CONSTRUCTING MEANING IN OCCUPATIONAL THERAPY PRACTICE: THE EXPERIENCE OF A POSTURE AND MOBILITY SERVICE IN WALES

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Abstract

The aim of this research was to examine the ways in which occupational therapists construct meaning in their professional lives and, in doing so, shed light on the wider dialogue of the meaning of occupation. A secondary aim was to provide a framework to assist occupational therapists to unravel, articulate and position themselves within the meaning of their work.

Hermeneutic phenomenology was chosen as a research approach to enable participants to examine their own actions and for the insider researcher to be visible via hermeneutic reflection.

The methods chosen were used to engage the participants in a research methodology resonated with their professional philosophy. Due to the insider researcher issues, criticality of the methodology was key to addressing the insider research issues of being a manager of the participants of the study. Through a hermeneutic phenomenological approach the construction of meaning in the work of eight occupational therapists in an NHS health board in Wales was explored, using a responsive interviewing model to gather participatory conversations which were analysed within an interpretive framework.

The findings of the study are that meaning construction is both individualistic and socially constructed and critically reflexive engagement with both of these aspects assists the construction of meaning. It concludes that in order for occupational therapists to find meaning in their work they need: a sense of individual authenticity in what they do; an environment that nurtures personal and professional values and a leadership style that ensures freedom and autonomy, respect and lifelong learning.

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Dedication

I have been fortunate, within my professional life, to have crossed paths with many people who have inspired and influenced me in my work as an occupational therapist. As the Head of College when I trained, Professor Rosemary Barnitt was and remains my greatest influence. Her mantra 'what's happened to thinking?' stirred me to complete this work, which I hope is just the beginning.

Author's Declaration

I declare that the research contained in this thesis, unless otherwise formally indicated within the text, is the original work of the author. The thesis has not been previously submitted to this or any other university for a degree, and does not incorporate any material already submitted for a degree.

Signed: 

Dated: 1/7/15

Chapter 1 Introduction

> Impairment: Lacking part or all of a limb, or having a defective limb, organism or mechanism of the body; Disability: The disadvantage or restriction of activity caused by a contemporary social organisation which takes no or little account of people who have physical impairments and thus excludes them from the mainstream of social activities. (UPIAS 1976, p. 3-4)

The profession of Occupational Therapy has at its heart, the inclusion of people with impairment in the mainstream of social activities. The profession, as we know it today, had its origins in the Arts and Crafts Movement, whose philosophy encouraged a return to creative work produced skilfully by hand. This movement, in combination with the Mental Hygiene movement, formed in 1909 to address the deteriorating conditions and treatment of people hospitalised with mental health disorders, developed the focus of occupation and its social contribution. A founding member of this committee was Adolph Meyer, one of a group of physicians supportive of the practices of occupation as therapy and often heralded as the philosophical father of occupational therapy (Meyer 1922/1977). Meyer was joined, in 1915, by Eleanor Slagle who developed art and craft occupations for those hospitalised. Together they coined the first definition of the practice of occupational therapy as occupation used remedially “to overcome some habits to modify others and construct new ones, to the end that habit reaction will be favourable to the restoration and maintenance of health” (Slagle 1922, p14).

Between the 1930’s and the 1980’s the focus for the profession was its acceptance as part of rehabilitation teams and the wider health service (Haggedorn 1995, Hocking 2008). During this time the medical model of health care delivery, and associated dominance and authority of the physician over the person seeking assistance, had a powerful influence on the profession’s development (Leifer 1969, Offer 1974, Reagan, Bellan and Boniface 2010)). In 1980 the academic discipline of occupational science was established (Clark and Larson 1993). Its fundamental focus was advancing the understanding of occupation through research of human behaviours of occupation, thus providing empirical knowledge for the practice of occupational therapy and a

direction to return to occupation as the focus for practice of occupational therapy [see chapter 2]

In more recent times, social models of care have re-characterised disabled people as active participants in discussion, planning and decision-making, in the rehabilitation process designed to equip them with the knowledge and skills needed for optimal physical, psychological and social function (Hammel et al 2008). Such a change in conception presents an ongoing challenge to health and social care professionals across disciplines in terms of the meaning they give to their professional occupation and the ways in which they construct their professional identity.

1.1 Local context of the research

The research was undertaken in an Occupational Therapy led Service based in North Wales, in the United Kingdom (UK). The service assesses the needs of children and adults who have a long-term impairment affecting their mobility or posture and who require mobility equipment such as: powered wheelchairs; active lightweight manual wheelchairs; equipment interfaced with wheelchairs to accommodate or correct skeletal deformities and pressure relieving cushions. The Welsh Government's most recent review (WG 2011a) was an extensive and consultative review, which endorsed the social model of disability to underpin and shape healthcare service delivery in this service in Wales. Understanding the everyday experiences and aspirations of people living with the effects of trauma and/or chronic disability, and their efforts to restore a meaningful sense of self is the everyday work of the occupational therapists within the posture and mobility service. The social model of disability supports their approach to their clinical interventions, enabling them to assist their clients to achieve a lifestyle of their choice but this model is not generic across all the healthcare services in Wales or in the wider health board where the posture and mobility service is now situated. Referral to the service is via any healthcare professional and the majority of whom work within acute hospital settings, which is still greatly influenced and directed by a medical model of service delivery.

This Service was set up originally as a ring-fenced, autonomous service with its own outcome measures, criteria for accessing the Service, workload management and budgetary governance. Referral to the Service was the same as the present day and by the same group of healthcare professionals but the difference lay in the control the Service had in accepting and responding to these requests. As a Service it was initially hosted by an NHS Trust but its direct accountability was to the specialised commissioner for health.The post of Clinical Lead, which I have held since its inception, was developed as part of this organizational change and the role of this post was to: scope the needs of service users and referrers; develop a robust clinically focussed service and address the recruitment and retention issues. As an occupational therapist, I had been fortunate enough to work across a variety of clinical fields and in education. These diverse experiences had enabled me to transfer skills and theoretical practice constructs across differing specialities in which I had worked and it was from this platform, with a strong occupational therapy philosophy and value base, which I began to build the team that is in existence today.

In 2011 the Welsh Government set out a five year framework for simplifying healthcare delivery in Wales (WG 2011 b). As part of the first phase of this work the existing NHS trusts were divided to make up seven new Local Health Boards, each responsible for delivering healthcare to its local residents. This restructuring led to the Service being placed and managed within one of the newly formed Health Boards. This combines three of the previous NHS Trusts and six Local Health Boards. The Service no longer has the protection of ring-fencing or direct accountability to the commissioners and is now performance managed by the new Health Board. Successful outcomes are now target related and referrals to the Service directly affect the targets of other acute services within the health board, e.g. discharge rates from hospital. The original control and autonomy it once had over this has also been diminished with knock on effects for the working practices of the occupational therapists within the Service.

Two major changes have happened simultaneously for the occupational therapists in the Service. The first is recognition by Welsh Government that

inequalities in healthcare can be addressed by the social model of disability the second is the focus of the Health Board to deliver performance targets based on finance and patient/client waiting times. The first endorses the philosophical and value base core to occupational therapy but the second has the potential to place pressure on the occupational therapists to change the way they have been working.

1.2 A professional disturbance

Following discussions with other services some anecdotes and assumptions arose about my Service being seemingly different, in some way, from other mobility services in the UK. Its apparent uniqueness seemed to stem from the fact that it is occupational therapy led, differing from those posture and mobility services that have a medical or engineering philosophy. However, I was unsure what it was that contributed to this apparent uniqueness and needed to understand, in a deeper way, why this was.

Every profession has theories that are unique to them giving that profession a distinctive identity (Higgs 2004). For occupational therapy, the *meaning of occupation* is that theoretical construct which underpins its practice and refers to WHY people do what they do (Yerxa 1998). This central focus on the *meaning of occupation* and its relationship to health and well-being, typically defines the uniqueness of occupational therapy (Reed 1997, Law 2002, Keilhofner 2008, Smith and Kinsella 2009). The focus for occupational science research, in relation to the *meaning of occupation*, has been on conceptual perspectives and much of that literature centres on describing the *meaning of occupation* (Keilhohner 1995). There is little exploration, however, on the ontological focus of the *meaning of occupation* that is, where the meaning comes from, what it looks like and how it is shaped. There is even less exploration of meaningful occupation within the professional lives of occupational therapists themselves (Kinsella and Whiteford 2009, MacKey 2013).

Mezirow (2000) identified that assumptions influenced how occupational therapists filtered issues they attended to, was key to prioritizing action and influenced the interpreted meanings of clients' needs. These assumptions,

personal beliefs and personal experiences, shaping professional practice, often go unchallenged or unexamined (Schell 2003). I was unsure if that was because of limitations within research methods or a belief that this was not a key area for study. There has been criticism around the lack of understanding that culture has on determining the meanings attributed to occupations (Hammell 2004) and strong suggestions made that therapists are not conscious of the social, political and historical contexts that have shaped their practice (MacKey 2007).

It has also been posited that identity is closely related to occupation, particularly work occupations (Goldstein, Keilhofner and Paul-Ward 2004) but for occupational therapists this clear identity has remained elusive (Finlay 1998). The profession's identity is communicated through the outward activity of its members, and this has been determined by the historical and social context of the profession. As such the values, beliefs, philosophies and theories making up the collective identity are expressed in a shared language and ideology. This collective identity, however, has not allowed therapists to explore their individual interpretations within their own shaping cultures (MacKey 2007).

As occupational therapists, we should be exemplars of optimal performance since we purport that we understand how to motivate and support clients to enhance their various occupations. One would, therefore, expect that we would be masters of understanding the meaning of our own work as an occupation, since this is the focus of our daily interventions with our clients. Studies done on the occupation of work have identified its importance and contribution to the meaning in life (MOW-International Research Team 1987, Csikszentmihaly 1990, Shamir 1991, Debats 1999, Gardner, Csikszentmihaly and Damon 2002, Chalofsky 2003, Dimitrov 2012). For this reason I wanted to study the meaning of work as an occupational therapist sees it to try and understand why they work in the way they do. Many more studies have been done on work dissatisfaction, stress and burnout of occupational therapists (Bailey 1990, Rees and Smith 1991, Bassett and Lloyd 2001, Balogun, Titiloye et al 2002, Painter et al 2003, Moore, Cruickshank and Haas 2006b, Gupta et al 2012),

and this suggested to me that occupational therapists, generally, may not be finding their work sufficiently meaningful.

The concept of meaning is complex and multifaceted incorporating elements that are personally developed, and individual, as well as socially developed commonalities. Occupation, therefore, can only be understood through the individual human experience of it within the world to which it belongs. Studies of occupation from this phenomenological perspective, however, are limited (Reed, Hocking and Smythe 2011).

1.3. Purpose of the research

The study aim was to illuminate the factors that enabled the participants to construct meaning in their work and provide them, and me, with a practical and pragmatic framework to help unravel, articulate and position ourselves within the theory of the meaning of occupation and specifically the meaning of our work, which will be explored more and defined in Chapter 2. Professional ethos is complex and carries with it elements of moral nature, guiding beliefs and values that shape thoughts and behaviours (Peloquin 2007). The beliefs of a profession's ethos are alleged to be so fundamental and enduring that they are maintained even in the face of shifting paradigms. In an attempt to uncover these beliefs and values the following questions were an initial guide and starting point:

- What values and beliefs do the occupational therapists bring to their practice?
- Why do the occupational therapists work in the way they do?
- How do the occupational therapists talk about the work they do?

The study utilized a qualitative methodology that had a fit with my own personal and professional ontological stance, that is, where we come from, the experiences we have had and where we are now is a determining factor in our understanding of situations. I was also interested in finding a way of accessing some of the possible unreflected experiences of both the participants and me. Persson, Erlandson et al (2001) stated that to establish the purpose an occupation had in an individual's life could only be achieved through an individual exploration. Since the attribution of meaning is such a personal

concept, phenomenological hermeneutic research methodology was used to enable therapists to examine their personal perspectives that gave meaning to their actions in terms of exploring their work and their professional identity.

The position of the researcher in relation to the participants is unclear from the few studies that have addressed this topic. The research methodology and philosophical stance for this study was key to addressing the challenges associated with insider research (Finlay 1999). The phenomenological hermeneutic methodology was guided by Hans-Georg Gadamer's work on philosophical hermeneutics, which helped to balance and focus the interpretations and development of understanding of the phenomenon under study. A second hermeneutic also arose, unexpectedly, within this study – that of the researcher. An overview of the research approach and plan of investigation for this study is presented in figure 1.1

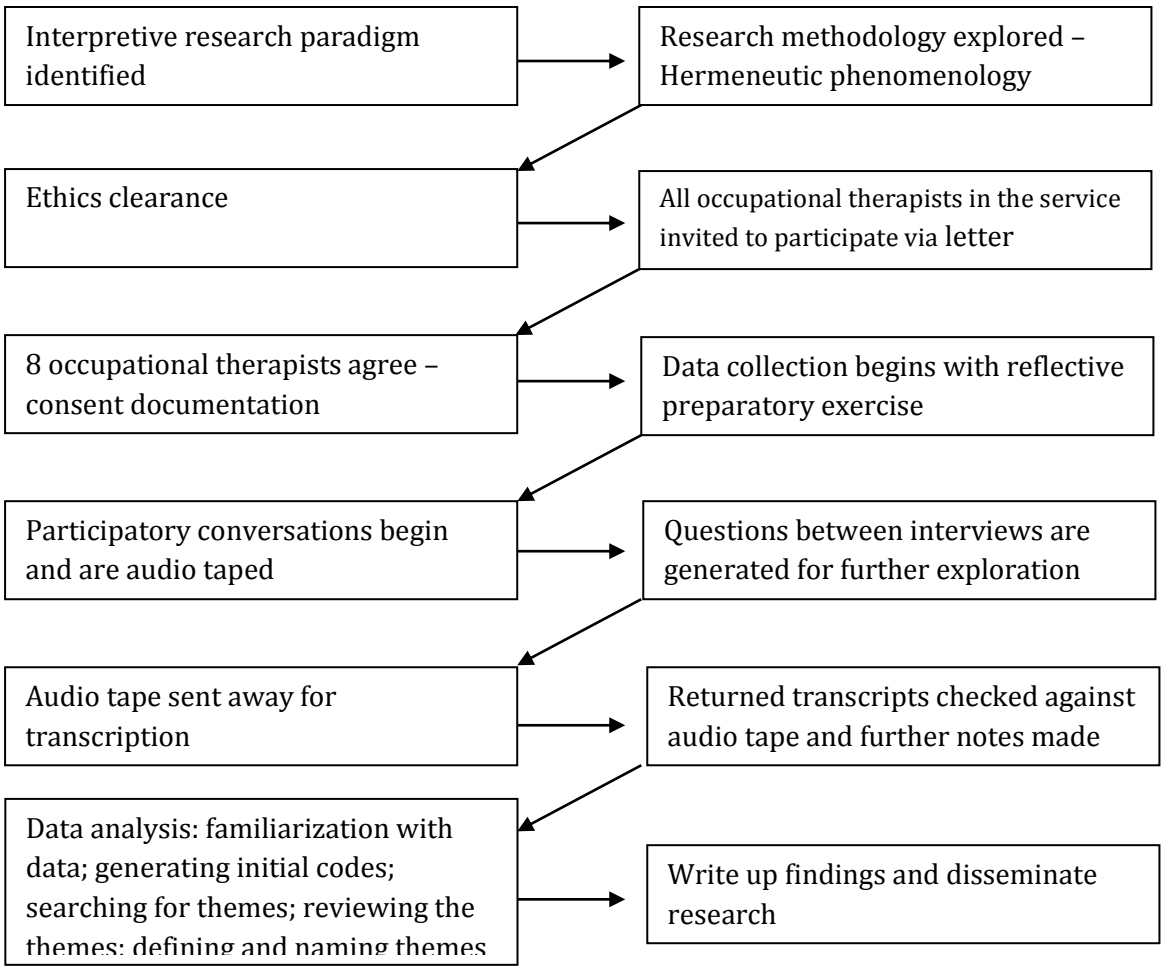

Figure 1.1: Overview of the research plan

This research set out to examine the ways in which occupational therapists working within this specific posture and mobility service sought to understand and bring meaning to their professional lives (both individually and collectively) in the face of unavoidable and potentially uncomfortable change in the culture of service delivery as they had experienced it formerly. In so doing it was anticipated that the research might discover more about the meaning of occupation and contribute to the wider debate about the evolution of professional identity and occupation.

1.4 Positioning myself: reflexivity

The personal challenges within this research were numerous. I had multiple roles to come to terms with and explore – in an open and honest way! I was an occupational therapists researching other occupational therapists; a colleague researching my colleagues; a manager researching my staff and a student trying to complete a thesis. Each of these identities carried with it a way of being, a way of talking and interacting with people, which I became more aware of and conscious of as the research progressed. I was already an insider, not in an ethnographic way – needing to infiltrate a group – but as a person with a legitimate right to be there. I knew which 'mode' individuals were in through the way they spoke and the language they used: sometimes they were focused in clinical mode with service specific jargon; other times, in colleague mode, they were playful and would tease me and at other times just a look from them would be enough for me to know they needed my ear as a manager. Being a legitimate member of this group of people was a privileged position but I was about to add another dynamic – that of researcher. My conversations with them would become data that I would collect and interpret, exposing them and their thoughts to a wider audience perhaps laying bare unspoken values, beliefs, experiences. My quest was to crack the code of meaning and identity for them by considering these previously invisible assumptions. But it was as I became actively engrossed in the analysis that a real fear arose in me – would the end joint product of the research set me apart from this group, would I be rejected by them, would they feel betrayed, would the dynamics change the relationships I had with them?

Cracking the code for them – was it really of importance to them or more to me? I could legitimise my scholarly activity and choice of research subject with literature reviews but what was the real driver in this? There are many times in life when we legitimise what we do, whilst at the same time creating a smoke screen to hide true motives. Was 'being phenomenological' a smoke screen for me to legitimise a self-indulgent opportunity to explore my own personal and professional identity and sources of meaning, probably a bit of both. I think I have always been intrigued by identity and its importance and recall an incident when I was a child. My uncle was training as a psychotherapist and my dad asked him to 'analyse his children'. My uncle said to me "you are Gretel and you are in the woods…" I responded, "Why are you telling me who I am?" I was eight years old – the conversation stopped there! Being a member of a profession regularly described as having an obscure identity is hard for me – because it is so much of who I am. I know that I have engaged in this research project because my own interest, in a true existential sense, is wanting to find out who this occupational therapist is, where she comes from and what is her place within a community of practice that holds so many of her values – or do I? My struggles with challenges of reflexivity are exposed throughout the thesis. I feel caught between two worlds, wanting to embrace engagement and subjectivity but liking the professional distance I am privileged to hold as researcher – I almost missed my own story.

1.5 Structure of the thesis

A strong reflexive element is woven throughout the thesis. Its intention is to support the philosophical underpinnings of the research methodology, outlined in chapter three. The emphasis of personal reflexivity (Wilkinson 1988, Finlay 1999, Kinsella and Whiteford 2009) makes visible my identity as the researcher, these are presented as direct quotes from my reflective log and are placed in boxes throughout the thesis. This incorporates the interests I have in researching this area and experiences that have shaped my professional practice knowledge construction to date and its potential influence on the study.

At times, short personal perspectives precede or follow a chapter or section in order to situate the discussions. Each chapter has a dedicated reflexive section which comments on the notes made in my reflective journal, compiled at the time of writing during the research process. The process of hermeneutic reflection (Finlay 2003), however, is a revisiting of the original reflections and interpretations in light of my own revelations.

The thesis is presented in six chapters. Chapter 1 has already introduced the research in the context of my current practice and outlined how I identified the required area for study. This chapter also briefly outlines the rationale and significance of the topic as an area for study and the research perspective adopted in the attempt to achieve that.

Chapter 2 elaborates the contextual information provided in the first chapter. It looks at how occupation is viewed from a lay perspective and by the profession of occupational therapy, reviewing the historical progression of occupational therapy's development. This chapter puts work as an occupation into context and considers the contributions made by occupational therapy and occupational science regarding the understanding of meaning-making.

Chapter 3 presents the methodology incorporates the philosophical underpinnings of Gadamer that have provided the framework for the study and guided the development of the method. This chapter provides explanations about the process from participant selection to how the data was analysed. An important part of this chapter is the framework adopted to ensure trustworthiness and an auditable trail of the research.

Chapter 4 the findings present my interpretations of how meaning is constructed within one occupational therapy workplace. The findings are in two parts. The first presents the interpreted individual worldviews, which provided a lens for constructing the second part. The second part are grouped into six themes (1) The role of the team as a collective (2) The significance of time (3) The centrality of clients (4) The importance of knowledge (5) Fighting your professional corner (6) the failed expectations of college. Each of the master themes contained further sub-themes.

Chapter 5 ‘discussion’ presents my interpretations in light of the existing literature and re-conceptualises the findings about how meaning is constructed by these therapists. This chapter also provides the possible contribution that this study has for occupational therapy practice and education and occupational science.

Chapter 6 reviews the contribution of this study in light of what is already known and reflects upon the effectiveness of the research design in exploring and understanding the meaning of occupation. It concludes with the limitations of the study and identifications of areas for further research.

Chapter 2 Background to the study

2.1 Overview

The introductory chapter provided the opportunity to set the scene for the research. It outlined the reasons and interests I had in addressing a specific area of my work practice. It also gave me the chance to introduce the phenomenon under investigation, the key research questions and the research players. This chapter provides a synopsis of the literature that was reviewed in order to gain a greater understanding of occupation as a whole and its relationship to meaning.

The review considers the meaning of work as an occupation as studied from a variety of disciplines, looking at human resource development, psychology and sociology as well as an occupational therapy perspective. The literature showed the complexity of the phenomenon under study and the difficulty occupational therapy has, nationally and internationally, in articulating and defining the meaning of occupation as a fundamental theoretical construct, which is key to its professional identity. The literature suggests that there is no consensus in the role of occupation in determining meaning and purpose in people's lives, but presents the theorized health benefits that have been associated with engagement in meaningful occupation.

The suggestions within the literature are that individual and cultural elements contribute to meaning, associated with work, and this has been reviewed against the wider professional literature on occupational therapy. The role of culture on professional identity and the values that have contributed to the way occupational therapy looks upon occupation has also been explored. The review shows that occupational therapy literature is more dominated by a focus on the doing of occupation but that reason and purpose of occupation are an under researched but necessary area for further study.

2.2 Data Sources

A literature search was initially completed by defining areas that were considered relevant to the study purpose and aims (Table 2.1). Within this initial search, the years of publication were set between 1990 to the present day, with a restriction on those available in the English language. Relevant electronic

databases were searched (ASSIA, CINAHL, EBSCO, EMBASE, AMED, OTD BASE, Psyc INFO, MEDLINE). Key articles were identified from this search, and a manual search was then completed retrieving additional relevant articles and books. Both qualitative and quantitative study methodologies were considered. Grey literature in the form of newspapers, professional editorials and magazines and doctoral theses were also searched. The majority of articles relating to occupation, other than work as occupation, did come from the fields of occupational therapy and occupational science due to paucity in other fields. The articles incorporating meaning and work came from a broad selection of disciplines.

Topic variables	**Inclusion criteria**	**Population**
Work Meaning Meaningfulness Occupational therapy Occupational science Professional practice	Identity Employee attitudes Employee behaviours Reflection Work centrality Recruitment Retention Career choice Perception/occupation Occupation Culture	Public sector workers Managers Occupational therapists Physiotherapists Psychologists Sociologists Doctors Nurses

Table 2.1 Search Keywords

2.3 The importance of meaning

2.3.1 The meaning of meaning

In its philosophical sense, meaning has been described as a complex relationship between the subjective and the objective, content and context. Meaning has traditionally been associated with language so an object can be understood either objectively for what it appears to be, or subjectively as in the meaning of a word to describe the object (Thornley and Gibb 2007). An example of this might be: if I said to an equestrian friend of mine in the pub that 'I need a new horse' they would probably think 'four legged creature' (subjective). However, if they were in the house with me when I said 'I need a new horse' and they could see the radiators full of clothes, the context would give it different meaning (objective). Shared understanding of meaning, however, is only possible because, as humans, we share societal contexts and the words we use generally relate to objects that are agreed upon by societal conventions. Sounds in language come to represent concepts. The key, therefore, appears to be in the acknowledgement of context (Wittgenstein 1922, Thornley and Gibb 2009) and its role in understanding the complexity of meaning to describe its practice in an accurate manner.

In her work on the meaning, in daily occupations, Hasselkus (2002) argues that meaning derives from personal and social experiences, with individual explanations given at one end of a continuum and social explanations at the other to attribute meaning to what we do. It has been debated (Kielhofner 1995, Doble and Caron Santha 2008, Reed, Hocking and Smythe 2010) that sufficient steps have yet to be taken within occupational therapy, and occupational science to assist understanding of how meaning shapes occupation. Occupational science seeks to address this by looking at occupation as 'form', 'function' and 'meaning' and these will be discussed in more detail later in the chapter

2.3.2 Sources of meaning

Meaning in life is not just a concern for occupational science and occupational therapy. Social scientists and psychologists have recently (last 40 years) taken an increasing interest in the concept of the meaning of life and the values of life

associated with living in a modern world. Meaning is seen to be about connection and relation of purpose, value, efficacy and self-worth (Baumeister 1991). According to Debats (1999), the reticence to address the topic stemmed from the vagueness and lack of ability to apply theoretical and empirical research techniques to the investigation of meaning in life, in the same way that studying existential constructs like authenticity and freedom posed problems (Crumbaugh and Maholick 1964).

Early research considered both qualitative and quantitative methods in a search for explaining what contributed to a person's sense of purpose or meaning in their life (Lukas 1986). Early qualitative research focused on participant descriptions, utilising the Life Regard Index (LRI) and the results were organised into six main categories. These represent life organisation: interpersonal, service, understanding, obtaining, expressive and ethical. This tool was devised to be non-judgemental, as a direct result of the criticism of the quantitative Purpose in Life test (PIL), and its associations with a Protestant work ethic (Battista and Almond 1973) their focus was on understanding life, pursuing fundamental goals and feeling fulfilled in life. In the early 1980's further research developed these categories to include life work, growth, pleasure/happiness, and health (DeVogler and Ebersole 1980, DeVogler and Ebersole 1983). Early quantitative studies (Crumbaugh 1968) only had one measure at its disposal to assess the meaning of life and this was the PIL, which concentrated on confirming the relationship between meaning of life and the existential theories developed by Frankl (1963) whose focus was having a purpose to live for and Maddi (1967) who posited the relationship between meaning in life and psychopathology.

The turning point, and increased interest, came when Yalom's (1980) clinical observations put forward a link between the quality of life, incorporating the values and goals set within that, and psychological health which triggered an increased interest in researching the meaning of life. Later research completed by Zika and Chamberlain (1992) and Debats (1996) confirmed Yalom's initial observations that people were prone to ill-health and exposed to situations that were experienced as distressing if meaning was not a part of their life.

Common features can be found between these early studies and more contemporary research, especially the notion that individuals possess a number of differing sources of meaning but my reading found that the two main categories identifying importance, with regards to meaningfulness in life, that had remained the same related to relationships and lifework (MOW-International Research Team 1987, Csikszentmihaly 1990, Shamir 1991, Debats1999, Gardner, Csikzentmihalyi and Damon 2002, Harpaz and Fu 2002, Chalofsky 2003, Stenger, Frazier et al 2006 Dimitrov 2012) but the phenomenon of meaning-making has only recently been addressed (Isaksen 2000). The focus of my study was the construction of meaning of work, so I needed to explore meaning-making in relation to this.

2.4 Meaning and Work

2.4.1 The meaning of work

The meaning of work is of interest to many disciplines due to the wide consensus, from scholars, that work is central to the lives of individuals and a fundamental element of their overall perceptions of meaning in life (MOW-International Research Team 1987, England and Harpaz 1990, Gardner, Csikzentmihalhyi and Damon 2002, Harpaz, Honig and Coetsier 2002, Baumeister and Vohns 2005, Arnold et al 2007, Ardichvili and Kuchinke 2009)

The most influential research on the meaning of work was carried out by the Meaning of Work (MOW)-International Research Team (1987) who studied over 8,500 individuals from differing countries - this seems to be viewed as the exemplar study for identifying the centrality of work in peoples' lives (Brief and Nord 1990, Mannheim 1993, Harpaz and Fu 2002). Work was ranked second in importance in peoples' meaning in life, with family holding the top ranking. The original study was completed in the early 1980's and repeated in the late 1980's and early 1990's with slightly differing results. Although follow up studies have confirmed the high ranking of work centrality (England 1991, Harding and Hikspoors 1995, Harpaz 1999) there appeared to be little critique of the differing variables that may have influenced the results.

Few studies discuss the possible influence of the demographic characteristics. The original study identified that the ratings were affected by features such as levels of education, professional training and gender relating to higher scores but these are not available for comparison in all the other studies. There is also the issue of social situation that may have influenced the ranking but is not discussed.

The perception of people's experiences had been the focus of the meaning of work studies traditionally and had not drilled down to the social and individual factors that had contributed to the meaning of work. When studies did begin to do this there were differences in the findings. Ideas that pay and promotion and financial security were not as important as emotional happiness, as proposed by Csikszentmihalyi (1998) were not found by Dimitrov (2012). His findings mirrored those completed by others who concurred that a good salary and promotion opportunities were important (London, Crandall and Deals 1977, England 1991, Dimitrov 2009). Many of these studies have been completed in the USA and it has been proposed that the differing responses could be influenced by the importance of cultural values such as human rights (England and Whiteley 1990) illustrating the possible influences of culture and values on the meaning of work.

2.4.2 Defining meaning of work

The definition of meaning of work has been difficult to synthesise since it is dependent on many variables: individual identity; societal impact; cultural norms; religious and historical contexts and economic status, to name a few. Meaning of work has also been studied from what has been described as 'differing domains of meaning' (Lair et al 2008, p173) to incorporate the individual, organizational and cultural domains which add an additional complexity related to the politics of work meaning.

Work done by Sass (2000) looked at the nature of spirituality and its political impact on the individual and the organization, finding that organizations can either enhance an employee's meaning of work or hinder it with conflicting values. This was also found by Konz and Ryan (1999). The concept of a spiritual level of work meaning aligns more with the effects of individual

experiences and relates to occurrences that take place at a deeper level than our normal experiences (Laabs 1995). In their study on organizational spirituality, Konz and Ryan defined it thus:

> …spirituality is defined as the particular way the human person in all its richness, the relationships of the human person to the transcendent, the relationship between human persons, and the way to achieve personal growth are envisioned. For an organisation to have spirituality, the spirituality must be enunciated, in must be presented in terms that can be readily understood by all organizational members. Individuals must know what behaviours and beliefs are congruent with the spirituality of the organization.(Konz and Ryan, 1999, p.202)

Organizations have been seen to utilise this concept of spirituality in order to attract and retain staff by incorporating its spirituality, as values, into the organization's culture including work expectations, employees' expectations and standards of practice (Trice and Beyer 1993, Allison 1998). This concept of spirituality as the foundation of culture is described by Reichers (1987) as a means by which the leaders of organisations influence and socialize new employees which has similarities to Bourdieu's (1977) theory of power and practice.

Organisations can be likened to the notion of field, a social arena that has specific requirements for membership. These requirements incorporate the deeply held values and spirituality of the organisation (field) that direct their actions, likened to habitus, the deeply engrained individual perceptions that shape one's actions and thoughts. The perceptions and values that make up habitus, and the order and dominance of differing categories of understanding, are usually congruent with the structuring of the field. So as people join the organisation (field) they learn to accept the structure, the values, how everything interacts, where their place is in that and acts in a manner that reflects these beliefs and values (doxa). The outcome for the organisation (field) when there is congruency like this (doxic relationship) is a generating and regulating of the practices and behaviours that instil meaning for both sides.

Defining the meaning of work, therefore, is difficult because of the complexity of the associated parts that constitute elements of meaning and their particular

focus. In their definition, for example, Sverko and Vizek-Vidovoc suggested the meaning of work is:

> …the set of general beliefs about work held by an individual, who acquires them through interaction with social environment. It is generally assumed that these beliefs are related to the person's career orientation and behaviour in the work situation, including job performance, turnover, absenteeism, and job satisfaction. (Sverko and Vizek-Vidovoc, 1995, p. 3)

In a much later definition by Morin (2004), however, the focus had changed becoming more inclusive, incorporating the importance and relationship in individuals' lives:

> …the concept of 'meaning of work' can be defined as the significance the subject attributes to work, his representations of work, and the importance it has in his life. (Sverko and Vizek-Vidovoc, 1995, p. 4)

In their paper about meaningful work Lair et al applied a social construction to the extrinsic and intrinsic factors associated with differing definitions and chose to define two separate constructs – *meaning of work* and *meaningful work*. The former makes reference to the role of work in one's life and the latter to the actual nature of work:

> Meaning of work…refers to the significance and/or purpose of work as attributed by the worker herself or himself (though such attributions are deeply influenced by the social field in which they are made)…meaningful work refers to the culturally privileged qualities of work itself (again within a particular social field). (Lair et al, 2008, p. 173)

For my study I wanted a definition that incorporated elements as diverse as: the creativeness and order associated with purpose in occupation (Csikszentmihalyi 1990, Diehl and Hay 2010) the relationships of time and space in occupation (Zemke 2004) and something that was not just limited to the psychological meanings that individuals and groups attach to meaning (MOW International Research Team 1987). The similarities in many of the definitions may be because work provides opportunities for people to express themselves through the activity of work. The integrated wholeness model by Chalofsky symbolizes the meaning of work as an equation incorporating: the sense of self; the work itself and the sense of balance, fitting with my own perceptions of work as one of the defined areas of occupation, and it was this definition of meaning of work I decided upon:

> Meaning of work is not just about the meaning of the paid work we perform; it is about the way we live our lives. It is the alignment of purpose, values and the relationship and activities we pursue in life…It is about integrated wholeness (Chalofsky, 2003, p. 80)

2.4.3 Meaning and the workplace

Work environments have been considered as equally important as personality when it comes to choosing a work vocation. Work by Holland (1992) on career theory posited that people seek out specific environments, allowing them the opportunity to express their attitudes and values through the skills and abilities they have. An example of this can be seen in the study carried out by Kernes and Kinnier (2007, p215) on psychologists. Within their study the place of work had a connection to the actions carried out and the outcome. All participants that found their work meaningful had indicated "helping others live more satisfying lives" as a factor and whilst those working in areas addressing mental health issues found meaning in helping others the academics found meaning through research activities, all helping others but the environment appeared to dictate the meaningful outcome. Chalofsky's (2008) further work on humane organisations also considered the workplace to be an important element of the well-being (happiness) that people found in the overall meaning of work and Dimitrov's (2012) work on the hospitality sector also supported these findings.

When viewed through Chalofsky's (2008) perspective, influenced by theories of critical feminism and humanism, humane organizations have a link to spirituality of organisations and the politics of organisations. The workplace ceases to be just a location but creates its own system of meaning (culture) including all who belong to it. Humane organisations are typically characterised by their values about workers. Those responsible for the work environment have accountability for ensuring the 'integrated wholeness' of the workers, a sense of balance, is achieved (Chalofsky 2003).

Studies done on peoples' experiences of the meaning of work and elements of the psychosocial work environment have proposed that factors such as job demands and job resources can contribute to a sense of psychological well-being (Clausen and Borg 2011), further supporting Chalofsky's (2008) and Dimitrov's (2012) claims of the environment's importance. Work by Bakker and Demerouti (2007) devised a model – The Job Demands-Resource model (JD-

R) which stated that the interplay of both demands and resources of work impacted on a person's well-being. Within the model, resources have a focus on the personal growth opportunities afforded to people via: the atmosphere created by the team workers; the amount of freedom to do one's work and leadership that contributes to learning opportunities and competency development. The demands relate to the impact or personal cost associated with physical or mental burdens potentially affecting satisfaction at work adversely including: target demands dictating the pace of work; workload dictated or allocated by another and ambiguity in work role. In their study Schaufeli and Bakker (2004) concurred that such an imbalance led to problems such as ill-health and burnout but this was not supported by the work of Clausen and Borg (2011). They have suggested that a balance can be found and work demands, seen as challenging opportunities, can be used for enhancing individual growth.

This idea of being challenged or stretched, within an individual's abilities, has also been put forward by Csikszentmihalyi (1990) as a positive activity that can assist in stemming off negative health issues. He referred to this phenomenon as 'flow' which individuals, whom he studied in the USA, experienced three times more in work situations than in their leisure time.

Possible reasons for the difference in the studies could be linked to how experiences are shared and how the data is gathered. To understand what is happening within work organisations survey data has been heavily utilized which focuses on individuals' experiences. This does not allow for factors such as sharing experiences and perceptions with colleagues to show their possible influence (van Emmerik and Peeters 2009). What is clear from the differing studies is that individual and organisational factors are all contributors to peoples' experiences of meaning in the workplace and contribute to quality of life, especially areas relating to balance of job demands/job resources and developing a workplace climate to enhance psychosocial well-being (WHO 2005).

2.5 Occupation

2.5.1 Defining occupation

> …the wonderful journeys one can embark on just by looking up one little word. Webs are woven, patterns form, a tapestry emerges. (Caulton 1993, p6)

The above quote, from an occupational therapy scholar captivated by words and their usage, seemed like an apt place to start this section.

This section will outline the main differences between the everyday meaning associated with the word *occupation* and the meaning of the word *occupation* for the profession of occupational therapy. Polysemy is the term used to describe a word that has many senses and can lead to a variety of meanings (Ricoeur 1991) - *occupation* falls into this category. Common usage of the term can be found in the Oxford English Dictionary (2014). In searching for the meaning the online version of the dictionary was used to ensure the most up-to-date definition was found. The definitions cited the meaning of occupation in the following order:

- A job or profession (noun)
- A way of spending time (noun)
- A form of military occupation by force or taking control of a building (mass noun, dating from the 16th century)
- The action of living in a building (mass noun)

The rankings and definitions attributed above are also shared in the American version of the dictionary with the exception of:

- For the sole use of the occupiers of the land (adjective)

This only appears in the British version of the dictionary. The above rankings were different in the 1986 dictionary version with work ranked 3rd behind leisure and military occupation.

The above rankings of occupation would seem to explicate how language has been linked strongly to ideas that are dominant within society (George 1990, Young 1990, Campbell and Manicom 1995). The ranking of occupation in the

British dictionary, if cross referenced with the findings of the MOW (1987) research, have a relationship with regards to work's centrality in that decade. The centrality of work and its importance in overall meaning in life has been discussed previously. When looking at starting points of conversation, either in social situations or professional meetings, the question "what do you do?" is usually responded to with an answer that stipulates what your work title is; your place of work or your professional background (Magnus 2001, Baptiste 2003, Unruh 2004). When searching the literature with the keyword *occupation* the majority of sources returned, outside of the occupational therapy/occupational science literature, interpreted *occupation* to mean work (Gati 1984, Gati and Nathan 1986, Benyamini and Gati 1987, Amit 2009).

The second most common association for the word *occupation* as an aspect of human life includes the using up of time, of a day, in activities that occupy an individual (Christiansen and Baum 1997, Reed and Sanderson 1999, Farnworth 2003, Wilcock 2006). The common interpretation for this is associated with leisure, rest or play and would, perhaps, explain, anecdotally the reasoning behind the common misunderstanding, of those outside the profession that the role and intention behind the work of occupational therapy is to 'occupy' individuals. The meaning of occupation, for occupational therapy, is more diverse and complex than the simplified definitions given. The misunderstandings associated with it when it is related to occupational therapy, and the consequent practice and focus for occupational therapy, could be attributed to the unseen elements behind the phenomenon of occupation. Yerxa described it thus:

> Oversimplification is the process by which inherently complex phenomena are reduced to parts or fragments which are more easily seen, understood and/or controlled…Oversimplification may also be manifested by attempting to reduce complex phenomena to that which can be observed on the outside of the individual. (Yerxa, 1988, p.5)

2.5.2 Occupational therapy and occupation

Occupation has been described as the 'the means of treatment and the outcome of treatment' for occupational therapists (Yerxa, 1988, p.6). Understanding occupational therapy's use of the word 'occupation', and its centrality for the profession, can be enhanced by reviewing the historical

context of occupational therapy, particularly the main social movements that had an influence on the development of the profession.

The moral treatment movement was founded in Europe, during the time of the Enlightenment (Russell 1961). It has been suggested that the philosophical concept of ideology, with its focus on the role of the environment in shaping mental functioning, was the basis for its foundation (Caplan 1969). The leaders of this movement were Philippe Pinel (1745-1826), a French philosopher and William Tuke (1732-1822), a Quaker and an English Merchant Philanthropist. Their approach to thinking about, and treating, people with mental disorders was influential in the eventual changes in the conditions and attitudes of those responsible for looking after people with mental health problems, at this time referred to as the 'insane'.

The ideas proposed and practiced by Pinel and Tuke focused on the values, engagement in and structure of occupation in assisting the recovery process. It also ensured that the demands made in these pursuits equated to the skills of the people carrying them out (Pinel 1962). This humanistic approach ensured that the people responsible for looking after the new institutions and regimes were imbued with values that respected people with mental health problems as equals (Reed and Sanderson 1999).

The moral treatment movement had been successful in addressing the issues of balance between the dominance of science, in the medical model, and the more holistic approach to the treatment of the mind and body. With the waning support, however, of strong leaders and societal pressures the use of occupation, in asylums, to manage and treat people also waned. The medical profession resumed its dominant role in the management and treatment of patients. (Peloquin 1998).

The restoration of engagement in occupying activities and its contributory importance in the role of health maintenance was rejuvenated through the Arts and Crafts Movement in the 1920's (Reed and Sanderson 1999). The philosophy encouraged a return to creative work produced skilfully by hand. The positive effects and the links between purposeful engagement, an

occupational therapy tenet, and health and well-being were expressed during this time by Morris:

> …art is the expression by man of his pleasure in labour. I do not believe that he can be happy in his labour without expressing that happiness; and especially this is so when he is at work at anything in which he especially excels. (Morris, 1915, p. 41-42)

The focus of occupation and its social contribution was developed further with the founding of Hull House in Chicago in 1889. This combined the values of the Arts and Crafts Movement and supported the tenets of the mental hygiene movement. A founding member of this committee was Adolph Meyer whose interest was greater than just the political battle around conditions. His focus was on health promotion and development of better ways of living to prevent problems of mental health and the treatment associated with that (Grob 1987). Meyer was involved with the work at Hull House and one of a group of physicians supportive of the practices of occupation as therapy.

Eleanor Slagle joined Hull House in 1915 where she was responsible for developing the art and craft occupations including basketry, weaving, quilt making and carpentry. Items produced by the residents were sold, the intention being to enhance their status as useful public citizens, and they were given a wage to acknowledge their worth and value, an element of respect carried forward from the moral treatment movement. It was at this time that Meyer (1977/1922) presented the first philosophical concept of occupational therapy and Slagle (1922), advocating the health benefits associated with occupation, presented the practice of occupational therapy:

> Occupation used remedially serves to overcome some habits to modify others and construct new ones, to the end that habit reaction will be favourable to the restoration and maintenance of health. (Slagle, 1922, p. 14)

Between the 1930's and the 1980's the focus for the profession was its acceptance as members of the rehabilitation teams and the wider health service (Haggedorn 1995, Hocking 2008). Historical explanations regarding occupation had not explained its complexity and presented what Hocking considered to be the philosophically Romantic assumption:

> …that by making things, patients could be transformed. They would rise above their circumstances, whether caused by physical or mental illness…to release unsuspected creativity, dignity and soulfulness. (Hocking, 2008, p.185)

The philosophy and practice of occupational therapy, in Britain, during this time was heavily influenced by the medical model. This model of health delivery, and the foundation of clinical medicine, was based on mechanistic philosophy which viewed the human body as parts of a whole system that could be treated or cured. Also within this model was, and still is, the dominance and authority of the physician over the person seeking assistance (Leifer 1969, Offer 1974). As such, occupation was considered as a variety of differing activities that could be adjusted, modified and prescribed to match activity in the ailing body part be that physical or mental (O'Sullivan 1955). Arts and crafts were again utilised but with a focus on assessment and the remedial potential for addressing health needs. Occupational therapists began engaging their clients in crafted activities to make devices that adapted the home environment, such as a bath board, or in tasks they wished to achieve, or teaching those new ways of doing previously learned tasks, such as getting dressed with one hand (Macdonald 1960).

