Professionalism and occupational therapy: An exploration of faculty and students' perspectives

Allison J. Robinson, Chelsea J. Tanchuk, Theresa M. Sullivan

Allison J. Robinson, BSc, MOT, OT Reg. (MB), is Occupational Therapist, Health Sciences Centre, RR180, 800 Sherbrook St., Winnipeg, MB, R3A 1R9. Telephone: 204-787-2786. E-mail: ali.robnsn@gmail.com

Chelsea J. Tanchuk, BA, MOT, OT Reg. (BC), is Occupational Therapist, Student Support Services, School District No. 42, 23000 116th Ave., Maple Ridge, BC, V2X 0T8.

Theresa M. Sullivan, MA, PhD candidate, OT Reg. (MB), is Assistant Professor, Department of Occupational Therapy, University of Manitoba, R111-771 McDermot Ave., Winnipeg, MB, R3E 0T6.

Abstract
Background. *Professionalism is a complex, multifaceted concept embedded within the curricula of occupational therapy programs and professional documents; yet there is no clear explanation in the literature.* **Purpose**. *To explore occupational therapy faculty and students' perspectives of the meaning of professionalism.* **Methods**. *This interpretivist qualitative study used convenience sampling to recruit eight second-year occupational therapy master's students and five occupational therapy faculty members to participate in two separate focus groups. Open-coding and constant comparative methods were used to identify themes.* **Findings**. *Data analysis yielded the following student focus group themes: uncertainty about professional expectations; searching for answers through concrete concepts; and the context-specific nature of professionalism. Faculty focus group themes were professional responsibility; professional awareness; and the context-specific nature of professionalism. Understanding and enacting professionalism may be a developmental process.* **Implications**. *Further exploration of the meaning of professionalism from a variety of other occupational therapy stakeholders is needed.*

Abrégé
Description. *Le professionnalisme est un concept complexe comportant de multiples facettes, qui est enchâssé dans les programmes d'études des programmes d'ergothérapie et dans les documents professionnels en ergothérapie; toutefois, on ne trouve aucune explication claire de ce concept dans la littérature.* **But**. *Explorer les perspectives des étudiants et des enseignants en ergothérapie sur la signification du professionnalisme.* **Méthodologie**. *Dans cette étude qualitative et interprétative, on s'est servi d'un échantillonnage de proximité pour recruter huit étudiants de deuxième année de la maîtrise en ergothérapie et cinq enseignants en ergothérapie, afin qu'ils participent à deux groupes de discussion séparés. La méthode à codage ouvert et la méthode comparative constante ont été utilisées pour faire ressortir les thèmes.* **Résultats**. *L'analyse des données a permis de cibler les thèmes suivants dans les groupes de discussion des étudiants : incertitude face aux attentes professionnelles, chercher des réponses à l'aide de concepts concrets, et la nature spécifique du professionnalisme, selon le contexte. Les thèmes des groupes de discussion des enseignants étaient la responsabilité professionnelle, la conscience professionnelle et la nature spécifique du professionnalisme. La compréhension et l'adoption du professionnalisme peuvent représenter un processus de développement.* **Conséquences**. *Il est essentiel d'explorer davantage la signification du professionnalisme pour divers autres intervenants en ergothérapie.*

Professionalism is an imperative core attribute central to being a healthcare professional (Davis, 2009; Fidler, 1996; MacDonald, Houghton, Cox, & Bartlett, 2001; McNair, 2005). Teaching professionalism to healthcare students is a challenging task, as a clear consensus of what it is, how it is measured, and how it is defined by various professions is often ambiguous. The struggle to define this broad, abstract concept is acknowledged in the existing healthcare professionalism literature (see Bryden, Ginsburg, Kurabi, & Ahmed, 2010; McLachlan, 2010; van Mook et al., 2009).

The language used to explore the concept of professionalism is an integral foundation for explicit discussion of the subject (Bryden et al., 2010). For the purposes of this paper, the term "profession" will refer to a particular health discipline (e.g., the occupational therapy profession). The term "professionalism" will be used as a

noun, referring to an overarching concept that encompasses key ideals specific to a profession. Unless otherwise stated, the term "professional" will be used as an adjective to describe the elements of what professionalism entails.

A few healthcare professions have initiated studies and explicit discussions of what professionalism means specifically in their respective scopes of practice. Bryden et al. (2010), Jha, Bekker, Duffy, and Roberts (2006), and McNair (2005) claim that values, ethical codes, and working systems are specific to a particular profession; thus, what is considered "professional" in one profession, may or may not be as relevant to another profession. These authors discuss the profession-specific aspect of professionalism, noting that the core concepts of professionalism may not be valued equally in different health professions. In addition, Holtman, Frost, Hammer, McGuinn, and Nunez (2011) note that "interprofessional professionalism" differs from professionalism. Recognition of the unique roles and responsibilities inherent to a specific profession signifies a need for relevant stakeholders within that profession to conceptualize professionalism within their own scope of practice.

In the field of medicine, literature aimed specifically at defining professionalism has gained increased attention in recent years. Rogers and Ballantyne (2010) examined existing key definitions of professionalism in the literature to derive a working definition of the construct; they then tested it against empirical data from physicians who had faced disciplinary action. In doing so, they identified four domains of professionalism: responsibility, patient interaction, honesty, and self-awareness. Jha et al. (2006) assessed views of professionalism in medicine from the perspectives of medical students, faculty, physicians, and allied health professionals. Their findings support the contention that students, faculty, and professionals seem to know what professionalism is; yet, they have difficulty articulating the complexity of the abstract idea. Bryden et al. (2010) also examined the concept of professionalism in medicine by conducting five focus groups consisting of 14 clinical faculty members from the University of Toronto. As with Jha et al. (2006), Bryden et al.'s study participants discussed the difficulty of defining the intangible concept of professionalism. These participants proposed that before professionalism can be measured, a clear understanding of its meaning is needed.

