment, I have limited control for extraneous influences as participants go about their day-to-day activities. Data collected using the qualitative approach provided a rich description of experiences based on language recorded as applied in this study. Qualitative approach was aimed to provide systematic evidence for gaining insights into participants' views of the world. I focused on the in-depth understanding of individual participants, rather than studying the general characteristics of a large population of individuals across specific variables. Although some quantitative designs may address single cases, the difference is that such quantitative designs address specific variables representing aspects of the individual's behaviour, rather than attempting to describe and understand individuals' holistically in the context of their natural social setting. Such approach more described a specific individual (idiographic) rather than describing a general phenomenon (nomothetic) as required for this inquiry.

Despite the above positives about my chosen approach, this approach of questing certainty through the application of reason has come under attack by postmodernists, pragmatists and philosophical hermeneutists. This challenge holds that nothing is certain, that all knowledge production is contestable and relative to frames of reference. This conflict is clear if readers refer to various rationales given for qualitative research such as some qualitative researchers allying with societal sentiments and attempting to work out a kind of positivism (Miles & Huberman, 1984). As a social scientist, I am of the opinion that the need for certainty is still so strong in society that it continues to reinforce positivism. However, if I was inclined to collapse under this strain and submit to positivism, that would be to undo the instinct of more meaningful knowledge about human affairs that girds

qualitative research, which has been the choice for this inquiry in seeking to capture and examine participants' rich and personal experiences.

There are a variety of approaches to qualitative research and these take different positions concerning how data should be collected and analysed. Different schools of thought have also contributed to the historical development of qualitative research (Denzin & Lincoln, 2011 ch.1). Different approaches to qualitative research may involve the use of ethnography, phenomenology or grounded theory.

Ethnography involves the study of the processes associated with the way in which people perceive, describe and explain the world (Polger & Thomas, 2013). Researchers using ethnography argue that the meanings of specific actions and events are not necessarily obvious but are rather ambiguous and problematic. It is believed people select and apply specific rules and principles in order to define and give meaning to situations in which they find themselves, and in order to justify their actions in a given situation. In ethnography it is asserted that researchers often take participants' cultural context such as norms and rules for granted during our everyday communications and social interactions. They finally concluded that when cultural backgrounds of individuals diverge, the understanding of personal meaning becomes less obvious or common sense. It is obvious that, although ethnography could provide participants' perspective of their own life just as using the phenomenological approach (Creswell, 1998), on the other hand Wallace (2005) concluded in his work that the approach is more of exploring primitive culture as well as comparing emerging ideas to existing theory, which is not the focus of this research.

Just as in any other qualitative approach, grounded theory (GT) explores the experiences of participants. Using this approach, however, positions the researcher more of being an outsider giving voices to participants (Bluff, 2005; Chamaz, 2000). This inquiry, on the other hand, demands the researcher to be a more close and occasional insider to ascertain needed

information. GT has therefore not been the choice of approach based on the research design.

It has been established earlier that there are multiple and diverse epistemological roots for qualitative approaches, however Madill, Jordan & Shirley (2000) and Willig (2008) observed how the different forms of qualitative approaches converge in the context of meaning making. Researchers using qualitative approaches attempt to study subjects in their natural settings with the aim to making sense of, or interpret the meanings people assign to their experiences in everyday language (Hennink et al. 2011). Braum and Clark (2013) suggested that the uniqueness of the qualitative inquiry is its experiential understanding of the complex interrelationships among phenomena and how it interprets experiences.

For this study, interpretative phenomenological analysis (IPA), a qualitative research methodology is specifically preferred over many other qualitative approaches. The rationale for the choice was influenced by the research questions, aims and objectives which is discussed further under methodology. However, it is important to know under this section that the method has been a choice based on its ability and emphasis to converge and diverge experiences, as well as its ability to examining detailed analysis of the lived experience of small number of participants. Smith, Flowers and Larkin's (2013) description of IPA makes it particularly attractive for the study because of its commitment to explore, describe, interpret, and situate the participants' sense making of their experiences

Furthermore, using qualitative research like IPA helps to study participants' life experiences and deliberately shuns quantitative preoccupation with measuring, counting and prediction in favour of describing, exploring, understanding and interpreting a phenomenon (Finlay, 2011). For instance, Smith, Flower and Larkin have proposed IPA has two primary aims, firstly to look in detail at how someone makes sense of life experience, and secondly to give detailed interpretation of the account to understand the experience.

Smith, Flower and Larkin's assertion on the uniqueness of IPA stems from the theoretical underpinnings associated with IPA that includes phenomenology, hermeneutics and idiography. IPA displays its phenomenological qualities to understand the lived experience by integrating the works of three major phenomenological philosophers: Husserl, Heidegger and Merleau-Ponty. For example, based on the striking feature of IPA's detailed and systematic analysis of consciousness, Husserl suggested that seeking to capture participants' experiences of phenomenon could be achieved by consciously setting aside our previous knowledge and detach ourselves from prejudices and our prior understanding by bracketing. However, Husserl's argument that the ultimate means to explore human experiences is by setting aside pre-conceived knowledge is dismissed as simplistic and unattainable (Spinelli, 2005). Smith, Flower and Larkin (2009) also criticised Husserl's pure experience as being elusive and inaccessible because experience is usually witnessed after the event has already happened.

Earlier arguments by Heidegger (1962/1927) and Merleau-Ponty (1962/1945) could now be strongly identified with IPA's hermeneutic traditions for its ability to explore and interpret personal lived experience of participants. The works of these philosophers complement each other. For example, Heidegger's phenomenology is focused on existentialism, while Merleau-Ponty focuses on embodiment. According to Finlay (2011), Heidegger and Merleau-Ponty have formulated the argument that we constitute the world of language and social relationships to the extent we cannot isolate ourselves from the historical accuracy of all understanding. Heidegger further argues that our being in the world puts us in a fundamental interpretative situation that enables us to ask questions about our world. Thus, IPA believes that there is a phenomenon out there ready to be explored but requires the investigative work of the researcher to bring it to light using their prior experience, assumptions or preconceptions to make sense of the experience once it is revealed (Smith, Flower and Larkin, 2009)

Eatough and Smith (2006) supported the argument of the idiographic nature of IPA because they believe it is committed to the detailed analysis of the phenomenon under investigation. According to Smith, Flower and Larkin (2013), IPA's idiographic qualities ensure great care of each case, offering detailed and nuanced analysis, valuing each case in its own merits before moving to the general cross-case analysis for convergence and divergence between cases. For instance, using IPA as a researcher, I am required to carefully follow this idiographic approach throughout the analytic process for a meticulous detailed examination of the convergence and divergence between the participants' experiences. Following the idiographic approach supports Shinebourne and Smith (2010) argument that, IPA is a forward-looking methodology with its potential to understanding and interpreting the experiences of people.

3.1.4 Why phenomenology?

According to Polger and Thomas (2013), phenomenology is a methodology used when seeking to understand and uncover individuals' experience of a phenomenon. They again argued that a phenomenological approach is a vigorous approach in revealing participants' experience. A phenomenological approach has the descriptive quality that ensures intrinsic meaning of narratives of participants, which is a rich source of data for this study. According to Smith, Flowers and Larkin (2013), there are many different emphasis and interests amongst the use of phenomenology but they all tend to share a common interest in thinking about what the 'experience of being human' is like, especially in things that matter to both the researched and the researcher in the context of the study. For this project, the key value of phenomenological philosophy is its provision of rich source of ideas about how to examine and comprehend participants' lived experience. In practice, the key characteristic of a phenomenological approach to research is an emphasis on describing real experiences (Denscombe, 2007), which is the rationale for choosing this approach.

Further support for the use of phenomenology with this project is related to the method of accessing information and the analysis of information accessed. When people are engaged with an experience of something major in their lives, they begin to reflect on the significance of what is happening. This is what this inquiry is interested in; that is, looking in detail as participants' makes sense of their transition in their PID. Some of these experiences may be the result of the programme plan, the context of their study or other proactive agencies on the part of participants, while others may happen unexpectedly. Some may be positive experiences while others may be negative, but the commonality among these is that they are of major significance to participants, who will then engage in significant reflection as they work through what it means.

Therefore, the accounts that participants provide will reflect their attempts to make sense of their experiences. It follows then, that access to experience is always dependant on what participants have shared and that it is necessary to interpret that account in order to understand their experience. In this hermeneutic process, I am trying to make sense of the participants' experience and they too are trying to make sense of what is happening to them.

Using the phenomenological approach in this study stems from the quest to understand unique individuals and the meanings they attach to interactions with others and the environment in relation to the development of their professional identity. The outcome must reflect the lived, contextual realities and concerns of these participants. This is a unique area to explore because, for example, occupational therapy students of the first cohort (including participants) have raised concerns that other professionals including nurses and physiotherapists who served as their mentors during their maiden practice placement experience commented that they (the mentors) do not have adequate knowledge on occupational therapy and may not be in the position to assist the students as required. Will this situation really have any effect on the occupational therapy students' PID? However, as a researcher I could only perceive this if there is an appropriate interface

between my applied method and a clear philosophical underpinning statement to support my specific approach of phenomenological stance as argued by Stubblefield and Murray (2002).

It is therefore necessary to appreciate that, although the phenomenological approach examines subjective human experience, I have had to examine various philosophical schools of phenomenology to make the appropriate choice for this study. The following sections move on to discuss two phenomenological approaches and their relationship, including reasons for selecting my choice of approach.

3.1.5 The two phenomenological approaches: descriptive and hermeneutic

Two main phenomenological approaches mostly evident in the literature include descriptive (eidetic) phenomenology, premised on the tradition of Husserl, and interpretive (hermeneutic) phenomenology, based on the tradition of Heidegger (Finlay, 2011). These two approaches are examined in relation to their philosophical values and knowledge claims that are essential to establish the choice for this study.

3.1.5.1 Descriptive Phenomenology

Husserl's (1970) philosophical ideas about how science should be conducted gave rise to the descriptive phenomenological approach to inquiry. An assumption specific to Husserl's philosophy was that experience, as perceived by human consciousness, has value and should be an object of scientific study. In other words, Husserl believed that subjective information should be important to scientists seeking to understand human motivation because human actions are influenced by what people perceive to be real. In his work, Husserl argued that a scientific approach was needed to bring out the essential components of the lived experiences specific to a group of people (1911/1927). That is, the goal of the researcher is to achieve transcendental subjectivity, a Husserlian concept. Transcendental subjectivity means that the impact of the researcher on the inquiry is constantly assessed, and biases and preconceptions neutralized so that they do not influence the object of study.

Descriptive phenomenologists have suggested ‘bracketing’ techniques to accomplish transcendental subjectivity. Drew (2004) describes bracketing to involve the researcher holding in abeyance ideas, preconceptions, and personal knowledge when listening to and reflecting on the lived experiences of participants.

In his study of human consciousness Husserl assumed that there are features to any lived experience that are common to all persons who have the experience. Natanson (1973) refers to these as ‘universal essences’, or eidetic structures. For example, for the description of the lived experience to be considered a science, commonalities in the experience of the participants must be identified, so that a generalized description is possible. These ‘essences’ are considered to represent the true nature of the phenomenon being studied. According to Allen (1995), the assumption that essences generated through phenomenological research result in one correct interpretation of experiences of the participants represents a foundationalist approach in inquiry. In this view, reality is considered objective and independent of history and context. The belief that essences can be abstracted from lived experiences without a consideration of context is reflective of the values of traditional science and represent Husserl’s attempt to make phenomenology a rigorous science within the prevailing tradition. This desire for scientific rigor underlies the use of the bracketing technique when doing descriptive phenomenology (LeVasseur, 2003).

For Husserl (1927), phenomenology involves the careful examination of human experience. Husserl was particularly interested in finding how people would come to understand their own experience of a given phenomenon; to allow participants to identify the essential qualities of that experience. Husserl argued that these essential features of an experience would transcend the particular circumstances of the individual’s experience, to illuminate a given experience for others too.

Husserl argued that we should focus on the ‘thing’ we are looking for, which is the experiential content of consciousness so we can elude the

various obstacles that can get in the way of pursuing the lived experience (Husserl, 1927: 37). In this way Husserl seems to be suggesting that phenomenological enquiry focuses on that which is experienced in the consciousness of the individual. My argument is that reflecting on a lived experience could only be significant to the individual when related in context to ensure there is a reality to reference with. As this is relayed to the researcher, this lived experience could only be interpreted by readers based on circumstances under which this was narrated including the feelings and emotions attached to the descriptions. These actions from participants prompted me to want to know more. I therefore made every effort not to allow such emotions from participants and my presuppositions to influence the flow of participants' narration. Husserl however argued that such emotions and presuppositions are independent of participants' actions and should not be considered as a whole (Husserl 1927). His concept of 'bracketing' suggested that these should be blocked off to enable the researcher to focus on participants' narrations.

Husserl's works show his attempts to be conscious of his own lived experience and not how others saw it. This project is however seeking to explore participants' lived experiences based on participants' understandings, as well as mine in context, because researchers may direct their attention towards different features of the participants' world. On these grounds, Husserl's ideology does not fully support the accessing of required information for this study.

3.1.5.2 Hermeneutic phenomenology

According to Schwandt (1994), the notion of hermeneutics gave rise to the interpretivist paradigm in social science research. Using hermeneutics means I must interpret my participants' experiences within context, among the group and within the environment in which they function. Approaching my inquiry from this direction is consistent with coming to terms with the context through which the participants are deriving meaning. The participants also come to know of themselves to the extent of possibly questioning their own behavior. Using hermeneutics is further supported by

Weber's (1922/1949) elaboration on Dilthey's notion on 'verstehen'. This notion argued that the understanding of another involves two levels: the 'what' of an action and the 'why' of an action. This is understood as the difference between descriptive and interpretive/explanatory understanding respectively. Interpretive/explanatory understanding involves my accessing of the meaning participants give to their actions, and this meaning must be understood within the context as mentioned earlier. As the inquiry is exploring what is meaningful to participants in the form of knowledge about their professional identity so is Dilthey's 'verstehen' or interpretive understanding, which does not see the world as a collection of objects, but as a question of what is meaningful in human life (Smith, 1983:40). The 'verstehen' tradition is rooted in phenomenology (Husserl, 1911/1965), which emphasizes description and interpretation of experience as the basis of inquiry.

Heidegger has challenged some of Husserl's assumptions about how phenomenology could guide meaningful inquiry. Cohen (1997) describes Heidegger's ideas in this respect as comprised of the interpretive or hermeneutic research tradition. In his major work 'Being and Time' (1962/1927), Heidegger focused on the subject 'Dasein', literally meaning 'their being'. He used this word to uniquely situate human being's quality. In his work, Heidegger is found trying to establish the nature of 'Dasein', which is 'where we are', which he thought has been neglected. It is interesting to relate Heidegger's concern of the question of existence itself including the practical activities and relationships that we are caught up with and through which the world appears meaningful to us as compared to Husserl's concerns of psychological processes such as perception, awareness and consciousness – these are much contrasted philosophical bases of phenomenology. In his work 'Being and Time', Heidegger (1962/1927) again looked into the definition of phenomenology and observed that it constitutes two Greek words, 'phenomenon' and 'logos'. He carefully analysed the meanings and came up with the understanding that 'phenomenon' interprets the 'appearance' of our being. He further explained that it is a state of 'presenting itself to us' that is different from a

state that 'it did not present' though it existed. From his study Heidegger believes phenomenology is concerned in part with examining something that may be latent or disguised as it emerges into light, as well as examining the thing manifesting as it becomes visible, because the two are connected. 'Logos' is literally translated as discourse, reason and judgement. To Heidegger it is about 'to make manifest what one is "talking about" in one's discourse' (1962/1927:56). From the above discussion, it could be argued that, while 'phenomenon' is primarily perceptual, 'logos' is analytical and this help to expand on the complimentary activities involved in phenomenology. That is, to examine the thing itself as it appears to show itself to us.

The above discussion clearly shows that, although the phenomenon does appear, the phenomenologist can facilitate this and then help to make sense of that which is appearing, thus defining phenomenology as hermeneutic. This is a central tenet of Heidegger's (1962) ideology that the relation of the individual to his 'lifeworld' should be the focus of phenomenological inquiry. Heidegger coined the term 'lifeworld' to express the idea that individuals' realities are invariably influenced by the world in which they live. Heidegger again used the term, 'being-in-the-world', to emphasize that humans cannot abstract themselves from the world. Therefore, it is not the pure content of human subjectivity that is the focus of a hermeneutic inquiry, but rather what the individual's narratives imply about what he or she experiences every day in the real-life context. These assumptions are seen to be revealed in the research questions.

It is based on the above concepts that the study aimed to bring out the construct of self-development through the narratives of participants' lived experiences. It is believed participants began their educational programme with different perceptions on the course and discipline and were prepared to live in a community of practice, that is, within their learning environment. Participants subjected themselves to the possibility of change in relation to time for being around because both continuity and change occur through the passage of time as part of our everyday life. In some sense, we are the

persons we were yesterday and will be tomorrow, but are also not the same. For Heidegger and Merleau-Ponty, temporality is not only inevitable but also central to being human (Merleau-Ponty, 1962/1945). As a researcher, I agree with the assertion of both scholars as they resisted the everyday conception that we are contained in time as it flows around us, perhaps carrying us along, instead we belong to them, our bodies combine with them and include them (Merleau-Ponty, 1962/1945:140). According to Heidegger, we are our past. The past not only ‘pushes along “behind”’, but is also our way of being in the present, which anticipates and creates the future (1962/1927: 17).

3.1.6 Making the choice

From the above discussions, I can argue that hermeneutic phenomenology differs from the descriptive approach. Relative to this study is my assumption based on the context of training occupational therapy students in Ghana and how I want these students to freely express the development of their professional identity as occupational therapist. Freedom is an important concept to interpretive inquiry considering Heidegger’s (1962) assertion that humans are embedded in their world to such an extent that subjective experiences are inextricably linked with social, cultural, and political contexts. This concept is called ‘situated freedom’, according to Leonard (1999:42). It is an existential phenomenological concept that means that individuals are free to make choices, but their freedom is not absolute but rather circumscribed by the specific conditions of their daily lives. Meaning the student participants can only express what their environmental context can offer.

With interpretive phenomenology, the interpretation of the narratives provided by participants in relation to various contexts is foundational. In Heidegger’s work, he explicitly discussed interpretation and argued against Husserl’s idea of suppositionless descriptive phenomenology ideas. He argued that ‘Whenever something is interpreted as something, the interpretation will be founded essentially upon the interpreter’s fore-

conception. An interpretation is never a pre-suppositionless apprehending of something presented to us' (Heidegger 1962/1927: 191-192).

Thus, I bring my prior experiences and assumptions to the encounter, and cannot help but look at new stimulus or experience in the light of my own prior experience. Heidegger, however, warns 'never to allow our fore-conception to be presented to us by fantasies and popular conceptions but rather work out the fore-structure in terms of the things themselves' (1962/1927: 195).

In carrying out this inquiry, Heidegger's interpretive approach has been chosen, being aware that the fore-structure is always there and it is in danger of presenting as an obstacle to interpretation. In using this approach, priority is given to the new knowledge rather than my preconceptions. According to Smith, Flowers and Larkin (2013) this is best done by first identifying with the text. I would not have necessarily known which part of my fore-structure was relevant, but having engaged in the text first, I was in the better position to know what my preconceptions are.

Following Heidegger's explanation of phenomenology, it is an explicitly interpretative activity and well connected with hermeneutics. Choosing the hermeneutic approach has enabled me to focus on the inquiry and to make decisions in areas like sample size, subjects, and research questions to buttress the importance of the hermeneutic approach

3.1.7 Conclusion

This first section has discussed the methodological approaches with references to my personal stance as well as the philosophical stance. Situating this research has considered the ontological knowledge of realism and the epistemological question on experientialism as the research perspective.

Finally, I arrived at the use of the phenomenological paradigm approach. The upcoming section moves on to consider the study design and research methods employed.

3.2 Research design

3.2.1 Introduction

This is an in-depth qualitative, longitudinal study, using hermeneutic phenomenology. The study involved working with a purposive sampled group of undergraduate occupational therapy students who are followed through three years of their course programme.

The previous section in this chapter dealt with the theoretical questions and issues related to methodological considerations and the principles that underlie such approaches within the context of this inquiry. This has introduced and explained my epistemological stance, which includes why this is a qualitative study relative to the research aims and objectives. The section has clarified the use of phenomenology and specifically identified that the inquiry follows Heidegger's approach; hence, applying hermeneutic phenomenology as against Husserl's approach to phenomenology.

This section involves procedures undertaken for carrying out the study. These involve the tools of this inquiry, which include recruitment procedures, ethical issues involved in the study, quality assurance, data collection methods and the use of interpretative phenomenological analysis as the approach for analysing data collected for this inquiry

3.2.2 Study site and recruitment

The project site is the School of Allied Health Sciences of the University of Ghana, Accra. A sample group was recruited from the first cohort of OT students in Ghana at the School of Allied Health Sciences. Purposive sampling was used in this hermeneutic phenomenological research as it was important that the participants involved would be able to address the aims of the inquiry (Teddlie & Yu, 2007; Carter & Henderson 2005). Further, the

sample group needed to be no more than 15 in accordance with earlier work by Reid, Flowers and Markin (2005). They argued that interpretive phenomenological analysis (IPA) in phenomenological studies is a close examination of the experiences and meaning making activities of participant(s). They continued to argue that participants can be just one but sometimes may draw on the accounts of a small number of people not usually more than 15. However, in this research the cohort of eighteen students were all given the invitation to voluntarily consent their willingness to participate. This was to ensure that everyone had the opportunity to take part, however, only nine students returned their invitation forms indicating their willingness to participate in the project.

All nine students remained on the study for its four-year duration. The attitude to remain on the research project perhaps reflects the value students experienced in taking part of the study. It also indicates the level of commitment as they understood their roles could influence the success of the newly introduced occupational therapy programme/discipline in their learning environment and the Ghanaian society at large.

In line with appropriate ethical procedures students were approached to consent (Appendix 5) to their data being used as part of a research project.

The project included students on internship because the final 4th year of the occupational therapy programme in Ghana is scheduled for students to complete practice placement. Placement at the end of the fourth year is therefore recognised as part of their internship where participants are classified as newly qualified occupational therapy interns.

3.2.3 Participants' information

Prior to recruiting, my faculty colleague and I sent out emails to students of the first cohort (18 students) of the OT programme. The content of the email included a brief discussion about the project, why it was being conducted and why they were considered the prospective participants. The email requested feedback from interested participants so they were

contacted with detailed information on the project. In addition to the circulated mail, the same information was displayed on the department's notice board for two weeks for the benefit of prospective participants who did not receive their mails. Participants' information (appendix 3) detailed the aims and objectives of the study. The information also detailed roles of participants, types of data collection and when and where this was to be done. Participants were clearly informed of their voluntary participatory role and that they could opt out of the project at any time without any consequences to their study programme.

3.2.4 Ethical considerations

Bodgan and Biklen (1992) define ethics in research as the 'principles of right and wrong that a particular group accepts'. According to Savin-Baden and Major (2014), ethics has developed to the extent that questions of ethics are not as simple as what is right or wrong. For example, however familiar I am with research ethics procedures concerning this inquiry, I may encounter some unexpected conflicts between my role as a lecturer and that of a researcher. This I attempted to manage by maintaining clear communication channels with the student participants, striving to be transparent about my role, and through the use of reflexivity, which I discuss in more detail later.

In all cases, I needed to ensure that there was no explicit or implicit pressure on students as they took part in activities or interviews for the sake of this inquiry. Carefully worded information sheets and consent forms (Appendix 4) helped participants to be clear about what we were doing, indicating the aspects that formed part of the regular curriculum and which did not.

Prior to contacting any participant with regard to this study, permission was sought from the Coventry University Ethics committee. Based on the approval of my ethical documentation, Coventry University granted the study's 'CU Ethics and Approval Certificate' (Appendix 1). The University of Ghana Gatekeeper's Approval letter attached, (Appendix 2) also granted

ethical permission to ensure the research project was within acceptable ethical procedures and would not place an undue burden on student OTs with regards to their participation as stated in the 'Approval Request' letter (Appendix 3).

3.2.4.1 Confidentiality

To ensure confidentiality in this study in accordance to research ethics and as proposed by McMillan and Schumacher (2001) and Newman (2006), names of the participants were not disclosed and the names of the health facilities remain anonymous and do not appear in the write-up. Instead, fictitious names are used throughout the study. The data gathered in this exercise were solely and strictly used for the purpose of this research project. During and after the research all data collected were kept under lock and key. All information held on the computer was pass-word protected and only accessible to the researcher and a group of supervisors on request. Such confidentiality initiatives and data storage measures are all in the interest of ensuring and protecting the privacy and anonymity of participants and facilities involved.

3.2.4.2 Beneficence and Non-maleficence

Non-maleficence relates to the primary concern for not doing harm when carrying out a task/research. Beneficence promotes actions that support participants and the research community. According to Childress and Beauchamp (2009) these two ethical principles taken together reminded me to act in a manner that cultivates benefits for participants and me, and at the same time protects participants from harm. For instance, participants were only involved with individual one-to-one interviews, and the use of information from their logbooks. Interviews were held at participants' convenient times and on the premises where they had their practice placements. To ensure safety and confidence, participants were assisted to locate room/space of their choice to conduct the one-one interviews. Although the research was assessed not to have associated risk, participants were given an information sheet (appendix 4) about whom to contact should they need support.

3.3 Data collection methods

The study involved multiple data collection as well as different occasions of data collection. Four groups of data were collected within the four-year period. These included one-to-one interviews and additional information gathered from students' reflective diaries at the end of years one, two, three and four. The study constitutes five stages. Stages one, two, three and four correspond with data collection when participants were in years one, two, three and four of their course programme. Concurrent data analyses were done at the same stages as indicated in Table 3.1 beneath. Stage five, not indicated on the table, was to fine-tune the write up of the study.

Table 3:1 Data Collection Schedule

Data Collection Method	Time Frame
In-depth one-to-one interview	August 2013 to September 2013
Students' Practice Placement Logbook (Reflective diary)	September 2013 to October 2013
In-depth one-to-one interview	July 2014 to August 2014
Students' Practice Placement Logbook (Reflective diary)	August 2014 to September 2014
In-depth one-to-one interview	July 2015 to August 2015
Students' Practice Placement Logbook(Reflective diary)	September 2015 to October 2015
In-depth one-to-one interview	November 2016 to December 2016

I support the views of many social researchers including Savin-Baden and Major (2014) that a traditional data collection strategy for hermeneutic phenomenology within qualitative research includes a qualitative in-depth interview. The inquiry sought participants' sharing of an account on their knowledge and experiences that could contribute to achieving the aim of the research. This includes a subjective description of their lived experiences. The quest for such rich information necessitated that I employ different sources of data collection.

Each student had a Practice Placement Logbook with clearly stated competency areas that they had to fulfil. The competency areas are organised in a diary format where students reflectively write their lived experiences including their thoughts and feelings. It is the reflective diary aspect of the logbook that I accessed with participants' consent. Students' reflective diaries served as an additional form of data for this inquiry. I further discuss this form of data in the sections below.

3.3.1 In-depth interviews in hermeneutic inquiry

According to Wengraf (2001), in-depth interviews within phenomenology enable the researcher to gain complex in-depth information from participants. Although I occasionally strived to uncover facts via interviewing, as suggested by Kvale (1986), my focus was not only on getting specific answers to questions but also to develop understanding and interpretation of participants' lived experiences.

For the purpose of this inquiry, a semi-structured interview was employed. The questionnaire guideline was initially piloted with a colleague to ensure the wording was clear enough and also well related to the aim and objectives of the study. My approach was to adapt my questions after every use depending on the outcome of previous year's feedback from participants. This helped me to emphasize on relevant comments that could possibly differ from previous knowledge level. Adapting the guideline also ensured I did not repeat questions that may give an already saturated feedback. Every interview process was digitally recorded with consent. The length of interviews time ranged from 50 to 75minutes per interview. The prompt sheet or interview guideline consisted of twelve main themes that were discussed on a one-on-one basis with each participant (Appendix 6). The 'interview schedule' was merely a guideline for conversation and not intended to be prescriptive and certainly not limiting in the sense of overriding the expressed interests of the participant. During these conversations, I encouraged participants to take advantage of my listening role to freely express themselves, leading to subsequent questions. The questions tended to be open ended enough to allow participants to express

their perspectives and to allow comparable data that can be compared across respondents.

The strength to this approach was that it allowed me to decide how best to use the limited time available, and at the same time try to keep the interaction focused (Savin-Baden & Major, 2014). Although this is a longitudinal study that gives me other opportunities for subsequent interviews, this research is designed such that the interview timeframes were timely and therefore I had to use such periods wisely.

After each interview, the recording was transcribed with meticulous accuracy while listening and re-listening to appreciate what was being said including the emotions attached if possible. Methods used included, for example, indications of pauses, miss-hearings, apparent mistakes and even speech dynamics when these were remarkable. Video recording the interviews could have helped reveal speech dynamics like facial expressions, however most of such non-verbal communications were clearly expressed in their tones and some I jotted in my field-notes. Although verbal communication with participants was rich enough, nevertheless, the non-use of video coverage might miss aspects of important non-verbal actions that could be a limitation to the study.

3.3.2 Reflective Diary

Reflective diaries were used as another means to capture students' voices in this research. As mentioned previously, all participants used practice placement log books that were in the form of a special bound notebook, in which students wrote and clarified their experiences, opinions, thoughts and feelings and reflected upon these (Ortlipp, 2008; Janesick, 1999). The logbooks were originally designed for students' placement. Using it for research interview prompt was only asking students to verbally share their written experiences. This verbal medium of sharing experience added more details than participants' reflective writing. Secondly, participants felt they were not assigned undue extra work at that early stage of the course

programme. Finally, and most importantly, the interview prompts helped to answer research questions.

The logbook had three domain areas and each domain area consisted of five competency areas that students had to satisfy. These competency areas were structured in a diary format for participants to record and clarify their experiences. The competency areas are structured as illustrated beneath in Table 3.2. Every student was expected to complete the diary as part of their practice education, however consented research participants allowed the use of their information as additional data analysed for this inquiry. The original diaries were returned to students for their keep. The table beneath is an excerpt from the logbook indicating sub-topics of the domain areas under which students, including participants wrote their reflexive experiences.

Table 3. 1: Practice Placement Logbook showing Domain and Competency Areas

Domain	Competency Area
Domain 1: Professional Suitability	<ol style="list-style-type: none"> 1. The student is able to demonstrate professional accountability 2. The student is able to demonstrate duty of care to their clients 3. The student is able to provide OT services in a respectful and non-discriminatory manner 4. The student is able to demonstrate professional integrity 5. The student is able to demonstrate effective use of resources

Domain 2: Therapeutic Skills	<ol style="list-style-type: none"> 1. The student is able to demonstrate the use of theories, models approaches and concepts of occupational therapy 2. The student is able to demonstrate the ability to effectively implement the occupational therapy process 3. The student is able to demonstrate knowledge of OT 4. The student is able to demonstrate knowledge of conditions and their effect in occupational performance 5. The student is able to demonstrate the ability to effect change
Domain 3: Inter Professional Skills and Professional Development	<ol style="list-style-type: none"> 1. The student is able to demonstrate personal development 2. The student is able to demonstrate professional development 3. The student is able to demonstrate the ability to establish and maintain effective therapeutic relationship 4. The student is able to demonstrate the ability to establish effective professional relationship 5. The student is able to demonstrate management and organisational skills.

c

Placement Logbook, (2013), University of Ghana

Using diaries in this way, further linked the study to hermeneutic phenomenology as it enabled me to access close facets of social life and participants' experiences of their world, which participants might take for granted and therefore tended not to be articulated or accessed during interviews (Alaszewski, 2006). Diaries are used not only to identify

experiences but also to provide greater insight into how participants interpret situations and ascribe meanings to their actions. Participant's reflective diaries aligned with the research questions and conceptual framework. The diary format therefore encouraged participants to document their daily lived experiences at their practice placement and how those lived experiences shaped their attitudes and beliefs about being occupational therapy professionals. Rinyka's (2012) work to explore lived experiences of general and special education teachers in inclusion classrooms, found that reflective journals encouraged expression of feelings, ideas and insights regarding the phenomenon of inclusion.

I read through participants' completed diaries to identify distinctive aspects of their lived experiences recorded in relation to identified competency areas and their significance for processes of attitudinal and cognitive learning. Since these competencies were explored through intensive interviews with participants it was anticipated that little of the original diary material would make it through to the final analysis.

Chirema (2006) and Cunliffe (2004) explained that diary keeping is a useful tool for promoting critical reflection of experiences within phenomenology. To the research it was a means of gaining data from students' engagement in practical learning and also their reflection to link theory to practice. This allowed me to explore new possibilities identified by the students within University sessions to help them develop their sense of professional identity through practice-based experience.

3.4 Data analysis

This study aims to gain and analyse interpretations as well as to establish understandings within context as the methodology guiding the inquiry is hermeneutic phenomenology, based on the work of Heidegger (Eatough, 2006).

With my strong epistemological stance, using interpretative phenomenological analysis acknowledged my engagement with

participants' texts to have an interpretative element. Interpretative Phenomenological Analysis (IPA) involves close reading of the text, initial bracketing of ideas and creation of codes and structures to arrive at a group of themes. Ranked categories are then identified so that it is possible to suggest a hierarchical relationship between them (Savin-Baden & Major, 2014). Influenced by an hermeneutic approach, the emphasis was also on context and behaviour: the purpose being to interpret the general meaning in the context in which experiences occur. On this occasion meaning is thought to reside in the aims and objectives of this inquiry, the context and the encounter between the reader and me.

As mentioned earlier, my approach to data analysis was the use of Interpretative Phenomenological Analysis (IPA) with reference to the step-by-step guide produced by Smith, Flowers and Larkin (2009). This guide is well structured and increased my confidence and competence in analysing large quantities of data considering the bulk of data expected from the different sources.

The works of Smith and Eatough (2006) and Finlay (2011) concluded that IPA is characterised with the provision of a detailed analytic exploration of personal lived experiences as well as comparing participants' sense making of their experiences which is what I explored with them in this project.

Analysis strategies for IPA in this enquiry were emergent, 'bottom up' where codes were generated from the transcribed data rather than using a pre-existing theory or framework to identify codes. These codes were then catalogued into themes, that is, recurring patterns of ideas, thoughts and feelings of participants were categorised as well as taking note of any outlining or 'stand-alone' themes. The data was therefore gathered from one-to-one interviews, and from participants' logbooks (diaries) as mentioned earlier. These were integrated and analysed for differences and commonalities to attain meaning(s) in relation to participants' perspectives as suggested by Larkin et al. (2006). A sample transcribed interview script

is shown as Appendix 8. The sample transcript indicates alongside the analytical codes and emerged first level themes identified.

The stages which were employed for IPA data analyses following Smith, Flowers and Larkin (2009) are detailed as follows.

3.4.1 Stage one

During stage one, transcriptions from individual interviews including data from participants' diaries continued to revolve round the close reading and re-reading of the text. At this first stage I listened to each audio-recorded interview before reading through the transcribed script. This helped me to imagine the voice of each participant as I subsequently read their transcripts (Smith, Flowers and Larkin, 2013). During this rigorous reading, I made notes of any thoughts, observations and reflections occurring while reading the transcript. Such notes included recurring phrases, my questions, my own emotions, and descriptions and comments on the language used. At this stage, the notes were used to document points observed while engaging with the text. According to Smith et al. (1999), these initial notes are recorded along with the transcript for future reference. While reading the text, I attempted to suspend presuppositions and judgements to focus on what was actually presented in the transcript data. This involved the practice of 'bracketing' (Husserl, 1999:63-65). The use of 'bracketing', at this stage was in the form of alerting me of any interruption of my already known knowledge so I could suspend all my critical judgement and engagement, which brought in my own assumptions and experience (Spinelli 2002). In my fieldwork diary I recorded my personal reflections, for example:

Personal reflection

Personally, I struggled to understand why participants' associated their understanding of knowledge on OT with having more practical sessions with clients, even at the early stages of their training.