What constituted occupation had begun to expand and defining occupation, as a focus for applying therapy, began in earnest in the 1980's. Confusing and conflicting definitions of occupation include: goal orientated behaviour; actions that are purposeful; engagement in activities and tasks; the use of time; all performance undertaken by humans; achievement of skills and mastery; specific activities defined as occupation; intentional engagement in all that occupies one's life; self-initiated daily pursuits; a way of avoiding boredom; socially determined and named (Reed 1984, Creek 1990, Cynkin and Robinson 1990, Yerxa and Locker 1990, Llewellyn 1991, Young and Quinn 1992, Kielhofner 1993, Christiansen 1994, AOTA 1995, Christiansen et al 1995, Christiansen 1996, CAOT 1997, Nelson 1997, Yerxa 1998, Reed and Sanderson, 1999, Persson et al 2001, Pierce 2001, Martin 2009, Reed, Hocking and Smythe 2011).

Although the definitions themselves are varied they have been traditionally categorised to include occupation as pertaining to work, self-care and leisure

with a recognition that these categories have been heavily influenced by Western culture's values and beliefs around religion, social integration, culture, economic importance and interests (Persson et al 2001, Hamill 2009b, Hammell 2010, Reed, Hocking and Smythe 2011). For the profession, the role occupation plays in peoples' lives has been seen as diversional, therapeutic and, more recently, the term enabling has become extensively used (Blair 2000, Townsend and Polatajko, 2007).

There are similarities with the categorisations of occupation between the common understanding and occupational therapy but also philosophical differences. One of the key differences for occupational therapy lies in the meaning associated in the doing of occupations. The personal significance of occupational experiences has been posited as the reason why people are motivated to do what they do (Hvalsøe and Josephsson 2003, Wensley and Slade 2012). Wilcock (2006) proposed that a balance was needed between the aforementioned triad of occupations and a person's interests and capabilities and Christiansen and Townsend (2004) also suggested a link to feeling purpose in life and meaningful occupation. To date, however, there has been no real consensus on the role of occupation in determining meaning and purpose in peoples' lives (Ikiugu et al 2012). Occupation is now seen as a core concept for occupational therapy and the profession needs to be able to define its relationship to meaning in life and the theorised associated health benefits (Hasselkus 1998, Wilcock 2006). It was Ottenbacher (1996, p. 329) who said "The purpose of a profession is to provide a service needed in society. The purpose of a discipline is to generate and refine a body of knowledge".

The academic discipline of occupational science was proposed in 1980 by Elizabeth Yerxa and has since been responsible for researching the links between humans' occupations and meaning (Clark and Larson 1993, Clark, Wood and Larson 1998).

2.5.3 Occupational science and meaning

As a new social science, which grew out of occupational therapy occupational science was ultimately founded to advance the understanding of occupation (Clark, Wood and Larson 1998). Through researching human behaviours of

occupation, the profession of occupational therapy will have access to a body of empirical knowledge to apply to practice and anchor occupation as a central concept for the profession. Instead of eclectic gathering of theories from other disciplines, occupational science will ensure the profession has its own academic discipline (Clark and Larson 1993).

The recognition of the complexity of occupation can be seen in the development of methods used by occupational scientists to construct an understanding of it. The scientific models associated with systems theory were applied to human occupation by Kielhoffner and Burke (1980) to explain the actions of occupation but this has been criticised as being too restrictive, disregarding meaningful and symbolic elements of the life span (Cynkin and Robinson 1990, Haggedorn 1995, Hammell 2004). The development of the person as a complex system by Reilly (1962) was built on by Yerxa (1988, p. 6) but she introduced more of a focus on the higher levels of human functioning to include 'the social, cultural, symbolic and transcendental systems' that ensure the personal meanings attributed to occupation are given equal attention to its usefulness in a social context. This was developed further by Clarke et al (1991) in order to organise the knowledge areas needed to contribute to an understanding of occupation, formally including the elements associated with symbolic values and spirituality to help mine the undiscovered meanings of occupation, opening up the doors to researching, and giving credence to, subjective experience (Lala and Kinsella 2011).

In studying these experiences scholars within occupational science have organised its knowledge enquiry into categories of form, function and meaning (Clark and Larson 1993). The most basic of explanations is that all are interconnected with form pertaining to the acting out, the doing, of an occupation; what we do and how we do it; function links the impact, purpose and affect occupation has and meaning is the reason for its existence – the source of the energy behind the doing.

Nelson (1988) proposed that form relates to the performance elements, the observable factors, associated with occupations and that occupational engagement can be a source of meaning. This has been supported by studies

that have looked at the meaning associated with occupations across work, leisure and self-care (Hvalsøe and Josephsson 2003, Craik and Pieris 2006, Robertson and Finlay 2007, Trenc Smith and Kinsella 2009, Cipriani et al 2010, Aiken et al 2011, Barclay et al 2011, Ikiugu et al 2011, Pepin and Deutscher 2011). Occupational engagement as a source of meaning was developed further by Trombly Latham (2008). She proposed that meaning was linked to the value placed on the occupation, values the person acquires from their family and societal culture, which is similar to Persson et al's (2001) study, when they considered meaning as a pre-requisite to occupational value.

The purpose served by occupation, has been labelled 'function' by occupational science and is concerned with the effects of occupation on the individual and society, including health, political and environmental outcomes (Whiteford, Townsend and Hocking 2000, Wilcock 2006). Examples of the goal orientated outcome of function can be seen most months in most occupational therapy journals in most countries producing such a journal be that: British gardening groups that enhance social inclusion (Diamant and Waterhouse 2010) satisfaction gained from daily occupations in Scandinavia (Eklund 2004) or the effect of lack of occupation in American care homes (Wood, Womack and Hooper 2009). The intention of research on function, as defined here, is about cause and effect and occupation's relationship to health promotion. The *purposefulness* of occupation, however, has often been misunderstood and used as a term interchangeably with meaningfulness (Christiansen and Baum 1997, Hammell 1998, Yerxa 1998, Wilcock 2006).

The main theories have historically been associated with occupation as goal directed or activity with a purpose. Occupational science has also developed theories around the meaningfulness of occupation, underpinning the belief that there is more to occupation than the simple doing of an activity (Hammell 2002, Rebeiro 2000, Hammell 2004, Reid 2005, Wilcock 2006).

As identified above, Nelson (1988) proposed that meaning may be the starting point for engaging in occupations whilst acknowledging that meaning may also evolve from the engagement. What constitutes meaning and how this is constructed is another driver in the research of occupational science. The

individual and cultural influences of occupations are acknowledged as components of meaning (Christiansen 1994) but Yerxa (1991), however, proposed that the humanistic values of occupational therapy practice means that an individual's interpretation of meaning in occupation should be honoured over cultural interpretation. In their ground breaking work on clinical reasoning, Mattingly and Flemming's (1994) findings concurred with Yerxa's proposal, concluding that the practice of occupational therapists gave priority to the 'well-lived life' as defined by their clients ensuring that personal perspective in occupational engagement constituted its meaning and purpose.

Research that supports a subjective view linking the personal experience of occupation to meaning is small but growing and providing an evidence base to the theoretical positing of philosophers who have linked occupational engagement to meaning, purpose, self-worth, choice and control (Sartre 1956, Bruner 1990). Examples include research by Hammell (1998) who proposed that quality of life had been enhanced through re-defining occupational engagement when people with spinal cord injury were able to review the choices they could make and the areas of control in their life, supported by similar findings from Thompson, Coker et al (2003). The motivating purpose of occupation was seen in people with mental health problems studied by Mee and Sumsion (2001), and clients with cancer were motivated to engage in occupations as a symbol of their 'living not dying' in the study by Vrkljan and Miller-Polgar (2007, p. 30).

The present research and scholarly dialogue on meaning, however, remains disjointed. There are debates about: meaning versus purpose (Hasselkus 1989, Crabtree 1998, Hammell 2004, Wilcock 2006) the influential starting points as individually constructed or culturally constructed (Bruner 1990, Persson et al 2001, Pierce 2001) and the outcome as holding meaning versus the experience as meaning for what it is (Csikszentmihalyi 1993, CAOT 2002, Zemke 2004, Reid 2011). In her work on meaning in everyday occupations, Hasselkus addresses the question about the source of meaning by saying:

> …where do meanings come from? They are personally and socially derived. For some, meanings in life may be heavily weighed by personal and unique values and histories, for others, meanings may stem largely

> from the community and culture in which we live. From a lifespan perspective, the sources of meaning in our lives may be thought of as a continuum or as a developmental trajectory that unfolds throughout life. (Hasselkus, 2002, p.3)

Her proposal that meaning sits on a dynamic continuum, controlled and influenced by the variety and intensity of personal experiences over time, suggests that as we begin to make sense of our lives through the occupations we engage in we are both exposed to and contribute to the cultures we belong to which in turn makes life 'meaningful'. In their Cultural Emergent Model, Bonder, Martin and miracle (2004) follow similar lines of thought regarding the developmental and interactive component of the individual, the culture and meaning. Both theories, however, are more about the links between the individual and the social environment through a cultural lens rather than identifying a single source of meaning but even the linkage does not have scholarly agreement. Some see culture as a means of explaining and attributing group identities to specific social environments thus determining how occupations are shaped therein (O'Brien et al 2002, Rudman and Dennhardt 2008) whilst others propose that personal experiences, actions carried out, and personality are major contributory factors influencing the patterns of occupations which make up a social environment (Kluckhuhn and Srodtbeck 1961, Layder 1994).

Finding the source of meaning in occupation is clearly complex but appears to be linked to identity as a key concept.

2.6 Occupation, meaning and identity

Much of the occupational therapy literature associates meaning of occupation with purpose in life suggesting that occupation that does not have a link to purpose is pointless (Laliberte-Rudman et al 2000, Law et al 2002, Baptiste 2003, Hammell 2004, Wilcock 2006). Within psychology, the link between personal meaning and purpose in life was studied by Frankl (1992) who proposed that the worthwhile-ness and coherence of what a person does links to the goals they wish to achieve in life and the person they wish to become. The motivation behind this goal orientated drive was studied further in

humanistic/existential psychology and it was posited that these drivers may derive from a transpersonal perspective (Collins 2008) or a personal self-concept (Beike and Niedenthal 1998). The self-concept has been described by Sosik as:

> …a complex dynamic phenomenon containing multiple aspects (i.e. past, present and future self-conceptions) which are ordered in a hierarchy based on salience (i.e. the strength or intensity over the individual) and/or situational importance. (Sosik, 2000, p. 4)

To make sense of the world the self-concept cannot attend to the numerous aspects that contribute to the whole and attends to the here and now, which Markus and Nurius (1986) referred to as the working self-concept. The working self-concept is shaped by the present social circumstances of an individual and their psychological state from which they seek opportunities to find meaning. Within occupational therapy, a similar theory was proposed, connecting the doing of occupations to an identity of self (Christiansen 1999, Christian and Townsend 2004), which has been developed and defined as occupational identity. Within their work Unruh, Versnall and Kerr (2002) and Kielhofner (2002) described the elements that contribute to an occupational identity which are similar to those of the working self-concept. Within both theories the interaction and connection to the social world, and individual interpretation of that, shapes an individual's behaviours and actions. The existential element seen in the working self-concept is also present in Kielhofner's (2002, p. 119) definition of occupational identity as "a composite sense of who one is and wishes to become as an occupational being generated from one's history of occupational participation".

Although some occupations can be associated with a negative occupational identity (Hammell 2009b) most occupational therapy/science scholars propose that when occupations are meaningful they promote a positive self-identity (Magnus 2001, Persson et al 2001, Goldstein, Keilhofner and Paul-Ward 2004, Howie, Coulter and Feldman 2004, Reed, Hocking and Smythe 2011). Studies completed within the field of occupational therapy, focussing on occupational identity, suggest that work occupations predominantly and significantly contribute to a person's occupational identity (Russell 2001, Unruh 2004, Trenc-Smith and Kinsella 2009).

2.6.1 Work as personal and cultural identity

> It is a commonly used cultural standard in Western society that we tend to frame opinions about people based largely on what they do for a living. Baptiste (2003, p. 202)

The image we have of our 'self' is really quite personal and the elements that contribute to our identity may not always be visible or exposed publicly. Work done on personal identity has suggested that it is made up of a variety of themes, which have meaning for an individual at different times of their lives (Giddens 1990, Rosenwald and Ochberg 1992) and these themes, collectively, represent our identity. In her work on self-image in chronic disability, Charmaz (1987) suggested that identity is linked to a form of cognitive dissonance resulting in an identity hierarchy. Within this people redefine their identities, dependent on the goals they wish to achieve or to fit within a larger social context, be that family or community, thus enabling them to have a sense of contribution and self-sufficiency.

The opening quote in this section, exposes a universally held belief that it is commonplace and socially acceptable, even amongst strangers, to ask "so what do you do?" (Baptiste 2003, Corcoran 2004, Magnus 2001, Unruh 2004) The expected response to this everyday question is a descriptor of 'you the person' delivered within the sound-bite of your work occupation, from which an opinion of your social standing is often made (Collinson 2004, Howie, Coulter and Feldman 2004, Unruh 2004). The importance of work on adult identity was extensively studied by Terkel (1972). His study found that when deprived of work for a length of time, through unemployment or ill-health, people struggled to define who they were. Reasons for this have been posited by identity theorists who believe that a combination of: a description of an individual's values and personality traits; an aspiring to values and personality traits and a belonging or attachment to a particular group or category contributes to one's self-identity (Felson 1992, Erez and Earley 1993, Leonard and Corr 1999). Work by Shamir (1991) confirmed Terkel's suggestions about the importance of work on self-identity and Erez and Earley (1993) found that stability of self-identity was needed for people to function effectively in their lives. The

characteristics that make up personal identity, and particularly identity through one's work, also have a strong link to the forming and maintaining of a social identity.

The connection of personal identity to work is partly cultural and, in the western world, has been linked to our belief systems around self-reliance, as seen in Dickie's (2003) work on crafters. Within this study she explored the differences between discretionary and non-discretionary occupations whereby women who engaged in making crafts at home, socially defined as leisure, created an identity of worker by selling their products. Self-reliance and contribution to society are some of the positive images and aspirations that link work to identity. In developing our own identities we are not immune to the social stereotypes that have been developed around differing work occupations and the privileged position that work, per se, has taken in the overall occupation hierarchy (Harpaz and Fu 2002). Unruh (2004, p. 290) illustrated her own experience whereby she could almost validate her worth as a contributing member of the working community. Whilst being a stay-at-home parent she did not describe herself as a mother when asked but instead replaced that definition with the other activity in her life, writing a book, since she believed this would be viewed as 'the real work'.

Work has long been associated with self-identity and social-identity (Hughes 1959, Holland, Johnston and Asama 1993) as a means by which people evaluate their worth and conversely how their occupational titles, subjectively, define their worth in the community. But in addition, work can promote a sense of belonging to a group, which can contribute to a person's identity (Magnus 2001, Collinson 2004, Reed, Hocking and Smythe 2011).

2.6.2 Work as professional identity, culture and power

Whenever anybody enters into a professional field they embark upon a journey of socialization, which entails finding out, exploring and adopting the beliefs and behaviours that are the 'norm' for that arena. Each professional group has an expectation that they place upon those who wish to become members. These expectations are often historical and have been formed and influenced by predecessors within the professional group, culture and the social/political

situations influencing the professional arena at different times thus facilitating the professions identity (De Jonge and Vanclay 1989, Kwantes and Boglarsky 2004, Abreu 2006). It has been suggested that occupational identity is preserved by utilising specific knowledge and areas of expertise within organisations and professionals, especially, portray their identity through the work that they do and the specialised knowledge, autonomy and membership characteristics they expose in order to achieve professionalism (van Maanen and Barley 1984, Bloor and Dawson 1994, Clouston and Whitcombe 2008). Work done on the professional identity of nurses has also highlighted the importance of symbolic identity and the importance of the nursing uniform as a non-verbal statement of the knowledge base and professional status it has (Shaw and Timmons 2010).

Professionalisation is a social process through which occupational groups achieve professionalism. There are a variety of theories associated with this process but the commonality amongst them is the role of power, since the ultimate aim of professionalism is to impose a professional structure or gain status (Hugman 1991, Eruat 1994, Fitzgerald and Ferlie 2000, Freidson 2001). Professionals do this in a number of ways but one of the most common and recognisable in today's health and social arena is the adoption of social closure as a means of professional identity.

Social closure is the term used to describe the way in which groups act in order to restrict entry to outsiders, thus maximising their own benefits (Denhardt 2011). The National Health Service illustrates this theory perfectly. It encompasses an eclectic range of professional groups who, despite having a common organizational goal - the health and welfare of the public, engage in power struggles for dominance and a reflection of each group's professional preferences. Each group has: its own dress code; its own language; a specific knowledge base it considers to be expert; a training programme with criteria for entry and exit and self-regulation via authoritative bodies (Hagedorn 1995, Clouston and Whitcombe 2008, Deppoliti 2008). Feidson (1983, p. 27) suggested that key to the success of this dominance struggle, and the establishing of a professional identity, is the importance and construction of a profession's identity by the society and culture it inhabits as "one does not

attempt to determine what a profession is in an absolute sense so much as to how people in a society determine who is a professional and who is not”

Within the National Health Service, medicine still holds and maintains its high status and trust given to it by the public (Crow et al 2002) . Because of this many other professional groups, like occupational therapy, physiotherapy and radiography have utilised this established status by allying themselves to medicine and adopting a medical model for their practice. It has been suggested, however, that this alliance has had a negative effect on occupational therapy and its professional identity and role within the health and social care arena.

In her work on disability awareness, Thibodaux (2005) identified the positive impact of occupational therapy’s outlook and approach compared to the general medical system but applying this to occupational therapy interventions is not always easy when faced with an alternative dominant culture. Studies done on work satisfaction in occupational therapy have highlighted the effect that role recognition and autonomy to practice in line with the professions philosophical stance can have on therapists, and have been recognised as indicators for recruitment and retention of staff (Bailey 1990, Rees and Smith 1991, Freida 1992, Hasselkus and Dickie 1994, Moore, Cruickshank and Haas 2006b). Many studies have also been completed within the field of mental health indicating that the focus on security of professional role has been at the forefront of practice for occupational therapists leading to a defensiveness and block to the professions purported allegiance to the application of client-centred practice (Taylor and Rubin 1999, Finlay 2000, Wright and Rowe 2005). Within these power struggles occupational therapy, as a profession, appears to find difficulty in asserting itself and risks losing its professional identity and opportunities to establish a valued role within society.

2.7 Occupational therapy as professional identity

The public identity of occupational therapy has largely been dictated by government drivers and the focus and constraints this puts on any professional group. In their review of the social position that occupational therapy has, Clouston and Whitcombe (2008) move away from what Creek (2003, p. 495)

described as the ‘navel gazing’ that dominated the professions search for defining itself in the late 90’s and focused on the skills and core values of the profession that give it its identity. They return to the idea first voiced by Reilly (1962) that occupational therapy is a ‘common sense’ profession that deals with everyday life and living and, due to a knowledge base that is common to all, is not held in high regard by the public. This double-edged sword, of having a perceived simple approach to dealing with the complexities associated with biological and psychological interruptions in health, has also been identified by others as a contributor to the invisibility of the profession in the eye of the public (Graham and Timewell 1990, Fitzgerald and Ferlie 2000, Goren 2002).

The birth of occupational science, as an academic discipline, gives the profession an opportunity to embrace and develop the language and theories associated specifically with occupation. Whilst doing this it can still maintain its eclectic approach to embracing knowledge from other disciplines and balancing which skills and focus it brings into the profession and presents to the world as its practice. Occupational therapy identity appears to be about balance. Turpin (2007) describes the pluralistic nature of the profession as an art-science balancing act with regards to its knowledge base and its acceptance in differing arenas.

The disciplines of art and science have been described as almost opposites, one with a focus on facts the other on aesthetics and Kielhofner and Burke (1980) also describe this as a balancing act in identifying the profession’s knowledge base. In her work on the clinical reasoning associated with practice artistry, Patterson’s (Patterson and Higgs 2005) model also looks at balance in relation to the external and internal factors that therapists struggle with. Her work reflected earlier work by Fish (1998) who identified the balance issues occupational therapists, and other professionals, have when negotiating a path between technical rationality and artistry of practice. According to Watson (2006) the very combination of an arts and science background in relation to occupation is what gives occupational therapy its collective identity, opening up the opportunities to describe the work we do. The same pluralistic elements have also been identified in occupational therapy’s values. In her review of the

American Occupational Therapy Association's core values, Peloquin articulates the elements that contribute to this balance:

> We see complete occupational therapy as a blend of science and art. We promote a wholeness that comes from the integration of seeming opposites. We thus seek a confluence of competence *and* caring, professional purpose *and* individual choice, factual evidence *and* personal meaning. Whether in direct care, education, or scholarly inquiry, we value lived experience as well as objective data. We seek synergy of thought, feeling, and action, and we see occupation as vital to becoming whole. (Peloquin, 2007, p. 476)

Professionalism can be expressed as behaviours that are considered desirable to a profession (Aguilar et al 2012) but they can also be defined from a values perspective. Peloquin (2005) believes that the values directing occupational therapy practice are underpinned by a professional ethos and it is the strength of this that enables the profession to maintain fundamental beliefs even in the midst of shifting paradigms, which affect the balance. She broadens the debate on professionalism by including the concept of ethos as a motivator that may guide decisions and actions of professionals (Hammer et al 2003). Peloquin (2007, p. 475) describes a professional ethos as something that, "captures its character, conveys its genius and manifests its spirit". For occupational therapy this encompasses: the role of temporality and the environment in creating opportunities for occupation; well-being as enhanced when occupation has dignity and a person has mastery over it; the therapeutic use of self, central to interventions with clients; being caring and judging effectiveness against a science/artistry balance. These motivators, she posits, are the bedrock from which the values of occupational therapy spring. Her descriptions of what constitutes values within the profession appeared to just redefine the existing benevolent values that had been voiced by others (Yerxa 1983, Kielhofner 1992, Polatajko 1992) and included altruism, equality, freedom, justice, dignity and truth.

Early literature on occupational therapy values was summarised by Hagedorn (1997) within her model using a central triad, which addresses a host of values outlining the relationship between the person, the environment and the therapist. It could be argued that most of these benevolent values are

attributable to many professional groups. The same values were identified by the US standards and Ethics Commission to match nursing (Aguilar et al 2012) and even similar examples exist amongst the hospitality sector (Dimitrov 2012). But recent literature on occupational therapy's professional values builds on Hagedorn's focus on the inclusion of occupational concerns as a determining factor in occupational therapy values.

In her work Wilcock (2006) covers the broad spectrum of public health issues, applying an occupational perspective to this, which was also central to the findings of Dugue (2004) looking at health promotion and occupational therapy across Canada, USA and Britain. The Canadian Association of Occupational Therapists have also ensured that the client-centred focus of occupational therapy, with the centre of its attention on enablement and human occupation, is central to the profession's development (Hammell 2004, Townsend and Polatajko 2007).

The World Federation of Occupational Therapists (WFOT) is the body responsible for nurturing and maintaining the professional values and beliefs that give the profession its identity. As head of the professional structure WFOT ensures that affiliated professional bodies and educational establishments embody the professional values in the work they do. Kielhofner (1992) stated that professional socialisation is the process by which new members to the profession are inducted and guided to behave in their practice. For occupational therapy students the formal engagement in professional socialisation begins in the classroom where their new knowledge is constructed. The role of fieldwork placement, in a student's professional socialisation, is to experience the authenticity of the professional world enabling them to practice using the skills they have acquired.

During fieldwork practice, students are exposed to clinicians who have integrated the professional beliefs with their own self-concepts. Filstad and Macmanus (2011) propose that this is a result of a reconstruction of knowledge and skills as opposed to just application of the classroom learning, which enables clinicians to adapt the theory they have learned into practice. At this stage of the socialisation process students have expressed feelings of

confusion and lack of confidence in their newly forming professional identity because they have yet to integrate their evolving beliefs and knowldege (Toal-Sullivan 2006). Within the literature this is commonly referred to as a theory practice divide (Spouse 1998, CAOT 1999, Guile and Young 2003).

To get another perspective on this I reviewed the work of Hooper (2008). She studied the intentions that occupational therapy educators had for their students and how this transferred to the instructional process within the classroom and the formation of students' professional identity. Her work appeared to conclude that the assumptions and intentions of the educators were to assist in the reforming of students' identities, helping them gain greater knowledge about themselves and others and developing their own self-authorship. Their intentions were that students would be equipped to adapt and re-contextualise what their role was in differing situations. The new graduate's in Toal-Sullivan's study were more confident in their role and identity as occupational therapists when they became part of occupational therapy departments in hospital settings. This may suggest that the theory practice divide may broaden. Educators appear to be developing skills that assist in building individual professional identities and autonomy but the practice situations are still group identity focussed.

The values and beliefs that contribute to the cultural identity of occupational therapy, and have been described by Watson (2006, p. 151) as the professional 'essence', are centred on a strong belief in the transformational power that occupation has. She warns us, however, that values are linked to cultures and having a static worldview of what constitutes a professional value can impact on another key tenet of occupational therapy practice, that of client-centeredness. Hammell (2009b), in her critical review of the values of occupational therapy, adds to Watson's warning. Professional values have been described as 'unquestioned premises upon which its very existence rests' (Disney, Basten et al 1986, p. 77) but it is this unquestioning nature of a value that Hammell contests affects occupational therapy's professional integrity.

What has constituted as meaningful occupation for clients within occupational therapy theory and practice has been criticised by Hammell and Watson as

having a Westernised cultural bias. Given that the founding values were established in 1958, by the WFOT, and were not reviewed again until 2002 (Watson 2006) it is not surprising that the profession's worldview, and therein its values, have been focused on elements such as an individual's right to autonomy, freedom, mastery and independence since these have been the social agenda for the Western world over that time. It has also been posited that the strength of these Western values may have contributed to occupational therapy's struggle to distance itself from the model of health care that has been more valued in the Western world, that of the medical model (Rudman and Dennhardt, 2008). But more importantly, as highlighted by Mortenson and Dyck (2006), the partnership and equity of power relationships, essential for client-centeredness, is hampered by the values that dictate institutes where the medical model is dominant.

2.8 Reflexive Section

Arriving at the study topic of *meaning construction* was a meandering journey. There were a lot of 'why?' questions about my own professional practice that led me to read broadly initially. As a profession, occupational therapy is eclectic in its gathering of theories to underpin its knowledge base and this has always left me feeling that something was missing. Despite this, and my 22 years as a qualified occupational therapist, I had never taken the opportunity to scratch this professional itch and ask the question "so what is missing?"

Most of my reading over these years had been focused around occupational therapy and, although aware of the discipline of occupational science, I had never taken the opportunity to explore the discussions and theories being mulled over by the academic discipline established to give my professional practice its own theoretical base. The double edged excitement and shame of being drawn out of my own academically stagnant state remains with me today. How could I have spent all these years using the phrase "meaningful activity" without ever asking myself "what does that mean?" and so my professional itch was identified and I began exploring the literature in search of answers.

My initial excitement was soon tempered with slight disappointment that a key tenet of my profession's practice had very little literature to support it but this

was also encouraging and validated, for me, my choice of study topic. Today's healthcare, more than ever, is dependent upon an evidence base to practice – so where was my evidence in relation to meaningful occupation? I was forced to read widely outside the literature of occupational therapy, mainly due my own ontological stance that there is no single privileged viewpoint on what constitutes a reality (discussed further in the following chapter).

I struggled with the differing concepts of meaning, with each discipline presenting their own theories in differing ways and, sometimes, from polar extremes. But the dialogues I had, both internally and with colleagues, served as an early challenge to my own beliefs about knowledge construction as I too flited between looking at the individual as the starting point responsible for finding meaning in their life and the sometimes coercive role that society has on individuals and their ways of thinking. The philosophical stance I developed, which dictated the direction my enquiry would take, was that meaning was something jointly constructed in order to make sense of and understand our world i.e. to gain an understanding of what was significant and/or meaningful needed dialogue with other human beings. I was unsure, at this stage, how the two elements of individual and social influence interacted but I knew that before I could ask any questions I needed to gain some insight and understanding into both of these factors.

2.9 Summary

From the literature reviewed, it was generally agreed that occupations – the variety of activities a person does in any day - hold meanings for the individuals who engage in them. Despite using a variety of qualitative and quantitative methodologies, however, the profession of occupational therapy still has a long way to go in understanding how people derive meaning from occupation and what features contribute to the construction of that meaning.

As an occupation in itself, work holds meaning for people for a variety of reasons but what would be expected as the main reason that of economic gain, was only part of the picture. As identified by Frankl (1963) the meaning of work is connected more deeply to the meaning of life and early studies began exploring the existential focus of this phenomenon, which

has continued to this day and dominated the topic areas of the psychological and management journals reviewed. Studies about the meaning occupational therapists place on work, with a focus on their own practice, provided some insight into elements that contribute to that meaning, but the studies were sparse.

The majority of the occupational therapy/science literature was theoretical or opinion pieces, focusing on the importance of meaning in occupation, but there were very few studies exploring meaning. Most of the studies reviewed were qualitative studies utilising phenomenological methodologies to explore the experiences of working as an occupational therapist and mostly presented as descriptions of practice. Most of the hermeneutic phenomenological studies, despite indicating that hermeneutics has a focus on bringing unnoticed phenomenon into consciousness, used interview questions covering pre-determined 'important topics' with this bias not considered in the analysis. One hermeneutic phenomenological study did adopt more dialogue over interview with the focus on obtaining descriptive narrative but eliminated participants in line management roles with the researcher thus avoiding issues of power imbalance.

Chapter 3 Methodology

3.1 Overview

> As we each develop in our personal lives, we consciously and unconsciously create inner views or "mental models" of the universe that become a part of who we are. Most of us know this phenomenon as "building a belief system". As we move through life, this model or belief system is continually challenged….Events that challenge our belief systems and ultimately cause us to change our views, thereby decreasing our attachment to previous beliefs, are truly formative events in our lives. (Smith, 1990, p. 15)

As identified in Chapter 2, research to date has not focused on the 'meaning of occupation' from an ontological perspective especially the lived experiences of occupational therapists in this area. Within this study the intention of the research design was to move away from the calculative and formal ways of looking at how occupational therapists go about their work and delve deeper into the assumptions, personal beliefs and personal experiences that contributed to the meanings they held about their work as an occupation.

The ontological and epistemological basis of this research lies in social constructionism (Hosking and Morley 2004), the belief that meaning is the product of 'meaning-making activities of groups and individuals' (Lincoln, Lynham and Guba 2011, p. 122). Taken for granted by constructionists is the fact that there is a physical world and by interacting within it those experiences are interpreted and attributed meaning. The study design was hermeneutic phenomenology, which has a philosophical focus on ontology, replacing the concept of knowing with that of understanding. The phenomenological element enabled therapists' lived experience of a situation, and their individual construction of meaning of that experience, to be explored. The hermeneutic element focused on the importance of language in the construction of meaning hence the use of interview transcripts as data for analysis. An additional factor, contributing to the methodology and subsequent method, was the involvement of the participants themselves. They had been involved in informal discussions, over four years, in the development of the research question. Initially

discussions had focused around previous research in this area that had utilised direct observation to highlight areas of 'what therapists are thinking' against 'how well that matches what they should be thinking' (Schell and Schell 2008). The participants were more interested in looking at the unseen and unarticulated links between their actions and its meaning for them. They were keen to engage in a more reflective research practice than a direct observational one.

The subsequent choice of methodology was, therefore, shaped by the work of Hans-Georg Gadamer and his work on philosophical hermeneutics. The focus of his work was enlightening the ordinary process of understanding, through dialogue and reflexivity, as opposed to a scientific, objective and systematic collection and analysis of data (Habermas 1990). The justification for following a Gadamerian based approach lies with its two main central themes: prejudgement and universality. In researching an area of my own practice the issues of subjectivity and bias needed addressing and Gadamer's central themes provided a platform for this. For Gadamer the prejudices and preconceptions people hold are part of the experiences that shape their understanding and the way they view the world. Being part of the same working world as the participants, it was important to utilise a methodology that would enable my own preconceptions and prejudices to be exposed. The concept of universality is the conscious common connection between persons expressing themselves and persons who understand (Ray 1994). This Gadamerian theme fitted with my social constructionist ontology and belief that the participants would bring to consciousness their experiences and, by interacting through conversation, attribute meaning to them.

Gadamerian philosophical hermeneutics places special importance on the influence that subjectivity, bias and prejudice have on interpretation. Understanding is achieved through personal involvement of the researcher within a reciprocal process of interpretation through dialogue with the participants with both being open to their own biases whilst placing new meaning within this (Spence 2001). For research participants, it ensured they were active co-collaborators in the research, addressing a main ethical aspect

of potential power imbalance. The conscious act of remaining open to others' values as they become accessible during the research cycle is a key feature of this philosophical approach to research and is also congruent with the espoused philosophy underpinning Occupational Therapy education and practice.

The remaining chapter will: explore the options I reviewed in considering my philosophical stance; introduce the philosopher and the tenets of his philosophy to assist the understanding of how they intertwine with the method, the data collection and the analysis; describe the process I developed in selecting participants, collecting and analysing the data and finally how I addressed the issues associated with research trustworthiness.

3.2 A phenomenological stance

As identified in Chapter 2, occupational therapy has been encouraged historically to carry out scientific research and often had its work practice compromised to fit within a medical model of health. Both practices have a focus on objectivity and validity thus matching a positivist philosophy.

In the study of health care the positivist approach has been adopted in the form of quantitative research (Crotty 1996, Cresswell 1998, Mason 2002, Punch 2002). The premise is that scientific enquiry ensures that the facts gathered have relied upon observation in an objective manner and the interpretation of these facts has been done in an unbiased, measured and controlled way thus allowing theories and models of behaviour to be developed (Saks and Allsop, 2007). Although suitable for some elements of health care research, a quantitative approach does not always allow occupational therapy research to remain true to its core philosophy. Within the practice of occupational therapy a central concept is the unity between the mind and body. The impact of sickness, trauma or disease affects not only the biomechanics of a person but also their ability of being-in-the-world, that is, it does not separate a person's experience of illness from the actual diagnosis itself. This concept of a lived-body paradigm links the professional values, and therein my own, to those developed within phenomenological issues prominent in philosophy and leans

towards a qualitative approach to research (Mattingly and Flemming 1994, Finlay 2011).

Nursing research has been criticized for its adoption of phenomenological approaches as a means to an end in studying experiences of others (Crotty 1996). Justification of methods to establish subjective experiences of people is a deviation and distortion of the original intentions of phenomenology to seek the essential structures of the phenomena. It was important for me, therefore, not to fall into the same trap and to look at phenomenology as a philosophy and as a research approach to ensure that the path I followed and the questions I asked were congruent. To assist me in this process of "getting down to what matters" (Van Manen 1997b, p. 184) I reviewed the traditional schools of phenomenology, particularly the phenomenological paradigms of positivist, interpretivist and constructivist as influenced by Edmund Husserl, Martin Heidegger and Hans-Georg Gadamer (Dowling 2006).

Husserl believed that understanding the conscious acts and experiences of humans was a source of knowledge and this could be achieved in a rigorous and balanced way, justifying an empirical philosophy and elevating philosophy to the status of a rigorous science (Giorgi 2000). Key to achieving this entailed initially describing the experience in its raw form without any interpretation, explanation or reference to any cultural contexts and this became known as phenomenological reduction (Mora 2000). I found this philosophical approach at odds with my own view regarding knowledge. I know that my behaviours, attitudes, values and beliefs are all shaped by the experiences I have had and the people and communities I have interacted with and they are contributory factors in how I interpret my own experiences. To believe, firstly, that I was conscious of all of these tacit influences and, secondly, that I could detach them from influencing any observation would have been naïve and a view I could not hold or justify.

The existential phenomenology of Heidegger (1962) is focused on an ontological view in that the primary phenomenon, where knowledge all starts, lies in the meaning of being. Being for Heidegger was about the presence of the human being in the world and incorporated all the elements of the way they

existed, acted and became involved in their world. Phenomenology seeks to describe experiences as they are lived by the person everyday giving it the potential to reveal that which is present but is not always obvious. For Heidegger, the lived experience was an interpretive process and for him the challenge was to discover meaning of being as a central aspect of who we are (Racher and Robinson 2002). To gain an understanding of this, Heidegger believed the key lay in reciprocity incorporating the concept of circular movement in the process of interpretation, developing the original concept of the hermeneutic circle (Grondin 2003). The development of phenomenology, by incorporating interpretation, added another dimension for me bringing me closer to what it was I wanted to study and I agreed with Todres and Wheeler (2001) that interpretation would enhance my opportunity to explore the phenomena in a richer way. My struggles with philosophy took me back time and again to what it was I wanted to gain an understanding of. It was during these philosophical musings that I became conscious of my own practice of talking to the books I was reading and the questions I was posing to my own writing. In trying to gain an understanding I was not just reading, I was having a conversation with the written word, bringing the words of these dead men into my living world and allowing my own social, cultural and even gender implications to permeate my thinking and interpretation (Koch 1999). This notion that I was entering a world already in motion; that, as a researcher, I had a part to play in interpreting a phenomenon and that this would remain a dynamic process after I had finished: attracted me to the work of Gadamer and a methodological fit to situate my work.

3.3 Gadamer the person

Hans-Georg Gadamer was born on February 11th 1900 and died on March 13th 2002. He completed his doctoral studies in Marburg in 1922. The focus of Gadamer's dissertation was Plato's dialectical, which influenced his views and development of hermeneutics. The person who influenced Gadamer's philosophical development the most was Martin Heidegger. Just as Heidegger had become Husserl's assistant, Gadamer became Heidegger's assistant. Gadamer's contribution and development of Heidegger's work on hermeneutic phenomenology was presented in 1960 in his publication of 'Truth and Method'.

This work advances Heidegger's proposal of the ontological significance of understanding in an attempt to work out the philosophical implications of this. As a public figure he took part in many philosophical debates but his most famous were those with Emilio Betti, Jurgen Habermas and Jacques Derrida who continued to challenge the philosophical underpinnings of his work.

3.4 Hermeneutics

Hermeneutics is the theory and practice of interpretation and its early preoccupation was concerned with methodological questions as a scientific approach to understanding. Early hermeneutic work focused on exegesis - biblical translation and interpretation (Crotty 1990) but has since been through a variety of philosophical and methodological changes in an attempt to reach a universality of hermeneutics (Gadamer 2004/1960, Heidegger 1962, Ricoeur 1976, Schleiermacher 1977, Dilthey 1988). The following outlines some of the key differences in the development of hermeneutics which I considered before adopting my final philosophical stance.

Schleiermacher moved away from the practice of exegesis and focused more on a general understanding of texts within the study of the humanities. Key to his theory of understanding was that it did not arise naturally from texts. What arose were misunderstandings due to the changes in the meanings of words from the time it was written to the time it was read and interpreted. He focused on understanding as interpretation from a grammatical and a psychological perspective thus understanding was a combination of reviewing expressions, used as part of a language, and gaining an understanding of what the author intended in writing the texts. Understanding for him is therefore never fully achieved because it is misunderstanding that is the universal state. This methodical approach to hermeneutics was challenged by Dilthey and he introduced the phenomenological element into the discussion. He believed that expressions used were part of a lived experience and these incorporated not only the present expression but also hidden, unspoken, and past experiences and it was the relationship between the past and the present that gave rise to understanding. Dilthey's work changed the focus of hermeneutics,

understanding was not just an epistemological quest it was about human existence and opened the doors to an existential view of understanding. Heidegger's work developed the idea that understanding was not about knowledge but its starting point was in understanding our existence and the meaning of being, his was an ontological quest. Being, for him, was a central aspect of who a person is and part of the phenomenon of 'being' is that it has elements that are so familiar to us we do not recognise them or know how to show them to others in the world we all share. Heidegger proposed that humans' ability to reflect upon its own existence in the world was how we could find meaning and understanding. Like Dilthey, Heidegger believed that our understandings are passed down to us through language and culture. From here hermeneutics was not seen as a method but as a fundamental way that human beings relate to and make meaning from the world they live in (King 2006). Where Heidegger's work was only interested in the ontological perspective of hermeneutics it was Gadamer who developed this further and focused on the importance of the historical context of understanding and the role this had to play. In his work, Gadamer incorporated the ontological perspective of the hermeneutical situation and the practical all-encompassing nature of hermeneutic practice. The elements incorporated in his development of hermeneutics as a philosophy, to ground understanding on rather than traditional methods and rules, were controversial and are explored in the following sections.

3.5 Philosophical hermeneutics

Traditional hermeneutics concentrated on the skills necessary in the interpretation of texts and methods associated with achieving that. But philosophical hermeneutics is about the foundation of understanding by humans in the world they exist in and is a description of that process. The fundamental difference with philosophical hermeneutics is its focus is not method but, rather, the limits that method places on understanding. For this reason philosophical hermeneutics is an ontology, that is, a philosophical description of the being-process of our understanding (Gadamer 2004/1960). The ontological development of hermeneutics by Heidegger is based on the 'hermeneutic circle', a central idea in hermeneutic thinking. The circle illustrated

the interdependence of interpretation within any meaningful structure, as the means of expressing the way in which all understanding is already situated. In other words, to be able to understand anything at all one needs to be in that world one wishes to understand. For my research, therefore, I was trying to understand a phenomenon within a world I was already located. This concept of being situated, in conjunction with a conscious insight into one's own concrete situation, incorporates both Heidegger's and Gadamer's notions around the importance of practical wisdom (phronesis) in the act of understanding and are the essential starting points for the development of Gadamer's philosophical hermeneutics (Krajewski 2003). Just as Heidegger attacked the importance of subjectivism within Western thought, Gademar too challenged this notion. Taking the ideas from Heidegger around hermeneutic situatedness and Aristotle and Plato's beliefs about dialogue and practical wisdom, Gadamer was able to develop an alternative to subjectivism. He provided an enabling condition from which to gain understanding, this he presented in his seminal work *Wahrheit und Methode* (Truth and Method) in 1960. His main criticism of scientific enquiry was its belief that self-consciousness could be completely alienated from an inquiry thereby allowing control over a methodological process, a claim he considered to be arrogant and had controlled philosophical thought since the time of Descartes. The main aim of Gadamer's philosophical hermeneutics was to recognise the effect of humanness on scientific understanding and remaining open and prepared for hearing something new, a repetitive critical activity that focused on language and particularly dialogue (Gadamer 2004/1960). It was this viewpoint and concepts of knowledge and understanding that resonated with me the most. My own beliefs were that the only place I could view a situation from was the present within which I had all the experiences, conscious and unconscious, of my past. Another critical element for me was the notion of understanding developed through dialogue. To understand I speak and in doing so reveal my thoughts in conversation. This allows me to unclutter my head, often a jumble of multiple ideas, and have these reflected back to me in the forms of questions either by a listener or even myself. Before combining this philosophical notion with a practical research methodology I needed to gain a better understanding of Gadamer's key components to understanding in a critical manner. The

following explains these outlining the role of prejudice, understanding and horizon.