Finn, Garner, and Sawdon (2010) conducted a study using focus groups with 72 undergraduate medical students to capture their perceptions of professionalism. Their findings suggest that professionalism is dynamic and changes depending on the context of practice and the beliefs of society. These participants also discussed the notion of "switching on" professionalism (p. 819), and how clothing and online social networking affect professionalism. Likewise, Chretien, Goldman, Beckman, and Kind (2010) conducted focus groups with 64 medical students to explore student perspectives of online social networking. Study findings revealed that students experience online identity conflict, have ambivalence towards participating in social networking sites, and acknowledge that online networking is a potential risk to their overall professionalism.

Some physical therapy researchers and professional associations have begun to explore the meaning of professionalism specific to their field of practice. As in the aforementioned medical literature, these physical therapy authors and professional association documents suggest that before professionalism can be measured or taught, it must first be defined (Hayward, Noonan, & Shaine, 1999; MacDonald et al., 2001). Building on the work of May, Morgan, Lemke, Karst, and Stone (1995) and Hayward et al. (1999), the American Physical Therapy Association (2010) presented an operationalized definition of professionalism specific to their profession, complete with defined values and principles.

Within occupational therapy, the multifaceted concept of professionalism has not been thoroughly examined; however, some authors have begun initial exploration and discussion of its meaning (see Bossers et al., 1999; Kasar & Muscari, 2000; Wood, 2004). Bossers et al. (1999) recognized a gap in the literature which prompted their study of the meaning of professionalism in occupational therapy. This study plays a pivotal role by beginning to delineate professionalism for occupational therapists and stands as the only known Canadian research study that identifies themes of professionalism in occupational therapy. Bossers and colleagues' study began the dialogue of professionalism for Canadian occupational therapists; however, limitations such as the disproportionate number of students compared to clinicians and absence of faculty and client opinions of professionalism leave many opportunities for further research.

Kasar and Muscari (2000) suggested that professionalism includes "specific knowledge, attitudes, and values—all manifested by professional behaviours" (p. 42). More recently, Wood (2004) described professionalism as "an ideal that encompasses widely held expectations of, and objective standards for evaluating any field that classifies itself a profession" (p. 249). These authors have begun to analyze and offer opinions about professionalism in occupational therapy; however, their findings could be supplemented by further research-based studies. Aguilar, Stupans, Scutter, and King (2012) led a study exploring Australian occupational therapists' values and how their values related to professionalism. They conducted semi-structured interviews with 15 occupational therapists and identified three categories of professionalism values: "the client and client-therapist relationship"; "occupational therapy knowledge, skills, and practice"; and "selfless values" (p. 3). Although the explicit examination of professional values is beneficial, these authors also suggested that "professionalism can be defined from both a values and behavioural perspective" (Aguilar et al., 2012, p. 1). Thus, opportunities remain to build on this work and to investigate additional elements that comprise and contribute to the conceptualization of professionalism in occupational therapy.

National and provincial occupational therapy regulatory bodies and associations offer detailed lists, and in some cases descriptions, of important professional competencies, behaviours, and ethics (see American Occupational Therapy Association [AOTA], 2006; Association of Canadian Occupational Therapy Regulatory Organizations [ACOTRO], 2011; Canadian Association of Occupational Therapists [CAOT], 2007; College of Occupational Therapists of the United Kingdom [COT], 2010; Occupational Therapy Australia [OTA], 2010; Occupational Therapy Board of New Zealand [OTBNZ],

2004). Yet most do not outline a conceptualization of professionalism within their documents requiring the reader to analyze and interpret its meaning (e.g. AOTA, 2006; AOTA, 2010; OTA, 2001; OTBNZ, 2004). None of the documents cited above explicitly define the term "professionalism" although the *Profile of Occupational Therapy in Canada* (2007) (CAOT, 2007) does provide a definition of the term "professional." In this particular document, the authors of the Profile have used the term "professional" as a noun rather than an adjective, stating, "As a professional, occupational therapists are committed to ethical practice and high personal standards of behaviour in enabling occupation" (CAOT, 2007, p. 6). This definition is followed by descriptions of what it means to be competent or proficient in this role. Although the explicit definition and discussion of the noun "professional" is notable, the description of the methodology used to develop the document is limited, including who was involved in the content working groups. The description of the role of a professional appears to have been derived via consensus, but it is not clear from the document's methodology how consensus was achieved.

Although there is some discussion in the literature about topics related to professionalism, research aimed at defining and conceptualizing professionalism in occupational therapy remains limited. Additional studies exploring the meaning of professionalism in occupational therapy could provide evidence-based information for authors to include in their professional association documents. Further exploration of professionalism is necessary to comprehensively understand its meaning within occupational therapy. Profession-specific studies would contribute to the overall knowledge-base for occupational therapy stakeholders and would help distinguish how professionalism in occupational therapy differs from professionalism in other healthcare professions. To achieve a comprehensive conceptualization of professionalism within occupational therapy the perspectives of a variety of stakeholders (e.g., clients, clinicians, faculty, managers, regulators, students) across multiple geographical regions will be needed. This study aims to address an initial gap in the literature by exploring what occupational therapy students and faculty in one educational program perceive as the meaning of professionalism in occupational therapy.

Methods

Study Design
The overall design of this study evolved from an interpretivist framework and was further influenced by a social constructivist perspective (Koro-Ljungberg, Yendol-Hoppey, Smith, & Hayes, 2009; Lincoln, Lynham, & Guba, 2011). The underlying beliefs the authors brought to the study were that professionalism is a socially constructed, relativist concept in which there are "local and specific constructed and co-constructed realities" (Lincoln et al., 2011, p. 102). These beliefs informed the decision to explore selected occupational therapy stakeholders' perspectives, experiences, and meanings of professionalism. Additionally, a multi-category design was established to compare and contrast the opinions of more than one type of participant (Krueger & Casey, 2009). We ensured that partici-

pants in each focus group shared at least one commonality as suggested by Krueger and Casey (2009), which in this study was either the student or faculty stakeholder role.