I was contemplating whether it was about their wish to see OT practitioners at work in order to understand the profession's roles or, a realization that there were no adequate practicing OTs so they could take advantage to just get on with the job as pioneer OTs.

Generally, like their colleagues studying other professional courses, for example, physiotherapy, medical laboratory sciences and dietetics, at the same university, they were all expected to be much involved in the basic sciences during this first year, with just a few professional specific courses.

I thought my participants/students' actions demonstrated their anxiety to commence work as occupational therapists.

To ensuring more interpretative process, was one of the reasons why I needed students' reflective diaries as prompts to control my presuppositions as analysis proceeds as well as keeping a personal reflexive diary to record details of the nature and origin of any emergent interpretations.

Stage one was the beginning of the process of entering participants' world hence, it was important to have active engagement with the data through repeated reading. Repeated reading gave the understanding of the interview structure and how narratives bounded certain sections of the interview together. The attitude of repeated reading revealed within participants' 'life stories' a pattern of shifting from generic explanations to the specificities of particular events (Smith, Flowers and Larkin, 2013).

3.4.2 Stage two

At the second stage it was important to re-read the text in a more exploratory manner to identify themes that best capture the essential qualities of that interview. At this stage I maintained an open mind and noted anything of interest within the transcript. As suggested by Smith, Flowers and Larkin (2013), the process made me more familiar with the transcript and I began to identify specific ways by which participants

talked, understood and thought about their experiences. At this stage I noted comments on the transcripts with new notes whenever I re-read. This helped me to conduct a close analysis in order to avoid a superficial reading that most often lead to commenting on what I expected to see in the script. The interpretative notes and comments made as I read the transcripts helped me stay close to participants' explicit meaning, thus noting information that matters to them. This included looking at the language that they used, the context of their concerns and identifying more abstract concepts that helped me to make sense of the pattern of participants meaning.

As in most qualitative analysis, I encountered materials that seemed not to fit the emerging picture. This could confirm the occasional differences in the participants' narratives or themes identified in that narrative from most of the other participants as explained by Smith, Harre and van Langenhove (1995). Such situations prompted me to revisit earlier transcripts to ensure that I did not miss or misunderstand some earlier statements. It was mostly after such verification that I could declare a dis-confirmatory or contrasting theme.

3.4.3 Stage three

At the third stage a provision of an overall structure to the analysis was made by identifying emergent themes. At this stage the task of managing the data changes as I simultaneously attempted to reduce the volume of the transcript and the initial notes. I did this with cognisance to the complexity in terms of mapping the interrelationships, similarities and patterns between exploratory notes. At this stage there was a shift from working with the original transcripts to the initial notes.

As I analysed exploratory comments to identify emergent themes I focused on chunks of the original transcript and a recall of the overall initial notes. Identifying emergent themes involved breaking up the narrative flow which appeared to fragment participants' experiences but was a process of re-organizing participants' data. Since data collection and exploratory comments were participants led, I had no influence in re-organizing and

interpreting the analysis at this stage. However, because I am closely related with lived experiences of participants, the resulting analysis is a product of our efforts. The themes reflected not only the participants' original words and thoughts as described by Smith, Flowers and Larkin (2012), but also mine interpretation. This stage enabled me to gather a group of themes and to identify super-ordinate categories that suggested a hierarchical relationship between these categories.

3.4.4 Stage four

At this stage, I had established a set of themes within the transcript and are arranged in the order they came up. The stage saw to the development of a 'master' list of themes that are located in an orderly manner. The ordered system identifies the main features and meanings of PID by the research participant. The master list of themes was moved around to form clusters of related themes. Some themes acted as magnets pulling other themes towards them. The cluster of themes formed the super-ordinate themes. This involved putting like to like and developing a new sense,

3.4.5 Stage five

This next stage involved moving to the next participant's transcript and repeating the processes from stages 1 to 4. It was important I treated the next participants' transcript on its own independent terms of merit. In order to achieve this as far as possible, I ensured bracketing off the ideas of the previous analysis as I worked on the next. This decision was in keeping with IPA's idiographic commitment. Despite the temptations of being influenced by previous analysis, I rigorously followed the outlined 4 stages to maximize the outcome of different themes from previous analysis.

This then continued for each other participant's transcript for all 9 participants.

3.4.6 Stage six

This last stage involved looking for patterns across case. This was about putting themes of different participants together and identifying how a

theme from one case helped illuminated the other or which theme I found more potent. This led to configuration and re-labelling of themes.

This stage saw the analysis moving into a more theoretical level because some super-ordinate themes in some cases also represented instances of higher order concepts shared by other cases.

The final result of these processes was produced in a tabular format with evidence from the interview using quotations, which best capture the essence of participants' thoughts, and their emotions about the experience of the phenomenon being explored. Table 3.3 is an example of the sub-themes that constituted the first master-theme in this study.

Table 3.3: Master Theme and constituent sub-themes

MASTER THEME	SUB-THEMES
Knowing self, course program and aligning with profession	Adjusting to training as an occupational therapy when this wasn't the chosen career
	Understanding occupational therapy by regular explanation of the discipline to others
	Coping with experiential learning with limited clinical supervision
	Acknowledging potential prospects within occupational therapy with pride

In an attempt to capture participants' thoughts about their experiences of the phenomenon being explored, I ensured coherence and the application of reflexivity. These are further explored in the next sections.

3.5 Coherence

Stiles (1993), refers to coherence as the ‘apparent quality of the interpretation’. Coherence involves a comprehensive description of concepts, relations between concepts and the identification of exceptions that the interpretation does not account for.

One method of assessing coherence is to examine the interpretation’s testimonial validity, that is, how coherent it is to the participants. To ensure validity, I presented a summary of data collected with my interpretations to the participants for discussion to assess if they are reflected in their experience and that they could easily identify with summarized data. Participants were pleased to identify with their narratives although a few had minor changes like the use of the word ‘and’ instead of ‘or’. Coherence also refers to the fit of the research methods to the research aims (Yardley, 2008). I have discussed in detail the rationale for choosing a phenomenological approach based on the aims of the research and consider this to be a good fit. It was important that the methods used remained congruent with hermeneutic phenomenology.

3.6 Reflexivity

Despite IPA seemingly being the best approach for data analysis for this inquiry, a systematic critical review of its use in health psychology by Brocki and Wearden (2006) identified reservations regarding the limited use of reflexivity in most published papers that employed its use. Brock and Wearden highlighted that acknowledgement of analysts’ preconceptions and beliefs may increase transparency.

Prior to Brocki and Wearden’s work, Finlay and Gough (2003) had suggested that incorporating reflexivity into the research process helps to situate the research project and enhance understanding of the topic under investigation. This study views reflexive analysis as an essential component and every effort was made to transparently situate the research within personal, interpersonal, institutional and cultural contexts. This supports the epistemological position of Heidegger’s hermeneutic phenomenological approach to this researches’ method. The validity of interpretation and

analysis was enhanced by asking participants to verify findings after every phase of this longitudinal study process. Participants cross-checked to ensure outcome interpretation/analysis at each phase was in line with their narrated lived experiences; thus, the analysis of the data gathered were audited by the participants in accordance with the work of Smith, Flowers and Larkin (2009). Further means of engaging in reflexivity were demonstrated in dealing with issues of plausibility/ quality criteria.

3.6.1 Issues of plausibility / quality criteria

The research project employed Yardley's (2008) criteria for assessing the value of a qualitative research framework to clearly explain my activities as well as that of participants. The criteria include sensitivity to context, commitment to rigor, transparency and coherence.

3.6.2 Sensitivity to context

Context sensitivity is particularly important in this project, given my role as the principal investigator, a lecturer and occupational therapist working with the participants. My position highlighted potential consequences that cannot be overlooked. These further directed my reflexivity towards the following notes I picked from my fieldwork notes:

- i. Participants may misinterpret my role and aims of the research,
- ii. Participants may be wary about disclosing personal issues to me and,
- iii. I might make too many assumptions, given my pre-knowledge in the training programme.

3.6.2.1 *Participants may misinterpret my role and the aims of the research*

Despite earlier discussion on the balance of power between participants and myself, including other difficulties of knowing the participants well, it was observed that participation in the research empowered participants as they acknowledged that their views were being heard. As presented in the findings, it was noted that participants appreciated their participation as a means of increasing awareness about their experiences, which was capable

of effecting change. This was a powerful motivator and an important aspect of the research project.

3.6.2.2 Participants may be wary about disclosing personal issues to me

Given the existing relationship between the participants and myself (students and tutor), coupled with the continued contact after each interview session in the longitudinal research, I was conscious that there could be a limiting factor for the free flow of participants' personal information because they might not be sure of the possible consequences of speaking openly. On the other hand, I felt that a relationship of trust and respect was developing. It was welcoming benefit as it did appear to me that although they had considered my position as their tutor, yet they still appeared willing to open up and share personal information about their experiences. In any case, I tried to ensure that I did not influence participants' views by directing the discussion but rather openly asking for a wide range of personal views to be discussed during our interactions. With time, participants became even more at ease at interview sessions. They rather gave more examples of their experiences and explained how they resolved some of their issues.

3.6.2.3 I might make too many assumptions, given my pre-knowledge in the training programme

Sharing my experiences with the participants made it more likely for me to assume an understanding of the thoughts, feelings and experiences they expressed. This was evident when I compared the amount of support I experienced when I was an undergraduate student which, they did not benefit due to lack of OTs in their learning environment. For example, I always had practicing OTs around me who I could easily rely on for further explanations of personal or experiences of others at the placement settings. I however, addressed this difficulty by paying close attention to all aspects of the data, especially those that were different from my own expectations and experiences. Being a longitudinal study, the process of concurrent data collection and analysis helped to reduce the impact of these presumptions,

as emerging themes and concepts were occasionally presented in subsequent interviews for further clarification.

3.6.3 Commitment to rigor

This refers to ensuring a comprehensive and thorough approach to data collection and analysis. Yardley (2008) refers to this as ‘completeness of the interpretation’. This requires that all variation is incorporated into the study concept. The methodology itself aims to conceptualize a process of PI development that goes beyond a descriptive account of individual experiences. In order to explore a complete development process, this study actively sought to explore variation in experiences and the relationships between themes. Using a longitudinal design added to the complete understanding of the concept of this study, as it enabled comparisons between students’ perceptions at different stages over time (triangulation), which was of central importance in this study as a rigor check.

Triangulation is a means of validating research findings through the comparison of different data sources, different methods of data collection and the use of different approaches to validating the data analysis. The methods of triangulation employed include the following:

3.6.3.1 Triangulation of methods of data collection

I used a range of methods of data collection including individual interviews and reflective written accounts about particular events. These enabled me to capitalise on both the advantages of reflective comments in facilitating the discussion of issues with participants as well as the advantages of individual interviews for facilitating more detailed personal reflection.

3.6.3.2 Triangulation of existing literature

Triangulation of the data to existing literature by comparing the similarities and differences between the research findings and the current research in

the field provided a measure of concurrent validity (Dallos & Vetere, 2005).

3.6.3.3 Respondent validation

Respondent validation was used in a number of different ways and at different stages of the research process. For example, using a longitudinal study allowed me to use the results of earlier data to obtain feedback from participants about my interpretation of the data and to allow further collaborative exploration.

3.6.4 Transparency

All research is potentially biased by the researcher's decisions (Stiles, 1993). Stiles argued that this may include what to study; how to develop the research questions and go about its exploration; how to analyse the data; which aspects of the data to focus on; and how to interpret and report the results found. These biases are inherent and were derived from my personal and clinical interest areas, including research and life experiences, as well as being influenced by the wider social and political context. It could be argued that an advantage of qualitative research was the emphasis on making such biases explicit to the reader and reflecting on the impact they might have on the research process.

Given my role as a tutor and my relation to the participants, indeed it was critical that I was transparent in carrying out such a social research and this is what Major and Savin-Baden (2010) referred to as 'honesties' in research. Madill et al. (2000:17) suggest that 'as a qualitative researcher I have a responsibility to make my epistemological position clear, conduct my research in a manner consistent with that position and present my findings in a way that allowed proper evaluation'.

In carrying out this inquiry I situated myself in relation to my participants. In doing this, I considered and had been aware of the power relationship during interviews, the unique context of participants and myself, and was

also challenged to have a clear view of what participants meant while simultaneously seeking and acknowledging co-created meaning.

As part of my transparency measures I situated myself in relation to the data collected, which called for the consideration of data ownership and how they were used. This has been premised by my ability to take a critical stance towards this inquiry and acknowledged the philosophical stance discussed earlier.

3.7 Conclusion

This chapter highlighted the study's methodology in two sections. The first section discussed the body of methods and principles underlying the inquiry while the second was on procedures undertaken for carrying out the study including the tools used for the inquiry.

In discussing the body of methods, the chapter explained my personal stance, which was related to my previous role as a student occupational therapist in a well-developed occupational therapy region in comparison with the participants' learning environment that had neither occupational therapy service nor occupational therapy practitioners. The chapter continued to discuss the philosophical reason for choosing a narrative approach because I needed an accurate description of students' experiences. I based this subjective constructivist approach knowing that the reality of students is a product of their own creation. The chapter also discussed phenomenology as the preferred method of analysis to understand and uncover students' experiences; thus, identifying interpretative phenomenological analysis (IPA) over other analytical methods for the study.

The second aspect of the chapter discussed the sample site, size and recruitment processes of the study. Other areas covered included ethical considerations to ensure there was neither explicit nor implicit pressure over student participants, as well as to ensure their confidentiality. The chapter finally highlighted the data collection method throughout the four-

year longitudinal project. There was clear systematic explanation of the stages of the use of the IPA procedures in managing and analysing the bulky data accrued from the one-on-one interviews with students through the four-year period of enquiry.

Before the analysis chapter, the next immediate chapter discusses the student participants. Students gave a personal detailed profile including information from the initial stage of being offered the occupational therapy programme to their exit stage as qualified intern professional occupational therapists.

CHAPTER FOUR: THE STUDENT PARTICIPANTS

4.1 Introduction

Participants' self-introduction offers a quality and validity check, considering IPA as a creative process. Smith, Larkin and Flowers (2013) had suggested that the criteria for validity need to be flexibly applied as it suits a project. Students' readiness to discuss their detailed profile was a welcome procedure to display their differing backgrounds. This process adds opportunity for readers to associate with participants. Indeed, the presence and activities of the researched population prompted the inquiry and therefore, readers' knowledge on participants is very pertinent to the study.

As mentioned in the previous chapter, nine participants out of a group of 18 students who had just started the first occupational therapy program in Ghana at the University of Ghana, agreed to be part of the study. The research question was to explore how the first cohort of occupational therapy students in Ghana developed their professional identity.

4.2 Participants' profile

At the final stage of the research project, participants were requested to briefly describe themselves to prospective readers. It was agreed, and with participants consent, that their self-description was to begin from their personal thoughts about themselves, their ambitions prior to applying to the university, and their lived experience at the university until they completed their course programme.

Participants appeared willing to write their biographies as requested. Because these profiles were to be included in the thesis, which is a public document, participants signed a disclaimer to give consent for anonymous publication of their biographies (Appendix 5b)

Just as agreed with participants, each of the profiles of the nine occupational therapy student participants introduced themselves to readers from their earlier concepts about self, the course program and their current self. Introducing themselves enhances clarity of understanding participants, as the analysis and discussions take readers through participants' earlier perception of themselves, and their course programme in relation to their current knowledge.

It was presumed that these descriptions could build up a pictorial mind-set of the participants for the reader to appreciate and relate names in the study to real people. It is however important to acknowledge that names allocated to participants are not their actual names, neither are they related to these names in any form. They have been associated with the names to enhance confidentiality. Participants' descriptions in relation to geographical locations were well edited to further ensure their confidentiality. The names are, however, real names from Ghana.

In Ghana, the Akan tribe covers more than fifty per cent of the entire national population and has seven names representing every day of the week for males and the same for females (Agyekum, 2006). Table 4.1 below indicates the names according to days of the week. Participants were allocated their names at random from the table of names. Regions, towns and districts in Ghana indicated by participants can be referred to in appendix 12.

Table 4. 1: Ghanaian names in accordance to days of the week

Day of the week	Name – male	Name – female
Sunday	Kwesi	Akosua
Monday	Kojo	Adwoa
Tuesday	Kwabena	Abena
Wednesday	Kwaku	Akua
Thursday	Yaw	Yaa

Friday	Kofi	Efua
Saturday	Kwame	Ama

Source: Nordic Journal of African Studies

Below are participants' self-descriptions.

4.2.1 Kwesi

I am 23 years old and a Christian. I had my basic education at the Evangelical Presbyterian Basic School at Anlo-Afiadenyigba in the Volta Region of Ghana and had my Junior High School education at Christ Way Academy School in Accra. I proceeded to Wesley Grammar School for Senior High School between 2008 and 2012. I gained admission to the University of Ghana in 2012 at 19 years to study occupational therapy. I served as Head Prefect at Christ Way Academy in 2008. I also served as financial secretary for the University of Ghana Allied Health Student's Association.

Before going on the occupational therapy program, my inspiration was to be a pharmacist. I am the third born of four children, two females and two males. I live with my uncle who is a retired civil servant. My father is deceased. My mother operates a small shop. The highest educational level in the family is a tertiary level which happens to be me. I live at Weija in the Greater Accra Region of Ghana.

My uncle has been influential throughout my life. Joining occupational therapy never crossed my mind as I initially knew nothing about the course. However, seeing the numerous opportunities available to me and with encouragement from family and friends, I became very optimistic about the future.

My desire is to pursue advanced education in order to achieve my dream of becoming a lecturer in future. I owe a lot of allegiance to my family, especially my uncle for his support and dedication throughout my life.

4.2.2 Kwame

I am a 24-year old young Christian. I am an introvert, very calm and a shy person. I come from Anyinam, a town in the Eastern Region of Ghana. Currently, I stay at Ashaiman in the Greater-Accra Region. I am the third born of four children, three males and a female. My father, who catered for my University education, is a carpenter and my mother operates a small shop. The highest educational level in my family, both nuclear and extended is first degree of which I am proud to be the only one. Since I am the first person in my family who has made it to the University, my parents are very much interested in the decisions I take and they influence whatever I do.

Before joining the first cohort of occupational therapy students, I had the aspiration of becoming a Medical Doctor, a Neurologist to be precise. However, a grade B2 in biology denied me admission into the Medical School. I joined the occupational therapy program after being denied admission in the Medical School. My joining was full of uncertainties since it was the first time such a course was introduced in Ghana. I am currently a first-degree holder in Occupational Therapy and I am a proud member of the first Cohort.

I have plans to further my education to attain the Masters and Doctorate degrees and further become a Professor in Occupational Therapy. I want to join the occupational therapy teaching staff of the University of Ghana to contribute to the training of more occupational therapists in Ghana.

I am very grateful to my family, especially my father for taking me through my university education. I am very indebted to my family for their support and I have no reason to let them down.

4.2.3 Akosua

I am twenty-three-year-old and the only daughter of my parents. I have an older brother who is a student at University of Professional Studies, Accra.

My mother is a civil servant. I come from Ejisu in the Ashanti Region of Ghana and am a Christian by religion.

I would describe myself as an extrovert, a sanguine to be precise. I am very outgoing and talkative when I am with my peers. However, I feel shy sometimes and find it difficult to approach people I meet for the first time. This makes assessment of patients sometimes difficult to do.

I attended Accra Girls' Senior High School. I have a very supportive family who wants me to pursue higher education. My uncle, who is also my guardian is a PhD holder and always encourages me to aspire for greater heights in education.

My greatest achievement in life so far is persevering to complete the occupational therapy program successfully in spite of the challenges and difficulties. What inspired me to remain on the occupational therapy program was my willingness to contribute my quota to the health sector. I wanted to be part of this sector and even though I didn't know much about occupational therapy, I was willing to carry on with the program to be able to work in the health sector. My mother always wanted me to be a doctor, but I did not love the idea. I would say that influenced my choice to work in the health sector to make up for that.

I now have a BSc degree in Occupational therapy, which I obtained from the University of Ghana. Currently I am undertaking a year internship as part of the educational program at the 37 Military Hospital at Accra. It is my ultimate goal to specialize in stroke rehabilitation after successfully completing my internship. I want to join the occupational therapy faculty at the same University I was trained to contribute my knowledge and expertise to the development of the program.

4.2.4 Ama

I am 23 years old lady, calm and a Christian. I have two siblings a boy and a girl and I'm the first born. My mother is a Headmistress and my father is

an Auditor. The highest educational level in my family is a master's degree. I come from James town, Accra and I live at Ashaley Botwe. My parents have a great influence in my decision making. Initially when I started the course, I was very anxious because, although my expectations were high, I didn't know where it would come from.

I wanted to be a Physiotherapist or a Medical Laboratory Scientist. I'm planning on getting my Master's degree in Occupational Therapy. I started my education from Lilliput Nursery School, Accra then to St. Jude's School for my basic education then to Mfantseman Girls' Secondary School. I finally gained admission to the University of Ghana for my tertiary education where I studied occupational therapy.

4.2.5 Kojo

I am a calm, reserved and friendly gentleman. I am 25 years of age hailing from Ahomaso in the Ashanti Region of Ghana but live at Dansoman in Accra. I am the youngest of three siblings of two girls and a boy. The eldest is deceased leaving two of us. I am a Moslem with the Islam Ahmadiya sect. My parents are Mr and Mrs ZK.

I completed my basic education at Tantua International School, Kumasi in the Ashanti Region where I was the school prefect. I went to Prempeh College, Kumasi for my secondary education where I was also the deputy treasurer of the Ghana Muslim Students' Association (GMSA). I finally got to the University of Ghana for my tertiary education where I obtained my degree in BSc Occupational Therapy being the highest level of education in my family.

I initially wanted to offer Medicine. I had absolutely no knowledge of Occupational Therapy. After the release of the admissions list for medical students, my name was not included so I decided to take up computer classes and wait for the following year's admissions. I later received information for an admission offer to study Occupational Therapy at the University of Ghana. I was perplexed since I had no idea of what the course

entailed so I decided to do a little reading and I got a little information on the programme. I informed my parents and they advised me to go for it because it had a medical background and that, I could further divert after my first degree if I wanted to. I decided to take up the course though not knowing what to expect. I owe everything to my family for seeing me through all my levels of education.

I have plans to further become a Doctor in Occupational Therapy but still I have not decided on which field to specialize. Since there are so many avenues I am yet to discover an area that will be of maximum benefit in Ghana.

4.2.6 Efua

I was born on the 5th of June 1994 and I am 22 years of age. I live with my parents and siblings. I come from Amedzofe in the Volta Region and I live at East Legon, Accra. I have two sisters who are in the University and Senior High School respectively. My mum works at the Municipal Assembly, Accra as a Revenue Finance Officer and my dad is an electrical engineer. My dad and mum's educational levels are at the Masters and BSc degree respectively. I am a Christian and I worship at Charismatic Evangelistic Ministry.

I would consider myself an extrovert who is good at establishing rapport with others. I am also a good team player and I'm able to work under pressure. I love to help people. I am a calm person by nature but able to actively participate in any activity given. When I got to the university some of my friends and I came together as a group to form a foundation to assist the needs of less privileged children and women. This is the LOVECHILD FOUNDATION.

I attended Ghana National College in Cape-Coast for my senior high school education where I read general science. I was admitted into the University of Ghana in 2012 to read Occupational Therapy.

Initially, when I got the course my first reaction towards my mum was “where is this admission from? I’ve never heard of occupational therapy before”. However, my dad urged me on because it was a lucrative and well-respected job in the USA.

I have really grown to love this profession. Occupational therapy has brought out a different way I look at patients. Given that I initially wanted to join the medical profession, I am happy I did occupational therapy. I get to assess patients not just on their diagnosis but in all other aspects and I’m fulfilled to know that I can really help a person with disability function effectively in society and live independently.

I wish to further my education to the masters and PhD level, and establish a Ghanaian Occupational Therapy Rehabilitation Centre and own a store for loaning and selling compensatory equipment. I wouldn’t mind delving into politics so that occupational therapists can have a say at the national level as well as create awareness. I would also organize community outreaches for the geriatric society on falls and “aging in place”. Lastly, I would love to transfer knowledge gained from extensive learning to student occupational therapists in Ghana.

4.2.7 Kwabena

I am 24 years old. I am a very open and conscientious young man. I am a Christian and held the position of the President of the Protestant Community during my high school years for two years. Before joining Occupational Therapy program, I aspired to be a Pediatrician. I love children.

I have four female siblings and I am the last born. My father is a retired accountant and my mother is a trader. The highest educational level in my family is bachelor’s degree. I come from the Volta Region of Ghana but lived a major part of my life in the Eastern Region and am currently living in the Greater Accra Region of Ghana. I consult my parents in most of

life's choices as their ultimate aspiration is for me to achieve an excellent peak in academia and all aspects of life.

I was offered Radiotherapy at the School of Biomedical and Health Sciences, however, I realized my course had been changed to Occupational Therapy. I was made to understand by my siblings who were nurses that Occupational Therapy was solely treating the mentally ill. I visited the College office for more enquiries and was privileged to have a communication with the Heads of Radiology, Physiotherapy and Occupational Therapy, after which I decided to read Occupational Therapy. I accepted to stay on the program after I was introduced to the diverse areas in Occupational Therapy and also being the first-degree Occupational Therapy program in West Africa.

I served as the first Vice President for the Student Occupational Therapy Body of my University. Ultimately, I completed a placement in Occupational Therapy at Wansbeck General Hospital, United Kingdom.

Now I hold a Bachelor's degree in Occupational Therapy by the University of Ghana. During my course program, I was able to partake in several certified courses on Congenital Malformation and Neuro-trauma and Movement Facilitation Techniques for Adult and Pediatric Neurological Disorders with Focos Orthopaedic Hospital; Communication and Functional Independence Following Stroke with the Korle-Bu Teaching Hospital, Ghana; Community Based Occupational Strategies Focusing on Inclusion of Disadvantaged Groups in the Community Development with Hanneke van Bruggen, Hon. Dscie. I participated in the 1st MDS-Lancet Students' Research Conference in Health Sciences. Currently, I am having my internship at the Occupational Therapy department of the University of Ghana as a Teaching Assistant and clinician.

My future development is to study a Master's degree and PhD in Occupational Therapy and take several courses in pediatrics; and ultimately, to move into academia at the Occupational Therapy Department

with University of Ghana and build a rehabilitation center with a very resourceful Occupational Therapy Clinic. I am allegiant to my family in ensuring excellent academic laurels are achieved.

4.2.8 Adwoa

I am 22 years of age. I hail from Apinamang, a suburb of Akwatia in the Eastern Region of Ghana. I am an only child of my deceased parents but live with my foster family of four at Apinamang. My father is a clothing designer, my mother operates a small shop and my brother is in the military training. I have attained the highest level of education thus a bachelor's degree. Both my parents had their education terminated at the basic level and my brother has a senior secondary certificate.

Growing up, I had to live with relatives who expected that I live a humble and respectful life in order to have the best care. I had to work for everything I needed and this I believed made me an introvert type of a person as I never complained about anything. I always kept to myself and strived for the best. This reflected in my academic records during my early years at school. I was therefore not surprised when I had the overall best score to be admitted at the secondary level for that year group. Though an introvert, I stand up for myself and others when the need be. I am the fighter among my friends, as I always stood up to seniors who wanted to take advantage of us. I love to take care of people especially children and the aged.

I had my preschool education at Blessing International School at Apinamang. I continued at Top Ridge School when I relocated to Accra, where I sat for the Basic Education Certificate Exams and had admission to offer general science at Mfantseman Girls' Senior High School. From there I proceeded to read BSc Occupational Therapy at University of Ghana School of Biomedical and Allied Health Sciences.

The first time I heard about Occupational Therapy was when I went for an interview to be admitted at the university. I actually thought I was going

into Medical Laboratory Sciences. During the interview, I was told I was being offered the opportunity to read Occupational Therapy. Four years after, I'm glad I took the advice to study occupational therapy.

In the future, I wish to further my education to the masters and PhD level. I wish to gain much knowledge and practical skills in pediatric occupational therapy. I love working with children and my biggest dream is to establish an integrated school that will cater for the needs of all children; in terms of accessibility, AT and OT focused thus, bringing out their potentials.

4.2.9 Yaa

I am 25 years old and I hail from Anum in the Eastern Region of Ghana. I am a Christian brought up in a Christian home. I am the last of three children, my elder brother is an entrepreneur, dealing in books, stationary and art work while my sister is a trained teacher. I live with my mother in Accra. Personally, I am an ambivert, quiet shy, authentic and real, having a clear sense of my beliefs and values and sticking to it. I like to mentor others to live up to their dreams.

I completed Senior High School in 2011 but did not enter the university the same year because I wanted to give back to the society by serving as a pupil teacher in a basic school in my community. Due to my dedication and commitment to mentor my students, I was awarded as the overall best teacher for the 2010/ 2011 academic year of the school, after teaching for only six months. I enrolled into the occupational therapy program offered by the School of Biomedical and Allied Health Sciences, University of Ghana in 2012 and graduated as one of the first cohort in 2016. I am the first to have a degree amongst my siblings. My family sacrificed financially to push me up this academic ladder.

I did not choose occupational therapy when I was applying to the university because I had no knowledge about it. Due to some reasons I could not get admission to pursue pharmacy, the program I wanted. I was offered the options of occupational therapy and dietetics. I however decided to pursue

occupational therapy because of my motivation to help people to achieve their dreams in life. I had mixed feelings about the program, having realized that occupational therapy was novel in Ghana. However, I sometimes felt optimistic because as starters of the program I thought we had the greatest opportunity to make exploits in our field. Nonetheless, I hated the fact that I always had to explain my program to almost everyone, even the health professionals, who asked me about the course I was pursuing. Fortunately, after three years into the program, I become certain that it was the right program for me.

Currently, I am having a one-year internship in mental health and I hope to settle in one area in occupational therapy and specialize there. I also desire to go into research and take up a lecturing role in future to help produce more competent occupational therapists in Ghana.

Participants' profiles have showcased the real people I am working with in this research project. The nine (4 males and 5 females) who are now qualified occupational therapists have been involved in this four-year longitudinal project since the beginning of their program.

4.3 Conclusion

This chapter has brought to life the reality of participating students of this study. Participants have described themselves including their family background and early education. They further discussed their plans towards tertiary education and how they ended up at the department of occupational therapy. The personal profiles buttress my earlier description of participants as I attempted to ascertain their thoughts about the course programme in the early stage, the current stage and how they discuss personal development plans in the profession. It must be emphasized that none of the participants had occupational therapy as a preferred choice of career to pursue at the university. Occupational therapy had just been introduced at the university yet, these new students stayed through the four-year programme after being introduced to the new career in their learning environment.

The next three analyses chapters (five, six and seven) correspond to the three master themes and their corresponding sub-themes that are identified from participants' narratives. The analyses were done chronologically according to participants narrated lived experiences as they influenced their PID, in their learning environment.

CHAPTER FIVE

‘Knowing self, course program and aligning with profession’

‘...I knew OT was about mental home settings or kind of mobilizing ‘mad people’... so that they do not come out to disturb the society. That was what I thought’. (Kwesi)

5.1 Introduction

This chapter represents the first of the three distinct chronological analyses of data collected from students’ placement log books and one-on-one interviews with students. Data for this analysis chapter is mostly based on the first set of interviews with participants conducted from August to September 2013 and within the reflective writings from participants’ logbooks during the period September and October 2013. As discussed earlier in chapter three, the interpretative phenomenological analysis brought up a master theme from four other sub-themes.

It is important to note that first year students have a number of common courses with other programmes like the Medical Laboratory Sciences, Physiotherapy, Radiography and Dietetics. Students do not have any occupational therapy specific course in semester one. However, there is ‘introduction to occupational therapy’ in semester two being the discipline specific course in year one. Refer to the occupational therapy educational programme’s course outline (Appendix 8). The structure of the first-year curriculum, devoid of discipline specific courses could contribute to students struggle with their role identification especially in the first year.

In this chapter I discuss the four sub-themes that eventually generated the master theme ‘Knowing self, course program and aligning with profession’.

These themes are summarized in table 5.1 below.

Table 5.1: Subthemes to Master-theme (year 1)

Master Theme	Subtheme
Knowing self, course program and aligning with	Adjusting to training as an OT when this wasn’t the chosen career

profession	Understanding OT by regular explanation of the discipline to others
	Coping with experiential learning with limited clinical supervision
	Acknowledging potential prospects within OT with pride

This first master theme is based on early experienced accounts of all nine participants. Similarities in participants narratives were grouped together to form four sub themes that eventually was developed into a master theme that is very related to their lived experiences; thus, projecting the relevancy to comment on.

5.2 Knowing self, course program and aligning with profession

When students are completing their high school studies in Ghana, most had decided the course they wanted to study at the university level. Participants on this research project were not different because each of them had their chosen courses; however, for reasons beyond the scope of this study, the university offered alternative courses instead. The alternative courses included the occupational therapy programme, which they eventually settled in to study. It was noticed in their discussions that they were unhappy with the university's decision because they had planned to study specific programmes and, secondly, they had no knowledge on occupational therapy.

At the time of interview participants had settled with the University's decision; however, I thought the experiences that ensured their retention on the course programme was worth exploring. Another area of interest was to know how they framed their future and identified with the occupational therapy programme.

Participants' experiences in their lived world generated several themes from their narrations. Although their stories contained some similar themes, the stories were unique and emerged from the individual's experiences of becoming an occupational therapist. Several sub-themes stemming from the

related experiences of participants emerged that helped to formulate the above master-theme that is very relevant at this early stage of the analysis.

This master theme illustrated participants' personal self-reflection, developing a knowledge base about occupational therapy and how this had progressed from their earlier understanding of the discipline. The master theme contributed to their decision to stay on the course. Each sub-theme is now presented:

5.2.1 Adjusting to training as an OT when this wasn't the chosen career

This sub theme originated from comments made by participants. They expressed their disgruntled feelings about being offered a course programme they had not chosen to study. They talked about how the course was offered as an alternative because they were not offered courses of their choice.

Almost all participants appeared ignorant about the newly introduced occupational therapy course. They had different feelings about being offered it as their only choice. Kwabena expressed his feeling as follows:

'I am not the type who can jump into something I have no idea about; my parents even did not know of this profession and I am not comfortable'
(Kwabena)

With reference to his statement, Kwabena appeared disappointed, uncomfortable and very wary with his decision to take up the occupational therapy programme. He specifically talked about his discomfort especially where his parents who always assist in his decision making did not know of the occupational therapy programme. He felt disappointed when he had to be introduced to a programme that took him away from his set goals.

Kojo's experiences were similar. He was equally sceptical about this programme and was concerned with how to encounter qualified

occupational therapists in the Ghanaian healthcare system to assist them. He narrated his feeling as:

'I have checked from friends and some staff I met since we started the programme... this is new and they haven't heard of occupational therapists practicing in Korle Bu. It is a worrying experience when I think of who will be working with us' (Kojo)

The training programme is situated at Korle Bu campus of the University. Korle Bu is the biggest teaching hospital in the country, yet there were no occupational therapists among their healthcare teams. Kojo expressed his worry when he realized there were no practitioners in the country's biggest hospital. He was more concerned when the staff he met did not know about the profession.

Kojo wondered how the profession was going to be accepted among the healthcare system because they were not known. At the early stages of the course he wished he could establish what occupational therapists do so he could relate to his role in the future profession. Personally, whilst he appeared committed with his decision, he needed to have more information on this new programme to identify their roles among other healthcare workers.