3.5.1 The importance of prejudice

> A necessary circular movement is involved in the fact that we read or understand what is there, but nonetheless see what is there with our own eyes (and our own thoughts). (Gadamer 1997, p. 121)

Previous philosophical works were focused on objectivity and elimination of subjectivity in a quest for truth about knowledge. Gadamer's most controversial contribution to philosophy was his concept of prejudice and the positive role this played in understanding. Since the time of Descartes the quest had been for a scientific ideal that culminated in prejudiceless objectivity in interpretation. Historically, prejudice was seen in a negative light that closed one off to the ability to see the truth. Gadamer argues that by being open to prejudice, by accepting and acknowledging all of the influences of tradition: The role of art, music, language and other shapers of culture, we actually release ourselves to understanding in a better and more open way. Gadamer takes the previous hermeneutic situadeness proposed by Heidegger as fore-structure (Heidegger 1962) and presents it as an anticipatory structure that allows us to interpret by anticipating the whole. I had not really thought about language and understanding in this way before but here I was faced with an explanation that enabled me to grasp an intrinsic element that contributed to how I understood the world and sought meaning linguistically. I became more conscious of the fact that when I had a conversation with someone I had already anticipated the meaning of what was being said before the conversation had finished and to all intense and purpose had actually stopped listening whilst I formulated my own answer to the questions being raised within the other person's dialogue. My reflections on this contributed to my own understandings of where I was situated presently with the research question and the role and responsibility I would need to take when gathering the data. My work tradition was about experience, speed of thought and action, decision making, and assimilation of knowledge in a short space of time which had resulted in a specific behavioural

pattern and response to questions. I realised that within such a short space of time it would be difficult to change my behaviour within this particular tradition but I would have to be more open, when exploring the texts, to my own questions and see the prejudice that they brought with them into the interpretation of the whole understanding (Gadamer 2004/1960). For Gadamer the notion of pre-judjement was tied to prejudice, all hermeneutical conversation between the interpreter and the text needs to be actively reciprocal and equal meaning that anything that has gone before ceases to have an authority but is actively critiqued in light of the present situation (Gadamer 2008). His philosophy warns about the prejudice of 'human authority' and 'over hastiness' (Gadamer 2004/1960, p. 273) in a quest to understand or critique knowledge. I needed, therefore, to be open to the influences of authoritative figures and shapers within the profession of occupational therapy and occupational science if I was going to remain open to challenging my own beliefs about occupation. These people had shaped what I held to be true about my professional life and would influence my questioning of the participants and their interview texts (Hammell 2009a). According to Gadamer any understanding involves a dialogue that encompasses both our own self-understanding and our understanding of the matter at issue and the dialogue process opens up, making explicit, our own prejudices which we can then question along with the main dialogue text. For Gadamer this did not provide a methodological surety in a search for understanding but rather a corrective element to the over-reaction that occurred with the Enlightenment

3.5.2 A ground for understanding

> For language is not only an object in our hands, it is the reservoir of tradition and the medium in and through which we exist and perceive our world. (Gadamer 1997, p. 29)

For Gadamer all understanding occurs within the medium of language and the model he used to illustrate this was that of conversation and the idea that the presupposition of any discussion is being concerned with a common subject matter. Language is not just a means for engaging with the world we live in it is

our connection with the world and our means for understanding the world we are in. Through dialogue we enter a language game where the two parties engage in a give and take via questions and answers where, for Gadamer, the excitement lies in the possibility of understanding through the 'infinity of the unsaid' (Gadamer 2004/1960, p. 443). It is the question that lies behind every statement that first gives it meaning. The openness to new ways of seeing; to questioning our own understanding; to engaging in a process that invites self-understanding and reflection of what has gone before is a return to the notion of the hermeneutic circle and the idea that understanding is not static but an ongoing motion. The role of language within this hermeneutic dialogue, therefore, is that of mediator between all that is familiar to us, our horizon of our own personal sense of history, and that which is unfamiliar, the horizons from whence others' historical view have brought them to. The hermeneutic conversation begins with openness, by the person interpreting, to the assertions of the other but not an abandoning of one's own viewpoint, and in doing so seeing their views from a different perspective thus engaging in a critical self-conscious act. Understanding is an active and ongoing process and necessitates a bridging of minds in aiming to reach the meaning of a common subject matter it is not an introspective subjective search. In a *looking out* rather than *looking in* perspective historical and present horizons are *fused* into a common view of the subject matter.

In being explicit about my interests in conducting the study; in describing my professional role; exploring my ontological and epistemological stance and especially the background information of Chapter 2 I have explicated my personal horizon as a starting point for engaging in this process of understanding the meaning of the study's subject matter.

3.6 Research Governance

3.6.1 The Role and Position of the Researcher

Becoming the research instrument, and researching within my own workplace, immediately brings to the fore the issue of bias and compromise (Finlay 2002, Cresswell 2003). I was aware that I was not only involved in the process of the research but also the product (Horsburgh, 2003). As such there needed to be

an awareness of the responses, internally and externally, that affected my relationship with the participants and the phenomenon under study – the personal and epistemological reflexivity (Colbourne and Sque 2004). Becoming a researcher, although an element of my job description, is not the immediate role attributed to me or recognised as my role by my work colleagues who would become the participants. Within the 'day job' I am a senior clinician and line manager. As such the day-to-day conversations with my work colleagues are focused on operational issues of managing caseloads and supervisory discussions around development and competence. The clinician-researcher conflict is a potential reality (Johnson and McLeod Clarke 2003). Time is a precious commodity within the workplace. The opportunity for staff to work through their case in depth with a senior clinician may be tempting. The role of the author as researcher will be to help focus the discussions back to the nature of the phenomenon under study and not become embroiled in specifics to do with outcome. Additionally the issue of consent is something associated with role conflict (Carolan 2003). Are the participants consenting to me as the researcher, the clinical lead or the person? Within the adopted philosophical framework I would posit that the participants had accumulated values dependent on their experiences and to whom they were consenting would be shaped by that. For me the important issue was to ensure the participants were clear about what they were consenting to and their right to disengage from the process without compromise.

Since the meanings derived from hermeneutic experience are personal perspectives (Gadamer 1997) it was important to give the group assurances that differing views would be gathered and there would be no right and wrong answers. To assist this process I had a series of informal information workshops with the participants to inform them of the principles and background to philosophical hermeneutics and there were opportunities within that do discuss any issues regarding the study. This proved to be most useful in helping them to differentiate between 'case discussions' as a clinical process and 'critical incident' as an experience within their work for research purposes.

Reflexivity is pivotal to hermeneutic inquiry (Koch and Harrington 1998). Personal reflexivity is about developing awareness of self, representing oneself

to oneself (Wolfe 2003). This links back to the role of researcher to be credible and aware of the effect they have on the research process. By keeping a research journal I was able to capture the process as it evolved and record my feelings and attitudes to the emerging data and participants for further conscious reflection. Prior to beginning the participatory conversations, as collection of data, I used my reflective journal to capture my personal and professional values and beliefs about the meaning of occupation, generally, and I was able to revisit these and challenge them throughout the analysis phase. The research team were a useful source of external challenge, opening up alternative viewpoints and posing questions to many of my statements that were evolving in the study and brought to light self-deceptions, pre-judgements, views, the legitimate prejudices that constituted my pre-understandings of the subject and my role in that (Gadamer 2004/1960). The issue of researcher bias and sustaining objectivity is addressed within some forms of hermeneutic inquiry as identified above (Denzin and Lincoln 1998, Koch and Harrington 1998). The reflexive tool adopted by me to shape my role and position, and remain congruent with the methodological philosophy, was epistemological reflexivity. This entails having a broader view of the reflexive process, encouraging the researcher to reflect on the assumptions aroused in the course of doing the research. Within the chosen philosophical framework the position of the researcher is about personal involvement and the subjectivity that brings with it is viewed as necessary to the reciprocal process of interpreting the phenomenon with the participants. As identified earlier, I have a number of roles to play within the workplace which was to become the research arena and with this comes a potential power relationship dilemma. A fortuitous opportunity arose to discuss this with them informally when the team's 'social secretary' returned from maternity leave and organised a dinner party. They candidly discussed the differing roles we all had within work and home. They acknowledged that the proposed study could well be uncomfortable and disconcerting for all concerned but were confident that there was enough support within the team, through various supervision options, to work through any issues. A pragmatic point to emerge from the evening was that they all have research and development responsibilities within their job descriptions and their annual performance plan and they saw this opportunity to be involved

in a research project that they did not have to organise and collate, thus ticking a box for them, was seen as a positive service development in their eyes.
Being open to a potential power relationship was the starting point for me to explore my assumptions about my role and how the participants, the co-researchers, viewed me and the outcome and impact of engaging in such a reflexive methodology is discussed more fully later in the Chapter 5.

Additional support mechanisms that were put in place formally will be discussed in a later section. Concerns around the issues of insider research were a repetitive topic within the feedback I received from my academic institution. To see where my employing body stood on the issue, I met with the head of the Research and Development Governance group. Information gained from this meeting was that the group had debated this issue the previous month, since there had been differences in opinion regarding staff researching staff. The outcome was that the group agreed that staff researching their own staff group was acceptable and would be supported by the Health Board. They acknowledged that advanced practitioner development should be supported via researching their own areas of work and at times this would involve staff considered junior to them but this could be managed ethically and sensitively and they gave me guidance on what to include in my ethical approval application.
In setting out the role and position of the researcher I have identified and discussed the role reflexivity has on the process. The summary of that is that transparency of reality and the epistemological concerns of the research are the primary focus and not researcher objectivity (Fontana 2004).

3.6.2. Practical and Ethical Considerations

Approval for the study

Application for ethical approval was gained from the University of Brighton's Faculty of Health and Social Science Research Ethics and Governance Committee (FREGC) as the sponsors. An IRAS application was needed due to NHS staff being used as participants and this was presented to the North Wales Research and Ethics Committee for approval (appendix 1). Following

ethical approval, site specific clearance was needed and granted from the Trust's Research and Development Department.

Consent

This was obtained verbally and in written format using the IRAS documentation modified with the Trust logo (appendix 2). As identified above, the issue of consent, coercion and staff participation had been discussed with the Trust's Research and Development Department, due to the issue of me researching my own staff group. The participant information sheet (appendix 3) was key to the participants having adequate information for making a decision to consent to participate and this was presented with an invitation letter to participate.

Risks, burdens and benefits

The main risk was that my colleagues might have felt coerced into participating given my position as the clinical manager within the organisation. As described above, the research method placed them in a position of collaborators of the project, with me as co-learner, thus contributing to their stake in the outcome and an opportunity for them to take an active part in research, enhancing their professional development and addressing the power imbalance.

The issue of cost, benefits and reciprocity was also discussed during information sharing workshops about the research process and it was clearly explained that there was no expectation that the results would lead to increased staffing, increased resources or reduced demand on the service they provided. However, there was acknowledgement that there was the risk of additional work that would need to be absorbed by them as I split my time between the demands of the research and demands of the service. In preparation for this my work timetable was reorganised and agreed by the Head of Service prior to the data collection stage with the ability for it to be absorbed and constantly monitored.

As part of the reflective and reflexive nature of the data collection it was recognised that there may be issues raised for the participants that they wished to address outside of their usual supervision. Arrangements were made for them to access an independent supervisor/counsellor throughout the process.

Confidentiality

The participants had codes allocated to them for analysis purposes so they were not recognised by name. All information was stored on an identified computer. A laptop for sole use in this research was used and the security precautions for sensitive data storage were addressed by the IT Department. The data, in the form of interview transcripts from a digital recorder, were encrypted and downloaded onto the Trusts' secure server within 24hrs of it being placed on the laptop and the data deleted from the laptop. A copy of the data, for back up reasons, was kept on a password protected encrypted memory stick and stored in a locked cabinet on Trust's premises. The laptop was kept in a locked photographic case and, when not in use, stored in a locked filing cabinet on Trust premises. The data will be kept for the duration of the research and completion of the professional doctorate, and for a further five years after completion of the study to assist with the 'audit trail' (Yardley 2008). The above procedures were in line with the Trusts' policies regarding data collection and storage for research.

3.7 Participant sampling and selection

As a qualitative research study, which does not intend to generalise the findings beyond the area studied, non-probability sampling was adopted. The participants and the site were purposively selected (Cresswell 2003). Within this Welsh Service there are two sites that host occupational therapists, one in the south and one in the north. The site in the south, unlike the one in the north, has a mix of professional assessors. I was not part of their working culture or environment on a daily basis, which I felt would hinder my ability to be open to challenge and to challenge them and my position as an external manager felt like it heightened the power imbalance. In addition I wanted to understand occupation from an occupational therapists perspective so a service that only had occupational therapists could set the study against an acknowledged bias of the backdrop of a particular profession. The participants who were sent invitations, therefore, were occupational therapists working in the Service in the north. At the time of the recruitment and data collection there were 11 occupational therapists, including the researcher. The clinical experience of the participants ranged from newly qualified to 30 years practice. The participants

had also attended different training schools of occupational therapy with differing curriculum. The age group of the participants was also varied as was their marital/dependents status. Judgmental (purposive) sampling was adopted to allow me the scope to make deliberate choices from the population to enhance the potential diversity of the data collected. A sampling frame (Table 3.1) was used, to identify the different qualities participants possessed, to document the inherent bias associated with this form of sampling (Sim and Wright 2000) and contributed an added dimension to the phenomenon under study (Moran-Ellis et al 2006). Details of the participant demographics are in Chapter 4.

Participant	Gender	Age at time of data collection	Year qualified as occupational therapist	Year started in PAMS[1] practice	Training institution
TH1	Female	40	2007	2008	University of Cardiff

Table 3.1 Example of sampling frame

Areas included in the sampling frame captured information that helps to build a snapshot of the participants. Given that acknowledgement of historicity is an important component of the philosophical stance, the elements of the sampling frame were chosen to add to the understanding of possible contributory factors in the development of their values, beliefs and experiences that shaped them.
Recruitment was from occupational therapists working in the north Service. None of the therapists were excluded in the criteria. Each therapist received a letter of invitation, participant information sheet, and consent form. They had two weeks to consider if they wished to volunteer to participate in the research study. Initial discussions with the supervisory team included the issue of sufficient numbers of participants for the study. It was agreed that the main objective of the study was to gain an understanding and question existing thinking and not to generalise findings and that the size of participants should reflect the nature of the question and the methodology (Morse 2000). As the data collection and analysis process emerged it was evident that significant amounts of rich and descriptive data were producing enough questions to contribute to the development of an understanding of the phenomenon and allowed me to attend to the detail of the hermeneutic process without becoming

overwhelmed with data and potentially skimming the surface of the conversations.

3.8 Preparation prior to data collection

3.8.1 Identifying Pre-understandings

Central to philosophical hermeneutics is the questioning of what is going on within the research process (Koch and Harrington 1998). The use of a reflective journal is advocated in many qualitative studies in an attempt to enhance rigour and reduce subjectivity. Since subjectivity is fundamental to the understanding of the question in a Gadamerian based research project the role of the journal and reflexivity took on a different aspect. It helped to clarify the situations and conditions in which my understandings took place, thus showing my position as intrinsic to the understanding of the questions within the hermeneutic process. The first step was to gain an understanding of the background information I had which had shaped my present understanding of the question. The journal was used to write up my own questions and direct the research process as it evolved and to revisit as understandings were constructed. This was taken to meetings with the supervisory team and discussed. My intention in the meetings was to have a conversation that provoked a more challenging analysis of my pre-understandings (Flemming, Gaidys, and Robb 2003). The journal became a record of my understandings expressed during supervision and analysis of the data.

3.8.2 The Role of Dialogue

In the methodological process, understanding is gained by gathering and analysing data. Within this methodology the data was text in the form of dialogue. Gaining an understanding of something cannot always be done through just one conversation and needs to reflect the historical context within which the understanding takes place. The analysis is dependent upon the interactions and joint understandings of the researcher and the participant (Cohen, Khan, Steeves 2000). It was important, therefore, to engage the participants as conversational partners thus acknowledging and emphasizing their active role in the direction the research took and the necessity of their

involvement in achieving a shared understanding. Participatory conversations through responsive interviewing were used to explicate the character and Gadamerian influence on the actual interview process (Geannellos 1999, Rubin and Rubin 2005). At this point it is important to return to the concept of the hermeneutic circle. For Gadamer the hermeneutic circle was necessary for putting the question in context historically with understandings gained. For me therefore analysis of data was not something that was done once all the interviews had been completed but was done between each interview. However, the process did not feel circular and the concept of a circle conjured up a single journey rather than an interactive shared process. Because the process felt more like a creative interactive one bringing new ideas and making new connections I replaced the idea of a circle with my own hermeneutic helix (Figure 3.1). Within this model two strands exist that represents the interviewer and the participant, both are separate strands that encapsulate each other's personal sense of history. The 'bridging' strands represent the conversations that sought common ground, an understanding, and the possibility for new creations and not just the replication of the same ideas. For me the notion of a living organism as opposed to a geometric shape helped me to accept the fact that the understanding I was seeking was just a small part of a universal process that would continue beyond the time limited study boundaries, enhancing the transparency of the part the participants and I played in the process of understanding the phenomenon.

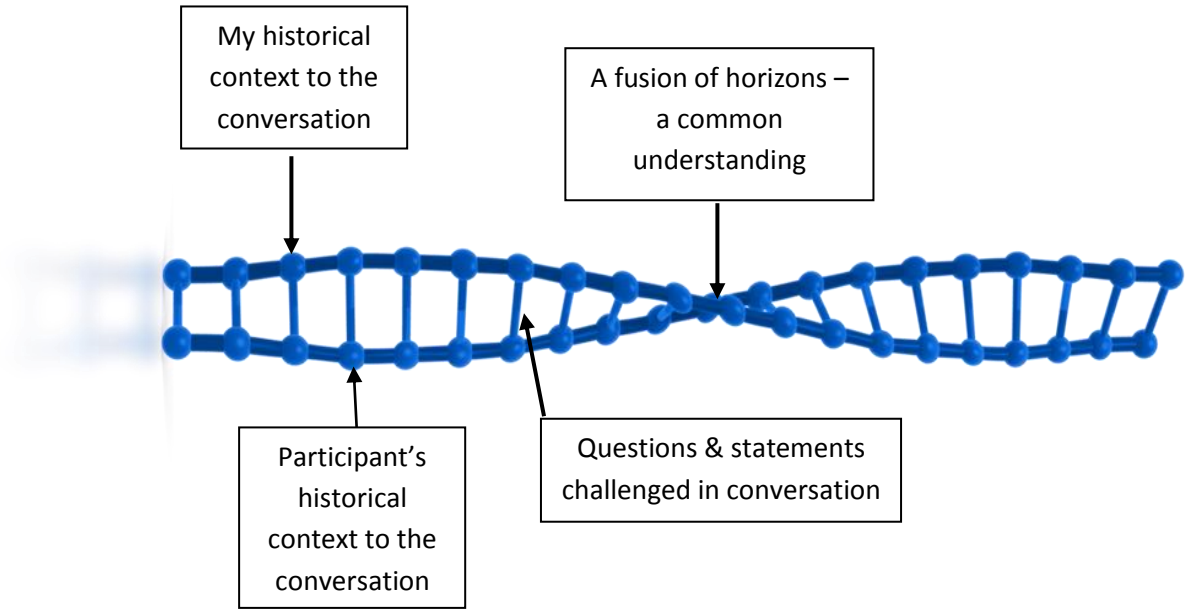

Figure 3.1 The Hermeneutic Helix symbolising the connection between parties in constructing understanding [original in colour].

3.9 Data Collection and analysis

Unlike other qualitative research, philosophical hermeneutics has presented problems for researchers trying to find a fruitful method for data collection and analysis. Although hermeneutics is broadly seen as the practice of interpretation (Moules 2002), the methods associated with this practice vary greatly from strict analysis of text with the aim of increasing knowledge of the experience to a more weaving in and out of the text in an attempt to gain an understanding of the experience. Although Gadamer did not offer a method for 'doing' interpretation there was acknowledgement that interpretation needed to have a systematic approach and direction (van Manen 1997a). The framework by Cohen et al (2000) was therefore adapted to guide the data collection (Figure 3.2) and the analysis incorporated stages and guidance on thematic analysis from Braun and Clarke (2006)

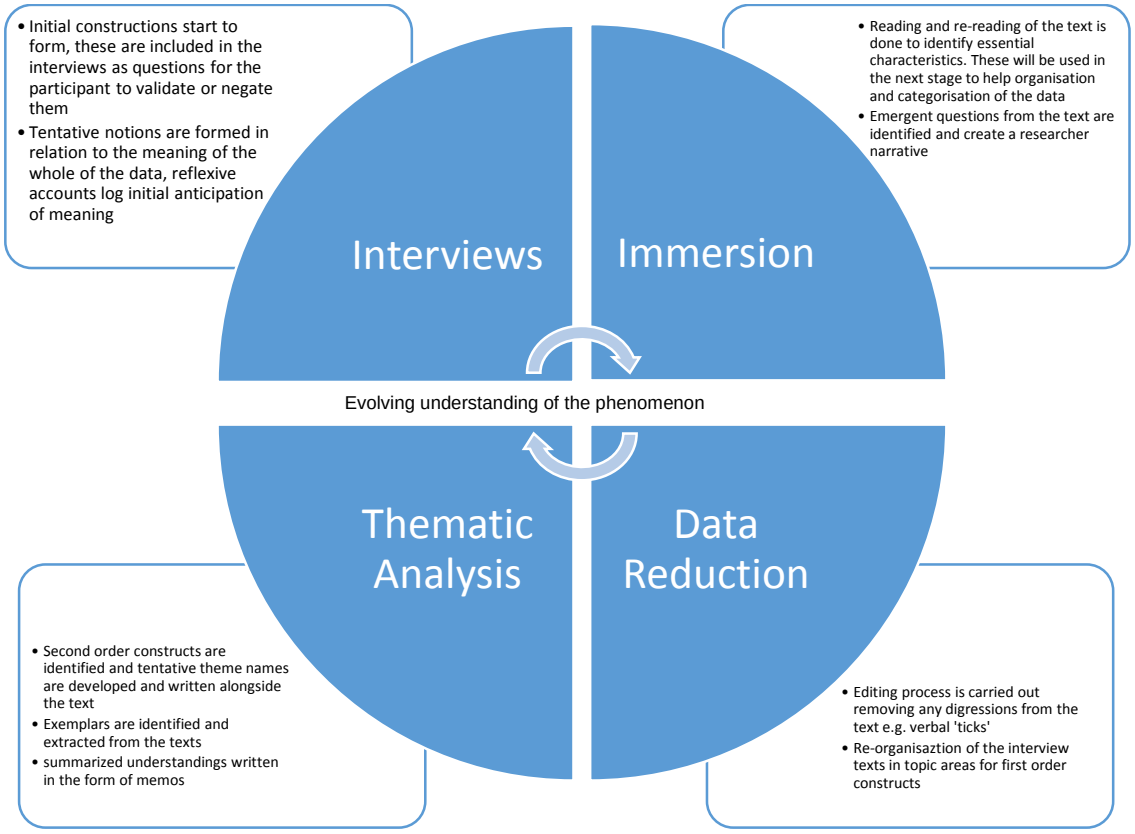

Figure 3.2 The methodological process in hermeneutic phenomenology, adapted from Cohen et al (2000) [original in colour]

The above diagram represents the stages used for collection and analysis of the data. The following tasks were completed at each stage:

Stage one – Interviews

The purpose was to engage the participants in a conversation about their work, in order to gather unique, rich descriptions (van Manen 1997b) and in doing so open up an opportunity to question and challenge my own perceptions about the work I do. The qualitative *responsive interviewing model* (Rubin and Rubin 2005) guided this stage of the process. This model's characteristics fitted with the methodology, I believe, for the following reasons:

- It is used in a reactive manner, as opposed to a strict method, which matches Gadamer's (2004/1960) concerns regarding reliance upon method to achieve understanding.
- It identifies the participant sample with the relevant experience, enabling them to engage comfortably in a conversational topic they are familiar with.

- It builds in a reflective element so the researcher has the opportunity to: look at what has been asked; what responses have been given and what questions still need asking. This links understanding, through the experience of disclosure, via a dialectical structure of Platonic questioning Gadamer's (2004/1960).
- It encourages narratives, rich in participant experiences. These provide evidence and context, thus addressing the intentions set out in a phenomenological course of study and contributing to the trustworthiness of it.
- It recognises that analysis is an ongoing process, fitting with Gadamer's notion of historicity (2004/1960)
- It proposes that there are no right or wrong interpretations just differing angles to view what has been said, fitting the constructionist phenomenology of Gadamer (Dowling 2006).

  An initial time scale was set for 90 minutes but the deciding factor regarding timing was that the conversations themselves reached a natural conclusion. An initial interview guide was developed in order to maintain a focus on the phenomenon under study. The guide had been adapted from previous research on meaning in professional practice (Trenc Smith and Kinsella 2009) that focused on the domains of occupation and meaning. The dimensions of meaning that structured the guide were *doing, being, belonging and becoming* Hammell (2004). *Doing* relates to activities that have a sense of purpose and are goal orientated. *Being* relates to the reflective elements of individual self-will. *Belonging* relates to the impact of social interaction and inclusion. *Becoming* relates to the opportunities and visions of future possibilities. The reality was that the interview was largely unstructured and the guide became incorporated into my questioning of the texts post interview. The location for the interviews was a quiet room away from the place of work. This ensured the interviews were mainly free from interruptions and work distractions. A time was agreed that was mutually convenient for the participants and me, taking into consideration their work pressures. Prior to meeting with the participants they were asked to reflection upon a client intervention that stuck in their memory and held some form of meaning for them; this gave them the opportunity for reflection and preparation rather than coming to the interview cold. Most of the interviews began with making a drink of tea or coffee and a brief 'how's your

day been, how's things' introduction. This assisted with introducing the conversational nature of the meeting and established the different roles we would be taking within it. Feedback from some of the participants was that this helped them to transition from having just left the office and the business of what they were engaged in clinically, to the focus of the interview conversation. I began each interview with an invitation 'just talk to me about your case, tell me what it was about' and the rest of the questioning and prompting was largely dictated by the interview contents. The interviews were audiotaped using a digital recorder, this allowed me to immerse myself in the conversation and concentrate on actively listening to what was being said by the participants. The participants were shown how to start/stop the audio-equipment had they wished to stop the interview at any time; this was only done by one participant who wanted to seek clarity about what parameters she could talk about. Following each interview, and prior to the next beginning, the recordings were listened to repeatedly and an initial note made on how things were being said and questions this generated (appendix 4). These were either incorporated into the following interview or used to develop the questioning process as the interview findings were generated.

Stage two – Immersion

All the Interviews were transcribed verbatim (appendix 5) and transcribed externally. As the transcripts were returned I read them through along with the audiotapes, made corrections necessitated by the varied dialects of some of the participants. I was able to add elements missed due to accents, speed of speech for some and the mumblings of others. An iterative process then began of repeated reading of the texts. Preliminary interpretations were recorded as a researcher narrative in my reflective journal, identifying global dimensions and essential characteristics in the data. These proved to be key to the direction and development of later categorisations and organisation of the data. As transcripts they did not flow particularly well and so the conversations were crafted, i.e. the narratives condensed, in order to bring them to life and animate the characters therein. This assisted in hearing the voice of the participants and the unspoken questions that were within the statements they were making (Öhlen 2003, Souter 2005). My own writing became an important element of

the inquiry, assisting the understanding of the study phenomenon, as multiple interpretations arose. As the participants' individual 'horizons' began to emerge I captured these in creative narratives, cartoons and mind maps (appendix 6).

Stage three – Data Reduction

The editing process entailed systematically going through the transcripts and highlighting anything standing out as interesting. There was no conscious interpretation at this point or searching for specific phrases and included the ideas and the detail of what the participants had said. This process was repeated for all the transcripts and highlighted sections were recorded in table format for each participant. At this stage the phrases became the codes and labelled as 1st order constructs part 1, with a short narrative to explicate them (appendix 7). I chose to use the word 'constructs' because at this stage what I was pulling out from the data were just abstract concepts (Mitcham 2004) and the words of the participants. Further reduction to incorporate categoric labels (concepts that had been organised and classified into a new whole) were extracted from the initial codes and recorded on a second table as 1st order constructs part 2 (appendix 8).

Stage four – Thematic Analysis

This part of the process adapted the phases of thematic analysis as described by Braun and Clarke (2006) and is highlighted in Table 3.2.

Phase	Description of the process
1. Familiarization with data	Transcription and immersion, identified as stage 2 in fig 3.2 above
2. Generating initial codes	Coding features that are interesting 1st order part 1, identified as stage 3 in fig 3.2
3. Searching for themes	Collation of codes from 1st order part 2 constructs into potential themes
4. Reviewing the themes	Generating a thematic map with 2nd order constructs
5. Defining and naming themes	Ongoing analysis for super ordinate, master and sub-themes
6. Producing the report	Exemplars extracted from data to illustrate findings and final analysis through discussion chapter

Table 3.2 Adapted phases of thematic analysis

Thematic analysis is a way of describing and organising narrative data and approaches to it are undertaken dependent upon one's philosophical stance and intended outcome for the analysis. In keeping with the methodology, therefore, an inductive process of analysis was adopted in that no a priori themes, categories, ideas or codes were established. Themes were identified at a latent, interpretive, level concentrating on bringing to light and constructing the underlying ideas being described by the participants. At this stage of the process the participant data were then further analysed against the backdrop of my own knowledge and wider theory. These were recorded as 2nd order constructs and inserted into a third table (appendix 9). Classification of categories was done by synthesising the data from 1st and 2nd order constructs, developing themes and sub-themes in the form of summarized memos and

mind maps and revisiting narratives within my reflective log (Bazeley 2009). The themes were refined during this process incorporating a structure of super-ordinate themes, master themes and sub-themes (Table 4.1).

3.10 Establishing trustworthiness in the study

It has been acknowledged that studies of a phenomenological, interpretative nature are fraught with issues around establishing rigour due to the many proposed ways for judging what constitutes rigour and argument in philosophical interpretation (Koch and Harrington 1998, Annells 1999, Moggs-Rapport 2001, Ballinger 2004, Tuckett 2005, de Witt and Ploeg 2006, Finlay 2006). I reviewed a number of frameworks that identified differing characteristics of 'rigour' before finally deciding on criteria as identified by de Witt and Ploeg (2006). This framework is an integration of the work of van Manen (1997b), Maddison (1988) and nursing literature and echoes Gadamer's own concentration on the importance of truth as an ontological disclosure rather than a limiting scientific method. This resonated with me, answering my own methodological concerns. The framework has five criteria, explored below, in relation to this study.

Balanced Integration: This incorporates three main characteristics, often missing in interpretative research, which helps readers of a study identity the relationship between the interpreted findings of a study and the philosophical views that influenced the researcher. The first characteristic is concerned with congruence and the methodological fit between the philosophy and the study being investigated. It is hoped that the investment in the explanations and justifications above have convinced the reader that adopting a hermeneutic phenomenological methodology with a Gadamerian approach, to gain an understanding of what work as an occupation means and how this is constructed, is both appropriate and worthy. The key to be re-iterated here is that the study is not just a gathering of the subjective experiences of individuals but, rather, a sincere attempt to seek that which is essential to the structure of the phenomenon. The second characteristic concentrates of the integration of the philosophical aspects throughout the study. Within this study the method has included concepts that are central to how understanding is perceived to be understood by Gadamer (1960/2004, pg 390), mainly linguistically and

specifically dialogue i.e. “Language is the universal medium in which understanding occurs”. The analysis incorporates the essential role of question and answer, and identification of individual historical contexts. This results in a multitude of ‘horizons’ and the situatedness of myself and the participants at different stages of the study. The final characteristic of balanced integration is the ability to still hear the voice of the participants as it is integrated with the philosophy. I believe that the crafted conversations resulting in identified individual horizons, described as ‘the lens’ in Chapter 4 recognizes this aspect.

Openness: As with balanced integration above, openness is concerned with process and the documentation of that throughout the interpretative journey of the study. By its very nature the study does not have pre-determined paths and the direction it takes is data driven. The importance of openness is showing how and why those directions were taken and for the reader to see where the interpretations came from, even if they are not how they themselves would have interpreted them (Finlay 2006). I have tried to achieve this through the honest explication of the process as above and by incorporating the key stages within the appendices for examination. In addition I have kept the notes, mind maps, drawings and ramblings that contributed to the event of understanding.

Concreteness: This refers to the impact the study has on the reader with regards to its usefulness to practice and its ability to assist their thinking in linking the findings of the study to an element of their own lifeworld. Although the success of this element as a criterion can only be judged by the reader I have tried to assist the process, in Chapter 5, with generalised practical experiences that can be externally related to, alongside the unearthed features of the phenomenon from the findings.

Resonance: This relates to the effect the study findings have upon the reader and its ability to draw the reader in so that they experience a deep understanding of the phenomenon. Within the study I have attempted to show the challenges within the dialogues and some of the unanswered questions that need to be taken forward by individual readers, thus creating their own challenges to the thinking within their own practice.

Actualization: This refers to the research's impact and its interpretation beyond the completion of the actual study. Although it is acknowledged that there is no way of capturing this at present, my adoption of a Gadamerian perspective conceptualises this notion and actively advocates the act of interpretation as an ongoing process that can only be understood and interpreted in the present - thus a return to the philosophical belief of the universality of the understanding process.

3.11 Reflexive section.

For me, the phrase 'Method and methodology' immediately conjures up a picture of order, structure and scientific focus but this is not the path that my research journey took. From early discussions with my cohort, my research journal documented the, at times intense, philosophical interest and focus my research would take. My research questions were about abstractions and gaining an understanding. When asking myself what it was I was actually trying to do my response was:

> *Why ontological? – Because we come from where we are familiar (pg 8)*

Ironically, getting to understand what it was that was 'familiar' did not become clear until the end of the research process where I began to understand the practice of hermeneutic reflection and I realise that I still have a long way to go.

The interpretive process had so much to hold in play that I needed a framework to ensure I did not lose my bearings and the one I created gave me a point of reference. This pragmatic compromise ensured that, from a knowledge generation perspective, the understandings that were forged had a direction but had not been dictated by a direction.

The process of ethical clearance was both challenging and frustrating for me. The importance of research governance and the protection of those engaging in it, as researchers or participants, I understood. To secure a decision that would enable me to progress I addressed as many of the ethical areas I could, making clear the measures I had taken. Taking these measures was done in a genuine way to protect my colleagues as much as I could but applying them has led to my greatest learning – you can't mitigate for everything.

Within early discussions, on the method, I was asked if focus groups would be better than individual interviews, as this could be carried out by another person. I rejected this mainly on the grounds that it would not enable me to hear and engage in an individual's experience of the phenomenon I wanted to understand. The interviews were indeed rich with individual experiences and some very poignant. My journal recalls my reflections following one particular interview:

> *I found this one really hard – the therapist CLEARLY felt 'attached' to this critical incident. I felt almost guilty – like I was trespassing "tread softly on my dreams" is what comes to mind – but it was not dreams it was guilt and sadness – I felt like an intruder….. (Reflective log, p. 35)*

It was occasions like this that made me glad I had opted for interviews. Choosing interviews over focus groups not only enabled me to have the privilege of singling out these individual experiences and meanings (Ivanhoff and Hultberg 2006) but also provided a protective measure and did not expose these very personal experiences in a more public arena, at the time. The reality, of course, is that the protection is time relative. Their narratives, in the form of the completed thesis, are there for anyone to see if they wish and the anonymity is limited as will be seen in Chapter 4.

I also learned that my role as researcher was not a character devoid of all my other roles: clinician; supervisor; manager etc but, rather, an addition. Using a method which relied on revisiting and exposing my own values and beliefs in light of what others said helped me see the power that being an insider in research had. I already had a relationship with the individuals within this group and although I believed their consent to be informed I needed to watch out for what I referred to in my journal as 'pleasing responses' (p. 37). These were times when I would become very conscious that the 'conversational interview' was at risk of slipping into an exercise of 'getting it right' for the participants. Having heard this creep into one interview I listened harder for it in the others, examples included snippets like:

TH3: Sorry I've lost track... I haven't answered that properly have I?

TH3: … Gosh..er….Had I known you were going to ask that I could have... thought about it more.
TH3: I'm not very quick thinking off the top of my head you know. I could probably kick myself this afternoon.

I had also assumed that having spent many years engaged in interviews within a clinical capacity that it would be a skill I would transfer with ease to the research role. Again, I found that I learned a lot about interviewing in a research capacity. The concentration I put into listening with different ears, I believe, assisted in the ethical sensitivity with which I interacted with the participants. Within each of the interviews, both during and after, I was drawn to pay attention to what was different - acknowledging that this influenced the direction a conversation then took. I was cognisant of the fact that although I was on a quest to find understanding I also had a responsibility to those on that path with me. My journal records just such a change in direction with a less experienced therapist:

> *I am trying to find out where the personal elements are. The therapist changed to 1st person and became a bit emotional when discussing the child, their looks, the way they may be treated (or bullied). – I wanted to go off at a tangent and find out if she had experiences at school/childhood that were unhappy and triggered the emotion and more emotive language. I took the conversation to a different level – away from the emotional (intensity).* (Reflective log, p. 31)

The crux of the power balance here lies in the equality of the relationships. I knew I had put in place the elements of protection that an outsider would look at but I was the insider, what was it I really knew? There was a burden that came with being an inside researcher and I recorded this in my journal :

> *The discussions we engaged in opened up their usual social/work related conversations and there were details in their experiences that exposed some insights and vulnerabilities that were extremely personal. This exposure is the 'weight of responsibility' that I had no real concept of, no experience of what it would feel like despite years of interviewing in a clinical environment. (Reflective log, p. 55)*

Not only was I able to control the direction a conversation went in I could choose how much of my own personal thoughts and beliefs were exposed for challenge. At this stage of the process I felt a niggle of discomfort and the early question forming in my head was about where this discomfort came from: was it a realisation about the responsibility I had for the participants; were they reflecting me and vice versa; do they match my expectations (an uncomfortable phrase to say); am I shy? One thing was clear at this stage, I had started down a path that was meant to be familiar but it could not have felt any more unfamiliar.

3.12 Summary

The main focus, and intention of this chapter, has been to describe and explain the philosophical underpinnings of the study and its importance in the processes developed for investigation and the justification for its use. I have also laid bare my position as researcher within the study and my own epistemological and ontological stance in relation to the study and the role I play as research instrument. I have been explicit in explaining the importance and contribution of my personal history on the interpretation of the data. The practicalities of the research governance process were outlined and the process followed in managing and interpreting the data (Savin-Baden and Fisher 2002). I concluded with an explanation of what and how the 'trustworthiness' of the research has been framed in relation to the conceptualisation of criterion set out by de Witt and Ploeg (2006).

The following chapter will present the interpretation of the construction of meaning in professional practice. The data will be presented as individually constructed meanings and common themes and will be grounded in the participants' narratives.

Chapter 4 Findings

4.1 Overview

The focus of this thesis has been to develop a deeper understanding of the meaning of occupation. Occupations are varied and complex and it has been suggested that they have been theoretically minimized and categorised in too restricted a way over the years by the occupational therapy community (Personn et al 2001). They may be defined broadly as: activities that make us productive; those occupations that are linked to looking after ourselves and those that incorporate play and leisure.

The purpose of this research was to look at a particular productive occupation, from the perspective of occupational therapists themselves in the context of their own daily work. It was hoped that occupational therapists themselves might provide a special insight into this aspect of occupation, because they are familiar with interpreting their client's occupational needs and designing interventions that fit those. Another layer of complexity was that it has been claimed that interpretations of client's needs are coloured by therapists' own assumptions and personal beliefs that have often gone unquestioned or unchallenged (Mocellin1996, Schell 2003, Hammell 2009b). The research challenge was to find a way to explore how such hidden values and beliefs might be contributing to their own contemplation of meaning in their own daily work.

The adoption of a hermeneutic phenomenological research methodology helped me to find a point of entry and insight into the worlds of the therapists as we engaged in conversations about their work, as described in Chapter 3.

Although the participants and I were working within the same Service, and were all of the same profession, we each brought our own ideas, shaped by individual experiences (Mocellin1996, Schell 2003, Hammell 2009b). These pre-judgements were important elements to consider and key to assisting the process of unlocking our understandings. Gadamer (2004/1960) adopted the phenomenological notion of horizon, developing it to explain the relationship between understanding and interpretation. Each of us brought an understanding of the larger context of meaning, our own horizons, determined

by everything that got us to that place – our previous occupational lives. As we talked, we uncovered thoughts, feelings and ideas that had not previously been part of our daily conversations as work colleagues. Exposing these previously unspoken thoughts and feelings, our 'prejudices', allowed them in turn to become the focus of questioning within the conversations. Thematic analysis (Braun and Clarke 2006) was a framework for the analysis of constructs presented in Part 1. The adoption of an inductive and recursive process that aimed to construct an understanding was congruent with the research methodology and its philosophical underpinnings.

The following passages present the findings divided into two parts: lenses and themes. The first section describes common themes across the whole data set incorporating my own horizon and making visible my re-interpretation of the data creating the 'fusion of horizons' (Gadamer 2004/1960, p.273). Part Two of the findings presents individual meaning-making that emerged through the conversations and is more discursive in nature. The analogy of a lens was a useful device, creating a framework for enhancing my own focus on the individual dominant tones that were emerging. In this section the focus is 'how' they talked about their work and incorporates my interpretations of the 'how', influenced by the way I chose to listen to, and then label, their stories in a particular way.

Reflexivity is key to the process of interpretation, necessitating an ongoing moving back and forth between pre-understandings, interpretations and what is being presented (Finlay 1999). The reflexive section in this chapter addresses the re-interpretation that emerges in light of the examination of my own starting point (my horizon) explicating the elements contributing to the deeper understanding of the research phenomenon and as Gadamer (2004/1960, p.273) refers the 'fusion of horizons'.

4.2 Part One – Themes Identified

From the data two super ordinate themes were identified: 'value themes' and 'belief themes'. I chose these two constructs because of the relationship they have in memory creation and the beliefs we hold. (Bruner 1990). Simply put, clusters of beliefs create belief systems which in turn support values. Values

are linked to meaning and why we do the things we do. Beliefs are responsible for directing behaviours that helps us to fulfil our values. It was hoped that by utilising a framework that assisted in organising and categorising the emerging data in this way the roles and relationship between values and beliefs in the construction of meaning would be identified. Within these six themes, twelve sub-themes could be elaborated (Table 4.1). The value themes seemed to incorporate more sociological ideals of the participants as a group and generally had a more positive outlook or emphasis. The belief themes were often confident statements of experience or assumptions the participants had made, and tended to be more negative in tone.

These common meanings were derived from across the whole conversational data set and through the questioning of the data that arose from within my own reflective log during the process. These commonalities represented what I believed to be the system of meaning adopted by the group, which exposed the working culture, we had created, and helped us make sense of our working world.

This section incorporates more of the reflexive dimension of the hermeneutical phenomenon as I tried to bridge the gap of understanding between the experiences of the world of the participants and mine. During this productive process, key to a Gadamerian perspective, I have tried to remain transparent by identifying the subjectivity of my interpretation. Verbatim quotes are used to assist the reader in situating the interpretations. There is an expectation, and hope, that inevitably this will generate further questions for the reader. The participants are identified by 'TH' for therapist and a number. Again verbatim quotes follow transcription conventions.[2]

Combined, the six main themes and twelve sub-themes addressed a key research question, 'What values and beliefs do the participants bring to their practice?' Table 4.1 sets out the theme and sub-theme structure.

[2] … = short pause. (…) = words omitted. [text] = explanatory information included by the author. I = comment by the author in the conversation. X = replacing a name.
[2] Posture and Mobility Service

VALUES	BELIEFS
1. The role of the Team as a collective (a) The team as identity (b) The team as protector	***4. The importance of Knowledge*** (a) Knowledge as experts (b) Knowledge as status
2. The significance of time (a) Time for practice (b) Time to grow	***5. Fighting your professional corner*** (a) Lack of respect (b) Conflict
3. The centrality of clients (a) We hear you we see you (b) Enabling and empowering = client growth and creative therapists	***6. The failed expectations of college*** (a) Lack of identity (b) Not prepared for practice

Table 4.1 Summary of themes

4.2.1 Value Themes

Theme 1: The role of the team as a collective

The conversations with the participants uncovered elements of their own socialization process. These incorporated common jargon used by them, their approach to the delivery of the Service and the ideals for which they had regard. Within my own working life, I have been the most contented when I have been working with people who share common attitudes and expectations and I questioned what featured as important in the participants' working lives.

Individuals do not exist in a void, they are members of a culture and it is culture that completes them as human beings (Hofstede et al 1990). Central to any culture are the values, beliefs and norms that are shared by the other members of that culture.

Within the western world, work has become a cultural value and has been viewed as central to human existence, incorporating elements of personal identity, individual development and social standing. Individuals contribute to the social organisation of their workplaces, influencing how the environment shapes the direction of how the work of the organisation is carried out.

The sub-themes of 'the team as identity' and 'the team as protector' showed the struggles the participants had in developing their own identity and the importance to them of the interdependence with their colleagues.