Participants
To participate in the study individuals needed to meet one of the following inclusion criteria: (1) be registered as a full-time master's student in the second year of an occupational therapy program, or (2) be employed as a 0.5 full-time equivalent or greater occupational therapy faculty member. Due to the time constraints imposed on this study, convenience sampling was utilized and participants were limited to one Canadian university.

Recruitment commenced following approval from the university health research ethics board and took place over a three-week period. During the first week of recruitment, an initial e-mail was sent through master distribution lists by a university administrator, and recruitment posters and letters were placed in all faculty and second-year occupational therapy student mailboxes. At the beginning of the second week of recruitment, a second e-mail was sent through the master distribution lists to remind students and faculty about the study. Interested faculty and students were each instructed to contact a designated researcher via e-mail to confirm their participation in the study. By the end of the recruitment period, this process yielded eight second-year occupational therapy students, seven females and one male, and five female occupational therapy faculty members who agreed to participate in the study. The students ranged in age from 23 to 29 years (mean = 24.4); the faculty members were from 40 to 68 years of age (mean = 51.8) and had been employed as a faculty member of an occupational therapy program from 5 to 38 years (mean = 19.2).

Data Collection
Focus groups were selected as the data collection method for this study as they are an effective means to provide insight into complex processes (Krueger & Casey, 2009). They also provide the opportunity to capture shared meanings and serve as "a window on processes that otherwise remain hidden and are difficult to penetrate" (Barbour, 2007, p. 26). Two focus groups were conducted, one consisting of eight second-year occupational therapy students and the other of five occupational therapy faculty members. Each focus group was conducted on the university campus and lasted 90 minutes. The focus groups were co-facilitated by the first two authors of this study, two graduate students in their second year of the occupational therapy program.

In preparation for the focus group the researchers developed a topic guide based on the findings of two separate literature reviews. This guide consisted of four questions intended to facilitate the study participants' discussion: (1) What is professionalism? (2) What is not professionalism? (3) How is professionalism different in other health professions, for example, medicine? (4) In the context of occupational therapy, what are the most important/relevant aspects of professionalism? The topic guide and a consent form were e-mailed to all participants one day prior to the focus group for review.

At the start of each focus group, participants were asked to fill out a short demographic information form and sign the consent form. Each focus group followed Krueger and Casey's (2009) guidelines, which include welcoming the participants, providing a brief background and overview of the study, discussing ground rules and confidentiality, introducing a topic guide to facilitate the group discussion, and recording field notes. At the end of the focus group, participants were invited to ask questions and share any additional information they felt was pertinent to the topic of professionalism that had not been addressed in discussions.

Each focus group discussion was digitally recorded and transcribed verbatim by the first two authors. During the transcription process, all participants were assigned a pseudonym to maintain anonymity. A master list with original participant names and assigned pseudonyms was kept in a secure office to which the third author did not have access. Each of the first two authors transcribed half of the digital recording from each focus group and then read through the drafts of both focus group transcripts to complete an accuracy check. Field notes collected during the focus groups were used to supplement the transcribed data by providing information regarding nonverbal participant cues, group dynamics, and topics of consensus.

Data Analysis

Facilitating the groups and completing the transcription process also served as preliminary data analysis as these activities allowed the researchers to become immersed in the content of the group discussions and obtain a sense of the data as a whole. Formal analysis of the transcribed data was completed in a three-stage process (see Table 1). In stage one the first two authors independently applied a manual, line-by-line, open-coding strategy (Strauss, 1987) to the transcribed data from each focus group. Initial descriptive codes and preliminary analytical memos were recorded in the margins of the transcripts. At the end of stage one, the pair met to discuss and compare codes and memos. Some initial codes differed in terminology but did not represent contrasting ideas, viewpoints, or concepts. The first two authors engaged in a discussion to reach a consensus on consistent coding terminology by grouping similar codes that had emerged up to that point and collapsing them into preliminary categories. This discussion resulted in the development of a preliminary code and category list. In stage two, the preliminary code and category list was used by the two authors, working independently, to analytically code the data a second time while also engaging in a process of constant comparison to derive any additional or divergent codes or concepts from the data. In stage three the two authors collaborated to write analytical memos to depict the main ideas from each of the focus groups and the researchers' interpretations of the data; this process was then repeated individually. The first two authors then met with the third author for an in-depth, iterative and reflexive discussion which included deliberate attempts to look at analytical memos, divergent comments, and active questioning to facilitate alternate interpretations of the data. If questions arose, the researchers referred back to the original transcripts to try to critique initial interpretations and to derive alternate meanings from the data. Throughout this process, the primary themes from each focus group were identified.

Trustworthiness

Several strategies were utilized to safeguard the rigour and trustworthiness of this study. To ensure dependability (Shenton, 2004), researchers kept an audit trail (in the form of a hand-written notebook) to document key choices, decisions, and insights throughout the study. This audit trail included methodological decisions as well as decisions about data collection and analysis (i.e., the process of the focus groups, what to record as field notes, a codebook of definitions, the process of coding the data, and how member checking would be conducted). Transcripts were initially compared to field notes, and any additional nonverbal cues were incorporated to ensure accuracy of interpretation.

Researchers were cognizant that as peers of the student participants, they would have influence on the focus group discussion. To minimize this influence, introductory comments were scripted and were the same for each focus group. To protect the integrity of the data, the researchers consciously limited their input and comments to reflect on, summarize, and synthesize statements related to the facilitation and process of the group. Researchers also attempted to bracket their own perspectives during analytical and interpretive discussions to try to limit any preconceptions and biases as suggested by Tufford and Newman (2012). In particular, because of peer relationships with one of the participant groups, the student facilitators tried to guard against an expectancy effect, that is, the tendency to obtain expected results by shaping responses based on expectations.