As with Kojo's narration, in wanting to have more information, Yaa also clearly indicated her limited knowledge on the programme. Yaa thought she could only understand what she had got into if she saw people practicing the profession:

'... personally, I will need to see people practicing this profession before I would clearly understand. That is my feeling now.' (Yaa)

Yaa's position was not dissimilar from Kojo as she also wanted to see practitioners in practice to give her a better understanding of the course programme. She appeared to have received some information on the

profession since she started, yet during the interview she seemed lost due to lack of understanding of what she was doing. She however hoped to get a better understanding if she had experience with practicing occupational therapists.

Efua supported both Yaa and Kojo's views but, also included knowledge on occupational therapy as a profession:

'...I did not know anything about occupational therapy, it was after I was given the course that I asked my sisters, who are nurses and have visited the OT department during their course, and all that they told me was that they treated only 'mad people' (Efua)

Efua wanted information about the occupational therapy programme to decide, however the information from the sisters appeared not enough to keep Efua on the course. She sounded dissatisfied and she thought she needed more convincing information about occupational therapy. This was, however, traced further in the transcript as she went on to say:

'I was given radiography and it was changed to occupational therapy. In my displeasure, I went to the OT course coordinator who told me about OT and was asked if I was interested. The programme coordinator gave the differences between OT and Radiography and I opted for OT' (Efua)

It was not known whether Efua had already visited the Radiography department for information because it appeared Radiography was also not a chosen course to study. It was apparent that she was not happy with the occupational therapy programme. It is however important to appreciate the gathering of information or acquiring knowledge on course programmes and the effect it can have on choices that prospective students make.

Efua was confused and worried about both courses she did not choose to study but more particularly occupational therapy she did not know about probably the reason why she went to the department for clarification.

Eventually when she begun to feel more assured about the course programme, she had some understanding to make her decision. Making the decision for a professional programme is equally important as building on it to become that professional you have chosen to be. And at the end of year one, she was still on the course and she was eager to educate her friends and family on what she was doing.

Kwesi however commented on having some knowledge on occupational therapy but did not detail the source of his information prior to becoming a student occupational therapist.

‘Actually, I knew very little; it is now that I have come to know how big OT is... I knew it was about mental home settings or kind of mobilizing ‘mad people’... so that they do not come out to disturb the society. That was what I thought’. (Kwesi)

Although Kwesi thought he had some knowledge on occupational therapy, he perhaps was feeling bewildered as a result of being confused with what he thought occupational therapy was. It was after enrolling on the programme that he begun to appreciate how ‘big occupational therapy was’. Kwesi’s description of ‘big’ might suggest excitement, or apprehension in relation to the wide field of occupational therapy practice. Knowing more about Kwesi’s understanding of ‘big’ occupational therapy, and how important this was demonstrated in his experience, were areas that needed further exploration in subsequent interview sessions.

5.2.2 Understanding OT through regular explanation of the discipline to others

At the university and in Ghana, occupational therapy as a profession is little or not known as was indicated earlier. The issue of commencing a new programme would understandably be difficult especially enabling the students to grasp the programme would include and where it will lead. It was more challenging as there were limited practitioners in the field of practice to demonstrate their important skills.

The student participants had something to say about the influence of the environment in relation to both the course programme and occupational therapy as a profession in general. During exploration of their views it was identified from them that the society did not know about occupational therapy as had already been premised. According to participants, their colleagues in other programmes had no idea about the occupational therapy profession, and wondered where the graduate occupational therapists would be functioning in the existing healthcare setting. This closely related to earlier concerns about students being worried about how they would be integrated in the healthcare system. Although such comments from peers appear to demoralize participants, it also seemed to give them the drive and ambition to develop awareness of their course and profession.

For example, when Kwesi was asked the question about; ‘what are your concerns in your study to identify yourself as an occupational therapist?’ He shared the following:

‘For me, the major problem experienced is where I find myself, that is, people have less knowledge about OT. For instance, you tell someone you are an undergrad OT, you now should explain what OT means, what they do and so on...this was enough to make me no longer feel like an OT’
(Kwesi)

The fact that people did not know what they were aspiring to become was clearly a sign of frustration for Kwesi. At a point Kwesi thought it was not worth pursuing a programme that most people did not know about and what he was also struggling to articulate. He was among the group that wished they had abandoned the programme for some other course. On the other hand, Kwame continued to encourage himself, noticing from his statement that: ‘I’m proud to be part of something new in the country’.

According to Kwame, being a student occupational therapist came with additional responsibilities including teaching and creating awareness of the

programme to others and in entering the profession as a pioneer. He clearly demonstrated this with the following comment:

‘For me, the difficulty was not just saying I am an occupational therapy student, it comes with the responsibility of describing and explaining yourself what you mean by being an occupational therapy’ (Kwame)

Kwame’s difficult experience of having to explain the occupational therapy profession was not different from Kwesi’s problem explained earlier. Their situations however compelled them to proactively seek for more information on the programme. For example, Kwame’s effort to learn about the profession improved his understanding of the need for occupational therapists in Ghana’s healthcare delivery system. Understanding his values and roles was the beginning of his identifying self.

In the case of Ama, although not very different from Kwame’s experience, there was evidence of panic not knowing what she had got into doing. She experienced a lot of pressure from peers, especially her roommate who equally appeared concerned about the programme, and the position of occupational therapy in the healthcare setting.

Ama demonstrated the above phenomenon in her statement as follows:

‘I get alarmed and frustrated when friends ask you what course you are studying and you tell them occupational therapy, they go like, so what course is that... what are you actually going to do at the hospital because we see the nurses, doctors and not you’ (Ama)

Ama’s statement suggested fear and frustration when friends indicated that they could not identify occupational therapy with other professions in the healthcare community. Her statement made her feel like a stranger among the known professionals. This also displayed a feeling of loneliness and being different from them. This evocative feeling of ‘us’ and ‘them’ however challenged her to team up in a common position with Kwame and

other student peers. She felt they needed to talk about this new profession they had taken up. She indicated that, in this context, being an occupational therapist was about not being identifiable as part of the team so they needed to work on their recognition.

Ama's feeling encouraged her to act on her decision to manage the situation by educating other colleagues from different courses with her initial knowledge of occupational therapy. She made the following comment:

'... you have to sit them down and explain to them... they usually go like wow! It will be a nice area wow! So, there is something like that?' ...such remarks comforted me and encouraged me to do more research on my course (Ama)

Ama's statement indicated her use of the little knowledge she had at her level to educate other colleagues about occupational therapy. She felt satisfied when they got a meaning of the profession she aspired to become. She felt encouraged to do more independent learning to research into her profession.

She demonstrated how she managed her anxiety and feeling of alienation through personal efforts of awareness creation. It was evidenced in that she acknowledged friends and other people within her immediate learning environment were being educated.

The attitude to create awareness was taken up by the wider group of student occupational therapists. For example, when Adwoa, another participant, was asked to describe her experience in studying to become an occupational therapist, she said:

'... initially, I used to wonder how people will see us at the hospital but I am fine because I realized that when they get to understand our services and how important our roles are... then we will feel very relieved' (Adwoa).

Adwoa's experiences enabled her to appreciate that if she created more awareness for people to understand her role as an occupational therapist then the profession and students could be accepted. Secondly, it was apparent the students were starting to recognise themselves as a significant group of therapists different from the other healthcare professions because of their very nature of their unknown unique roles. As such, students were at the beginning of enacting their professional identity.

5.2.3 Coping with experiential learning with limited clinical supervision

Most participants hoped that if the course outline was improved, it could be a source for them to acquire more knowledge. This was identified through their interview especially when Kwesi talked about the need for more practical sessions.

'I am confident that if we had more opportunity on the field to acknowledge OT in practice it would have tuned us quickly into the programme... I believe having no practitioners is also a factor so we needed to work out with other professionals' (Kwesi)

Despite being in the first year Kwesi wished they had more contact with practitioners in the field. He thought that was the best way to get them in tune with this profession that was now being introduced. He however realized that there was no practicing OTs in their setting. Kwesi expressed desperation because he only had the option to be guided in the field by other professionals that were not OTs. He thought this model was, however, delaying their quick understanding of the roles of the occupational therapist.

From their transcripts, almost all participants had a common feeling, as expressed by Kwesi. For example, at such early stages in the programme Adwoa thought improvement was about getting more lecturers with an occupational therapy background. At the time of the interview she stated

she could identify two qualified occupational therapists at the department, and probably three for the country at large. She commented briefly as follows:

'I am aware all the programmes have common courses this year but I am looking at how we will cope in later years because I know there are just two OTs here... I feel we might be struggling' (Adwoa).

This realization of a few qualified occupational therapists put Adwoa in a state of anticipated fear. She had got to the stage that she knew that she needed to have mentors of her likes in order to appreciate her study programme. Adwoa and most of her colleagues believed in seeing occupational therapists both in the school and in the field so they could identify with them for support yet there was no immediate evidence of having such support.

Her anxiety was evident in her conversation because she had anticipated that, to become a professional, the student needed to see the qualified practitioners and to work with them so they could become like them. She also felt uncomfortable looking forward to the classroom where there will be a few lecturers with occupational therapy background.

On learning more in the clinical field, Yaa thought being in the field also created awareness of the presence of occupational therapy. It was not only about experiencing and improving their understanding, but was also about other professionals and the public appreciating the student occupational therapists and the profession. She thought when the clinical tutors were not on visit to support and explain procedures, the other professionals tended to have little or no idea on what to do. Yaa believed this environment was not enhancing the grasp of knowledge on the profession as quickly as they wanted. This was narrated as follows:

'I think my understanding as well as other professionals' understanding of OT is not growing fast because when our supervisors are not at post, other staff do not know how to support us' (Yaa)

Yaa was eager to experience a personal change where people could associate her with the occupational therapy profession. She felt her professional growth was very much a personal adventure grounded in experiential learning and support.

There was another learning indication when she got to know more about other professionals and some of their roles while in the clinical setting.

Kwabena, however, related his learning in the field with more direct contact with the client. He thought OT could be better understood through direct contact with clients. This was stated in the interview as follows:

'... to me I believe that seeing the client face to face and interacting with the client was very different because it made understanding quite simpler. But it looks as if we are not going to get it that much' (Kwabena).

This is another experience of frustration as Kwabena felt he is not learning as fast as he could. He rather would have preferred more hands-on or observed therapists at work to enhance his understanding. He appreciated the difference made when he had the opportunity to work with a therapist. According to Kwabena, experience in the field made theory meaningful to him; but, regrettably he thought this was not going to be regular. Kwabena anticipated this painful future because he had already commented woefully on inadequate OT practitioners in their learning environment.

At the early stages in their programme Kwabena did not appear to appreciate the gradual intersection of field experiences with course work in class. Although he identified that both the classroom and fieldwork together shaped PID, he felt he should have more workplace experience.

5.2.4 Acknowledging potential prospects within occupational therapy with pride.

Participants either knew nothing or very little about the occupational therapy profession prior to enrolling as student occupational therapists. Although this limited knowledge was clearly demonstrated in their statements from earlier discussions, evidence at the end of the year had exposed participants to a wide range of areas in which occupational therapy could be practiced.

To be identified with their future profession, participants thought they should be vested in things to do with occupational therapy. Kwesi, for example, expressed how he learnt about occupational therapy from the lecture room. He further talked about undertaking self-directed learning. He researched for information via the internet. He also specifically mentioned the experience of going through a course assignment that broadened his knowledge on occupational therapy.

‘There was an assignment on the various areas where OTs could work. This was categorized into social, biological, psychological etc. so I got introduced to so many sectors where OTs can work. That broadened my knowledge considerably about various aspects of OT’ (Kwesi)

Kwesi acknowledged different speciality areas of practice as an occupational therapist. He was self-motivated to be identified as a student occupational therapist especially when he knew there were diverse job opportunities ahead for him. This was narrated in his statement:

‘I feel I certainly have diverse opportunities, which is one thing that makes me happy..., because I am needed almost everywhere. I read from one of the journals in the library and it said that OTs could work almost everywhere’ (Kwesi).

At the end of the first year, Kwesi was well settled in the programme and was looking forward to possible places to work within his environment.

After the end of a professional training one is expected to have employment and start practicing. Kwesi's comment explained his pleasure to be a student occupational therapist. He was confident of job assurance because he realized that occupational therapists were needed almost everywhere.

This narrative enquiry needed to know how the phenomenal experience could help him know himself more in relation to his environment. Has he thought about the Ghanaian healthcare system? What will be his role in setting up services to get the job done? These were relevant areas that had further exploration to relate to the influence on his identity development.

Participants' identity transformation involved a more profound change, in the sense that old elements were put into the background and new ones come to the fore. This experience of identity transformation originated the emergence of the sub theme. Kwesi, who initially had little knowledge on occupational therapy, appeared to be enjoying the course. He wanted to be identified as an upcoming professional considering the initial knowledge he had on the profession.

Kwesi's passion was vividly demonstrated as he talked about the profession. He believed he was developing some knowledge about the programme, and that was making him more comfortable and a demonstration of pride for being on the programme. He expressed his feeling as follows:

'Personally, I have come to love OT, whether people see it as having prestige or not, I have built prestige for it, that is, I am an Occupational Therapist. It's because you do not know it that is why you do not have an appreciation for it, but I understand it, I know it, so I have that built-in prestige about it and I like it, that feeling satisfies me' (Kwesi).

At this point in time, and only one year into the course, Kwesi's comments indicated that he enjoyed being a student occupational therapist. He is moving the course onto a higher profile. Kwesi's experience of satisfaction

is based on his knowledge about the profession. He appeared to have information on the profession that other people did not have and he felt if they had that knowledge, they would equally appreciate occupational therapy. This was a motivation to educate people on the profession.

On a similar note, Efua described how she was identifying more with the profession in her statement:

'I see myself as an OT student because we are doing a course whose services people need, when they ask you what course, I say Occupational therapy and if you have time I do not mind explaining it to you' (Efua).

Efua's experience was a convincing surety that she was studying a new course and that people will need their services. She looked forward to start practicing in the very near future. She appeared ready to further explain the meaning of OT to those who asked for more details, knowing well that most people did not know about occupational therapy.

Another interesting dimension identified under this sub theme was Efua's statement on professional identification. In her anticipation, she associated the experience of wearing a uniform to being identified with the profession. When she was asked about a specific thing that other healthcare practitioners did that helped in their identification, she said:

'Their dress codes...Yes, some of them they have dresses that distinguish them from other professionals and we are still contemplating on what to wear but...' (Efua)

She had explicably foreseen an important relationship between knowledge on self-identification and having a dressing code. Efua thought if they had the appropriate occupational therapists uniform it could help identify them uniquely.

The optimism to work had already been demonstrated when both participants felt there should be more practical sessions; that is, meeting real clients and working with them. They believed by this they could identify themselves quickly with the profession.

This was demonstrated by Kwesi when he thought his colleagues had to calm him down when it came to discussions on occupational therapy.

'Yes, personally sometimes my friends had to compel me to calm down, regarding how I feel because of what I hear from them. But personally, I see OT as more prestigious than some courses that I wouldn't like to mention...' (Kwesi)

Kwesi was seen protecting occupational therapy. He appeared to be very vocal when it came to talking about the profession. He maintained a profile for the profession. This was a sign of enthusiasm for the course programme and the profession.

The readiness to practice was again demonstrated by Efua in her statement about her experience of having been prepared by the programme to offer her assistance to people in need of her expertise as early as in the first year. This is an indication of her enthusiasm to practice.

'I think and I know that OT has helped me to know that I am ready to help other people and willing to be of service to them to do something they really want to do'. (Efua)

Efua was demonstrating her eagerness to render her services as an occupational therapist. She appeared to be ready to work with her clients as she talked about helping people to do what they wanted to do. This is the philosophy of the profession, and a sign of a learning experience having taken place.

A statement by Kwesi concludes this chapter with a confident statement on his enthusiasm about the profession that:

‘... I’m in the right profession and I will be great, knowing what I have and what I know, I will be great’ (Kwesi).

This comment depicts Kwesi’s positiveness about the course at this still early stage of study. He was experiencing a sense of personal confirmation about a decision he made almost a year ago. There was evidence of no regret for being part of this course and this was confirmed by attributing greatness to it. As a researcher, I explored more into his meaning of ‘being great’ and why he had the opinion to being in the right profession. These reflections supported Kwesi new knowledge about himself, his professional self and his aspirations within the profession.

5.3 Conclusion

Dwelling on the master-theme ‘Knowing self, course program and aligning with profession’ and its subsequent sub themes have given insight into what participants thought about the course program and occupational therapy as a profession. This master theme illustrated participants’ personal self-reflection, developing a knowledge base about occupational therapy and how this had progressed from their earlier understanding of the discipline. The chapter has built on analytic observation by examining through participants’ experiences, their comments and interpretation that brought to light the meaning of where they were and what they were becoming.

The fact that participants did not know what they were aspiring to become was frustrating. For example, Kwesi thought it was not worth pursuing a programme on a profession he was struggling to articulate to people who did not know either. He was among the group that wished they abandon the programme for some other course. However, Kwame continued to encourage himself for being part of something new in the country. For instance, he commented that entering the profession as a pioneer came with

additional responsibilities like information gathering, teaching and creating awareness of the programme helped him to align with the profession.

The analysis demonstrated how decision making towards the occupational therapy programme enhanced students' gradual dissociating from courses they initially planned to offer but instead identified with alternate course offered them by the university. In other words, they had to frame their future to identify with the occupational therapy programme.

Participants' narrated experiences in their lived world generated other sub themes, for example, 'understanding occupational therapy through advocacy role'. This sub theme emanated from participants comments that the society did not know about occupational therapy and they were compelled to advocate for the discipline by creating awareness especially on the clinical field. Participants commented on the frustrating aspect as they struggled to articulate the discipline as advocates.

However, on a positive note, most participants indicated that their frustration rather urged them on to pursue better understanding of their roles on the clinical field. Numerous related comments on the benefits of the clinical practice area generated the third sub theme, 'Coping with experiential learning with limited clinical supervision'. Although participants were not enthused to be mentored by other healthcare professionals rather than qualified occupational therapists, yet they thought being on clinical placement was the best way to advertise themselves and the profession.

Opportunities to engage in few clinical observations at the early stages in their programme were useful because the experience gave a better understanding of the didactic teaching in classroom, according to students. For example, most participants acknowledged different speciality areas of practice. Comments on the developed knowledge in the area lead to the sub theme, 'Acknowledging different disciplines within occupational therapy

with pride'. They were motivated when they realised various job opportunities ahead for him.

Just as this preliminary data has revealed how students perceive the phenomenon of 'being' and 'becoming' what they aspire to become, it informed subsequent data collection and analysis in this longitudinal project. The next analyses chapter continues with students' self-identification and readiness to work through to the dilemma of theoretical knowledge and actual practice in the field.

CHAPTER SIX

‘Transitioning into identifying professional self through learning at work’

‘...when they see the relevance of my input I get excited, my anxiety turns to feeling of maturity and professional growth’ (Ama)

6.1 Introduction

This chapter describes the lived experiences of second year occupational therapy students and their reflections about their developing professional identity. Data analysed for this chapter were captured at the end of the student participants’ second year, based on interviews in July and August 2014 and from reflective content in their logbooks, between August and September 2014. At the end of year two, students engage in a six-week practical hands-on clinical experience at various settings including, physical health and mental health, and at the special schools for children with disability before reporting to year three. Before students commence their clinical experience, they would have had didactic teaching on additional three occupational therapy specific courses that include 1) ‘occupational therapy theory and practice’. The unit informs students on OT theoretical frameworks and approaches used for different disabling conditions; 2) ‘Individuals, Institutions and Change’ assists students to develop awareness of the needs of persons who have been or could be affected by institutional living. The course also enhances students’ knowledge on the application of theory and concepts of change and management and finally, ‘Occupational therapy for physical dysfunction’. This course develops students understanding of the impact of altered physical function on occupational performance. It is during the six weeks or immediately after the clinical placement that the second study interview was conducted.

The decision to have interviews with the student participants while on placement was a deliberate effort to ascertain their progress in putting theory into practice and how it may affect the enacting of their professional identity. Interviewing students during their clinical period in their educational programme enabled participants to report on actual lived

experiences in practice. They reported on the experiences of learning in the field and listening or discussing their learning in the classroom which had focused on various courses (Appendix 8).

The master-theme of this chapter emanated from participants' lived experience of advancing from their previous era of struggling with self-identification to their current position of aligning themselves more with the occupational therapy profession.

This shift in participants' perception of who they were and the developing sense of professional confidence led to the following master-theme and sub-themes explored in this chapter. Sub themes and the master theme to be described are shown on the table below.

Table 6.1: Subthemes to Master-theme (Year 2)

Master theme	Sub theme
Transitioning into identifying professional self through learning at work	Feelings of uncertainty with team members' attitude and, being overwhelmed with caseload
	Feeling respected and valued by clients and team members over OT values

6.2 Transitioning into identifying professional self through learning at work

This master-theme illustrates that there were interacting forces that complemented each other in directing the students' course of their learning experiences. Participants indicated in their lived-experience how they took advantage of the seemingly polarized feeling of, *'here are the jobs but where is the experience?'* Participants attached importance to going out there to experience hands-on practice; but, they were also unsure whether they had the recommended skills, knowing there were no or limited

experienced occupational therapy mentors to guide them. The analysis revealed how participants spoke about learning experiences together with sharing their developing sense of their professional identity.

The students acknowledged that professional practice offered an avenue to function relatively independently; yet this seemingly juxtaposed to their inner feelings of 'professional inexperience' that seemed to make them wonder what the consequences would be if anything 'went wrong' while working in the practice setting. Narrating their experiences, it was apparent how most participants took the opportunity of the practice learning experience and the autonomy it offered them to develop their own understanding and vision of occupational therapy. The autonomy to 'try things out' gave them a deeper sense of belief in their self and the profession. However, the feeling of professional inexperience on the part of some participants was also highlighted in their reflections and their reports. The students seemed to find numerous ways of managing these ambivalent feelings that included peer discussions, regular contact via social media with their clinical tutor, self-directed learning and the use of theories with support of standardized assessment tools.

According to participants, being proactive in managing the uncertainty of practice was intellectually stimulating experience that and brought about psychological reward. As such, participants identified changes in their sense of self over the duration of the placement. Participants ability to acting to implement self-directed/proactive learning, helped to move them from a position of uncertainty to an improved level of self-belief as they advance in knowledge on the study discipline.

Participants' ambivalent feelings were displayed in the two opposing sub-themes that generated the master-theme 'transitioning into identifying professional self through learning at work'. The opposing sub themes are 'Feelings of uncertainty with team members' attitude and, being overwhelmed with caseload' and 'feeling respected and valued by clients and team members of OT values'. They are discussed below:

6.2.1. Feelings of uncertainty with team members attitude and being overwhelmed with caseload

In their narrations, participants referred to a gap between the sheltered nature of discussions in the class and the unanticipated challenges encountered during practical placement. This experience of disequilibrium showed the mismatch between what participants expected to happen and what they actually experienced. The analysis also showed participants' consideration of career prospects. For example, Kwabena shared;

'I think we have limited professional foresight to be left on our own. We do not properly anticipate or understand the challenges until we become enveloped in them ...this makes me feel exposed but will grow out of them with time' (Kwabena)

According to Kwabena, his feelings of inadequate professional competency made it difficult for him to think ahead and feel sufficiently prepared to manage the challenges he had to navigate in his professional education. His use of the word 'enveloped' suggested a feeling of being enclosed and surrounded by a sense of uncertainty. His narration suggested the need for more support to enable him to perform more confidently and efficiently, especially in thinking about ways to help manage potential practice dilemmas and respond to challenges in a professional way. Kwabena's sense of uncertainty was also evident in his choice of the phrases *'feeling exposed'* and *'left on his own'*. He also described the periodic unexpected challenges he encountered, and his efforts in tackling them. It was evident that the experience of such uncertainties was extremely challenging, however he acknowledged that these situations helped their professional growth.

This sense of hope to grow from experience seemed to link to his recognition of developing his personal and professional self. Kwabena shared the need to get through these difficult times, and how they offered good insight into clinical practice. His concern regarding the limited foresight and inadequacy to predetermine clinical challenges appeared to

link not only to his own skill and capacity, but also the need for support from other professionals on-site to direct him to cope better with the management of unexpected challenges.

The analysis also revealed he was beleaguered with many demands and responsibilities during clinical placements. For instance, he expressed a concern in being confronted with challenges and a workload that he felt were beyond his capability without adequate professional supervision. He expressed his frustration when he stated:

'In making decisions I need time to think about my actions. Having a practicing professional around could have been helpful for my learning'
(Kwabena)

Although he was acting as a professional, Kwabena thought at his level of study he needed more time to reflect on his engagements with clients at the clinical placement. He could not always think on his feet and he sounded in need of an experienced professional to support him to reflect on his actions to influence his learning. Such support would have given him the opportunity to make meaning from, learn and understand the issues he encountered.

Kwabena narrated a clinical case to emphasize his need for clinical tutorship during placements. He described his efforts to engage a 14-year-old boy in a social eating activity. This client participated in all activity sessions except to sit at the table with his colleagues at meal time. He preferred having his meal hiding in a corner or under the dining table. The participant had difficulty conceptualizing and comprehending the exhibited behaviour. Kwabena felt helpless for not having some immediate strategies to respond to the situation.

Subsequent narrations revealed that student participants undertook the responsibility of independent learning to ensure they were equipped adequately to reflect on cases and to formulate appropriate clinical

reasoning strategies to intervene. In spite of this personal study and information search, Kwame acknowledged that, at his level of education, he was not quite able to anticipate every problem his clients might present:

‘...personally, it is very different from the field as compared to what we read and being taught in the class... I was overwhelmed just because I wasn’t sure what to expect though I thought I applied the best theory’ (Kwame).

Kwame was overwhelmed with the realization that dealing with issues in practice was not a simple translation of theory from text books. He cited an example of an outcome that was not up to his expectation although he applied the best knowledge from literature. Kwame appreciated the need for experiential knowledge to inform his clinical reasoning to make him more skilful and confident rather than relying on just published example situations.

In another situation, Kwame was clearly overwhelmed with the number of cases he had to see. He was overawed by the large number, yet remained motivated with the thought that most of these clients were looking up to him for assistance. At this point in the interview he could not help but exclaimed; *‘why wasn’t I prepared for that because we were told?!’*

Kwame clearly admitted that his educators cautioned them for unpredictable encounters in practice, yet he least expected them so soon, hence the unexpected unfolded as a surprise that exposed his unpreparedness. Notwithstanding this experience, Kwame owned up and took full responsibility for not being proactive to what he encountered.

Further analysis of Kwame’s statement *‘why wasn’t I prepared?’* carried a different meaning. He reported of a shift of responsibility, indicating the need for the school to give students the required support during their clinical placement. He was concerned about the organised support, because

he was uncertain whether there were qualified practitioners in the field to serve as mentors while on practice placement. He commented:

‘...although the department trained placement supervisors, they were not OTs. You will be fortunate even to meet OTAs who were trained on the job years ago. They don’t understand our core values. ... I did the absolute best I could with the resources that I had so I say to my (University based) clinical tutor, I need you to come in every Friday... I need you to watch my engagement sessions with my clients (children with disability). And I need you to tell me whether or not my approaches are right or wrong’ (Kwame)

It is obvious that Kwame was anxious as he went out as a student occupational therapist with a supervisor who had little knowledge of occupational therapy. He thought it would have been prudent for the school to provide them with more qualified occupational therapy personnel to serve as their mentors. He felt he was left without professional supervision. Learning under such circumstances made him take extra precautions as he worked with clients. It appeared Kwame was not only concerned with the occupational therapy knowledge level of his supervisor, but was also uncertain about his personal professional acumen so he demanded for regular validation of his activities to ensure he was on the right path.

Unlike Kwame who wanted to be sure of having the necessary support in place before commencing his practice placement, Kojo was rather eager to begin anyway. It was when he started his placement that he recognised he really needed more support, considering the number of clients he identified who could possibly benefit from occupational therapy intervention and also support in terms of clinical skills.

‘...I would say I was overwhelmed about the number of cases. I had some support at the placement setting but not what I would say a tremendous amount. I am confident talking about what I do but there was nobody to countercheck every single thing I suggested...occasionally I wondered if I was right or wrong’ (Kojo)

Realising the uncertainties on the setting, Kojo wished he had a (occupational therapy) mentor on site to direct him in making his clinical decisions. Although he confirmed he had support available to him on site, the level of guidance was not up to his expectation. Kojo lamented on this situation, occasionally leaving the placement setting with mixed feeling of uncertainty, wondering if he got it right or not.

A similar state of uncertainty was flagged again in another student's report. Kweku spoke of his frustration at not having a qualified occupational therapist on-site to serve as his mentors.

'I knew there was no qualified OT at my placement setting so my first thought was fear ...we were assured of regular weekly visits from the clinical tutors from the school and regular group discussions, I was still uncertain just not knowing really what I would be doing wrong. I would have no professional guidance ... I had no mentor. (Kweku)

Kwaku indicated his discomfort with a comment on 'fear' to be on his own. He discussed the weekly visits from their clinical tutors yet he felt that wouldn't ensure enough guidance. He reported on another means instituted by the school to buffer students' anxiety, which was to have a weekly group reflection on events from students' practice settings. In spite of these sessions Kwaku thought the absence of occupational therapy professional guidance affected his confidence.

While Kweku was talking about the need for experienced mentors to boost his confidence, Yaa was engrossed with staff at her placement setting who still had limited knowledge in occupational therapy. According to her, two volunteer occupational therapists from Canada recently worked for six weeks at the setting. It therefore surprised her when they continued to ask her about the role of the occupational therapist. She made this remark:

'...what amazed me was that these same questions kept coming up. What is OT? Are you Physio? I needed to explain who I was within my current

scope of understanding knowing well that some qualified OTs from overseas have been volunteering at the setting not long ago... (Yaa).

From the analysis, although Yaa was frustrated by the attitude of these healthcare staff who constantly wanted to know her role, she felt it had a positive connotation on this new profession. She said: *'...but I feel they are interested in what we do'*. Yaa seemed to acknowledge other professionals' interest in occupational therapy, but she felt they should have learnt from the occupational therapy professionals who worked with them.

On a different note, Kwaku felt intimidated and unwelcomed by other staff at his placement setting. He stated that this made him feel disorientated and disconnected from the clinical setting. He narrated:

'the unwelcome attitude of my on-site supervisor's colleagues make me feel like not going to work...they just don't understand and they do not consider my contributions... it is bizarre if those expected to support you treat you this way'. (Kweku)

He was expressing a degree of frustration associated with other healthcare personnel's ignorance about what occupational therapists do. Kwaku least expected professionals would treat colleagues as he experienced. This is linked to what another participant narrated about their experience of similar behaviour from healthcare colleagues when they attended a seminar. Ama lamented on the experience of hostility from other healthcare staff who thought the presence of occupational therapy did not make any difference. Nonetheless, others appeared receptive and accommodating, particularly those that had some knowledge of the value of the occupational therapy profession.

'...you know when people are ready to find out what you do and once they know and you build rapport with them, then it feels great because they know what you do. They know what to ask of you ...but sometimes when you are walking into an environment where they don't know, there might be sort

of hostility or you get the feeling that your presence doesn't add up anything. What do you really do and you wonder whether it'll really make any difference. (Ama)

Notwithstanding the unexpected resentment towards her, Ama dealt with such attitudes by proving herself important through hard work. Although she experienced challenging times, she found the placement an invaluable opportunity to learn. She stated:

'...when they see the relevance of my input I get excited, my anxiety turns to feeling of maturity and professional growth' (Ama)

Ama shared how this feeling of satisfaction motivated her to do more research to improve her knowledge. Just as Ama, most participants reported an initial feeling of derisory and inadequate clinical skills. This feeling, nonetheless, seemed to have served as an impetus for engaging in additional self-directed learning with practical demonstrations at their placement settings.

Akosua gave a similar instance when she reported on how her use of self-directed learning had empowered her during the period when she felt overwhelmed with clinical cases that outweighed her competency;

'...working at the placement setting with children with disability, I realised that greater number of these children had difficulties in areas like hand-writing, painting or fine motor skills... my personal experience taught me that most of such difficulties are easy to address but it was not easy with the children with higher needs. For example, those who depended on equipment and had medical needs... their situation made me feel a bit unsure of my actions'. (Akosua)

Akosua discussed her ability to offer occupational therapy intervention when it came to particular clients' problems. With the absence of practicing occupational therapists on-site, she saw herself as the more qualified person

to handle the issues at hand despite being in her second year of education. Akosua narrated how the practice of problem-based learning enriched her knowledge to efficiently manage a number of cases. In spite of the positive outcome, she commented on how she became beleaguered when a situation was beyond her capability. She described more challenging cases that involved children who did not only depend on equipment for their daily living activities but also had some fundamental medical needs, she stated; *'I felt I was hurting them when I tried to change their assumed positions'*. Working with such clients made her feel inadequate.

Similar to Akosua's encounter, Kojo, also stated:

'...working with clients in awkward positions in a chair is very difficult, for example I saw this chair to be too big but they said 'he's been using it for the past nine months'. There was no other chair (Kojo).

It was a difficult experience for Kojo, because considering the type of chair in use. He found it difficult to position the client enabling him to engage with functional activities. Furthermore, he was told the client has been using the chair for almost a year. The situation ebbed his confidence to suggest for a review of the chair. The state of uncertainty made it difficult for Kojo to administer his intervention because he also knew the non-governmental organization (NGO) operates on donations and they had already complained about the difficulty in fund basic tools including colour tubes and painting brushes. It was an overwhelming situation to Kojo, especially when he knew he could help but for the fact that the setting could not afford the needed resources.

He articulated that it was discouraging and frustrating not to have support and resources when they were needed. The case of the client in the oversized chair had most certainly shaped this construction:

'...There are times when you feel incapable due to lack of information, but when you sort of know how to get that information it doesn't seem as

hopeless as you may think if you get the opportunity to implement your idea' (Kojo)

With reference to Kojo's statement, it is obvious there were logistics and competency challenges while on clinical placement. In addition, Kojo brought to the fore how prerequisite knowledge on a situation could make *'it seems not as hopeless as you may think'*. Here, he exhibited the power of his developing knowledge. However, it was evident that he appeared worried with regards to the absence of resources and access to the necessary support when needed.

Efua encountered a similar situation where she identified a useful approach with her client through prerequisite knowledge. Not being certain, she challenged her thoughts and described her approach as;

'although it sounded too playful to me when I suggested to this client that we were going to use ludo game as a treatment approach, I was confident it could help restore his pincer grip and the general neglect of his left arm as he continued to play' (Efua)

According to Efua, her approach was to promote movement through a meaningful occupation with a 67-year-old man who had suffered a stroke. She remembered having participated in a discussion about the effectiveness of similar board games with people like her client. According to Efua, if the facility had the 'monopoly game', it would have been the best knowing the client was a retired banker. She was, however, surprised when the client showed a keen interest and participated in the 'ludo' game, saying; *'...maybe it was my approach or his eagerness to do anything to get well quick'*. Although Efua was doubtful of her interventional choice, the outcome was beneficial and she described this encounter as a major learning curve.

Ama also recounted the benefits of an innovative initiative that her colleagues never mentioned. This was the easy availability of information

via the 'WhatsApp' application. Her confidence to practice improved knowing she had a source for ready access for information and support via 'WhatsApp';

'I do feel confident in my clinical thinking skills at my level may be because I realize that if I do need information I can always access that by contacting colleagues or the clinical tutor via our 'WhatsApp' common media page'.
(Ama)

Ama appeared more creative to problem-solve ways of managing the lack of direct professional supervision unlike other colleagues. She portrayed that having a ready source of information and support added confidence to her activities with her clients. She was the first to talk about the use of social media 'WhatsApp' as an additional source of information. 'WhatsApp' is an application on participants' phones, which they signed-up to form a group page. According to Ama, they do have frequent clinical case discussions on this medium where colleagues contribute to help resolve issues they encountered both in school and in the field. They also post articles for easy access on this page. One clinical tutor who is part of this group page regularly supported students with advice on approaches via the page.