1a. The team as identity

Although all the participants were occupational therapists it was noticeable that they made consistent distinctions between themselves within this team and other occupational therapists working in other services. Their professional self-identities appeared to be formed by belonging to a group of like-minded people as opposed to a remote professional body. They were both critical of and baffled by other occupational therapists who did not grasp their particular approach to interventions, which they believed to be related to universal tenets of the profession. In her emotional description TH3 expressed her exasperation with a hospital occupational therapist's expectations of her intervention and the lack of a holistic approach:

> [talking about the hospital therapist's approach]…And lack of knowledge … there's just one particular [occupational] therapist over there ……. it was just the way she went about things, she didn't look at things, she thought that everything could be instant. (TH3, p. 3)

In her description of working with a community occupational therapist, TH6 had experienced a similar lack of problem solving and client centeredness from her community colleague. In a situation where TH6 had expected similarity of thought the outside occupational therapist had adopted the approach of her community colleague:

> They [physiotherapist and occupational therapist] trialled it [standing manual wheelchair] before and I think they decided that would be the best way forward for him coz he would keep his so-called independence (...) at home by continuing to use his arms to push himself round the house but that was having an effect that he was becoming more fatigued and wasn't able to do the things he wanted to do... like take the dog for a walk. (TH6, p. 1)

TH4 was an experienced therapist who had worked across a variety of services. Her reflections of the differences focused on the actual environment and the values inherent in different services. She believed that the profession's core values around occupation had been lost over the years and occupational

therapists were not afforded the opportunities to address these core values in their work:

> I think it's a shame we've lost the activity focus in a lot of occupational therapy services and it's all discharge (…) I think people [occupational therapists] don't learn the principles behind occupational therapy and the philosophy if they're not using occupation as a driving force in their intervention (…) And that's a good thing within this service because you're talking to people about their occupations all the while(...) And I think that's one of the few services you can do that in now. (TH4, p. 10)

The word ‘team’ was not always used but the concept of it as a place, an environment, a symbolic feature and a collective was evident. Most of the participants spoke in the third person when articulating and justifying their personal actions during interventions, making references to the common thoughts they believed were congruent with ‘the team’. There was indication of high personal investment into the maintenance of ‘the team’ and examples of shared experiences that almost denoted a rite of passage into ‘the team’. These are incorporated and represented within most of the other themes and will be illustrated further later in this chapter.

The following are examples of the participants’ language use:

> I talk we when its just me I don’t know why... (TH1, p. 3)

When asked why she kept using the word “we” for decisions she had taken:

> …I'm talking about us as a service. (TH2, p. 17)

About her intervention being scrutinised by other professionals and her as a representative of the team:

> And how they view how they look at us and they perceive us…. I didn't want to let them (the team) down in a way. I didn't want them (the professionals) to... to think that you know we are shit. (TH3, p. 6)

About her decision to introduce powered mobility as an option:

> So then he was risk assessed and we said that he couldn't do that... (TH6, p. 4).

When questioned about her professional responsibility towards realistic interventions:

> we come into conflict with that when we are asking people to be realistic about what they can achieve. (TH7, p. 9)

A possible explanation for the way the participants spoke collectively was posited by TH4. She believed that the differences lay in the formation and dynamics the participants had created, i.e. a 'team' as opposed to a 'group'.

> the team develops the "we" mentality.... which is a good thing….I think a group of people is just a group of people that's happened to be together in time and space with no specific.... agreed... journey whereas a team have got identified aims that they're all signed up to, you said the word earlier, respect, there is respect for each other's contribution (TH4, p. 23-24)

TH4 referred to the 'unique features' the Service had that set it apart from other services she had been in. Both TH2 and TH8 used the exact phrasing illustrating what they believed was central to that unique identity and its cohesive effect on the team members:

> unless you've worked here… (TH2, p. 7)

> unless you work here you don't know what it's like and I think that's what brings us together as a team as well… Just the hecticness of things… Well basically just that feeling that you can never express of what it's like to work here. It's hard to put into words. I think that's what brings us together and also because... we do have a common knowledge as well basically. (TH8, pg 17)

The cohesive features are explored in more detail in the following sub-theme.

1b. The team as protector

Supportive workplaces are considered to be valuable to job satisfaction and a contributor to meaning in peoples' working lives (Konz and Ryan 1999, Sass

2000). These participants' conversations, however, revealed an even deeper source of meaning. As individuals they seemed to seek the union of others within the team to validate their ways of working, their clinical reasoning and allay their anxieties. Although occupational therapy advocates 'independence' as meaningful (Bonikowsky et al 2012), the participants seemed to be gaining a sense of purpose and meaning from 'interdependence' with their team colleagues.

This sub-theme also linked closely with the 'team as identity' emerging as a result of the belief themes around professional conflict. This theme is dominated by the dialogue with TH4 who seemed to provide more of a narrative on the team. The keystone for this protective environment and nurturing value appeared to lie with TH4, the most experienced participant. Her experiences as a novice therapist had shaped her beliefs about future environments and her responsibilities in a leadership role:

> I remember having some reflections about why do I feel frightened every time I walk into work [not in this service]. And that was because the individuals I was working with were highly critical if you didn't know what you were doing, without being supportive…Yeah...And that experience I walked away from… Absolutely....promising myself that I would never in any position act like that with any colleagues of mine. And as you say it went against the philosophy of OT. And I was very..... angry, disappointed.... (finger tapping) at that experience. (TH4, p.8)

Feeling safe was an almost universal concept expressed by the participants. Having a safe environment seemed to allow them a place of refuge, allowing them to express their personal and emotional sides without fear of ridicule. The differentiation was in the development of a 'team' as opposed to a 'group'. The team had a specific role in managing the stresses of their working life:

> A safe environment.... to verbalise that stress and…to get non-judgemental outcomes…they allow you to scream in a corner they don't judge you because you're.. having a rough day. If you come back in tears they want to know what it is that's caused you to feel like that, not why you're feeling so weak and in tears, grow up kind of thing. It doesn't allow that to happen. Gives a safe environment for people to.... express that stress and discuss ways of managing it. Whether that's individual or whether that's group coz sometimes the whole team needs to address something in the same way to manage stress. They all need to agree a strategy. (TH4, p. 22)

Their shared responsibility for the health of the team was almost tangible in their descriptions around supporting, respecting and trusting colleagues and was evident in all eight conversations. Their commitment to this and the importance of belonging to a team was expressively illustrated by TH3:

> Yeah. It's definite team work... you've got you've got to be part of a team working here. ... you can off-load. And you know that you're not on your own.. and you help, you've got to be able to help, if somebody's in a situation, in a difficult situation you can't turn your back not here. You can't… We're all in it together (TH3, p. 28 – 29)

TH4 described the team as having 'clan like' qualities:

> It's like being part of a clan isn't it? That's where their loyalties are, that's where their roots are, that's where they're comfortable, that's where everybody speaks the same language..... they need to touch base every now and again to confirm who they really are. (TH4, p. 47)

I reflected on this powerful symbolic concept and its possible potential for developing a belief system responsible for supporting the values that shaped the teams' behaviours (reflective log, p. 40,41,44,45).

1. Returning to this idea and discussions with TH4 I am hearing the same thing – we use the same words but don't action them the same 'as others'.
2. Does a connection form identity? What makes a silo? Silos and clans and tribes – I hear senior managers talking about them as 'dangerous' what do they want us to be?
3. I am hearing creativity articulated for the first time – the others have talked around this. If creativity is needed to function how are they protecting this? – What do I need to do?
4. This notion of being attacked is ongoing – Are we generating it or is there a truth in it?

Clans are cultural and develop their own identity, language, rituals and codes of conduct. They also have a strong defensive element. All of these factors were emerging from the data and interlinking with each other. Returning again to the differentiation of them as a 'team' and not a 'group' exposed even more

clearly the investment and energy that went into the maintenance of a team. TH4 explained it as follows:

> Oh a group of people is just a bunch of people that come to work do their job and go away again. A team of people is where they listen and learn….You validate your own practice in that kind of setting. If it's just a group of people there's no engagement… You don't have that time in acute[3] and that's where there's groups and not teams (TH4, p. 23 -23)

The environment the participants worked in valued, and to some extent expected, personal involvement and investment as well as 'doing the job'. An important feature of this, and appeared to be key, was the protection of 'time'. The importance and meaning of this created a new theme which is discussed next.

Theme 2: The significance of time

I was not surprised to see 'time' emerging as a theme. I had documented some thoughts around use of time early on in my journal and revisited it during the analysis stage of reading and re-reading the data. (reflective log, pg 22-23, 60).

> 1. On the way home from work today I passed a group of young people, I was tired and my bag was heavy and they laughed at me for being stupid and spending my time working…. my negative thoughts right then was of the 'chav' society -those who chose to do nothing – mocking me for having a job and paying taxes (that keep them in their leisure)…why does it anger me?
>
> 2. The doctorate was time to think. Colleagues and family thought I was working hard doing work and doctorate. The academic side was like Platonian leisure though – a time for contemplation, philosophical thought and self development – I became a different type of 'chav'. Having fun, laughing, sharing stories/experiences without the interruption of 'manual labour'. I began to understand my mocker's viewpoint a little better

As an occupational therapist, working in the National Health Service, it would be difficult not to be aware and have experienced the significance of 'time' and its impact on my working life. Additionally, theoretically time is a central

[3] TH4 was referring to the acute settings within hospitals. She had given examples of occupational therapy departments as being made up of groups of people and not teams. She was referring to the restrictions of the organisational culture with regards to development of team environments.

concept of occupation affecting our life's tempo, temporality and usage of time. The main focus for the participants did not appear to be around time in their work as a quantitative measurement or indicator of successful outcome but more an ontological stance. How the participants used their time, valued it and identified its worth is presented in the following sub-themes.

2a. Time for practice

The participants also talked about the pace and pressure to provide within timescales in their work. Their experiences, however, and what they valued was not totally dictated by a linear progression of time e.g. referral, assessment, intervention, evaluation, discharge. Waiting list management, referral to treatment time and individual management of time are all elements of a modern National Health Service that contributes to indicators of successful outcome. The day to day work of clinicians within this mechanistic model is dictated by a culture that has a mantra of 'not enough hours in the day'.

With the exception of TH4, all the other participants brought cases for discussion that had been open to them for a period of months. The longevity of the cases all had differing reasons. Some of the factors were around their stage of development as therapists in the Service. There was an element of taking longer to find solutions due to lack of knowledge of equipment, or reliance on others due to a lack of confidence in their own abilities to solve the problem. Other factors were around the dynamics of the therapist/client intervention and the significance of the intervention for the clients. None of them, however, were anxious or apologetic for the time they had spent on their cases. Seven of the eight participants talked about the time it takes to build a relationship with the clients and the importance of building a rapport and listening to their clients. In her description of her case, TH7 identified what she felt was key to not getting to the bottom of the problem with her client. Her anxieties were rising because she was having difficulty directly accessing the client, whose daughter was at all the interventions and speaking on behalf of her mother. She identified the importance and impact of one-to-one interactions on practice as follows:

> Some clients... I've managed to build up a very good rapport with them although they are very poorly... they're able to communicate their needs and wishes completely independently. So I've got that very, I've got a

> good rapport with the client. It's not a kind of communicating to the client kind of through somebody else. It's with the client And even when I've got erm different news like oh such and such is still not fixed or there's a delay in this case. It's not so much of a problem phoning them up but with this lady I haven't got... a rapport so much with the client I feel like ….. that maybe I just feel that I haven't come up to expectation. (TH7, p. 7)

The time taken talking and listening to clients not only enabled them to grasp the dynamics and the bigger picture of their clients' needs but was something they enjoyed. Slowing the pace of interventions appeared to be important to them. Both TH3 and TH6 talked about the engrossing elements of taking time to talk with clients:

> Talking to people. That's when I can just forget things. Just focus on what they're saying… Especially if they've got really interesting stories that they want to tell you and.... I find yes.. . I find that difficult to leave. (TH6, p. 29)

> It's unbelievable when you think, Gosh did that take two hours… Focussed. If you focus. On the person (TH3, p. 19)

Comparisons were made by some of the participants between their interventions and those of occupational therapists working in hospitals. They did not value the throughput mentality and culture of 'a discharge therapist', believing it to be detrimental to their practice and not encompassing the philosophy of occupational therapy. The work environment seemed to have an important part to play. They felt comfortable to work in the way they did and their time was protected to enable them to practice in a more holistic way seeing their interventions through for the benefit of the client. The strength of feeling for the Service philosophy and nurturing environment that facilitated their work was succinctly highlighted by TH2:

> the OT is allowed to thrive within this service…Yes. It's nurtured me… my work situation at the moment allows me be an OT absolutely (TH2, p. 24,32,33)

Although articulated in a variety of ways, what was emerging was the importance of having time to engage at the pace of their clients and not to be dictated by external pressures of the wider organisation. They were cognisant of a temporal consciousness. Culturally derived or professionally instilled the participants had collectively nurtured a precious component that impacted on their working practice:

> it's the work philosophy and arrangements that allow the staff the freedom and time to have that interaction that's missing in a lot of other services… and I just think it's part of the fabric of the service now (TH4, p. 17)

The demands on health care professionals' time can be stressful, leading to physical, emotional and psychological problems. The following sub-theme uncovers some of the strategies used by the participants to manage this.

2b. Time to grow

The participants brought cases that reflected elements of diversity and creativity. All had differing strategies for reaching their aims, reflecting their individuality and approach. They were able to attend to their clients' needs more effectively when they took the time to listen and observe the situations they were in. They also spoke about the opportunities afforded them, by the working environment, to have time to reflect upon their work. This time for reflection was identified as talking time with team colleagues, practical support and mental space. It is believed that an environment that embraces elements of diversity, creativity and flexibility, for individuals in their work, is less likely to have people suffer from burnout and attrition and therefore is a potentially healthier environment for growth (Schaufeli and Bakker 2004, Clausen and Borg 2011).

These strategies seemed to enhance their awareness of their own personal/professional growth and acted as a coping mechanism for dealing with a variety of stressors. Although clearly in the novice stages of her working life as a therapist, TH1's whole conversation was peppered with examples

reflecting her awareness of her responsibilities to develop her own practice and autonomy. Her growth journey over this time summarised thus:

> (The case she brought for discussion) he's someone I've had for ages and it's been quite ongoing and it's there's a bit of lot of learning in it for me with with the whole assessment, the issuing of equipment but dealing with parents I think as well. (pg,1)
>
> (when she had been given her first client, following a period of induction) I think there was so much information …you're trying to listen and learn (pg,2)
>
> (when faced with another professional's opinion for intervention) no I didn't query or challenge… Maybe I didn't feel I had enough knowledge (pg,7)
>
> (having found a solution but talking it through with a colleague) I suppose its clarifying…just confirming that and I was (cough).. you're on the right lines. I suppose for me at that time.(pg, 7)
>
> (what had contributed to her development) here has changed me really that's grown a lot I think . From the way the team is as well like… I've never settled in somewhere so quick..And felt comfortable…So it's a lot about what you get from here I think. (chuckle) (pg, 24)
>
> (where her knowledge development lies in her present work) you've got to learn it and you've got to do it to learn and…you've got to have someone there to say actually that what you're feeling and what you're seeing is… what it is…I think. And I still feel I need... you know that needs to grow a lot (pg 33)

The way the participants talked about their work incorporated practical elements about getting the task done but also aspirational elements about what they wanted to achieve and become. Being true to their professional philosophy in their work seemed to be the trigger for their criticism of their occupational therapy colleagues in other services and gave meaning and authenticity to what they presently did and valued. They validated their actions when they engaged in discussions with their team colleagues.

To help alleviate pressure, they utilised opportunities to talk and reflect on their work. Having time for colleagues was an important part of their work. Contributing to other team colleagues' health, welfare and professional growth seemed to be the glue that was holding them together, especially through their perceived conflicts with other professionals, only TH5 did not make a reference

to this. TH6 explained the importance of this for her following a difficult intervention:

> I used other colleagues to reflect on. … Coz I was very anxious. And quite upset at different times. … It's (the team) providing me with support to... talk through why I was doing this ….that and the other... I didn't think my report writing skills were.. up to scratch so I was able to speak to my colleagues about that. And then they were able to read and say…that makes sense.....and just to listen basically. (TH6, p. 4)

It seemed as though the time they had invested in becoming a 'team' contributed to their opportunities for professional development, linking with the theme of 'team as protector':

> I think it's really healthy here, it's a healthy environment that people can develop their professional practice in… But I think because people feel safe in expressing views and challenging they'll listen to other people when they express views and challenge…it's safe to do it here nobody's going to come down like a ton of bricks, nobody's going to pull rank on ideas. (TH4, p. 58)

Evolving from the conversations was how values were shaping the dimensions of meaning in the participants' working lives. Important in the work they did was becoming and remaining an occupational therapist. Who they worked with; how they worked and why they worked in that way was the bedrock for achieving their ultimate goal – to remain client-centred in their work. This final value theme is discussed next.

Theme 3: The centrality of clients

The strongest and most dominant element of all the themes, discussed by the participants, centred on the client/therapist relationship. The client-centred practice that the participants revealed was focused around two main areas. The first exposed their values around clients as human beings and the second was around the partnership approach they adopted in their interventions. Although both are congruent with the philosophical and practice expectations of the profession, the participants revealed why they were central to a meaningful outcome in their work, which is explained in the sub-themes.

Occupational therapy has, throughout its development as a profession, been influenced by and adapted to the philosophies and practices of health and

social care through each decade. It was the 1980's, when I did my training, which emphasised the humanistic approach and the articulation of its 'client-centred' approach to practice. For occupational therapy, in Britain, client-centeredness became a principle of its code of ethics for all occupational therapy services. My recollection of those early days, as a member of other services, was the struggle therapists had moving away from the biomechanical philosophies that they had adopted to align them with a more medical model and become client-centred in their work.

3a. We hear you, we see you

The occupational therapy community has underpinning values and beliefs that assist it in its facilitation of enabling occupation for its clients. Although there have been recent discussions about some of the assumptions the profession holds the value it places on respect for clients as human beings, regardless of cultural impact, appears to be universal. Seeing their clients as human beings, who have a voice and a role to play within the management their chronic disability[4] was common across all the conversations.

This theme linked closely with the themes around time and the protection of that time. Having the time to build a relationship with their clients and get into their worlds seemed to be a significant part of being an occupational therapist for them. It was difficult at times to know if some of them were talking about themselves or their clients. It appeared that a transference element of 'life in their shoes' was a strong moral stance driving their actions. TH4 captured the flavour of this when she said: "do unto others as you would have done to you.. is.. core to my philosophy" (pg 61).

The words of the participants, in reflecting the human focus of their work were powerful and, I believe, speak for themselves:

[4] The access criteria for the Service is that people need to have a disability affecting their mobility that will last for a minimum of six months. The reality is that most people known to the Service have a diagnosis that would be considered 'chronic' with acute episodes of illness or ill-health that need intervention e.g. a client with multiple sclerosis (MS) will have the condition for life. During periods of remission they have differing needs from periods of acute episodic deterioration. Having control over how to manage their posture and mobility needs during these changing periods is key to maintaining their occupational performance and balance in their everyday life activities and is part of the partnership mentality in care planning.

you want the child to be seen for the child and not a.... what what's surroundin' him (TH1, p.3)

why is it so important that somebody is sitting upright… I hear it a lot in paediatric more so…even OT's (outside the Service) are saying, oh yes but they're sitting lovely…I'm like (covers mouth with hands) where's your OT… why aren't you applying OT? Why aren't why do you care? I mean obviously you want them to sit well but…why don't you care that little Johnny can't... wheel himself to his mate's desk and have a chat? Why? Do you know what I mean? (TH2, p. 34)

I.. actually focussed on this guy with the picture of his dog at the side of his bed and... I still I still fill up now (voice breaking) even just thinking about him its really... and he just wanted to go home and see his dog. (TH3, p.1)

I think I'm good at discussing situations with clients and making them feel comfortable so that they feel they can confide… So that they feel they can bring forward issues that they've not discussed with other people. That they've got the time to do that and that their needs are important. (TH4, p. 7)

there was all sorts going on in the family and the mother just seemed, she was... distressed to tears.... adaptations going on at home that had gone wrong and caused a leak so that the roof was leaking, she was going through I think her relationship with her husband had hit a very rocky moment, the social workers had been contacting me sort of suggesting that you know mum's in a bit of a fragile condition. We'd dragged them all the way up there coz …the engineers insisted they had to go up there… So they'd driven in the middle of all this chaos that was going on in their life…I looked at this woman and thought I can't put her through any more of this. (TH5, p. 7-8)

and that colleague (from another service) was still pushing for the.. manual standing wheelchair…in a way coercing him into going down the same route of what they were thinking… But I said ultimately it's your decision (the client)...I provided you with the information. Have a think… And then we (the Service) proceeded with getting him the powered wheel chair and his aim was to take the dog for a walk in the local area. So he .. in order to do this he wanted to take the dog to the beach which needed him to go across the railway track. (TH6, p. 2-3)

through the initial assessment and realising how important this chair was for this elderly lady that was stuck in bed and had everything done for her for the last four years she wanted to still be able to go out to bingo. Have her hair done... and go shopping and she wanted to be able to take herself. (TH7, p. 1)

> He'd always been a fighter and he'd always been somebody that had worked although they'd laid him off and he was very angry about that..... you know. I mean he was in his sixties now so he was retirement age anyway but he'd always been obviously had to fight for lots of things, been very vocal, to be an active member of society and then he was very he had lot of anger in him I suppose... I think he did any way. (TH8, p. 6-7)

The work remit of the participants, within this commissioned service, was to provide solutions for 'essential posture and mobility'. The solutions they provided, however, were more than just facilitatory positioning[5]. Their solutions seemed to have meaning and purpose for the client they were working with, and as we will see in later themes, often exposing them to conflict with other colleagues. Their actions reflected the values around the uniqueness of clients. The clients they talked about were encouraged to make choices for themselves, discuss their concerns and hopes and set the measure for a successful outcome. Seeing what contributed to this is presented in the last of the value sub-themes.

3b. Enabling and empowering = client growth and creative therapists

Although the participants spoke about their roles in assisting clients to engage in occupations that were important to them, they revealed a potential element of meaning that I have interpreted as creativity (reflective log, pg 50).

> The conversation seemed to highlight what values are lost in everyday working = if applying process and not looking. Losing the creativity of finding unique solutions when in 'factory mode'

Finding a unique solution to a problem, that is more than just applying a technical rational, incorporates reflection and consideration of information gathered during therapeutic interventions. There were elements of their work when they proffered their expertise but in all cases this was always in collaboration with their clients to devise a unique and specific solution and they

[5] Fascilitatory positioning refers to the way a piece of equipment can be used to replicate the optimal seating position. It is often static and, therefore, not functional for everyday tasks.

used words like ‘enabling’, ‘facilitating’, ‘advocating’ and ‘empowering’. This collaborative concept of ‘doing with’ and not ‘doing to’ was eloquently summarised by TH1:

> I think a lot of people do things for other people, not show them. It's like that saying isn't it. Teach a man to fish.. and he’ll feed himself for life isn’t it. Give him a fish and you feed him for a day…kind of thing. (TH1, pg 20)

It appeared that the clients, in the participants’ interventions, were not just recipients of ready – made postural solutions. In the conversation about her client TH8 made a differentiation between completing a technical solution and solving the client’s problem:

> So we would have basically just left him with what he had originally. Nothing else. We wouldn't have changed anything,. (TH8,p. 5)

In the occupational therapy community, how individuals organise and prioritise the components that make up their daily lives is called ‘occupational performance’. It has included a variation of elements but the core remains the same regardless of historical discussion, as described at the beginning of the chapter. A role of the occupational therapist is to work with their clients to assist them to take control over parts of their occupational lives that may have been disrupted by trauma or disability. Taking control begins with having a voice and being heard, this was key to the client theme above. Another part is overcoming barriers that hinder the client’s ability to carry out their chosen occupational performances. Sometimes the barriers, discussed by the participants, were the physical environment, the effects of their disability or the people around their clients: carers, family members or other professionals involved in their care.

Whilst what TH8 had said might be construed as an indication of paternalism, as an occupational therapist I could identify with why and where she was coming from and empathise with her dissatisfaction of the technical solution. I did not share the same interpretation as my research supervisor, who was not an occupational therapist and had proposed the notion of paternalism, but

recognised my bias in my own interpretation. I believed the intention was not for the participant to take control and make a change but a recognition of the futility of a solution that did not address the client's occupational performance barrier i.e. independence through driving.

The recognition of this differing understanding and interpretation helped me to look at the criticisms the participants directed at other professionals and how they believed they were treated. These are exposed in the next section, which continues exploring the common themes under the super ordinate 'belief themes'.

4.2.2 Belief Themes

Theme 4: The importance of knowledge

There were two sub-themes generated within this master theme that resonated strongly with the participants, focusing on expertise and status. Within the National Health Service, the work that professionals do and the professional knowledge that accompanies this is a complex phenomenon.

My own experience has been that as occupational therapists we are not very good at explaining what our knowledge base is or where it comes from and at times this has generated a sense of professional insecurity. Although changes to modern healthcare rhetoric have included the concept of the patient as consumer and 'experts' in their conditions, the practical reality is still of a knowledge and power divide and professionals within healthcare are still expected to have an expert knowledge of their craft. Clients and patients trust in the knowledge and competency of professionals to carry out their designated trade.

The conversations responsible for generating these sub-themes seem to be concerned about the legitimacy of the participants' expert knowledge and the professional status that this should afford them within the wider organisation they work in.

4a. Knowledge as experts

The participants spoke about their knowledge in a variety of ways and it included their procedural and non-procedural knowledge. The procedural

knowledge was specific to the equipment they prescribed to clients, the processes for ensuring safe issue of equipment and knowing which team members' skill to use at differing times. The non-procedural knowledge seemed to be about the application of the theory and in particular the occupational therapy element and was more akin to the notion of practical wisdom (phronesis). It was the application of this combination that appeared to set their work apart and constituted the 'expert' element. They acknowledged that other therapists might have knowledge about some equipment and identification of postural anomalies but the focus and outcome of their own assessments incorporated something different. TH3 made clear that she believed there was a differentiation when she said:

> [referring therapists outside the service]…they've already done their assessment (…) but it's not our assessment. (TH3, p. 13)

The extensive elements included in their assessments and the collective pool of experience is what seemed to contribute to the belief of the specialist element of what they provided and other services did not have:

> (…)take that [occupational therapy] philosophy alongside the experience and the support we have as a specialist service and marry them up (…) then it's all about the, the confidence to apply those things and say… I'm going to use this expertise I've got and the expertise of the people around me (…) we should be supporting people and helping people reach their aspirations, their dreams (…) and that's why we can do it and other people can't because it's specialist. It's a specialist service, we couldn't do it unless we had the knowledge and the people round. (TH2 p. 19)

Being an occupational therapist within what the participants referred to frequently as a 'specialism' appeared to give them an additional element of knowledge that set them apart from occupational therapists in other services:

> (…)I feel… that(…) coz of the skills [application of biomechanical theory with a critical occupational performance focus] that I've attained since I've been here that I've got more skills maybe specific specialist skills in an area than general OTs that work at hospital. (TH8, P. 16)

The elements emerging in this sub-theme have very close links to the following sub-theme of 'knowledge as status'. The participants believed they had a specific knowledge, a knowledge that was not always understood or validated by other professionals but one that warranted recognition.

4b. Knowledge as status

Having an expert knowledge implies that it brings with it a status within a specific arena. The world of healthcare and professional undergraduate training has become increasingly competitive. Healthcare professionals have protected themselves against the generic movement [6] by claiming specific skill areas as their own, thus giving them bargaining power in a health market economy. As the participants talked about their work it was difficult at times to tell if they valued their own profession or were distancing themselves from it, they were certainly differentiating 'them' as occupational therapists and 'other occupational therapists' and thus affording their work and its specific application of its knowledge base a higher status. During an assessment visit to a hospital TH3 was angered when she felt her knowledge contribution and professional status were not recognised:

> [being introduced to the client by the hospital occupational therapist] 'oh its the wheel chair lady' you know that was how I was referred to, you know 'she's come to sort your chair out' and I thought well no it's more than that you know (TH3, p. 4)

TH3 ensured that what she believed to be of importance, in affording herself a title, was put right when she introduced herself to the client as:

> The occupational therapist within the wheel chair service. (TH3, p. 17)

Most work experiences can have a repetitious element to them but the participants again believed that there were differences for them within this service that set them apart, giving them a different status. In describing her experiences TH4 remarked:

[6] Generic movement refers to the removal of professional titles and acknowledgement of specialist skills. Within the NHS this concept has been utilised to replace professionally qualified staff with staff with less training and a focus on product outcome. It is seen as an erosion of professionalism.

> [within this service] every intervention is different. It doesn't matter if you're prescribing the same bit of kit. Every intervention is different whereas if I done one more making cup of tea assessment [as a hospital occupational therapist] I'd have hung myself. (laughs) (TH4, p. 41)

This belief about other occupational therapy services was shared by TH6. She described her experience as a hospital occupational therapist as 'boring' and when asked to expand on this said:

> Coz it's the same mundane activities. The same …dressing assessments… kitchen assessment, although people are going to be different to how they do things it's just so routine(...) don't like boring. (TH6, p.24)

The participants believed the service they worked in had a negative legacy[7] and that they wanted outside professionals and clients to see that the service had grown; their knowledge base had changed, they were educated professionals and warranted the status of specialism. This was remarked on by TH6 and TH3:

> [When explaining her work to outsiders] But when I say (...) I work for [the service] and wheel chairs I always have to explain coz I think they think that all you do is give out wheel chairs(…) and I say look… I'm not just somebody that gives out wheel chairs blah, blah blah(…) but it's just about.. about sort of justifying the fact that you'd been and done a degree (TH8, p. 18-19)

> [Describing why she thought the service was treated with a lack of status] (…)maybe sometimes because of the preconceptions of [the service] in the old days (...) As opposed to [the service] now! Some people think it's, we still work like (…) years ago. [Wheelchairs were prescribed without clinical assessment of need] (…)Not... assessing the way, I mean years ago they were just giving chairs.... there was no assessment carried out, the range of chairs have is increased. (TH3, p. 12)

[7] The service had been part of the artificial limb and appliance service, carrying with it the legacy established by Earl Kitchener after the first world war to issue wheelchairs and limbs to soldiers. This was an administrative process until 1986 when Lord McColl introduced clinicians to the process. This Welsh service moved into the NHS in 1991 with its first clinicians. In 2001 as part of a national audit the focus on clinical leadership changed the remit to emphasise and include a social model of disability and evidence base for posture and mobility issues.

Together the ‘knowledge’ sub-themes seemed to incorporate explanatory elements justifying a validated and respected place within the healthcare arena. Collectively they included: the educational status they had as professionals; the specific skill base they included in their work; the multifaceted elements of the service that incorporated a pool of expertise and a differentiation of ‘them’ as occupational therapists and ‘others’ as occupational therapists.

My own experiences over the years as an occupational therapist have been that, at times, some professionals treated me as a ‘giver of equipment’ or a ‘discharge therapist’ but I was intrigued to unearth what was at the bottom of the participants perceived feelings that mirrored similar experiences. This was explored in the following theme 5 and its sub-themes.

Theme 5: Fighting your professional corner

This theme was made up of two sub-themes which were vociferously and often emotively described by all the participants and seemed to be strongly linked to their reasons for holding onto their values in their work and their justifications for their beliefs about their work. The sub-themes generated within this master theme incorporated elements of justice, dignity, control, recognition and inclusion all of which are values and beliefs that the occupational therapy profession believe are key elements for enabling occupation for clients. Here we see these values and beliefs attributed to the participants own occupational lives.

5a. Lack of respect

Being respected for what they did as occupational therapists within a specialist service and their contribution as members of the wider healthcare team responsible for the overall health and well-being of clients was interwoven into many parts of the participants’ conversations. They talked about a lack of respect for the knowledge they had, describing how they felt dictated to by referring therapists rather than asked for their advice. TH6 recalled how her contribution was undermined by two outside therapists following their referral for assessment:

> [The client attended the centre] [The client] Came in for a an assessment in the August when he had the assessment(…) the discussion was

> powered [providing a powered wheelchair to meet his needs]. He agreed. Went forward for powered then another colleague from a different service [occupational therapist] intervened and said that … her and the physio had decided that he needed to, that he had trialled a standing manual wheel chair and that that was the way forward.(TH6, P.1)

This lack of respect for their professional input was linked by TH3 with a lack of understanding of what she did and an unfair criticism from outside therapists of what should be done:

> because a lot of people don't know exactly what we do. They think we're just an equipment provider [why this angered her] (…) Suppose it's the way that we're treated. It's it's it's the comments that you hear out there(…) like you've done this wrong, you've given the wrong chair. Yeah. We haven't assessed properly yeah. You haven't given the right equipment(…) [outside professionals] haven't understood why we provide this equipment. The reasoning behind. (TH3 p. 11)

This concept was shared by TH6:

> (…) perhaps they [outside professionals] think that anyone can do what we do…and do it quicker. [Outside professionals think]'Why can't you just assess someone, give them the equipment and discharge them'. Because it's just not as simple as that is it? (TH6 p. 24)

This element of a lack of understanding of what they did, how and why they did it that way was a common element shared by the participants. Some of the lack of external understandings could have been attributed to the fact that the participants found it difficult to put into words the whole picture of what they did and the reasoning they applied to solutions following their assessments:

> Well basically just that feeling that you can never express of what it's like to work here. It's hard to put into words. (TH8, p. 17)

The solutions they achieved for their clients were part of a process where not all the parts were visible or understandable until the final outcome:

> Within this service you might … we might identify things that other therapists [outside the service] haven't thought about because you're [therapists in the service] looking at all aspects of their [clients'] life....
>
> I: And do you think that's surprising for people outside (…)the service to, to understand that that's what we're actually doing.

> I think so because (…) they don't see us in action. (TH6, p. 20)

Although TH4 did not have the same experiences with the clinical work she did for the service she did validate the feelings of disrespect expressed by the other participants comparing it to her vast experience as a therapist and manager within other services:

> [I: explaining to TH4 the embattled feelings and phrases used by previous participants] I completely sympathise with them because I think we are attacked and I don't understand, I, I still don't understand that(…)Conflict maybe now and again but I've never found this slagging off that we get here and I don't (…)understand where it comes from. (TH4 p. 39)

TH4 expanded on the lack of respect. This was not just something that came from individual outside professionals but was evident within the larger organisation evidenced by recent organisational changes:

> There is that lack of respect (…) alright they [executive directors of the organisation]are changing the structures in the other therapies but not in such a hands on involved interfering way that they just feel they can rip it to shreds and put it back however they feel. They're not doing that same approach to any other therapies group.(TH4 p. 40)

Being respected for the work they did was important for the participants and the elements of lack of understanding and unfair criticism seemed to be key to their feelings of not being respected by outside professionals. A consequence of this sub-theme was that the participants seemed to feel the need to defend themselves and this is explored in the following sub-theme.

5b. Conflict

All of the participants talked about forms of conflict with others within their work, with the majority of conflicts being with outside professionals. The elements contributing to the conflict seemed to contain similar threads and these have been woven into some of the above themes and sub-themes but the commonality appeared to be that the participants were standing their professional ground. The conflict situations the participants found themselves in looked like they were strongly linked to theme 3 *the centrality of clients*.

As an occupational therapist the ideal professional default status is that your primary concern is for your clients' needs rather than other professionals or societal expectations, thus a potential conflict situation. Also the much talked about holistic attitude within occupational therapy needs a flexibility of approach in order to address the biological, psychological, sociological and environmental factors that impact on a client's life, something that I believe is not always evident in today's hospital occupational therapists' practices. TH2 expanded on what she referred to as the 'professional agro' that the service therapists experienced when faced with differing professional philosophies or intervention aims:

> [explaining the challenges within the work] So there's things like the professional agro(…)the fact that we [the team] are (…) all OTs, is obviously a help(…)Well we understand the philosophy(…)I hate to use another professional but say a physio.(…) they're very, very keen to get this person sitting very well. (…)but it doesn't matter they can't do anything in this chair [partake of functional activities]. (TH2 p. 21)

TH3 continued with fighting terminology when she talked about the 'battle' that the service therapists became embroiled in because external professionals made decisions about what equipment they wanted for their clients, regardless of the service therapists' assessment findings and decisions and the feelings of being outnumbered:

> [in the midst of her trying to find a solution to get her client home from hospital quickly](…)but in all of this apart from being bombarded by therapists every time I went over there [to the hospital] (TH3 p. 1)

> it can make therapists in the service here angry when people [professionals and clients]out there are choosing their chairs because of the range [wheelchairs available on the service contract] there's already a set of ideas [about what they should have] and then you've got the battle (…)to try and justify something else.[Explain your reasoning]. (TH3 p. 12)

The 'battle' theme was enlarged upon by TH4. Her observations were that the consequence of continuous attack on the service was that it was excluded from the wider healthcare circle and had therefore closed ranks to protect it. :

> [Following an explanation of the participants feeling like outsiders] As if we're in a battle(…)This is like a little squadron all on its own. (TH4 p. 38)

> Maybe we've been embattled for so long that we're in danger of becoming in a siege position where we just hold on to everybody as family. (TH4 p. 46)

The participants had previously spoken about a lack of understanding of what they did leading to a lack of respect. TH4 succinctly articulated what may be at the root of these feelings and the conflict that the participants found themselves in, especially with the believed dominant professional group they interacted with:

> I think OTs do fight all the time. Physios don't have to fight. Everybody thinks they know, they don't always know but everybody thinks they know what physios do. (TH4 p. 48)

The participants spoke about the challenges they faced in their work and embraced the hecticness and pace of the work they did but the negative challenges and unfair criticism contributed to their feelings of stress, anxiety and anger towards some outside professionals, with outside attitudes perceived as bullying in nature especially for the novice therapists within the service:

> people are out there just ready to criticise, there's a lot of people out there and ready…now I don't know if that goes on in other wheel chair services or whether it's instigated by a small group [towards this service]. (TH3 P. 10)

> [How the behaviour from outside therapists made her feel] Quite stressful…yeh. Quite stressful. And yet there are some therapists out there who support us, that want to know what we do. And there's others that just criticise us (TH3 P. 11)

> when you first start [as a therapists in this service](…) and you go out (…)you have to be careful, you do get bullied. You do get bullied coz you may come across (…) and I hate to use physios again but (…) or a nurse whose been a nurse or a physio for a long time and they will challenge you (…)if you're challenged then the other person has to be open to what you... to you coming back to them… sometimes they just won't listen and that's bullying (TH2 p. 27 – 28)

> I think you've got to be brave in some NHS settings... [when standing your professional ground](…) the hierarchy rules in the NHS don't care what

> anybody says. There is still a big hierarchy there and there are still elements of bullying... however subtle it may have become...you know when you go onto a ward full of nursing staff(…) And three or four senior physios... and you're... newly qualified and not very confident (…) it takes somebody brave ... not to join whatever groups going on there [lose your professional identity]. (TH4 p. 35)

In this theme the participants explored and expressed their identity as occupational therapists within a specialist service and the alleged consequences of remaining true to their personal and professional values and beliefs. Emerging from all the preceding themes were strong elements of belonging and professional identity. From the participant sample, for 5 out of 8 of them this was their first post as a qualified occupational therapist so I was interested in exploring the impact that undergraduate training had on their value shaping, identity and preparation for the world of work, this is explored in the concluding theme that follows.

Theme 6: Failed expectations of college

The professional undergraduate period for the participants and me spanned over four decades. The educational focus for the participants was therefore very varied, starting from 1979 through to the most recently qualified in 2008. For the most experienced participant her educational experiences happened at a time when: there was a lot of uncertainty seeping into occupational therapy as a profession; her institution was still a private school of occupational therapy; her educational programme was focussed on learning the facts about conditions and techniques and it still had a strong craft-based curriculum.

My own training began in 1988 and in our institute of higher education we were the final year to complete Diploma '81.[8] My own experiences of feeling discombobulated at the end of my training was probably symptomatic of the tensions between the changing pace of educational ideas presented to us and the bridging of that theory in the clinical settings. The majority of the participants, however, trained during this decade (2000) with graduate

[8] The old diploma syllabus for occupational therapy was replaced by a new curriculum in 1981 with a move away from national examinations that had been standardized by the profession in the 1950's.

programmes at BSc and BSc(hons) level but they were also recalling similar feelings. Two sub-themes emerged from this master theme.

6a. Lack of identity

An overwhelming feeling from all the participants, asked about their college experience, was a lack of professional identity throughout their training including their launch into the working world where they were still unsure what an occupational therapist was. There were comparisons with other professions, particularly physiotherapy, who they saw as a stronger, more respected and charismatic profession even at undergraduate level. The lack of identity was also associated with the vastness of the areas covered by occupational therapy. In her conversation TH7 believed that her training made her feel that occupational therapy was trying to be something other than itself:

> I came away from that course feeling that occupational therapist are trying to.. trying to prove they're just as good as physio. (TH7 p. 22)

In her experience of college TH6 explained the dynamics within the halls of residence that she believed sowed the seeds for expectations of professional groups post qualification and was fundamental in shaping her own feelings of lack of identity, exclusion and lack of charisma as a professional:

> [When asked if placement had shaped how she felt] No it was college and the reason is (…)we were basically the bottom of the pile the OTs (…)the physios and the radiographers always used to interact and go out with each other when we lived in halls and the OTs were always a bit like poor relations to be honest (…)it sort of did carry on when I had my first job (TH8 p. 15)

TH3 found that despite practice placement she had not found an occupational therapy role model to help her create her professional identity:

> And I didn't know any occupational therapists on a personal level you know apart from placements, you know what is it that you really do? (TH3 p. 32)

In talking about the diversity of the training TH5 felt that it was difficult to know what was expected of her as an occupational therapist and how she was meant to pull everything together and feel confident in a professional role:

> I still think that it's far too diverse really, the course (…)the field of occupational therapy is (…) too diverse if you like (…)it's to do with it being holistic (…)but because it encompasses all of that you can never feel confident that you know enough about any of it you know it's like basket weaving, neurology, pathology (…) activity analysis, psycho-social, brain injury (…) it sort of freaks you out a bit really(…) What should we be doing (…) what meets the standard? (TH5 p. 23)

For the participants, college appeared to have been unsuccessful in helping to establish both a positive image of their future professional career or instilling a professional identity in them. This contributed to their overall feelings of not being prepared or confident to embark on their journey into the workplace. The following sub-theme explores their opinions on their college preparation and concludes the findings chapter.

6b. Not prepared for practice

This sub-theme incorporated a host of areas that contributed to the participants' feelings of not being prepared for the world of work as occupational therapists. The propositional knowledge element was considered to be too vast with a feeling that nothing was really attended to in detail:

> In college it's just.... you skim more I think (TH1 p. 1)

Even the opportunities to link the theoretical to the practical via practice placements[9] was seen as frustrating because the occupational therapists in the placement settings lacked knowledge about the theoretical constructs the participants were trying to implement and make sense of:

> [Describing occupational therapy as a profession] (…) a lot of it is built on theory. But then when you go to practice placement and you'll ask them what model [a theoretical construct for explaining a particular way of practice] do you use...and they look at you as if to say, 'we don't use any models'. And so it's... that's where you are coming into conflict, it's like well...you know this is what we're learning about [in college]. (TH7 p. 24)

[9] Practice placements are part of the educational training programme for occupational therapists. Students attend set weeks within real work situations and are supervised by occupational therapists its aim is to enable the student to put into practice the theory of the classroom.