To enhance credibility, two stages of independent coding of data and memoing were completed by the first two authors. Peer debriefing and additional reflexive discussions with the third author provided researcher triangulation. Member checking was completed by e-mailing a copy of the primary themes to study participants, who were in agreement with the preliminary data findings.

Findings

Analysis of the focus group data revealed that professionalism is a complex concept, resulting in numerous themes emerging from the data. For the purpose of this paper, three primary themes from each group are presented and a figure illustrating their connection is offered.

Student Focus Group

Three primary themes emerged from the second-year occupational therapy student focus group: uncertainty of professional expectations, searching for answers through concrete concepts, and the context-specific nature of professionalism.

Uncertainty of professional expectations. Student participant discussions focused on the grey aspects of professionalism and the students' sense of uncertainty in understanding and defining professional expectations. One participant, Will, acknowledged that "you never know" the various expectations

Table 1

Summary of the Coding Process of the Two Focus Groups

Stage one: Open codes	Stage two: Preliminary categories	Stage three: Primary themes
Focus group: Second-year occupational therapy students		
Personal versus professional self; trial and error; informal versus formal; balancing act; uncertain expectations; fine line; is professionalism 24/7?	Grey areas of professionalism	Uncertainty of professional expectations
First impression; dress; image; compensating to be more professional than not; image gives confidence, which helps with feeling more competent	Concrete concept: Image	Searching for answers through concrete concepts
Accountable; reliable; respectful; responsible; knowledgeable; work ethic; equality of services; continuing education; abiding by policies; team player	Concrete concept: Assumed and well-defined aspects of professionalism	
Language; how you say something versus what you say; listening; giving and receiving feedback	Concrete concept: Communication (written, verbal, nonverbal)	
Awareness of client perspectives; client – therapist boundaries; awareness of personal values/biases; professionalism is synonymous with being client centred; being non-judgmental	Concrete concept: Being client-centred	
Who (student, professor, client, fieldwork educator); where (practice setting); when (at school, fieldwork, personal time); different practice settings	Context-specific	Context-specific nature of professionalism
Focus group: Occupational therapy faculty members		
Contracts (to society, profession and self); obligations; continuing education; competency; managing power; rights and privileges; communication,; respect	Responsibility: self, society, profession	Professional responsibility
Professional identity; it becomes a piece of you; 24/7; intrinsic	Responsibility: becomes a piece of you 24/7	
Internalized professionalism; personal definition of professionalism; how others perceive you; recognizing limitations; self-reflection; personal biases	Self-awareness	Professional awareness
Implicit; subjective; changes over time; shaped by experience	Dynamic, always changing	
Who (students, colleagues, clinicians, clients); where (practice vs. social setting); when (changing scenarios); it depends on context	Context-specific	Context-specific nature of professionalism
Grey areas; matter of perspective; hard to define; knowing how to adapt automatically; confusion	Context creates confusion for students	

that might be imposed on students by different individuals (i.e., clients, co-workers, employers, educators and preceptors). As a result of this uncertainty, participants stated that professionalism is like a "balancing act" and a "trial-and-error process." The group indicated that due to these grey areas of professionalism, they erred on the side of caution by maintaining high standards of professionalism.

Participants debated the "professional" way of handling seemingly straightforward scenarios in fieldwork, demonstrating their uncertainty of professional expectations. For example, the students discussed uncertainty regarding the proper protocol for reporting illness to their preceptors, despite having completed three previous fieldwork placements. Students also highlighted the discrepancies of expectations placed on them as students as compared to the professional expectations they might have to adhere to as future practicing clinicians, such as taking a sick day as a student versus as a practicing clinician.

Students also debated if professional expectations in occupational therapy required them to uphold their professional-selves during personal time outside of the workplace. Margie commented, "Just because we are professional, I don't think that means you shouldn't have fun in your life. . . . how do you go about leading your regular life while still maintaining those sort of values and responsibilities?"

Searching for answers through concrete concepts. Students briefly acknowledged a wide variety of aspects of professionalism, including responsibility, accountability, reliability, respect, having a strong work ethic, being knowledgeable, adhering to ethics, and working as a team. However, image, communication, and client-centred practice were the most prevalent topics discussed. These three concepts re-occurred throughout the discussion, emphasizing their relevance to students' understanding of professionalism.

Image. Students stressed the importance of image as a means of determining one's professionalism as demonstrated by Sally's comment, "Yes, I feel like first impressions are really big for professionalism." Students expressed that having a professional image helped make them feel more confident. Knowing that they were dressed professionally helped students feel that they were getting one aspect of professionalism right. The group also came to a clear consensus that chewing gum, coming to work hung over, and wearing revealing clothing were obvious examples of what is unprofessional.

Communication. Communication was another key concept that was routinely brought up in the discussion. Students noted there are verbal, nonverbal, and written considerations regarding professionalism. Anjali emphasized the importance of written communication, "You need to be clear with what you have written and how you write." Students agreed that professionalism could be maximized through appropriate and open communication, demonstrating their awareness of communication as a tool to ensure their professionalism.

Being client centred. Students made recurrent reference to being client centred as a further way to define and gauge their professionalism. Much discussion was related to how clients perceive them as student occupational therapists; therefore, dressing in a client-centred manner, using client-centred language, being attentive, maintaining client-therapist bound-

aries, and setting aside personal values and biases were all identified as aspects of client centredness that are imperative to professionalism.

Context-specific nature of professionalism. Students perceived that professionalism was often dependent on the setting, which added to its complexity. They shared several fieldwork situations in which their professionalism was contingent on the context. Margie noted the use of swearing in practice and how its use could relate to the context. "When people swear in practice, and it might not work in all places in practice, sometimes it can be therapeutic and some people may argue that, that's not professional . . . but I think in the right context, it could be." In addition to the setting, students also agreed that professionalism depends on whom they interact with, for example, their fieldwork educator versus other students or clients. Sally stated, "And again like, it's context specific with the client. Because you kinda go with their lead, I guess? You feel them out and how you should act towards them."

