Occupational Therapy Students' Perspectives of Professionalism: An Exploratory Study

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Abstract

Background: Professionalism is a dynamic, socially constructed idea, rendering it difficult to comprehend. Though characterized by the demonstration of values and behaviors, its meaning has not been fully explored and remains tacit. To explore how first- and second-year master's of occupational therapy students conceptualize professionalism.

Method: This qualitative pilot study evolved from an interpretivist theoretical perspective. Convenience sampling yielded four first-year and seven second-year students from one entry-level master's program to participate in two separate focus groups. Line-by-line constant comparison methods were used to analyze the data and identify categories. An audit trail, peer debriefing, and member checking were employed.

Results: Data analysis of the first-year focus group generated three categories: Searching for explicit examples, Responsibility to the profession, and Building and fulfilling societal responsibility. Analysis of the second-year focus group yielded two categories: Professional values and behaviors and Professionalism as socially constructed.

Conclusion: Professionalism is a dynamic concept requiring nuanced understandings specific to context. Students should be encouraged to develop reflective abilities allowing them to analyze and act in a way that is most appropriate for the situation. Understanding students' conceptualizations of professionalism may better allow occupational therapy regulators, managers, and academic and fieldwork educators to identify teaching and research priorities.

Comments

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Keywords

Behavior, Professional Education, Professional Practice, Socialization

Credentials Display

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Background

A central competency of most health care practitioners is professionalism (Bryden, Ginsberg, Kurabi, & Ahmed, 2010; Health and Care Professions Council, 2011), despite the fact that some professions, including medicine (Birden et al., 2014; van Mook et al., 2009), physiotherapy (Gersh, 2006), and occupational therapy (Aguilar, Stupans, Scutter, & King, 2012, 2013; Bossers et al., 1999), find the concept difficult to define. Students face challenges in learning and understanding professionalism in the context of occupational therapy, as they have few lived experiences, while educators may also experience challenges in teaching and evaluating professionalism due to its inherent complexity (Birden et al., 2014).

To understand professionalism effectively, the language used to explore the topic must be recognized and understood. For the purposes of this paper, the word profession will be considered an occupation that has autonomy over a body of knowledge and is responsible for providing services recognized as important to society based on specialized knowledge and skills. The word professional will be used as an adjective to describe elements (e.g., behaviors and values) that distinguish professions. Professionalism will refer to a concept characterized by demonstration(s) of the elements that are considered important by a profession and its members (Robinson, Tanchuk, & Sullivan, 2012).

Professionalism is an area of growing interest for occupational therapy. Two common elements of professionalism that emerge from the literature are values and behaviors. Professional values are the foundational, fundamental beliefs maintained by members of a profession (Aguilar et al., 2012; Drolet, 2014). Professional behaviors are the actions based on the values of a profession (Koenig, Johnson, Morano, & Ducette, 2003) and develop over time beginning at the student level (Kasar & Muscari, 2000). Professional association documents outline different value (Drolet, 2014) and behavioral expectations of occupational therapists, such as the *Standards of Practice for Occupational Therapy* (American Occupational Therapy Association [AOTA], 2010a), the *Occupational Therapy Code of Ethics and Ethical Standards* (AOTA, 2010b), the *Essential Competencies of Practice for Occupational Therapists in Canada* (Association of Canadian Occupational Therapy Regulatory Organizations, 2011), and the *Profile of Practice of Occupational Therapists in Canada* (Canadian Association of Occupational Therapists, 2012). Many of the professional association documents are structured as lists of values and behaviors and often do not define or describe professionalism explicitly, requiring the reader to interpret the meaning. Although these types of documents generally do not describe the research behind their development, and appear to be based largely on the consensus of a limited number of individuals, they are still heavily relied on due to the limited number of research studies on professionalism in occupational therapy. There are, however, a few important papers that have established an initial foundation of understanding.

