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## Practical Actions Shaped by the Internal Structures of Occupational Therapists' Professional Identities

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# Practical Actions Shaped by the Internal Structures of Occupational Therapists' Professional Identities

## Abstract

*Background:* This study aims to consider the internal structures of the professional identities that occupational therapists construct in clinical settings and to explore the differences of practices resulting from these structures.

*Methods:* In completion of this study, a qualitative methodology based on a grounded theory approach was employed. Semi-structured, individual interviews were conducted with 30 practicing occupational therapists in Japan. First, the internal structures in the participants' professional identities were identified and typified. Second, the participants' actions in their practices were analyzed.

*Results:* We identified three types of internal structures of professional identities. One type focused on their knowledge and skills, whereas the second type placed more emphasis on empathizing with their clients. The third type showed flexibility, and therapists with this internal structure switched between various approaches, depending on situations. The internal structures that influenced therapists' practices were informed by six properties.

*Conclusion:* Three types of professional identities and six properties were identified in the study. Of the three types of professional identities, the therapies of those whose typology was consistent with flexibility are expected to be the most beneficial for clients.

## Comments

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## Keywords

professional identity, internal structure, occupational therapists, professional practice, qualitative research

## Cover Page Footnote

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## Credentials Display

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Expansion of active domains (e.g., developmental disability and productive aging, among others) and the increase of the number of therapists (World Federation of Occupational Therapists [WFOT], 2008; 2016) have expanded the practices of occupational therapists. This has led occupational therapists to seek to negotiate individual professional identities that reflect a diversifying practical context and role. Of concern, however, is that when occupational therapists are compelled to adjust their professional identities to meet various contextual demands, their core roles and values as therapists may become less clear. Grant (2013) found that UK occupational therapists held a weaker collective identity than other health professionals. Because professions are organized around central concerns or core subjects, those cores are indispensable to a professional identity (Hooper et al., 2014). It can be said that occupation is one of the core subjects for occupational therapists. Unique practices based on an occupation could be useful for occupational therapists to mature and function as a community of practice (Turner & Knight, 2015). However, the issue of occupational therapy's professional identity has been debated for many years and continues today (Mackey, 2007; Turner & Knight, 2015).

One of the reasons why core subjects easily become indistinct for occupational therapists is the lack of exploration of the professionals' cores with a practice-oriented mindset (Drolet & Desormeaux-Moreau, 2016; Hanson, 2009). From this perspective, we previously investigated the professional identities of occupational therapists who worked in various clinical settings in Japan through in-depth interviews (Takashima & Saeki, 2013). Through that study, we identified the following two core categories that shape the professional identities of occupational therapists:

1. "Harmonizing with a client's life and the characteristic of a client's disability" and
2. "Giving clients sovereignties as a mission of the occupational therapists" (Takashima & Saeki, 2013, p. 66).

These two core categories relate to what Mattingly (1998) identified as "the double vision of occupational therapy" (p. 142). Mattingly carried out an ethnographic research study among occupational therapists who worked in a large hospital. She found that the therapists had a double vision of the body, a biomechanical conception and a phenomenological conception, and concluded that this double vision was a source of conflict for them. On the one hand, "harmonizing with a client's life and the characteristic of a client's disability" focuses on biomechanically understanding a client and supporting his or her difficulties resulting from a disability. On the other hand, "giving clients sovereignties as a mission of the occupational therapists" expresses the participants' attempts to interpret their clients' words and deeds and events from their clients' perspectives. In this sense, it could be said that this category focuses on phenomenologically understanding a client (Takashima & Saeki, 2013). This double vision might make it difficult for an occupational therapist to develop a professional identity, and it could impact his or her practice. Therefore, further research is needed to explore how occupational therapists control these double visions in themselves and how they reflect these visions in their

practices.

This study aims to consider the following research questions:

1. What are the internal structures that occupational therapists construct in Japan?
2. How are occupational therapy practices influenced by those internal structures?

The results of this study could support enhanced consideration of a professional identity in both the clinical and academic contexts.