Just like most of his colleagues, Kojo thought the practice placement was a great opportunity to have hands-on practice. However, in the field of practice he became more aware of his limited professional skills and confidence to attend to the various clients. He narrated how his limited practical skills prevented him taking opportunities to work with some clients at the setting.

'...so I had a lot of learning on my own at work, which was interesting because I love to learn but I was also scared because I didn't feel well equipped to put my learning into practice although I usually had the opportunity to do so. ... (Kojo)

Kojo's comment was about how he was able to digest content from theory and text books but realised his gap in knowledge when practically demonstrating this. It was when he started at the clinical setting that he realised he was not well equipped to attend to situations. This made him incompetent in the situation as he described his inability to put his learning into practice. To this point he appreciated a great difference between reading about one thing and putting that knowledge into practice without supervision;

'...because I'm on my own, I'm very cautious while working with my clients in this team. I would be confused with what to do if anything goes wrong...help may come but I didn't want to be blamed' (Kojo)

He was very cautious with his involvement with clients because he did not want to be blamed for taking unprofessional decisions. He was sceptical because he was afraid of being the cause of any wrong outcome. He admitted that his attitude limited his exploration and development into a skilful practitioner as compared to some of his colleagues. Although he was aware of support on the way, he would not take certain responsibilities.

On a different note, Akosua acknowledged her maturity from an earlier impression that she could have hands-on involvement with clients only with the physical presence of a supervisor. She had accepted the fact that, as a student practitioner, there could be decisions that might not work well but at the end of the day it is taken as a learning curve.

'while working with children with disability, I didn't want to be pointed as not knowing my job but now I know we are learning together... I just need to research more and discuss more' (Akosua)

From her statement, she worked with children with different forms of disability that demanded distinct skills to have a unique impact on the clients. Akosua admitted that, although she was placed in a discrete situation with uncertainties, the experience was a learning curve in her

professional education. She reported on how learning through practice helped her to reduce her attitude of *'I had no idea'* response patterns. She further recounted that working through challenges enhanced her professional development toward the broader circumstances.

For Akosua, challenges at work were sources of empowerment to actively participate in clients' management. Kwesi supported her view when he confessed that such exposures were a major source of his confidence-building. He has matured to realise that the feeling of inadequacy was not because he had no mentor to guide him, but that he also had neither initiative nor assertiveness towards working with clients at the clinical site.

'....there are some skills that we needed to know even at our level but we don't though we did a lot of it in theory sessions...we can always put them in practice, for example, engaging in a one-on-one interviewing with an elderly person during initial assessment for more information ... that was one area I thought I didn't have confidence in... but I did interview an elderly person successfully' (Kwesi)

Kwesi could not believe he could sit with an older person and be 'the expert' seeking information to assist in the client's care management. Kwesi is from a background that saw the elderly as full of wisdom, especially this client being a retired director of an institution. According to him, the act of gathering personal information from an older person was a sign of disrespect and belittling the intelligence of such a person. He was, however, full of praise when, at the end of the initial interview, he received commendations of a great professional status from the client. Kwesi exclaimed; *'he didn't believe I was still a student!'* According to Kwesi, the client thought he acted professionally in his approach, asked relevant questions and that his pieces of advice were useful and helpful.

It was recounted from the students' revelation that, although they encountered challenges they least expected and other overwhelming situations, they seemed to develop means of keeping the hope of developing

their professional self. The next sub-theme described the benefits of their efforts that made them feel respected and valued as multidisciplinary team members.

6.2.2 Feeling respected and valued by clients and team members over OT values

This sub-theme encompasses the feelings of being respected and valued that came with responsibility. Participants' shared many experiences that contributed to their predominantly positive personal views developing about the profession. Whilst hostility and negativity had been experienced, most student participants could indicate that, whilst on practice placement, they had also felt respected and valued as professionals by other team members and, arguably most importantly, also by their clients. Working within specific settings, particularly in the stroke unit and with children with disability, were areas where some participants indicated they felt particularly valued. For example, Efua made a comment as follows:

'...the team members listen to you very eagerly and it's like they are expecting some special input to help the client and the team in general. The client was also like very hopeful in my expected contribution as he looked into my face as I was being introduced as one of the first OTs in the country' (Efua)

When reporting her experience, she talked about what she could do to maintain the valuable professional position she has been placed in. She was a second-year student but has been placed in a valuable status in the healthcare delivery team. In the discussions, although there was a sense of elation when participants felt they were appreciated for their contributions to the health care delivery, she also thought of the need to work more to maintain this respect and value accorded her.

Efua was not the only one: Ama also reported on a similar experience that fitted her well among the team because she was able to make a valuable

contribution out the skills she had acquired. Ama worked at the stroke unit with other team members including physiotherapists, nurses, the medical team, and speech and language therapists. She shared an example to explain how colleagues had provided their agreement with her therapy decisions:

'...working alongside with this senior physiotherapist, I realised this man has upper body ability so I thought we could start with practicing some activity of daily living with both upper limbs. I needed the trust from the physiotherapist supervisor to be allowed for my intervention... she told me I can go ahead and this was a source of confidence to practice' (Ama)

According to Ama, there was no hesitation by the senior member of staff to allow her to carry out her treatment plan. She saw this as a great opportunity and recalled the confidence it gave her to progress her work with the client, who had just had a passive exercise with the physiotherapist, on the need to start participating in functional activities. This marked the beginning of her feeling more validated and respected for her knowledge-base in occupational therapy at the setting. She further highlighted the courage she gathered to carry out a discussion with the nurse about her ability to professionally assist this particular client. She reported on how she applied appropriate reasoning with colleagues before putting her plans into practice, a sign of reflection for action. In another example, she suggested this same client be put in a propped-up position with his meal so he could see what he was being fed. She stated in her narration that *'I was pleased to be part of the team'*. Ama had the feeling of satisfaction in supporting this patient and for being able to contribute to the working of a multidisciplinary team. She felt professional validation when there was no question from any member of the team on her reasoning. She thought this was down to the trust the team had started to develop in her practice. This confidence continued to grow at the placement setting when it turned out that the client could help himself in feeding independently after assuming her suggested position, as Ama explained:

'I was optimistic that my actions were on the right direction but I had to be very sure of what I was doing so I do not lose the trust' (Ama).

Ama reported that enabling the client to feed himself independently was one of the set goals she had planned to achieve with this client. It was one of the first 'quick' outcomes evidenced by team members based on the advice of the occupational therapist. The client's improvement was commended upon by other staff members and they began to seek Ama's involvement with other clients who had difficulties in the activities of daily living including brushing of teeth, grooming and upper body dressing. Earlier, according to Ama, the nurses had performed these activities for the clients during most of the period they stayed on admission.

Another participant, Kojo, reported on a similar experience of feeling professional respect from other colleagues when he shared how his knowledge from school enabled him to discuss the expected outcome of therapy with a client and team member. His ability to do this was of interest to other professionals including the client, which he felt earned him much respect.

In the initiative, Kojo explained how he had engaged in a painting activity with a 15-year-old girl with attention deficit disorder, and managed to meaningfully engage her in discussion, when typically, she could only sit for about 3 minutes. Kojo had indicated to the staff at the setting that; *'if the client identifies something very interesting she will focus and be engaged'*. In his discussion, he talked about his explanation of the possible outcome according to literature he had read. He stated that;

'For the first time, I put my learnt theory in practice and it did actually work with a client...I was proud of myself and the learning that came with it ...so were the staff'.

Further, he went on to say;

‘...before I left, the head of the setting said they will need OTs’. He welcomed me back for other placements at the setting and even requested if they could have OTs’ practicing their internship with them’ (Kojo)

Kojo narrated these lived experiences with excitement. He felt he was a valued team member in a setting that did not know of the roles of occupational therapy. Moreover, he had instigated job opportunities for other occupational therapists based on comments from the head of the department.

The position of being respected, however, came with more responsibility; that is, the students had to present themselves as the experts in their speciality area of care management. This was because their role was not known in the healthcare delivery system prior to joining their teams as occupational therapists. Kwabena recollected when, at some point, he had to review quite a big number of clients

‘...my caseload was probably just like a qualified occupational therapist would do if not more... they trusted I could do it’ (Kwabena).

Kwabena felt the responsibility but also took pride in feeling that, had he not been there, what would have happened to these clients. Thus, whilst occupational therapy is a minority profession, he did experience the feeling of being a valued member of the team.

Kwabena stated that;

‘... I actually know more of what I am doing now and I do understand what I am doing...in fact a lot more... even though I always check what I do my intuition is right. I’ve done my assessments, I understand, I know that its fine’ (Kwabena)

Kwabena indicated that, whilst on placement, he had started to be able to construct his knowledge: a process that he had not experienced as profoundly whilst learning from theory in the classroom. He carried out

clinical reasoning and interacted with colleagues just as any occupational therapy professional would do.

However, whilst Kwesi felt his confidence was still building, he realised practice placement had provided scope for him to improve his theoretical explanations of his roles. He confirmed this applied learning and translation of theory into action had lessened his stress in engaging in discussions about occupational therapy with clients and colleagues;

‘Talking on the roles of OT has become less stressful as I have better understanding. The people I discuss with seem to have confidence in what I tell them because it sounded logical. I however need to improve on my skills to demonstrate these things and that will even make me more recognised’
(Kwesi)

This desire to be recognised as a validated professional was a clear trend that many students spoke about. Kwesi appeared satisfied with the knowledge he impacted on others. He felt as a useful resource person; however, he also sensed the need to improve on his clinical skills so he could be well acknowledged.

In other examples, Yaa recounted occasions where she had the opportunity to educate her on-site supervisor, who was not an occupational therapist, on the principles and philosophies of the profession. This was a moment of empowerment for her, as she shared the following:

‘Telling my on-site supervisor about OT was sort of my self-learnt stuff, which is always more encouraging when you know what you are talking about and realise these things are for yourself rather than someone telling you ‘this is what OT is’ (Yaa)

According to Yaa, being able to share her developing knowledge of her profession with her placement mentor was a display of deeper and more meaningful learning, especially when her supervisor commented that she

found the information useful. This role, she said, gave her a clearer understanding and more confidence to talk about the profession and engage in her role.

Student participants emphasized that their belief in the profession developed in seeing authentic occupational interventions work with clients. Similar to Yaa's experience, Kojo felt his interventions with children with disability had been 'real OT', a real chance to put their learning into practice in meaningful ways, which consolidated his belief that the profession had a valuable and unique contribution to make. He talked of his placement offering an 'authentic learning experience' enhancing his understanding of occupational therapy.

Ama similarly experienced recognition for her professional role in the unit. She acknowledged that she felt her expertise was appreciated and evidenced by the increasing respect she felt she gained.

'...there's more respect when they see that you can do something for a reason. This will be the expected outcome. This is my plan. This is our goal. This is why I do it (Ama).

Ama felt she was able to take full responsibility for her actions in the unit as she assessed cases and drew her plans of actions. In the unit, there were no qualified occupational therapists, so she was the only person with knowledge in occupational therapy. She recognised she needed to assist clients to regain their functional independence and that, as a member of the team, she was depended on. Although there were occasional contacts with the clinical tutor from the school for advice while working in the unit, Ama shared that, when dealing with clients, she put the plans and goals down as her personal contributions to care management.

Having to take responsibility for their own actions underscored the importance of being clear about what occupational therapy was. The student participants grew more confident in what they did as their placements

progressed, and realised they could implement interventions even at their second year level of study. This sense of developing professional maturity and taking up responsibility was also displayed by Akosua who indicated the influence on her personal growth. She handled situations by her own ability, explaining:

'...even when I seek support from elsewhere, like from friends and tutors, I discuss with my client and it always work well with their input... I always take the responsibility to fine tune the ideas' (Akosua).

These examples of taking responsibility came with a feel-good factor. It added a sense of feeling valued through delivery of professional aligned practices, which also came with a sense of personal reward, with acknowledgement that the hard work, study, and personal toil were worth it. She stated;

'I have worked hard and I'm pleased my colleagues admire my hard work and recognise my role as an OT' (Akosua)

Akosua was pleased with her team mates' understanding of her actions; for example, when there was much improvement in her clients' recovery process. She shared how the experience made her want to do more, especially, knowing she was a valued team member even at her current level of study.

On another note, Efua narrated how she supported her engagement with clients with the use of professional tools, such as professional theory, applied frames of reference and standardized assessments.

She discussed a situation where she had to explain to a client and the family about life, using a 'flowing river' as is depicted in the KAWA model (Iwama, 2006), a Japanese oriented professional practice model unique to occupational therapy professionals. Efua talked about her interest in the use of this model because she could easily apply this to clients' situations to

make her explanations on reduced functional ability much clearer for clients and their families. For example, she explained how she would talk about KAWA with the client:

'... fulfilling life is like river flowing freely...if you can't do things you want to do for yourself, it's like some obstacles blocking the free flow of your river... as the OT my role is obviously to work with you to identify and remove these obstacles to ensure your stream flows'. (Efua)

Discussing her roles to the client in the presence of a team member, she talked about the life process being likened to a flowing river. Efua impressed herself with her confidence in being able to clearly explain occupational therapy to a client. She was able to exemplify how life can be obstructed by some obstacles, which may prevent its smooth flow. Using her client as an example, a 48-year-old gentleman who had been diagnosed with a left hemiplegia as a result of having a stroke, Efua explained how the condition prevented the man's river from flowing smoothly, thus not being able to actively engage in activities he wanted to do. Efua shared how she further explained to the client that it was the occupational therapist's role to work with him to get to his maximum functional independence level. What is revealing here is how Efua spoke with confidence and excitement when the client retorted to her that it was up to them (he and Efua) to identify the boulders and twigs in his 'river' that were preventing the flow of his life.

Efua thus was able to experience how this model was embraced by the client, his relations and the team members; and enabled her to further explain and justify, eloquently, her occupational therapy role. It was a welcoming experience because, within a short time, she was able to explore and talk through complex issues using theory to enable client understanding. Following this, she and the client set targets to achieve specific goals of interests related to his abilities. Efua believed her approach offered a unique occupational therapy approach in the unit that justified her way of working with a client. She was excited as she talked about the appreciation she received from the client, team members and especially the

clients' relations. She was also quite overawed and intrigued about their appreciation and realization of how, through quite simple means, and through use of everyday daily living tasks, occupational therapy could change one's life.

Efua was also able to clearly document every activity she was involved with. Reading her own work, she felt proud, she saw her work as reputable, not least through her ability to use recognised theory and tools:

‘When I can support my work and my explanation with an assessment that is standardized...they have more respect for me’ (Efua).

Efua's ability in applying the use of appropriate professional tools at the setting not only helped in her developing understanding of her role and clinical reasoning, but also encouraged her to appreciate current healthcare professionals' interest in the scientific justification of each one another's roles with clients.

Kwame also recollected that in his first year he was only able to give a brief description of the roles of the occupational therapist, but now, through his practice learning, he realised that not only was he better able to verbally explain what his professional role could contribute to client care, but that he could demonstrate his clinical reasoning with the support of appropriate evidenced based tools.

As the student participants continued with their applied learning activities, Efua realised that her own feelings of professional incompetence she personally had felt, and had sensed from other colleagues, was now fading, and she had begun to realise more about her growing professional identity and sense of self. This realization was a common trend experienced amongst the student participants and was evident through the way they spoke about the increasing array of tasks and responsibilities they were responsible for and the confidence with which they were able to communicate their plans of action. For example, Efua shared:

'Although our actions with clients appeared innovative we tried to support with theory which put us in more professional positions...they liked our clinical reasoning... at least they knew we don't act out of the blues'. (Efua)

Kwame also spoke about the importance he felt about *'making your own way'*. And that rather than the usual complaints on the absence of mentors on-site for students to shadow and learn from their actions, he now talked about being himself to allow his own personal as well as professional identity to emerge:

'I'm no longer waiting to copy what has already been done by another OT, it was me doing my own explanations supporting it with theoretical evidences and coming up with the ideas for them to know how good OT was' (Kwame).

Although only a second-year student, what Kwame appeared to be indicating was how his sense of developing professional autonomy was leading him to a greater understanding and vision of occupational therapy. According to Kwame, the opportunity to visualise the value of the profession whilst on professional practice placement enabled him to experience a deeper sense of personal fulfilment and a developing sense of professional socialisation. With this attitude, Kwame, along with his other student peers, began to view themselves as *'transitioning from the shadows of not knowing'* to the stage of *'being accepted and convincingly feeling respect for what they were able to do as team members'* (Kwame).

Kwame was gaining awareness of occupational therapy and its prospects for himself. This also revealed his emphasis on the fact that having knowledge and skills was not only important to his ability to provide client care but also a critical part of PID. Knowing more about professional identity through knowledge-growth both professionally and personally with recognition from others, was a strong motivator for the students to persist and do the extra personalised learning to maintain the hard-earned respect the students desired.

Kwame commented on the earned appreciation based on this growing sense of knowledge and clinical skills:

'When they have trust in your capability they tend to know us... it makes me work more to be established in the team. I am always online reading about my client's condition and what I can do with them.' (Kwame)

Kwame highlighted the need to acquire and maintain the team's trust. He noted how *'trusting also comes with recognition'*.

The analysis revealed other strategies the student participants employed whilst on placement that included educational contributions to team meetings and seminars, and involvement in research and practice modalities.

Kojo acknowledged that, prior to this placement, he was contemplating how he would cope with problem solving ways to manage his role responsibilities as an OT and the clients referred to him. He spoke about his self-motivation to put in extra effort to find out and absorb information to assist him. This absorption reflected his desire and sense of responsibility to educate self aside from what he had been learning in the classroom, to increase his self-confidence. He said,

'It was a learning curve for me as well as my personal development and not just my professional development'. (Kojo)

Through the placement experience he realised his capabilities were developing and this personal feedback, coupled with this motivation to educate self, enabled him to challenge assumptions he had made about his developing ability. He appeared to be more confident, especially in recalling the number of occasions he was asked for his opinion as the occupational therapist. He couldn't hide his feeling of respect this recognition gave him. With excitement he said, *'what will they do without*

me?' An expression of pride Kwabena had narrated earlier. Truly, participants gained professional confidence through the experience of feeling valued and respected.

6.3 Conclusion

The master theme - 'transitioning into identifying professional self through learning at work' - summed up participants' perception of their personal and professional development in relation to their identity. The master theme emerged from the sub-themes 'Feelings of uncertainty with team members attitude and being overwhelmed with caseload' and 'Feeling respected and valued by clients and team members over OT values'.

The participating students' analysed descriptions captured how they actually worked towards self-recognition in the midst of uncertainties and overwhelming encounters. These sub-themes unfolded an overarching pattern of challenges encountered by participants as they attempted to get recognised within their community of practice.

Participants' attitude of taking on early responsibilities was seen through their narrations. These students were enthusiastic about wanting to 'know it all' even at their level of study. Their statements appeared to position themselves as the experts of the profession in the Ghanaian context. They had the impression of being capable to handle issues that needed the attention of professional occupational therapists. Although there was a clear sense for some that healthcare staff could be less than accommodating at times and rude, and that this left the students feeling anxious and isolated, encouragingly, the analysis also indicated how the appreciation and trust from other staff led to feelings of increased role identity and satisfaction. Not least, due to some successful learning outcomes students experienced from their actions as they redefined 'incompetence' and 'mistakes' into developing their clinical confidence and therapeutic skills. They acknowledged the need to reflect in action, on action and for action to improve upon their clinical reasoning. Nonetheless, despite both successful and unfavourable learning events during their practice placement, they

seriously considered that in developing clinical skills, personal skills and professional competence they needed support from qualified supervisors, peer groups and self-directed learning.

Although they may have demonstrated eagerness towards learning at this level, what is interesting is how their stance enhanced development of their self-identification including professional and personal development. This is further identified in the next chapter where I describe students' continuing demonstration of their acquired knowledge and skills. The student participants attribute this raised confidence level to a better understanding of their clients' conditions.

CHAPTER SEVEN

‘Re-identifying the Occupational Therapy Profession and ‘Self’

‘...getting closer to the clients and getting to know who they really were and what they wanted to achieve has helped me know myself, my role and the profession’ (Kwabena).

7.1 Introduction

When participants first enrolled onto the occupational therapy programme, they held different thoughts and reservations about the profession and the occupational therapy programme based on the different sources of information they had. However, their understanding of the profession had undergone several transformations as they reached the third stage of study on the programme. This was evidenced in their narratives as they reported on their experiences. Participants shared a better understanding of the role of the occupational therapy profession and the impact of their actions on the lives of the clients, their various team members and other significant people including carers and family who were involved in their clients’ management.

Participants expressed the differences they felt they brought into the healthcare delivery system, especially when their involvement enhanced early recovery of their clients. Their shared narratives included comments from other healthcare staff that equally reflected a greater appreciation of the importance of occupational therapy in the various settings where the student participants practiced.

In this findings chapter, I discuss student participants’ indication of how they experienced their developing professional identity through a process involving the interacting activities among their education, practice and personal research. This chapter will demonstrate how participants mostly attributed PID to specific skills gained through exposure to practice and their direct contribution to client care as multidisciplinary team members.

The chapter begins by initially focusing on narratives during students’ third year of their four-year training. This stage of the analysis marked

participants' developing ability within clinical and therapeutic reasoning skills.

I continue the chapter by directing attention towards students' activities at the exit level, spanning through to their experiences as interns. They had just begun work as intern occupational therapists and they reflected on their immediate past experiences as student occupational therapists, what they learnt from their exposures as students, and how they have been transformed to realise their current potential.

Evidence from the analysis of participants' experiences indicated that participants' sense of ownership of therapeutic tasks during their clinical practice facilitated their PID. Using knowledge from multiple learning experiences, participants acknowledged lost opportunities of the absence of qualified occupational therapists in their various clinical settings. They also discussed how their actions established the need for occupational therapy services. This was an important realization they brought to their placement settings and the healthcare team in general.

The analysis of their experiences led to the overarching master theme 're-identifying occupational therapy profession and 'self''. These are explained as experiences that enhanced their PID as they matured to understand the profession and the re-conceptualisation to see themselves as professionals as well as recognising their growth as individuals. The master theme and the three sub-themes described next are shown in the table below:

Table 7.1 Subthemes to Master theme (3rd & Exit year)

Master theme	Subthemes
Re-identifying the occupational therapy profession and 'self'	Improved knowledge of OT profession to enhance quality therapeutic relationship with clients
	Experiencing change in clinical practice environments with appreciation of OT role within multidisciplinary teamwork
	Consolidating personal experience to help make decisions on future plans

The sub-themes are discussed as follows.

7.1.1 Improved knowledge on occupational therapy profession to enhance quality therapeutic relationship with clients

In the third year of study, the student participants sensed a shift in their ability to assess, plan and deliver effective occupation-focussed interventions with their clients. The shift in ability was based on understanding a person beyond knowledge of the person's condition or diagnosis. The sub-theme describes participants' increase in respect, empathy and compassion for their clients.

Ama exemplified this when she shared how she was able to identify clients' real needs only when she began to get closer to them. She recounted her earlier struggle to comprehend what she needed to do with clients at her placement setting. In previous practice placements, she believed this was due to her limited level of clinical knowledge of clients' conditions. She stated that she did not know what to do for the clients because she could not apply her knowledge to identify their needs. She thought she needed a better understanding of the clinical picture so she could communicate the role of occupational therapy, thus her focus had predominantly been on a more diagnostic approach in terms of understanding practice and theory. However, during the third interview session at the end of her third year in the programme, Ama demonstrated experiences from different clinical settings, class work and personal research to illustrate how she had improved her appreciation of the importance of a more narrative focus on the person, not the illness, and with this an enhanced appreciation of the importance of her communication and interaction skills that she required to engage in this more personable practice. In this way, she was able to get beneath the surface issues, to focus on even the small, subtle, but nonetheless important aspects of the client's life. With her improved combined knowledge now drawing from scientific, that is, diagnostic or procedural reasoning and narrative reasoning, Ama appreciated her therapy role, and was more confident in discussing her plan of action:

'I am now having a different perception about occupational therapy and I do not think I will have a patient and just look at their problems superficially. Rather, I will get closer to find out even if there was this little

thing that I could do to improve their quality of life. I demonstrated this professional relationship to the benefits of my clients' improvement... my actions impressed other team members at the stroke unit' (Ama).

This ability and desire to engage in a closer way towards her clients highlighted Ama's focus on the person. During our interactions, she confidently talked about other situations with clients she had worked with and her growing ability to develop an improved therapeutic relationship as a result of her skills in making sense of the client's story and their experience of illness. She talked about the importance of listening to the clients' way of managing their condition, the impact it was having on their life, and how it affected others around them. In this improved therapeutic relationship, Ama was able to suggest more meaningful and related occupation-focused tasks to her clients, and in this way, she felt more connected with them, and this enhanced their engagement with therapy. Although Ama had improved her skills in communication over time, it was this better understanding of the clients' story, rather than the illnesses perspective, which impacted her clinical reasoning.

She also attributed her improved sense of impact in therapy with the clients she worked with due to her understanding of 'meaningful occupation' and how this had to connect with the understanding about the person's life story. For example, she stated;

'Understanding the use of occupation made me experience the reality of the core philosophy of the discipline and my role, especially when my clients responded positively to my approaches of using more meaningful and purposeful occupation, which they could relate to' (Ama).

This enhanced reasoning further demonstrated her understanding of the profession's philosophy; more so, as she related this to working with clients who had experienced a stroke. By finding out about the person, their likes, their previous habits and what motivated them, Ama started to see clients' positive responses confirming her understanding of how, through doing something meaningful and related to their life, the clients' health and wellbeing could be better restored.

Ama discussed how her knowledge on the clients' condition was still valuable because, although improving her therapeutic relationship through careful questioning and exploration about the person's life and what mattered to them, she needed to understand that within the context of the illness.

'When I understand the condition I'm able to discuss with the clients how this connects with what they can do and can't do and because I involve them and listen to their side of things, I can offer meaningful activities based on good clinical reasoning.' (Ama)

According to her enhanced reasoning she better appreciated her need to shift focus from a discussion based purely on the illness perspective to one based on the person and their experience of the disability.

In terms of working with people experiencing mental ill health, Akosua related her enhanced reasoning skills to ethical responsibilities that she had with clients. She realised that, in working more closely and respectfully, she did not only need to listen to their unique experience of illness, but also needed to understand how the illness changed the life story of the person and how it presented as a devastating and critical point in the lives of people. She realised the importance of the code of ethics as a professional and the need to treat all people as citizens of a nation with equal rights and the need for treatment offered with dignity and respect:

'With my current level of experience, I see clients first as citizens before they became patients. I know every citizen has a right and therefore needed to be respected according to health law and ethics in our reflective logbook. With this attitude, I realised that clients confided in me, and they gave me confidential information. With such privileged information, I then needed to plan and implement specific and effective interventional modalities uniquely for them' (Akosua)

Akosua was able to better understand how valuable a reminder of the code of ethics is for putting the client first and foremost and how occupational therapists need to advocate with and on behalf of clients in order to better educate others about illness perspectives. Akosua clearly understood her

role was not just to relate to the patients as her clients, but fundamentally to see the client as a valued and civil member of society to whom she would accord them every respect when working with them. The clients, in return, confided in her and furnished her with adequate information to assist in their management.

Akosua's developing reasoning and willingness to take the time and effort to frame therapy in a way that had relevance and meaning for the client and taking their needs on board, enabled her to tailor interventions to suit the different clients she worked with. More generally it was evident from the student participants that they had developed an evident passion to work with their clients in a more empathic and considered way. Akosua realised they had become far more patient-centred, compassionate and caring as a consequence.

Just as Akosua described her experience with tailored interventional approaches, so did Kwaku term his interventions as being more person-centred. This ability to consider the role of therapy in the context of the person's life and story, alongside the illness narrative, consolidated the student participant's belief that the profession had a valuable and unique contribution to the management of clients as was indicated in Kwaku's statement:

'Most of us did not understand people with disability. It was that course in 'Psychosocial therapy' that helped to shape my mind to appreciate people with mental health disabilities. For example, personally, I did not know what schizophrenia was all about and what to do if I was to attend to a patient with schizophrenia. I was focused on their behaviour and diagnosis... once I started understanding more about the person who stood there I began to understand and enjoy my role more' (Kwaku).

Kwaku narrated his early perception about his clients. He did not have much knowledge on clients' conditions and, as a result, lacked confidence to communicate his role. According to him, his earlier and more limited understanding of needing to focus on the clients' condition, he felt deprived as a student occupational therapist to have any meaningful activity with

clients. It is clearly demonstrated that Kwaku has grown in terms of compassion and empathy, thus improving his relationship with clients and developing his professional identity.

Kwaku talked about how he had viewed the importance of understanding clients' conditions, which, according to him, would enable him an insight into how to relate to the person with schizophrenia. Yet he realised that, in becoming more attuned to a persons' humanity rather than a diagnosis or label, enabled him to find a much more caring approach to his work and he saw how this was much more appreciated by the clients. This perception was contrary to his earlier experiences on his first clinical placement at a psychiatric hospital that he had experienced as 'boring and a waste of time' because he could neither relate to the client, nor the setting.

Yet as he actively engaged in problem-posing questions, conducted self-directed research, he became less anxious and more curious in understanding people who presented with mental ill health. As he began to involve clients more by listening, talking and just being with them on the ward, he found himself engaging in his understanding of his role intellectually, emotionally, physically and socially. This enhanced involvement with the clients he had previously been wary of, changed his perception of his role and on people who had the same diagnoses, yet who presented so differently, which he did not understand two years ago.

'It's all about having better knowledge on what you are doing and why. I know my clients now and I have learnt to discuss their experiences with them, to know what to do with them. This I didn't know some time ago' (Kwaku).

Further, he continued;

'.....working with people with psychological problems like schizophrenia, has offered me a new-found strength in my practice I never had until recently' (Kwaku).

In the latter part of his statement, Kwaku reaffirmed his newly developed understanding and belief in his role as an occupational therapist. He

acknowledged that his professional knowledge empowered him with boldness to talk about his clients and his work.

Similarly, Kwabena described his experience of working closely with patients to guide therapy and not to do a set of tasks that are based on a general or typical treatment plan, but rather to appreciate the connection therapy must have to the person. He expressed this experience as follows;

'It is not about trying to rely just on theory because you end up forgetting about the patient as a person. Just like you see a person with stroke, you could forget about this person's specific personal needs but rather focus on the general needs of people who suffer stroke' (Kwabena).

Kwabena wanted to work with his clients as equal partners in planning, developing and monitoring care to make sure it met their needs as in person-centred care. Kwabena appreciated that when treating patients, it was not only about plans and objectives but it was equally important to focus on the potential of the person and their future, which most clients often find difficult to anticipate. Using a future-looking perspective for a patient's road to recovery was much better when they were put at the centre of decision making. In the decision-making position, clients try to understand what a desirable future could look like for them, and how therapy might guide them there.

Kwabena shared how through better understanding of the patient as a person he could help communicate the prospective therapy plan, taking into account their desires, values, social circumstances and lifestyle. Kwabena's early encounters of relying on text-book knowledge had resulted in poor quality of service because the client neither got the occupational therapy care they needed nor were they helped to be more active in their therapy plan.

This sharing of power and responsibility with clients and taking a more psycho-social and holistic approach to assessing client needs enabled Kwabena to appreciate the unique role of occupational therapy within the wider and more established Ghanaian healthcare delivery system.

'For example, Medical Doctors, Nurses and Physiotherapists are known to clients and among the healthcare professionals in my learning environment, but Occupational Therapists are not known, so I need to do something different to demonstrate the unique professional roles of the occupational therapist as equally important' (Kwabena).

Kwabena saw that his approach in being more client-focused and holistic helped him to identify his specific role. These included his interpersonal skills, and motivational and creative thinking skills to recognise opportunities to be used with clients towards their early recovery including the use of meaningful occupation. Further, by fostering a close professional intimacy with clients Kwabena was informed of the clients' story, on their performance demands of tasks to be achieved and demands of their relevant environments. These areas were assessed and integrated into transformed occupational therapy process plans. This unseen professional reasoning was executed by Kwabena to demonstrate unique roles of the occupational therapy discipline. Just as the other professionals knew who they were because of knowing what they do, Kwabena was also able to establish his identity because he knew his unique roles.

While Kwabena's close therapeutic relation with clients enhanced his PID, Efua focused on occupational performance areas of clients and used activity analysis in occupational therapy as a unique area to identify the importance of activities to clients' recovery.

To Efua, the occupational therapy profession is underpinned by appreciating clients' conditions and how the conditions compromise occupational performance. Efua understood clients' conditions were resultant distorted 'occupation', which is the inability to actively process one's engagement in goal directed, meaningful and culturally appropriate activity. She was able to detect a client's compromised occupational performance because her professional roles involved the analysis of clients' activities during assessment. She made the following comment during the research interview;

'I think I have a better understanding of occupational therapy because my knowledge in activity analysis has taught me that, as human beings, the important basic things we do in life require a lot of efforts that we take for granted. Occupational therapists assess these issues and find the best solution to help clients live their lives as independent as possible' (Efua)

Efua conceptualized occupation as an essential part of human nature that is manifested by active participation in self-maintenance, work, leisure and play, including rest. She again appreciated levels of occupation and that the human organism was designed to process input from the environment and to act at all functional levels from discrete body systems to human interaction. Occupational therapists believe that all levels of human actions are purposeful. Human actions range from basic physiological survival to a sense of belonging and human self-actualization. This enabled Efua to appreciate clients' performance difficulties that consisted of the complex nature of simple daily activities like brushing of teeth and having a bath that has always been seen as trivial.

Efua's made the following statement, including what a client told her:

*'...my client didn't seem to like what the nurses did by brushing her teeth for her. When I started helping her do this same activity with her less dominant hand the client said; **'I wish I could do this myself''** (Efua)*

Efua reflected on her activities to know how people often would like to be independent in their activities of daily living. It was a learning curve for her to appreciate that it was devastating to people when they lost their independence in performing activities of daily living. The client appreciated the important role of the occupational therapist to assist her to achieve her functional independence.

Afua's relationship with her client has indicated the benefits of an appropriate professional relationship with clients to identify their areas of performance deficits. She narrated how her actions enabled her to have an in-depth understanding of clients' basic needs including teeth brushing and having a bath. Knowledge of clients' specific needs helped her to tailor individual care accordingly. Efua demonstrated her improved caring

attitude and her developed passion for the new profession she studied. According to Efua, knowledge on ‘occupation’ enlightened her value and role towards clients’ recovery.

Kwame also narrated his experience to appreciate clients as individuals. According to Kwame, it was not a good practice to fit the same content of occupational therapy processes around every client in a single manner. According to him, ‘because people responded differently to similar situations, it was more professional to work within the client-centred approach’. He further commented on this as follows:

‘... on many occasions, I needed to adapt my approaches based on clients’ situation to form more collaborative relationships with clients. I did more listening than before when I am engaged with clients. I now see every person as a potential client including myself and I again saw persons with psychological problems as people who needed help and not as threats to society’. (Kwame)

Kwame talked about his experience in learning to be a good listener that had nurtured him to becoming a successful occupational therapist. He appreciated that good communication skills enabled him to discuss procedures and situations with his clients. Kwame’s improved listening and reasoning skills have improved his confidence and professionalism in communicating to other members of the health care team, including clients and their relations, to discuss the best approaches to work with them. He demonstrated improved communication skills when he could clearly and effectively document his goals, plans and clients’ progress to demonstrate his roles as the occupational therapist.