Bossers et al. (1999) sought the opinions of Canadian students and clinicians in developing a definition of professionalism prior to the implementation of a new master's level curriculum. The researchers developed a schematic representation to describe professionalism in occupational therapy as consisting of three primary themes: professional parameters, professional behavior, and professional responsibility. The study provides an important foundation for further exploration of professionalism in occupational therapy, as it is the first schematic of occupational therapy professionalism based on a research study; however, limitations, such as the overrepresentation of student participants (6:1) and the lack of exploration of whether there were any differences in perspectives between the student and clinician groups, reduce the potential for transferability of the findings. Kasar and Muscari (2000) describe professionalism as "specific knowledge, attitudes, and values–all manifested by behaviours" (p. 42), proposing a sequential model to describe the development of professional behaviors over the course of an occupational therapist's career. In contrast, Wood (2004) defines professionalism as an "ideal" (p. 249), describing the heart, mind, and soul as essential elements manifested at individual and collective levels simultaneously.

Aguilar and colleagues (2012) have carefully researched the topic of professionalism in occupational therapy over the past few years. In 2012, they explored the professional values of occupational therapists and found that client-centered practice, professional relationships, and professional responsibilities guide daily practice, suggesting "professionalism can be defined from both a values and behavioural perspective" (Aguilar et al., p. 209). In 2013, the same group of researchers used the Delphi technique to try to obtain consensus on professional values and behaviors in Australian occupational therapy practice. Sixty-one values and seven behaviors were deemed essential to occupational therapy practice. In their most recent study examining occupational and physiotherapists' understanding of each other's professional values, these researchers recommended that professions make their values explicit to enable student learning and interprofessional collaboration (Aguilar, Stupans, Scutter, & King, 2014).

Mackey (2014) interviewed 14 therapists in the United Kingdom over the course of one year of practice. Her findings suggested that professionalism is a "reflexive ethical concept" (p. 168) and that therapists are constantly struggling to embody professionalism in ever-changing practice contexts. Robinson, Tanchuk, and Sullivan (2012) explored a small number of Canadian second-year students' and faculty members' understanding of professionalism and found that both groups considered professionalism to be context-specific, but that the students were often uncertain of professionalism expectations.

Professionalism is a complex, multi-faceted expectation of occupational therapists that requires integration of information from multiple sources and subsequent enactment of the concept in real-life contexts. Professionalism needs to be further

studied from the perspectives of various stakeholders, including those of occupational therapy students, to explore how understandings and expectations vary with personal, role, and/or environmental variables. Students are in a position of being evaluated almost constantly on their professionalism in both academic and fieldwork environments; learning about students' developing understandings of professionalism will help educators identify gaps in awareness and knowledge that can be addressed with explicit education. Assumptions about professionalism can result in misunderstandings and students being labeled as unprofessional when the actual issue may be a lack of knowledge about the nuances of professionalism in different contexts. The current study aimed to build on the initial work of Robinson et al. (2012) and to investigate how first- and second-year students in an entry-level master's of occupational therapy program at one Canadian university conceptualized professionalism. The previous study included only second-year occupational therapy students. This study also includes students at an earlier stage of development so that any differences in developmental understandings can be explored.

Method

Study Design

This study used a qualitative design to investigate students' perspectives of professionalism, as it is suitable for exploring experiences, beliefs, and perceptions (Bryden et al., 2010). The overall design of the study evolved from an interpretivist theoretical perspective influenced by a social constructivist approach, which aims to "describe [the] socially constructed view of the phenomenon" (Koro-Ljungberg, Yendol-Hoppey, Smith, & Hayes, 2009, p. 689). Investigators brought to the study their beliefs that professionalism is a concept shaped and developed by therapists who are influenced by local, regional, and national contexts. The authors also assumed that professionalism might be developmental; therefore, a two-category design (Krueger & Casey, 2009) was used to capture the views of both first- and second-year students.