Faculty Focus Group

The occupational therapy faculty discussion of professionalism resulted in the following three primary themes: professional responsibility, professional awareness, and the context-specific nature of professionalism.

Professional responsibility. Faculty members identified that fulfilling their professional responsibilities is imperative to professionalism. Towards the end of the discussion Mabel explained, "For me the really corner piece is the piece about the responsibility . . . of being a professional." Faculty members discussed that their professional responsibilities could be described as "contracts" that a professional holds with his- or herself, the profession, and society. Elizabeth stated:

> You have a contract with your profession, and you have a contract to give back to that profession, and you have a contract to never let your profession look bad . . . it's like getting married only you can never get divorced. That's how it is.

In addition to this "contract" to their profession, faculty members also acknowledged a contract they hold to themselves, to maintain their qualifications and competency by engaging in lifelong learning.

Faculty members acknowledged that they have a responsibility to act on behalf of the profession at all times when they can potentially be perceived or identified as an occupational therapist. Unlike the students, they believed that being an occupational therapist is a professional responsibility 24 hours a day, 365 days a year. It is not something you can "turn off" at the end of the day. They stressed the internalization of professionalism, expressing that professionalism "becomes a piece of you, and you carry it with you all the time."

There was overwhelming faculty consensus that one's competency is an occupational therapist's greatest responsibility. Faculty agreed that a professional has a responsibility to adhere to professional documents that guide occupational therapy practice (e.g., code of ethics) and recognize their scope of knowledge to ensure competent practice.

Additional to the responsibility to oneself, the group also

acknowledged their responsibility to the public. Brenda stated, "You don't just do what you do for yourself, which is fine that you do it for yourself, but you do it also in respect of that [social] contract. So you have that responsibility to something greater beyond yourself." Faculty participants noted that there are certain rights that are granted to you by society when you are given the title of a professional. Therefore, professionalism requires utilizing these rights responsibly and offering one's best services to the public. Jayna commented, "Recognize . . . that you hold this power that is bestowed upon you, really, by being professional, and you need to be very cognizant of that power." Utilizing power appropriately was identified as part of one's professionalism. Faculty discussed various scenarios in which they must be aware of and appropriately manage the power they hold as professionals.

Professional awareness. Faculty participants agreed that awareness is a key element of professionalism, which includes self-awareness, how an individual defines and internalizes professionalism, and how others may perceive another's professionalism. Participants emphasized that professionalism is often defined by other individuals or groups, that regardless of one's own definition and intentions, ultimately, professionalism is gauged based on others' understanding and definition of this multi-faceted concept.

Faculty participants defined self-awareness, the ability to identify one's limits and boundaries, as an essential feature of being professional. Mabel stated, "It's about that piece of not walking around like thinking you're an expert in anything." Participants felt self-awareness could be achieved through frequent reflection on their individual strengths and weaknesses and that this practice was critical in upholding one's professionalism. Participants noted that being aware of how one's personal values differed from their professional values was another aspect of professionalism. Lily discussed the decision of including her professional signature at the end of an e-mail, debating whether or not the e-mail was reflective of her personal values versus the values of the occupational therapy profession.

Faculty members agreed that being aware of how others perceive their actions, attitudes, behaviours, or values was invaluable to one's professionalism. Mabel suggested:

If you are that kind of individual who is always curious about the position of the other . . . or wondering how do I influence this space, how do I influence what goes on for other people, well, like, you're on the [professionalism] journey.

Brenda shared a personal experience illustrating the difference that may exist between an individual's self-perception and the perceptions of others, disclosing, "I thought I was wonderful. And I learned how completely wrong my perception of myself in the eyes of someone else could be."

Context-specific nature of professionalism. The importance of considering the context frequently resurfaced throughout the faculty focus group discussion. Participants agreed that a static, narrow definition of professionalism in occupational therapy is not appropriate as professionalism is heavily dependent upon the context. Mabel suggested a flexible definition may be appropriate given the various contexts inherent
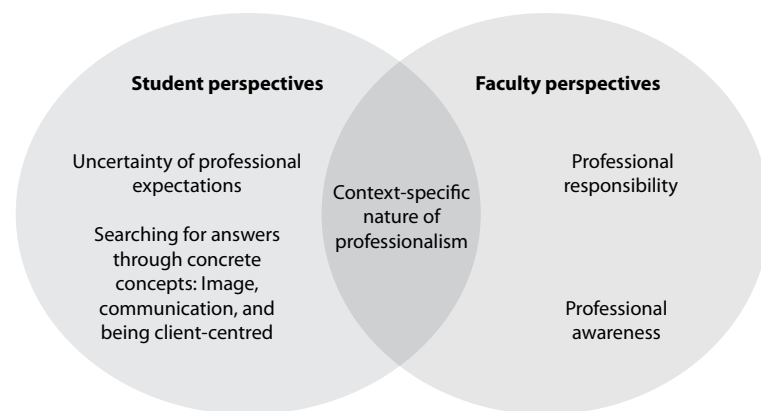

Figure 1. A summary of occupational therapy student and faculty perspectives on professionalism.

in occupational therapy practice. Faculty considered how this flexible definition must affect students' understanding of professionalism. Lily shared:

I think the part about context, that's especially relevant given the context of study for students, because it's probably a struggle . . . we probably change, automatically, within every context what our professionalism expectations are of our behaviour, and then a student is watching . . . and trying to gauge, which one am I suppose to do?

Later in the discussion Elizabeth added to the realization of the challenges students face in acquiring a clear understanding of professionalism: "When we say to students 'You're our junior colleagues, its okay to call me by my first name' . . . I think about that . . . man, how confusing that must be . . . [the students must be thinking] so what kind of conversation can I have with her?"