As a mature student TH3 was left feeling patronised by her college experience and that her life experience was not taken into consideration by the college lecturers:

> I found it quite patronising (…)we'd had this lecture on time keeping and I thought don't tell me about that (…)I've worked somewhere else for twenty years for goodness sake (…)I don't think I was treated as an adult really.(TH3 p. 31-32)

Hearing how the participants talked about the pro's and cons of the differing educational styles they had experienced was interesting and gave me an insight into what the aims might have been for the educational institutions. Both TH1 and TH6 had trained at a university and felt their classroom experiences had partly prepared them for practice because they were encouraged to seek out information and challenge what they saw whereas TH4's experience was of being far more subservient and a focus on academic achievement, she had trained in a private school of occupational therapy:

> [The curriculum] they're problem based learning and you know its all case studies and you go off and you find (…) the stuff out yourself (TH1 p. 12)

> [What the course encouraged her to do] To think outside the box.. and not be afraid to.... ask the question I suppose. (TH6 p. 34)

> P: [The curriculum] It was diagnostic driven, very medical models (…)which was actually at that point very rigid. You had to have permission for this (…) permission for that, permission for the other (…)[talking about some of the subjects taught] I mean really struggled to the point(…) I spent my time terrified in that subject... and spent hours and hours and hours trying to learn it... and not terribly successfully?
> I: (…)Why were you worried … terrified was your words, why were you terrified?
>
> P: because you had to pass the exam basically at the end of it. (TH4 p. 10,11,12)

From this master theme emerged a picture of the start of the participants' professional lives being overshadowed by; self-doubt; confusion with regards to

what they had learnt; belonging to a profession that lacked kudos and an inability to articulate or feel as if they had a professional identity. Although the last of the belief themes, this theme appeared to contain the foundations from which their negative beliefs of how they were viewed as professionals had grown. In a search for meaning in their work the participants appeared to have to balance what they were striving for with the barriers to achieving this.

4.3 Part Two - Individual meaning making

A key question was 'How do the participants talk about the work they do?' Eight participants engaged with me in the conversations on a one to one basis. As before, the participants are identified by 'TH' for therapist and a number to follow. Table 4.1 provides demographic details of the participants. In addition, short biographical vignettes precede each of the conversations. This provides the reader with a small window of social and personal information to assist his/her own interpretations of the conversations.

Each conversation brought its own viewpoint and the analogy of a lens was used to summarise the individual perspective and dominant tone of how each participant appeared to look at her work experience, as if they were looking at their work through a lens (Table 4.3). Not all the conversations are presented in the findings. Table 4.4 outlines extracts from the analysis of the other participants to show how the analogies developed. The conversations from two participants, called *the lens of validation* and the *lens of crusading* are presented in detail here as examples. These two lenses were chosen as examples because I felt they encapsulated the tone that resonated through the common themes, presented earlier in Part 1.

Verbatim quotes are used and follow transcript conventions[10]. Attention was also paid to non-verbal actions where it was felt they were important to the reading.

Participant	Gender	Age at time of data collection	Year qualified as occupational therapist	Year started in PAMS[11] practice	Training institution
TH1	Female	40	2007	2008	University of

[10] … = short pause. (…) = words omitted. [text] = explanatory information included by the author. I = comment by the author in the conversation. X = replacing a name. P = comment by the participant.

[11] Posture and Mobility Service

					Cardiff
TH2	Female	52	2004	2004	University of Salford
TH3	Female	49	2004	2004	University of Liverpool
TH4	Female	54	1979	2003	Huyton school of occupational therapy
TH5	Female	50	2003	2008	University of East Anglia
TH6	Female	37	2002	2004	University of Cardiff
TH7	Female	37	2008	2009	University of Derby
TH8	Female	41	2000	2001	University of Cardiff

Table 4.2 Participant demographics

TH1	Through the lens of learning
TH2	Through the lens of crusading
TH3	Through the lens of emotion
TH4	Through the lens of experience
TH5	Through the lens of justice
TH6	Through the lens of professionalism
TH7	Through the lens of fear
TH8	Through the lens of validation

Table 4.3 Lens analogies

Table 4.4 Summary of participant extracts showing analogy development

Participant	Lens analogy	Categoric label	Exemplar extracts
TH1	Through the lens of learning	Part of learning	... it was just seeing how they did things and then doing it with a child and then actually ah.. that makes sense?
		Breaking in	[initial workload] was quite sort of not cosseted but protected
		Just growin' a relationshipEnough knowledge	so it was explaining [to the child's parents about problems in the process] that and it's learning then that it was like if you're straight with them I learnt that,….. being straight and honest no I didn't query or challenge… Maybe I didn't feel I had enough knowledge
TH3	Through the lens of emotion	Emotional	I… actually focussed on this guy with the picture of his dog at the side of his bed and... I still I still fill up now [voice breaking] even just thinking about him its really... and he just wanted to go home and see

		The battle Respect No care We are all in it together Make it quicker	his dog. I think that's… about people complaining about us all the time… people are out there just ready to criticise Its the comments that you hear out there [from other professionals]… Like you've done this wrong, you've given the wrong chair. Yeah. We haven't assessed properly yeah. You haven't given the right equipment. it was just the way she [hospital therapist] went about things, she didn't look at things, she thought that everything could be instant… But there was no care… you know and just rushing past [the client]everybody was busy.... you know everyone was busy. I didn't want to let them [her team] down in a way. I didn't want them [external professionals] to... to think that you know we are shit. He [the client] just wanted to go home and see his.. beautiful Labrador… It's the actual length of time everything took… I was just trying, trying to be focused… let's get him home quick
TH4	Through the lens of experience	Huge experience Domino effect Comfortable with it The OT process	Experience wise.... I think I'm experienced in loads and loads and loads of things, not particularly expert in anything if you practiced [putting theory into practice] often enough it was like dominoes and you hit one end and the rest would just go bumf, and it would happen very fast. And I didn't believe them [college tutors]until I practiced And as that [intervention] went forward my anxiety levels dropped because we [self & client] were just covering things that I'd done time and time again in other clinics. [when phased with a new

		insight	situation] You go through the OT process. So... you break it down [the problem]. It's it's an activity like any other activity so you break it down into its component parts. …at points I was aggressive I think I've learnt assertiveness… if you're open to that you can actually learn assertiveness… But at least I recognise it.
TH5	Through the lens of justice	On the one hand You were right initially Be fair to people Enough now Some of us have standards	I remember the first time I saw him thinking, oh well they, the rehab engineer, probably know it more than I do about what we should be doing here… But.... even at that first one I felt that I was thinking more was needed for this person than the engineer As my confidence I suppose… Increased and... my feeling…was justified you know... And then I thought that you know they don't seem to be.. the engineer don't seem to be getting it at all they're a family that they're not very demanding... and right from the initial time that I met him I kind of felt that they needed more than they... were getting really. And they [engineers] kept assuring me that they would be able to sort it out .. tweaking this tweaking that… I looked at this woman and thought I can't put her through any more of this… the experience that they [client and mother] were both having to put up with was… unacceptable. even before I was a professional I would probably had that kind of …don't know whether it's the work ethic is it or...a sort… of feeling of... you know..... it's got to be it should be.... good enough.
TH6	Through the lens of professionalism	Reflect on They thought they knew	[having a different view from external professionals] so it made me think about why I was doing why I was going the way I was going. That's their perception of what I should be doing for them. In

		Part of an OT Professional values	fairness it was more, it was coming more from the OT than the physiotherapist. Part of an OT is seeing the bigger picture isn't it?... I'm, going into OT mode when I'm going into the community you know it's part of our code of conduct is to be professional at all the time I guess. I think it's the way you've been brought up as well as the values that you've got with different groups that you deal with.
TH7	Through the lens of fear	Challenging My conflict Safety I warned her I learn	[learn from cases that go wrong] and why that is.. meaningful it's kind of... those are clients where I'm on the same page as them sort of thing. Whereas this one I found quite challenging. the wheel chair hasn't met their needs so... it's …I have to make a… it.. it is difficult for me. I still had reservations about her using the chair safely on her own I warned her that if she knocks her foot this is going to be very painful for her... and sure enough she did bash her foot I have to make a conscious effort to kind of face what new challen-… you know what else is going to go wrong.

4.3.1 Through the lens of validation

TH8 had joined the Service in 2001. She had been there when she was one of only two occupational therapists and has seen the Service grow to include ten occupational therapists. This was not her first occupational therapy job; following her graduation, she had worked in a spinal injuries unit. Living in a rural Welsh-speaking community, during her time within the present service, she and her partner had three children and built their own house.

TH8 had been asked, prior to the meeting, to reflect upon a case and or critical incident that had stood out in her mind – the reason for its importance was not dictated. The critical incident was then described by her and the following viewpoints emerged through the conversation that ensued. TH8 began her conversation confidently. She had been asked to become involved in the case to assist a colleague with a client who was non-compliant regarding the equipment he was using. Equipment is issued on a loan contract with instructions for safe use. The client had made adjustments to his powered chair and removed the footplates making it unsafe. She described her initial intervention as a supportive measure towards her colleague, she did not mention the use of any particular therapeutic skills:

> [the client's case] it was triaged[12] by (x) he went out to see him [the client]... and ...tried a few things (...) following the changes that (x) made (…) the client wasn't happy … he's basically saying that ... (x) didn't know what he was doing... coz it was just the nature of the client's personality …so (x) asked me to get involved (TH8, p. 1)

She recognised that this client had adapted his own posture by changing his position in his chair to enable him to drive. She considered him to be at risk because of this because he was not safely secured in his wheelchair Although recognising the risk element she was conscious of the complex negotiation issues that needed addressing and the dynamics of the situation. She was not needed for her knowledge and assessment skills of posture; in this case she saw her role as needing to connect with the client if her intervention was to be of any use. She was presenting the multi-faceted nature of her work and the importance of considering the overarching areas that needed time and skill to address…. she needed to listen to him:

> this chap was still self transferring...quite dangerously (…) but he was very resistant to any sort of change to the way he was doing thing (…)So... bearing in mind that (…) oh the bit I forgot is that he lives with his wife who also got a learning disability…she's first language Welsh whereas the client's first language is English [she] interjects quite a lot (…)when you're in trying to do something … and speaks quite loudly and is quite... angry about everything (TH8, p. 1- 3)

[12] Triage is a term used by the Service to denote a visit carried out to gather more information, determine the relevant professional needed to complete the assessment or complete basic interventions.

I asked her if the dynamics of the situation changed the way she approached this case. She spoke about the coping mechanisms that she had learned over the years to deal with complex dynamics and how she had tried to apply them. In this case they were unsuccessful but she was not flustered by this and knew she would need to re-evaluate the tack she would need to take. In the midst of this the client was still the central focus :

> I suppose what I try and do…is (…) use a little bit of humour but when it's appropriate and sometimes it works and sometimes (…)it doesn't. So... I guess I realised quite early on with this couple that that wasn't the way to go (laughs) at all (…) it was a case of trying to reinforce all the time. It's... explaining things like this is why this is happening and … this is what we're going to try. What do you think of that? (TH8, p. 3)

Her description of the case initially focussed around the developing relationship with the client and his wife, and mechanisms for achieving any therapeutic intervention. At this point she began describing the joint working that developed with an occupational therapy colleague from Social Services, responsible for the hoisting equipment that had been put into the home, which had become an issue. I asked her why this had become an issue for her. Her assessment had highlighted that hoisting was key to the problem and the solution but the client was resistant to this and she was trying to be empathetic and practical at the same time. The working with another agency was seen as a supportive move by her, she could share the responsibility of a complex case in a practical manner:

> when (…)you were explaining things if you said.... 'Right... we're going to have to ask the social services OT to come in to look at the hoisting'(...) He didn't want that he saw being hoisted as a step back (…) I tried to approach it (…)by trying to explain this [not using the hoist] (…)may have a knock on effect in terms of (…) driving (…) transferring (…) I realised that we need to get social services OT involved because (…)its off on Anglesey long distance as well … I think it needed somebody that would be there (…)to keep it monitored if that makes sense. (TH8, p. 3-4)

As the conversation developed I asked if this had been a creative process and she revealed that the joint working had been a positive and supportive approach. It meant that she could share the responsibility with another like minded therapist outside of the Service, something that she would not have done earlier on in her career. The opportunity to work in this way made her reflect upon her present practice and what she had lost. Her work focus at work had become too orientated on the task of getting someone seated, and this appeared to sadden her, reflected more in the tone of her voice when explaining:

> maybe I get a little bit too focussed sometimes on just getting someone seated right and not necessarily looking at the rest of the situation. (TH8, p. 8)

I wanted to know if this was behind her reasoning for choosing this case for discussion. If she had walked away when the seating options had been rejected she would have made no difference to her client's life. She could have justified her actions in line with the remit of the Service. The Service was commissioned to provide assessment for 'essential posture and mobility needs, but there was a change in the tone of her recounting:

> We wouldn't have changed anything,. (TH8, p. 5)

I wanted to know why this was so important for her. At this point she began to reflect upon the values of occupational therapy, reaffirming their importance to her. This case had been important because it incorporated those elements that allowed her the opportunity to be an occupational therapist, in the fullest sense, something she did not want to lose. The recounting of this case had begun to touch on the tenets of enabling occupation. She had talked about the client as a person with rights to make choices. She had engaged with him believing he had the potential to make changes to his quality of life. She was aware of the effects of the environment on the client's life choices and had actively addressed the wider issues with him as an active member of that process.

> P: I'm an OT and that's really important (…) you can solve the seating bit but unless you've looked at everything else...often there's isn't a successful outcome.
>
> I: What was it about this case that gave you the opportunity to be an occupational therapist?
>
> P: I wasn't going to get anywhere with this seating and I was probably like you said I probably was going to end up giving him … the same equipment that he had but I didn't [because she changed her intervention goals to the client's goals] (TH8, p. 9)

She began recalling her additional reasoning for not walking away from this case early on. She acknowledged that she treated some clients differently from others, depending on how they presented to her and how she wanted to portray herself to them. Work was not just a source of a salary, it had the potential for her to address individual's needs around self-esteem and status and at this point she began exposing some of these aspects of meaning in her work :

> (…)I wanted to make sure that I'd covered all angles on this one for whatever reason. Yeah maybe it was because he was very vocal...I mean you've got those clients (…) that you're more wary of (…) I think I'm much more... structured with the clients that...are a bit more vocal(…)Coz I...don't want to be in a situation where…they maybe challenging me and I don't know what the answer is coz it would make me feel very uncomfortable because I'm supposed to be the one that knows. (TH8, p. 10-11)

She then started talking about how she is viewed within her own residential community. I wanted to know if she was as conscious of her image in her private life. She did not perceive herself as an occupational therapist outside of work but acknowledged that she did have a role and a certain standing within the community because of her professional qualifications:

> yeah I suppose they [friends and family] do look up at me a little bit (…)none of them are like got professional qualifications... and I should know the answers to certain things. *(*TH8, p. 12)

Despite giving examples of how her friends valued her opinion and advice she questioned whether or not that was how she was really viewed by them, or if that was her own perception of how she was viewed. This idea of having a

standing continued with her description of her role within the Team. The conversation was peppered with self-deprecating comments when she spoke of herself as having any position of authority, be that an elevated role, or knowledge. She reflected upon how she behaves and what had shaped that, she did not see herself as an oracle but did see herself as needing to be actively involved in situations, exposing a sense of responsibility for the team and its members:

> Maybe it's how I perceive myself(…)I suppose I'm seen as somebody that can give quite good advice (laughs) about things.. I think I do have that role a little bit here [in the team] (…)I think I see myself more as somebody that has to... get involved more than someone that has the answer(…)maybe coz I've been here the longest or something. (TH8, p.12)

I wanted to know if this was characteristic of her way of being in other contexts. She began to talk about how she presents in different circumstances and the features that make a difference to the role she takes. At this point the notion of 'control' began to emerge:

> I didn't feel in control when I was there because I didn't really know what I was doing when I was in college (TH8, pg 14)

.

When I asked about her college experience her descriptions of her undergraduate training were not positive. She recounted how she felt occupational therapy was viewed and treated and its low status within the university. The feelings of not knowing what the profession was really about continued when she qualified. Together her college experience and early work experiences shaped how she negatively perceived her own profession. She had introduced the idea of individual status earlier and now focused on her perceived status of the profession. The societal prestige attributed to other professional groups can be a source of power for them, whereas occupational therapy seemed to be struggling for attention:

> [at university] we were basically the bottom of the pile the OTs (…) The physios were seen as the best, you know always seen by other people and then the radiographers (…)That's the way I felt then (…)the physios and the radiographers always used to interact and go out with each other when we lived in halls and the OTs were always a bit like poor

> relations to be honest (…)it sort of did carry on when I had my first job… people were discharged regardless of whether they had seen the OT and you thought "what's the bloody point" (…) I was always a bit embarrassed to tell people that I was an OT(TH8, p. 15)

Her opinions of herself as an occupational therapist changed when she joined this service. I asked her what had made the difference to the way she viewed herself. She talked about being invested in and valued and how she could, see a role for occupational therapy.. At this point she began to define what it was that had changed her views about the profession and what specific skills made her feel valued. Achievement began emerging as a feature of importance. What was considered a valuable attribute was firing her enthusiasm and increasing interest in the profession. Being within a specialism where people had to ask for her advice and her deeper knowledge seemed to set her apart from other occupational therapists:

> [she] went onto the OT conference and things it was it just gave a different slant on thing and because of the... specialism here goes, fits so nicely with OT I felt there was more of a role for OT. (TH8, p. 15)

> I feel (…) the skills that I've attained since I've been here that I've got more skills maybe specific specialist skills in an area than general OTs that work at hospital. (TH8, p. 16)

She had already expressed strong feelings about how she felt as an undergraduate professional, being treated differently. I found it somewhat ironic, then, when she went on to describe her other occupational therapy colleagues, in other settings, at 'the bottom of the pile' affording her own work higher status. The conversation developed to explore her perceptions about the difference between her present job and other occupational therapy departments. I asked what differentiation she saw. She described a shared commonality with her team mates in her present role that she believed could only be understood by those that were party to it:

> unless you work here you don't know what it's like and I think that's what brings us together as a team as well… Just the hecticness of things(…) Well basically just that feeling that you can never express of what it's like

> to work here (…) and also because... we do have a common knowledge as well. (TH8, p.17)

The higher respect that is afforded other professionals she did not feel was common within occupational therapy and she put this down to specific factors. Being able to take on these factors had contributed to her feeling more comfortable with her identity as an occupational therapist and she began to explore her insecurities. She believed she needed to enlarge upon descriptions of her work to outside people in order to justify its importance:

I: So if somebody said to you now what do you do? Would you have the same embarrassment in saying you're an occupational therapist?

P: No (…) I always have to explain coz I think they think that all you do is give out wheel chairs(…) it's just about (…) justifying the fact that you'd been and done a degree and there's more to it (…)maybe that's my own insecurities about how people perceive me and thinking "oh this is all you do".
(TH8, p. 18-19)

Her reflections took her to expectations placed on her by her Secondary school teachers. She inferred that there was a sense of disappointment at her chosen career choice and she had not met expectations. She mused over the fact that perhaps she should have opted for a career she perceived to have a higher status:

> I was always expected to (…) something else... other than OT (…) because my skills were more in.... maths and stuff like that maybe I should have gone down that line which maybe would had a bit more kudos.
> (TH8, p. 19)

When asked about this further she backed down from the option of 'high flyer' and began talking about the affect becoming a mother had on her with regards to her work role. She felt that having her children had given her permission to legitimately change her priorities from work to home. Her interests and life focus had changed and with it the focus of what was valuable. This made me reflect on initial thoughts I had around occupational value and its importance as a pre-requisite to meaning. Through this conversation I was beginning to

understand that what was meaningful to someone at any one point in his or her life was a moveable feast:

> I: Is kudos important for you or is fulfilment and enjoyment?
>
> P: Fulfilment I think it is to be honest (…) I think having the children has sort of allowed me to (…)not to be so career driven (…) if I was more career driven then I would be doing something more than I'm doing now (…)I think the children … has allowed me not to have to... push myself (TH8, p. 19-20)

I asked her how she would measure success in her work. She began to explore this and came to the conclusion that it focused around how people saw her and what they said to her and about her. If her clients and their carers were happy with the outcome and voiced this then she had the external validation she felt had been missing earlier during her chosen career as an occupational therapist:

> If the person that you've intervened with is… happy with what you've done (…) maybe more so than what you've actually done (…) people's perception of what you've done and whether they're happy and whether they're not going to be phoning in saying they're not happy (…) someboby thinking I've done a good job I suppose that's what it's about for me (…) its not something I've really thought about before but maybe that's what drives me more than anything is that people think "Oh yes she knows what she's doing" (…) It is that's what I think (…) does drive me! (…)Maybe because I just need that validation... somebody saying that you know… she knows what she's doing. (TH8, p. 21-23)

The conversation concluded with a return to her home life and her role in her community. From the reflective nature of the conversation a genesis moment summarised what has meaning for her:

> I suppose it does it does transfer into your home life (…)I always try and give this impression that I'm sort of in control of what I'm doing(…) My God I've just realised I've I'm somebody that needs validation all the time!
> (TH8, p. 23)

For TH8 the overall sense of meaning of her work within the service seemed to be when she was able to contribute and was acknowledged for what she considered to be her expert and specialist knowledge. Recognition by others,

professionals and clients, that her work was of a good standard also seemed to validate her feelings of self-worth and this appeared to be a deep rooted motivator.

4.3.2 Through the lens of crusading

TH2 had been in the Service since 2004 and worked mainly with clients needing powered wheelchairs. She trained as an occupational therapist on a part-time course whilst working as an occupational therapy helper in the field of learning disabilities. She was a mature student and had completed a degree previously in health promotion. Her work experiences were varied but care settings and residential environments featured highly. She had experience of this Service prior to taking up post having completed her elective placement here. She lives with a friend and her dog is an important feature of her life.

TH2 was extremely animated throughout the conversation and spoke with passion about issues that were important to her. She launched straight into the conversation by presenting the client's case, her circumstances and her justification for working the way she had with this case. Her immediate focus of attention was on the client's wishes and needs at the expense of the Service's remit:

> a referral came for a powered chair, it was brought through as a more urgent case because the lady was... spending all her time including her night time in the chair (laughs) coz She had no bed (…) and obviously even though we don't supply people with chairs to sleep in I had to bear that in mind… So I've had to work around that even though it was out of our remit if you like. I had to, that had to be, in, in my mind right when I was dealing with. (TH2, p. 1)

The case had been a longstanding one with lots of involvement and personal investment from TH2. She discussed the features that were complicating factors. She was aware of her own professional responsibilities that were being compromised but was able to reason through her actions:

> I'm firmly entrenched now into this case (…) [elements that were contributing to complexity] I had my own professional… responsibilities [clapping hands hand together whilst she spoke] if you like and then this very adamant client, very intelligent client who felt that she knew best

> and so I was trying to work alongside (…) that she was safe, using our equipment (…) keeping within the parameters of what she wanted.
> (TH2, p. 1-2)

She began do expand on her dilemmas with the case, opening up to the deliberations and exposing some of the judgements professionals have to make in practice. She wanted to be as open to her client's needs and wishes as she could be. She wanted to ensure that the elements that were important to the client's well-being were heard and that she was not an obstacle to that:

> [The features needed within the chair to address the client's needs] It was now becoming a massive list of what she wanted [exasperated laugh]. So where... at the beginning I was trying to say (…) "I'm going to try and do everything to help you reach all those", I'm now at the stage where I'm going "hold on a minute. There's only so much I can" (…) But it's very very important to her psychologically so right. OK.
> (TH2, p. 3)

She referred to the complexity of the case. The longer she spent with the client on her caseload the more problems were being unearthed. Reviewing professional judgements in this reflective way helps to expose the value judgements that contribute to decision making. She felt that this case was an exemplar for showing the diversity of her role and responsibilities within the Service:

> The reason I've used this case today is because I think it demonstrates (…) the longer you have the case the more things then suddenly start to come into the mix (…) we are a posture and mobility service, we're not sort of a chair that should be sitting in all day long and slept in are we?… but… she actually had no choice (…) I had to do something quickly and I had to be effective in what I was doing.
> (TH2, p. 3)

At this point she became emphatic about the points she was making by slapping her hand on the table and I asked her what the message she was trying to impart was. It was here she first introduced her analogy of 'a house' to indicate the wheelchairs importance to people who use them. She discussed the conversations she had with external services and agencies and how they did not see the importance of the equipment in the same light. This was another

justification for the longevity of the case and the elements that contributed to its complexity:

> [Talking to outside professionals] when people say to me it's a wheelchair I go “hold on, it's as important as their house!” (…) She [the client] wanted to exercise in it, she needed it to get round the house, she needed it to go out, she needed to go and do her shopping. Now how important is that piece of equipment [laugh]. That's the point I think I'm trying to make(…) I think it with this case it's demonstrated more than anything else that it's not just a wheelchair.
> (TH2, p. 4)

The conversation began exploring the expectations of the client. I questioned the pragmatic elements of the case. TH2 was asked what she thought about the client and her husband’s expectations of what could be achieved or considered. Her response separated out her personal and professional views. At this point an element of transference came into the conversation exposing some personal views:

> I: So is that professionally you believe that or is that personally you believe it?
>
> P: personally I don't think their expectations are too high no. Professionally... with the equipment we've got they are.
>
> I: Tell me why you think there's a difference? Personally why do you think their beliefs are not too high?
>
> P: Because I can understand (…) she's a woman the same age as myself (…) she's coming up with things that she wants to do (…) we can all do that in our lives (…) she wanted to maintain some independence (...) there's nothing wrong with that either. But as a professional I know there's only so much I can do.
> (TH2, p. 5)

The impact of having a case for a long time was explored. The case would have to come to an end and not all the client’s wishes would have been dealt with. It revealed the consequences of involvement, when there is time and a service model advocating client centred practice, and the personal effect that had:

> [How did she feel about this?] Frustrating actually(…)more so because I, she's my age (...) and she's somebody who's very articulate(…)she's reasonable in the way she explains what's important to her. And I think also especially when you’ve worked with somebody longer (…) it's harder in a way because you get to know them better don't you so…

(TH2, p. 6)

She explained that she was aware of the subjectivity that came with her practice. She considered this to be an important part of occupational therapy interventions and a professional value of import. When I challenged her about objectivity, and recognising her own feelings but putting them to the side, she was adamant that this would have a negative impact on her professional practice:

> I think it's impossible not to do that in your work [be in someone else's shoes] (…) [Personal or professional belief?] I would hope it was about occupational therapy (…) whether every single occupational therapist would agree with me in that you're not being objective enough I don't know (…)to look at the patient and not sort of put your own emotions on it (…) I cannot do that (...) I think it's quite a good thing (…) you don't want things to be cold and clinical.
> (TH2, p. 6-7)

Having spent many years working with a client group that often could not express their wishes[13] we discussed how it felt with a more able community. She felt that it was different working with clients who took a more active role in their interventions. She felt that with other more disabled clients, although trying to be inclusive, the decisions were the therapists. She preferred the interactive process even when the requests were unreasonable, an indication of her understanding of the power issues associated with client centred practice:

> I: Do you find that harder? [working with clients who can make decisions]
>
> P: Not really (…) I possibly find it easier because ... no matter what you do (…) when you're working with people with learning disabilities it is quite hard making decisions for somebody else no matter, no matter how disabled they are.
> (TH2, p. 8)

I asked her to return to her frustrations about other professionals and the difficulty in getting people to understand the importance of the wheelchair in a

[13] TH4 had years of experience with clients that had a learning disability and had been institutionalised.

client's life. She believed that other professionals could not grasp the holistic[14] elements of equipment provision in the same way. She was able to reflect on the fact that this was a concept that she had difficulty with initially:

> [laughs] that "aaaahhhhh"... bit really was nothing to do with any of our patients. That was to do with other professionals who go(…) "It's just a wheelchair". And I say to them "that wheelchair, when you are considering a wheelchair you ... it's like going to buy a house!" and they go "oh right ok" (…) other professionals are a massive bug bear with us because they don't understand it (…) Including our own professionals… and it's taken a long time for me to get....(laughs) to get to this stage (…) it's taken me a long time to see how holistic this service is.
> (TH2, p. 9-10)

When I challenged her to explain why she thought other professionals didn't understand she talked about acquired knowledge and an almost cultural diversity about the team, an adamant theme shared by most of the other participants. The need to be part of the Service was key to understanding the bigger picture:

> unless you've worked here[in this service](…) you will never ever understand, and I wouldn't have done before I come here (…) you don't think about it until you you're either in that position or you're in there supplying the equipment.
> (TH2, p. 10)

The importance for clients to be able to continue to have aspirations and eliminate barriers presented to them due to their disabilities was seen by her as vitally important. This was seen as an area she felt other professionals outside of the Service did not take into sufficient consideration when they made their referrals for assessment. It was presented as a concept and value that she believed belonged to the Service and its members, a kind of cultural framework used to unite their understanding:

> They [clients] should(…) have the same dreams and everything as anyone else (…) I don't know how you would ever get that over to somebody unless, coz as I say it took me a while, well it's taken me years.
> (TH2, p. 10)

[14] Holism is perceived to be one of the major tenets of occupational therapy but its ambiguity as a term has resulted in it meaning different things to different people (Finlay 2001).

Her conversation was peppered emphatically with the same phrase over and again reiterating the analogy of a house indicating the wheelchair's importance:

> [getting the right chair] to me it's as important as going and looking around a house that you're going live in for the next twenty five years and I mean that. (TH2, p. 10)

She began to talk about how her knowledge had increased. She compared her early practice to now. She did not seek advice in the same way now. She believed that she had more knowledge to try alternative solutions to problems before seeking advice from the team. She reflected on the potential reasoning behind other professionals' alternative views from her or the team, presenting a more understanding view:

> I would only bring my case to a meeting if I absolutely tried everything… earlier on in my career I might not have done that (…) That probably comes with experience [returning to a question asked previously about other professionals values](…) OTs are in the same profession so how come they don't know but if you think about how vast the equipment is... it is a specialist service… you can't learn that out there, you can't.
> (TH2, p. 11)

The conversation had moved from describing the complexity of the situation through lifestyle issues to technical issues. To try and understand this further the difference was challenged. It became apparent that there were tacit elements that grounded the work she did. Her belief that other people did not understand were perhaps coloured by her own experiences prior to being in the Service:

> Listening always comes first… you have to learn to get the patient on board (…) before coming here that was my experience of wheelchairs [the old ministry chair[15]](…) So that was all I really knew and people were very much passive in the chairs.
> (TH2, p. 12)

[15] The 'Ministry wheelchair' was the original standard issue for wheelchairs and was known as such because it originated from the Ministry of Health.

She identified that the holistic focus she had learned, specifically when looking at wheelchairs, had come quickly when she started work in the service. The philosophy of the Service was to ask questions of the client's needs as key to the intervention process and she took this on board. She talked about needing confidence in applying a holistic view and confidence in having the courage of her conviction's, this was something she only acquired after a number of years of being in this place of work. Her commitment to challenging others was driven by necessity to make others understand her client's needs:

> When you come in [to the Service]…you learn that bit quite quickly [the holistic element] (…)I know I keep using this term because I truly believe it but it's as important as the house that you buy! To confidently look another OT in the eye and say to them, "the chair is as important…" (…)things we don't even give a second thought about... the [tapping table)] confidence to say that has only been in the last couple of years. (TH2, p. 13)

She said she believed that it was close joint working with other colleagues that helped spread the understanding of her role and its diversity. She was comfortable with the almost evangelical approach she took to helping others understand, a fulfilling aspect of work that makes a positive difference. She expressed satisfaction in being involved with teaching opportunities for outside therapists and a thirst to do it better next time round. Her educational approach was very hands on:

> [Does her confidence and conviction influence outside therapists] Yeah. I think people who I work with closely [outside therapists] (…) [when they say they understand] it makes me feel "thank God for that now tell your friends"(…) when we did the pampered for power day[16](…) people are just amazed (…) they can understand why you were so thorough (…) I have had people [outside therapists]say "I'm really sorry I didn't realise". (TH2, p. 13-14)

She was clear about the message she wanted other professionals to take on board. She felt that they often hindered the working relationships with clients by

[16]'Pampered for Powered' was a training day set up for external therapists to break down the barriers, fear and mystery surrounding criteria for issuing powered wheelchairs. In England many of the Services used, and still use, medical consultants to determine eligibility for this equipment. This Service believed this was a power issue related to cost and thought that local therapists were in a better position to determine eligibility for their clients in partnership with the Service.

building their hopes when they referred into the Service. Having an understanding of the process and the clinical reasoning behind that would help them prepare their clients for the course of action that would be taken by her. She was conscious of the time client's spent on the waiting list and how disheartening it was for them if they were then found ineligible. She believed that referrers should take responsibility for their decisions to refer:

> [The service therapists review medical details and won't put someone on the waiting list if they are likely to fail the medical checks] Now I want other people to feel that conscious … because to actually give somebody [clients] hope of something that's so important…absolutely not [finger stabbing the table] should somebody be sat on a waiting list for twelve months or whatever it is and then we tell you can't have one (…)because if they [outside therapists] don't send in, inappropriate referrals, don't build up people's hopes, we're more effective.
> (TH2, p. 14-15)

She acknowledged that it was the environment and the resources that enabled her to test out and take some of the risks other occupational therapists could not take with clients. She firmly believed in giving people an opportunity but balanced this with her professional responsibilities:

> we've got a lot of tools [knowledge and resources] (…) we bring all those to the party and another OT out there wouldn't have it(…) We've got to be realistic and we've got a duty of care and we've got to protect the public.
> (TH2, p. 17)

I wanted to explore the importance of the role of the team for TH2 and the specifics of the environment and probed her thoughts on this. Having like-minded people around was important and a common understanding and experiences. Initially she described this as being occupational therapists but then changed this attributing it to the environment and the characteristics of the people in it:

> [Referring to service members] We all understand (…)the challenges of this job (…) like the professional agro we get (…) the fact that we are all OTs, is obviously a help (…) well we understand the philosophy [being holistic and client centred in approach] (…) I think people in this team really care (…) I think they'd go beyond the pale, the majority of the people here. I don't know whether I've ever worked anywhere quite like that (…) I think this service moulds the therapist.

(TH2, p. 21-22)

I asked her to explain what it was about the service that had this shaping affect. At this point she began to struggle with her ideas. She believed the 'enabling' approach that occupational therapists learn about in their training was key to the differences but then had examples of occupational therapists outside the Service who did not apply the philosophies. Eventually she concluded that the philosophies inherent in occupational therapy were central to the way the Service operated. She enlarged upon this saying that these coloured the way the therapists worked. She also believed that it affected the members of the Service who were not occupational therapists, the technical and administration staff. Challenged to explain why this happened in a particular service, she concluded that the environment enabled occupational therapy values and beliefs to be nurtured and for the therapist to be able to act out their professional beliefs. As a result of this all her beliefs about what was important in her work she passes on to others she works with hoping to create a ripple effect and spread the values that are important to her:

> I think the culture of this service and the fact you're using a ... professional group that are very much into enablement (…) the philosophy of the service and the philosophy of OT go hand in hand the OT is allowed to thrive within this service (…) the service (…) allows the OT (…) to be nurtured if you like and grow and...[loud exhale] ...pass that on to other people. (TH2, p 23-25)

In light of the challenges she had discussed personally, professionally and politically we discussed her wishes for the future. Her aspirations were for a national understanding of the role of wheelchair services:

> I: But what challenges (…) personally professionally do you think lie ahead for you?
>
> P: For me the biggest thing (…)I would most strive for is a national understanding of what we do in the wheel chair service specifically powered wheel chairs to get everybody on board
> (TH2, p. 34)

She believed that change was happening slowly and she was spreading the message through joint working but more was needed. The possibility to

continue to do this was real for her, with the introduction of more staff into the Service. She wanted others to be able to understand and share the excitement she felt for the possibilities that powered chairs had to change clients' lives. She concluded with a different client snapshot that epitomised all the important elements for her in her work:

> One woman said to me, "I went to the library and got a book and I haven't done that for ten years". She said "people go and buy books and be able to shop, but to actually go to the library and browse through all those books and not have to pay and just to be able to sit at a table and read", she said "you don't know what that's done for me". And that's just like... [tapping the table, little smile] (TH2, p. 35)

TH2 presented her case in an almost evangelical and charismatic manner. What seemed to be of importance in her work in the service was making outside people understand the enormity of the impact that a wheelchair, especially powered wheelchairs, have on peoples' lives. Her continuous analogy, throughout her conversation, to buying a house as a similar investment in emotional energy emphasised this point.

4.4 Reflexive Section

Despite having read books on differing types of data, I was not prepared for the vast amount of data the transcripts generated. I was conscious that I needed to show the development of analysis but this led to the amount of data becoming even greater, as I generated mind maps, cartoons and poems every time I revisited the data during analysis. But this was overshadowed with a growing concern with the amount of interpretation - I was afraid, initially, that I may be in danger of losing the voices of the participants. Focusing on this fear actually assisted the process of openness regarding my contribution to the whole process and an acceptance that I had my own 'lived experience' of hearing their stories that needed to be looked at alongside their experiences (Finlay 1999). For Gadamer the method of interpretation lies in self-critique with an unfolding and ongoing revealing of one's own assumptions (Gadamer 1997), and this helped me to accept and focus on my own involvement in the research. I was an insider - fact. I was a colleague, clinician, manager, confidante, supervisor and to some – friend. All of these facets had an impact

on the way I gathered the data and conducted the analysis but I also needed to address my own emotional investment in the relationship I had as researcher and the commonalities I shared with the participants. I was unsure how the dynamics between me and the participants affected or influenced the stories they told but I noted my responses to them in my reflective log (Reflexive log, p. 139):

> *Did I change with the participants? What affect did this have?*
>
> *TH7 – Scared to take risks (always protects self) How can the client learn if the approach is so risk aversive?*
>
> *Th4 – lots of experience, wanted to hear more.*
>
> *TH5 – a bit in awe of her intelligence, aware of her candidness.*
>
> *TH1 – How I diverted the conversation (why did I do this? Protection!).*
>
> *TH3 – Conscious of her vulnerability, humbled by her openness and trust in me.*
>
> *TH8 – Surprised by her declaration that I was what made the service different – I hid this initially during the findings.*
>
> *TH2 – had to work hard to stop myself arguing, we have had these discussions in the pub for years! Remain the researcher!!*
>
> *TH6 – Being a very different person. Using her mantle of professionalism for the interview – but she has nothing to prove to me!*

Having this reflection of the process, I felt, helped me with interpreting the individual lenses of the participants, I was able to focus on the questions I had asked and those I had ignored because my initial feelings of the conversations had been documented and recorded their dominant tones. I was hearing how each individual was constructing meaning from their own experiences, from their own histories thus creating their own meaning making frameworks. The participants ease with each other and their seeming closeness as a team meant that they were interested in the evolving narrative of the research. During one coffee break I was asked by TH6 what her 'lens' was. Conscious of the ethical issues, as a researcher, I explained I would share it with her later, but she wanted to hear it and was happy to share with the others. What

followed resembled an everyday staffroom scene when someone reads out an individual's horoscope and everyone wants to hear theirs. Every individual, except one, remarked and acknowledged that the 'lens' encapsulated a part of who they were. I was initially concerned by the participant who voiced that the lens was not a reflection of her - had I got this completely wrong? My reassurance came from the communal cry "oh yes it is you…"

Gaining an understanding, in Gadamerian terms, is dependent on being open to another way of seeing something (Gadamer 1960/2004) and it was during this phase that I was able to explore the possible mutual meanings that we all shared, and the themes created a bridge between the participants' possible understandings and mine. My reflections during this phase concentrated on the wider forces of society that may have influenced us and the bigger picture of the healthcare community which we were part of. Three specific master themes stood out as shared understandings but perhaps with a differing focus for them and me that I needed to attend to.

- The role of the team as a collective
  (a) the team as identity
  (b) the team as protector
- The significance of time
  (a) Time for practice
  (b) Time to grow
- Fighting your professional corner
  (a) Lack of respect
  (b) Conflict

It felt ironic that in order to disentangle myself from the findings I needed to reflect the findings back on myself – this took some time, to understand the rhetoric and its actual application.

Was it possible for me to discover the answer to my own questions when relating the themes to myself – hell yes. The truth of the matter is that there is a burden for me in being the leader of a team and holding in play the ethos and values of the profession. My working life has been blessed with 'good' leaders who have enabled me to go about my daily

work without compromising my occupational therapy values or selling the practice of occupational therapy down the river of the medical model and the discharge therapist. Our founders professed the values of occupational therapy fundamental for the professional ethos to grow within and I have always seen these reinforced by those who led me and now it was my turn. I had been the founder of the team, setting the foundations for its identity, creating a nurturing environment for fertile growth of the professions values and defending its modus operandi. It

may well have attracted like minded people who were now articulating the same values – or was it what I was searching for, was it a justification that legitimised that I had taken on my responsibility and was meeting the challenge with some success? For the first time a feeling of discomfort about what was unfolding began forming for me and the questions raised in my journal were:

> …identity seems to blur – personal identity is not coming through. Is there a pack mentality?...Am I working with a team or an army? (Reflective log, p. 36-37)

As a team it was growing in number but it began to feel like it was closing ranks and creating a safe environment but with such a defensive stance evolving how could it possibly grow and what were my responsibilities now? The question still unanswered was 'what was my lens'?

4.5 Summary of Findings

This chapter presented examples of conversations and emergent themes that where constructed during, and following, participatory conversations with eight occupational therapists. The research questions were used to situate the presentation of findings they were:

- 'How do the participants talk about the work they do?'
- 'What values and beliefs do the participants bring to their practice?'

The challenge of the methodological approach was to explore hidden values and beliefs that may have contributed to individual contemplation of the meaning of work for the participants. The inductive and recursive approach to the analysis (Patton 1990) resulted in the construction of latent themes that were developed, through an interpretive process, to be descriptive and partly and tentatively theorised by me for further discussion in Chapter 5. I believe the transparency of the epistemological reflexivity, identified in Chapter 3, which needed to be present in the process of interpreting the phenomenon with the participants has been included in the presentation of the data above and the appendices but can only be determined by readers of this study.

An aim, identified in Chapter 1, was to engage the participants in a research method compatible with their professional philosophy. In searching to understand meaningfulness, central professional tenets of occupational therapy emerged from the findings - the importance of unique self and environment. The view of a person as unique was identified in their individual lens analogies and the fact that people shape and are shaped by their environments was identified in the collective value and belief themes. Presenting the above findings in two parts addressed this aim and their relationship to each other is presented as a summary in Figure 4.1. below.

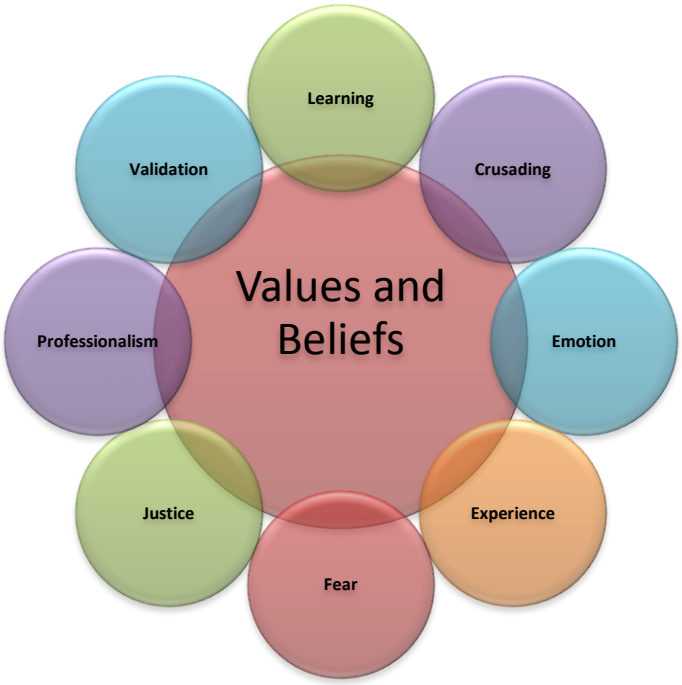

Figure 4.1 The interconnected relationship contributing to the meaning of work [original in colour]

The following chapter will discuss the findings exploring in greater detail the complexities and impact of the interconnectedness of the individual and collective shaping factors It will also consider the possible impact and consequences, on occupational therapy practice, that the new knowledge has drawn out from this research and addresses the final research question:

- 'Why do the participants work the way they do?'

Chapter 5 Discussion

5.1 Overview

The aims of this study were to illuminate the factors which contributed to the participants' construction of meaning in their everyday work practice and, if possible, provide them with a practical framework to assist them in positioning themselves within the meaning of occupation per se. It has addressed an area within occupational therapy that has not been studied extensively and has begun to shed light on the complex concept of the meaning of occupation in its widest sense. Its particular focus was on the experiences of eight occupational therapists from a posture and mobility service in Wales.