Participants. To participate in the study individuals needed to be registered as full-time students in an entry-level master's of occupational therapy program for the 2012-2013 school year. Convenience sampling was used to recruit students from one university program in western Canada to participate in two separate focus groups. Recruitment commenced following approval of the study from the university ethics board. Recruitment consisted of promotional posters placed throughout the school, verbal announcements made in classes, and a recruitment email distributed by a support staff person to all occupational therapy students. The same email was circulated again one week later. A confirmation email, consent form, and topic guide for review were sent to all students who contacted the second author. At the conclusion of the three-week recruitment period, four first-year (mean age 23.5 years) and seven second-year (mean age 30 years) occupational therapy students confirmed participation in the study. All of the participants were female. At the time of the study, the first-year students had completed 7 months of

the educational program, including one 4-week full-time fieldwork placement. The second-year students had completed 19 months, including one 4-week and two 8-week full-time fieldwork placements.

Data Collection. The data collection method used focus groups, as they are methodologically consistent with trying to comprehend a socially constructed concept and they aim to understand and "provide insights about how people in the groups perceive a situation" (Krueger & Casey, 2009, p. 66). Two separate focus groups were conducted, one with the first-year and one with the second-year occupational therapy students. The second author, who at the time was a graduate student in her second year of the occupational therapy program, facilitated each group. The focus groups were held at the university campus and were 90 min. in duration using a semi-structured format. All of the participants signed a consent form immediately prior to the beginning of the group discussions. Questions used to stimulate dialogue were taken directly from the topic guide used in a previous study by Robinson et al. (2012; see Appendix). The structure of each group followed the outline suggested by Krueger and Casey (2009). Immediately prior to the group discussion, the participants engaged in an independent 5-min. activity in which they recorded descriptive terms for professionalism on index cards. They were then asked to share and discuss these words with the group. The same activity was also conducted at the end of the group discussion. This activity ensured that independent perspectives were captured while

also stimulating interactive discussion among the participants. During each group meeting, a research assistant recorded field observations, including non-verbal behavior, the number of interactions per participant, and the interactions among the participants.

The focus group discussions were digitally recorded and transcribed verbatim. The second author reviewed the transcripts for accuracy and used field notes to supplement the transcript by incorporating any non-verbal information that could assist with fully representing the intent and tone of the participants' statements. To protect the participants' identities, a master list of names and corresponding pseudonyms was drafted and stored in a locked location accessible only to the second author.

Data Analysis. Since the second author facilitated both focus groups, her initial familiarity with the data occurred during the groups' discussions. Awareness of the data was extended when she completed transcription for the second-year group and conducted the accuracy check for the first-year group's transcript. Formal analysis occurred in a three-step analytical process beginning with a manual, line-by-line inductive coding strategy (Dillaway, Lysack, & Luborsky, 2006). For each transcript, the second author recorded descriptive and analytical codes in the margins and then developed a code book. Analytical memos were written throughout the coding process to capture interpretations of the focus group discussions, origin of the codes, and categories emerging from the data (Bazeley, 2013).

Each transcript was reviewed five times and codes were eliminated or collapsed using constant comparative methods (Dillaway et al., 2006).

In step two, peer debriefing of each transcript occurred once the second author was initially satisfied with the assigned codes. The second author and a peer who had not participated in the study discussed the codes and the emerging categories to enhance reflexivity (Dillaway et al., 2006). Following this discussion, the second author read the transcripts again to review the original source of any challenged codes and categories, and to consider whether they were representative of the focus groups' discussions. Preliminary codes were collapsed into sub-categories and categories (see Table 1) through an iterative process of re-reading the transcripts, refining and developing code books and analytical memos, and grouping codes together to form sub-categories or categories. Sub-categories were also analyzed and collapsed to establish categories.