Kwame narrated a resultant of his acquired communication skills to include his new perception towards clients. He recounted his drift from fear of these clients at the psychiatric hospital to developing a compassionate and empathetic attitude to genuinely care for them because they were vulnerable people who needed help. He understood more about clients’ ambitions and hope of recovery.

The analysis of this sub-theme demonstrated participants' strong sense of understanding of the core skills of the occupational therapy profession that included client-centeredness, good communication, activity analysis skills and being compassionate and empathetic. They occasionally compared the earlier days when they struggled to explain occupational therapy with their later developed confidence and in-depth understanding of the profession. They appeared comfortable and confident to express and demonstrate who they were and what they stood for. Participants linked their understanding of the profession to their ability to create a better therapeutic relationship as people who cared about their clients' wellbeing. They embraced the experience of involving clients in their care and paying discrete attention to clients' contribution. This attitude made the clients confide in them and gave more personal information including information on their disease conditions to help the participants plan successful interventions with their clients.

In the second sub-theme, I elaborate on the participants' PID by means of fitting into the multidisciplinary team and the changes they introduced in the practice environment.

7.1.2 Experiencing change in clinical practice environments with appreciation of OT role within multidisciplinary teamwork

In this second sub-theme, participants expressed the changes they brought into the healthcare delivery system in general. Their reports included comments made by other multidisciplinary team members who equally appreciated the importance of occupational therapy in participants practice settings.

On a specific note, participants' descriptions were identified with multidisciplinary teamwork and the changes they initiated when they focused on meaningful occupation, person-centred care, clients' involvement in their care and early discharge. These were not visible in the practice settings prior to participants joining the care team.

According to student participants, offering occupational therapy as an alternative therapeutic approach was to successfully engage clients in

meaningful activities where other team members had not. Participants reported on the positive feeling of well-being when clients were engaged in their care. Understanding their unique role and contribution as developing occupational therapy professionals was important to participants because it gave them a sense of achievement, satisfaction and sense of self. In turn, the students spoke about their enhanced ability to communicate their clinical reasoning to other members of the care team including clients and relations. According to participants, their explanations and demonstrations to involve clients in their care and the introduction of early recovery initiative into the existing healthcare delivery system that previously had no occupational therapy intervention as an option contributed to creating awareness of the occupational therapy discipline.

Kwame, for example, narrated his experience at the 'Burns Unit' where he observed that most clients had difficulties in performing meaningful functional activities even after their wounds were healed. He expressed his experience as follows:

'I realized the need for occupational therapy services at my placement setting because almost every patient at the burns unit received physiotherapy and other rehabilitation services yet most of them could not perform simple 'activities of daily living' (ADL) tasks like teeth brushing, washing and grooming'. (Kwame)

'...working with clients to engage them in simple ADL activities has enlightened the clients, staff, including myself to affirm the need for occupational therapists in the setting.' (Kwame)

Kwame's statement indicated his ability to carry out needs assessment and to carry out interventional approaches with his clients while other team members focused on different areas of assessment and interventions. He thought his role to assist clients to improve in their functional performance of activities of daily living was an area specific to the occupational therapist.

Kwame appeared to understand the synergy in team work among the multi-disciplinary team (MDT) and early recovery of patients. For Kwame, the

team had a common vision towards the clients' well-being. Each team member had clear roles and responsibilities of their own to reduce the risk of overlap or gap of work undone. He realised his role could focus on client recovery through meaningful occupation and particularly the required and desired tasks that enabled clients to participate in their ADLs.

His earlier observations revealed that, prior to working at 'Burns Unit', clients struggled with their ADLs even after their involvement with physiotherapists and other rehabilitation staff. He felt that involving the clients in their personal care and introducing them to early participation in ways in which they could regain control and the ability to complete stages of their ADL was a valuable new therapeutic approach. Through task analysis and building a relationship with the client in which trust and respect were paramount, he appreciated how, when participating in their own care, clients' sense of self emerged, which enhanced their recovery. This approach enlightened not only the clients, but also other members of the healthcare team. Kwame was personally encouraged, especially when he experienced improved outcome measures from his clients' early participation in feeding and grooming.

Another participant, Kweku, said;

'With my experience in working with clients at this setting as the occupational therapist, other team members and I have observed clients quickly regaining their independence. This has improved my self-esteem and can make me feel like a valuable team member.' (Kwaku)

Kweku appreciated the importance of having contributed his professional perspectives to the team, based on his understanding of occupational performance deficits as experienced by his clients. Identifying clients' areas of functional performance was through his developed knowledge in using activity analysis, alongside his understanding of the narrative and scientific strands of reasoning, which provided the contextual and personal information that helped the student to tailor the meaningful ADL tasks. It was evident to Kweku that his introduction into the team was significantly improving recovery turn-over at the setting. Kwaku narrated the experience

of improved self-esteem because, as a member of the team, he took responsibility and was accountable for his work. Kweku, however, felt the team worked together to achieve results that were much greater than the sum of each person's contribution.

For his short stay at the setting, Kwaku recounted several clients who demonstrated a fulfilment of their goals as they were enabled to improve on their independence. Kweku indicated that his presence at the setting certainly benefited the clients. Kweku quoted a team member's statement that made him feel valuable to the team;

'I felt a valuable team member when another member said my involvement as the occupational therapist has made a client's functional recovery in dressing look simple and quick' (Kweku).

Kweku reported on how he had carried out an activity analysis with a client who had suffered a stroke and had ended up with severe left sided weakness. Kweku worked with this client in several functional assessment regimens including the value of coming out of hospital gowns and dressing-up. He narrated that, after speaking with the client to carefully conduct dressing activities, he could independently dress himself within one week, following techniques he taught as the occupational therapist in the team.

Akosua described how she re-identified her roles when she found herself in a team of different professionals possessing a variety of skills needed to produce safe and effective care. She appreciated the importance that, well defined roles among team members maintained understanding and responsibilities of other members even though she was surrounded by other professionals and clients. She expressed her sentiments concerning self-actualization and the changes she brought as follows:

'I knew what my role was, this was important to me so I demonstrated it well because as they appreciated my role, they also recommended the need for occupational therapists. I can say I am bringing in new job opportunities and it makes me feel fulfilled'. (Akosua)

Akosua demonstrated that, although team members might come from different professional background, they all had a common purpose to work towards common goals to benefit their clients. Akosua communicated that her focus was often on person-centred care, client involvement in negotiating therapy plans including what was of priority for the client in their care, and how activity analysis could enable clients' participation in meaningful tasks. Akosua's abilities to share this contribution through effective communication of her unique occupational therapy role, including her recording and reporting on therapy goals, earned her the respect and demonstrated the need for the occupational therapy discipline at her placement setting.

Indirectly Akosua felt that she had created a job opportunity for the profession and had also caused the human resource department to start thinking about recruitment of an occupational therapist at the setting and to the Ghanaian healthcare service in general.

Just as Akosua talked about having an impact on personnel at her placement setting, so did Kwabena feel he affected both clients and other healthcare professionals at the psychiatric unit where he worked. Kwabena narrated the experience of observing a change in the lives of clients through his approach by liaising with the social workers and the community psychiatric nurses to educate clients, relatives and carers on their roles in clients' care.

Kwabena confidently described his personal contribution towards bringing a change in the general healthcare delivery system, starting from his placement setting. His statement below evidenced his actions:

'...my presence on my ward encouraged other staff to embark on more discharges and we also enable our clients to live in the community independently. (Kwabena)

Kwabena narrated his contribution as a team player in two major areas that were important in mental health care in Ghana. His presence in the team encouraged early discharge and discouraged re-admission of clients back to the psychiatric hospital.

He conducted and talked through the value of pre-discharge home visits with the community psychiatric nurse where he had the opportunity to prepare the family to receive their relation back home willingly. According to him, he played a vital and active role in the discharge planning at the mental health setting, ensuring the client was able to maintain as much independence as possible on discharge, as well as educating family and carers on how they could provide the necessary support where required.

At the pre-discharge visit, Kwabena's ability to educate the client's relations towards preparation to receive the discharged client led to the family members being impressed with the information given and they were happy to receive the client back from the psychiatric hospital. This was unusual because many other Ghanaian families wished their relations who had psychological impairments, to remain permanently in admission.

Secondly, Kwabena narrated the case of a client who complained she was bored doing nothing at home. Her only activity was to keep on taking her routine medication. On careful assessment having read notes and having taken the client's prior interests on board, Kwabena suggested the client might benefit from assisting her sister at her dressmaking shop. The family thought the idea was encouraging because the client already had the sewing skills but she had never thought she could work with her sister.

According to Kwabena, the client started sewing that same day in his presence. In a following up visit after two weeks, the client confirmed that her engagement in sewing offered her a most meaningful activity and her performance had significantly improved as her mood also lifted.

As he shared his experiences, Kwabena was encouraged by comments from a family member who expressed that; *'this was a great idea but we never thought of it'*. The family shared how their relative had stopped complaining of having nothing to do, which was one of the main causes of her mood complaints, and which had resulted in antisocial behaviours that had led to two previous re-admissions. These experiences gave Kwabena more confidence in his clinical reasoning and attested that he was in a good

position to do more to help the client and family directly along with the mental health care team.

Based on the successful outcomes he experienced, Kwabena confidently argued that, if clients were listened to, respected, given opportunity to consider their priorities, and supported to realise and re-engage in interests and tasks that offered relevance and meaning, they could be assisted much better to establish their re-integration into their community. He realised that this could bring a change in the nation's mental healthcare delivery system. With this experience, he confidently added the statement that:

'I might say I am happy that I have found myself in this profession because within this short period in the MDT, I have seen clients recover with my involvement and I believe this was because of the different client-centred approach I introduced. I offered clients' experts opportunity to consider activities of interest that facilitated their re-engagement in the community' (Kwabena).

From the statement above, Kwabena had no regrets in pursuing the occupational therapy programme. As a member of the care team, Kwabena was of the view that he discovered opportunities to positively touch the lives of people who would have never encountered the roles of occupational therapists. His involvement with clients at the mental health unit has brought a change in clients' quality of life. Kwabena admitted he fulfilled the role of the occupational therapist at the setting. He thought he had satisfactorily demonstrated the need for occupational therapy at the psychiatric hospital.

Just as other participants came along from the state of little or no knowledge on occupational therapy to a state of substantial improvement in discussing their roles, Ama demonstrated her knowledge in the discipline by confidently convincing the public on areas she could effectively influence change in the health sector. Although Ama knew occupational therapy enabled people to live life more independently, she was not sure how this was achieved. However, during the interview she proudly displayed a 'thank you' card from a relative for helping a client re-discover

his abilities. The staff also commended on her innovative approach with client involvement that helped in their recovery.

‘At first I was wondering what I will be doing when we completed school. But now I am solving people's problems as a team player... even if it was something little, they appreciated what I did for them. More so, other staff remarked that my approaches were exceptional and that they will continue to apply them in my absence’ (Ama).

To Ama, it was satisfying to realise that clients appreciated the efforts she put into their care as their occupational therapist among the team. She commented on her ability to plan and collaboratively manage clients while at the same time she recognized the unique contribution of each member of the team. As a team member, she managed to coordinate information and processes from the multiple disciplines into her holistic care plan for clients. Again, she appeared to learn effective communication and greater understanding of multiple professional roles. Ama was more confident in articulating her rationale for her therapy plan and why she had introduced the techniques and approaches she had, drawing on her understanding of the client’s condition, as well as the client’s emotional, psychosocial and personal needs and hopes. Her recording and reporting of therapy in this way gained her the recognition as a valuable team member. She successfully introduced client involvement approaches to the team, a legacy she left with the team.

Just as Ama injected effective communication and coordination of multiple professional roles in her team, Yaa commented on bringing a change to the ‘Stroke Unit’ as she specifically ensured smooth transitions for stroke survivors to return home safely. This was noted in her statement made below, that:

‘I am making a great difference in the healthcare team on a daily basis by making sure stroke survivors had excellent transition back home. I felt very professional as nurses, patients and relatives depended on my safe discharging protocol...my newly introduced safety education to clients, relatives and carers has reduced home accidents, they said’ (Yaa).

Considering her statement, it appeared there had not been much work done to ensure that clients, carers and relatives understood the difficulties that stroke survivors encountered when they were discharged home. Yaa talked about how the nurses were impressed with her explanation on home safety measures for patients prior to their discharge.

She described the above actions as daily routines she offered to her clients and relations as she educated them to ensure a smooth transition in the discharge planning at the stroke unit. Yaa explained that her recommendations made her feel very professional. She felt confident in carrying out her identified role especially when everyone trusted her judgement as the expert on home safety education.

Her discharge education included advice on the use of appropriate equipment and minor adaptations to clients' homes to ensure their safety on discharge. According to Yaa, when she applied the acquired skill at the unit, it was innovative and the response made her feel the specialist in the area of safe discharge because other team members, patients and relations expressed they had a specialist home safety educator among them.

Yaa claimed ownership of her role in the management of her clients because it was not a practice at the unit until her arrival; and this was a responsibility she proactively took. She felt honoured when it was said her innovative educational approach reduced home accidents on discharge.

Yaa talked about her knowledge in identifying clients' needs. She demonstrated her knowledge with evidence of good clinical reasoning. She could professionally identify little enabling activities and assistive devices that enhanced clients' independence. Yaa's education on 'enabling activity' and the use of assistive devices subsequently reduced trips and falls that eventually improved clients' quality of life on discharge. She felt she was recognized when the head of the setting told her *'we will miss you'*. Yaa felt her absence left a gap at the setting.

Although Yaa came through a period of identity crisis that was due to a lack of knowledge, she left a positive legacy of improved the management of clients with occupational therapy interventional skills.

Kwesi also discussed his experience and the effect he made at his placement setting as he worked as a student occupational therapist at a school for children with learning disabilities (LD). Kwesi talked about the different team members he had worked with for a better outcome for the young clients and their carers. He made the following statement to indicate his satisfaction with the outcome of his involvement in managing clients at the setting.

‘At the special school with children with LD I can definitely say I am making a difference. I got fulfilled when other stakeholders got to understand that a pupil who could do nothing for himself begun to help himself because of an occupational therapist involvement. I think that it is helping us gain grounds in Ghana and we are becoming known. This gives us the opportunity to get more referrals’ (Kwesi).

Kwesi commented on his fulfilled roles. Firstly, he recognised the importance of team work with the client and relations at the centre to ensure that they were well cared for. It was important to know that his profession was involved with different stakeholders who were needed on board to achieve a satisfactory impact on clients’ outcomes.

Kwesi was clear about his new input introduced into the team as the occupational therapist. A team member associated a pupil’s improved functional ability to the involvement of the occupational therapist. This made a tremendous difference at a setting that had never had an OT professional among their team.

To the team, having Kwesi was an innovation to the care management of their clients. The multi-disciplinary team (MDT) thought the occupational therapist’s role was central to clients’ improved functional ability. Kwesi had another dimension to this successful contribution. His contribution did not only make a difference to their successful outcome stories, but was also an avenue to create awareness of the occupational therapy profession. He was not only interested in being identified as one of the important professionals among the team but he also appreciated that other professionals acknowledged that his contribution brought much

improvement to the clients. He reiterated that his colleagues' acknowledgement made the occupational therapy profession popular in the learning environment. This popularity contributed to receiving more referrals for the occupational therapist's involvement: a great change he brought to the team and occupational therapy discipline.

In support of his innovative activities as the occupational therapist, Kwesi again commented that:

'I was told by a staff that I brought back the interpersonal relationship abilities of a particular client by making her happy to be able to express her wishes. I think I left a mark on my ability to make someone happy... it's about improving quality of life' (Kwesi).

During interaction, Kwesi described a client who was unresponsive to every engagement attempted by the care staff. This client appeared not to have the urge to participate in any activity. He was a nine-year-old boy who always kept to himself. The staff thought he was very difficult to work with and that they never get any positive outcome with him. According to Kwesi, he presented a variety of toys to him and it was amazing when the client pointed at a particular toy. On another occasion, the client pointed at the same toy so Kwesi went a step further to get him a book with pictures of the same toy. This client enjoyed flipping through the book, and that began his change of mood. This client has since been playing not only with staff but with other children and with other toys. This was a great success in the child's management, and the entire unit attributed his mood change and passion to play to the interventional skills of the occupational therapist.

Kwesi made a remarkable statement that: *'a successful approach by the occupational therapist might look simple but you need to have the creative thoughts on functional ability to unearth the simple approach'*. This was his impression of the occupational therapy profession that revolutionised care management at the setting.

7.1.3 Consolidating personal experience to help make decisions on future plans

The next sub-theme discusses participants' sense of skills development from their personal experiences with development of their self-concept and self-esteem. They now take pride in their accomplishments and wanting to do more to engage occupational therapy in various aspects of health care in the Ghanaian community. Participants explored their new-found abilities with both vigour and restraints as they strived to perform, yet took time to learn the principles behind their actions and learned from their mistakes with a common goal to move the profession forward in Ghana.

The final interaction with student participants was during their fourth year of study, conducted when they had been posted to their different places of work as interns. None of the participants had an on-site occupational therapist to work with. At the time of interview, they had been visited once by their clinical educators to ascertain how they had settled-in and planned their activities and progression. Their experience raised the sub-theme, 'Consolidating personal experience to help make decisions on future plans'.

Prior to completion of the pre-registration degree programme, participants saw themselves as forerunners of the occupational therapy profession at the local level due to their advocacy roles as well as demonstrating the importance of the profession at their places of work. They appreciated that they needed to continue to develop their professional identity to ensure sustainability in the changing Ghanaian healthcare environment.

Kwame, for example, continued to reflect on his early experiences of limited knowledge on occupational therapy, the little support he had from other non-occupational therapy staff and the difficulty he had to demonstrate the roles of the discipline. As he related the past experience to his current improved knowledge, he suggested the past experience helped his current progressive development as a person, an occupational therapist and an inter-professional staff member. Kwame expressed this as:

'Reflecting on how other non-occupational therapy lecturers skewed their teaching, for example, towards physiotherapy... the experience has however made me know what is occupational therapy and what is not. The experiential knowledge gained is helping in my decision making as a multidisciplinary team member' (Kwame)

Kwame reflected on his earlier days when he expressed dissatisfaction and thought it was inappropriate to jointly sit in class with physiotherapy students where every example was skewed towards the physiotherapy profession because the tutor had a physiotherapy background. Kwame now dwelt on the positive aspect of this learning experience because it helped him to identify the roles of physiotherapists, thus knowing what occupational therapy is. According to him, as a professional who was expected to make sound decisions, the past experience was used to inform what he does as an occupational therapist while he worked with physiotherapists at his current work setting.

Kwame acknowledged the value of inter-professional education because he found it to be useful at his work setting as he moved on. Ama confirmed this in a statement when she was asked for her advice to those currently in training:

'... expect being taught together with other professionals. I'm currently in the same setting with one of my physiotherapy friends who knows what I do because we sat in the same class at University. We learn from each other and I feel encouraged to see myself as a team member' (Ama).

Ama supported the earlier statement by Kwame on the advantages of inter-professional learning even though she encountered her experience from a different perspective. To Ama, studying together at the university enhanced their knowledge on each other's profession. It made it easier to understand each other on the field of practice. This was demonstrated when she was posted to a same setting with a colleague of a different discipline. They had both been in the same class before so the colleague knew what occupational

therapists do. The colleague had some level of understanding of this new profession in the Ghanaian context, unlike earlier experiences where nobody knew about occupational therapy. Working in her current environment was much more relaxed, because she was recognised among the other professionals.

Based on consolidated knowledge indicated in the next extract, Akosua saw herself gradually developing into a responsible member of staff despite being a newly qualified professional. She recollected her discomforting experience during her early clinic days. She narrated how she felt embarrassed going to the wards because she was not competent enough to discuss her role:

‘Early in our training days it was a burden going to the clinic but now, with better understanding, I am more confident in my roles and I see myself as caring, having patience and a hardworking professional at the stroke unit. I hope to specialise in this area...’ (Akosua)

Akosua talked about the importance to be more informed in her area of practice if she was to give a meaningful contribution. She recollected when she was in her early novice state but now could demonstrate significant change in the structure of her clinical reasoning following her exposure to working more with clients. As a third-year student practitioner, she dwelt on her experience and could confidently discuss, as well as demonstrate, her professional role as a multidisciplinary team member. She further described her unearthed personality traits, like being caring, having patience and being hardworking, which she did not know of until she went through the experience of becoming an occupational therapist. She sounded excited when she confidently described herself as a changed person.

Aside her much developed interest in working as an occupational therapist at the ‘Stroke Unit’, Akosua stated that she wanted to move occupational therapy profession forward in Ghana by developing occupational therapy in

neurology. She looked forward to developing herself in this specialised area if she had the opportunity.

Efua also commented on her improved confidence in promoting the profession because the group of graduate occupational therapists had remained on a networking group to professionally support one another. As a group, they dwelt on their experienced exposures to drive the development of occupational therapy within their learning environment. Efua related this to the access to communication technologies that could foster dialogue, networking and team skills among participants.

'...using the profession's WhatsApp group page setting, has helped me to dwell on our existing knowledge including individual researches to improve my professional development. Additionally, I have gained more confidence when discussing the OT discipline because I have regular supporting information from visiting the website of Occupational Therapy Africa Regional Group (OTARG) that is linked with WFOT website' (Efua)

According to Efua, participants, including other colleagues from the first cohort, formed a social media networking group that was still maintained as the only existing group of qualified occupational therapist in the country after school. Efua further stated that using the social media continued to be an opportunity to instantly send and receive supportive information she needed. Efua thought the technology had improved her confidence because, aside from the instant support she received via 'WhatsApp', she also felt the sense of belonging to a professional group that had an identity. Locally, Ghana now has a professional group called Occupational Therapy Association of Ghana (OTAG). The association consists of mainly students and the few faculty members including very few expatriate occupational therapists working in Ghana. OTAG is linked with Occupational Therapy Africa Regional Group (OTARG), which is the representative of the World Federation of Occupational Therapists (WFOT). The WFOT has free access to information on occupational therapy worldwide, which the students regularly accessed.

Efua acknowledged that being on their group page as well as having access to information via WFOT website has improved her advocacy role on the importance of occupational therapy. She could confidently educate other healthcare professionals on her unique role that included coordinating discharge planning at the psychiatric hospital. As she strived to bring the profession into the limelight of the Ghanaian healthcare setting, Efua found herself assuming the coordinator's leadership role. Her communication and leadership skills enabled her to appropriately coordinate discharge planning programs.

Kwabena talked about demonstrating his leadership skills among student occupational therapist he worked with. Kwabena is one of two interns who were appointed at the Department of Occupational Therapy as Teaching Assistants. He organised students' activities at the department. These activities included assisting in students' practical sessions, administering interim assessments and facilitating students' group presentations. Kwabena reported that the experiential learning at the department helped him to know more about the occupational therapy profession and could subsequently demonstrate his acquired skills;

'Working without onsite supervisors during my practice placement periods made me more proactive including developing leadership skills. Carrying on as a teaching assistant, these proactive and leadership skills have been very beneficial as it's making me read more. Comments from teaching demonstration prior to commencing the 'Teaching Assistant' role have taught me new teaching skills. I am looking forward for short courses in proficiency training and ultimately to complete post graduate programmes to enable me join faculty' (Kwabena).

Kwabena appeared happy with his new designation as a teaching assistant. He commented on how he now did a lot of reading, more than he did as a student. He said, more often students asked questions that prompted him to do further research to be able to address their requests.

According to him, regular reading and daily preparation of reading materials has made him more proactive and has enabled him to interact appropriately with students and faculty. Kwabena felt he could give back to society by developing himself to become an occupational therapy educator to enable him to assist in educating more occupational therapists in the region. Despite his current qualities and experience, as a newly qualified first graduate, Kwabena knew he needed a post graduate qualification in occupational therapy by research as well as further improved ability to demonstrate a commitment to teaching, learning and to enhance students' experiences. He also needed to have related research interests to complement those of existing staff and the school in general. These and other proficiency training programmes were what Kwabena saw as a need to help him in his personal and professional development to qualify him to join the faculty at the Department of Occupational Therapy.

Kwabena's discussion on leadership development skills was related to Ama's experience of leadership qualities with the Presbyterian Church of Ghana Community Health Program Team. She simply put it that;

'The learning process at the community-based rehabilitation setting has made me realised the leadership qualities I possessed. I felt very professional when I led a team to effect change in the lives of people with all sort of disability'. (Ama)

Although she had just graduated, Ama appeared to be enjoying the leadership role she was given. She, however, iterated that she could perform her role based on her learning process at school, especially at the latter days on placement where she worked independently without a mentoring mentor on site.

As a member of the community-based rehabilitation team Ama was the expert in the areas of clients' functional mobility and livelihood. Ama's opinion was mostly needed particularly to deal with persons with disability

and community involvement. She worked with people of all ages across a diverse range of disabling issues by addressing the factors that hinder their ability to participate as fully as possible in their life.

She narrated her job roles that requested her to carry out assessment on clients so she could identify their specific needs. Ama's roles involved the recommendation and demonstration of the use of assistive technology in transfers and mobility to enable clients to carry out their meaningful occupation. Ama confidently mentioned how the team could not function efficiently without the occupational therapist. She reflected on her role that brought improved changes in quality of life of clients; and the differences that occupational therapy involvement made among clients and families.

Earlier in the program, Kojo was sceptical of the occupational therapy profession. He was concerned about being accepted into the healthcare delivery team and also whether there would be any job for him after the course. However, at the end of his course programme, he acknowledged there was much potential for the occupational therapy profession in Ghana. He said;

'I was disturbed as to how I would fit in the job market as an occupational therapist because I felt the physiotherapists were already doing most of our jobs, but as I continued to demonstrate knowledge in my field, I felt accepted and was encouraged to do more' (Kojo).

Kojo currently works at a special school for children with disabilities. He is part of a team consisting of a physiotherapist, school nurse, speech and language therapist and a clinical psychologist. Prior to his new place of work and as a student occupational therapist he struggled to differentiate his role from that of the physiotherapist. Having a physiotherapist as his mentor during his educational placement, most of his activities skewed towards what the physiotherapist did. Kojo was anxious about role overlap and was concerned with what he could do as a newly qualified occupational therapist.

However, during the last interview session, he confidently talked about his developed knowledge in occupational therapy that distinguished his roles from that of other team members. He was comfortable with a job position that involved team work. He felt he understood his actions with appropriate clinical reasoning. According to Kojo, he had an excellent relationship with his clients and colleagues because they appreciated what he did, knowing that his unique role complemented what other professional team members did.

To conclude their narratives, Kwesi commented on the need to improve their knowledge through more learning after school. He believed their presence in the health sector was the beginning of the establishment of an occupational therapy profession in Ghana and the sub-region at large. Kwesi thought he was often doing things that he had never done before and everyday was unique and different; hence, he needed to be more knowledgeable by learning more as he had started his professional learning journey. He discussed this further in the following statement:

'I'm motivated and passionately satisfied to see people become more independent with my involvement. As the only occupational therapist at the setting I needed to learn how to manage the many referrals we received as a team. It's a good experience that urged me to study more to upgrade myself so I can heighten the advocacy and move the profession forward in Ghana and the sub- region'. (Kwesi)

Kwesi's rehabilitation role at the Orthopaedic Department at a regional hospital exposed him to new skills of case management. At the department, Kwesi and other team members experienced the need for occupational therapists not only to work at the premises but also in the community to carry out both home and environmental visits. Kwesi's knowledge of the profession's role in bridging the gap between the hospital and the community made him identify the need for other occupational therapists; hence, the need to train more occupational therapists.

As a pioneer occupational therapist, Kwesi felt he needed to be more involved in his advocacy role including the education of other high school leavers to opt for the professional program at the University. To him, to be able to achieve this could bring an entire national knowledge change on the role and benefits of occupational therapy in the country: a direction to move the profession further ahead in Ghana.

7.2 Conclusion

The analysis has indicated stages where participants asserted their developing sense of control, independence and autonomy. They seemed to have moved away from their lack of confidence that was experienced at the beginning of their programme to recognising the value of their established learning as they begun to master better communications and interactions with established professionals and clients in their practice settings.

Throughout participants' narrations, many factors were mentioned that pointed towards the identified sub-themes. As a sense of developing their professional identity, participants demonstrated a developed understanding of their role in the provision of collaborative care for clients. They also demonstrated improved communication skills between and among disciplines. Participants appeared comfortable in their unique role in the care of their clients that confidently informed their discussions and practice. There were areas that participants exhibited pride in their narrations, especially when they were appreciated as valued team members. They occasionally reflected on their early days where they struggled to identify with the profession, but however relied on their personal development of resilience and persistence. Other personal developed areas included being caring, having patience and generally being empathetic. They also needed the competence if they were to survive as new graduates in an environment that was yet to experience the need for occupational therapists. It was important to acknowledge participants' anticipation on the possibilities of growth among them and the profession in general. They reported on the indication of the need for occupational therapists in most of the settings

they worked. This was evidence of maturity displayed in their area of practice that led to the creation of professional gaps in their absence; thus, calling for job opportunities for occupational therapists.

Participants reported on how they were viewed as professional leaders in specialised areas and were therefore considered to be making sound decisions by contributing their expert opinions. They were supposed to be problem solvers who could analyse clients' needs, and demonstrate responsibility and accountability. As individuals, participants communicated appropriately and tried to work effectively and cooperatively with peers and colleagues of other disciplines. According to participants, these were professional responsibilities they were expected to exemplify that made them think of doing more in the name of the profession. They thought they needed to create more awareness not only to clients and other healthcare professionals but also to generate the interest of high school leavers to opt for occupational therapy as a professional course at tertiary institutions.

Finally, there was evidence of the settings losing participants' expertise as they finished their practice placement. The successful outcome to establish change in their areas of practice and to the general healthcare delivery system made participants experience a sense of euphoria from their perceived importance. The experiential learning developed participants' proficiency in clinical reasoning skills in areas including occupational therapy assessment, intervention, implementation, interdisciplinary consultation and client education within a care team. This experience was a lasting impression that became an integral part of their personal and PID.

CHAPTER EIGHT: DISCUSSION

8.1 Introduction

This chapter discusses the process of students developing a professional identity through multiple constructs of personal, professional and experiential forms of knowing that bring together participants transformation into graduate professionals. In this study, the three constructs are identified as the three main threshold concepts during participants' development of their PI, based on earlier work by Meyer and Lands (2003). Like participants' experiences, Meyer and Lands highlighted on knowledge and learning to be among concepts that were interpreted in a range from novice to complex understanding. In spite of the varying experiences of participants, the study identified the pathway of their developmental stages. It was novelty using IPA to inform of the transformative effect on participants' traverse from naivety to professionals. Thus, highlighting what Entwistle (2007) established as a transition from viewing learning as reproduction to seeking meaning. These constructs were evidenced in my analytical findings as they respectively relate to the three master themes in the three previous finding chapters. The master themes (constructs) and the subthemes are displayed in Table 8.1.

Table 8.1 Summary of Master themes and Subthemes

Master Theme	Subtheme
Knowing self, course program and aligning with profession (Personal Knowing)	Adjusting to training as an OT when this wasn't the chosen career
	Understanding OT by regular explanation of the discipline to others
	Coping with experiential learning with limited clinical supervision
	Acknowledging potential prospects within OT with pride
Transitioning into identifying professional self through learning at work (Professional Knowing)	Feelings of uncertainty with team members' attitude and, being overwhelmed with caseload
	Feeling respected and valued by clients and team members over OT values
Re-identifying the occupational therapy	Improved knowledge of OT profession to enhance quality therapeutic relationship with

profession and 'self' (Experiential Knowing)	clients
	Experiencing change in clinical practice environments with appreciation of OT role within multidisciplinary teamwork
	Consolidating personal experience to help make decisions on future plans

I demonstrate the dynamism, that is, participants' oscillating experiences within the three constructs in relation to the five characteristics of threshold concepts described by Meyer and Land (2003) that is, transformative, irreversible, integrative, bounded and troublesome. This approach attempts to guide readers to understand the processes of PID among participants in relation to threshold concepts. Participants' experiences are juxtaposed to the discussion areas that are further referred to as threshold characteristics for being transformative, irreversible, integrative, bounded and troublesome. These are indicated on the table beneath.

Table 8.2 Discussion areas (threshold characteristics) in relation to Master themes (threshold concepts) and Subthemes

Master Theme (threshold concepts)	Discussion Area (threshold characteristics)	Subtheme
Knowing self, course program and aligning with profession (Personal Knowing)	<ul style="list-style-type: none"> • Perception on self (integrative) • perception of the profession and course programme (bounded) • Perception of the learning environment (troublesome) 	Adjusting to training as an OT when this wasn't the chosen career
		Understanding OT by regular explanation of the discipline to others
		Coping with experiential learning with limited clinical supervision
		Acknowledging potential prospects within OT with pride
Transitioning into identifying professional self through learning at work (Professional Knowing)	<ul style="list-style-type: none"> • Acquiring propositional knowledge (troublesome) • Demonstrating advocacy role (bounded) • Demonstrating self-directed study & Clinical participations (transformative) 	Feelings of uncertainty with team members' attitude and, being overwhelmed with caseload
		Feeling respected and valued by clients and team members over OT

		values
Re-identifying the occupational therapy profession and 'self' (Experiential Knowing)	<ul style="list-style-type: none"> • Proactive clinical and practice-based education engagement (irreversible) • Management of uncertainty and challenges (transformative) 	Improved knowledge of OT profession to enhance quality therapeutic relationship with clients
		Experiencing change in clinical practice environments with appreciation of OT role within multidisciplinary teamwork
		Consolidating personal experience to help make decisions on future plans

The discussion areas displayed in Table 8.2 are further explained.

Firstly, the construct 'personal knowing' involved students' identifying self through the demonstration of innate qualities and dispositions including persistence, resilience, caring, and also taking on the advocacy role to enable them to align with the profession and course programme. Areas further discussed under 'self' considers students' perception on self, perception of the profession and course programme, and finally, perception of the learning environment. Secondly, the construct 'professional knowing' discusses students acquired propositional knowledge on both the profession and course programme through the different teaching models offered by the university, and through self-directed study and early clinical observations. Finally, the construct 'experiential knowing or professionalism' involved what students acquired through clinical and practice-based education and their management of uncertainty and challenges. It is within this third construct that the students, whilst working with clients and amongst multidisciplinary team members, realized their professional transformation most significantly.

I present the discussion with reference to the underpinning theory of the threshold concepts by Meyer and Land (2003) to explore these intertwined constructs. The transformative aspects suggest examining students' views of the concept before and after acquisition. However, it is important to look

at the context and period during which the change is taking place which is the gap this study seeks to uncover alongside PID. The discussion is divided into three sections beginning with ‘personal knowing’ then ‘professional knowing’ and, finally ‘experiential knowing/ professionalism’. Together, the contents of these constructs help readers to appreciate qualities, capabilities and experiences that transformed students from their initial naïve state to the graduate professional level.

8.2 Personal knowing as a threshold concept

Personal knowing involved students own innate and personal factors that influenced their professional identity construction. Personal knowing was essential to the development of knowledge central to the students’ professional practice. It was about a discovery of self-and others that the students experienced through reflection and synthesis of their perceptions and connecting with their new forms of learning.

This construct emanated from the master-theme in chapter five of the analysis, which is ‘knowing self, course programme and aligning with profession’. To formulate this sense of self was in itself a threshold, as students shared in their very early experiences on anticipating how they could see themselves as occupational therapists, and the ‘decision making process they had to go through for being placed on the occupational therapy programme’. Other factors included ‘Understanding occupational therapy through advocacy role’, and ‘sharing optimism in becoming an occupational therapy professional’. These experiences involved students examining their values, morals and perceptions that were parts of the fabrics of personal-self needed to be appreciated to enable the students to try and align themselves with the profession and program.