### **Literature Review**

Forming a professional identity requires the acquisition of “the character, dispositions, beliefs, values, ways of knowing, and ways of seeing” that characterize a profession (Hooper, 2008, p. 228). In addition, professional identity makes an occupational therapist able to describe his or her profession’s viewpoint, important aspects, concerns, and the methods to address those concerns (Kielhofner, 2004), and it prompts them to act in certain ways (Mackey, 2007). In other words, the professional identity that occupational therapists adopt may influence what services therapists provide and how they provide them. It is necessary to construct a unique community of practice in which occupational therapists provide unique practices based on a unique professional identity (Turner & Knight, 2015).

A professional identity is fluid across time and place and co-constructed in changing communities of practice (Hammond, Cross, & Moore, 2016). Occupational therapists negotiate their own professional identities in their contexts, such as in time and place. In accordance, Mackey (2007) states that

As researchers and practitioners, we need to look for professional identity not in the central locations of the professional associations and academic institutions, but at the extremities, from the bottom up perspectives of the everyday lives of local and particular occupational therapists. (p. 100)

Drolet and Desormeaux-Moreau (2016) interviewed occupational therapists in Canada to explore their professional values, which are important for their professional identities. The authors identified 16 professional values, including autonomy, human dignity, occupational participation, social justice, and equity. Hanson (2009) interviewed occupational therapists who worked in a hospital in the United States and investigated the constructive concepts of their professional identities. Those participants adjusted the constructive concepts by reflecting on the chronological and physical realities and the payment system for medical services. In a similar way, according to Britton, Rosenwax, and McNamara (2016), occupational therapists who worked in an Australian hospital described difficulties constructing their professional identities in an acute care setting. The participants modified their practices using the following three strategies: becoming the client advocate, being the facilitator, and applying clinical reasoning. These modifications allowed the occupational therapists to remain relevant and authentic in this setting.

In these studies, occupational therapists sought their core concepts according to the

contexts of their works and continued to renew them. These struggles could influence the occupational therapy services they deliver.

### **Method**

In completion of this study, a qualitative methodology was employed. To better construct a theory in accordance with the reality, we referred to the grounded theory approach (GTA) (Corbin & Strauss, 2008).

#### **Participants**

Twenty-two (N = 22) occupational therapists took part in the study. The participants were purposefully recruited according to their experiences in practical settings. Recent proposed changes by the Japanese Association of Occupational Therapists suggest that 5 years of experience is required to obtain a clinical trainer license. In addition, 5 years is the recommended period for completion of induction courses for occupational therapists. Furthermore, the researchers' expected that this length of experience in clinical settings would suffice to allow the occupational therapists to develop their professional identities. Therefore, we recruited only participants with a minimum of 5 years of experience in clinical and community settings. In addition, all of the participants were occupational therapists who were working in settings such as hospitals, clinics, facilities, daycares, a school, and home-visit services at the time the interviews took place. The researchers did not include occupational therapists who were working in education and/or research because they might be expected to develop a professional identity quite different from one developed in clinical or community settings because of the context. A snowball sampling approach was taken, i.e., a participant introduced the next participant. This approach enabled the researchers to easily find the next suitable participant.

The researchers also employed a theoretical sampling about a domain considering gender, professional education history, years of experience, and work setting based on the following five client characteristic domains: physical disability, mental disability, developmental disability, older adults, and community. A theoretical sampling is the method to enable researchers to recruit participants who have features that had not been present in the participant group until that point. The data analysis had been almost finished until the 22nd participant. In order to confirm the non-finding of new information from the data, the researchers interviewed eight additional therapists and pursued the theoretical saturation (Corbin & Strauss, 2008). Those eight participants (six men and two women) were occupational therapists who had experience ranging from 7 to 26 years of practice in the field. Fifteen men and 15 women with experience ranging from 6 to 27 years of practice in the field willingly took part in the study. However, the data of the additional eight participants were only used for verifying whether the theoretical saturation had been reached and did not undergo in-depth analysis. As a result, only the information from the first to the 22nd participant is shown in Table 1 (with pseudonyms).

#### **Data Collection**

Socio-demographic information was obtained from all of the participants, including

their names, ages, gender, work histories, years of experience as an occupational therapist, and years of experience in the following domains: physical disability, mental disability, developmental disability, older adults, and community. The researchers conducted semi-structured interviews individually, in Japanese (the researchers' and the participants' first language). The interviews lasted between 40 and 85 min.