In step three, the first author read, coded, and analyzed both transcripts independently. The two authors then had an in-depth, iterative, reflexive discussion to challenge the initial analysis of the data (Dillaway et al., 2006). If there was a discrepancy in coding or interpretation of the data between the authors, they returned to the original transcripts to analyze the initial interpretation and assigned code(s) to see if the proposed interpretation represented what the participants said. Transcripts and field notes of interactions were reviewed again to ensure perspectives from all of the participants were represented (not just the most

vocal). The authors then met for one final reflexive discussion and, subsequently, some codes and sub-categories were collapsed and redefined to be more descriptive.

Trustworthiness. To increase dependability, an audit trail was kept outlining key decisions made over the course of the study. The second author kept a reflective journal to document thoughts and feelings after each focus group discussion, peer debriefing meetings, and reflexive discussions. Field observations were included in the transcripts to enhance the accuracy of interpretation. Credibility was enhanced via peer debriefing and researcher triangulation was achieved through reflexive discussions and multiple reviews of the transcripts. Summary documents outlining preliminary findings and examples from each focus group were emailed to the respective participants for member checking; the participants did not raise any concerns.

The researchers were aware of the potential impact the second author might have on the focus group discussions due to peer relationships. To minimize bias and guard against an expectancy effect, the second author tried to bracket her expectations and assumptions (Tufford & Newman, 2012). Prior to facilitating the focus groups, the second author engaged in a reflective process of answering the topic guide questions in writing to increase awareness of biases held. This process proved helpful in enhancing the ability to avoid influential bias, as there were key moments in the discussions when the facilitator was more keenly aware of her biases and guarded against raising her

perspective or guiding the discussion in her preferred direction. Introductory remarks were scripted to try to reduce the second author's influence on the participants' thinking.

Results

The main categories of each focus group will be discussed, beginning with the first-year focus group. See Table 1 for a presentation of the findings.

Table 1
Summary of the Coding Process of the Focus Groups

Codes	Sub-Categories	Categories
First-year occupational therapy students		
Attire; competence; approachable	Image and presentation	
Reflection and self-awareness; societal expectations; ethical expectations; impact on others; professional as a title	Regulated	Searching for explicit examples
Client-centeredness; evidence-based practice; collaboration; open-minded; confidentiality	Professional values and attitudes	
Professionalism outside work; taking initiative; advocate; dedicated	Promoting and involvement in the profession	Responsibility to the profession
Professionalism as lifelong; learning; uncertainty; feeling inferior as a student	Professionalism develops over time	
Professional norms; professional boundaries; professional communication; awareness of power imbalance; maintaining professional relationships; managing time; ethical framework guides practice; professionalism defined by what it is not; professionalism is dynamic	Professional behaviors in action	Building and fulfilling societal responsibility
Professionalism outside work; public perception of the profession; maturity; trust; professionalism as a culture	Professionalism as part of daily life for an occupational therapist	
Second-year occupational therapy students		
Professional behaviors and attitudes are not mutually exclusive; competent; responsibility (punctual, reliable, dependable, accountable); ethical expectations; defining professionalism by what it is not; pick your battles	Intrinsic and extrinsic aspects of professionalism	Professional values and behaviors
Professionalism as personal; personal goals; difficulty distinguishing between personal and professional values; personality may impact professionalism; self-awareness and reflection	Uncertainty of the distinction between the personal and professional self	
Shaped by experiences; stakes are higher; impact on others; student occupational therapist (OT) vs. graduate OT; uncertainty; confusion about the terms; drift from professionalism	Professionalism develops over time	Professionalism as socially constructed
Professionalism as dynamic across contexts; professional values; professionalism as an approach	Culture of professionalism	
Advocate; educate others about OT; professionalism as something to be earned; public perception of the profession	OT as a developing profession	

First-Year Focus Group

Three main categories emerged from the first-year focus group: (a) Searching for explicit examples, (b) Responsibility to the profession, and (c) Building and fulfilling societal responsibility.