For clarity of students’ experiences, I further discuss the threshold concept ‘personal knowing’ under three areas, that is, i) perception about self; ii) perception about the occupational therapy programme and profession; and, iii) perception of the learning environment. These three areas were identified with the threshold characteristics for being integrative, bounded

and troublesome respectively. The discussion relates these characteristics to students' troublesome and difficult encounters, interlaced with their innate qualities to knowing self, course programme and aligning with occupational therapy profession.

8.2.1 Perception on self as 'integrative'

Considering values and morals of self, the students had to be redirected, through no choice of their own, at the University to study occupational therapy. They had earlier internalised ambitions to becoming other professionals. For example, Kwame, Akosua and Kwabena, wanted to be medical doctors, Kwesi and Yaa aimed to become pharmacists, while Adwoa wanted to be a medical laboratory scientist and Ama a physiotherapist. In Chapter Five, under the sub-theme 'adjusting to training as an OT when this wasn't the chosen career', it was observed that, as a frequent case from their narratives, there was no immediate alignment of students' identity to the profession they were selected to study. It was a threshold for students to take onboard to pursue an unknown career suggested by the university. With reference to participants narrations, although they were unhappy, they needed to readjust by widening their scope of ambition and rather create new understanding relative to OT as a new profession. It was evident how the students developed a way of owning their learning in an active way. They aligned what they viewed as important and valuable to the self, as well as aligning the self to the subject areas they were experiencing as they learnt. Thus, integratively, the students were not only changing in their ways of knowing, but also in their ways of being, because different disjointed aspects of the profession/course programme started having meaning to them.

Also, of note were the students' dispositions and qualities that offered the propensities for action. For instance, Valerie Mannix (2008) advocated how learners' disposition and qualities contribute not only to a collaborative teaching/learning process but also facilitate the reconstruction of how they perceive knowledge and of their own identities. Students' narratives revealed that the further and deeper they were willing to think and draw on

their knowledge and own experiences, the more creative and metacognitive they became. For example, the students demonstrated being more creative and metacognitive through their motivation for independently directed research as a result of their curiosity and self-developed learning pursuits.

Yet, whilst it was evident that students took responsibility for aspects of their self-regulated learning, they also had assistance from faculty in the Department of Occupational Therapy. For example, students were assisted with explicit information on occupational therapy theory, including clinical reasoning, facilitating individual and group work on seminars, presentations, role plays, and practical demonstration of the use of 'enabling' pieces of adaptive equipment. Faculty staff was also involved with tutorials and the setting of directed learning contracts with students. This aspect of the faculty's assistance towards students and their experience to change was earlier supported by Barnett, (1997; 2004) and Dall'Alba and Barnacle (2005; 2007) who discussed the benefits of learning to involve the demonstration of acquired knowledge in practice. What was apparent was that students did not only focus on their epistemology (i.e. what types of knowledge they valued and understood to inform their developing disciplinary perspectives) but as integrative action: they had to consider this in relation to their ontological perspectives (i.e. relating to who and how they viewed themselves and their way of being and becoming an occupational therapist). In other words, students not only had to attain knowledge about professional study, they had to do this with an understanding of its practical application.

The above 'weighing up' of experience about the self and profession contribute to the study's construct 'personal knowing'. Experiencing to know self and the profession is viewed here as a liminal stage in the students' learning, that could only be mastered after experiencing oscillating moments. For example, in demonstrating the liminal state, students' experiences illustrated how they understood what they were becoming and how they understood a procedure or theory, yet they had

difficulty explaining or putting their preliminary understandings and assumed knowledge into practice.

Further references to the analysis chapters include documented students' narratives with an indication that they initially struggled to re-direct their internalised thoughts onto the unknown course program. An example was found in Chapter Five under the sub-theme, 'adjusting to training as an OT when this wasn't the chosen career'. Here, Kwabena was quoted for not being the type who could easily jump into making a decision on issues he knew nothing about. It was obvious through the expression of his experience that he was anxious about the programme. Referring to the integrative aspect of crossing this threshold, demonstrates the personal knowing construct, where Kwabena consciously reflected on his experience and to work through the disconnected of ideas he was experiencing about occupational therapy in his schemata. Persisting through this reflexive process, through his own will and determination, taking on board the external influences of the faculty and his own research, his perceptions on his professional identity began to shift. Kwabena's attitude, similar to most of the students, revealed the importance of appreciating student's dissociation from the environment so the true nature of their 'being' could be observed as suggested by Heidegger (1998).

Heidegger used the term 'dasein' which means 'being there': that is, the student being placed in a learning environment where students were closely related to each other (in class), then carrying out assessment and procedures (with clients) and explaining their role in their discipline (to other multidisciplinary colleagues). In other words, students were 'placed there' (the learning space) to play the student's role described above, yet Kwabena realised he was not 'there'; that is, he felt unready and uncomfortable in the role and demonstrated his anxiety. The construct however identified Kwabena's anxiety concept he used as liminal experiential means to address a transformation. Kwabena then had deeper personal, emotional and more authentic professionalism development to realise his being. Kwabena's example demonstrated the importance of appreciating that each

student had their own personal dispositions and qualities that reflected in their experiences. Kwabena had difficulty to fathom how he could survive the course however; the study has shown that liminal experiences enhanced students' commitment to stay on the course programme. Getting over liminality involved deep long-lasting learning with in-depth understanding.

Just like Kwabena, other students had their individual areas of concerns that included a struggle with problem-solving and experiences of different forms of worries, anxiety and lack of hope and understanding. Other areas experienced as troublesome included difficulty to setting priorities, limited capabilities and other forms of uncertainties. Some common-place efforts by students to overcome these described challenges, uncertainties and other disciplinary concerns were the sense of having the will to accept their situation and to remain on the programme. Students reflected on subject areas on the course and related to their future selves as potential first professional occupational therapists trained in Ghana. The students aligned their personal held beliefs and values with the program and profession. In other words, each student developed a strong sense of commitment, interest and relevancy for being part of the first cohort of student occupational therapists. This leads to the next area of discussion on how students' perception of the occupational therapy programme and profession in Ghana was experienced.

8.2.2 Perception of the occupational therapy programme and profession as 'bounded'

With reference to the earlier presentation in the analysis Chapter Five under the theme 'adjusting to training as an OT when this wasn't the chosen career', it was evident that most of the students were anxious and unhappy with the course they had been selected to study. Students' common reasons appeared to be based on inadequate information on the occupational therapy profession and specifically, when they could not identify occupational therapy practitioners in the field to discuss their roles. The students needed to reframe themselves in tune with the new programme. This was made more difficult still due to the first year of the course being a general

foundation year, which also meant an experienced delay for students in having more disciplinary-specific content on which to start building their core knowledge. The urgency to be knowledgeable in the occupational therapy discipline delineated a particular conceptual space that made their perception constitute a demarcation from other disciplines. The students' bounded perception of their 'new' programme affected their 'self', their being, and what they would become, who to associate with, and how they should act (Dall'Alba, 2009). Students demonstrated these attitudes in their narratives where they mostly focussed on their studied discipline and how to move it forward.

The impact of a course programme's effect on students' sense of self was earlier considered by Markus and Nurius (1986) in their work on 'possible self' documented by Valerie Mannix (2008). According to Markus and Nurius, possible selves consisted of future self-state rather than a current one that represents the idea students have regarding to what they could become (hope for self), what they would like to become (ideal self) and what they are afraid of becoming (feared self). These are transformative potentials inherent in students and their capacity to bring reflexive insight that could be used in professional development to address relevant threshold concepts. Students' narratives at the early stages of the study indicated that they focused much on their ideal self just as Kwame, for example, stated in Chapter Five. As students struggled with their future self they did so with consideration to their present and past experiences that could not be taken for granted because the experiences served as reference points used to avoid negative influences and to consolidate positive attitudes.

Concerns around students' self-development were directed towards how they anticipated they would be accepted as valued professionals in the learning environment. Students were also concerned with experiencing uncertainties and feeling overwhelmed in situations. Just as Kwabena, for example, wondered how he could cope in the clinical field because he thought it would be different from what was studied in class as stated in the

sub-theme 'Coping with experiential learning with limited clinical supervision'. Yaa expressed similar worries when she realised there were no practicing occupational therapists in the field. She stated that, as students, they had limited professional foresight to be left on their own. Yaa's statement reflected students' liminal stage of knowledge of the discipline. Their lack of experience made it difficult for them to anticipate beyond what they saw. It turned out to be a worrying and troublesome experience for students to be 'left on their own'.

These early concerns about their perceptions on the course programme and profession were seen to influence students' PID because, as they aspired to be professionals, they had to learn to embody the practices, routines, histories and traditions that were not readily available to them. Students commented on their experience in Chapter Five under the sub-theme 'adjusting to training as an OT when this wasn't the chosen career'. For example, Kwabena was the type who wished he had more idea about what he was pursuing as a vocation before getting involved on the course. Whilst Kojo had attempted to research the discipline, he could not find a practicing occupational therapist in the learning environment. Similarly, Yaa expressed her need to see the discipline in action to enable her to grasp a better understanding. Efua had no earlier information on occupational therapy either. Whilst Kwesi developed more knowledge after joining the programme, he realised occupational therapy was 'big'. Thus, from the discussion, it was evident every student appeared anxious about the course they accepted to study, however their anxieties were expressed and presented in a unique manner. Although students reacted to different concepts, basically each student was in their least state of information on the programme and profession.

For example, they did not just want to say they were student occupational therapists, rather they needed to explain further but they occasionally struggled to enter the transitional status of adequate knowledge on the discipline. This responsibility compelled them to seek more information. In the process of learning, they gradually moved from their earlier troubled

liminal stage to gradually transition to a stage where they could discuss their role and clinical reasoning for their actions. Students found themselves naturally beginning to relate their actions and discussions mainly within occupational therapy circles. The personal knowing construct captured this peculiar experience where students exhibit the opportunity to think, feel and act as occupational therapists during their studies. They found themselves limited/bounded to mostly discussing occupational therapy discipline thus, demonstrating a sense of ‘crossing over’ the troublesome phase. Students’ gradual ability to communicate their role with clearer clinical reasons was an indication of bounding to the discipline; it was also a demonstration of the ‘discursive’ aspect of the threshold concepts. This transcendence premising PID was, however, not as smooth as summarized; rather, there were periods that students had to repeat actions several times before gaining a better understanding. This oscillating stage is observed in almost all the troublesome concepts as a means of re-trying activities until the required understanding is gained to overcome ‘the threshold’ (Meyer & Land, 2005).

Students had a wide repertoire of self-representations including the successful self, admired self, creative self, the incompetent self, and the depressed self. According to Ruvolo and Markus (1992, p. 98) this self-concept is continually active and it is a shifting array of assessing knowledge. Possible self was therefore seen as the students’ guide into the future, reflecting a dynamic, forward moving conception that explains students’ movement from the present towards the future. The complexity of learning to acquire knowledge to move from the naïve stage to student professional level encouraged students to engage with the learning environment to maximize available resources that helped to propel them beyond their previous understanding. The discussion further leads towards students’ perception of their learning environment, which I now go on to consider.

8.2.3 Perception of the learning environment as ‘troublesome’

In the previous analysis chapters, I indicated that professional development of students depended, to a large extent, on the attributes of the environment;

for example, study or work, otherwise referred to as the 'learning environment' in this study. McAleer and Roff's (2005) study on the practical use of the Dundee Ready Education Environment Measure (DREEM), identified that the most crucial factor of learning is the engagement of the learner in areas including social, cultural and psychological as well as the physical surroundings. Students in this study, however, focused more on their disappointment about how the learning environment did not have practicing occupational therapists and only a limited number of occupational therapists as faculty in the school, as seen in Chapter Five. Again, under the sub-theme 'Coping with experiential learning with limited clinical supervision', Kwesi shared how the learning environment denied them of the required practicing clinicians to assist them with information on the clinical aspect of the course and the profession. Students contemplated on the benefits of professional socialization.

The experience to deal with the situation of not having practicing therapists was itself a troublesome. The troublesome situation made students envision whether the existing resources, made up of only a few occupational therapy-specific-faculty, occasionally block lectures given by occupational therapy experts from abroad, and support from other professionals such as physiotherapists while on the field, could help them develop into competent professional occupational therapists. With the minimal resources, students focused on the intermittent clinical experiences they received from occupational therapy clinicians from the United Kingdom, Canada and the United States of America as well as demonstrations of clinical practice by faculty/practitioners on the wards and at the department's weekly clinical practice days. Students also had sparse clinical experience of supervision, hence they spent most of their clinic days independently with on-site supervision from staff of other professions, with long-arm supervision from faculty/clinical tutors. For this reason, most students were very cautious when working with clients. Although Cornelissen van Wyk (2007) argued that, having adequate role models helped to improve learning through socialization, the learning environment in Ghana had no occupational therapy services to create the environment for professional socialization.

Students indicated that they were psychologically affected; thus, affecting professional identity formation and development.

The other socio-cultural aspect of the environment that had troublesome effect on development was students' experience of rejection and ridicule by peers and other healthcare professionals in the clinical settings. Students identified that they were ridiculed and not accepted because of limited knowledge on the new occupational therapy programme from both students and other people in the learning environment. However, in response, the students took responsibility for gathering information beyond the classroom teaching so they could advance their knowledge on the principles and ethos of the discipline. Ama explained the enhanced effect of her improved level of understanding in occupational therapy on her knowledge transfer, and how she experienced greater acceptance at her placement setting in Chapter Six under the sub-theme 'Feelings of uncertainty with team members' attitude and, being overwhelmed with caseload'.

Aside from the lack of occupational therapy practitioners in Ghana and the experience of being rejected and ridiculed, students' perception of their PID in the learning environment was focused on resources from the classroom or didactic learning as they indicated in the sub-theme 'adjusting to training as an OT when this wasn't the chosen career'. The students again shared their concern on the limited number of occupational therapy academics within the university environment and how that had an influence on the constructing of their professional identity because this brought in faculty from other departments who had no knowledge on occupational therapy. For example, Adwoa's anxious experience (sub theme 5.2.3) about students' encounter with just a few occupational therapy faculty and other limited resources was studied by Auxier et al. (2003) and Brott and Myers (1999). These researchers highlighted from their studies that the PID process comprises of both intrapersonal and interpersonal factors. Students thought they were mostly self-dependent, which is related to just one aspect of Auxier et al. (2003) and Brott and Myers' (1999) description of intrapersonal factors for PID in their cycle of the individuation process.

Students felt they least experienced the interpersonal aspect of the cycle where they needed to rely on practicing mentors for their skills acquisition in the field. This missing element of the cycle is what the researchers argued as the important professional community that shapes the new professional (Auxier et al., 2003; Brott & Myers 1999). It was evident that the students experienced difficulty overcoming the absence of professional community for support. This was troublesome threshold that students had to cross towards transition. Subsequent discussion revealed how students dwelt on other personal qualities and dispositions to navigate the troubling inadequate occupational therapy professionals to support them in the learning environment.

In summary, self-perception, perception on course and profession and perception of the learning environment, are three intertwined concepts that were identified as instinctive drives of realisation and internalisation of a connection between their individual and professional self, otherwise defined as the ontological dimension of professional development. These instinctive drives amongst students helped them to make meaning of the new programme. Students' experiences supported Mezirow's (2000) earlier argument on transformational learning theory as not just about acquiring knowledge and meaning, but in making sense of, or giving coherence to, their experiences. It was evident that students' acquisition of knowledge and skills occurred when students took ownership of their learning, which they demonstrated through self-regulated research and study, critical reflection, and use of self, instead of unquestioningly relying on limited propositional knowledge alone. Although the students navigated these conceptual thresholds by involving external authority figures and experts including faculty, they drew more on their innate dispositions and qualities towards achieving conceptual learning. Students' learning, acquisition of knowledge and experiences are further discussed in the next section under professional knowledge.

8.3 Professional knowing as threshold concept

Professional knowing considers students' experience of learning about propositional knowledge, mainly studied as classroom-based learning and through practice skills development. Teaching models used in the occupational therapy Ghanaian pre-registration programme are also considered in this section. Professional knowing brought to the fore how the students were able to acquire specific knowledge on skills, facts, competency, or capacity in understanding and internalising the occupational therapy profession. This construct relates to the master-theme, 'Transitioning into identifying professional self through learning at work' that was earlier explained in Chapter Six.

The students attempted to clarify the essence of the profession to other people in their learning environment; an interpersonal aspect of PID. This included how students were interrogated by peers and other members of the public on occupational therapy. The students demonstrated their reactions to their peer interrogators in the sub-theme 'Feelings of uncertainty with team members' attitude and, being overwhelmed with caseload'. The ability for students to demonstrate better understanding of occupational therapy and further to explain to the public, suggested that students were gradually moving away from self-centred perceptions towards 'being', where they began to constitute their professional community with roles that began to shape them as developing professionals. Students' limited experience of and in the profession of occupational therapy reflected their difficulty in communicating their sense of relevancy as developing practitioners, resulting in a liminal stage of the students' learning, wherein, comprehending the discipline was inaccessible to them (Meyer and Land, 2003). The students could not access or comprehend a meaning to their study discipline because they had not been exposed to the phenomenon of it. They would have remained in their naïve self if they had been exposed to the concept of the occupational therapy profession and were not assisted to internalise and become sufficiently knowledgeable to be transformed into

student professionals; thus, indicating the relationship between PID and threshold concepts.

Students expressed the challenge of having to redefine themselves among a specific group of professionals as stated in the master-theme in Chapter Six. Students' experiences, including the efforts they put into promoting the profession, were initially both problematic and humiliating. This occasionally resulted in loss of self-confidence and feeling incompetent in their clinical skills as exemplified by Kwame in Chapter Six under the sub-theme 'Feelings of uncertainty with team members' attitude and, being overwhelmed with caseload'. From Kwame's experience, a process of oscillating back and forth occurred until they had grasped an understanding of the occupational therapy discipline with the ability to explain their role.

Being a new programme, it was identified that students went through a liminal stage of understanding, but attaining adequate knowledge on the discipline to move beyond a troubled state into a more informed stage of awareness, was a varied experience among students. This transformed state was demonstrated in the analytic outcome; in that, as they progressed, students saw themselves differently, with improved interaction with colleagues and senior staff. Kwesi exemplified his experience of this under the sub-theme 'Feeling respected and valued' where he shares how it was less stressful to talk about his role because he had an improved understanding of both the programme and the profession.

Engestrom (1999) describes this relationship as different sets that are dynamic and always changing, depending on what the student is embarking on; for example, preparing for an examination, or getting onto a different level in the course programme. As students embarked on these learning activities they encountered difficulties; for example, Kwabena discussed how new situations lead to anxious moments in Chapter Six under the sub-theme 'Feelings of uncertainty with team members' attitude and, being overwhelmed with caseload'. However, according to Heidegger (1998/1967), anxiety is potentially an enlightening event. In its ontological

form, anxiety is a necessity for students' struggles to recoil into themselves to find a new place to be. This can be the beginning of preparedness to move into a new level to learn and assimilate new knowledge. It was sufficiently evidenced by Kojo's statement in Chapter Six under the same 'Feelings of uncertainty with team members' attitude and, being overwhelmed with caseload' sub-theme, that the troublesome and anxious moments triggered his aggressive research to learn to internalise new knowledge on occupational therapy. He eventually emerged into a new responsible mode of being.

Despite students' demonstrated qualities and dispositions, arguably, they still focused more on perseverance, advocacy and engagement in self-directed learning as a major source of knowledge gain, and are the focus of discussion in the next section. In Chapter Six, theme 6.2, students indicated how, primarily, self-directed learning and advocacy role helped established their being. Further, to appreciate both the classroom learning and clinical skills in the field, the students had to move towards acceptance in their learning environment. All are related to threshold characteristic hurdles students needed to overcome in their journey towards professional knowledge acquisition. I discuss 'acquisition of propositional knowledge' in professional knowing as a troublesome characteristic, 'advocacy role' as a bounded threshold and 'self-directed learning' as transformative.

8.3.1 Acquiring propositional knowledge as 'troublesome'

The persistence and tenacity or efforts that students demonstrated to enable them to continue to grapple with the professional construction of occupational therapy within their programme were troublesome enough to be related to threshold characteristics. Actions of the students' perseverance meant they were involved in many proactive activities that made them take professional decisions independently to justify their strong professional beliefs, thus working on their propositional knowledge development. They appeared energetic and enthusiastic learners with idealistic visions. Students' willingness to persevere was mostly directed towards learning and development.

Whilst the students were bold decision makers, despite being novice in their approach, their limited experience in clinical reasoning skills occasionally resulted in failure to accomplish their goals setting with clients and the wider healthcare team. Also, most students spoke about experiencing guilt when they felt rejected, and when their proactive actions to offer therapeutic activities appeared inadequate. Students' experiences reflected how they were unable to live up to their own expectations. The students shared how they occasionally felt limited in their roles and not feeling as valued as other professionals. Other experiences related to rejection and ridicule that students needed to overcome were considered as learning thresholds, but not troublesome enough to halt their development, although they might have delayed learning, considering the psychological effects. This earlier statement, however, exposes some limitations in the threshold concepts in attempting to identify what is 'troublesome' enough that needed to be mastered before crossing to transformation. For example, Schunk (2000, p116) based an argument on this unclear distinction to remark that 'the dissonance notion is vague'. Perkins (2006), however, worked to elucidate the concept in his work on theories of difficulties. Perkins exploration revealed a variety of reasons accounting for what makes certain sources of knowledge, including threshold concepts, difficult for students, revealing that a deeper understanding of one's difficulties could help reveal powerful sources of transformation.

In attempting to negotiate around the ridicule and rejection experienced by students they encouraged themselves with information sharing at any opportunity they met as a group, be it physically or virtual on their common webpage. They regularly consulted among themselves including faculty staff, for required information to enable them to resolve unanticipated challenges in the field. This was indicated in Chapter Six, under the theme 'Transitioning into identifying professional self through learning at work'.

Students' quest to know more about the discipline was in consonance with the main concerns of the course, that is, to - maintain high professional

standards, with transformative learning and education. This attitude of students' active participation in teaching and learning was highly encouraged by the adopted teaching style. Students were involved more in group work including group presentations, debates and role plays as demonstrated in Chapter Six under the sub-theme 'Feelings of uncertainty with team members' attitude and, being overwhelmed with caseload'. Both the quest to study and the action plan put in place by the University, encouraged the process of students' active participation in building their identity. This was earlier identified in a study by Bramming (2007) but not like the Ghanaian context with inadequate occupational therapy faculty.

To encourage their tenacity and persistence in activities towards their development, students were encouraged to take initiative. Lecturers put in efforts to relate the classroom teaching to the profession. Students were supported remotely to experience the relationship between theory and practice in the field. Pettifer and Clouder (2008) found that student knowledge on relationship between theory and practice helped in PID because some students felt they had limited professional foresight to be left on their own. Students felt leaving them on their own made them feel exposed as narrated by Kwabena earlier in Chapter Six under the sub-theme 'Feelings of uncertainty with team members' attitude and, being overwhelmed with caseload'. Students' anxiety at being 'unfit to be left alone' raises the argument by West and Chur-Hansen (2004) who contend how Universities play a weak role in PID. Both Pettifer and Clouder (2008) and West and Chur-Hansen (2004) question the efficacy of a University's role in facilitating PID because what students learn at universities can be undermined by what they observe at work.

Theory taught at school and practice observed in the field had some differences. Kwame, for example, narrated the differences as troublesomeness experience that he needed to overcome in Chapter Six again under the sub-theme 'Feelings of uncertainty with team members' attitude and, being overwhelmed with caseload'. Kwame commented on how he struggled to manage a child with learning disability although he

thought he had a thorough theoretical knowledge on managing the condition. It was gathered from his narrations that his inexperience was due to the minimal opportunity students had to observe qualified practitioners. The inexperience was also associated with lack of skills, professional judgement and knowledge and the ability to link theory to practice. These mentioned concepts were troublesome enough to keep students in their liminal state; however, as Kojo narrated in the sub-theme 'Feelings of uncertainty with team members' attitude and, being overwhelmed with caseload' about how he rather cautiously practically demonstrated what had been taught and demonstrated at school. This was another demonstration of students' tenacity to progress from their troublesome liminal stage in development.

As part of their efforts to acquire more knowledge, students persistently proposed to have regular on-site educators. This request was unattainable relative to resources within their learning environment. Unfortunately, the situation bred anxiety among some students. Although anxiety was captured as a concept, its threshold effect depended on students' own quality and dispositions. Generally, some students overcame the causes of anxiety. As an exercise to overcome students' anxious moments, students learnt to improve on their working with other members of the team who were not occupational therapists to achieve the team's goals. This was demonstrated in a statement by Kwabena in Chapter Six under theme 6.2; sub-theme 6.2.2 and supported by Sibbett and Thomsom (2008). These researchers postulated that, if students accepted that some degree of dissonance was necessary to stimulate development, then the troublesome nature of threshold concepts may be the very quality that triggered their sense to develop their inter-professional relationship potentials.

Students, however, responded to 'troublesomeness' in different ways; that is, by avoidance, assimilation or by accommodation based on highly individual reasons such as alternative commitments and readiness for change (Meyer & Land, 2010). Students who understood their roles were more apt to fulfil them to achieve their aims as compared to those who did

not understand their role and therefore exhibited inferiority. This was demonstrated by Kojo in Chapter Six, under sub-theme Feelings of uncertainty with team members' attitude and, being overwhelmed with caseload', where he commented on the need to have practitioners around him because he was not sure whether he was doing the wrong or right procedures. According to the students, inferiority was more of not being able to meet standards set by self or others and therefore feeling inadequate and subsequently compromising self-esteem. On the other hand, this was described as liminality in threshold concepts' trend and with further attempts at practice and learning they crossed with improved knowledge.

Another area that students demonstrated tenacity was by forming a social media community platform where they engaged in joint activities and discussions. They helped each other, and shared information and encouraged each other to critically keep in tune with the intellectual environment. Generally, students' self-formed community enhanced their understanding in presenting sound arguments, findings and problem-solving including carrying out clinical procedures to promote their recognition or authenticity.

Authenticity may be partly won through peer to peer interrelationships. This marked the beginning of their professional socialization that was captured in the students' involvement in group presentations, role plays and workshops. Psychologically, students were exposed to a pedagogical style of active teaching and learning such that they were the core community of occupational therapists in Ghana. Robson (1998) explained the influence of professional socialization, when he used a single case study approach to examine the important role that professional socialisation played within the training programme for a 'student teacher'. On a similar note, Dam et al. (2006) argued that PID comes along when students recognise their new identity as members of the studied profession, and what that might mean for their own values, so they benefit from openly discussing these in a community of practice. In this study, the students were self-dependant and

persevered through their self-help group to work through encountered uncertainties and anxious moments.

From the ‘professional knowing’ construct, students’ PID is seen as a function of two dimensions, that is, ‘knowledge for the profession’ and ‘learning for professional work’. Successful intersection of these two dimensions results in connection with the profession and subsequent identity formation. However, understanding the profession and to put into practice was a difficult task especially where practicing professionals were not readily available on the field to direct students. They indicated that, occasionally, they experienced the desire to give up and stop studying the program; for example, as illustrated by Kwesi in Chapter Five under sub-theme ‘Understanding occupational therapy by regular explanation of the discipline to others’. Students’ thoughts of abandoning the course program have been earlier related to existing literature. For example, in page 199 a study by Woodside et al. (2007) identified that where participants commented on lack of career direction just as this study’s participants did, it brought about self-doubt regarding learning to be a professional. Woodside et al. concluded in their work that self-doubt lead to anxiety and an increased attrition rate among students. However, in contrast, students in this study were resilient and rather persevered to enrich their knowledge and to remain focused on the programme. The next section discusses how students extended their persevering attitude to champion awareness creation of the occupational therapy programme and profession.

8.3.2 Demonstrating advocacy role as a ‘bounded’

This first cohort of students was encouraged to be ambassadors for the profession in Ghana and to lead in awareness creation. The responsibility to champion occupational therapy in Ghana placed them regularly in touch with faculty to help answer questions from the public. Although learning the discipline’s rules, roles and ethos to further disseminate to others was a difficult concept to students, the willingness to be advocates of the profession was of particular note. This specificity to focus on and, publicly support occupational therapy was related to the ‘bounded’ characteristic of

the threshold concepts considering students' new conceptual knowledge space on the studied discipline. The students' ability to confidently discuss occupational therapy enhanced their acceptance or authenticity within their encountered learning environments. Yaa, for example, commented on this in Chapter Six under the sub-theme 'Feeling respected and valued by clients and team members over OT values' where she explained how she could comfortably discuss occupational therapy with her on-site supervisor; and the students talked about how members of other professions listened eagerly to appreciate their role in the care delivery teams under the same sub-theme.

The students' narratives revealed their mind-set as they took on the advocacy role. For example, the following four areas were identified: 1) they were mindful of the perceptions of others in their learning environment; 2) they sought and identified opportunities to advocate; 3) they were determined to be model professionals; and 4) they applied clinical knowledge and skills (Carlson & Yohon, 2004). They claimed that the more knowledgeable they became the easier and more interestingly they could talk about occupational therapy. For example, Kojo narrated in Chapter Six, in sub-theme 'Feeling respected and valued by clients and team members over OT values' how for the first time he successfully demonstrated learnt theory in practice at the placement setting. An outcome like Kojo's experience helped students to associate with the programme and the profession. When students began to understand their roles, and were increasingly able to demonstrate their disciplinary skills successfully, they confidently found themselves aligned with the profession - depicting how a person's professional identity emerged from where they fit within society, their interactions with others and their ability to interpret their experiences. Walkington (2005) supported this view when he discussed practitioners' identities as being central to their beliefs, values and practices, which guide one's actions within and outside practice.

Flores and Day (2006) argued that, during the pre-registration training period, professional identity emerged from the student images of

practitioners. Flores and Day insisted that there was something unique about the profession and the situated context of practice that students could identify with. Earlier in chapter two, Flores and Day mentioned this ‘peculiar thing’ about the studied discipline which students are expected to observe while interacting with other people including practicing staff. However, in the context of this study, the experience was different because the students did not have regular interaction with qualified occupational therapists in the field. Rather, students served as educators in their learning environment, and concurrently made use of such opportunities to play their advocacy role.

As students progressed in their course programme they became more independent and self-reliant in the field. Students indicated how they devised their own means to gain authenticity or recognition. For example, the students had more independent roles to experience hands-on practice, though they cautiously engaged in their involvement with clients. Walkington (2005), for example, argued that development of professional identity began in students’ education, however he did not specify possible factors that determined PID. This study, however, identified self-directed learning, perseverance and advocacy roles as culturally related qualities and dispositions that enhanced PID. Participating students regarded these activities as a necessity in order to attain authenticity or recognition. This equipped them to communicate meaningfully on the profession to their learning community both in theory and practice.

What is of note is how the works of Walkington and many other reviewed literatures have not considered the socio-cultural aspects on PID, which in this study, has been observed to be of importance. Indeed, culture and contextual factors prepared students to relentlessly break through the question asked earlier by a healthcare staff, that, ‘what difference could occupational therapy bring in the Ghanaian healthcare delivery system?’ that was narrated by Ama in Chapter 6. The students expressed their commitment to educate people about the profession and not just say ‘get away’ with stating that they were ‘student occupational therapists’ as

narrated by Kwesi, Kwame and Ama in Chapter Five sub-theme 'Understanding OT by regular explanation of the discipline to others'. Thus, while students appreciated their need to enhance professional knowledge to re-identify the profession, they began to form a greater sense of professional identity. They integrated knowledge and experience to appreciate who they were and where they fitted into the Ghanaian healthcare community. It was observed that, for the students to master a threshold to progress, the actions were associated with taking up responsibilities. Indeed, students were overwhelmed with caseloads. Although overwhelmed, they assumed it was an indication of maturity because they were entrusted to manage clients who were identified to need occupational therapy services.

As students became more capable of internalizing positive self-perceptions, and reflecting on their competencies and values, it was apparent this was symbolising signs of their developing maturity that continued to nurture them throughout their training programme. Kwabena supported this, when he shared in Chapter Six that;

'... I actually know more of what I am doing now and I do understand what I am doing...in fact a lot more... even though I always check what I do my intuition is right. I've done my assessments, I understand, I know that its fine'. (Kwabena)

Kwabena's statement demonstrated an identity-formation, however it was stressful for the student to assume the professional status due to the expectation from him even as a student. Kwabena demonstrated in Chapter Six sub-theme (6.2.2) 'Feeling respected and valued by clients and team members over OT values' how most students were received with expectations as experts. Being recognised was a sign of acceptance of the profession's unique roles the students have communicated to the learning environment. Kojo proudly expressed this under sub-theme 6.2.2 as he narrated his experiences of how he felt he was a valued team member in a

setting that did not know of the roles of occupational therapy. Moreover, he had instigated job opportunities for other occupational therapists.

Students took opportunities to demonstrate their role as a developing occupational therapist to differentiate between professional, personal and social identities, as suggested by Trede et al. (2012) who argued that the integration of knowing is when students begin to connect their personal, social and professional identities. The next section discusses how students put in extra personal efforts in seeking information to develop both the theoretical and clinical areas of the discipline, otherwise referred to as self-directed learning.

8.3.3 Demonstrating self-directed learning and clinical participation as 'transformative'

This section of the discussion considers how the students demonstrated their ability to independently search for relevant information on the course and programme, such as seeking information online and interacting with significant others. Self-directed acquisition of information was seen as a 'motivating force' on students' desire to learn, as demonstrated in Chapter Six, under the sub-theme 'Feeling respected and valued by clients and team members over OT values'. Students put in extra effort towards learning, mostly relying on theory as the overarching knowledge, to inform the learning community about their roles. Under the sub-theme, Efua commented how knowledge on theory put her in a more professional position because it supported her clinical reasoning. Kwabena also stated under the same sub-theme on how the understanding of the discipline's theory made it less stressful in explaining what occupational therapists do. Students' actions on self-directed learning were likened to proactive learning where students demonstrated active leaps away from their previous self-centredness and rather sought information on the discipline. The proactive conception of knowledge required student creativity and ability to see things differently. Although much of their self-directed learning was transitional, transformational learning occurred when students went beyond

just understanding a disciplinary threshold, to actually engaging with the knowledge acquired to demonstrate proficiency.

As part of self-directed learning, students actively engaged in physical activities, and were involved in tasks based on further research on information from the class-based learning (Harman, Humphrey & Goodale, 1999). For example, this was demonstrated during joint lectures with physiotherapy students, where the lecturers (physiotherapy background) had more practice examples of physiotherapy. Kwame, for example, indicated in Chapter Seven in the sub-theme 'Consolidating personal experience to help make decisions on future plans' that the action rather compelled him to research more on the differences between physiotherapy and occupational therapy so they could focus on their core values as occupational therapists in the field. In other words, the effect led to students self-generated explanations (Lombrozo, 2006; Roscoe & Chi, 2007; 2008). Ama shared in Chapter Six under the sub-theme 'Feeling respected and valued by clients and team members over OT values' how the feeling of satisfaction motivated her to do more self-directed learning to improve her knowledge. This was after she demonstrated her transitional knowledge of the occupational therapy profession to help a client to improve his functional independence. According to Ama, the staff appreciated her contribution thus earning her respect. This was another example of a transformed student from her earlier novice state.

Earlier in Chapter Five under the sub-theme 'Understanding OT by regular explanation of the discipline to others', Kwesi demonstrated how self-directed learning equipped him with knowledge of the profession to master the concept of limited knowledge. He indicated he had information on the profession that other people did not have and that is why they do not appreciate the profession as he did. Student participants' demonstrated learning style was juxtaposed to a study by Markant and Gureckis (2010). These researchers found that participants' prior biases about what they wanted to know strongly guided their search for knowledge; and that self-

directed learning was effective when participants' prior hypothesis was in tune with the sought knowledge.