Occupational Therapy Student and Faculty Perspectives

The findings of this study contribute to the overall comprehension of professionalism by illustrating the unique and similar perspectives of occupational therapy students and faculty (see Figure 1).

Discussion

After exploring occupational therapy student and faculty perspectives on professionalism, the findings of this study suggest that professionalism is a dynamic, context-specific concept requiring experience, awareness, and reasoning to arrive at an understanding, which is consistent with other studies (see Bossers et al., 1999; Bryden et al., 2010; Finn et al., 2010; McLachlan, 2010). Findings from both of the focus groups reveal similar topics of discussion; however, faculty members appear to comprehend this topic at a deeper level than students, perhaps because faculty members have had the necessary experience to integrate and internalize professionalism.

Study findings also indicate that faculty and students agree that professionalism is context specific, similar to what

other professionalism literature indicates (see Finn et al., 2010; Ginsburg & Lingard, 2011; van Mook et al., 2009). Students acknowledged the influence different contexts have on professionalism; yet, they did not convey confidence in navigating expectations of professionalism in the varying contexts in which occupational therapists work. The notion of professionalism being dependent upon the context is consistent with Finn et al.'s (2010) study, but with the difference that their student participants did not express difficulty adapting their professionalism efficiently to meet the expectations in a given environment. Much of the occupational therapy students' discussion was spent debating professional expectations in different fieldwork settings, implying that they lack confidence in their ability to adjust their professionalism to context-specific scenarios. It could be argued that what students debated as professional expectations are instead specific worksite expectations. However, data from this study suggest that students perceive professionalism as including worksite behaviours, highlighting their focus on concrete rather than conceptual elements of professionalism.

Students appear to rely on guidelines, protocols, and explicit expectations, such as appropriate dress, communication, and client-centered practice, to ensure that their level of professionalism is suitable to the context. Similarly, Baingana et al. (2010) conducted focus groups with first- to fifth-year medical students in Uganda and found that students stressed that they could be distinguished as professionals by their outward appearance and behaviour. Furthermore, Finn et al.'s (2010) student participants also discussed the importance of dress. They reported that dressing like a doctor increased their confidence as well as how others perceived their professionalism.

Unlike the students, occupational therapy faculty did not express the context-specific nature of professionalism as a debate and appeared more confident in their ability to navigate and adapt to contextual demands. Faculty members acknowledged the tacit adjustments they make to their professionalism, depending on when (length of relationship, in context of societal norms, which change over time) and where (practice setting, academic setting, social setting) a given interaction takes place, and who is involved. Students may lack the experience and awareness required to make these intuitive adjustments as their practice experience is limited. Monrouxe, Rees, and Hu's (2011) findings support this idea. These authors conducted a discourse analysis of group and individual interviews with 200 students from three different medical schools and found that students' discussion and understanding of professionalism was deeper if they had experienced clinical practice. Students who had not yet taken part in clinical practice offered narrowed definitions of professionalism, relying on dress or acting professional. To foster students' tacit learning, Brown and Ferrill (2009) recommended that a school's culture align with the professional goals of the curriculum as a means of reinforcing desired professional values, attitudes, and behaviours.

Both occupational therapy faculty and students recognized that professionalism requires a certain level of awareness and acknowledgment of responsibility, which is similar to Bossers et al.'s (1999) findings and the description of a professional in the *Profile of Occupational Therapy Practice in*

Canada (2007) (CAOT, 2007). Student participants noted that recognizing their limitations and personal biases, as well as their responsibilities to continual learning, were aspects of professionalism. Similarly, faculty members emphasized how awareness and responsibility are two critical factors required for professionalism, which is supported in the literature (see Bryden et al., 2010; Rogers & Ballantyne, 2010). However, unlike the students, faculty participants engaged in a much richer dialogue that demonstrated a thorough understanding of the importance of these factors. Perhaps students do not place the same emphasis on responsibility as they have not yet experienced the full scope of responsibilities associated with their professional title and independent accountability to a regulatory body.

In addition, students have not yet had to integrate fully their personal and professional lives, which could explain their uncertainty regarding their professional responsibilities outside of the work setting. Students debated whether professionalism was required 24 hours a day, 7 days a week, and some participants expressed concern about how this expectation might affect their personal lives. The students' ambiguity of where professionalism begins and ends and the acknowledgment of potential blurring between one's professional and personal life reported in this study are consistent with other study findings (see Chretien, 2010; Finn et al., 2010).

An important finding in the student focus group was that their discussions focused primarily on professionalism in the context of their fieldwork experiences rather than their experiences in an academic setting. This focus may be attributed to the explicit professional expectations and evaluations that are imposed in a fieldwork setting, which may not always be as obvious in an academic setting. Hayward et al. (1999) found that senior physical therapy students did not perceive the classroom as "their professional setting" (p. 159). Unlike fieldwork settings, students may perceive the academic setting as a safe environment in which to seek feedback and appraise their professional behaviours. Students may more readily perceive fieldwork settings as future employment environments in which their professionalism would be evaluated.

Overall, these findings outline that a difference in comprehension of professionalism exists between occupational therapy students and faculty. Thus, understanding and enacting professionalism may be a process that exists on a developmental continuum. Second-year students appear to have grasped the general elements of professionalism; yet, without experience, they cannot be expected to have integrated and fully embraced these elements (Finn et al., 2010; Monrouxe, Rees, & Hu, 2011). This finding is also consistent with that of Hodges et al. (2011), who, after completing discourse analysis on key medical articles related to the assessment of professionalism, suggested that professionalism is a learned behaviour that is developed throughout a student's medical education.