Searching for explicit examples. The participants understood professionalism using explicit examples, such as image and presentation, which they believed influenced clients' perceptions of their competence. One participant explained the link by saying, " Looking put together, it's just so important because clients will see you and they'll think, 'Oh, they can't even wash their hair, how can they help me take care of myself?'" (Participant [P]12). The first-year students conceptualized professionalism as an awareness of outer appearance and its impact on clients' perceptions coupled with an attentiveness to personal characteristics and presentation to exude competence.

The first-year participants used the regulatory expectations and codes of ethics as explicit examples to understand professionalism. They also used culturally relevant examples to conceptualize professionalism by comparing societal and ethical expectations of National Hockey League players to occupational therapists. One participant distinguished the groups by stating that occupational therapists are regulated to ensure accountability to the public compared to hockey players who "do not have societal expectations" (P11). Differing responsibilities of the professions or other groups to society, and the degree to which they are regulated, helped the participants understand professionalism. The first-year participants also understood professionalism by identifying explicit examples of professional values and attitudes, such as client-centeredness, with one student explaining: "Focusing on the client and doing what's best for them is really characteristic of occupational therapy. If you don't do it, it's definitely not professional" (P12). If the values and attitudes of the profession could not be observed, the participants believed occupational therapists were not conducting themselves professionally.

Responsibility to the profession. The first-year participants agreed that promotion and involvement in the profession was one of the responsibilities of occupational therapists and an important aspect of professionalism. Involvement in occupational therapy-related events was considered essential. One first-year student suggested:

> You wouldn't want to be an occupational therapist if you weren't passionate about making the world a better place for people. You want to be an occupational therapist because you want to do good for the public. (P13)

The participants discussed professionalism as being exhibited through dedicated involvement in activities beyond the workplace to develop and promote the profession. The participants believed that involvement in public events, advocacy, and community education were important aspects of professionalism and key to upholding their responsibility to the profession and society by

positively impacting public perceptions of the profession.

The first-year participants also described professionalism as developmental, emphasizing lifelong learning as a responsibility to maintain competence. Professionalism was conceptualized as developing through experiences with family, friends, and fieldwork interactions. One participant described professionalism as occurring through a dynamic, reflective process:

> Every time you have those experiences, with people in the community or with family and friends and you realize, 'Oh, that was really professional' or 'Oh, that really wasn't' and you try to change the way you practice because of that . . . every time you work with clients and you are evaluating [your performance] you're reflecting . . . so it's [professionalism] constantly changing as we get all these new inputs. (P12)

Building and fulfilling societal responsibility. The first-year students conceptualized professionalism as a responsibility to build and fulfill societal expectations due to their professional status. They described professional behaviors as a means of "gaining [the] trust" (P10) of society in the profession by upholding societal expectations (e.g., norms and boundaries, such as professional relationships and confidentiality). These students demonstrated awareness of their privileged position in society by recognizing the therapist-client power imbalance: "At the end of the day if you do a home assessment, what you feed the doctor affects what happens to the client" (P13).

Consistently upholding behaviors that exhibit client-centeredness and respect were thought to be an important part of building and fulfilling societal responsibility.

The first-year students also discussed professionalism as a lifestyle. In order to build and fulfill their societal responsibility, the participants felt professionalism should occur at all times. One student explained, "[It's] a culture. You've got to live it - all the time" (P11). The participants recognized that their behaviors in public affected their professionalism, and they acknowledged the impact of public perceptions stating, "You have to be really careful about how you conduct yourself in public and even who you are associated with . . . because it reflects on you" (P12). Professionalism was conceptualized as a way of life; a way of conducting oneself in order to be responsible to society in their professional role.

Second-Year Focus Group

Two main categories emerged from analysis of the second-year focus group: (a) Professional values and behaviors, and (b) Professionalism as socially constructed.