During the first hermeneutic, the participants' 1st person perspectives provided a deeper understanding of their individually constructed meanings of work. The language they used, however, was often in the 3rd person and this was used by me, during the interpretation of the findings, to reveal how they may be connected to and embedded in the social world of their professional community of practice. Whilst previous literature has looked at the meaning of occupation in a variety of contexts, its focus has been on *describing* the meaning of occupation and not an ontological exploration of its construction. The findings support the view, from an occupational science perspective, that there is an interrelationship between the person and their environment which is multi-layered and intertwined and consideration of both is needed in order to reveal dimensions of occupation (Barber 2006).This is also the first study of occupational therapists whereby the line manager of the participants is the researcher, bringing with it the extensive challenges of research ethics and marrying of intersubjective analysis. It supports the philosophical argument that where one is situated determines understanding (Gadamer 2008). As an insider in the research there were many experiences shared by both parties and the use of the hermeneutic circle as a tool for critical reflexiveness (Finlay and Gough 2003) helped to bridge these experiences and address the reality that things that are the most everyday are the things we see less. The result of this was the development of the second hermeneutic whereby the act of reading and writing resulted in a conscious revision of my personal assumptions. These

findings provide new insights into the role of leadership in the construction of meaning in the work of occupational therapists.

This Chapter will synthesise the individual and shared interpretations of the participants' conversations and discuss them in light of existing literature. The discussion will reflect the experiences and questions I brought into the process to mediate the horizons between self and participants. Further consideration will be given to the master themes from the findings as they are re-conceptualised to reflect the "lifeworld" themes of the participants (van Manen 1997b, p.101).

This chapter will also review the effectiveness of the research methodology as a tool for investigating the hidden values and beliefs of therapists. Recommendations for human resource development within occupational therapy practice and education and implications for practice will be discussed later in this chapter.

5.2 I begin by looking out

My own assumptions about professional identity, and therein my own identity, linked to having the autonomy and support to 'act' as occupational therapists. Being able to 'do' occupational therapy, to implement its professional ethos of client centred practice in a truly holistic way, appeared to be an attractive element of the Service, with numbers growing from 2 therapists to 10 therapists in the space of 7 years.

In 2009 this changed with a ministerial review focused on performance targets and waiting list management (Welsh Government 2011a). I became more troubled by the professional paradigm of occupational therapy[17], specifically, its application within a practice world dominated by a medical model of service delivery and its focus on metric performance and outcomes.

I was reminded of the words of Yerxa et al (1990, p. 7) who, when referring to the authenticity of occupational therapy, said "Individuals are most true to their

[17] Paradigm is intended here to mean the accumulated philosophical perspective of a discipline without the Kuhnian notion of strict adherence. Within occupational therapy the paradigm is organismic (holisitic), adapting itself to the changing situations of the values and cultures the therapists find themselves in as opposed to the scientific paradigm with its strict boundaries and structure.

humanity when engaged in occupation" and the focus that occupational science has on personal adaptation through engagement. Occupational science posits that occupational engagement is a reflection of a number of individually constructed meanings and values that contribute to a person's identity and the view they present to the wider community (Riley 1962, Yerxa 1983, Yerxa et al 1990, Clarke et al 1991, Yerxa 1991, Kielhofner 1993). If this were the case, what meanings had been constructed by the participants in their present work occupation and how, if needed, would they adapt if the elements contributing to that meaning changed?

My own service was unusual in the world of posture and mobility in that all its professional members were occupational therapists, in contrast with other services consisting of occupational therapists, physiotherapists, rehabilitation engineers and medical practitioners. The overall service identity and values were attuned, theoretically, to the wider occupational therapy community so it had never faced any internal struggles or challenges to its professional ethos. It was now facing a challenge to its working practice, its philosophical stance and its professional structure because of the political focus. In the midst of all of these stressors, as the leader of this team of occupational therapists, I needed to question what was apparently so meaningful in the work they did which resulted in them choosing to stay working here. This was the basis for my hermeneutic situatedness, this was the world I was in and this was the subject matter I wished to understand (Coltman 1998).

I had little understanding, when I began researching this area, how multi-layered and complex the subject area was. To have considered researching the meaning of occupation would have seemed to be sufficient but I had added an additional layer of complexity – the meaning of work as an occupation of occupational therapists! I have no words to describe the revisiting I did of the phrase "what does it mean to have meaning?" but an ever present image was that of Matryoshka doll. The Russian doll was a visual metaphor for me - recognising the relationship of object-within-similar-object. I was trying to understanding a word, a concept, that when looked at again and again had similarities, regardless of discipline (psychology, sociology, occupational science etc) but with

small subtle changes. With each participants' revelations I was forced to travel inward with them trying to interpret this global concept into each persons' reality. What was the relationship of this concept in differing aspects of peoples' lives?

5.3 Standing on the edges looking at – the 1st hermeneutic

The individual lenses were the springboard for the themes and were important for constructing what I have termed the 1st hermeneutic and is discussed below.

The participants' conversations supported much of the literature reviewed in Chapter 2 around meaning as both a socially and personally constructed phenomenon. One of the research questions was "How do the participants talk about their work? In answering this, when talking in the 1st person perspectives, their conversation where alive with emotion and animation. They described their experiences of working in a way they had never spoken to me before. I had assumed that their descriptions were going to be factual, full of familiar work language but there was an individuality that shaped their telling of their stories. With their stories came a combination of values and beliefs that resonated with me, personally and professionally, but I was conscious of differences that I wanted to explore further.

In order to gain a fuller understanding of occupational therapists' meaning of work as an occupation I first needed to understand the individual characteristics of the participants, since these would expose their contribution to the team culture, and also the culture, as a belief system, that supported these individual values (Heidegger 1962, Malinowski 1978, Bourdieu 1989, Brunner 1990).

I was initially drawn in by the participants' differences, focused completely on what they were saying, watching their telling. As I revisited their telling I became aware of the impact they stirred in me and I began to understand the subtlety of conscious awareness that separated out my watching of their experience and seeing my own watching (Sartre 1956). The lens analogy enabled me to attend to the individuality of the participants framing what they said and interpreting their experience through separate lenses.

Another of the research questions was 'What values and beliefs do the participants bring to their practice?' This question enabled me to focus on interpreting the activity of work, as a shared cultural action and to understand better the influence that values and beliefs had on their occupation.

The following sections discuss the significance of the personal historical perspectives that were brought individually and how I used these, to interpret and understand, via master themes, the more universal meaning of work occupation and where they sit within existing theory. The themes are then developed and re-contextualised using additional literature to discuss the overall findings' significance and contribution to understanding the meaning of the occupation of work itself, within occupational therapy practice.

5.3.1 The individual lenses

The participants each brought to the interview a work event that had significance for them. Each event had its own course, no two conversations were alike and each had its own characteristics which I named 'lenses' because the lenses appeared to be grounded in the participant's own historical perspectives or horizons, from which they viewed their work event. I interpreted each of these from: the emotions used in the telling of the story; the language used within it and any individually constructed cultural elements that appeared to be dominant.

The lenses gave me an insight into the participants' sense of self that gave meaning to their occupation of work (Clark, Wood and Larson 1998). This emic perspective of their work event held many of the profession's values, around occupation; the person; the environment; health and well-being and client-centeredness that have been linked to pre-requisites for meaning (Carlson and Clark 1991, Yerxa 1998, Townsend and Polatajko 2007). These individual perspectives were a combination of the participants' descriptions of their lived world experiences and my interpretation triggered by the effect hearing their stories had on me and I named them "learning", "crusading", "emotion", "experience", "justice", "professionalism", "fear" and "validation". All of these seemed to constitute a symbolic significance, which revealed parts of the participants' perspectives or characteristics that would have otherwise

remained hidden or unsaid, which I believed were their contributions to the wider symbolic value of the team culture. It was through each of these individual 'lenses' that I re-examined the data, both at the personal level, and at the shared cultural level. From this came the master themes, discussed in the section below.

Looking back, it was at this point where my relationship with the data began to change and I felt as though the analysis was beginning to bring out the researcher in me. I was conscious of moving away from the everyday hearing of what my colleagues would say and heard them as participants with, sometimes, raw stories to tell. This was a double edged sword. I was excited by their honest revelations but at the same time torn – with my other hat on as manager and supervisor, should I not be helping them with these struggles? So this was what it felt like to be an instrument in your own research. We were sharing two worlds in parallel – one with exposure of self the other with the day to day business of getting work done. I needed to find a way of moving between these two worlds, leaving behind the images the stories left with me to enable me to engage in my day to day work with the participants. I did this through creativity. The following is an example of how I used creative writing to both reflect upon and 'park' my own emotions. TH3 had recounted a moving story about her experiences with a client who was palliative and whom she felt she had let down. I wrote:

This man isn't fine
I just need more time
But this case isn't mine

They all think I'm thick
I need to be quick
God they're making me sick

He needs to go home
But he still doesn't know
And it all went so slow…….

I know I'm not bad,
It just made me feel sad.

As a listener to the participants' stories I was often overwhelmed, what impact then did the retelling in such a way have on them? I had found an element of closure through the use of creative writing but how had focusing on the experiences been dealt with by the participants? The formal structures of research governance had been put in place but that was process and protocol – here was the reality that I had no conception of prior to engaging in this.

5.3.2 The master themes

Six master themes were constructed and these clustered under two super-ordinate themes of 'values' and 'beliefs' (Figure 5.1).

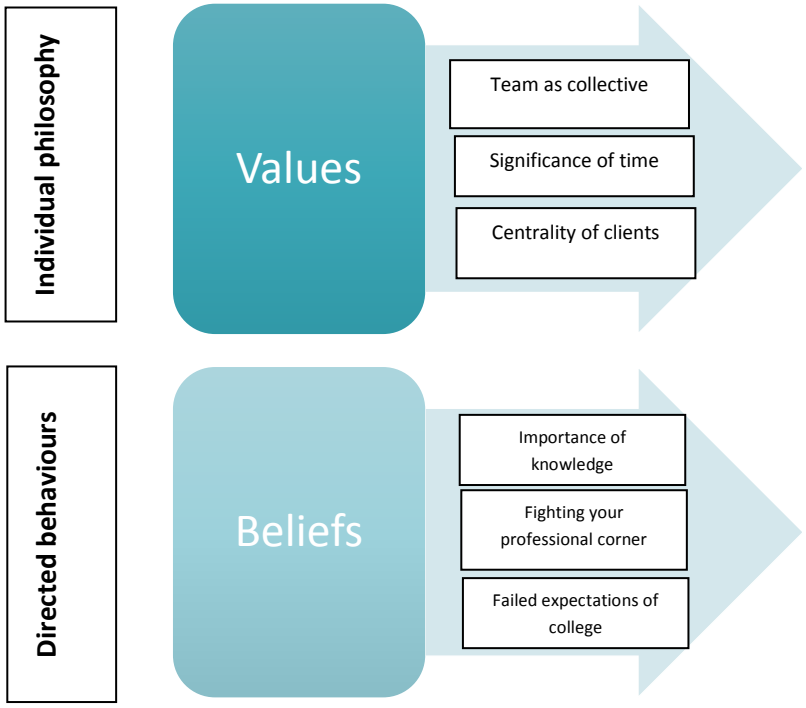

Fig 5.1 Review of the participant themes under values and beliefs [original in colour]

The value themes seemed to be those that held meaning in terms of participants' individual philosophies and the reasoning behind their actions. The belief themes appeared to be influenced more by external factors, which

affected their actions. Theme 1, ‘The role of the team as a collective’ incorporated some elements identified in previous literature related to working as a team, which included notions of identity and like-mindedness within a work arena. However, there were challenges to existing literature within this theme around assumptions made in the occupational therapy profession about independence, and a new element that I had not encountered before associated with protection, which will be described in greater detail below.

Theme 2, ‘The significance of time’ deepened my understanding of the facilitating power that time has in developing a therapist’s practice. Time as an ontological phenomenon appeared to be at the core of providing meaning in the participants’ work occupation.

Theme 3, ‘The centrality of clients’ provided a stark contrast to my expectations of an area considered to be a tenet of occupational therapy. Although the most dominant of the themes, the participants’ experiences and their interpretation of this element of their work actually set them apart from their extended professional community of practice as they found themselves at odds with their colleagues in other services who were not apparently so client centred.

Theme 4, ‘The importance of knowledge’ provided valuable insights into the participants’ beliefs of how they felt viewed as a professional, as a discrete service and as a person. The importance of their knowledge contribution as a professional was a key element described by the participants in this theme.

Theme 5, ‘Fighting your professional corner’ incorporated justice, respect, control and recognition as a profession and a professional. Participants reflected an uncharacteristic professional trait linked to their passion and reasoning for achieving some symbolic capital. Theme 6, ‘The failed expectations of college’ evoked critical scrutiny from the participants of the language in which the profession cloaked itself and perceived lack of opportunity to examine this at pre-registration level. This lack of preparation for embarking on their professional career was compounded by their negatively constructed work identities both within the university and practice placements. The following section discusses the overarching themes in more detail.

5.4 Discussion of themes

5.4.1 Theme 1: The role of the team as a collective

Participants identified with much more than just the activity associated with their specific work context, namely assessment and prescription of postural and mobility equipment. The contributory elements to their work identity, as a source of meaning, were found in the way they functioned as a group of people, what they shared with each other and the commitment they had to each other's development.

Their collective work experiences indicated that being part of a community held meaning for them both as belonging to a wider professional group, that of occupational therapy, and being part of a particular team. The language they used when describing their work experiences was often in the third person, "we" and "our", indicating that an important part of who they were, linked closely to their wider social identity of being a team member and having a collective identity (Van Manen and Barley 1984, Hofstedo et al 1990, Ashforth and Kreiner 1999, Leonard and Corr 1999). Being seen as a like-minded member of the group appeared to be as important as being with like-minded people. Who they were and what they contributed to their work community seemed to enhance a positive self-image enabling them to feel safe in being open to challenges within the group, thus enhancing their opportunities for learning and self-development.

The importance of environment in enabling this type of learning has also been described in the literature (Csikszentmihalyi 1990, Erez and Earley 1993, Persson et al 2001, Chalofsky 2003). The importance of the relationship between the individual lenses and the collective themes began to show itself during the construction of this theme. The individual lenses were the values that each of the participants brought to the team's culture and in doing so reinforced the professional and moral values that seemed to be of most importance therein.

The values that appeared to shape their practice as a community were factors associated with human relationships and the importance of social groups, with meaning apparently being derived from this mutual 'sense-making' of what they did in their work occupations (Eckert 2006). It is recognised that supportive workplaces contribute to the value and meaning associated with job satisfaction as highlighted by Trenc-Smith and Kinsella (2009) and de Wesley & Clemson (1992) but the participants here invested more than just support. These participants all seemed to invest high levels of personal involvement into maintaining the integrity and safety of the team, a feature not addressed in previous literature. They appeared to gain comfort and strength from this collective alliance during times of stress in their work and they were deeply committed to attending to their colleagues' needs, with a sense of 'caring' being high on the agenda, concurring with Bunting (2004) who believed that the act of caring is profoundly engaging.

Their learning and development was expressed as multiple opportunities to share scenarios, seek advice, listen to and be listened to. This enhanced the quality of relationships with the other members of the team but was not something they shared beyond the team, and their feelings of alienation from other healthcare staff appeared to create a definite boundary for them. This apparent close connection and interdependence on each other mirrors some of the positive key principles that assist in the management of knowledge within communities of practice (Wenger 2004) but possibly they were placing themselves at risk of isolation from other communities of practice that could enhance their knowledge, skills and meaningful experiences.

It was the principle of the alliance of several members to guarantee the security of each one that seemed to drive development of the team as a collective. Another feature of this theme that differed from some of the literature was that of independence. When talking about their clients, participants focused on the importance of 'enabling' and 'facilitating' their clients' independence. Occupational therapy has placed value on the importance of 'client independence' and it has appeared regularly as an indicator of treatment success in clients' careplans. It usually means that the client does not need to rely on someone else for help in a particular activity, or part of an activity as

opposed to complete independence (Yerxa 1983, Kielhofner 1992, Hagedorn 1995, Townsend and Polatajko 2007,).

Even within the world of work a high value has been placed on independence in the form of autonomy, not merely self-sufficiency but the ability to exercise choice (Correia de Sousa and Van Dierendonk 2010). Occupational therapy literature is filled with values and beliefs that have been identified as important in the Western world (Katbamna, Ryff and Singer 1998, Stewart and Bhagwanjee 1999, Bhatka and Parker 2000, Iwama 2007) in relation to independence and autonomy. Within their own work the participants seemed to reject independence as a contributor to meaning, instead opting for the state of interdependence on others and advocating its success in assisting with their own sense of well-being in their chosen occupation.

The meaning of work identified both individually constructed and socially constructed elements of practice that seemed to have contributed to participants' predilection for working in a particular way, with a particular group. In the field of career counselling, a person's occupational interests and their occupational values have been studied extensively in order to identify and evaluate suitability between the individual and particular occupations or occupational environments (Holland 1992, Smith and Campbell 2008).

Most of the work in this field has concentrated more on the role of occupational interests in looking at person-environment fit, but acknowledges that individuals' occupational values could also be an indicator for identifying the same. Research addressing direct relationships between chosen values and expectations of the workplace is limited (Singh et al 2011). There are a few studies on occupational value and its relationship to determining meaning (Townsend and Polatajko 2007) and much work on the effects of environments on individuals' ability to carry out occupations (Law et al 1994, O'Brien et al 2002, Bonder, Martin and Miracle 2004, Hamilton 2004) but no previous studies have identified links between environmental factors, occupational interests and occupational values specifically for occupational therapists.

There seems to be reciprocal shaping between individuals and environments (Wallace 1961, O'Brien et al 2002, Bonder, Martin and Miracle 2004),

describing elements that contribute, like cultural and social factors, but no studies identified the process by which this happens - understanding these links continues to develop (Townsend and Polatajko 2007). In this study participants had individual interests that reflected their particular perspectives, 'the lenses'. These attracted them to working as an occupational therapist in this environment. They were engaged in a collective process of constructing an environment that reflected the importance of the work activity they carried out on a daily basis. Under the protection of the collective they could expose their individual interests, born from their own personal histories, and safely challenge these to create an occupation that made sense to them. This was the first hermeneutic which I called the occupational hermeneutic diagrammatically represented below (Figure 5.2).

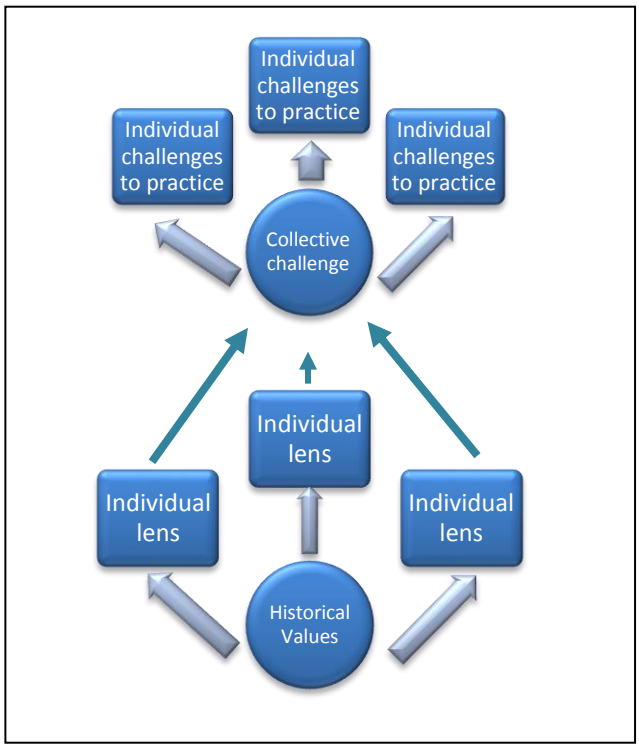

Fig. 5.2 The occupational hermeneutic [original in colour]

As a result of this participants were still able to pursue individual goals within their work and make a positive contribution to the knowledge and identity of the group. These component parts are more congruent with the concept of a

community of practice than a team (Wenger 1998a, Wenger 1998b, Adams and Freeman 2000, Wenger, McDermott and Snyder 2002, Wenger 2004). In order to maintain the integrity of this community of practice the participants had adopted a protective, hermeneutic and interdependent system of meaning. The sustainability of this as an infrastructure and the management of it are discussed in Chapter 6 under the implications and recommendations of the study.

5.4.2 Theme 2: The significance of time

This theme had importance when looking specifically at the occupation of work, as might be expected when most of the participants were full time, work representing half of their waking hours (Wrzesniewski et al 1997, Wrzesniewski 2001, Wrzesniewski and Dutton 2001). The importance of time was the bedrock for their personal and professional development, shedding light on its influence on their physical and mental well-being.

The client/therapist interventions revealed the importance of spending considerable time, taking time and using work time. Meaning centred on the importance of giving time -: time to talk to colleagues; time to listen to clients; time to solve problems; time to be creative; time to care which were condensed into the 'time for practice' and 'time to grow' sub themes.

Although recognising the pace of life and the need for speed within today's healthcare system (Benner 1984, Persson and Eraldson 2002, Larson and Zemke 2004) the importance of time was seen as a particularly essential and necessary commodity within occupational therapy, and not at all something the participants considered a luxury. To assess peoples' complex occupational needs takes quite a long time as all aspects of life need to be considered. As an occupational therapy professional value, client-centredness is represented in focused time and is acknowledged as key to attributing meaning to occupations (Farnworth 2003).

The very service that the participants' work in has undergone a significant recent shift in political focus, with conflicting models of service delivery, and pressure. The Welsh Governments' review of the service advocates, as essential, the *social model of disability* for service delivery but has introduced a

clock orientated performance indicator that sits within a mechanistic model of health delivery (Klien 1993). This creates two opposed objectives.

The importance of spending sufficient time with people who were referred to the service, to fully appreciate their needs and perspectives, was frequently emphasised by the participants and concurs with the extensive work done in relation to client centred practice (Sumsion 1993, Law, Baptiste and Mills 1995, Law and Brittan 1995, Northern et al 1995, Sumsion 1997, Sumsion 1999, Sumsion 2000, Sumsion and Smythe 2000, Sumsion 2004, Sumsion and Lencucha 2007, Sumsion and Lencucha 2009,). The potential implications of the reduction of this vital element of their work, strategies for balancing the meaning of work, and the impact of external factors on their work will be discussed later.

Their ability to lose themselves in their work with a resultant positive feeling, supported Csikszentmihalyi's (1990, p. 30) findings around the impact and importance that work had and the experience of the phenomenon he described as 'flow'. Flow is described as a time when people felt "very significantly more happy, strong, satisfied, creative and concentrated" with the effect, at times, of a sense of timelessness.

Given the personal investments that the participants had already put into their work it would make sense that they enjoyed experiences of interest that were characteristic of their values, and 'flow'. This has been described in the literature as relating to optimal human experience and this appeared to enhance their work experience.

The role of time seemed to place the meaning of work outside the normal sociocultural influences that often dictate the attribution of meaning within cultural activities. *Meaning of work* is often associated, in the Western world, with a cultural value and perception of what constitutes *good work* and links to elements such as income, stability and performance. Within the profession of occupational therapy the image of *good work* is not limited to local or even national influences but the global influences of the profession as a community of practice (Giddens 1990, Reed and Sanderson 1999, Menzies 2005).

For these participants ‘time’ is more about the events that they engage in and not the measurement of their activity against a clock, which Levine described as a comparison with the Newtonian concept of time (Levine 2006, p. 51). Newton’s theory of clock time originated from his beliefs that time could be measured in intervals and is independent of our existence. The universal clock is an abstraction from the natural world but has given rise to society’s focus of clock time as a means of measuring (Pemberton and Cox 2011).

Despite *doing* the activity of work on a daily basis the participants’ descriptions of the differing pace of what they did, when they did it and with whom introduced the elements and importance of temporality to their work and thus became an element of the meaning of work - their engagement was expressed as ‘time to grow’, ‘time for clients’, ‘time for colleagues’. The participants valued time and recognised its importance and central role in assisting them to cope with the demands that their work occupations raised on an individual basis, a feature of work management that has been previously described (Hagedorn 2001, Keilhofner 2007). But they were also cognisant of its importance as a cultural and social value and its role in maintaining the health of the team as a unit which resonates with the work of Larson and Zemke (2004) on the impact of time on the maintenance of family units and Mosey’s (1986) construct of temporal adaptation.

5.4.3 Theme: 3 The centrality of clients

This theme really exposed the converging of participants’ personal and professional values. Politically, client-centred practice is a phrase much used within health organisations but how it is understood and its application; create barriers to its use (Frazer 1995). However, the participants’ exposed their commitment to and knowledge of the components of true client-centred practice: the importance of listening and communication; the effects of power imbalance on the therapeutic relationship and the need for true partnership to achieve successful outcomes for their clients – just as the founder of client centred practice, Carl Rogers (1939) proposed.

Their exasperation and complete disbelief that their occupational therapy colleagues in other services were not, allegedly, applying these tenets

contributed to Theme 5 *fighting your professional corner* and they seemed to embrace client-centeredness as central to their practice. This exposed a link between the participants' practice values with their personal beliefs about their work and how they were treated by others – being listened to and respected.

The importance of listening within client-centred practice has been identified as an indicator of respect and partnership through which the client is empowered to make choices (Sumsion 2000, Harrison 2001, Webster, 2001) and the participants embraced this as central to their interventions. This exposed a meaningful element that linked the participants' practice values with their personal beliefs about their work and how they were treated by others – being listened to and respected.

The concept of power is central to the social model of disability and management of that power is key to removing barriers (Hughes and Patterson 1997). The participants seemed to facilitate this removal through the partnership working they developed with their clients, seen as important in the implementation of effective client centred practice (Ellis 1997, Townsend 1998, Sumsion and Smyth 2000,).

Partnership within client-centred practice involves attending to the experiences of others but this has the potential to create its own barrier. Law, Baptiste and Mills (1995) suggested that coming face to face with experiences can cause therapist to reflect on their own values and beliefs thus blocking attention to the client's experience. This was not the case for the participants, however, who spoke freely about 'being in their shoes', when referring to their clients. Their emotive descriptions captured their ability and skill in facilitating the clients' choices, often in the face of conflict from other professionals. Because participants were able to focus on their client's occupational performance to get to the root of the issues and to design solutions, they seemed to show that retaining an authentic client-centred approach pays off in the long term with higher client satisfaction. However, the work environment has to support the time for it.

This area of practice has been identified in the literature as difficult to implement in a modern healthcare system (Jadad 1999, Sumsion and Smyth

2000, Wilkins et al 2001, Townsend 2003,). Client centred practice is seen here to combine individual values with an overall focus on the importance of having an occupational justice approach to clients. In her work on occupational perspectives in work Wilcock (2006) outlined the aspirations associated with occupational justice. They focus on equity and access to occupations that positively contribute to a person's health and well-being. The participants respect for equitable provision of equipment, ensuring differing needs were accounted for, seemed to underpin their approach.

5.4.4 Theme 4: The importance of knowledge

The participants' descriptions of their experiences and treatment by outside agencies were all similar and felt almost like apocryphal stories which I made a note of in my reflective log:

> I am conscious of the fact that the retelling of their experience felt as though it had been crafted for me as the specific audience. They were not untruths but felt like a 'reworking' of their original experiences – this is something that I need to factor into the interpretation of the findings. (Reflective log pg 49)

The participants clearly used time with their colleagues to relate clinical problems and they valued this as an opportunity for reflection on their practice and learning. This included 'collective' experiences and beliefs about how they were viewed by others, and therefore treated which supported ideas posited by Atwal (2002). Other work has been done on group characteristic developments (Bourdieu 1977, Mattingly and Flemming 1994) in which participants emphasised strongly that knowledge was an important base for power, also described by Boshuizen and Schmidt 2000, Titchen and Ersser 2001, Esdaile and Roth 2004, Aldhouse 2009. This was an area the participants did not appear to be managing very effectively.

The participants believed that challenges to their knowledge status were unfair and they believed that in staying well informed, up to date, engaging in collaborative working and opening up their practice to observation was justification of their scholarly practice and an area they wished to share with other professionals outside the service. This is supported by other studies that identified these areas as key to the development of good professional practice (Schön 1983, Mattingly and Flemming 1994, Goodall 1999, Clark 2010). What was not clear was evidence that this was actually happening within the participants' practice. To manage these challenges and use their assumed knowledge to exert their own power the participants would need strategies.

The participants referred to their work activity as an expert arena, with regards to knowledge and application. Unfortunately, like many occupational therapists (Mattingly and Flemming 1994), they were unable to explicate the details of what they did and more importantly the unseen knowledge that they brought to their practice. The comment from one of the participants, TH5, "they don't see us in action", is an example of the interpretation of practical knowledge as doing (Mattingly and Flemming 1994) that brings with it a host of unspoken knowledge held by the practitioner and mirrors Polanyi's (1966, p. 4) view "We can know more than we can tell". The additional barrier for the participants appeared to be their belief that they were not afforded the opportunities to share this knowledge when faced with challenges by outside agencies or that they even held a position that warranted a knowledge status.

Over the years the allied health professionals have invested a lot of time and energy in fighting for recognition and a place in society as professions that are respected and this can be seen in occupational therapy's development of their professional associations and the introduction of state registration in 1962 (Creek 1990, Clark et al 1991, Jay, Mendez and Monteath 1992, Reed 1993). The expectations of professionalism are that professionals behave in a specific way; they have responsibility and accountability to society; they act with integrity; they have personal tolerance; the skills to communicate effectively and most importantly they recognise the limitations of their practice (Bax and Hannay 1990, Eraut 1994, Josebury, Prosser 1995). As individual professionals we have a responsibility to contribute to the understanding the wider community

has with regards to what we do and why we do it but the participants' belief was that their position as professionals, and the autonomy that brings, was undermined and this opportunity stripped from them and with that an important element that held meaning for their work occupation.

The participants were faced with external challenges to the knowledge they had and the position they believed they held within the wider healthcare community. As a profession, occupational therapy has work related values that endorse ability utilization, social relations and social integration (Esdaile, Lokan and Madill 1997). Ability utilization relates to the freedom one has to utilise skills and talents within an area of interest.

Social interaction relates to belonging to and being part of a group and seeking opportunities to be with others. Social relations relates to relationships at work or home that ensure opportunities for warmth, friendship, acceptance and understanding. The participants reflected similar work related values associated with occupational therapy but this identified a work value that has not been endorsed by occupational therapy – that of prestige, which they believed was accessible via expert knowledge as a source of power. The importance of this to them as a work value could, possibly, have contributed to the behaviours of the participants that shaped the development of Theme 5.

5.4.5 Theme: 5 Fighting your professional corner

The importance of power seemed to be a sought after commodity and the value of prestige. Prestige is characterised in this value scale as a social, economic or occupational status that carries with it respect, esteem, admiration and recognition of personal or professional achievements.

The participants apparent need for prestige to be endorsed seemed to have been constructed from a belief that what they had to offer as professionals was of too little significance or importance in the bigger healthcare arena responsible for addressing the health and well-being of their clients. There was also issues with the way they developed their knowledge and thus delivered their practice.

In sociological terms, they seemed to believe that external agencies/professionals held an element of prestige greater than they had giving the others an important source of power that could be used against them, referred to by Bourdieu (1977) as *symbolic capital* and *symbolic violence*. It seemed that what participants were experiencing were conflict situations, similar to those identified by Pfeffer (1981) and Shafritz and Ott (1996), in this case borne out of power struggles for acknowledgement and resources.

Studies on organisational learning have highlighted the impact that knowledge has as a currency for accessing resources (Addleson 1996, Ford and Ogilvie 1996, Spencer 1996, Brady 2007) and the participants were vociferous in outlining that the outsiders had just a basic knowledge of the theories which underpin postural management and some had even been on an introductory course but this was insufficient in legitimising their claim on accessing the service resources. They felt threatened these elements could be taken from them or having to change elements intrinsic to who they were as people and a team, this was something they would fight to retain.

Although not a popular concept within healthcare (Borril et al 2000a, Borril et al 2000b, Isosaari 2011), power is a pervasive construct since any organisation relies on systems of power for its development and maintenance. But the participants seemed unaware that fundamentally power is always relative and always seeks balance - the key to achieving it lies in identifying its source and whose interests it serves (Burke 1986, French and Raven 1996, Easterby-Smith, Snell and Gharardi 1998, Huzzard 2000, Elias 2008) and there were strategies that could be accessed to resituate this power without hostility. The participants were in competition for recognition of their knowledge and what they had to contribute and the outsiders wanted the resources that the team had. Similar situations had been identified and researched in Finland by Isosaari (2011) who concluded that without a way forward both sides lose.

Although the participants talked about wanting to share their knowledge the language they used reflected a sense of defensiveness and they talked about ‘being bombarded’ (TH5), ‘the professional agro’(TH2) and ‘you’ve got the battle’(TH4) and this had resulted in a power struggle in which unconsciously

they were blocking access, for others, to a resource. Effectively, this unconscious withholding of resources placed the participants in a position of power (Carpenter and Golden 1997). Additionally both participants and outsiders appeared to have different approaches to knowledge and its acquisition in relation to addressing the needs of people with posture and mobility issues.

The participants' beliefs of how they were viewed and treated might indicate that outsiders saw their approaches to knowledge acquisition and its application as flawed. But the participants themselves seemed to be expressing the same view as Fish and Coles (1998) that the concept of learning through doing, and the mistakes this brought with it, was an important and valuable part of learning which the outsiders did not appear to appreciate or understand.

Within the protection of the team environment the participants gained meaning from being free to question each other's practice and learn from exploration. They valued the opportunities to voice what they were learning even through mistakes. It could be said that power as hegemony had shaped their learning, their identity and their perceived domination through a shared information or, as described by both Lukes (2005) and Haugaard (2009), a collective will. In their work about power relations Contu and Willmott (2003) talked about power and knowledge as a by-product of regimes that ultimately result in resistance if they are not examined, discussed and managed as learning experiences for organisations. The participants had established relations within and outside the team and had well-known ways of working, within the team, but what appeared as a developing culture of defence and resistance could potentially hinder their use of any 'knowledge' they had as an asset in their own organisation and the extended organisation's learning.

This theme revealed beliefs around conflict and acceptance. At the heart of the matter was the notion of power and its place in establishing dominance within differing services and professional groups. The participants presented almost as victims that needed to defend their practice against external agents who were trying to tear it asunder. The reality was that they had opportunities to be agents of change both within and outside the immediate service but they

seemed blind to this. Their beliefs about specific professional groups being possessors of power had resulted in them believing they were a subordinate party. As such, they seemed to be fighting for power by controlling the resources they had, which other professionals wanted. Both parties were seeking dominance when opportunities were available for consensus. The participants' beliefs are potentially threatening their chances of maintaining a system that contributes to their meaning of work. Possible solutions for avoiding this will be discussed later.

5.4.6 Theme 6: The failed expectations of college

In describing the science of occupation Wilcock (2006, p.9) said that "Occupations demonstrate a community's and an individual's culturally sanctioned intellectual, moral, social and physical attributes. It is only by what they do that people can demonstrate what they are or what they hope to be".

Therefore, the expectations of student occupational therapists are that they will 'do' occupational therapy, through which their actions will be recognised as belonging to a specific profession and therein give them their identityCraik et al 2001). For the participants this was seen as a failed outcome but fits with the larger body of evidence that states that occupational therapy students *per se* have problems making this transition from college to practice (Barnitt 1993, Hummell and Koelmeyer, 1999). For the participants the problems lay in not being able to bridge the theory of occupational therapy with the practice and they were critical of the theoretical taught elements that did not seem to have a place in the real world of occupational therapy that they experienced on placement.

All professional practice is formulated in theory and this is what gives it its rigorous and scientific evidence base (Higgs 2004) but on the other side of the professional bridge lies the complexity that is the human condition in all its functional and dysfunctional states which require the ability to be adaptable and problem solve creatively around situations (Fish and Coles 1998, Barry and Gibbens 2011).

The participants talked about their expectations from when they were in college. They were looking for routines, techniques and tools of practice that

would enable them to apply a specific knowledge in practice, again a common theme in this research area (Adamson, Harris and Hummel 1998, Parker 1991). The participants believed that they were ill-prepared for practice because the educational programmes are based on ideas that classroom learning can be transferred into practice and students can be prepared, in this way, for the complexity of professional artistry (Schön 1987, Spouse 1998, Guile and Young 2004, Collins et al 2011).

Some of the participants also made references to their experiences with regards to other undergraduate professionals that they came into contact with and their beliefs about what professional group occupational therapy was trying to emulate. If, as the literature suggests, healthcare students go through a process of socialisation where they adopt the values and beliefs of the profession as outlined by Housley and Atkinson (2003) then there is also the risk that professional identity be developed during the undergraduate years affecting the ability of the profession to enter the health arena on equal footing with some other professional groups.

The participants' beliefs about undergraduate training and the impact the training had on their preparation for practice were explored. Their initial entry into the world of work did not carry with it the same meaning that it did presently. Their present environment enabled them to find a balance, described by Coulehan (2003), between the necessary technical rationality of rules, procedures and techniques with the practice artistry necessary for dealing with complex human problems. An extension to the role education could play in preparing undergraduate occupational therapists for finding meaning through professional identity is discussed further in *the implications for occupational therapy practice* later in Chapter 6.

5.5 Moving in and out - the 2nd hermeneutic

5.5.1 The participants as knowledge workers

Work as an occupation means different things to different people, but this research found that there are intrinsic elements of work that connect a person to themselves and to other people. Theories relating to identity have been used in various research (Chalofsky 2003, Prat and Ashforth 2003, Baumeister and

Vohs 2005). By talking about their work, the participants seemed to reveal values that where congruent with their profession's values but also existential values relating to purpose in life. Participants seemed to have chosen to enter the profession despite having no clear idea of what it entailed. However, they appeared to have developed a strong sense of connection to the profession and their immediate colleagues and through their work expressed the attitudes and values that were important to them both as people and professionals. In her theoretical proposals about occupation and health Wilcock (2006) talks of the psychological well-being associated with 'belonging' and 'becoming'.

These are developments of Maslow's (1970) concept of self-actualisation, and the participants seemed to be reflecting elements of this in their work, possibly a motivating reason for their meaning-making and a more vocational feel to their expression of work. Additionally they talked about the element of time and how that enabled them to explore their work in a more meaningful way. Reflection has been closely associated in the literature with meaning making and is important in assisting this process (King and Kitchener 1994, Elliott, Smith and McGuiness 2000, Kinsella 2006). The participants' reflective way of working was not only important to them but has been advocated by researchers who consider mindfulness as an important part of meaning-making and psychological well-being (Baer 2003, Kabat-Zinn 2003, Stew 2011) and an opportunity for self-inquiry.

In their studies, about fostering the meaning of work, Pratt and Ashforth (2003) looked at meaning in two ways – meaningfulness *at* work and meaningfulness *in* work. They proposed set conditions necessary for each element. Within meaningfulness *at* work the conditions they described were similar to the ones the participants had shown with regard to deliberate choice of profession and the connection they had to occupational therapy and their immediate professional peers. Meaningfulness in work was similar to the ones the participants had shown regarding working without the bureaucratic constraints, particularly associated to the use of time an issue also identified in the literature (Johnson 1996, Fortune 2000, Finlay 2001, Falardeau and Durand 2002, Kelly and McFarlane 2007). This led me to examine further the characteristics of different elements of the participants' work exposed in the findings. They

seemed to have great difficulty in expounding the knowledge they had but were emotional in defending it. This had appeared to be linked to more tacit elements of what they did, areas in which they believed outside professionals did not have expertise, and parts of their work that were not routine.

Given the importance the participants placed on knowledge I wanted to explore this further in terms of the role of knowledge in work and its importance within the participants' work arena. The idea of knowledge as an asset has become more important in developing job markets, with organisations viewing knowledge as a more dominant capital investment over physical assets such as buildings (Brief 1998, Brinkley 2008,). The term 'knowledge worker' (Brinkley et al 2009, p. 17).has been applied to people who need 'to think' for a living and original categories for occupations were created based on educational qualifications. New categories for knowledge workers has been developed to incorporate those professions categories where the entry-level has recently shifted to include degree holders, this is where occupational therapy would now sit.

The term 'knowledge worker' was first introduced and popularised in management (Drucker 1968). His argument was that the core currency for some jobs within the job market was no longer physical capital but knowledge:

> Today the center is the knowledge worker, the man or woman who applies to productive work ideas, concepts, and information rather than manual skill or brawn…Where the farmer was the backbone of any economy a century or two ago…knowledge is now the main cost, the main investment, and the main product of the advanced economy and the livelihood of the largest group in the population
> (Druker, 1968 p. 264)

In subsequent work on knowledge economy and knowledge workers 7.5% of the UK population were clustered into a category of 'care and welfare' that included therapists (Brinkley et al 2010). This clustering was determined by the differentiation of knowledge as tacit or codified. This resonated with the participants' perceptions about their knowledge base and what they had to offer in the organisation. What they appeared to be talking about was unwritten, unseen and experiential knowledge that they brought to practice, and this has

been described and acknowledged in health professional research as tacit knowledge (Creek 1992, Mattingly and Flemming 1994, Fish and Coles 1998, Higgs and Titchen 2000, Creek 2009).

The codified knowledge identified in the work by Brinkley et al. (2010) referred to the type of knowledge replicable in the form of instruction manuals, guidelines, systematic processes etc. In their classification tacit knowledge is held more highly than codified knowledge. The transference of tacit knowledge is considered expensive and the cognitive capacity needed to engage in reflection on actions undertaken and make meaning of the knowledge is limited. Again this resonated with what participants had revealed about the importance of time and its place in allowing reflection on the work they did. The breakdown of the statistics can be seen in Figure 5.3 in which 7.5% of care workers are situated within the 'some knowledge' quadrant.

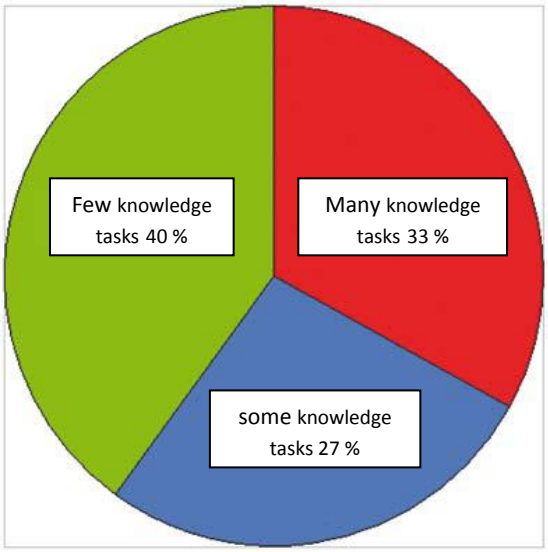

Fig. 5.3 The 30-30-40 knowledge economy workforce (Brinkley et al. 2010, p. 18) [original in colour]

On the evidence of this study's data I believed that the participants did fall into the category of 'knowledge worker' and began exploring elements of this trait that may have contributed to constructing meaning in their work.

Work has been identified as an important part of peoples' overall meaning in life (Super and Sverko 1995, Harpaz, Honig and Coetsier 2002, Holbeche and Springett 2004, Arnold et al 2007, Ardichvili and Kuchinke 2009, Clausen and Borg 2011) Just as *meaning of life* means different things to different people so too does *meaning of work*. Bellah (1985) put forward three dimensions that constituted meaning of work for people: work as a job, with a focus on it being a means to an end and financing the important things in life; work as a career, focusing on reaching the top and the importance of status and salary; and work as a calling, focussing on the fulfilment of engaging in work as an end itself. The participants appeared to share a sense of meaning in their work that was greater than their own immediate needs. None of them talked about monetary reward, but they did want recognition for what they did. They also wanted their work to be challenging and interesting, not routine or 'boring', with a spiritual quality to it. By this I mean their personal constructions of client interventions and the care and responsibility they showed for their colleagues seemed to contribute to their meaning construction. Taking all of that into consideration, I believed the participants were also finding meaning in work as a calling.