Study Implications

The study findings have implications for conceptualizing professionalism within occupational therapy. This study begins a foundation that can be built upon to construct an explanation of professionalism specific to the occupational therapy pro-

fession. Although not intended as the original purpose, this study also yields implications for occupational therapy faculty and preceptors. Considering the perspectives that students shared, recommendations include the inclusion of strategies to facilitate the explicit development of students' professionalism throughout occupational therapy programs. One strategy could be small group discussions that provide students with the opportunity to review the literature and discuss their personal understandings and experiences of professionalism. This strategy is supported by Aguilar et al.'s (2012) occupational therapist participants who found "self-reflection" to be a valuable tool to reflect on their skills and limitations. Promoting self-reflection is noted as an effective means of fostering professional confidence, which underlies professional competence (Holland, Middleton, & Uys, 2011).

Overall, faculty members and clinicians should be cognizant of the role that experience has in the development of students' understanding of professionalism. Acknowledging the uncertainties students perceive during fieldwork, this study suggests a need for explicit expectations and conversations regarding professionalism. These discussions may occur between students and preceptors or during fieldwork debriefing sessions within the academic setting. Incorporating richer discussions of professionalism into regulatory and professional documents would more fully acknowledge the complexity of the concept and the context-specific nature of professionalism in occupational therapy practice.

Limitations

This study explored the perspectives of students and faculty on the topic of professionalism at one Canadian university, conveying one of many multiple perspectives. As this study is based in the interpretivist tradition using a social-constructivist perspective, it is expected that the addition of male participants to the faculty focus group would provide additional perspectives, especially considering the dominance of females within the profession of occupational therapy. Although an attempt was made to limit the influence of the first two authors on the focus group dynamics thus allowing the subjective experiences of the participants to be heard in an objective manner, the use of non-student focus group facilitators would have shaped the focus group process differently as it is impossible to eliminate all influences. While the authors have attempted to provide adequate descriptions of the participants and convey the richness of the data, the transferability of the findings is left to the reader.

Future Research

Findings of this study suggest that professionalism may be a developmental process. Future exploration of occupational therapy student and recent graduate perspectives is needed to verify this finding. Question three from the initial focus group topic guide did not generate much discussion and could be modified or deleted for future research. In addition, it is recommended that future studies be conducted on a larger scale, with maximum variation sampling to try to achieve data saturation. The knowledge that this study has elicited could be extended by future studies that explore the perspectives of

additional occupational therapy stakeholders (e.g., first-year students, clients, clinicians, and regulators).

Conclusion

Although the importance of professionalism in occupational therapy is acknowledged, literature intended to explore this concept specific to occupational therapists is limited. Appreciating the complex, dynamic, context-specific nature of professionalism may better allow students and practicing clinicians to understand and implement these concepts into their daily practice. This study provided an explicit examination of professionalism from two key stakeholder perspectives: students and faculty. Findings suggest that professionalism is context specific, requires responsibility and awareness, and is comprised of elements that are both concrete and conceptual. The findings of this study make a contribution to the multidisciplinary health care professionalism literature, while beginning to initiate a profession-specific, Canadian conceptualization of professionalism for occupational therapists.

Acknowledgements

Key Messages

- Professionalism in occupational therapy requires consideration of the context, which includes with whom, where, and when a therapist is interacting with another individual.
- Understanding and enacting professionalism may be a developmental process that exists on a continuum. This process is facilitated through practice experience.
- Occupational therapy students are uncertain about professionalism expectations; faculty and preceptors must consider this uncertainty and explicitly discuss these expectations to foster students' development of professionalism within occupational therapy educational programs.

References

Aguilar, A., Stupans, I., Scutter, S., & King, S. (2012). Exploring professionalism: The professional values of Australian occupational therapists. *Australian Occupational Therapy Journal, 59,* 209–217. doi:10/1111/j.1440-1630.2012.00996.x.

American Occupational Therapy Association. (2006). Guidelines to the Occupational Therapy Code of Ethics. *American Journal of Occupational Therapy, 60,* 652-658. doi:10.5014/ajot.60.6.652

American Occupational Therapy Association. (2010). *Occupational Therapy Code of Ethics and Ethical Standards* (2010). Retrieved from http://www.aota.org/Consumers/Ethics/39880.aspx

American Physical Therapy Association. (2010). *Professionalism in physical therapy: Core values.* Retrieved from http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/BOD/Judicial/

ProfessionalisminPT.pdf

Association of Canadian Occupational Therapy Regulatory Organizations. (2011). *Essential Competencies of Practice for Occupational Therapists in Canada* (3rd ed.). Retrieved from http://www.cotm.ca/upload/COTM_Essential_Comptencies_3rd_Ed_Web.pdf

Baingana, R., Nakasujja, N., Galukande, M., Omona, K., Mafigiri, D. K., & Sewankambo, N. K. (2010). Learning health professionalism at Makerere University: An exploratory study amongst undergraduate students. *BMC Medical Education, 10,* 76. doi:10.1186/1472-6920-10-76.

Barbour, R. (2007). *Doing focus groups.* London: SAGE.

Bossers, A., Kernaghan, J., Hodgins, L., Merla, L., O'Connor, C., & Van Kessel, M. (1999). Defining and developing professionalism. *Canadian Journal of Occupational Therapy, 66*, 116–121.

Brown, D., & Ferrill, M. J. (2009). The taxonomy of professionalism: Reframing the academic pursuit of professional development. *American Journal of Pharmaceutical Education, 73,* Article 68. doi:10.5688/aj730468

Bryden, P., Ginsburg, S., Kurabi, B., & Ahmed, N. (2010). Professing professionalism: Are we our own worst enemy? Faculty members' experiences of teaching and evaluating professionalism in medical education at one school. *Academic Medicine, 85*, 1025–1034. doi:10.1097/ACM.0b013e3181ce64ae

Canadian Association of Occupational Therapists. (2007). *The Profile of Occupational Therapy Practice in Canada* (2007). Retrieved from http://www.caot.ca/pdfs/otprofile.pdf

Chretien, K. C., Goldman, E. F., Beckman, L., & Kind, T. (2010). It's your own risk: Medical students' perspectives on online professionalism. *Academic Medicine, 85*(10), S68–71. doi:10.1097/ACM.0b013e3181ed4778

College of Occupational Therapists. (2010). *Code of Ethics and Professional Conduct.* (rev. ed.). Retrieved from http://www.cot.co.uk/sites/default/files/publications/public/Code-of-Ethics2010.pdf

Davis, D. (2009). Teaching professionalism: A survey of physical therapy educators. *Journal of Allied Health, 38*, 74–80.