The researchers prepared an interview guide with the following questions:

- “When do you feel you are an occupational therapist?”
- “What do you think is unique about an occupational therapist in comparison to other professionals?”
- “What do you value working as an occupational therapist?”
- “Please narrate your memorable cases and/or practices as an occupational therapist.”

Although the researchers followed the interview guide, they prioritized free, spontaneous, and genuine remarks from the participants. The researchers obtained permission from the participants to record the interviews. The interviews were transcribed verbatim.

### **Data Analysis**

In this study, the authors (an occupational therapist and a public health nurse who is familiar with occupational therapists and their work) analyzed the data in two phases. A previous study (Takashima & Saeki, 2013) has shown that the professional identities of a group of practicing occupational therapists in Japan are constructed by core categories, such as “harmonizing with a client’s life and the characteristic of a client’s disability” and “giving clients sovereignties as a mission of the occupational therapists” (p. 66).

The purpose of the first phase was to explore the internal structures of the professional identities among the research participants. The relationships between the two cores were analyzed in the respective participants. Specifically, we created figures showing the participants’ job histories, which included four features: changes of work position, changes of workplace, events that impacted the participants’ professional identities, and how they did or did not express the two cores during those respective periods. We then compared among the participants the relationships between the two cores from which three different types of structures of professional identities were identified. We classified the participants based on these three types (see Table 1).

The purpose of the second phase was to explore the relationships between the properties of the internal structures of professional identities and the participants’ practices. We analyzed the participants’ narratives about their memorable cases for each of the internal structures. Through referring to the concept of properties and dimensions of GTA (Corbin & Strauss, 2008), we analyzed by which factors the participants’ practices were varied in their respective memorable cases. Furthermore, the relationships between the participants’ types of internal structures and their practices were analyzed.

**Table 1***Characteristics of Participants (N = 22)*

Type of Internal Structure	Pseudonym	Male/Female	Years of Experience	Working domain according to a client's characteristic				
				Physical disability	Mental disability	Developmental disability	Aged people	Community
The type based on knowledge and skills	Tomomi	F	10		○	○	○	
	Reiko	F	10	○			○	
	Ken	M	16	○		○		
	Kana	F	16			○		
	Yuji	M	17	○		○		
	Saori	F	25	○		○		
	Aya	F	26		○	○	○	
The type based on clients' sovereignties	Sayaka	F	6	○				
	Shizuka	F	9	○			○	○
	Kazuki	M	9		○			
	Syota	M	9		○			
	Masayuki	M	10		○			
	Hiroko	F	12	○			○	○
	Takashi	M	12	○		○	○	○
	Midori	F	14	○	○	○		
Machi	F	27			○	○		
The type based on flexibility	Atsuko	F	7	○	○		○	○
	Kosuke	M	8	○				
	Anna	F	9	○				
	Tsutomu	M	9	○			○	○
	Fumika	F	10			○	○	
	Kei	M	23	○	○			

Note: Shading expresses the domain in which the participants had the longest working experience.

All analyses were conducted in Japanese and translated to English at the time of writing this paper.

### Ensuring Trustworthiness and Authenticity

The researchers adopted the valuation standards of trustworthiness (Lincoln & Guba, 1985) and authenticity (Guba & Lincoln, 1989) for qualitative research. To ensure the trustworthiness and authenticity, this study used several strategies.

First, to prepare for interviewing, the researchers performed a critical examination to clarify (a) the premise of the research and (b) the researchers' own prejudices. Second, during the

analysis process, the researchers implemented a search for opposite cases or alternative interpretations and detailed and thorough description of the participants. Third, to ensure the authenticity of the results, member checks and professional checks were performed. At the member check, all of the participants were asked for their opinions about the tentative interpretation of their interviewer during their interviews. Moreover, the researchers shared the complete post data analysis for the full study with Atsuko and Anna. Both agreed with the result, and Atsuko described how she understood she worked with what she valued. At the professional checks, two experienced occupational therapists, who are also academics, and five nurses and/or public health nurses were consulted for advice. Four of them are experts in qualitative research. Through discussion with those different professionals, the researchers realized the uniqueness of an occupational therapist.

### **Ethical Considerations**

Objectives, methodology, risks, and benefits of this research were explained to all of the participants. Verbal and written consent was obtained from all of the participants. The study was approved by the ethics committee of Hokkaido University in Sapporo, Hokkaido, Japan (approval number 11-10).