Professional values and behaviors. Professionalism was described as encompassing intrinsic aspects (e.g., professional values, such as accountability and client-centeredness) and extrinsic aspects (e.g., professional behaviors). The second-year students understood professionalism by identifying and evaluating the professional behaviors of fieldwork educators and faculty members. Often, professionalism was recognized by unprofessional behaviors misaligned with the

intrinsic values and attitudes of occupational therapy. One participant said of the intrinsic and extrinsic aspects: "Sometimes those two match up and sometimes they don't" (P3). Another student emphasized professionalism as an integral aspect of being an occupational therapist and "not just an act that you put on for when you go into work . . . it's an internal drive" (P4). The second-year students conceptualized the elements of professionalism as values and behaviors, requiring awareness of both intrinsic principles and extrinsic actions.

The participants in the second-year focus group expressed uncertainty about the difference between the personal and professional self and struggled to differentiate between personal and professional values, noting similarities due to socialization in the same Canadian culture. They described their personal and professional selves as "hard to tease apart" due to difficulty distinguishing "what I think is right because it's professional, and what I think is right because it's my own personal values" (P7). Following the codes of ethics was recognized as a strategy to ensure professional values were upheld. Furthermore, self-awareness and reflection were highlighted as strategies to uphold professional values, even if they overlapped with, or were different from, personal values.

Professionalism as socially constructed.
The second-year students also talked about professionalism as developmental and influenced by socially constructed norms and expectations. The participants felt the elements comprising professionalism were socialized beginning at a young age and "socially learned through time from

working and watching people in our lives who are professional or maybe not professional" (P7). Understanding the impact and implications of their behaviors was considered an important milestone for the development of professionalism in occupational therapy. The second-year students described the stakes as 'higher' as registered professionals due to heightened societal and regulatory expectations. One of the participants explained how occupational therapists' responsibilities to clients in their care raise the expectations: "When you're a professional with a license you have responsibilities to other people under your care" (P2). The participants described the implications of not upholding professional responsibilities as potentially detrimental to both clients and the profession of occupational therapy. According to these participants, professionalism occurs as a broad socialization process with greater expectations for its ongoing development and implementation by occupational therapists due to their professional status.

The second-year participants discussed professionalism as a culture and as socially constructed based on the behaviors and values accepted by individuals working in the setting. They identified challenges to understanding the culture of professionalism during fieldwork experiences, believing they did not always see the "bigger picture": "So you are in a different role as a student . . . it's completely different, and the culture is different, so I think that maybe in that role you'll see things differently" (P6). Particularly challenging to students was the variation of

professional expectations in different fieldwork settings. Humor was used as an example of the culture of professionalism:

> It's like Gallows' humor . . . so as a student you see something that seems extremely inappropriate when someone's making a comment about something that seems very serious but in that culture it's how the professionals cope. As a professional in that setting you start to do some of those things because you realize it is the culture . . . so it's just seeing things differently. (P6)

The participants concluded that professionalism is dynamic and varies across contexts, making it difficult to understand when only immersed in the fieldwork site culture for a brief time.

Advocating for occupational therapy was also considered an essential aspect of professionalism due to the developing nature of the profession. One second-year student described "occupational therapy, as a profession, being in the developmental stages" (P5), conceptualizing professionalism as developmental both at the individual (therapist) level and the collective level of the profession. Therefore, the participants considered promoting the profession as an individual responsibility to be carried out by occupational therapists in order to foster a positive public perception of the profession and exemplify professionalism.

Discussion

Analysis of the focus groups' discussions demonstrates that students consider professionalism a complex, ambiguous concept and attempt to understand and conceptualize it by drawing on personal and practical experiences. Similar to the findings of Robinson et al. (2012) related to second-year students, and Aguilar et al. (2013) related to practicing therapists, the participants in this study characterized professional behaviors as indicators of professionalism but found it challenging to identify acceptable behaviors as expectations varied across contexts. To compensate, the students understood professionalism by noting unprofessional behavior(s), which they reported are easier to recognize. While the first-year students understood professional behaviors by emphasizing explicit examples, such as image, to convey competence, the second-year students emphasized ethics and intrinsic aspects of professionalism as guiding professional behaviors. Similarly, Bossers et al. (1999) found their (primarily student) participants focused on visible displays of professionalism (i.e., image and presentation) to understand the concept. Variations between the groups in conceptualizing professional behaviors may stem from differences in practical fieldwork exposure resulting in the first-year students' reliance on more concrete concepts or primarily academic content to explain and understand professionalism.