5.5.2 The needs of knowledge workers

It seemed that for the participants the meaning *of* work was a collation of differing aspects that incorporated: the meaning *in* work; the meaning *at* work and work as a calling. Their meaning at work linked strongly to Themes 1, 4 and 5: *the role of the collective; the importance of knowledge and fighting your professional corner.* The significance of collegiate support and their loyalty to their immediate community enabled them to expose their personal values about human beings and the importance of this as a shared community value. The community membership seemed so strong that it gave the impression that anyone not displaying the same zeal for occupational therapy values and beliefs was doing the profession a disservice and contributing to society's misunderstanding of what occupational therapy truly entailed.

Their meaning in work linked strongly to Themes 2 and 3: *the significance of time* and *the centrality of clients.* The participants considered time to be an essential component of the work they did and how they did it. Time for them appeared to measure a quality and value in what they did. Although they were

conscious of the pressure on their time, as clinicians in the NHS, they seemed to be conscious that the time they had for their practice was not impeded by the normal bureaucracy associated with NHS working and quantitative outcome measures. The freedom that participants felt they had to engage with their clients, in what they considered a profound and meaningful way, possibly contributed to a feeling of fulfilment and purpose in their work.

The concept of a calling is of vocation and giving up of oneself for the greater good and is central to religious communities (van Bavel 1984). However, occupations are also vocational and include personal aptitude, craft and inclination. This seemed to link with Theme 6: *the failed expectations of college*. The participants had been drawn to occupational therapy as a career and, despite attending differing colleges, many of them had identified the value laden elements that attracted them to working as an occupational therapist. These values were authenticated and advocated in their education but most of the participants had failed to find these practiced genuinely in their practice placements or first jobs as qualified occupational therapists. This research appeared to imply that they had found these elements in their current work environment and this had contributed to the meaning-making of work for them.

These findings link to the work done by Correia de Sousa and van Dierendock (2010) on the motivating factors of knowledge workers. They found that the characteristics associated with calling, membership and autonomy in practice were important, particularly in the situational meaning knowledge workers sought in their work. They also posited that if work environments did not foster attitudes to nurture these characteristics then the workers would seek meaningfulness of work elsewhere or would disengage from the organisation's aim. Given the pending organisational changes initiated by the Welsh Government on the service I was forced to review my own role as the clinical lead of this team.

5.5.3 A view from the outside in

The research aim focussed on the experiences of participants and how this linked to constructing meaning in their work. The methodology was chosen to assist with acknowledging my part in the research process and the impact of

that. Additionally, through constant reflection, it allowed me to show my own perceptions, values and assumptions on the data and the influence on the participatory conversations. But it was the questioning of the supervisory team, within my own hermeneutic experience, that made me question the data with another focus – where was I in all of this?

As I returned to the data I was conscious of the parts that made reference to me and my responses to those comments. Three of the participants specifically made reference to the perceived effect I had made on the working environment. I was also cognisant that during the conversations my clarifications about what the participants were meaning were articulations of their theoretical and practice values and beliefs*. Was this something I did in everyday conversation?* The following is an example of that from the conversation with TH2:

> I: …a lot of the stuff that you've just said that you say personally you believe... the phrases that you've just used are values and beliefs of occupational therapy. (TH2 p. 5)

I was in danger of becoming closed to what was being revealed – researcher had returned to manager, I needed to be careful and revisit what was being said and why. My actions during the actual process revealed that I was lapsing into controlling the conversation, leading the participants down a specific path – perhaps looking for acknowledgement from them that they were validating the profession's values and therein validating my role as a guardian of those values.

When exploring what it was about this service that made it different from other occupational therapy services in her eyes TH2 reminded me of a conversation we had when she first started in the service. The following is the whole passage with the highlighted parts that were marked for coding.

> I: so what do we do as occupational therapists here [in this service] that is different or isn't understood by say occupational therapists across at the X hospital?

P: it's taken a long time for me to get....(laughs) to get to this stage I mean I don't if you remember when I first came here and I went “oh this is a physios job” and you said “no it's not” …. And

I: I wouldn't say that (laughs)

P: ….It's taken me a long time to see how holistic this service is and how many things you have to consider…

(TH2 p. 9)

My own assumptions begin to show, my strong belief that the profession has its own identity – or at least it was not the same as another – is clear, hidden like a nugget but dismissed with a laugh ‘no its not’. The original discussion, although some 7 years earlier, is now at the forefront of my conscience and I recall it as clearly as if it were yesterday – even the feeling of conviction with how it was said is stirred again. The me reflected in them is beginning to make its self known.

When talking about the differences between occupational therapists in other services and occupational therapists here, I asked TH4 what her experiences were, as an experienced clinician and occupational therapy manager.

P: A lot of other services go, “there's the number of people that’s referred, let's go out and see them, let's write it up let's go home”. And here [in this service]... because and I think that it's back to you and I because we came to a service that had no idea where it was going that had no professional standards in place that.... didn't use occupational therapy principles or what have you.... you in particular and me following behind doing the management stuff brought that back in place and made sure that that's continued to be … input into the individual's in their training here... in their development, in their supervision, in their CPD...and I just think it's part of the fabric of the service now

(TH4 p. 17)

Again, initially closing myself to any personal references – my pseudo objectivity. Initial feelings are that I have not done the ‘job’ of researcher well enough but then I recognise my growth that only engagement in the act of interpreting within the hermeneutic circle brings – my own theory into practice. How could I have known or acknowledged my own part in this unfolding story if, as fabric, it is so intertwined and taken for granted. Maybe now I can begin to look at the picture in a different way – the

research begins to open up and I begin to understand what Sartre meant when he said "I see myself because somebody sees me".

A final example can be seen in the responses given by TH8, the first therapist to join me in the service, she had been appointed at the same time as me and joined me two months after I started in the service:

> I: So what made the difference? What was the?
>
> P: I'd say you but then that sounds ridiculous.
>
> I: Thanks. (laughs).
>
> P: Well it was to a certain degree because it was someone that really you know coz... you know went onto the OT conference and things it was it just gave a different slant on thing and because of the... specialism here goes, fits so nicely with OT I felt there was more of a role for OT.
>
> (TH8 pg 15)

Clearly I had a role within this community of practitioners but was uncomfortable labelling it as any form of leadership, a development area already identified within occupational therapy (Stewart 2007). Reflecting on this brought me back to my beliefs about people which included: dignity and worth; the right to make choices; self-determination and their ability to shape and be shaped by their environments – occupational therapy values, so was it any surprise that these had been applied to the way I worked and treated the people I was there to manage? My professional values and what had meaning for me were steeped in personal values and experiences that linked to serving others and helping them to grow. Correia de Sousa and van Dierendonck (2010, p. 231) discuss a form of leadership that I believed was similar to that which I had been displaying, namely 'servant leadership'. It describes the focus and intention of leadership and its differentiation from other forms of leadership in the following way:

> The difference manifests itself in the care taken by the servant – first to make sure that other people's highest priority needs are being served. The best test, and difficult to administer, is: Do those served grow as persons? Do they, while being served, become healthier, wiser, freer, more autonomous, more likely themselves to become servants? (Correia de Sousa and van Dierendonck, 2010, p. 234)

In their work Correia de Sousa and van Dierendonck (2010) presented a framework incorporating servant leadership, advocating it as a means to manage knowledge workers effectively and assist them to find and maintain meaning in their work (Table 5.1).

Meaning perspectives of knowledge workers	**Servant leadership basic characteristics**	**Practice examples of leadership behaviour**
Calling orientation	Service to others holistic approach to work	Allow workers to focus on their work and eliminate unnecessary overheads Allow for job crafting (people are able to define the boundaries of their own work) Create opportunities for workers to participate in social projects/activities outside the job that makes use of their own knowledge and skills Provide training/development opportunities fitting the specific needs of the worker
Membership association	Promoting a sense of community	Create communities of practice where workers can share their experiences and knowledge with peers Support the involvement of workers in external networks where they can share their experiences and knowledge
Need for autonomy	Sharing of power in decision making	Involve knowledge workers in creating the vision of the organization Create an environment of trust and psychological safety where knowledge workers feel room to take risks and be truly empowered Promote and support emerging leadership Support sound individual initiatives (even outside the delineated organizational strategy)

Table 5.1: The relation between servant leadership and meaning amongst knowledge workers (Correia de Sousa and van Dierendonck 2010, p.231)

I believe that the findings of my study support the effectiveness of this framework in assisting managers of occupational therapists to focus on an alternative form of leadership to assist occupational therapists to provide a work practice that is meaningful to them.

The present working environment of the participants seemed to have enabled them and me to find meaning in the work situation. There seemed to be an authenticity about the work being done. The quadrant of meaning, discussed below, addresses the links between their perceived authentic practice and psychological well-being.

The master themes became structures for articulating the meaningful experiences of the participants. Within this I too was able to frame the research

questions enabling me to revisit the data and interpret it as a whole, with my own assumptions being exposed and open for challenge. There were the practical elements of leadership, as above, that facilitated environmental elements to enable the participants to live their work life in a seemingly meaningful way but there was also a deeper shared experience of this lived world that I reflected upon. Van Manen (1997b).

Looking back to where I started, and the assumptions I had, I see my own arrogance - I was always looking out! My notion that therapists were not conscious of the factors that shape their practice or that they were not masters of understanding was reflected back at me and magnified. I had assumptions about who they were; I had assumptions about how they saw me and I even had assumptions about how I saw me. Viewing the working world from their eyes I saw they shared safeness, openness and the opportunity to be – lucky them, conscious of a little personal sadness because I felt outside of this. Being the 'manager as researcher' had closed my eyes to seeing that I too was part of this shared lifeworld they had. To stand and look out from my own horizon only gave me a picture of the other, I did not see me. Their viewpoint, their horizon let me see me - challenging me to open up my own story, my own lens. Through the "lens of service" I found my place within this group I so wanted to be part of – I was not an outsider I was a shaper.

5.6 The quadrant of meaning

Thus far the meaning of work for the participants has included what is meaningful at work, incorporating a sense of belonging and what is meaningful in work, incorporating a sense of self-determination or becoming. Meaning has also been linked to the way they work and the characteristics of that work, identifying them as knowledge-workers and work as a calling.

Their individual traits, developed through experiences of personal history, have been identified as contributors to shaping the work environment and the final section above identified the leadership characteristics that could contribute to the meaning of work. These collective factors have been identified by Clausen

and Borg (2011) as psychosocial job resources and job demands that could enhance the possibilities for individuals to experience meaning of work.

There is evidence that all of these factors are associated with well-being and positive work related states (Arnold et al 2007, Hakanen, Perhoniemi and Toppinen-Tanner 2008, Ng and Sorensen 2008, Parzefall and Hakanen 2010). Most of these studies, however, have concentrated on organisational factors associated with well-being and few have addressed the personal factors. In their work Ménard and Brunet (2011) studied the relationship between the personal factor of authenticity and well-being in work, with a specific focus on psychological well-being, which is meaning. As my findings seemed to identify the importance of authentic practice in the construction of meaning for the participants I wanted to review the elements that affected authenticity.

Authenticity encompasses a range of characteristics and intrinsic psychological needs, these include: being true to oneself; acting in a way that reflects one's personal values and beliefs; the need for autonomy and competence. In their conceptual model of authenticity Goldman and Kernis (2002) introduced a cognitive and a behavioural dimension. The cognitive element included appraisal of self, had a volitional endorsement, and related to individualised meaning. The behavioural element related to being genuine in what one does and the relationships one has. This led me to re-conceptualising my own findings in light of a framework integrating theory and practice described by Mitcham (2004), which places elements of participants work into cognitive and behavioural dimensions (Figure 5.4). The segments 'who we are' and 'what we know' are aligned to the cognitive dimension and 'who we serve' and 'what we do' aligned to the behavioural dimension.

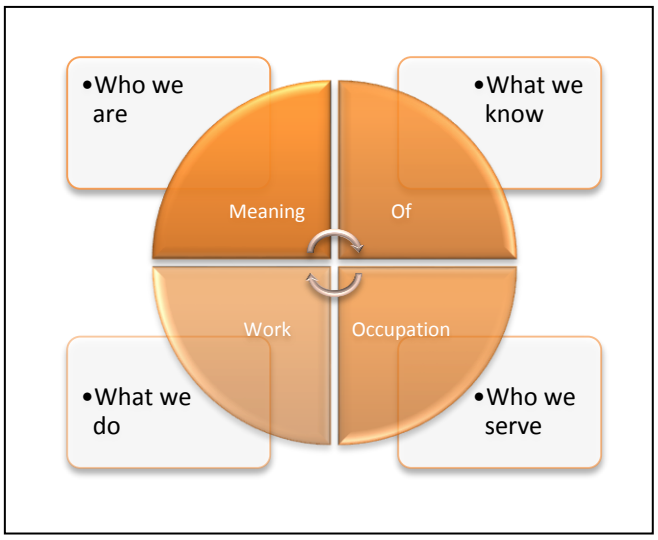

Figure 5.4 Quadrants of meaning [original in colour]

There have been some quantitative studies done on the links between authenticity and psychological well-being (Campbell, Sedikdes and Bosson 1994, McGregor and Little 1998, Sheldon et al 2002) but I only found one that looked specifically at the relationship between authenticity, well-being and the meaning of work. In their study Ménard and Brunet (2011) found that authenticity and psychological well-being were definitely linked and it was the perceptions of individuals with regard to their work being meaningful that were elements of that mediation. For them authenticity led to meaning which led to psychological well-being.

Within my qualitative study I was able to identify the work components that seemed to have contributed to what the participants' felt constituted authentic practice. This included the way they carried out their work and the investment they had in maintaining a nurturing environment, the combination of which appeared to lead to meaning of work. If the participants are able to practice authentically, therefore, they should experience a sense of psychological well-being in their occupation of work. A suggestion made by Ménard and Brunet (2011) was that future research should look at assessing the relationship of authenticity and well-being and I believe that my study has started to do this by

including the elements of environment and leadership. Authentic practice needs support, especially when it could be jeopardized by bureaucratic components of organisations, such as the NHS. I revisited the re-conceptualised quadrants of meaning and added an additional component that represented the environment and leadership (Figure 5.5).

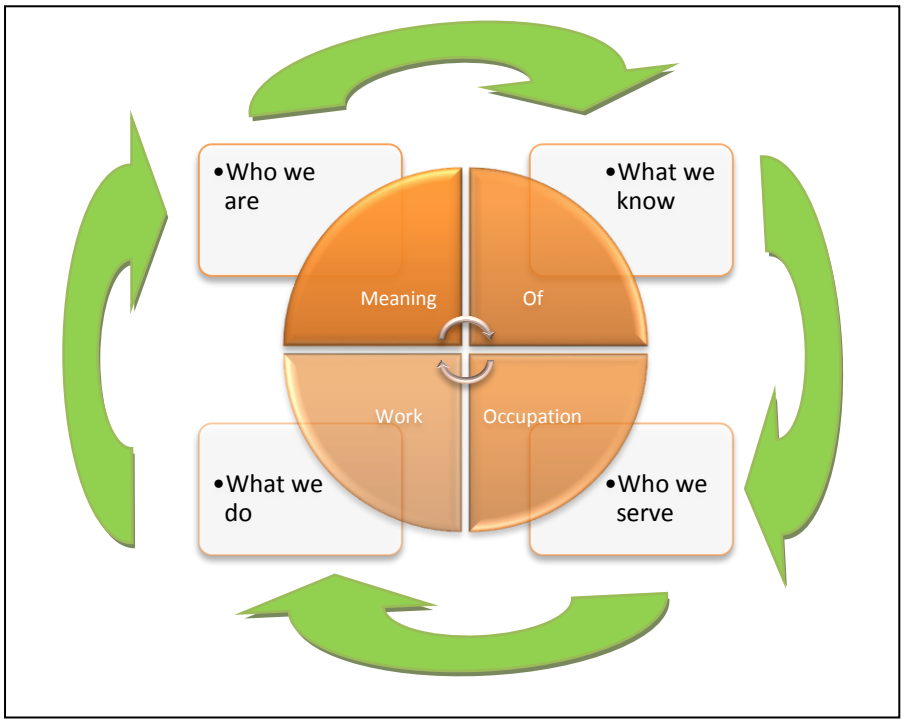

Figure 5.5 A supportive framework to assist meaning-making in occupational therapy practice [original in colour]

For participants to experience meaning in their work there needed to be a structure that ensured the quadrants were protected. The outer arrows in Figure 5.4 represent environment and leadership and they serve two purposes. By remaining sufficiently taut they act as a buffer and protector for the inner quadrants. The arrows also indicate a continual process and the opportunity for reflection on the quadrants of meaning, giving the participants an opportunity to become agents of change as opposed to their previously blocked and defensive practice.

5.7 Resituating power

Within this study the participants' descriptions of their work was interpreted under the umbrellas of values and beliefs as shown at the beginning of the

Chapter (Figure 5.1). The themes within the values section carried with them several individual perspectives and reflective meaning-making activities, which helped to explain why they did what they did. The beliefs section appeared to have remained unchallenged but was still directing the group's behaviours.

An area identified as poorly managed, and a perceived threat for the participants was their beliefs about their own knowledge and how that was viewed by outside agencies. These beliefs, or perceived meanings (Wong & Fry 1998) threatened their opportunities to learn from the situations in which they found themselves. Their experiences had remained static and they had not attempted to create individual meaning from these experiences.

According to Wresniewski et al (1997) meaning-making incorporates conscious reflection of challenging or confusing situations, utilising personal values, and is a fluid activity that needs to continue to operate and construct meaning on an ongoing basis. This is an important concept given the ever changing environment in which participants work. According to Clausen and Borg (2011) meaning-making is not a group activity but an individual appraisal and reflection on a particular activity. The participants had work experiences that drew on their personal values and history, and they were able to appraise and use these to construct meaningfulness in their work. This process was driven by a strong sense of personal/professional identity. The beliefs, however, appeared to be blocking their opportunities to learn because they seemed to be associating what they considered to be negative experiences with blame.

In their work on situational learning theory Lave and Wenger (1991) move away from the traditional accounts of knowledge as objective and learnable through data and propose that knowledge is socially constructed within organisations. New knowledge is attributed meaning through the exchange of individual experiences within the community and through collective reflection, becomes tacit within the community. This focus on the tacit nature of knowledge within communities of practice, in conjunction with the work by Brinkley et al (2009) on knowledge economies has potential to put the participants in a powerful position, but their beliefs appeared to be holding them back.

Their understanding of knowledge as power (Foucault 1980) caused them to hoard what they had behind a belief that what they stood for professionally was at risk of being ripped apart by people outside of their immediate community of practice. According to Wenger (2004) their knowledge had a potential currency within the knowledge economy, if they were able to establish a positive reputation for what they did, something the participants appeared to crave. For participants to take advantage of this potential asset they would need to find a balance: between the power they held due to the resources they were withholding (Griffin 2001, Isosaari 2011) being recognised and respected for what they had to contribute, and the reframing of those beliefs that appeared to foster a blame culture (Department of Health 2000). It seemed as though they had adopted a defensive approach to protecting their knowledge based on their beliefs about conflict.

This belief appeared so strong that even the newest members of the team appeared to buy into the notion of conflict from external agencies. Their phrases such as ‘embattled’, ‘the professional agro’, ‘a little army’ ‘a feeling of we're always going to be attacked’ seemed to encapsulate the culture that they were fostering. They were displaying what Grieves, McMillan and Wilding (2006, p. 97) highlighted as “mechanisms for psychological survival” which would assist with a pseudo sense of well-being but impinge the flow of learning. They needed to re-frame their learning to focus on and assist them in learning from experiences they had, which they had perceived as negative and blaming.

Appreciative inquiry is an approach that has been adopted in quality improvement activities (Cooperider and Srivasta 1987). It encourages individuals to generate knowledge from a point of positive regard, enabling errors in knowledge development to be re-framed, but is dependent on those making these errors to be open to learning from them. In their work on learning from adverse incidents in the NHS, Gray and Williams (2011) adopted the quality improvement through questioning and analysis (QIQA) framework, based on the philosophy of appreciative inquiry. They found this enabled their study participants to engage in open discussions in a safe environment and move out of their negative and routine ways of thinking about adverse incidents.

In my study the participants appeared to be stuck in a defensive loop with a strong community identity linking to blame and conflict. Within their immediate personal/professional identities, however, they had been reflective, open to dialogue and able to construct meaning in their work through authentic practice. If the work by Ménard and Brunet (2011) is generalisable, and there is a link to authenticity and well-being, then the participants could enhance this well-being further by addressing the beliefs that encourage defensive routines of learning and engage in a positive approach to learning that had enabled them to construct meaning in the rest of their practice.

In order to redress the perceived imbalance of how the participants feel they are viewed they need to be clear about the knowledge they have and how they use it. They have to examine their tacit knowledge and find ways to articulate this. They need to be encouraged and have the opportunity to examine their possibly flawed learning about past experiences with other communities, perhaps by introducing inquiry techniques like the QIQA. Figure 5.5 presented a framework for ensuring meaning-making in occupational therapy practice which focused on the established relations and activity of the participants as a community of practice. This framework now needs development to incorporate the emergent relationships and activities within which participants need to engage if they are to develop a positive reputation about their community and the knowledge it has to share, thus resituating power.

5.8 Contributions to Practice

5.8.1 Contribution to Occupational therapy Practice Knowledge

> Growth is our evidence of effective therapy; creativity is our evidence of life and health. (Perrin 2001, p. 133)

Within occupational therapy's history it has been faced with various challenges that have required adaptation to the way it works, the areas of practice it works in and challenges to its practice and philosophy. The question posed by Hagedorn (1995, p. 5) was "…how far can we adapt while retaining our essential core identity?"

Within this study the profession's core identity has been central to the meaning-making of the participants in their experience of the occupation of work. The misunderstandings from others, that they described, related to their inability to articulate what occupation truly means, and why that was the most time consuming and important area of the work they did with their clients. The construction of meaning in their own occupation of work is an indication of the complexity of occupation as a concept and what is entailed in ascribing meaning to occupation. The legacy of the most recent dominant discourse within healthcare is still apparent within occupational therapy with journal articles still favouring a 'scientific' approach; with assessment, a tangible observable activity, being held in high regard (Perrin 2001). This is where the participants in this study seemed to clash with their professional counterparts. The participants were engaged in the creative art of exploring occupations as part of their assessment and intervention, not within a set therapeutic timescale dictated by the organisation but in single-minded attending and absorption in the here and now of their clients.

Occupational therapy appears to have become apologetic for its creativity threatening the central place that creativity has within its professional identity. Being creative and facilitating that creative process to solve problems jointly was at the heart of their interventions, rather than the end product of a prescribed piece of equipment or the moving on to another case.

My own experience as a therapist, within this service of posture and mobility and as a hospital based therapist, has exposed me to the effect of lack of creative thinking and equipment provision by others, both occupational therapists and other professions alike. I would posit that the conflict participants appeared to have, especially with occupational therapists outside the service, was a clash in the goals of 'therapy' and 'occupational therapy'.

Therapy in its generic form entails recalling past solutions that have worked for others, or application of theory and applying these regardless of client need. Occupational therapy is about taking those experiences and using them in a creative manner to facilitate a collaborative unique solution to meet the individuals' needs, the essence of client-centred practice. Without the focus of

creativity and occupation, in occupational therapists' working within posture and mobility services, the intervention is just therapy and can be completed by anyone. But creativity and occupation is the core of professional identity that cannot be compromised if occupational therapists are to find meaning in their work.

This study has identified a reflective methodology that could assist occupational therapists to drill down to the components that are meaningful in the work they do so they are better placed to articulate their tacit knowledge.

5.8.2 Contribution to Occupational Therapy Education

> …a composite sense of who one is and wishes to become as an occupational being generated from one's history of occupational participation. (Kielhofner, 2008, p. 106)

This was how Kielhofner described occupational identity in his *model of human occupation.* All social groups have an identity and a status and when people join these groups they behave in a way that relates to that. Within this study the participants expressed their negative experiences of their undergraduate training resulting in a failed or negative identity as occupational therapists. The socialisation period, in any culture, is when the values and beliefs are adopted by individuals and if students have negative experiences they can potentially carry those feelings and attitudes with them into practice, as seen with the participants within my study.

I recently had a conversation with an occupational therapy colleague who is also a university lecturer. She was telling me that they were proposing to make changes to their occupational therapy course. The new focus was going to be on skill acquisition of techniques and practical skills associated with the 'real work' that occupational therapists do so that students could enter the work market 'hitting the ground running'. She wanted me to do a workshop for the students to teach them how to measure people for wheelchairs. Her reasons for the change of focus had similar themes to those identified by the study participants in relation to their expectations of what college would prepare them for and the reality and expectations of practice. The return to a training

mentality, with a focus on technical rationality as opposed to an educational perspective (Fish 1998, Higgs and Titchen 2000) would not appear to address the underlying issue of the growing theory practice divide.

This anecdote reflects the concerns shared by Kielhofner (2007) that occupational therapy undergraduate programmes are still too impairment focused and are not addressing the key area of human occupation as central to the role that occupational therapists should be embracing.

The findings in this study could also assist the occupational therapists responsible for the practice education of students. It would appear that the educational establishment was trying to provide the health market with a workforce that they wanted. Qualified occupation therapists have a responsibility, as custodians of the professional values, to assist undergraduate students in their professional socialisation.

Practitioners need to reflect on their work and understand what it is they do and why they do it. Reflecting on the cultural and political influences that shape their practice could assist them in explaining to students how the theory and practice fits and, if needed, the adaptation needed within the workplace for that to be achieved. My contribution to occupational therapy education will be to provide the requested workshop. This will encompass the technical aspect of measuring and facilitatory positioning but more importantly will focus on the barriers to a client's occupational performance, incorporating who I am, what I know, whom I serve and what I do. This will also provide me with an opportunity to test out the framework in practice, assisting me with its future development and application in occupational therapy.

The findings of this study have highlighted the importance of occupational identity in the performance of work, authenticity of practice, and the meaningfulness that can be achieved, supporting the work by Clarke et al (2015) around student experiences. Identifying, with the participants, what the tacit knowledge entailed and exploring a ways to resituate their professional power has been a direct result of their engagement in the research process. If students are finding difficulty transitioning to practice then the qualified occupational therapy community has a role to play. International research has

shown that occupational therapists are not active in research or the application of evidence from research studies, preferring to rely on traditional practice (du Toit and Wilkinson 2011). The theory practice divide appears to be getting wider, as identified by du Toit and Wilkinson (2009, p. 2) who said that "occupational therapists appear not to embrace a lifelong inclination towards doing and sharing research".

Conducting participatory research within the workplace that addresses issues of direct concern to practitioners is one way to enhance occupational therapists' motivation for ongoing study. It follows that educational establishments have a key role to play in assisting qualified occupational therapists to engage in career-long learning at post registration level, in order to enhance the profile and credibility of the profession and foster a positive occupational identity for individuals in the workplace.

5.8.3 Contribution to Occupational Science

> The finding of meaning, purpose, choice and satisfaction through doing…A sense of belonging through shared occupations that cannot be achieved satisfactorily by the individual…human action (occupation) shapes and is, in turn, shaped by culture. (Wilcock, 2006, p. 335)

This was part of Wilcock's summation of the value and division of occupation and the importance of recognising the individual features unique to occupation - the meaning, and the cultural influence associated with the doing of occupations - the form. Occupational science has identified the need to learn more about the meaning of occupation and its relationship to form or occupational performance.

The focus of this study has been on work and understanding how occupational therapists construct meaning in their professional practice. This has been a complex but creative process that has explored an alternative way to observe the process of and components of meaning-making in the work lives of occupational therapists, contributing to an extremely under researched area. Clarke et al's (1997) view of meaning in occupation is that a person's sense of past, present and future permeates their construction. In this study the participants and I brought our past and present experiences to bear on the

interpretation and construction of meaning which also included their future aspirations. In particular this study has contributed to the under explored ontological focus of the meaning of occupation.

There is debate among occupational scientists about the individualistic or sociocultural basis for meaning (Barber 2006).This study has found that both elements have a part to play in understanding how meaning is constructed. Meaning-making is relational and for this group of participants meaning was shaped by the authenticity of work practice, the environment and leadership style, particularly the importance of leadership style and its role in constructing a supportive environment. This study has also contributed to an understanding of the symbolic systems adopted by individual participants and the community of practice. The specific value system adopted by the participants centred on morality and occupational justice and opens up an avenue for further research.

I believe this study also challenges Cutchin, Dickie and Humphrey (2006) who believed that researching within the interpretivist tradition narrows how occupation can be understood. Meaning is complex and multilayered and, as this study has shown, needs assistance to be unearthed. I believe that quantitative research is more useful once we have gained an understanding of the phenomenon we wish to study. More quantitative or mixed methods approaches may allow pertinent and focused questions to be asked of larger numbers of practitioners in a wider range of contexts once we have an understanding of the "questions we wish to pose to science" (Gadamer 2008, p. 26)

Occupational science has a role in assisting occupational therapy with its evidence base for practice through advancing understanding of occupation. By addressing a fundamental area of occupational science I believe this study has potential to inform continuing professional development strategies for enhancing practitioners' capacity to deal effectively and creatively with organisational change.

5.9 Methodological discussion

The research aimed to gain an understanding of meaning construction by exploring personal experiences. The chosen research methodology of hermeneutic phenomenology enabled the experiences to be viewed and explored in an interpretive way led by a Gadamerian approach, which had its strengths and weaknesses.

The academic stages of the research entailed an outlining of method prior to progressing to data collection. Gadamer's main criticism about method is that it blocks the creativity needed to follow a path to understanding and is a pseudo form of objectivity (Gadamer 2008, p.27), throwing down a challenge to the conventional ways of scientific research. I was cognisant of studies that I had read whereby a Gadamerian approach underpinned the ontological stance but was contradicted with a very

In these studies the opportunity for the hermeneutic element to be utilised appeared compromised, due to the data collection and analysis, so I wanted to apply the method with a flexibility that would foster creativity.

For me the result was an initial period of intense anxiety and turmoil. I believed in the philosophical stance proposed by Gadamer but felt compromised by having to produce an outline determining the path I would take. The reality was that the proposal became a guide and the method was developed and documented as the process unravelled thus providing an auditable method of enquiry.

The participatory conversational nature of the data collection opened up greater understandings for me regarding the meaning of occupation and the participants' experiences, in a way I believe an interview format would not. The benefits appeared to be twofold with the participants expressing positive comments with regards to the opportunity to reflect on their work in an alternative way and the effect the process had on me.

Within the design the understanding process is dependent upon questions and answers of the participants and then of self. It was in the latter part of the writing of the thesis that I had my own, unexpected, hermeneutic experience

that contributed to the study. Despite talking about the importance of the role of prejudice in a Gadamerian approach, I had subconsciously not attended to the sections within the conversations where the participants made specific reference to me. The resultant question and answer process applied to myself through supervision and my reflective log resulted in freeing me to review and re-conceptualise the final element of the quadrant of meaning model with

regards to leadership qualities and protection. The following is an extract from my reflective log showing this:

> The main question from supervision today was "where are you in all of this?" I had to face the fact that my own bias had been rhetoric and I had allowed a pseudo objective element to infiltrate my analysis – shame on me! With that question now standing out like a beacon I had better go back and 'listen' to the conversations again. (drawings/cartoons within the journal). I have been in a position of leadership so why am I shying away from the fact that I may have influenced the shaping of the environment for my colleagues? If anything good or positive has been said (which it was – how kind) why am I not heralding that as a positive? Images of growing up spring to mind and achieving things in sport and schoolwork – parents evening "yes well you don't want your children to grow up big headed do you?" Thank-you mother. (Reflective log, p. 85)

Being able to demonstrate this bias and its impact on the research, I felt, illustrated the way a Gadamerian approach can address the issue of power imbalance, which had prevented previous research of this kind in occupational therapy from using line managers. To become aware of one as a participant in the research re-dresses the balance as well as sharing the introspective process the participants did.

With a focus on subjective experience this approach to research and this study, in particular, is not without its limitations. The results per se cannot be used to generalise how all occupational therapists experience meaning in their work but there is much that can be taken from the method used to gain an understanding of these experiences. In addition, all the participants were female occupational therapists and I believe a differing picture could emerge if male occupational therapists were studied. Work done on men in female dominated occupations (Simpson 2004) would indicate that men are treated differently in these work

situations. The strategies they adopt to re-establish their masculinity have a different focus and there are also assumptions made about their leadership capacity. I believe that this would have an influence on what is meaningful for them in their work and the values and beliefs they would have.

5.10 Reflexive Section

A major part of this study has been my focus on the importance of interpretation and its role in reaching a mediated understanding. I have grown through the process from saying that qualitative research is important to the investigation of occupational therapy practice (Mattingly and Flemming 1994), to firmly believing that qualitative research is key to truly understanding the practice of occupational therapy and knowing that it has made a difference to me as a developing researcher. The section above outlines the practical elements relating to the strengths and weaknesses of the research with regard to the methodological process but attention needs to be paid to the element that is key to addressing the naturally occurring intersubjective context of this piece of research and its claims to knowledge development.

Reflexivity has been paramount throughout this study from the development of the research question through to the data collection, analysis and discussion. Kinsella and Whiteford (2009) highlight the importance of reflexivity in research and the role it has to play in the generation of knowledge. My biggest test was learning how to be reflexive and mindful whist using this in the iterative process of moving backwards and forwards in the data, which I found to be challenging both emotionally and intellectually.

It was not only the multiple voices of participants and self that I needed to juggle but also the multiple roles I was playing throughout the whole research process, which I can only imagine may be akin to being the director, producer and actor in your own play. Researching one's own practice, specifically as line manager of the participants, has not been done in occupational therapy. Given the experience I have had with the process, I am assuming that the reasons for its avoidance link to the challenges posed by ethical consideration pertaining to power imbalances, coercive responses and the inability to be objective and

distance oneself. I am content, however, that these assumptions around research ethics and validity of epistemological claims have had the chance to be challenged thus revealing the opportunities that reflexivity can offer when dealing with issues of intersubjectivity (Finlay and Gough 2003) and a method for other leaders of occupational therapy services to explore.

My position on intersubjectivity is shaped by Zerubavel (1997) and Bourdieu (1977) whose position is that humans subscribe to and are drawn to specific belief systems or communities of like-minded thought. This will have influenced some of the literature that I was drawn to and the approach I took – although at the time I had no concept of how this approach would unfold. Additionally, the very nature of the research question had a defining influence on the methodological approach taken and the exploratory focus on issues relating to identity for all involved in the process.

The theoretical construct of meaning relating to occupation is sparse and any definitions highlight the subjective nature of meaning as an individual experience. The intersubjectivity of this research merely asks the question “are these experiences shared by anyone else in this team?”

5.11 Summary

Meaning in occupation is a fundamental element that concerns occupational scientists and occupational therapists but its connection to occupational performance is poorly understood. Factors that might contribute to the construction of meaning have been debated, with some scholars believing it is an individualistic construction and some a social construction. This study would suggest that it is a combination of both and it is the relationship between those factors and how they are managed that assists in the construction of meaning..

Within today’s NHS, client-centred practice is advocated and the importance of recognising the client as expert has been acknowledged. It takes time to be client-centred. Addressing the unique needs of individuals and surmounting the barriers to achieving their important occupation goals demands creativity in approach and building of trusting relationships. Occupational therapists must be able to articulate what components of client-centred practice are essential in

the work they do and why these must be central to their interventions. Client-centred practice, as a tenet of occupational therapy, is an important contributor to authentic work practices for occupational therapists.

Occupational therapists engage in work that is often misunderstood by other professionals and even their own emerging professionals, the pre-registration students. This is because much of the knowledge they use is tacit in nature and they are not adept at articulating the complexity of their interventions. Being able to identify the specific aspects of one's work practices allows for this to be recognised and valued by fellow professionals and other stakeholders, and as a consequence enhances a positive professional identity.

Occupational therapists can be classed as knowledge workers and have specific requirements in their working environment that enhance their practice. Despite the external stressors of government targets and organisational change, occupational therapists can still work in a manner that ensures their own psychological well-being and meaningful practice if this is managed effectively. Occupational therapists respond positively to the application of servant leadership as a management strategy.

For occupational therapists to find meaning in their professional work practice their needs to be: individual authenticity in what they do; a sociocultural environment that nurtures personal and professional values and a leadership style that ensures: freedom and autonomy; respected and lifelong learning is fostered.

The final chapter will:

- Summarise the key findings in light of the research questions and aims of the study.
- Outline the scope and limitations of the study
- Outline plans for the dissemination and implementation of the findings.
- Recommend areas for further research.
- Present my own reflections of the writing process and its impact on my professional, academic and personal understandings.

Chapter 6 Summary and Conclusion

6.1 Overview

Occupational therapy practitioners have to have a deep understanding of the phenomenon of occupational meaning, since this is a fundamental theoretical construct underpinning their practice. Occupational therapists still seem to be unclear as to how meaning is generated or enhanced by occupation and no consensus has been produced to say what constitutes meaningful occupation. In addition, little is known about how people use occupations and occupational roles to construct meaning in their lives (Hvalsøe and Josephson 2003). A strength of this research is that it answers the call to study the subjective experience of occupation with a specific focus on gaining understanding of how meaning is constructed through occupation (Doble and Caron Santha 2008).

This study has contributed to the knowledge of meaning construction within occupation, addressing an area that is sparsely researched (Ikiuga et al 2012). It has specifically focused on understanding how occupational therapists' construct meaning in their own occupation of work, an even smaller area of previous study, adding to the small but growing library of personal stories (experiences) that may help us understand what meaningful occupation encompasses and how it is constructed. This has led to the development of two reflective frameworks that may offer guidance to assist occupational therapists to: explain more clearly what they do and why they do it; gain a greater understanding of how their clients attribute meaning to their own occupations and assist service developers and managers in their role in fostering their staffs' search for meaning in the workplace

This study is the first to look at the meaning of work for occupational therapists within one particular branch of work - the specialism of posture and mobility. This context created a special arena for the study for this topic because it was the only posture and mobility service in the UK that was solely occupational therapy led.

The study has identified some of the values and beliefs that the participants brought to their own professional occupation, that is, their work. The themes that were unearthed revealed their individual and collective values and beliefs, which themselves contributed to their work culture. Another aim of the study was to understand why the therapists worked the way they did. The findings revealed that

authenticity was very important to the participants for their work to be meaningful, and they actively worked to create an environment that nurtured their personal and professional values.

The final aim of the study was to see, and understand, how the participants talked about the work they did. The individual lenses that were developed encapsulated unique narratives, which revealed the participants' personal histories as major contributory factors in the search for meaning in their work and enabled a deeper questioning and interpretation to be had of the data. This chapter will: outline the overall impact of the key findings in the study; will outline the strengths and limitations of the research; outline the strategy for dissemination of findings; outline areas for further research and conclude with final reflections.

6.2 Key Findings and Impact of the Study

6.2.1 The Occupational Hermeneutic Framework

This study has shown that the meaning people attribute to occupation is not an automatic process. Meaning is part of an active process of understanding and making sense and can be achieved through conscious reflection of personal values and goals. Meaning is individual and each person has a meaning that no other person can fulfil but the search for meaning is universal. The adoption of a research methodology that assisted with conscious reflection enabled these hidden values to be articulated and gave the participants first-hand experience of looking actively at an occupation and how meaning was generated for that.

The framework of the occupational hermeneutic is an original contribution to the current literature on meaning construction in occupation, and identifies the process by which individuals shape and are shaped by their environment. The framework may enable occupational therapists to visualise the process of meaning construction and guide them through client assessments with a focus on exposing occupations that are meaningful for their clients. Figure 6.1 illustrates the framework's use in a therapeutic setting with the example taken from a posture and mobility service and the following scenario. A woman with secondary progressive multiple scleroses is referred to the service. The referrer is concerned that her present mode of mobility, using a walking frame, is contributing to her poor posture. They would like the client to have equipment that minimises postural deformity but the client is unhappy with

the referrer's intended solutions but this concern has not been explored. The service's occupational therapist is faced with conflicting goals from the client and the referrer.

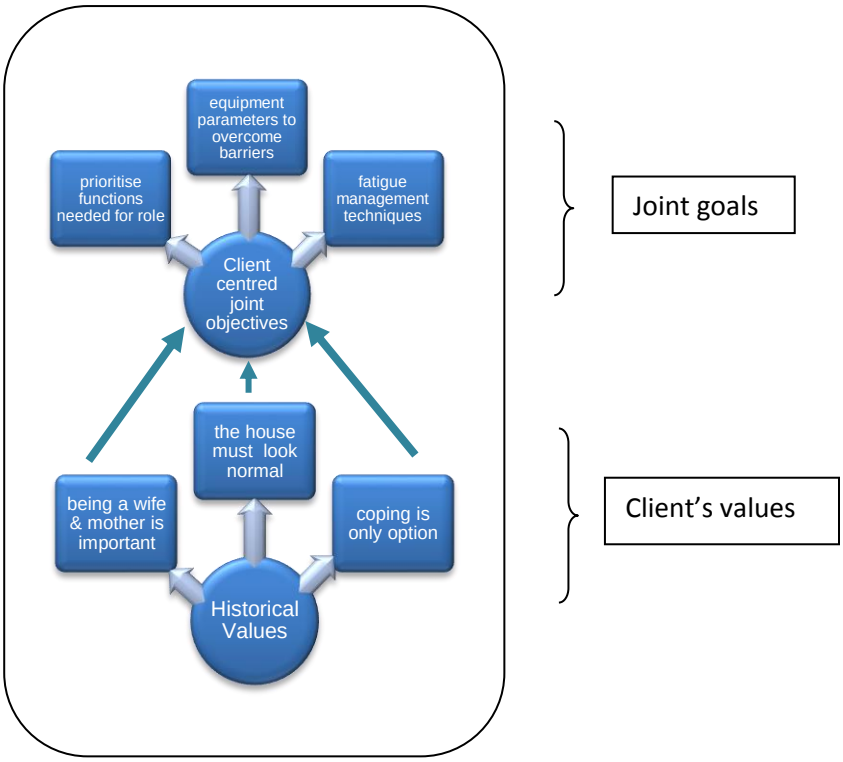

Figure 6.1 Therapeutic application of the occupational hermeneutic [original in colour]

The framework builds on the theory of Persson et al (2001) that occupational value is a pre-requisite to meaning and shows how these values are generated and exposed to a sense-making process within the culture of the individual. Within the study, the participants were searching for a way to connect their work, as an occupation, to their spiritual selves (Konz and Ryan 1999). This develops the theory by Persson et al (2001) to include history and purpose hence: *life experience shapes occupational value*; occupational value is a pre-requisite to meaning; *meaning incorporates reflection in light of culture*; *meaning is a pre-requisite to occupational purpose.*

Meaning is personal and finding meaning is a personal process. The framework may assist occupational therapists to understand the factors that motivate them in their work as occupational therapists and could be utilised as a reflective tool if they are experiencing a sense of 'meaninglessness' in their work. There are also implications

for the use of the framework with undergraduate occupational therapists when they experience the sense of 'existential vacuum' (Frankl 1992) resulting from the discord associated with the theory practice divide. Students could use the framework to explore the values and beliefs they have at differing stages of their education; the differing environments they enter and the cultures surrounding them and the challenges to their values and beliefs as a result of that exposure.

The framework could also assist in exploring the theories that link the doing of occupations to an identity of self (Christiansen 1999, Christiansen and Townsend 2004). This study showed that personal and professional identity are intertwined.

Within this study the framework focused on work as an occupation and the way culture is shaped to achieve harmony and meaning in the workplace but the same process could be applied to the management of multiple meanings of clients' other occupations as illustrated in fig. 6.1.

Many occupational therapists apply standardised assessments to the gathering of information from their clients, which could result in them not attending to or missing the essence of the unique and personal meaning of their client's occupations. The framework has the potential to be applied as a reflective tool for case examination or developed as a client orientated tool for their unique and equal contribution to their occupational therapy intervention.

6.2.2 The Quadrant of Meaning Framework

The importance of the meaning of occupation and identity has been discussed in the existing literature and comprehensively covered in previous chapters. In summary it is believed to be the interaction and connection to the social world, and individual interpretation of that, which shapes an individual's behaviours and actions. This study has contributed to the knowledge on authenticity of occupation and its relationship to occupational identity and well-being. Authenticity encompasses a range of characteristics and intrinsic psychological needs, these include: being true to oneself; acting in a way that reflects one's personal values and beliefs; the need for autonomy and competence. The quadrant of meaning framework contributes to the existing literature on identity formation and the maintenance of a secure sense of self and place within a modern NHS.