### **Results**

The participants negotiated their professional identities between the two cores, “harmonizing with a client’s life and the characteristic of a client’s disability” and “giving clients sovereignties as a mission of the occupational therapists.” In addition, some of the participants sought a stable internal structure through flexing and transforming their identities. The three internal structures of the participants’ professional identities were expressed by the following three types: “the type based on knowledge and skills,” “the type based on clients’ sovereignties,” and “the type based on flexibility.” The features of practice of the first type was to use knowledge and skills to analyze and harmonize a client’s life and the characteristic of a client’s disability. The features of practice of the second type were to place emphasis on empathizing with their clients and to attempt to solve their clients’ existential issues. The features of practice of the third type was to flexibly switch between the strategies of the other two types. These internal structures are displayed in Figure 1. The relationships between the participants and their internal structures are shown in Table 1.

The following six properties were identified as the factors of the internal structures that influenced the participants’ practices: (a) “The way to organize a case” expressed how the participants reconstructed their memorable cases from their perspective and what they did or did not narrate about those cases, (b) “The viewpoint to understand a client” expressed the perspectives to understand and analyze participants’ clients, (c) “Client’s involvement in a practice” expressed what the participants’ clients were involved with in their therapies and how, (d) “The desirable result of a practice” expressed the desirable goals of the participants’ occupational therapies for themselves, (e) “The visibility of practice” expressed how visibility of

the external appearances of a therapy and what the therapists performed, and (f) “The efficiency of a practice” expressed how efficient (regarding time and effort) the therapists were when approaching their clients toward the desirable goals of their therapies.

Table 2 shows these six features as the properties and the different statuses of each property as the dimensions influenced by those internal structures. These features of practical actions resulting from having a different internal structure are described in the next sections focusing on the internal structures’ properties and dimensions. All of the participants’ names are pseudonyms.

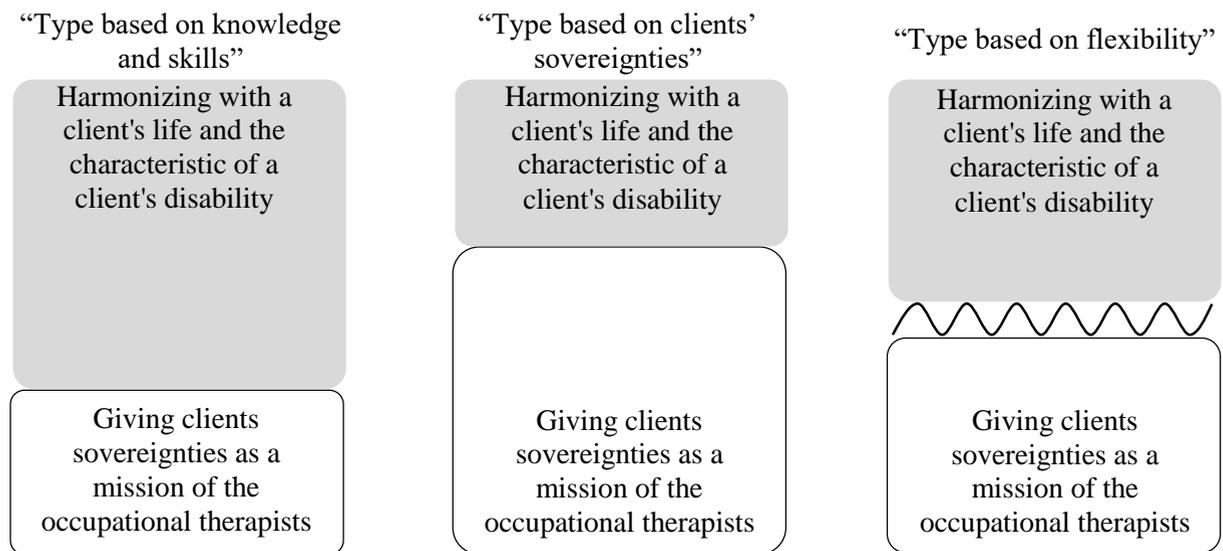


Figure 1. Three types of internal structures of professional identities. The wavy line denotes flexibility between the two cores.