Markant and Gurecki's (2010) analogy explained the importance of early information on a subject area even prior to initiating self-directed learning. Markant and Gurecki (2010), however, did not specify whether such initial information was prompted by faculty, practitioners in the field, or resulted from students' personal framed knowledge to pursue. This was significant to the study because the studied students fell short of adequate information, especially from the clinical field, to direct their search. Students admitted that it rather contributed to a wider scope of the search for information. Although this was time consuming, they embraced their actions as positive resources for learning in their environment. They considered all information on the discipline as important to enhance their transition towards transformation.

O'Byrne and Rosenberg (1998), however, made a distinct argument on the need for students to be guided to participate within their professional community including self-directed learning. O'Byrne and Rosenberg's suggestion was identified in the study as an alternative route that influenced self-directed learning for students. Personally-framed hypotheses to pursue and external triggered self-directed learning needed to be differentiated for the purpose of this study because, although these students did not have a professional community of experienced occupational therapists in their learning environment, through classroom teaching and other activities, they internalised information on their profession that triggered self-directed learning. This attitude towards transformation was described by Dollarhide and Miller (2006) as immersion in a professional culture to learn professional attitudes, modes of thinking and problem solving. The difference in experience was that the students achieved this immersion without the richness of professional resources more typically available to novice practitioners, certainly by Western standards. The benefits of self-directed learning could not be over emphasised in this study because it

played a major role in students' acquisition of knowledge towards transformation.

Generally, students' approach to professional development appeared contrary to the proposal by Geijssel and Meijers (2005) whose work anticipated that the absence of images of practitioners could stifle students' development because they lacked the processes of reflection on such images to develop. It is, however, assumed that this could delay students' early development of a more sophisticated understanding of themselves and the profession. This made some students appreciate that just receiving theoretical information in class with inadequate clinical supervision in the field delayed their grasp of knowledge of the profession. Kwesi narrated this in Chapter Five under the sub-theme 'Coping with experiential learning with limited clinical supervision'. Under the same sub-theme, Yaa also commented on the slow rate of understanding of the profession because there were no supervisors at post to mentor them. However, it is evidenced further that, as students persevered and challenged themselves with independent learning and with the determination to play the advocacy role, they gradually transformed into acquiring improved knowledge on the discipline.

In carrying out activities of independent learning, it has been evidenced that most students became enthused to be on the course because they took pride in the knowledge acquired that transcended them from their earlier naive state. This experience of identity transformation was predominant among students and it facilitated them to become more comfortable to discuss the programme and profession. Students' ability to comfortably discuss the course programme was a sign of crossing the threshold of limited confidence. They could discuss the profession due to improved knowledge on occupational therapy discipline. In the next section, I discuss students' clinical and practice-based learning and how these helped establish students into a more professional status.

8.4 Experiential knowing as threshold concept

This third construct discusses concepts that students encountered mostly in the advanced stages of their learning including their transition period as interns. The construct is related to the master theme ‘redefining the occupational therapy profession and self’. In the third construct, participants’ exhibit improved knowledge on the profession mainly via clinical experience and could confidently associate self with occupational therapy discipline. Activities under this section further demonstrated threshold concepts again as transformative, but also, I discuss it as irreversible. As discussed earlier, transition always preceded transformation and this movement from one place of perception or understanding or knowledge to another of a higher kind can be troublesome and could lead into further disjunction of knowledge for students. Earlier in the discussion there were elaborated observations on how students engaged in activities to overcome thresholds in order to transform into student professionals with a sense of professional identity construction. Based on their statements, students appeared to have developed more satisfying relationships with peers and colleagues of other professions. For example, a student talked about how she now had a different perception of occupational therapy because she knew more of the discipline’s roles as discussed in Chapter Seven under the sub-theme ‘Improved knowledge of OT profession to enhance quality therapeutic relationship with clients’.

Having improved on their knowledge in occupational therapy, and being the only such professionals in the field, students engaged more in discussing perceptions, opinions and experiences among themselves as well as with colleagues from other professions; thus, creating a supporting professional community that helped them to reach a higher level of proficiency (Theme 7.1; sub-theme 7.1.2). The construct further discusses progressive knowledge as was displayed by students in both utterances and clinical skills. They also had more personal encounters with clients and other members of staff due to improved confidence. Heidegger’s (1998) *magnum opus*, ‘being and time’ had earlier argued that students’ knowledge was not

fixed but moved through time where the movement transcended them into another level of understanding of both the world and self in relation to the discipline. Such transcendence was exhibited by students as a process and an achievement towards a developed stage in their knowledge build-up. In the stage of transitional knowledge built-up, students were able to state reasons for their perception and were able to internalise the interrogative voices and their actions although they were continuously challenged as learners.

Within this final construct are the sub-topics ‘better understanding of clients’ conditions’ and ‘improved professional relationships’. These are specifically discussed in relation to the following threshold concepts characteristics; that is, ‘irreversible’ and ‘transformative’. However, other characteristics like ‘troublesome’ and ‘discursive’ were also related.

8.4.1 Proactive clinical and practice-based education engagement as ‘Irreversible’

The students demonstrated newly acquired professional knowledge as they discussed their specific roles as occupational therapists. The acquired professional knowledge was transformative as was indicated by the quality of discursive content on the discipline’s specific issues. Better understanding of clients’ condition made them more confident in their relationships with both clients and other professionals in their multidisciplinary teams. Students’ phenomenal change of perspective occasioned by the learning to overcome the threshold concept is unlikely to be forgotten or could only be unlearned with considerable efforts as described by Meyer and Land (2003).

The passage towards the better understanding of clients was a complex process that Cousin (2006) describes as a process of mastery that involved messy journeys back, forth and across conceptual terrain. In this study, students’ related theoretical knowledge of medical, social or psychological conditions studied at school to clients’ situations in the clinical setting. They suggested that their actions brought about another level of

understanding that makes it unlikely to forget when they encountered other clients who exhibited similar signs and symptoms. Kweku, for example, reflected on how he later enjoyed his experience at a setting he earlier described as a boring place under the sub-theme ‘Improved knowledge of OT profession to enhance quality therapeutic relationship with clients’ in Chapter Seven. His narrative was a positive indication of experiential learning that supported his transformation. This was summarised in his remark that *‘it’s all about having knowledge on what you are doing’*. Students demonstrated that, on the developmental path from one way of meaning making, they got to a point in their journey when they crossed a threshold and the old way of doing things were not tenable. They rather developed a new space from where they observed and analysed their new understanding.

In Chapter Seven under sub-theme ‘Experiencing change in clinical practice environments with appreciation of OT role within multidisciplinary teamwork’, Kweku again described how his presences in the team lead clients to regain independence faster. This was referred to the broader literature on the concept of professional identity by relating to Ewan (1988), who defined professional identity as a ‘self-image which permits feelings of personal adequacy and satisfaction in the performance of the expected role’. This assumption was in line with Akosua’s assertion made under the same sub-theme, that, when she played her roles appropriately, other colleagues appreciated her efforts and her actions prompted a service manager to request for an occupational therapist to work at their settings; thus, opening up a job position.

Despite the students claim that they have acquired more knowledge at the exit stage, they perceived that they needed to learn more if they were to push the profession forward as indicated by Kwesi in Chapter Seven, sub-theme Consolidating personal experience to help make decisions on future plans. Under the same sub-theme, it was observed how the students encouraged change in their lived environment as they planned to work with the younger generation in the pre-tertiary education to make them more

aware of the importance of the profession so they could opt to study the program at the University level. Students' narratives indicated that better understanding of clients' conditions leading to transformational self, takes students away from the old ways they saw, knew and of being in the world. Students appeared to have lost their old status and identity in the community because they no longer spoke as students but rather as professionals who were eager to encourage other students to enrol in the occupational therapy course. Baltas (2007) referred to the irreversibility of students' new knowledge as impossibility of 'forsaking the Eureka!' experience and returning to previous ways of understanding.

At their exit stage, the new graduate professionals eagerly sought to leave a legacy for occupational therapy where they worked. They anticipated that they could create an environment to mentor students and continued to advocate for occupational therapy. Under the sub-theme 'Consolidating personal experience to help make decisions on future plans', it was evident that almost every student looked beyond their current status and aspired to progress academically as well as to develop in a clinical speciality area.

8.4.2 Management of uncertainty and challenges as 'transformative'

Students acknowledged that their maturation was enhanced by inter-professional education. They found quality therapeutic relationship useful at the work setting as was narrated by Ama in Chapter Seven under same sub-theme 'Improved knowledge on OT profession to enhance quality therapeutic relationship with clients' (7.1.1). Ama talked about the importance and benefits of inter-professional studies when their cohort attended the same lectures with physiotherapists and other allied health care professional students. The students stated that this model of teaching and learning helped them to integrate well as multidisciplinary team members. Studying together with other health professionals also exposed them to areas they found useful in their personal and professional development as indicated by Illingworth and Chelvanayagam (2007) and in sub-theme 7.1.2. She went on to advise the junior students to embrace the approach for being taught together with other professionals because it has helped her to

experience excellent inter-professional relations on the field. Earlier in the literature, four assumptions were associated with the concept of identity: 1) that identity is dependent and formed within multiple contexts; 2) that identity is formed in relationships with others and it involves emotions; 3) that identity is shifting, unstable and multiple; and 4) that identity involves constructing and reconstruction of meaning with time (Gee, 2000). Students' narratives pointed out that relationship cuts across all four assumptions and was identified as essential to identity because one must be recognised as a particular type of person by others in order to have an identity. This notion was also supported by Spagorinsky et al. (2004). In their study of identity formation among new teachers, Spagorinsky and his team concluded that identity was co-constructed through engagement with others in a cultural practice.

The conception of identity and relationship was again revealed in students' analytic outcome on how their improved understanding of clients' conditions enhanced their confidence in interacting with other multidisciplinary team members. Kwabena demonstrated this relationship admiration in his narration in Chapter Seven sub-theme 7.1.1 when students eloquently discussed their roles in relation to clients' identified needs with reference to assessment of clients and the occupational therapy process. Students established that their ability to demonstrate professional relationships established them as important healthcare team members in their learning community and assisted them to strengthen their own professional identities (McCrostey & Robertson, 1999). Although students worked successfully as team members, the utterances acquired were mostly used within a specific discipline and community of practice. Occasionally students' reflected communication might involve formal language or symbolic language, they learnt expression was towards occupational therapy and enablement thus describing students' shift of discourse as 'bounded'. In other words, students' new learning, knowledge and transformation were directed towards being student professional occupational therapists.

Another dimension of students' improved knowledge and their ability to skilfully demonstrate their transformed state is juxtaposed to the 'discursive' aspect of the threshold concepts. Meyer and Land (2005) suggested that the crossing of a threshold will incorporate an enhanced and extended use of language. It will be difficult to dissociate students' shift of perception from the associated extension of their use of language. Students stated that, with their new knowledge and level of understanding, they were able to communicate their clinical reasoning to support their involvement with clients.

While working on their experience to move the profession forward, Kwabena recounted when he used to work without an on-site supervisor. He claimed this made him proactive in planning his activities but meticulous with decision making as indicated in Chapter Seven, theme 7.1.3. He is currently an intern at the department of occupational therapy. He organizes students' activities at the department. His roles include assisting students' practical sessions, administering interim assessments and facilitating students' group presentations. He reported that his earlier working without on-site supervisors taught him leadership skills. As he carries on as a teaching assistant, these skills have been very beneficial as he worked with the occupational therapy students (theme 7.0; subtheme 7.2.1).

Throughout their encounter, students felt accomplished as they completed their course work and began working as interns to showcase the first Ghanaian trained occupational therapists as part of the healthcare team. Although students' goals were to get employed after the educational program, they seemed preoccupied reflecting on how to move the profession forward in their narratives. Although, newly qualified occupational therapists, they looked back from the beginning where they searched through themselves, asking the same questions they asked four years ago; who am I? What can I achieve from here, and what do I do next? Almost all the students indicated they wished to give back to society but first they needed to develop themselves more, just as Kwesi indicated at the

later part of Chapter Seven, theme 7.1.3 *'I am motivated and passionate to see people become more independent with my involvement. I am looking to do more studies to upgrade myself so I can heighten the advocacy and move the profession forward'*. This endless identity developmental mind-set demonstrated by students depicts the relationship between self, personal knowledge and professionalism in relation to the never-ending process of PID.

8.5 Conclusion

This chapter has discussed students' developing process of professional identity through three constructs that together brought their thoughts, ideas and beliefs of their experiences towards their transformation into graduate professionals. The constructs emanated from the three master themes that emerged from the analysis of students' experiences in the analysis chapters. The discussion demonstrated the dynamism among the constructs (personal knowing, professional knowing and experiential knowing or professionalism) to explain PID among occupational therapy students in Ghana.

The chapter's presentation referenced the underpinning theory of the threshold concepts by Meyer and Land (2003; 2005; 2006) to explore the relationship between PID and personal knowing, professional knowing and experiential knowing. The discussion highlighted personal knowing to involve students' own innate and personal factors that influenced their professional identity construction. The discussion further explained personal knowing as essential to the development of knowledge that was central to the students' professional practice. The discovery of self-and-other experiences by students through reflection and synthesis of their perceptions enhanced their new forms of learning.

The chapter argued from students' perspective that, to formulate a sense of self was itself a threshold that students overcame by understanding: i) perception about self; ii) perception about the occupational therapy programme and profession; and iii) perception of the learning environment.

These three areas helped the study to bring together students' innate qualities and learning about propositional knowledge, mainly studied as classroom-based learning and through practice skills development and teaching models used in the Ghanaian pre-registration programme. Together, propositional knowledge and the educational programme highlighted the students' ability to acquire specific knowledge on skills, facts, competency, or capacity in understanding and internalising the occupational therapy profession. The students improved in communicating occupational therapy to other people in their learning environment, which was considered as the interpersonal aspect of PID.

Despite students' numerous qualities and dispositions demonstrated, the discussion identified how they focused more on perseverance, advocacy and engagement in self-directed learning as a major source of knowledge gain that helped them to establish their 'being' and to appreciate that both the classroom learning and clinical skills in the field marked the beginning of their authenticity in their learning environment. Perseverance, self-directed learning and advocacy role were described as threshold concepts by virtue of being troublesome, bounded and transformative respectively, although each of them exhibited other additional characteristics of threshold concepts.

Finally, the chapter discussed students' involvement in clinical and practice based educational experience that helped in the management of uncertainty and effective working in the multidisciplinary team. The chapter has highlighted how students navigated to engage with disciplinary understandings. It has been revealed that development of awareness of students' dispositions became an artefact of the process, which oriented students within their profession by placing them in context both professionally and personally. The combination of personal qualities of courage, persistence and resilience and a state of preparedness to 'being', and to take responsibilities, created significant learning experiences, as evidenced by their narratives. These dispositions represent the linking fabric between the three dimensions of knowing self, knowledge and

learning for professional work and learning from professional practice that sum up to the personal knowing, professional knowing and experiential knowing constructs.

Generally, the chapter reflected on associating PID with students' manoeuvre through threshold concepts with emphases on students' advocacy roles, perseverance and self-directed learning as students' qualities and dispositions that mostly drove the inner action and development of their professional identity.

Although the discussion chapter has highlighted the outcome of the study's aim and objectives including doubtless attempts to answer the research questions, there were always other opportunities to improving the study outcome. Factors that have been considered to buttress the approach as well as other shortfalls identified along the study have been discussed in the next section as methodological considerations.

CHAPTER NINE: CONCLUSION

In this concluding chapter, I start by firstly reviewing the initial research questions, study aims and objectives in relation to the main findings with reference to my methodological approaches. Secondly, a synthesis of my personal reflections of the study is included, where I also present my contributions to knowledge. Finally, I state the key recommendations from the learning experience in relation to theory, practice and research.

9.1 Research aims and objectives

The aim of this study was to explore the PID amongst student occupational therapists in Ghana from their lived experiences of being the first cohort of students to graduate in Ghana. The research questions at the outset were:

1. How do occupational therapy students in Ghana understand the development of their professional identity?
2. How would Ghanaian occupational therapy students' PID be influenced by professional socialization among other healthcare professionals in an environment with limited occupational therapy professionals?

The research objectives to answer the questions posed, and to achieve the study's aim included; 1) to capture students' experiences as they developed their understandings of themselves as occupational therapists in a country with few practicing therapists, 2) to examine how the students experienced their course programme and transition into becoming occupational therapists and, 3) to understand the influence of the socio-cultural learning environment on the students' PID.

From exploring students' experiences, and with reference to the study findings, the research objectives were found to reflect the three domain areas/constructs the study identified which included; personal knowing, professional knowing and experiential knowing. Using the domain areas/constructs, the study captured the association of the research

objectives with the difficult processes that students went through in transformation from novice into graduate professionals. The students' PID was presented in terms of the threshold concepts. Students had to overcome them by work through them to manage their understanding of their programme in relation to their learning environment. A number of related threshold concepts are namely integrative, bounded, troublesome, irreversible and transformative.

What was identified, was how PID, whilst a unique experience for each learner, can be expressed through the process of navigating a number of thresholds within the constructs of personal knowing, professional knowing and experiential knowing. The study has identified how PID is a threshold concept. In addition to a threshold concept, other external factors and personal attributes influence PID, which can be identified as perseverance, advocacy and self-directed learning. These personal attributes were seen as focal qualities and dispositions that enhanced the students' ability to transition and be transformed in relation to the constructs. Perseverance, advocacy and self-directed learning were identified in all three constructs as students' individual developmental trajectories towards becoming a professional.

The constructs identify the focal qualities as 'fabrics' used by the students as scope for realisation and internalisation to connect their individual and professional self. The term fabric is used here to refer to the notion of students' display of their willingness to engage, listen, explore, be open to experience and persistence. Fabrics also stood for qualities that included integrity, care, courage, resilience, self-discipline restraint and respect. As an answer relative to the study's three objectives, students in the study certainly were not passive learners: rather, they learnt through disruption, through uncertainty and through adversity towards their PID. The methodological approach used to enable illumination and identification of these key findings is considered next.

9.2 Engagement with methodology

The methodological strength was in the use of phenomenology, an approach that allowed in-depth exploration of participants' experiences with consideration to the study's aims and objectives as mentioned earlier under sub-section 9.1. Although, Denzin and Lincoln (2011, ch1:p4) argued that understanding the concept of PID could be best achieved through analysis of interpretations and actions of the participants, this phenomenon of examining the personal meanings of individuals' experiences and actions to explore PID in relation to threshold concepts is novel, more so in the context of this study.

The use of IPA ensured each interview was analysed carefully and in detail that helped me to report on how students viewed their world and how they understood their personal experience. Using IPA helped ensure that both students' experiences were captured, as well as facilitated a good level of interpretative engagement with the text. The small sample size may be seen by others as a weakness, it was rather a strength that allowed enough time for depth of analysis that ensured that the voices of all participants were heard, thus meeting the idiographic commitment of IPA (Smith et al., 2013). This approach to qualitative research was more concerned with the depth of understanding than the breadth.

The approach helped to ensure quality of the research as it involved 'double hermeneutic' in IPA; that is, it involved me trying to make sense of students lived experiences while the students also tried to make sense of their experiences themselves. Despite the 'double hermeneutic' approach I discussed students' individual themes derived from their transcripts with them before the next interview. This ensured trustworthiness of results for high quality qualitative results (Birt et al., 2016). The approach enhanced meaning making in the context of intertwining narratives and discourse that considered language as important in this study. Thus, rebutting critics like Willig (2008), who considers IPA and many other phenomenological studies to lack the due recognition to the integral role of language.

Some authors have expressed concerns that IPA, like other phenomenological inquiries dwells more on perceptions and only seeks to understand lived experiences but does not explain why they occur. For example, Willig (2008) argued that, authentic research enquiry that seeks to understand the lived experiences of its participants will also seek to ascertain the cause of experiences, unlike IPA and other phenomenological enquiries that do not. This research however supported Willig's argument to consider the causes of experiences as important. In this study, I located the triggering factors causing participants' experiences in their personal perceptions. The triggering factors include how participants got enrolled on the occupational therapy course programme, the encounters and reactions in their learning environment, and finally, how the experiences serve as enhancers or barriers to their PID.

As I employed the convenience approach to recruit participants, among the first cohort of 18 student occupational therapists in Ghana, I was conscious not only to recruit participants with the requisite communication skills to successfully narrate their experiences. I have been conscious with critics' comments, for example, Willig (2008) argued that, phenomenology research is suitable to the most eloquent individuals because they could probably articulate their experiences confidently. This study rebutted Willig's argument because I ensured recruitment was equally opened to all prospective participants of the first cohort of student occupational therapists. For example, request to participate was sent via students' electronic mails and the students' notice board. These sources of invitation for recruitment gave every member of the population group the opportunity to join the study and allowed students to discuss the pros and cons of the study before volunteering to participate.

Dwelling on the aims of the study, students' experiences, specifically from placement activities, was the main data for the study. This was because all interviews were conducted while students were on practice placement why?. Students' narratives were influenced by the environments in which

they were situated; combinations of their fieldwork experience with other healthcare personnel, classroom experiences, including verbal and written feedback from academic work and fieldwork educators. Although it was originally decided to adopt a multi data collection method, the idea was discontinued due to the volume and quality of information gathered on the one-on-one interview with students. For instance, almost all information from students' fieldwork reflective logbooks was found to be repeated in the transcribed narratives. Responses from the one-on-one interview however, exposed avenues for further discussions leading to more in-depth information from participants. On the other hand, this does not underscore less importance of logbooks in future IPA studies. Instead, the study showed further advantages where students' constantly reflected on their experiences, for being the source of information on occupational therapy in an environment with limited qualified professionals. Logbooks could be reliable as IPA source of information because it is likely participants could forget to recollect experiences if undocumented or easily overlook a critical experience due to over reliance of readily available mentors.

The quality of information illuminated the cognition aspect of IPA. This is the result of demonstrating the prerequisite sense-making and meaning-making involving both students' and my formal reflection. In other words, the cognition aspect is akin to the mental processes by which the learning environment (external) or personal attributes (internal) input is transformed and used to effect transition. However, Willig (2008) argue that the assertion that IPA is concerned with cognition exposes it to criticism because some aspects of phenomenology are not compatible with cognition and the role of cognition in phenomenology is not properly understood. However, as mentioned earlier, because prior knowledge on sense-making and meaning-making required formal reflections of both students and myself, our attitudes clearly resonated IPA's concern with cognition. For instance, students in this study clearly demonstrated they never chose to study occupational therapy. They already had courses of their choice however, due to conditions beyond the scope of this study, the university suggested they study occupational therapy instead. This was difficult to

take, according to the students, especially when they had no idea on this newly introduced programme. Students had to let go earlier professions they aspired for, and begin to internalise occupational therapy. These cognitive activities were unearthed via the methods used in the study thus, rebuffing Willig's argument that IPA does not consider cognition

Further improvement to the methodology was assured when I conducted a pilot interview with a colleague, to further develop the interview guide. This helped me fine-tune my questions before using for the main study (Everitt, 2006). As suggested by an African proverb from the Ashanti people in Ghana '*You never test the depth of a river with both feet*', the main goal of my pilot interview was to assess the feasibility so as to avoid potentially disastrous consequences of embarking on the main study which could potentially 'drawn' the whole research effort. Although the outcome of the piloted interview guide resulted in very important reviews, in the main study, the use of similar questions in line with topics in students' reflective logbooks was almost like repeating a clinical supervision session. I acknowledged this because, I happened to be a clinical tutor to some student participants. The observation of content similarity in the study interview guide and questions from the students' practice placement reflective logbook prompted another review of the study's interview guide (appendix 7) before it was re-used for the second year. Although the reviewed guide sought the same information it was better worded. The four sub-headings of the reviewed version included 'looking-backward', 'looking-inward', 'looking-outward' and 'looking-forward'.

It is appreciated that the interview guide could influence how themes were interpreted in the analysis, knowing it was the basis for the structure of the interview. However, efforts were made to avoid leading questions, that is, neither asking questions with presumed answers nor questions that introduced information for participants to use. The interview guide was flexible, with additional questions formulated in response to participants' answers to previous questions. Additionally, participants had the opportunity to comment on areas that were not asked at the end of the

interview. This allowed unanticipated areas to be followed up; and also any questions I asked that did not bring out participants' experiences would not have had an influence on the analysis. Despite the methods and methodology being described to be best for the study, there were raised issues about my multiple roles as the researcher, a tutor and coordinator of the OT programme. My situation generated a power gradient between the researcher and researched. For example, participants addressing me as 'sir' made me uncomfortable as I began to think whether this 'student-tutor' position could deter participants from openly narrating their experiences. Such example and others were identified as limiting factors to the study. These are further discussed in the next section.

9.3 Study limitations

i. Firstly, this study provides an overview of the experiences of one maiden cohort of undergraduate occupational therapy students who are just commencing their degree in a learning environment that has no occupational therapists. The longitudinal data (semi-structured interview and information from students' reflective logbook) were collected from nine participants within a four year period exercise to help inform students' experiences in enacting their professional identity in a specific context. On this occasion, outcome should therefore be extended to a wider population with caution. This is because the findings could only be related to a new cohort, therefore, any future study could possibly be different.

ii. Secondly, another important limiting factor was attributed to biases and influences in relation to my position as a researcher. As the principal investigator and the occupational therapy programme coordinator, I might have unconsciously influenced feedback from students despite my demonstration of reflexivity approaches in the process of the project. I appreciate my own feelings, beliefs and viewpoints influenced the process of interpreting participants' data. Participants' stories that emerged from their interviews were influenced by my reflections on literature reviewed as well as participants' narratives, thus participants and I both co-constructed emerging themes. As the principal researcher I was enthusiastic about my

research area which I personally enacted. These interests reflected in my relation with participants and therefore I can confirm that the findings of the research may much relate to my impression because another researcher might have focused on different thematic areas. The findings of this study might therefore not be described as absolute truth. The study is however valuable because it provides a rich description of participants experience.

iii. On a third note, the study was related to the threshold concepts by identifying three main constructs as threshold concepts. Most of participants' experiences involved the need to overcome these thresholds. The experiences were associated with various characteristics of the threshold concepts based on participants narations. However, the study was not meant to generate an exhaustive list of threshold concepts hence, there might be other threshold concepts I could not identify due to the situational context of the study. There is a high degree of overlap of the threshold concepts characteristics identified in the study. It is therefore highly possible the described threshold characteristics might not be true distinct characteristics, which are common among threshold concepts.

iv. Finally, limitation of this study was also about my role as an educator to my participants. Addressing me as 'Sir' prior to our meetings brought into play power imbalances. Students attitude made me think they may either honestly give information requested or hide their true feeling and other vital information from me, in case they became victims for participating. I was able to recognise their agitation and vulnerability at the early recruiting stage. I referred to them as my co-researchers and gave them the opportunity to identify convenient dates, times and venue for every interview meeting. Participants took control of this important aspect of the study. They were encouraged to regularly engage with me to negotiate for my visits when they were on clinical placement where this research interviews were conducted. At the clinical settings I became guest to participants. They were more comfortable, well prepared and, they confidently met with me as a co-researcher in our meetings. To protect participants' identities, arbitrary names were used.

As mentioned earlier, much as I acknowledge the limitations I embarked on personal reflection to demonstrate my appreciation of conscious efforts I made to control possible influences. Reflexivity was an important element in this project to enable me to identify and describe my subjections so I did not influence the research process. As an insider researcher, I needed to be ethically sensitive to this area to ensure I eliminated any form of biases to ensure the project was void of unnecessary flaws.

9.4 Contribution to knowledge

Knowledge contribution to students' experiences to learning in an environment where occupational therapy is not known is placed under four areas. The areas included, i) identifying professional identity as threshold concept, ii) transformations involved in enacting professional identity, iii) the need to identify and engage threshold concepts in PID, iv) professional identity is not a stable entity and, v) consideration to participants' path of experiences in phenomenology enquiry. These contributions are detailed beneath.

- i. Professional identity as a threshold concept: Through the capturing of students' experiences this study has identified several experiences that students encountered as they internalised new ideas and knowledge to identify with occupational therapy. Their experiences were characterised with several thresholds that made the study unequivocally relate PID as a threshold concept. This specifically suggests that different possible threshold concepts within the training to become occupational therapy professional is a means to assisting students to overcome difficult experiences and the processes the students go through. By identifying the three constructs of knowing from this study, that is, 'personal, professional and experiential' as threshold concepts, this study has captured students' experiences and activities at various stages of their learning journey in their programme study. For instance, 'personal knowing' accounted for students' earlier thoughts on the

programme, and their prospects within a profession they knew little if anything about. It includes their actions taken to remain on the programme and the various attempts they used to answer questions pertaining to the programme and discipline despite their limited knowledge.

‘Professional knowing’ highlighted areas concerning disciplinary knowledge, and modes of teaching and learning, but particularly the strategies adopted by students that served as enhancers or barriers to acquiring knowledge on the studied profession. Students’ qualities and dispositions were evident at this learning stage. Further, their ‘experiential knowing,’ mainly focused on students practice experience. It was possible to examine the students’ ability to manage / navigate their way through the complexity of establishing a therapeutic relationship with clients and other professionals. Of key importance, was when the students started to be able to articulate their therapeutic and clinical reasoning associated with their professional role and actions. Through experiential learning the students also demonstrated their relevance and contribution as part of the healthcare team. These experiences were significant learning moments, viewed as complex developmental activities that mostly came with difficulties that students had to overcome to enable them to adequately navigate their learning and sense of authentic participation within the professions’ ethos. In other words, students’ complex activities involved thresholds most of which needed crossing as part of their identity development process.

- ii. Transformations in enacting professional identity could involve the mastering of a single threshold concept or multiple concepts: This research builds on earlier literature (Land & Meyer, 2003; 2006) describing the five characteristics of threshold concepts but not all the identified five characteristics are needed to define a concept as a threshold. As such, not all characteristics of the threshold have to be mastered to guarantee a transformation as some of the threshold

concepts may not be eligible to determine the learner's transformation. What this study has revealed is that, transformation can occur based on cumulative overcoming of a set of experiences or overcoming a single specific experience identified along a stage in students' learning process. For instance, it is possible for different characteristics to be present at different stages in learning because a student's understanding could be transformative prior to it being integrative. This implies that threshold concepts could possess changing subsets of characteristics during students learning journeys.

The study has indicated that transition and transformation, involving the phenomenon of enacting professional identity and its further development, for example, may be troublesome, probably irreversible, integrative, often bounded and ultimately transformative. The five different characteristics can, however, be attributed to different concepts/experiences within a phenomenon.

- iii. The need to identify and engage with threshold concepts enhances PID: This study found that previous literature by Land & Meyer (2003; 2006; 2009) hardly focused the need for learners to identify and engage with threshold characteristics, which is identified by this study as paramount. In considering transformations as a path for PID, the study identified the following observations, that:
 - a. There is the need for students to identify and understand specific concepts/experiences in the learning phenomenon;
 - b. There is personal engagement of the concept/experience with specific threshold characteristics; and
 - c. Every concept/experience might not need to be associated with all five threshold characteristics.

These three identified contributory areas add knowledge to the seminal work of Land and Meyer because in this study, understanding the phenomenon and a personal engagement are

much related to individual's qualities and dispositions. The study identified individuals' qualities and dispositions to be among the strong factors that enabled students in this study to enact and develop their professional identity in an uncertain learning environment. Hence, to acknowledge threshold concepts in transformational development, the study has indicated the need to also appreciate the individual's qualities and dispositions. These were hardly considered in earlier studies in threshold concepts. Acknowledging individual's qualities and dispositions, as per this study, have therefore added clarity to how higher educational programme facilitators could understand the extent of PID to inform education approaches.

- iv. The study suggests that PID is not a stable entity but both transformational and co-constructed in interaction: PI is more than a means by which the individual navigates the troublesome concepts of disciplinary learning. Being professional, suggests a context of meaning and values, whereby the learner is experientially located through narratives and discourses including practical demonstration of disciplinary roles which accrue with and, around identity formation. Professional identity formation has been demonstrated to be a complex and interactive process by which the content of becoming professional (personal knowing, professional knowing and experiential knowing) is learned with consideration to students' personal qualities and dispositions integral with characteristics of the profession that are internalised.

In this respect, identity formation is viewed as more interactive and more problematic than the relatively adoption of the role or category of 'professional occupational therapist'. In other words, to become a professional is not simply associating self to the profession. The study has suggested that students' personal engagement assumed a wide repertoire of self that include the novice incompetent-self and developing possible-self. The study has indicated that professional

development involves a shifting array depending on knowledge on the studied discipline. For example, developing to become a professional, guides students into the future, reflecting a dynamic forward-moving conception that defines students' move from their novice knowledge towards the future professional knowledge level.

- v. Using phenomenology to identify the path of participants' experiences in PID: Finally, as this study sought to understand lived experiences of students, triggers for their experiences were also considered. This is an approach that is novel with the use of phenomenology. Causes of participants' experiences were important factors to identify process of students' transformation. These trigger causes were captured by using IPA with the three constructs of knowing (personal, professional and experiential). The causes were captured within the students' personal perceptions. The triggering factors of experiences were identified in students' narratives. These included the enrolment procedures to undertake the newly introduced BSc. occupational therapy programme. Other evidences were students encounters in their unique learning environment while on the programme and, the strategies they adopted to overcome such encounters. For example, being ridiculed and having limited resources as they take on the occupational therapy course programme.

9.5 Suggestions for practice

The results of this research have challenged the professional landscape by tasking school administrators, educators, researchers and policy makers to move into dialogue to further ascertain a better insight into the importance of professional identity in professional education. Exploring students' PID has highlighted additional importance in prospective students' knowledge of programmes taught in tertiary institutions, especially when newly introduced. For example, the University of Ghana as may apply to other universities need to introduce the BSc Occupational Therapy Programme to prospective students in high schools, healthcare institutions and to educate

career services so they know more about the professions and the programmes including the roles and prospects for occupational therapists. The study suggests that students' lack of knowledge on professional educational programmes prior to commencing the first year led to a struggle to enacting professional identity because they did not know who they were. It was more difficult for participants because none of them chose to study occupational therapy. Instead, they had already registered in their minds to study other professions like Medicine, Physiotherapy and Radiology. Students had to shift in their professional understandings, as they had to change their programme of study to occupational therapy.

According to the study, the students became the immediate sources of information on occupational therapy in their learning environment, when they had no knowledge on what they were embarking on at the early stage in their programme. It was captured that the learning environment compelled students to independently research on information on the discipline to enable them to give appropriate answers to the public's quest to know more about occupational therapy. Students claimed that public quest to know more about occupational therapy was experienced more in the clinical field as the students dissociated themselves from professions like physiotherapy. Knowledge on their unique differences from other professionals marked the beginning of students' professional identity formation. Thus, students identified themselves not only by what they are but, also by what they are not in their community of practice.

The study has demonstrated that even in the Ghanaian students' least clinical supported learning environment, it was possible to promote and raise the profile of occupational therapy. OT discipline was demonstrated in new areas of practice, improved multi-disciplinary team work, created students' political awareness and facilitated the development of self-confidence and strength of identity for future practice.

Suggestions for practice are linked to students' experiences which are condensed into the study's three constructs of knowing, that is, personal

knowing (self), professional knowing (knowledge) and experiential knowing (professionalism). These areas of knowing have been discussed in the previous chapter under sub-sections 8.2; 8.3 and 8.4.

Understanding knowledge under these three areas has been suggested to enhance education and practice for students (including practitioners) towards professional development irrespective of the learning environment.