Fidler, G. (1996). Developing a repertoire of professional behaviors. *American Journal of Occupational Therapy, 50*, 583–587.

Finn, G., Garner, J., & Sawdon, M. (2010). 'You're judged all the time!' Students' views on professionalism: A multi-centre study. *Medical Education, 44,* 814–825. doi: 10.1111/j.1365-2923.2010.03743.x

Ginsburg, S., & Lingard, L. (2011). 'Is that normal?' Pre-clerkship students' approaches to professional dilemmas. *Medical Education, 45*, 362–371. doi:10.1111/j.1365-2923.2010.03903.x

Hayward, L., Noonan, A., & Shain, D. (1999). Qualitative case study of physical therapist students' attitudes, motivations, and affective behaviors. *Journal of Allied Health, 28*, 155–164.

Holland, K., Middleton, L., & Uys, L. (2012). Professional confidence: A concept analysis. *Scandinavian Journal of Occupational Therapy, 19*, 214–224. doi:10.3109/11038128.2011.583939

Holtman, M. C., Frost, J. S., Hammer, D. P., McGuinn, K., & Nunez, L. M. (2011). Interprofessional professionalism: Linking professionalism and interprofessional care. *Journal of Interprofessional Care, 25*, 383–385. doi: 10.3109/13561820.2011.588350

Jha, V., Bekker, H., Duffy, S., & Roberts, T. (2006). Perceptions of professionalism in medicine: A qualitative study. *Medical Education, 40,* 1027–1036. doi:10.1111/j.1365-2929.2006.02567.x

Kasar, J., & Muscari, M. (2000). A conceptual model for the development of professional behaviours in occupational therapists. *Canadian Journal of Occupational Therapy, 67*, 42–50.

Koro-Ljungberg, M., Yendol-Hoppey, D., Smith, J., & Hayes, S. (2009). Epistemological awareness, instantiation of methods, and uninformed methodological ambiguity in qualitative research projects. *Educational Researcher, 38,* 687–699. doi:10.3102/0013189X09351980

Krueger, R., & Casey, M. (2009). *Focus groups: A practical guide for applied research* (4th ed.). Thousand Oaks, CA: SAGE.

Lincoln, Y. S., Lynham, S. A., & Guba, E. G. (2011). Paradigmatic controversies, contradictions, and emerging confluences revisited. In N. K. Denzin & Y. S. Lincoln (Eds.), *The SAGE handbook of qualitative research* (4th ed., pp. 97–128). Thousand Oaks, CA: SAGE.

May, W., Morgan, B., Lemke, J., Karst, G., & Stone, H. (1995). Model for ability-based assessment in physical therapy education. *Journal of Physical Therapy Education, 9*(1), 3–6.

MacDonald, C., Houghton, P., Cox, P., & Bartlett, D. (2001). Consensus on physical therapy professional behaviours. *Physiotherapy Canada, 53*, 212–218, 222.

McLachlan, J. (2010). Measuring conscientiousness and professionalism in undergraduate medical students. *Clinical Teacher, 7,* 37–40. doi:10.1111/j.1743-498X.2009.00338.x

McNair, R. (2005). The case for educating health care students in professionalism as the core content of interprofessional education. *Medical Education, 39,* 456–464.doi:10.1111/j.1365-2929.2005.02116.x

Monrouxe, L., Rees, C., & Hu, W. (2011). Differences in medical students' explicit discourses of professionalism: acting, representing, becoming. *Medical Education, 45*, 585–602. doi:10.1111/j.1365-2923.2010.03878.x

Occupational Therapy Australia. (2001). *Code of ethics.* Retrieved from http://www.otaus.com.au/sitebuilder/about/knowledgeasset/files/1/codeofethics.pdf

Occupational Therapy Australia. (2010). *Australian Minimum Competency Standards for New Graduate occupational therapists* (ACSOT) *2010*. Retrieved from http://www.otaus.com.au/sitebuilder/aboutus/knowledge/asset/files/16/australian_minimum_competency_standards_for_new_grad_occupational_therapists.pdf

Occupational Therapy Board of New Zealand. (2004). *Competencies for registration as an occupational therapist.* Retrieved from http://www.otboard.org.nz/Registration/Currentlyregistered-occupationaltherapists/CompetenciesforRegistration.aspx

Rogers, W., & Ballantyne, A. (2010). Towards a practical definition of professional behaviour. *Journal of Medical Ethics, 36,* 250–254. doi:10.1136/jme.2009.035121

Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative studies. *Education for Information, 22*, 63–75.

Strauss, A. (1987). *Qualitative analysis for social scientists.* Cambridge, UK: Cambridge University Press.

Tufford, L., & Newman, P. (2012). Bracketing in qualitative research. *Qualitative Social Work. 11,* 80–96. doi:10.1177/1473325010368316.

van Mook, W., van Luijk, S., O'Sullivan, H., Wass, V., Harm Zwaveling, J., Schuwirth, L., & van der Vleuten, C. (2009). The concepts of professionalism and professional behaviour: Conflicts in both definition and learning outcomes. *European Journal of Internal Medicine, 20*(4), e85–e89. doi:10.1016/j.ejim.2008.10.006

Wood, W. (2004). The heart, mind, and soul of professionalism in occupational therapy. *American Journal of Occupational Therapy, 58*, 249–257. doi:10.5014/ajot.58.3.249