**Table 2**

*Features of Occupational Therapy Practices Influenced by Each Internal Structure of a Professional Identity*

Properties	Type based on knowledge and skills	Type based on clients’ sovereignties	Type based on flexibility
Way to organize a case	- Abstract - Some participants did not have a memorable case	- Concrete and narrative	- Concrete and narrative

Viewpoint to understand a client	- Clients' status of their disabilities and functions	- Personal factors, feelings and intentions of clients - Little focus on the status of clients' disabilities and functions - For instance, some participants mentioned only names of a disease and disability	- Relationships between the status of clients' disabilities and functions, and their personal factors, feelings and intentions
Client's involvement in a practice	- Participants mainly assessed and decided about a therapy	- Empathy for and collaboration with a client were the main concept of a practice, and participants valued a client's intention	- There are characteristics of both the other types
Desirable result of a practice	- Maintenance and improvement of clients' life through linking to their body functions - For instance, for a participant, a client returning to his or her former job	- To be considerate of clients' feelings and intentions - For instance, for a participant, to empathize with and value a client's feelings and intentions about returning to the client's job	- Achievement of more concrete and individual tasks on a client's living - For instance, for a participant, a client returning to his or her former job, i.e., a hotel, where they used to work as a cook before the stroke
Visibility of a practice	- Visible	- Invisible	- There are characteristics of both the other types through adopting suitable strategies for each case
Efficiency of a practice	- Participants had a formula to do well for a certain disability, therefore efficient	- Repeating trial-and-error, therefore inefficient	- There are characteristics of both the other types through adopting suitable strategies for each case

### Practices Characterized by “The Type Based on Knowledge and Skills”

The participants of this type built the internal structure that attached importance to the core of “harmonizing with a client’s life and the characteristic of a client’s disability.” In this core, the therapists analyzed a client’s life and the characteristic of a client’s disability and found value in high expertise and skills to harmonize them as occupational therapists (Takashima & Saeki, 2013). Therefore, the group of participants who attached importance to this core was named “the type based on knowledge and skills.” The therapists who had more than 10 years of experience and who worked with clients with physical disabilities or developmental disabilities tended to structure their identity according to this type.

“The way to organize a case” was abstract and many of the participants did not describe a memorable case. The participants of this type had a formula to go well for a certain disease and/or disability. This formula was a closer concept in meaning to clinical wisdom than a standardized or evidence-based approach, and it meant a combination of strategies or techniques to work with the participants’ clients that were cultivated through their stacked experiences in

clinical settings. The participants narrated cases and often described a favorite client with whom they could use those strategies in their occupational therapies. “The viewpoint to understand a client” was the participants’ sophistication and skills, and cases where they were able to demonstrate them were described as memorable cases.

For instance, Aya narrated some cases in which she had treated a client with dementia who had become disorderly. Aya described some cases of clients who could calm down through her approach of respecting their worldviews and acting together. She said, “I often use this approach to elderly people based on a certain pattern.” In the case of Saori, she narrated as follows: “Perhaps I should say I’m very fond of a client who doesn’t have a language and is extremely focused on a particular thing . . . I got fairly good at working with these children.” She was good at approaching a client with an autism spectrum disorder who had difficulty with verbal communication, and she had a succeeding formula (i.e., a combination of strategies and techniques) for approaching them to improve their sociability. In narratives of memorable cases, the participants explained their clients’ disabilities and functions comparatively, in detail. Regarding “the client’s involvement in a practice,” a large proportion of their decisions involved their practices, and they clearly stated, as an occupational therapist, their aims, strategies, and actual approaches for the therapies “The visibility of a practice” and “the efficiency of a practice” were high. In contrast, it was characteristic in this type that the participants scarcely described their clients’ life histories, interests, concerns, and values.

However, the participants did not measure “the desirable result of a practice” based on the improvements in the mental and/or physical functions of their clients. The participants measured and realized the effects of their therapies according to changes that had happened in their clients’ lives. For instance, in Aya’s case, described earlier, she did not feel her therapy had gone well because the client’s cognitive function had been maintained or improved. As Aya explained, because of the clients calming down in a day care, they spent a longer time being calm at home, and they and their families’ frustrations were relieved. She considered her therapy successful given this change in the client’s life.