Our findings build on the Robinson et al. (2012) study by demonstrating that there is a developmental progression of understanding professionalism among students as they advance through their educational program. As experience in a variety of contexts grows, students are better able to compare and contrast the professionalism

expectations and the behaviors of different role models/educators, although it appears more novice students need more assistance in interpreting "why" some behaviors and values are acceptable in certain environments.

Both groups discussed professionalism as developmental, which was consistent with the researchers' pre-study assumptions. The first-year students conceptualized professionalism as developing through lifelong learning and considered it a responsibility of the profession. The second-year students thought of professionalism as socially constructed, describing it as a socialization process beginning at a young age when certain values (e.g., responsibility and punctuality) are often emphasized in various contexts by parents or other authority figures. In their study of the values and behaviors considered essential to occupational therapists in Australia, Aguilar et al. (2013) also characterized professionalism as socially constructed, suggesting that the values considered most important emerge through immersion in a particular context. For the second-year students, professional status implied greater responsibility to society for ongoing development of professionalism due to higher expectations in their privileged position. Similarly, Kasar and Muscari (2000) proposed a conceptual model to describe professional behaviors as developing through a sequential process of heightened expectations and nurtured by "educators, student clinical supervisors, and clinicians" (p. 43). This overall progression has often been referred to as professional "socialization" (Tompson & Ryan,

1996); this study highlights that learning about professionalism is integral to this process.

The participants understood professionalism based on the way they were socialized and the social norms with which they grew upin their own individual contexts, that is, their ideas about professionalism were shaped by ethnic, racial, and gendered values and beliefs. Students enter educational programs at different points in their professional and personal development, making it challenging for educators to know how, and at what level, to begin addressing professionalism in academic and fieldwork settings (Birden et al., 2014). Furthermore, the extent to which professionalism is explicitly represented in occupational therapy curriculum varies from one educational setting to the next. Students' understanding of professionalism is also influenced by faculty who are interpreting, teaching, and enacting the concept as a result of their own experiences and in relation to their own setting(s).

Context also contributes to the challenge of understanding professionalism for students as expected values and behaviors may vary from one context to another. In the current study, the first-year students understood professionalism as a way of life, while the second-year students conceptualized professionalism as dynamic across contexts, drawing on fieldwork experiences to discuss different expectations of professionalism in various settings. During fieldwork experiences, students are immersed in a setting for a limited amount of time and often struggle with understanding and adapting to the specific context.

Students in the study by Robinson et al. (2012) described this uncertainty as "a trial-and-error process" (p. 280). Exacerbating the struggle are the dynamic qualities of professionalism across regional and organizational contexts, which Birden et al. (2014) propose makes it difficult for educators to teach and assess. Scanlon (2011) points out that the contexts of practice are constantly changing and "society, like the professions it encompasses, is constantly 'becoming other'" (p. 245).

The participants expressed uncertainty about knowing how to behave in certain contexts and described the difficulty they had discussing issues they witnessed during fieldwork that they believed were unprofessional. As students, the participants reported feeling powerless to question the underlying values and behaviors of professionalism they observed in some contexts that did not align with their understanding of the concept. Furthermore, they felt speaking up about professionalism might compromise their relationship with their fieldwork educator(s). Likewise, Kinsella, Park, Appiagyei, Chang, and Chow (2008) investigated the ethical dilemmas students faced during fieldwork experiences and found "many students reported hesitation to speak up when they witnessed or experienced ethical tensions during their placements" (p. 180). The unique position of a student who is placed in a practice setting for a limited amount of time heightens his or her observations and awareness of professionalism, yet few opportunities may be provided for students to talk openly and honestly about professionalism with their educators due to

the evaluative nature of the experience. Fieldwork and academic educators must establish safe environments where students are able to question their experiences and explore professionalism by understanding how it manifests in the context of the particular setting. In addition, educators need to foster the development of reflective abilities, which will allow students to analyze professionalism expectations and act in a way that is most appropriate for the situation or context (Mackey, 2014).