Personal knowing:

- i. The development of PI should be an educational goal for healthcare profession: School administrators and educators should guide students to discover self-and-others through the students' experiences using reflection and synthesis of their perceptions and connecting with their new forms of learning. In other words, to assist students to explore their learning spaces to make sense of their understanding that would enable them to connect amongst their learning experiences. Students with informed choice are more confident even at the beginning of the programme because they have early knowledge on their future self. Although with little information on the course programme, participants in the study demonstrated this experience in the early stages of the course programme. For example, they shared in their very early experiences on decision making process for being placed on the new occupational therapy programme. At this early stage participants had no immediate aligning to the course they were offered, they had to overcome or shift perceptions as well as their subjectivity to internalise occupational therapy in their positions.
- ii. University educators to acknowledge as per the study that, students' 'will to learn' may be influenced by: a) the practical commitments of the student; b) the effort and the commitment to embrace the discipline of study; and c) changes that are associated to self and a personal view of the world during the learning journey: These three aspects came together in a complex interplay accompanied by the anxiety of being a student, which must not be taken for granted during students' education.

- iii. University Educators should emphasize the importance to interview potential students for admission on professional programmes especially when programmes are newly introduced: The study revealed that the personal qualities and disposition of the students' self, contributed to their staying on the course. Dispositions included their willingness to engage, listen, explore, be opened to experience. Their qualities, on the other hand, included integrity, care, courage, resilience, self-discipline restraint, respect and openness. Such qualities and dispositions were not only needed for students to withstand concerned experiences of being ridiculed and rejected including having limited prior knowledge about the discipline but, also to consider their values as the discipline may involve working with vulnerable people. Students however, navigated through such concerns by employing the attitude of being resilient, courageous, self-disciplined and ready to learn. Their prior knowledge on their programme and discipline was embarrassing but their qualities and dispositions helped them use the disadvantaged situation to promote their learning rather than restraining.

2. Professional knowing:

- i. Educators should be aware that mere exposure of learners to different types of experiences and information did not guarantee a significant change in their knowledge assimilation to bring about transformation. Rather, students reported a sense of real change in their thinking and actions when they perceived the experiences, knowledge or phenomenon to be 'disorienting': For example, taking the role of advocacy was considered part of transformative learning. Participants in this study demonstrated construction of this concept with their encountered challenges and uncertainties as they independently researched into knowing how to demonstrate their professional skills.
- ii. School administrators and educators should note that students varied widely in their purposes, motivations, experiences, abilities and even reaction to contexts: When institutions just consider academic qualifications to admit and progress students with no further observations into areas like experiences, abilities and reaction to context, educators miss these qualities and dispositions about prospective good student. This was demonstrated with the

students' learning achievement which was a combination of their personal qualities and dispositions they came along with to the school. Together, students' qualities and dispositions bear on the challenges, sequences and situations thus enabling students to stand in a relationship with their learning environment.

- iii. Educators, including field-work educators and practitioners should acknowledge students' ability to carry out therapeutic procedures independently despite having limited or no occupational therapists at their placement settings: Students achieved this ability when they spent time and effort in their learning environment. They continued to move back and forth between activities with remote support and self-directed learning until they had achieved a more informed and confident sense of understanding. This enabled them to transition across the threshold of 'knowing'. Students critically learnt how to negotiate and act upon their own purposes, values, feelings and meanings rather than relying just on didactically delivered information from the classroom.

3. Experiential learning (professionalism)

- i. Educators and researchers to understand that experiential learning contributed more to the gradual move of students from their novice state towards improvement in their knowledge on occupational therapy: The study considers a learning environment where practicing occupational therapist barely contributed to the education of students on the practice field. Being the first cohort of student professionals in the field, students engaged more especially via social media (WhatsApp) in discussing perceptions, opinions and experiences among themselves. Occasionally they discussed with colleagues from other professions thus, creating a supporting professional community that enhanced their level of proficiency. This action promoted intimacy in their ill supported learning environment to avoid professional isolation.
- ii. Researchers to acknowledge that students could create own professional community to learn together in the absence of qualified practitioners in their learning environment: This is achieved when firstly, students see learning

together as a personal responsibility and need to discipline themselves to recognise their action as a source of relevant information on the profession without supervision. Secondly, to demonstrate understanding of what and why they took up that responsibility, and finally actively get engaged in the adventurous activity of self-directed learning. To these students, professional acculturation processes that lead to transformation emerged from their socialized language of therapy, learning how to demonstrate the roles of the discipline in their new community of practice through personal consultations and self-directed learning.

- iii. Educators including OT practitioners should acknowledge that challenges towards transformation into student professionals did not only call for resilience and fortitude but was achieved by students interrogating themselves and challenging assumptions of their incompetency, troublesome and oscillating moments in their developments: As students performed their actions, they developed the values and behaviour patterns to engage in critical thinking and reflection from which their understanding of themselves and their learning experience exposed them as professionals. Students began to experience being trusted, accepted and being recognised in their learning environment which was a motivation to continue working with clients based on their new knowledge.

To conclude on suggested areas for practice, the study has indicated that the use of threshold concepts in relation to PID could broaden knowledge on a variety of troublesome areas perceived in the learning environment by both learners and educators. This observation is applicable for professional educational training from basic to complex learning environments aimed at catering for individual needs of students from different educational backgrounds but in a similar context where the discipline studied is not known in the learning environment.

Following up from the suggested areas for practice, the study has revealed further areas for future research to complement the outcome of this research.

9.6 Suggestions for future research

The outcome of this study has prompted the need to further research into professional educational institutions' curriculum development programmes and other specific teaching and learning styles, to contextually enhance PID. These have been outlined as follows:

- i. For further understanding of external contribution either than just few students' narrative experiences, there is the need to research into applying different approaches. For example, the use of mixed methods, either than just IPA. Adding quantitative aspect could involve more participants from various regions. This could improve generalization of outcome across different educational disciplines in different contexts.

This will further help professional educational institutions to appreciate the changing and dynamic nature of PID despite this study's revelation on the innovative dynamism among students' development. It is worth learning from different regions along the globe on how professional students' identification with a particular group does not simply happen but consists of dynamic and turbulent processes of day to day activities including their whole life experiences that could influence curriculum development.

- ii. Research into the relation between development and assessment of competence and changes associated with PID: Identifying PID levels at different stages along students learning path in this study could inform programme developers to interrogate existing curriculum and incorporate teaching and learning styles that could enhance PID.

However, the study suggests further development on existing markers could enhance the identification of professional identity levels. Suggested markers for further research may include 1) students' formative data - this provides a check on students' progress much more frequently in relation to their PID and also allows to adjust curriculum. 2) micro-credentials – this may involve ways to assess students' ability

to implement instructions on the clinical field to help identify themselves amongst the MDT 3) analysis of assignment – the evaluation of well-crafted assignments to allow students to demonstrate the complexity of thinking expected from professional discipline. This could measure professional learning and, 4) fieldwork observation – is by observing real clinical work in action. Students' ability to turn theory into practice by implementing effective strategies into their everyday routine is an indication of professional development.

- iii. Future research is needed to explore the extent at which students could be supported to identify and, to cross particular thresholds during training. The current study although allowed observations of students at different levels in crossing threshold concepts, the methodology showed thresholds that are important in their transformation. The outcome of the suggested research could inform on how to apply threshold concepts into assessment and the support of trainee development

9.7 Dissemination of research work

I will initiate the publication of sections of the research project in both electronic and paper versions in identified journals that may include; British Journal of Occupational Therapists, South Africa Journal of Occupational Therapy, World Federation of Occupational Therapists Bulletin and other Health Profession Educational Journals I may find appropriate.

I had presentations on different aspects of this project work at various conferences/workshops including, the World Federation of Occupational Therapist Conference (Appendix 10) and the Royal College of Occupational Therapists 40th Annual Conference, (Appendix 11). These are two examples of many presentations already done as means to disseminating knowledge of this project work.

9.8 Conclusion

This project has revealed that PID involved the gradual process by which students assumed the identity of a profession over the course of years of their professional undergraduate training. The transformative process involved not only the expansion of epistemological and conceptual spaces, but also, it included the expansion and transformation of identity including students 'sense of self'. The study has indicated among the constructs that it is important to consider that the process of transformation and movement within students' liminal spaces is complex and interactive among personal, professional and experiential knowing, which were identified as thresholds concepts. Transition involved oscillation between stages, often with temporary regression to an earlier status as spotted earlier in Chapter Six; subtheme 6.1.3. This could be associated with stages in students' experience of ridicule and rejection also described as a movement that could range from disorganization to despair, characterised with grieving in the process of transformational education. At a stage in this study, it was documented that some students even contemplated abandoning the program out of discouragement and despair. Early researches clearly described these transformational spaces as 'precarious', and likened them to entering into a transitional space with the feeling much like going off a cliff. Using the threshold model in this study has indicated the relationship between the threshold concepts and PID.

It was observed from the study that students entered the same threshold phases at different periods and the outcomes were also not the same, which indicated the complex variation of individual responses. This was presumably attributed to alternative commitments and readiness for change. This analogy was evidenced in the differences in students' statements at a stage in the development, demonstrated in Chapter Five, subthemes 5.1.3 and 5.1.4. Despite such differences, this study perceived participants as a group of students' whose experiences were being explored in relation to PID but concurrently investigated further into the variations in their individual ways of making meaning. In other words professional identity

relates to what the individual finds important and is enthusiastic or gets upset about.

Finally, it was observed that, irrespective of the internal ‘oscillating’ activities, students’ development seemingly appeared as unending progression. If this analogy is juxtaposed to the threshold concepts, it could be assumed that students could not revert to former ways of knowing after crossing a threshold, an earlier characteristic within threshold concepts described as ‘irreversible’ (Meyer & Land, 2003:4). Meyer and Land suggested, and was indicated in the study, that ‘the change of perspective occasioned by the traversing of a threshold concept is unlikely to be forgotten, or will be unlearned only by considerable effort’ (Meyer & Land, 2003: 4). Thus, on a path of development from one way of knowing and meaning-making from one epistemic stage or stance to the next, there existed a point in the students’ journey when they crossed a threshold and their old way of knowing was no longer ‘tenable’. A new phase emerged that directed their ways of observing and analysing the world.

To conclude, the study suggested among others that PID should be an educational goal especially for healthcare professions. Knowing that students’ demonstrated achievement, is directed towards knowledge on the process of PID.

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APPENDICES

Appendix 1: Coventry University Ethics Approval Certificate

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Appendix 2: Gatekeeper's Approval Request Letter

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Appendix 3: Gatekeepers Approval

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Appendix 4. Participant Information Sheet

Purpose of the project

This project is about exploring the development of professional identity of a pioneer cohort of occupational therapy (OT) students in Ghana. The research has been necessary due to the importance of practice placement education as part of students' training where mostly OT professionals serve as student mentors on the field, yet there are very limited OT professionals in the country. These professionals have just commenced OT services in specific health facilities. It is in this context that the researcher will dwell on students' activities in practice placement education to explore the evolving nature of their professional identity development.

Why have I been chosen?

I have invited you for your views because it is your views that will be analysed to ascertain the outcome of the project. It is about how you see yourself as an OT student including your perception on the profession as you go through your practice placement experience even in the environment where you will not have OT professionals on site every day.

Do I have to take part?

You do not have to take part if you feel not to do so. You have been invited to take part because the project is investigating the views and development of OT students' professional identity.

What do I have to do?

As part of your training and education towards your BSc OT degree you will be involved in series of practice placement experiences. It is during these periods that you will be interviewed as an individual to discuss your experiences and your perception about the profession. I will contact you to arrange at your convenient time to have the interview. During your practice placement, you will be expected to keep a comprehensive daily diary on your reflective activities. Information from these diaries including the interview outcomes will be analysed to ascertain your experience and how you see yourself as an OT professional.

What are the risks associated with this project?

Content removed due to data protection considerations

What are the benefits of taking part?

The benefits of taking part could lead to reviewing of your teaching and learning strategies and the educational institution in general. Reflecting on your own participation could enhance your development as an occupational therapy professional. Partaking in this programme could also expand the knowledge in your training as OT students.

Withdrawal options

You will always have the option to withdraw from the project at any time without giving me any prior notice. This will not have any effect on you as a continuous student.

Data protection & confidentiality

To ensure confidentiality in this study, your names will not be disclosed and the names of the health facilities will remain anonymous and will not appear in the project write up. Instead, fictitious names will be used throughout the study. The data gathered in this exercise will be solely and strictly used for the purpose of this research project. During and after completion of the study I will ensure the raw research data is appropriately stored. While the study is live all information will be password protected but, could be accessed by my group of supervisors. Such confidentiality initiatives and data storage measures are all in the interest of ensuring and protecting the privacy and anonymity of participants. At the end of my studies I plan to disseminate the outcome by publishing the paper.

What if things go wrong? Who to complain to?

Although I do not expect anything to go wrong considering the activities with you that will only involve my observation and interviewing you individually and also in group discussions. However, if anything should go wrong, you could contact me and/or my Director of Studies via the given contacts below.

What will happen with the results of the study?

The outcome of this study is expected to unfold the dynamics of professional identity development. This unique research could revolutionise current teaching and learning skills to enhance the development of professional identity especially in the context where student OTs' have limited OT professionals to supervise and demonstrate the art and science of OT practice.

Who has reviewed this study?

This research project has been reviewed by Coventry University Research Ethics Committee and Peer review group at the University of Ghana.

Further information/Key contact details of researcher and supervisor

Researcher:

Peter O Ndaa
PhD Research Student
Department of Health & Life Sciences
Coventry University
Priory Street

Coventry CV1 5FB
OR
School of Allied Health Sciences
College of Health Sciences
University of Ghana
Accra

Director of Studies:
Dr Louise Conneeley
Senior Lecturer
Department of Health & Life Sciences
Coventry University
Priory Street
Coventry CV1 5FB

Appendix 5: Informed Consent Form

Project title:

Professional identity development: exploring lived experiences of occupational therapy students in Ghana.

Summary of project:

This project is about exploring the development of professional identity of a pioneer cohort of occupational therapy (OT) students in Ghana. The research has been necessary due to the importance of practice placement education as part of students' training where mostly OT professionals serve as student mentors on the field, yet there are very limited OT professionals in the country. These professionals have just commenced OT services in specific health facilities. It is in this context that the researcher will dwell on students' activities in practice placement education to explore the evolving nature of their professional identity development.

Participants for this project will be year one OT students who will be followed through to the end of their second year practice placement. Mechanisms used in this exploration will include individual interviews, and the use of information from reflective diaries of students' practice placement log books.

- | | Please tick |
|---|--------------------------|
| 1. I confirm that I have read and understood the participant information sheet for the above study and have had the opportunity to ask questions. | <input type="checkbox"/> |
| 2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason. | <input type="checkbox"/> |
| 3. I understand that all the information I provide will be treated in confidence | <input type="checkbox"/> |
| 4. I understand that I also have the right to change my mind about participating in the study for a short period after the study has concluded in August, 2014. | <input type="checkbox"/> |
| 5. I agree to be recorded as part of the research project | <input type="checkbox"/> |
| 6. I agree to take part in the research project | <input type="checkbox"/> |

Name of participant:

Signature of participant:

Date:

Signature of witness:

Name of Researcher:

Signature of researcher:

Date:

Appendix 5b. Consent for anonymous publication of participant's biographies

DISCLAIMER

I, have voluntarily agreed to participate in the on-going research titled 'Professional identity development: exploring the lived experience of occupational therapy students in Ghana'.

I am fully aware the research will be published for public use however; I give my consent for the anonymous publication of my biography as part of the research content.

Name of participant:

Signature of participant:

Date:

Signature of witness:

Name of Researcher:

Signature of researcher:

Date:

Appendix 6: Interview Guide 1

RESEARCH TITLE:

PROFESSIONAL IDENTITY DEVELOPMENT: EXPLORING THE PERCEPTION OF OCCUPATIONAL THERAPY STUDENTS IN GHANA.

(A) Professional Suitability:

‘You have chosen to undertake the Occupational Therapy Program. Now that you have some knowledge on OT as a healthcare profession, how will you describe your roles under the following topic areas?’

1. Professional accountability
2. Duty of care to your clients
3. Provision of OT services in a respectful and non-discriminatory manner
4. Professional integrity
5. Effective use of resources available to you

(B) Therapeutic Skills:

‘At your current level as an OT student (future OT professional), what can you tell your colleagues or the general public about OT under the following topic areas?’

1. Theories, models, concepts and approaches of occupational therapy?
2. Implementation of the occupational therapy process?
3. Knowledge of occupation?
4. Knowledge of conditions and their effect in occupational performance?
5. Ability to effect change?

(C) Professional Skills and Professional Development:

‘With your current knowledge of OT in an environment where OT profession is little known, how have you been influenced in the following areas?’

1. Personal development
2. Professional development
3. Establish and maintain effective therapeutic relationship
4. Establish effective professional relationship
5. Demonstrate management and organizational skills.

Appendix 7: Interview Guide II

RESEARCH TITLE: PROFESSIONAL IDENTITY DEVELOPMENT: EXPLORING THE LIVED EXPERIENCE OF OCCUPATIONAL THERAPY STUDENTS IN GHANA.

Backward-Looking:

1. How much did you know about occupational therapy (OT) as a profession before you started the course?
2. In what ways have you gotten better in understanding OT?
3. In what ways do you think you need to improve?
4. What problems did you encounter while you work to identify yourself as an OT? How did you solve them?
5. What resources did you use while working on your identity as an OT? Which ones were especially helpful? Which ones would you use again?

Inward-Looking:

1. How do you feel about being an OT? What parts of it do you particularly like? Dislike? Why? What did/do you enjoy about OT profession?
2. What is especially satisfying to you about becoming an OT?
3. What did/do you find frustrating about it?
4. What is/were your goals for becoming an OT? Did your goals change as you are on the programme?
5. What does that tell you about yourself?

Outward-Looking:

1. Did/do you perceive yourself as student OT the way other colleagues did?
2. In what ways did you see the programme differently from other programmes?
3. In what ways was your perception similar to other colleagues?
4. What one thing do you particularly want people to notice about you being an OT?
5. If someone were talking to you, what might they learn about you as an OT student?

Forward-Looking:

1. What one thing would you like to improve upon as OT student?
2. What would you change about the course programme if you had a chance to do so?

3. What one thing have you seen in the development of colleagues from other programmes that you would like to pick as positive?
4. What might you want people to know about you as student OT in your next level of study?
5. What things might you want more help with?

Appendix 8: Occupational Therapy Course Outline

BSc OCCUPATIONAL THERAPY PROGRAMME

SCHOOL OF BIOMEDICAL AND ALLIED HEALTH SCIENCES

COLLEGE OF HEALTH SCIENCES

UNIVERSITY OF GHANA

COURSE STRUCTURE

YEAR ONE (LEVEL 100) COURSES

SEMESTER 1

Course Code	Course Title	Credit
UGRC 110	Academic Writing I	3
UGRC 150	Critical Thinking and Practical Reasoning	3
BAHS 101	Introduction to Microbiology	3
BAHS 103	Introductory to Microbiology Practical	1
ABCS 101	Introductory Animal Biology	3
CHEM 110	Practical chemistry	1
CHEM 111	General Chemistry I	3
PHYS 143	Mechanics and Thermal Physics	3
		20

SEMESTER 2

Course Code	Course Title	Credit
UGRC 220	Liberal and African Studies	3
GSPH 214	Writing for Public Health	3
BAHS 102	Human Anatomy	3

BAHS 104	Human Anatomy Practical	1
BAHS 106	Basic Physiology	3
BAHS 108	Basic Physiology Practical	1
BAHS 112	Introductory Psychology for Allied Health Sciences	2
BAHS 122	Introductory Biochemistry	2
OTTR 102	Introduction to Occupational Therapy	2
		20

***Professional Practice Placement 1:** This course entails clinical observation of occupational therapy procedures at the placement settings for 4 weeks and 6 hours a day (i.e. 4 weeks, 120 hours). The placement will be a prerequisite for level 200 courses based on satisfactory report from the preceptors at various placement centers.

YEAR TWO (LEVEL 200) COURSES

SEMESTER 3

Course Code	Course Title	Credit
BAHS 201	Basic Computer Application	2
BAHS 203	Statistics	2
SOCI 316	Medical Sociology	3
PSTR 201	Applied Anatomy	2
PSTR 203	Applied Anatomy Practical	1
PSTR 205	Neuroscience	2
OTTR 203	Occupational Therapy Theory and Practice	3
OTTR 205	Occupational Science	2
		17

SEMESTER 4

Course Code	Course Title	Credit
BAHS 204	General Pathology	3
BAHS 206	Human Growth & Development	3
PSTR 208	Pharmacology in Rehabilitation	2
PSTR 212	Biomechanics	2
PSTR 214	Health Promotion & Disease Prevention	3
OTTR 202	Occupational Therapy for Physical Dysfunction	3
OTTR 204	Individuals, Institutions and Change	2
		18

OTTR 300 Practice Placement II (2 Credits at 6 hrs/day: 180hrs). This is a 6-week inter semester clinical training period at the end of semester 4 (i.e. during the long vacation). Students will undertake introductory clinical training in an accredited Hospital Ward/Unit. Students shall be evaluated at the end of the clinical affiliation. Marks accrued from this placement will accumulate towards OTTR 310. The course is a pre-requisite for all Level 300 courses in Occupational Therapy.

YEAR THREE: LEVEL 300 COURSES

SEMESTER 5

Course Code	Course Title	Credit
BAHS 301	Health Law and Ethics	2
PSTR 301	Kinesiology and Patho-kinesiology	3
PSTR 307	Neuro-rehabilitation I	2
OTTR 301	Occupational Therapy for Psychosocial Dysfunction	3
OTTR 303	Environmental Planning I	2
OTTR 307	OT Practice Skills I (Practical)	2

OTTR 208	Orthotics, Prostheses and Seating	2
OTTR 310	Clinical Practice I	2
OTTR 311	Systemic Pathology	2
		20

SEMESTER 6

Course Code	Course Title	Course Credit
BAHS302	Research Methodology	2
PSTR 304	Neuro-Rehabilitation II	2
PSTR 312	Health and Physical Fitness	2
OTTR302	Assistive Technology: Designing for Clients' Needs (+ Practical)	3
OTTR304	Environmental Planning II	2
OTTR306	Enabling Expression of Needs	2
OTTR308	Occupational Therapy for Developmental Dysfunction (Paediatrics)	3
OTTR 310	Clinical Practice I	2
OTTR312	Community Therapy Services	2
		20

OTTR 400 Professional Practice Placement III (Elective) 2 Credits @ 6hrs/day:180hrs

This is a 6-week inter-semester clinical training period at the end of semester 6. Students will have their choice to undertake clinical attachment at a Hospital ward/Unit in an accredited health facility. There shall be an evaluation at the end of the clinical attachment. Marks accrued from this placement will accumulate towards OTTR 410. The course is a pre-requisite for all Level 400 courses in Occupational Therapy.

LEVEL 400 (Year 4) COURSES

SEMESTER 7

Course Code	Course Title	Course Credit
MKTG 306	Fundamentals of Entrepreneurship	2
OTTR 401	Occupational Therapy Practice Skills II	2
OTTR 403	Introduction to Hand Therapy	2
OTTR 407	Occupational Therapy for Geriatrics	3
OTTR 410	Clinical Practice II	2
OTTR 420	Project (Dissertation I)	3
OTTR 309	Occupational Therapy for Orthopedic Conditions	2
PSTR 403	Integumentary Rehabilitation	2
		18

SEMESTER 8

Course Code	Course Title	Course Credit
SAHS 402	Applied Health Sciences Management	3
PSTR 406	Ergonomics and Occupational Health	3
OTTR 402	Vocational Rehabilitation for Occupational Therapy	2
OTTR 404	Evidence and Research for Professional Practice	2
OTTR 410	Clinical Practice II	2
OTTR 420	Project (Dissertation II)	3
		15

Source: Handbook for Bachelor's Degree and Course Descriptions for Programmes in the Health Sciences (2012/2013), (Volume 2). The University of Ghana

Appendix 9: Sample Interview Script and Themes generation

TABLE 9.1: INTERVIEW WITH KWESI/Yr1

Analytical Code	Interview transcript	Emerging 1 st level themes
<p>knew very little about OT</p> <p>Now knows OT is big</p> <p>OTs keep mental health patients busy so they don't go out there to disturb others</p>	<p>Researcher</p> <p>Hello... as we discussed earlier, I am here today to have my first discussion with you concerning your experiences as one of the first OTs ever educated in Ghana.... my first question is 'how much did you know about OT as a profession before you started the course?'</p> <p>Kwesi</p> <p>Actually, I knew very little, it is now that I have come to know how big OT is. I knew it was about mental home settings or kind of mobilizing mad people and treating them so that they do not come out to disturb the society that was what I thought.</p>	<p>I knew very little</p> <p>OTs role in mental hospitals</p>
<p>Seeking information on OT work settings</p> <p>Through lecturers and internet as sources of information</p> <p>Information on sectors that therapists can practice</p>	<p>Researcher</p> <p>So, in what ways have you gotten better in understanding OT?</p> <p>Kwesi</p> <p>Ok, from our study or lecturer, whenever he talks about the various sectors where OTs are needed to work I tried to go online for more information, that's where I got my knowledge about OT. So, if OTs can work in hospitals, which types of hospitals? Surgical units they are there, accident and emergency centers, pediatrics etc. There was an assignment on the various areas where OTs could</p>	<p>Sources of information on OT</p> <p>Self-directed learning</p> <p>Considerable improving knowledge on OT</p>

Knowledge on OT	work. This was categorized into social, biological, psychological etc, so I got introduced to so many sectors where OTs can work. That broadened my knowledge considerably about various aspects of OT.	<p>Learning environment is a concern</p> <p>Problem of explaining course program to people</p> <p>Responsibility of explaining ‘being an OT’ to people</p>
Learning environment is a major concern	<p>Researcher</p> <p>So, what are your concerns in your study to identify yourself as an Occupational Therapist?</p>	
Society have limited knowledge on OT	<p>Kwesi</p> <p>For me the major problem is where I find myself, that is, people have less knowledge about OT. For instance, you tell someone you are an undergrad OT, you now have to explain what OT means, what they do, etc,</p>	
Unhappy to always explain to people about OT		
Wished people knew about OT	<p>Researcher</p> <p>Mmmm</p> <p>Kwesi</p> <p>Yes, for me that is a major problem, not just saying I am an OT, it comes with the responsibility of describing and explaining yourself what you mean by being an OT.</p>	
Being an OT comes with the responsibility to explain OT to people		
Explanation is more about the profession than the program		
<p>Key y1 – Year 1 interview</p>		

Table 9.2: Chronological Emergence of 1st level themes

I knew very little
OTs role in mental hospitals
Sources of information on OT
Self-directed learning
Considerable broadening of knowledge on OT
Learning environment is a concern
Problem of explaining course program to people
Responsibility to explain 'being an OT' to people
People should be aware of OT just as with other professions
Peoples knowledge on OT helps identify self
Use brochure on course program for education on OT
Acknowledges people get confused about what OT is
Happy to be student OT because profession has diverse work opportunities
Enthusiasm for the profession
Flooded with theory at the beginning of program
Personal and professional perspective on OT
Professional pride and identification
Reading OT is being in the right profession

Table 9.3: Sub-Theme for Interview Kwesi

<u>Sub- Theme</u>	<u>Page</u>	<u>Key word</u>
I knew very little	1	I knew very little
OTs role in mental hospitals	1	mobilizing patients not to disturb society
Acquiring knowledge on OT		
Sources of information on OT	1	study or lectures...download from internet download from webpages
Considerable broadening of knowledge on OT	1	it is now I have seen how big OT is
Influence of learning environment		
Learning environment is a concern	2	people have less knowledge on OT
Problem of explaining course program to people	2	explain what undergrad OT studies
Responsibility of explaining being an OT to people	2	explain what it means by being OT


People should be aware of OT just as with other Professions	3	for instance, people don't ask much if you say you are a Medical Dr
Flooded with theory at the beginning of program	4	it looks like we're not getting much practice
Use brochure on course program for education on OT	3	brochure help a lot so I have them in my bag
Acknowledges people get confused about what is OT	3	if I don't have much time I use the brochure so I don't confuse them
Identify self with profession		
Happy to be student OT because profession has diverse work opportunities	3	I feel I certainly have diverse opportunities
Enthusiasm for the profession	4	My friends have to calm me down
People knowledge on OT help identify self	3	People don't ask much questions when you say you are an OT
Personal and professional perspective on OT	5	Personally, I've come to love OT...that feeling satisfies me
Professional pride and identification	5	...your ignorance can't take my joy
Reading OT is being in the right profession	5	...I'm in the right profession

Table 9.4: Master Theme and constituent Sub-themes

Master Theme	Subtheme
Knowing self, course program and aligning with profession Master Theme	Adjusting to training as an OT when this wasn't the chosen career
	Understanding OT by regular explanation of the discipline to others
	Coping with experiential learning with limited clinical supervision
	Acknowledging potential prospects within OT with pride

Abstract Notification - Acceptance for Long Oral Presentation

[Inbox](#)



31 August 2017 at 08:36

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Dear Colleague,

On behalf of the WFOT 2018 Scientific Programme Committee, we are pleased to inform you that your abstract "**A phenomenological study exploring the professional identity development of the first cohort of occupational therapists trained in Ghana: participants' perceptions in their final year**", reference 0911 has been accepted as a LONG ORAL PRESENTATION at the 17th WFOT Congress, 21 – 25 May 2018, Cape Town, South Africa.

The Congress Scientific Programme Committee was extremely pleased with the quality of over 2400 abstract submissions from around the world.

ABSTRACT

Title: A phenomenological study exploring the professional identity development of the first cohort of occupational therapists trained in Ghana: participants' perceptions in their final year.

Author: Mr. Peter O. Ndaa (OT), OT Programme Coordinator, University of Ghana.
pndaa@chs.edu.gh

Introduction: This study explores the lived experiences of the first cohort of occupational therapy (OT) students from Ghana in relation to their professional identity development as they progressed through their four-year pre-registration program. The presentation focuses on findings based on participants' narratives in the third /final year.

Method: A hermeneutic phenomenological approach was used with a purposive sampled group who were followed through the four years of their course program. Nine participants were recruited from a maiden cohort of eighteen students.

Findings: Three overarching master themes emerged from cross-case analysis of this four-year longitudinal study. These master themes are firstly, '*Formulating a sense of becoming an occupational therapist through identity transformation*'. The second master theme was '*Aligning oneself with professional knowledge to redefine occupational therapy profession*' and, the third master theme, '*Transition and transformation into the occupational therapy professional in the Ghanaian context*', was formulated during students' final year of study and entry into practice.

Conclusion: The study articulates students' experiences and their professional identity development as occupational therapists from their initial entry onto the programme as novice OTs to their exit points as graduate professionals. Furthermore, the findings offer new insights for practitioners and programme developers to identify key constructs faced by learners in their journey of professional development.

Appendix 11. COT 40th Annual Conference – Poster Presentation
Content removed due to data protection considerations

Dear Peter and Ellen

We are pleased to inform you that the Annual Conference Programme Committee has accepted your abstract number **266** entitled **Being and becoming Occupational Therapist: perception of students from Ghana** for a poster presentation at **The College of Occupational Therapists 40th Annual Conference and Exhibition and the Specialist Section - Trauma & Orthopaedics Annual Conference** as follows:

Type of presentation: Poster

Session Date & Time: 28/06/2016 14:00 - 30/06/2016 16:00

Poster Number: P166

Your poster should be on display for the duration of the conference and there will be several opportunities during dedicated exhibition and poster viewing times to present your work to delegates.



BEING AND BECOMING AN OCCUPATIONAL THERAPIST: PERCEPTION OF STUDENTS FROM GHANA

¹Peter O. Ndaa and ²Ellen S. Adomako

¹OT Programme Coordinator, University of Ghana, Accra & ²Clinical Tutor, University of Ghana, Accra

BACKGROUND

- Occupational therapy in Ghana is almost unknown. Earlier OTs' have been trained abroad. OT in Ghana has only been associated with mental health
- Nation's lost of interest in mental health affected OT profession. Existing professionals either drifted into other professions or are retired.
- Ghana now has 3 OT professionals in the country
- University of Ghana took up the challenge to start OT education locally.
- Department of OT introduced 2011 and 1st cohort of Bsc OT Programme commenced 2012.

RESEARCH AIM

To explore students' perception on development of their professional identity as they progress through their educational programme from 1st to 3rd year.

METHOD

- Qualitative phenomenological approach
- Semi-structured interviews over three years
- Longitudinal Project
- 9 participants
- 3 interviews each for 3 years, that is years 1,2 and 3

WITH THIS POSTER, Expects data from years 1 and 2 were used

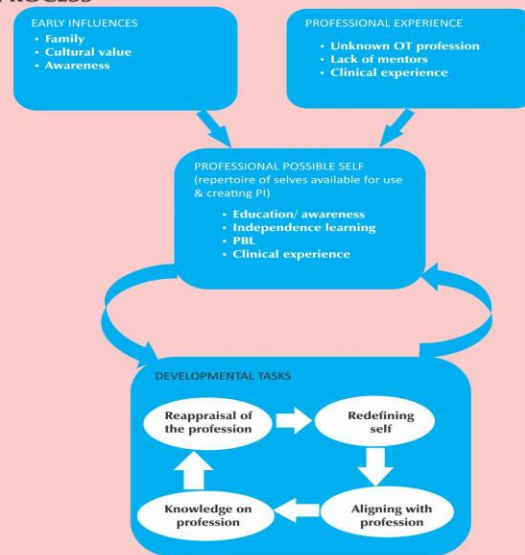
DATA ANALYSIS AND FINDINGS

- Interpretive Phenomenological Analysis (IPA)
- Emergent 'bottom up'
- Codes generated from transcribed data
- Codes are catalogued into themes (recurring patterns of ideas, thoughts and feelings). Smith, Flowers and Larkin (2013)

MASTER THEME YEAR 1: Formulating a sense of becoming an occupational therapist through identity transformation.	
Sub-theme 1: Decision making towards the occupational therapy programme through information gathering	
Interview transcript	Emerging theme
"Actually, I knew very little, it is now that I have come to know how big OT is. I knew it was about mental home settings or kind of mobilizing mad people and treating them so that they do not come out to disturb the society that was what I thought" (Kweku).	I knew very little Ots role in mental health
Sub-theme 2: Understanding the learning environment by taking up the responsibility of creating awareness of OT	
"It's our responsibility to make the profession known, because at the moment, people do not know about it and it is only those around us" (Kwame).	Awareness creation
MASTER THEME YEAR 2: Transitioning into identifying self through learning at work	
Sub-theme 1: Feeling of uncertainty and overwhelmed I think we have limited professional foresight to be left on our own. We do not properly anticipate or understand the challenges until we become enveloped in them...this makes me feel exposed but we will grow out of them" (Kwabena)	
	Poor anticipation and unexpected outcomes
Sub-theme 2: Feeling respected and valued	
I was optimistic that my actions were on the right direction but I had to be very sure of what I was doing so I do not lose the trust" (Ama)	Beginning to know prof. self Acknowledged by others
...there's more respect when they see that you can do something for a reason. This will be the expected outcome. This is my plan. This is our goal. This is why I do it (Kwabena).	

DISCUSSION

MODEL OF PROFESSIONAL IDENTITY DEVELOPMENT PROCESS



QUALITY CRITERIA

- Presenting a plausible case of the research context and participants experiences
- Sensitivity to context
- Commitment to rigor
- Triangulation
- Respondent validation
- Researchers role, transparency, coherence

CONCLUSION

The study highlighted the understanding of students thoughts on their course programme and occupational therapy as a profession. It has also informed other considerations towards developing professional educational programmes. Extensive preparation needed (academic and service provision) for programme development.

FURTHER RESEARCH

OT Practice setting or educational institution; does it matter which comes first in a community without OT?

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PLEASE CONTACT

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pndaa@chs.edu.gh or esadomako@ug.edu.gh

12: Ghana Map (Political) indicating regions and towns identified by participants.

Some materials have been removed from this thesis due to Third Party Copyright considerations. Pages where material has been removed are clearly marked in the electronic version. The unabridged version of the thesis can be viewed at the Lanchester Library, Coventry University.