### **Practices Characterized by “The Type Based on Clients’ Sovereignties”**

The internal structure that attached importance to the core of “giving clients sovereignties as a mission of the occupational therapists” was named as “the type based on clients’ sovereignties,” according to the characteristics of the practices that the participants having this type of identity described as memorable cases. This type included occupational therapists with various lengths of experience and many participants structured their identity according to this type.

Regarding “the way to organize a case,” the participants of this type of professional identity narrated their occupational therapy practices like a story that included individual information about their clients. “The viewpoint to understand a client” focused on involvement in individual and specific problems and/or activities of the client and empathy with the way they

had felt.

For example, when Shizuka described a memorable case, she described her client's disease and disability as simply a case of "severe hemiplegia," without giving any details. In contrast, she explained the client's life history, role, interests, and values in detail. Shizuka expressed her gratification regarding the process where she had been able to grapple with her client's individual and specific task, cooking, and the client had performed it well. She did not narrate how cooking would influence her client's life. However, Shizuka explained, because she could see the client's "very good face" after receiving praise from others, Shizuka felt very glad as an occupational therapist.

In the case of Midori, she narrated a case where the client who was a junior high school student with hemiplegia. Midori stated only the names of the disease and disability regarding the condition of the client's mental and physical functions. She described that she achieved her gratification when she managed to support her client, not from a physical perspective, but from a psychological one. Midori was impressed by the client's positive attitude and involvement in considering how to live, even though the client had a disability at a very young age and sometimes expressed strain and agony to Midori. She described her gratification with being able to support the client's positive attitude.

"The client's involvement in a practice" was high, and empathy for and collaboration with a client were the main concepts of a practice. Because the participants whose practices are characterized by this type attempted to measure "the desirable result of a practice" by whether a client's sovereignty had been achieved or not, "the visibility of a practice" was low, and the processes and results of their occupational therapies were difficult to recognize. Regarding "the efficiency of a practice," the participants repeated trial-and-error to value the clients' individuality.

### **Practices Characterized by "The Type Based on Flexibility"**

The internal structure that placed importance on both of the cores and flexibly modified its own internal structure was named "the type based on flexibility," according to the characteristics of the practices that the participants having this type of identity described as memorable cases. Although one therapist with 23 years of experience was included in this group, therapists who had relatively fewer years of experience across several fields were more likely to structure their identities according to this type.

It was characteristic that the participants flexibly switched between the two core viewpoints. The participants performed a concrete and narrative "way to organize a case." They also recognized a client's mental and/or physical functions, its change, the relation between those functions, and the client's life in detail as "the viewpoint to understand a client."

For instance, Anna described a client who had mild paralysis, dysarthria, and higher cerebral dysfunctions after the stroke. Anna described that the client had become unable to cook, which was her favorite occupation, or to make an appointment at the hair salon by phone, her

important occupation, due to those disabilities. In this way, Anna clearly explained what a client's disability meant in his or her individual life and how it made life difficult. Moreover, Anna narrated about a case who had started to dislike appearing in public and going out due to a scar from surgery. Anna explained that she attempted to understand and respect the client's feelings and motivate the client, and that they trained together to make the client feel ready to go out again. Thus, in Anna's narratives of her occupational therapy practices, she employed both the cores, "harmonizing with a client's life and the characteristic of a client's disability" and "giving clients sovereignties as a mission of the occupational therapists," and designed her therapies from both perspectives.

The most characteristic point of this type was that strategies of occupational therapy practices were very flexible. "The client's involvement in a practice" and "the visibility of a practice" changed depending on the strategy the participant elected. Because the participants selected the most suitable strategy depending on the context and situation of a case, "the efficiency of a practice" was not higher than "the type based on knowledge and skills," but better than "the type based on clients' sovereignties."

In the occupational therapy practices of this type, the participants measured and realized "the desirable result of a practice" by changing their clients' lives as well as the practice of a given "type based on knowledge and skills." However, these participants focused on the changing of a client's life while considering the deeper individual situation of the client. For instance, Tsutomu narrated about a client who had returned to work after a stroke. Tsutomu did not feel satisfied just with the result of the client's return to work. He explained the whole process and results about the client. He and the client defined the goal of the client returning to the job as a cook at the hotel from where the client had been fired just after the stroke. Tsutomu assessed, based on the client's function, that it was a realistic goal. After occupational therapy intervention, Tsutomu created the opportunity for the client's former supervisor to assess the client's present ability to cook. After the client's supervisor recognized that the client could work the same way as before, the latter was able to return to the job under the same labor conditions. Tsutomu had a feeling of achievement and competence as an occupational therapist through having been involved in this whole process.