To understand professionalism, the students also used relevant examples from their own larger societal context, which in this study was in western Canada. For example, students in the first-year focus group compared the responsibilities of a professional National Hockey League player with an occupational therapist. This is a comparison that might only be drawn in a Canadian context, but it highlights the cognitive process that students undertake in comparing and contrasting their newly developing professional selves with others in society and how they make sense of their new role and responsibilities. The participants struggled to understand the complexities of professionalism in their own developed-world (Western) context. Pan, Norris, Liang, Li, and Ho (2013) identified differences in interpretations of professionalism between Western ideologies and non-Western traditions and suggested "Western frameworks of medical professionalism may not resonate with the cultural values of non-Western countries" (p. e1531). Thus, we must be cognizant of the importance of culture and societal influences on our

understanding(s) of professionalism in an increasingly mobile and globalized profession.

Limitations

Strategies were implemented to reduce the influence of the second author on the group process and content, but the participants may have responded differently to a non-student facilitator. Professionalism is a prominent theme in the curriculum of the program represented in the study, which would have impacted students' conceptualizations of professionalism. Convenience sampling yielded a small sample of female students; representation of male students' perspectives and input from students from other programs would have contributed to richer understandings. Differences in the mean age between the two groups may have resulted in some differences in the groups being attributable to maturation. Transferability of the findings is left to the discretion of the reader with a caution to consider the importance of the context and cultural issues discussed previously.

Future Research and Conclusions

Although professionalism is an important competency for occupational therapists, it has not been widely studied nor is it clearly explained in the literature. Findings suggest professionalism is developmental, socially constructed, and a responsibility (to society and the profession). Future studies should use a larger, maximally variable sample or specifically recruit male participants. Research could also focus on students entering occupational therapy programs to assess entry-level values, beliefs, and understandings of

professionalism prior to the influence of educational content or role models. Educational programs should explicitly incorporate professionalism into the curriculum to facilitate learning and exploration of this complex construct and the development of dynamic reflexive abilities.

Professionalism appears to vary by context and be influenced by culture, rendering it difficult for students to learn and understand. Exploring viewpoints of diverse stakeholders and practice sites might provide insight into the challenges students face in trying to make sense of differing expectations. Future studies should attempt to seek the perspectives of culturally and ethnically diverse students and clinicians to determine any cross-cultural differences in understandings of professionalism and how these might impact practice. If we are truly to practice in a client-centered manner, we must also be prepared to dialogue with our clients about their understandings of professionalism and adapt to their expectations of us as partners in the health care process.

These findings contribute to a preliminary understanding of occupational therapy students' perspectives of professionalism in Canadian contexts. Understanding students' conceptualizations of professionalism may better allow occupational therapy regulators, managers, and academic and fieldwork educators to discuss the nuances of professionalism, identify teaching and research priorities, and assist students who are struggling to understand and integrate this essential professional competency.

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Appendix

Professionalism Focus Group Question Guide

1.) What is professionalism?

    a.) What key words would you use to describe professionalism?

    b.) What would you say if you had to give a brief 30-second summary of professionalism?

    c.) Is there a difference between being a professional and professionalism?

2.) What is NOT professionalism?

    a. Can you give specific examples?

3.) How do you learn about professionalism?

4.) In the context of occupational therapy, what are the most important/relevant elements of professionalism?

5.) Is professionalism important? Why or why not?

Note: Probes (i.e., can you tell me more?) will be used to gain a clearer understanding of participants' comments.