## **Discussion**

### **Duality of Focus in Occupational Therapies**

The participants likely reconciled the following duality of focus: "harmonizing with a client's life and the characteristic of a client's disability" and "giving clients sovereignties as a mission of the occupational therapists" and constructed the most suitable professional identities for their working contexts. Robinson, Brown, and O'Brien (2016) discussed the following duality of focus experienced by occupational therapists in the hand therapy field: a biomechanical paradigm and an occupational paradigm. In our study, the identity of "the type based on knowledge and skills" did not mean to follow only a reductionistic biomedical

approach. A core of “harmonizing with a client’s life and the characteristic of a client’s disability,” to which the occupational therapists of that type attach weight, seems to include not only a biomedical viewpoint but also the viewpoint of occupations. The occupational therapists of that type were able to see a biomedical perspective to understand the characteristic of a client’s disability. However, their “desirable results of a practice” were to maintain and improve clients’ lives through linking to their body functions. These occupational therapists attempted to assess the effects of their therapies from the perspective of their clients’ daily living conditions. The term daily living could include occupations; in this sense, this type may also include the viewpoint of occupations.

However, when these participants narrate their memorable cases, they seldom used the word occupation. The absence of the word occupation in the participants’ narratives may be partly explained by the historical status of the term in Japan. In 1965, the Japanese Physical Therapists and Occupational Therapists Act explained that an occupational therapist is to make people with disabilities perform handcrafts, handwork, and other occupations (Ministry of Health, Labor and Welfare, 1965). The phrases of handcrafts and handwork created the impression that an occupational therapist’s only job was to make a patient perform handcrafts (Japanese Association of Occupational Therapists; JAOT, 2012). Hence, the definition of occupational therapy was revised in 2018, and this new definition states that occupation “refers to daily activities that are purposeful and meaningful to each person” (JAOT, 2018).

Wilding and Whiteford (2007, 2008) reported that occupational therapists who worked in an acute care setting used the word occupation instead of function, which allowed them to develop their self-confidences and intensify their professional identities. In the late 20th century, a paradigm shift occurred in the discipline that resulted in the creation of practice-based theories of occupations across the globe (Townsend & Polatajko, 2013). Through deepening the understanding of the word occupation, therapists of “the type based on knowledge and skills” could embrace practice-based theories of occupations. As Whitcombe (2013) stated, “[t]he identity of [an] occupational therapist needs to embrace both a philosophical discourse and the specialist knowledge of occupation” (p. 37).

### **Client-Centeredness in the World and Japan**

The practices of “the type based on knowledge and skills” have a problem in that they might ignore clients’ individualities. On the other hand, “the type based on clients’ sovereignties” focuses on empathizing with clients and client-centered practices. The WFOT (2012) defines occupational therapy as “a client-centered health profession concerned with promoting health and well-being through occupation” (para 1). According to this definition, client-centeredness is a central concept for current occupational therapists as well as occupations.

Whether a therapist places value on “giving clients sovereignties as a mission of the occupational therapists” might depend on the time they received professional training and the characteristics of their clients. Wilkins, Pollock, Rochon, and Law (2001) indicate one of the

difficulties to implementing client-centered practices is that an occupational therapist needs to understand how to implement client-centeredness. Occupational therapists who had more experience tended to construct their identities as “the type based on knowledge and skills,” which does not emphasize client-centeredness. In addition, the Japanese definition of occupational therapy (JAOT, 2018) does not include client-centeredness. However, the book entitled *Enabling Occupation: An Occupational Therapy Perspective*” (Townsend, 1997) was published in Japanese in 2000, and since then the concept of a client-centered practice has gradually spread in education for occupational therapists in Japan. Therefore, newer occupational therapists who have less experience seemed to have had more opportunities to embrace the professional philosophy of client-centeredness.

In addition, Wilkins et al. (2001) described that one of the difficulties of implementing client-centered practices was clients who had difficulties forming a partnership. In our study, the participants who worked in the domain of developmental disabilities were less likely to form a partnership with their clients, such as with infants and/or the characteristics of the disabilities; thus, most of them constructed the internal structure of “the type based on knowledge and skills.” However, the participants who worked in the community constructed the internal structures of “the type based on clients’ sovereignties” or “the type based on flexibility.” That might be because their clients had comparatively high functions to live in community and to make decisions.

It could be a problem that “desirable result of a practice” of “the type based on clients’ sovereignties” was to be considerate of clients’ feelings and intentions. It does not mean those occupational therapists neglected their clients’ occupations and activities of daily living. However, even if these aspects were not improved, these occupational therapists might have had positive feelings when they were able to empathize with their clients. Although these clients seemed to have physiological supports, they might not have had sufficient supports to biomedically recover and/or be enabled for occupations. Attempting to empathize with clients’ sovereignties could result in the therapist losing focus on the clients' needs, such as improving their health, lives, and/or ability to perform their occupations; in that sense, “giving clients sovereignties as a mission of the occupational therapists” does not necessarily correspond to client-centeredness.

### **To Harmonize with Technical Competence and Client-Centeredness**

The therapist of “the type based on flexibility” has the strength of switching between strategies of “the type based on flexibility” and “the type based on clients’ sovereignties,” depending on their clients and contexts. Therefore, this type could compensate for the limitations and use the strongpoints of the other two types. The results of this study showed that the client-centered “type based on flexibility” was more likely to be found in occupational therapists with fewer years of experience, independently of their practice areas of work.

This study suggests that a key point to develop this type of identity might be to make the

relationship between the focus on competence and client-centeredness not opposing, but harmonizing in an internal structure. While technical competence in rehabilitation is important, a starting point of “being with” rather than “doing to” may be beneficial for engaging people in their rehabilitation (Bright, Boland, Rutherford, Kayes, & McPherson, 2012). This statement insists on the possibility that client-centered practices could enhance clients’ proactive involvements in their therapies. Technical competence, such as knowledge and skills, can coexist with client-centered practices. Van de Velde, Devisch, and De Vriendt (2016) identified that the client-centered approach, as experienced by male neurological rehabilitation clients, included a shared biomedical focus as the start of the rehabilitation process.

If occupational therapists become able to explain their practices using the word occupation as a professional who has abundant technical competence and the philosophy of client-centeredness, their practices could be flexibly transformed in tune with their clients. These flexible practices could maximize the clients’ benefits that they gain from their occupational therapies and are important for occupational therapists to develop a unique community of practice.

### **Limitations**

The participants of this study were a group of 22 occupational therapists in Japan who were working in various domains and who had a minimum of 5 years of experience in medical and community settings. This purposive sampling method may, inherently, limit some generalizability. The variety of domains means that results of this study provided basic knowledge about the internal structures of the professional identities that were constructed by occupational therapists who were not limited by their field of work. In addition, results of this study offered insights about the differences of occupational therapy practices due to those internal structures. Through longer in-depth interviews, the analysis might yield further insights. Van de Velde et al. (2016) analyzed client-centered approaches from the perspectives of the clients who underwent those approaches; further studies are needed to explore how clients experience different practices delivered by occupational therapists who have the different internal structures of professional identities. We discussed how education aimed at nurturing occupational therapists would influence their professional identities. Professional identity should be compared between countries with different educational histories. In addition, research exploring the development process of the professional identity and the experiences of professional-identity crisis would provide a clearer guide to support occupational therapists to develop a stable and unique professional identity.

### **Conclusion**

Three internal structures of professional identities affected the participants’ practices according to six properties. “The type based on knowledge and skills” attached importance to technical competences and “the type based on clients’ sovereignties” attached importance to client-centeredness. Structuring these internal structures might be influenced by whether an

occupational therapist is educated in the practical philosophy of client-centeredness and whether they work with clients with whom they can form a partnership. Occupational therapists of “the type based on flexibility” had the strong point of being able to flexibly switch between the strategies of the other two types. To develop this internal structure, they need to realize that technical competences and the implementation of client-centered practices do not conflict with each other and also understand that they can harmonize those two focuses. We expect clients could receive maximum benefits from their therapies through their occupational therapists’ formation of the internal structure of “the type based on flexibility.”

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