The framework identifies the cognitive and behavioural dimensions that contribute to the participants' identity as authentic occupational therapists. The cognitive dimensions relate to the appraisal of self, whilst the behavioural dimensions relate to being genuine in one's relationships and what one does. The framework could be used to assist occupational therapists in explaining what their work entails and why they work the way they do. The NHS is an ever-changing organisation and being adaptable and willing to change is necessary for professional survival. Occupational therapy has, historically, responded to these challenges by allying itself with the more dominant professional discourses, which has been seen to contribute to job dissatisfaction and negative effects on well-being.

This framework identifies the meaningful elements of the participants work and when occupations are meaningful they promote a positive self-identity and with it a sense of well-being (Magnus 2001, Persson et al 2001, Coulter and Feldman 2004, Goldstein, Kielhofner and Paul-Ward 2004, Howie, Reed, Hocking and Smythe 2011). This is an important factor when considering the mechanisms for resituating power in a traditionally non-dominant profession like occupational therapy.

When faced with power struggles professions identify the areas and roles that are their strengths, allowing them in turn to gain power over other groups. Nursing did this by attending to the domain of care and responsibility for patients within hospitals (Deppoliti 2008). Occupational therapists could enhance their visibility, and increase their symbolic capital, by attending to the unique behavioural dimensions identified in the framework: 'who we serve' and 'what we do'. Occupational therapy has a unique focus on occupation and needs to ensure that is at the forefront of its interventions with clients, to enhance their well-being, which has the potential to mark its distinctive contribution to the health of communities. Occupational therapy also has a long history and underpinning value of client-centeredness and enablement. An area identified by this study, which has not been highlighted in the themes of previous research of this nature, is the importance of time. This study has utilised one source to understand how meaning is created in one's life through occupational roles. It used the stories of individuals, in detailing their life experiences during the activity of work – but this takes time. If it is acknowledged that meaning needs to be personally significant and based on an individual's perception of their life experiences, finding

meaning through occupation and occupational roles for clients will take time and will need to be justified by service providers.

The political climate is changing the face of public services and the policies around partnership, consumerism and equality will become the drivers of future services, and occupational therapy is well placed to fit within this environment. This framework could be used for educational and marketing opportunities to promote the identity and role of occupational therapy and enable it to find a meaningful niche without having to compromise the elements that contribute to meaning for occupational therapists.

I only found one other study that looked at authenticity and well-being linked to work (Ménard and Brunet, 2011) - my study has developed these ideas further by including the effects of the environment and leadership as maintenance factors.

The framework illustrates how the meaningful quadrants maintain their integrity as a direct result of the environment it sits in and the protective nature of a specific leadership style – servant leadership. The participants of this study have the option to reflect on the findings associated with the model to: validate their sense of self; remain safe; create a defence against polar professional values and retain a sense of power through maintenance of resources. This, however, is defensive and does not open team members up to external challenge. Their strength can only grow by increasing the critical mass of the team. The framework, however, could be used to view power in a more positive way. It helps to show how they define themselves as individual, reflexive and ethical professionals who have adopted a way to work on their own personal interpretations of what occupational therapy practice means for them and their relationships with others. Enabling other professionals and the public to understand the drivers directing their behaviours and work focus could enhance their potential to become agents of change.

6.3 Scope and limitations of the study

The study findings were never intended to be generalised since they are highly contextual, representative of eight occupational therapists working in the same service. Its contribution, however, is that these experiences have been brought to

consciousness and articulated for other occupational therapy communities to reflect on and perhaps relate to.

The study was carried out in a country which has a different political directive and cultural agendas which may affect it differently than other parts of the UK. As such any ongoing interpretations into the findings should be read with these factors in mind.

The use of hermeneutic phenomenology has been assistive in gaining narratives that were rich with the participants' experiences and provided a framework for the conversations to be two sided. As a mechanism for gathering data however, I made assumptions about the transference of everyday clinical interviewing skills and, despite improving as the interviews progressed, my inexperience with this research methodology may have hindered the information I could have accessed from earlier participants.

Many of the participants spoke in the third person, which was partly interpreted in the findings as 'collective'. Having reflected on this, however, the participants were aware that the overarching aim of the study topic was understanding meaning. As a concept in general 'meaning' is quite abstract and this may have affected or influenced their recalling and telling of their experiences in this way.

6.4 Dissemination Plans

The dissemination of the study has been an ongoing process with the evolving findings being presented annually at the peer reviewed doctoral conference at the University of Brighton. This has enabled me to present emerging ideas and develop new viewpoints on the phenomenon that was under study.

Although finding meaning is of existential interest to many people, understanding meaningful occupation is key to occupational therapists and their practice. The key areas initially targeted for dissemination of the study findings, therefore, will concentrate on this professional arena.

The participants in this study have engaged in a process that has brought changes in the way they view their work. The initial dissemination of the findings, therefore, will

be a presentation to them. The frameworks, that were developed, will be offered as tools for them see if this enhances the understanding of meaning construction in their work.

The problem with the phrase ‘meaningful occupation’ is that it is used in a mantra like way to explicate what the focus and differentiation of occupational therapy is from other healthcare professions. My challenge, therefore, is to make people think about this complex concept and encourage others to contribute to the growing knowledge base of contributes to meaning construction. For this reason, I propose to submit articles for publication to the national and international professional based journals of occupational therapy and occupational science.

6.5 Further Research

The role of the hermeneutic process, in Gadamerian terms, is to generate an understanding of a phenomenon enabling questions to be generated to put to science (Gadamer 2008). The findings indicate that more work is needed on the construction of meaning and how people use occupation and occupational roles to do this. The following are suggestions for further research:

- The findings supported previous research indicating that meaning is created within ourselves through actions and choices we make. Future research is required to examine and explore how meaning construction changes as a result of the consequences of these intentional actions. A longitudinal study of occupational therapists from undergraduate through to postgraduate years would enable researchers to examine this and evaluate its use as a tool for educators, developing new professionals, and clinicians, to assist their interventions with clients. Life story interviews or guided autobiographies may be useful ways of capturing this data.
- Further studies are needed to develop a substantial library of occupational therapists experiences of being and doing occupational therapy. These studies are presently limited and do not have cross cultural elements to them. Cross cultural studies would allow for further investigation into the universally held values and beliefs of occupational therapists in constructing meaning in their work.

- No studies have compared leadership styles of occupational therapy managers. Studies could therefore compare styles adopted for differing environments that occupational therapists work in and evaluate their effectiveness in enabling staff to find authenticity in their working practice.
- A key finding of this study was the importance of time in the construction of meaning in occupational therapy practice. No studies to date have focused on the importance of time as an essential part of authentic practice for occupational therapists. Further studies could build upon these findings and explore the feasibility of this intrinsically important element of practice and its effectiveness in assisting clients to access meaningfulness in their occupations.

6.6 Final Reflections

This research was undertaken in part fulfilment of a professional doctoral degree in occupational therapy. My research journal at the start of the course opened with “I long to be challenged to think and articulate and reason!” and the research process has certainly lived up to that. I deliberately chose to embark upon a professional doctorate that would enable me to focus my attention on examining areas of my clinical practice and I have been surprised by the amount of new knowledge I have gained about the fundamentals of my profession and slightly ashamed of my ignorance and lack of questioning over the years.

I have learned a lot, not only about the process of research but also about the people I spend most of my waking day with and myself. I have been surprised by the trust the participants placed in me when they exposed their historical selves without reserve. In return I have exposed an element of me that has developed during this process in the form of creative writing. I have given each of the participants the poems I wrote about their experience as a thank you.

When I began my doctoral journey one of my aims was to explore writing styles. I had spent many years writing factual, concise and formatted reports and I was concerned that I would not have the necessary skills for embarking upon writing for publication. At the end of the process I am also at the other end of the writing style spectrum. Although not always logical, tangible or scholarly I have had the

opportunity to be creative and express my thoughts and ideas in differing literary ways, I am still a work in progress.

My approach to my practice has been enhanced as a direct result of engaging in the doctoral process. The skills that were transferred from practice to research i.e. interviewing, have been improved by the process. The doctoral process has been demanding and longer than I anticipated but I have been able to offer a realistic view on the demands and benefits of engaging in such an activity to other staff wishing to develop their learning. The process has been invaluable in other ways as well. I have developed working relationships with other researchers and have recently been approached to become involved in two doctoral studies in an advisory capacity, one for my clinical application and one for my methodological advice. Although a daunting prospect I am looking forward to the challenges these will present and the continued opportunity to hone my new skills.

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16 December 2010

Ms Carol McCudden
ALAC
Croesnewydd Road
Wrexham
LL13 7NT

Dear Ms McCudden

Study Title:	**In what ways do occupational therapists, in a posture and mobility service, experience meaning in their professional practice.**
REC reference number:	**10/WNo03/41**
Protocol number:	**1.3**

Thank you for responding to the Committee's request for further information on the above research and submitting revised documentation:-

- Participant invitation letter
- Participant information sheet
- Consent form

The further information was considered by a sub-committee of the REC at a meeting held on 16 December 2010. A list of the sub-committee members is attached.

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised, subject to the conditions specified below.

Ethical review of research sites

The favourable opinion applies to all NHS sites taking part in the study, subject to management permission being obtained from the NHS/HSC R&D office prior to the start of the study (see "Conditions of the favourable opinion" below).

Conditions of the favourable opinion

The favourable opinion is subject to the following conditions being met prior to the start of the study.

Management permission or approval must be obtained from each host organisation prior to the start of the study at the site concerned.

For NHS research sites only, management permission for research ("R&D approval") should be obtained from the relevant care organisation(s) in accordance with NHS research governance arrangements. Guidance on applying for NHS permission for research is available in the Integrated Research Application System or at http://www.rdforum.nhs.uk.

Where the only involvement of the NHS organisation is as a Participant Identification Centre (PIC), management permission for research is not required but the R&D office should be notified of the study and agree to the organisation's involvement. Guidance on procedures for PICs is available in IRAS. Further advice should be sought from the R&D office where necessary.

Sponsors are not required to notify the Committee of approvals from host organisations.

It is the responsibility of the sponsor to ensure that all the conditions are complied with before the start of the study or its initiation at a particular site (as applicable).

Approved documents

The final list of documents reviewed and approved by the Committee is as follows:

Document	*Version*	*Date*
Letter of invitation to participant	1.2	14 December 2010
Response to Request for Further Information		
REC application 45884/163862/1/405		15 November 2010
Participant Information Sheet	1.5	14 December 2010
Protocol	1.3	17 July 2010
Evidence of insurance or indemnity		
Investigator CV		15 November 2010
Investigator CV		
Participant Consent Form	1.2	14 December 2010
Covering Letter		15 November 2010
Interview Schedules/Topic Guides	1.1	12 April 2010

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees (July 2001) and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

After ethical review

Now that you have completed the application process please visit the National Research Ethics Service website > After Review

You are invited to give your view of the service that you have received from the National Research Ethics Service and the application procedure. If you wish to make your views known please use the feedback form available on the website.

The attached document *"After ethical review – guidance for researchers"* gives detailed guidance on reporting requirements for studies with a favourable opinion, including:

- Notifying substantial amendments
- Adding new sites and investigators
- Progress and safety reports
- Notifying the end of the study

The NRES website also provides guidance on these topics, which is updated in the light of changes in reporting requirements or procedures.

We would also like to inform you that we consult regularly with stakeholders to improve our service. If you would like to join our Reference Group please email referencegroup@nres.npsa.nhs.uk.

10/WNo03/41	**Please quote this number on all correspondence**

With the Committee's best wishes for the success of this project

Yours sincerely

T.a. Hughes

pp **Professor Alex Carson**
Chair

Email: Tracy.Hughes4@wales.nhs.uk

Enclosures: List of names and professions of members who were present at the meeting and those who submitted written comments

"After ethical review – guidance for researchers"

Copy to: Professor Julie Scholes
University of Brighton
Mayfield House 263, Village Way
Falmer
BN1 9PH

Mrs Lona Tudor Jones
R&D Office (Central & East)
Betsi Cadwaladr University Health Board
H M Stanley Hospital
St Asaph

North Wales REC (Central and East)

Attendance at Sub-Committee of the REC meeting on 16 December 2010

Committee Members:

Name	*Profession*	*Present*	*Notes*
Professor Alex Carson - Chair	Associate Dean (Research)	Yes	
Reverend Kathy Collins	Chaplain /Lay Member	Yes	

Also in attendance:

Name	*Position (or reason for attending)*
Ms Tracy Hughes	Research Ethics Committee Co-ordinator

Clinical Research Centre

For Health Professions

Professor Ann Moore PhDGadDipsPhys

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CONSENT FORM - version 1.2 14th December 2010

Participant Identification Number for this study:

Title of Study: In what ways do occupational therapists, in a posture and mobility service, experience meaning in their professional practice?

Name of Researcher: Carol McCudden

Please initial box

1. I confirm that I have read and understand the information sheet dated …… (version… ….) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐

2. I understand that I am free to withdraw from the investigation at any time, in which case the interview data will be retained until the study is completed and then destroyed as described within the participant information sheet. ☐

3. I understand that the interviews will be audio-taped and there is the possibility that verbatim quotes may be used. ☐

4.I understand that any confidential information will be seen only by the researchers and will not be revealed to anyone else, and further that I will be able to see summary notes of the interview and have access to the final research findings via summarized feedback during a participant meeting, or on an individual basis; whichever is the most suitable ☐

5. I agree to take part in the above study. ☐

_____	_____	_____
Name of Participant	Date	Signature

_____	_____	_____
Name of Person taking consent	Date	Signature

When completed, 1 for participant; 1 for researcher site file.

(Service logo removed)

Clinical Research Centre

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To be translated into Welsh once approved

Participant Information Sheet

Study Title

In what ways do Occupational Therapists, in a posture and Mobility Service, experience meaning in their professional practice?

Invitation to Participate

I am currently studying for the award of Professional Doctorate in Occupational Therapy in the

field of posture and mobility. This is in conjunction with the University of Brighton. Part of

attaining the award involves completing a study in my area of clinical practice. You are being invited to take part in this study. Before you decide it is important that you understand why the study is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask me if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

Thank you for reading this information sheet.

What is the purpose of this study?

Clinical reasoning has been described, in its simplest terms, as a process within clinical practice associated with ways of thinking and decision-making. Professionals hold assumptions, personal beliefs and personal experiences (worldviews) that contribute to shaping their professional practice and this can be examined by looking at individual variances in clinical reasoning.
Previous research into clinical reasoning, in occupational therapy, has focused on reasoning as a measurable and standardized process that can be learned and the therapists' ability to organise, store and retrieve information. More recent occupational therapy research has moved away from this traditional way of studying clinical reasoning and has looked at the experiences of therapists as they live their work.The areas that need researching now are the links between the therapists' thinking, their actions and the outcomes.

This study aims to gain a deeper understanding of the relationship between your actions and your underlying values and beliefs that influence your clinical reasoning. Being able to identifying its influence on practice may help to illuminate or explain the individual differences and paths we tread as therapists. The benefits of this are that it will help to establish a sound rationale for the way we explain, to other colleagues and clients, the reasoning behind our professional judgements in the absence of eligibility criteria for provision.

Why have I been chosen?

You have been asked to take part because you are an occupational therapist working in the (service name). All occupational therapists in this Service have been invited to take part.

Do I have to take part?

The decision to take part is entirely up to you. If you do decide to take part you will be given this information sheet, a standards contract and a consent form that you will be asked to sign. At anytime during the study you will be free to withdraw without explanation. This will not affect your employment status either now or in the future. It will not affect the way you are treated in the Team.

What will happen to me if I take part?

If you agree to take part you will participate in one interview with me, as the researcher. The interview will be semi-structured in nature. They will last a maximum of 1.5.hours each. The interview will be audiotaped so that I can concentrate on the dialogue between us. You will be shown how the tape works and, if you wish, can turn the tape off at any time during the interview. I may make notes during the session. If you wish you may make notes of anything that arises that you wish to focus on or return to during the conversation. The interviews will take place in a private room away from the centre. The interview schedule will be negotiated with you to be as convenient as possible. If you need a convenience break during the interview this is not a problem. You can also bring any refreshments with you for consumption during this time. The transcribed, analysed, interviews will be returned to you for any additional comments.

What do I have to do?

You will be asked to bring with you, to the first interview, reflections of recent client interventions that were particularly memorable for you. The reason for remembering that client is completely up to you e.g. it may have been a particularly difficult case, enjoyable case, disturbing case. You do not have to bring any other written notes. You do not need to do any other preparatory work before the interviews. Following the first interview I will do some analysis on the discussion and this will be returned to you for further comments.

What is the procedure being explored?

This research is exploring the construction of meaning within the professional practices of occupational therapists. It will explore the actions of the therapists in light of their own values, beliefs and assumptions during the therapist/client intervention. It will do this through a semi-structured conversational interview with you about your reflections of your experience of particular cases

What is the alternative?

The alternative is to continue with your existing practice.

What are the side effects of taking part?

The research should not cause any side effects but may raise some questions, which are discussed below.

What are the possible disadvantages of taking part?

Although the discussions are not about looking at right or wrong decisions the reflective and reflexive focus may evoke uncomfortable memories for you. It is your decision if you wish to make notes and discuss issues further within your supervision sessions. If you feel that the procedure has affected you in a deeper way you will be able to access the Trust's confidential counselling service. The details will be given to you prior to the start of the procedure.

You may feel pressured with workload to take time out. This has been acknowledged and every effort will be made to fit it into a time in your diary that you feel comfortable with. Hopefully the benefits outlined below will help rationalise some of the pressures you may feel.

What are the possible benefits of taking part?

The possible benefits for participating can be looked at from individual, professional and service perspectives:

- Contributing to your own continuing professional development
- Addressing areas identified in your Knowledge & Skills Framework regarding research and development
- Development of skills for critiquing personal input into treatment
- Development of confidence in articulating your practice
- Contributing to the professions' body of knowledge
- Feeling part of a team researching its practice
- Contributing to potential service development or model of delivery

What if something goes wrong?

It you agree to take part and subsequently have any concerns about any aspects of the research you have a number of options available to you:

- You can approach me, as the researcher, to discuss concerns in greater detail.
- You can approach (name) , as Head of the Service, to discuss concerns with her.
- You can access (name), from the Clinical Audit/Research Effectiveness Department, if your concerns are about being an NHS staff participant or the conduct of the research process/procedure.
- You can discuss your concerns with Dr. Nikki Petti, Programme Director University of Brighton, regarding any aspect of the study.

Will my taking part in the study be kept confidential?

Although you will not be identifiable by name you will be identifiable as a therapist of the Service but the following arrangements have been made to protect your identity. The Service, for sole use in this research, has purchased a laptop and the security precautions for sensitive data storage will be addressed by the IT Department. The data, in the form of interview transcripts from a digital recorder, will be downloaded onto the Trusts' secure server within 24hrs of it being placed on the laptop and the data deleted from the laptop. A copy of the data will be kept on a password protected encrypted memory stick and stored in a locked cabinet on Trusts premises. The laptop will be kept in a locked photographic case and when not in use will be stored in a locked filing cabinet on Trust premises. The data will be kept for the duration of the research and completion of the professional doctorate. The above procedures are in line with the Trusts' policies regarding data collection and storage for research.

All interviews will be deleted from audio equipment once the research process has been finalised, until this time they will be stored in a locked cabinet accessed only by the researcher.

Who is organising and funding the research.

The research has been organised by myself in conjunction with an advisory research team at the University of Brighton. It is being done in part fulfilment of a professional doctorate in occupational therapy.

What will happen with the results of the study?

The final collation and results will be shared with all the therapists initially and the Service managers. A dissemination strategy will be agreed with the participants and any recommendations or further work discussed for use in Service development. There may be the

necessity to have a post reflective workshop for those involved, the need for this and the facilitation will be discussed at this time.

The study results will need to be formally written up and compiled into a thesis.

Who has reviewed the study?

The proposal has been thoroughly scrutinised and discussed initially with a thesis approval panel: Professor Ann Moore, Dr. Graham Stew and Dr. Anne Mandy (Clinical Research Centre, University of Brighton). It was then passed through the University of Brighton's Faculty of Health Research & Governance Committee. The project is supervised, on a regular basis, by two members of the CRC, Dr. Vinnette Cross and Professor Gaynor Sadlo.

Contact for further information

For information about the research:

- Carol McCudden
  Clinical Lead, (name of service)

  Tel. (number removed)

  E-mail carol.mccudden@wales.nhs.uk

In case of complaints concerning the conduct of the research:

- Dr. Nikki Petti
  Programme Director

  Clinical Research Centre for Health Professionals

  Aldro Building

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  Tel. 01273 643647

- (name)
  Research and Development Manager

  R&D Office

  Clinical Governance

  (name) Hospital

  (place)

  Tel: (number removed)

I: Right. Morning.

P: Morning.

I: The best way is to start is to just start by going through the case that you've chosen and just set, set the context. So tell me the name of the person but just go through …. who you've picked, why you've picked it, what it was about.

P: OK. It's a young boy... who... he was.... about thirteen when I first met him. It.... I hadn't been at (the service) that long. I think it'd been July. Four or five months …. so it was one initially I did with another OT.

I: Yeah.

P: Just, it was part of learning really …. getting into the process and, and... how what this assessing. So I did it with another OT initially. When we initially saw him it turned out … that he was going into waiting surgery so .. the initial meeting we didn't, we gained some information but it was decided that we'd see him again. He was seen at a school with the physio present dad. He's.... I think he was 13 or 14 he was a child with cerebral palsy …. and affecting all four limbs. He was in a CAPs 2 at the time and he's just, he's someone I've had for ages and it's been quite ongoing and it's there's a bit of lot of learning in it for me with with the whole assessment, the issuing of equipment but dealing with parents I think as well. And.. I think before then I was quite sort of not cosseted but protected in a way because it was my first few months and if I'd done other assessments that had been quite straight you know, sort of mainly quite... I wouldn't say simple but less complex than....

I: …are there less complex cases …in paediatrics?

P: Well.. I suppose it's not really. Some, I know when I first started and when we were doing first clinics there was sort of hand-picked really. Sort of easing me in I think.

I: So did you choose this client yourself then?

P: No.

I: So this was another one chosen for you?

P: It was one chosen but it was to do along with another OT to sort of, because it was one of a more complex which sounds erm…

I: So it was a progression.

P: Yeah. Progression really and... sort of yeah, breaking in I suppose in a sense of of what.. and an older child coz initially I'd done seemed to have done younger children and it was more complex and... and... I did it it was probably to do with us as well, other people's case load and starting to get me up and running more independent I think. …. But I have been, I've worked with a child with cerebral palsy so was quite interested in.. that... sort of condition and how it affects. Now... sort of how different, each child is as well. But he was seen at the end of the year and then it was decided what information was gathered and just sort of a general about his condition at the minute, I mean it was he was going he was going to have an operation ….on his hip it was. Then... it was decided to see him … after the op and when he had made his full recovering just to see if there were changes or.... and what, what … changes there were and how it affected him. So he was seen again in March, the, the... the following year.

I: So how long... had when did you see him first?

P: ……I think it was November time. And then we...he was going….

I: …. for surgery…

P: …. for surgery and mum and dad would get in touch when he'd fully you know when they felt he'd cope with an assessment. So we see him the following year in the March....And so much, I think there was so much information you trying to get and you're trying to listen and learn and you're trying to... oh (therapist) did come again to do the second assessment we did together for the handling really. Because he's quite.... he had strong extensor thrust he was quite... I don't I think we just getting used to handling people and.. he was quite hard to you know to to get… and because he'd still had a little bit of pain it was just... I don't know…

I: Did you feel uncomfortable handling him or...

P: I don't think, it was more sort of unsure of you know this pressure placing you know where you place hands or whether it was going to.... make him uncomfortable really. So yeah I suppose in a sense it was a bit uncomfortable getting used to… I think be… before then a lot of the children had been … smaller (laugh) and a bit more flexible you know or if the tone was there because they were small and it was easier to... easier to handle really but because he's... he was a teenager and he's big for his age and quite..he'd put on weight and quite, he'd gone quite chunky.

I: Yeah.

P: So he was, it was a bit sort of like... you're using a lot of your effort and then you're thinking, "Oh is it too much" you know, you're putting too much and you're going to hurt him. But he wasn't.. and dad was very sort of you know you can move that…but you know … around round moving his hips and that because that's where he was he was sort of still a bit tender…

I: from the surgery.

P: …. Yeah. Coz we had to wait coz initially from the surgery he had … plaster of Paris on so that's why it was quite a long to wait for him to have that removed. He was in the CAPs 2 that mum and dad weren't happy with just from the the whole you see the chair and not the child so that something to keep in mind....and they wanted to look at powered was as well so.... we did ….I shouldn't say we.....we *

I: you can say we if you want

P: …I talk we when its just me I don't know why... So that was one of the main things about giving him the opportunity or not because of his his the nature of his condition is he had reflex his hands go up and which made it quite hard to drive with your hands up in the air but they were really, they were pushing really especially mum wanted this ….you know to go down this route and it's just like.... you felt he needed the opportunity.... to to do that even though but he could come down and it was linked to knowin' when... if he has the seatin' different seating set up coz he was in a CAP2 that was too small you know whether this and.. is going to, well obviously it's going to impact on his position so at that time you couldn't sort of say well no coz his hands are in the air because it's like if you're changing the seating then you need to see what his position is after that so that was kind of ..we started that process.

I: ….so what was that an opportunity process for him? Was the equipment, what was it? Was it not fit for purpose? What did you think at that moment in time?

P: About the equipment he had?

I: Yeah. Coz you said that.... the equipment wasn't there's a couple of things you said. The first thing was that the parents' view was you saw a chair and not the child. Is the... is that important for you?

P: Yeah.

I: What was.

P: Yeah…definitely..

I: Why, why is that? Why..sorry ..go on..

P: Coz ..well you want someone to see your child don't you? You don't want to sort of like 'oh that's a big chair and then.. ooh there's (client)'.

I: Right so…the parents views were actually…you were all…

P: Oh yeah definitely. You want to.... you want the child to be seen for the child and not a.... what what's surroundin' him in a sense immediately and… what's surrounding him coz then

I: And did you have the equipment? Was there a problem with that then?

P: Yeah. It was bulky. Yeah. And it was dated to be honest..and had seen a few years of use....and it's probably the first one I'd seen I think so that was quite a....

I: The first CAPs system?

P: Yeah. I think that was the first one I'd seen so with the knee blocks an other the some sort of like and..... I don't know it's more to do with the frame like coz there's somehow not a lot to the chair if the knee blocks aren't there but it is a lot of chair somehow.

I: When all the external bits are on?

P: Yeah. He had a headrest and laterals ….sandals, foot sandals and he was he was outgrowing it so that didn't help either does it but.... so there's probably a bit more you could see a bit more of him then but it was sort of there's the chair and... I think it was a lot to do with the base as well being sort of bulky and dated. But I felt that, I think it's important that the child you know you you see the child and not sort of like.

I: Why's that important?

P: Because they're a person.

I: Yeah. Yeah.

P: And if and especially if they're in school and things like that and other children sort of can be mean but they they get used to things don't they ..they sort of..

I: Was he in a main stream school or?

P: No, a special needs school.

I: A special needs school.

P: Yeah. So...but you still he's still there isn't he.. but …. they can pick on things sometimes and can't they so you want as much sort of normality in... brackets as possible to... for them isn't it. Some yeh. That's what I think..

I: OK. So that's the bit about the CAPs stuff.

P: Yeah.

I: ……You said you then went on and said something after that about.... I can't remember (laughs)....

P: And you're asking me to remember? (coughs)…powered

I: You then when onto say about it not being right.. was it the chair, was it you wanted to give him the opportunity to go into powered… but his position wasn't right.

P: Yeah.

I: Because it, for him so… he would fail if you put him in as he was at that moment in time.

P: Yeah...So for a start he was outgrowing it.

I: Yeah.

P: And so the well it was, it's.... there was no contour it was, he held, he held a ramped cushion.

I: Yeah.

P: …..His was ramped but other than that the, it's very plain isn't it. To .. so you think he needs to sit in something and, and have.... have contour to him and keeping his hips in place I..I can't.. I don't think it was at the time, I think because he was strong and he was getting to the end of the growth of it I don't … I don't think he was kept in it.

I: Right.

P: ….To some extent... But it... yeah it was just that.... you think if he tries something else that's more contouring it.., it gave him the support, he was upright, you know he was in midline but giving him the contour and keeping his hips in place..its how effect… because another thing was he had he had, dad had referred to his static seating and he was quite... he had... abduction with the kneeblocks but in his class chair…there was more and that's something that's always gone back to with throughout the whole sort of case, dad or the class physio has gone back to you know how abducted he is and in... his class chair and dad .. was quite amusing one day because we went out to see him with them medical technical officer to adjust the back rest or something and he was adjusting the back rest and fitting.... another chest harness and he was brought to us in his static seating and dad was like, "Oooh. Oooh I forgot how much abduction was in you know, was in his static seatin' coz he was sort of wide but that was to break his.. they were saying that like they use that to break his tone as well because he had extensor thrust and that's how they just....physio said that worked for him you know and that's something that they wanted within, his wheel chair. Like that sort of abduction which is like… we couldn't get that much in a wheel chair and if you sitting in a static seating anyway … you know when you he's just trans-, the wheel chair used for transport mainly and anyway so if he's getting it there's no, but it was.

I: Can you remember at that time what you, what were your thoughts and feelings were?

P: It was wide... the space was wide it was like god that's gonna be slightly uncomfortable coz it's must have been about, oh I don't know maybe a foot..too much.. but yes it was wide. And it was just interesting to see dad's reaction coz he obviously hadn't seen it for a while and he was quite sort of set… you know taken aback sort of thing like "Oooh".

I: OK. And from your experience that you'd gathered by that stage of being in the service was there anything that went through your mind then apart from it being wide? Is there anything that did you agree with what the physio was saying? Did you disagree? Did you have different thoughts?

P: …... Seeing him in it.. I thought that it was too much. I think it must be uncomfortable for him but then you only see a little window don't you. And it's what's it doing you know does it come back … I can't remember if he had, I don't think he had knee blocks on that but it's what's it doing to his hips to make someone sit for so many hours.

I: Was this post surgery?

P: No. After. Yeah. Yeah. following, following because it was once we did the second you know or the main assessment and we'd handed over the equipment we were tweaking the equipment…

I: Right

P: ..And he'd come out then. But he was.. I can't remember, I think it was a Jenx or something because it was really.... I wasn't sure. I didn't like that it was so much and it was like well you couldn't replicate that.

I: Yeah. What didn't you like about it?

P: ….The position really. Of how wide his legs were.

I: Yeah.

P: …... Especially for the length of time he was sat in it. You know if you sat in a.. if you if you do exercise and you sit over a bench for short time I mean he spent like most of his school day in this and having his legs splayed but that's what…..

I: Did you say anything?

P: Weird.

I: Did you say anything to the parents or the physio or...?

P: No. I didn't actually other than we couldn't replicate that.

I: Right. So... your... feelings of... you know is this..

P: I said to the dad that yeah, that is a lot yeah you know that a lot of it but no I didn't query or challenge

I: didn't challenge..

P: …no, the physio... I don't yeah. Maybe I didn't feel I had enough knowledge of it, of what.

I: Yeah.

P: It's.. I think sometimes especially, this is really bad really, but because they have much more input with the child maybe that they... yeah maybe I felt they know, they know him and that's obviously working for him because …. they're still using it but that's not rigt anyway because the, the he's still in the CAPs even though he's waiting for assessment but that wasn't exactly working at the end so....

I: OK. …. So where did you go from there?

P: …. Did the assessment and I spoke to dad about that we might need which was ….to trial equipment because at the time I wasn't sure where I was going with it ….. And just like he may you know he may need to trial …. trial some equipment and dad sort of … kind of clung not clung but you know that was something in his mind. (cough).. And I really didn't know to be honest what what....what was, I knew what was needed contours, you know he needed lateral support and, and... positioning belts and he needed..... a lot of contour in the cushion but I didn't know from the sense of you know whether you were going to go from from the CAPs to where you were going to go for something sort of R82 that he needed tilt-in- space. I didn't feel he did at the time. He needed head support. …. And trunk support or whether you know he was going to look for something in an Action but at the time I was thinking, I think because I didn't done a couple of R82s I was thinking on the lines of well we might need a rep to trial something but then when I came back and discussed it with …. I think I discussed it with (therapist).... and it was it was trying to put something within standard you know with the in the manual wheelchair sort of.

I: And what? How did, I mean from the from the discussion points of view.... what what was useful for you for, what.. what does the discussion do for you when when you come back from a

situation like that because you you said you knew what you wanted so that sounds as though you got.. there's a knowledge base that you were?

P: Yeah. I suppose its clarifying…..

I: …you recognised something…..

P: I just confirming that and I was (cough).. you're on the right lines. I suppose for me at that time.

I: Right.

P: Discussing and that, and I suppose dis-, discussing in.... so other people's... put their opinions across and they might say something that you sort of think, “Oh I never thought about that”. So it was like I wanted contouring and... te sort of accessories but it was whether it was going to be something that you would put on manual on the action 3 or whether it was something that you you know to do that needed to do with the rep because he was so strong sort of you think after well.... and I didn't think he needed tilt-in-space at that time, it was like well....I think he was too strong for... something from R82. He didn't need the tilt, we were looking at putting, putting things or accessories into the action 3... So that's what I... decided to go forward with but dad contacted and he was like have you got a date to see this rep and it's well actually we're not doing a rep I've ordered some equipment but I was slow in ordering the equipment so he wasn't happy then and he’s like well why did you say you know why did you say we needed reps so it was explaining that and it's learning then that it was like if youre straight with them I learnt that, I think that's a lot of sort of being straight and honest and sort of saying well actually I did think we needed a rep but I’ve discussed it further with me team lead and, and this is the route I would.. you know a manual chair and put accessories on and so went through the cushion and contouring in the cushion because he did have pressure issues as well. Well and they came out more after as well actually with but pressure in different areas not his bum. So he was, he was still a bit miffed. He's alright now, they’re alright now but....

I: What's what's the difference been then you said they're alright now? Is it, was it, is it, has he changed or have you changed do you think?

P: ….. I... definitely changed I hope coz... you... through learning isn’t it? I think it's, because it's it's only just coming to the end now so it's getting to know people and I think they had more

understanding, once we had sort of the equipment come in and then …. setting it up and sort of saying well actually this comes from this, you know it's going through about how (the service) works I suppose really isn't it, and we don't just get something off the shelf... erm so I did the handover with (staff name) (noises) because we were looking at power controls and, and it was sort of like well we get this from you know this, this is from Invacare but this is a really you know, this is a cushion that I felt is best for him and this is from Sunrise and so we couldn't trial all this together with the rep because they're different so I think they got more of an understanding as well..or.. And was happier when they were contacted more regularly you know well sort of well the equipment's in but we're waiting for such and such do you want to ahead with it? Do you want to wait? OK Wait I'll be in touch when the.. you know when the last bit comes in or…. So I suppose it's that and it's just growin' a relationship as well isn't it.

I: What, what sort of..I think its interesting to... to look at … because you'd been used to dealing with people before you came into the service, is it growing relationships in a different way or .. you know .. earlier on you said it was learning about equipment and dynamics and you know?

P: No. I think, I've... dealt with people but in a different context.

I: Why was it different? What's?

P: I worked in, working in a school.

I: Yeah.

P: (laughs), that's me with kids… And I had more direction. I knew what I was doing. I was you know there was some support from education about well I suppose there was support from therapists and education about programmes to do.

I: Right. So it was, that was implemented programmes?

P: Yeah. But I was given it and sort of given guidelines, you know. It was, it was not sort of as much, it was autonomous working is it.. but not in the sense of what you do at (the service).

I: Was it more prescriptive?

P: Probably yeah. More prescriptive. You, you're quite... and the only person... not the only person but you know I had to deal with teachers and then Physio, OT and speech and language and ….used to be a lady that used to help educationally when the child was younger first started sort of the programmes and.. but other than them... there was mum and.. and I was part of the family really.

I: Right. Were you an OT doing that or were?

P: No. I was a support worker sorry. Yeah. In school.

I: Yeah.

P: But I'de worked for the family beforehand.

I: Right.

P: And....so I was in, it was different.

I: So it was more.

P: Here is, it's, it was more sheltered in a way sort of thing isn't it?

I: So there you weren't an OT?

P: No. I was a support worker...

I: the situation you were OT. And does it feel different?

P: Oh yeah. Seems a lot different (laughs). More responsibility...but just what you need and you do as you go along with what you learn, the knowledge you need and, and... sort of equipment, the learning but the...the talking to people you have a lot more personalities to talk to which are all

different and they're from and it's about, it's about judging as well isn't it and I suppose in a sense and...judging

I: Judging what?

P: Well.... I suppose who you're talking to really and..,. (noises)... you know their.. coz they're parents and its their child and they want the best for the child so it's a lot of... I suppose judging is the wrong word but..... you can speak to one person about one thing and if you spoke to another person this is what I suppose of life is like in general really, if you talk to another person in the same way you might, you might offend or you know they might take, I don't know it's just... yeah.

I: Gauging is it ?

P: Yeah. Gauging.

I: That's what it sounds like, it's like you go into a situation, you can't apply the same thing to every situation...

P: ….Yeah

I: Makes sense.

P: And it's probably what's gone on before as well isn't it sort of if it.. if it's...you know if they are new to (the service) or.. their experience before you've gorra sort of that's a big part as well I think of... their experience of dealing with (the service) and you're…

I: …dealing with (the service) or dealing with you?

P: . No well. Well both I suppose just as I've dealt with them before or them having dealings with the service before sometimes that can sort of….

I: Does it make a difference if you're seeing somebody ….

P: ..only because of their past experience I think. Yeah. Coz if you see someone and it's just that you know they've had bad experience here in the past ..not that it should make a difference to the way you know the service you give to them but it it probably does well it sh…, it, it might make you more aware of of how to deal with them..

I: well it, it has an effect on you.

P: Yeah.

I: Yeah. I... but it's if you, if you've got somebody coz I know that we've had clients coming in and it would be a case of... so and so's coming in... we do have feelings.. you know human beings have feelings and you do.... what you, what is it? Like if you if you think that you know that they've got experience of the service what runs through your mind before you go in, you know that you've got to .. treat everybody but but genuinely what is it that you know runs through your mind in situations like that?

P: ... with these in the middle bit it was like oh.... I hope this works (laughs) otherwise they're not gonna be happy and then I've' got to deal with that. You know getting the....it's sort of you know.... in you know and it's their child and they've got a right to express their disgruntlement haven't they but it's sort of that that's... or if you know someone else is coming in you know if it wasn't this case and they've been unhappy in the past then you sort of a bit more sort of like ooh how are they going to be and some people quite often can be sort of disgruntled on the phone but once they're in and you think this is gonna be fun do it in the morning so its over and done with and you get when they come they can be the opposite you know, they can be quite pleasant but they'll still sort of like well I want this and I don't like this happened and you've just got to try and when you've got to be honest with them but you've just got to try and give them answers isn't it that's what they want it's the communication

I: Yeah. So honesty important?

P: Yeah.

I: To... you said that a couple of times.

P: Yeah. I know it sounds really bad doesn't it?

I: ….'just be honest, just be honest'…(laughs)

P: (laughs). It does sound bad but it is it's like if you say I'm very sorry but I forgot to deal with this it's my fault ... because I think ….I don't think I've fobbed him off but I think because I mentioned about the rep because initially he, he that was something he locked in his mind and like and he did, he, he asked about it a couple of times, it wasn't sort of the initial chase up of you know when have you got a date to see the rep?. I think it was when he came in for a handover it's like I don't understand I thought I was gonna see a rep, you know, why haven't we trialled something. How do you know it's going to fit? And it's like well and that was the bit about well this comes from this place and this, and this is technically the trial but we can't do it with a rep because it's all from…..

I: And was that, I mean do you consider that was that part of your learning?

P: Oh god yeah.. Yeah. …

I: Well it, I mean what, what made it different from, like for example what makes that different from I don't know the stuff you learn in college?

P: You know you actually deal with real like..... I don't know. You're dealing with people direct don't you? But the, they'll learn, I don't know. In college it's just.... you skim more I think. Although then in the placements and then it depends what you get from the placement or what placement it is it is which is still dealing with people isn't it. …. And maybe I was just, except for one placement I was lucky in placements when I didn't have … just didn't happen to be in the sort of not confrontational as such but a …. mmmm.....

I: Do you think college prepared you for.. being an occupational therapist?

P: ……... I don't know really. I don't sort of in a sense it probably doesn't. I chose to do..... OT at (name of school) because I thought they're problem based learning and you know its all case studies and you go off and you find, I thought that would prepare me better than sitting in a ...in a... room

I: …lecture theatre type…

P: Yeah. And being lectured because you're going to find the stuff out yourself you know and, and that's what I was gonna have to do.

I: Does that work better for you? Finding stuff out yourself?

P: ….. I don't know whether it actually works better in hindsight but that's what I thought that at the time is it's setting me up for when I'm actually in a working practice that you know I've been used to going off and finding information coz that's what I'll have to do in.... in a working situation…did it prepare me? ……. Probably. …. A... bit I suppose. They give you more idea even though I sort of knew, I had an idea in my head of OT and OT with children because from my situation in school it did open it up even though I knew or I thought it was quite vast you know just from sort of what you you see and talking to people and that but it did open that up how vast it was.

I: What the profession?

P: Yeah. And... you know changing and … I don't know.

I: So before you went in you'd already been working with this child?

P: Yeah.

I: And you've come out and come into paediatrics is that?

P: Yeah.

I: …was it …that's what your'e gonna do when….

P: Yeah. I went in to work with children I think when I was younger I've always sort of had lots of cousins and that and so was babysitting and that stuff.

I: Yeah.

P: …..And I've done courses in the past and they were all sort of aimed at care and children.

I: Right.

P: But I always wanted to do it .. work with children. I couldn't.... I couldn't..... .. work with. I don't feel.. it wasn't so bad actually when I went on my first placement I was in (hospital name) and I surprised myself but coz I didn't, I always thought I don't like hospitals but not many people do anyway and and old people (laughs) and I was in a hospital with old people so I did surprise but whether it's whether you sort of tolerate it and I quite enjoyed it to be honest…

I: ..you're working with old people...most of the team are old people

P: Yeah.. But....I did you know I thought whether it was because I knew it was like I mean you've got so many weeks. But yeah that was good for me because I, if I had to do it I know now I could you know. So that was a.. Yeah.

I: What do you think that says about you? You know you came in with a this is what I'm going to end up working at and then in the meantime I just got to get through this bit. What did you think the training was going to prep you for... coming out the other end?

P: Playing with children was on a mat (laughs)..Yeah..

I: Playing with children.

P: Yeah. Getting them to do you know... work in midline. . I don't, I don't know.

I: Did you think it would give you the... … I mean there's a bit about before you talked about... it was more instruction, the therapists gave you the the the plans. Did you think you would then become the therapist giving the plans?

P: Yeah maybe. I quite like that aspect of it.

I: Yeah.

P: And I remember ….the child I worked with I think he was he was in the infants, might have been six or something.... and an OT had come across... must have been on a rotation... and she came weekly to work with a child and because he was good to work with apparently (laughs) …. And what the stuff we did was just like oh yeah this is what I want to do.

I: What was it that was good about it?

P: It..probably fun. And, and seeing them how how …. you yeah best thing was fun (laughs)... how.. she did things to, to enable him to do things and and.... and just we did stuff... I don't, it was just it was just something that was like oh yeah because I was always interested in play therapy.

I: Oh right.

P: But play therapy I went to a lecture.

I: Yeah.

P: And play therapy wasn't what I thought it was and it was at a similar time and then this lady came in and was doing stuff weekly for like a six week block or something. It was like no this is what I think play therapy is because we're doing stuff through play but involving you know the... his function and help improve his function

I: That sounds like Occupational therapy doesn't it? (laughs)

P: Yeah…I'm trying to think what we used to do. It was just..

I: One of the things that you have said is fun so…

P: Yeah. Its engaging as well isn't it?

I: So is that important…for you in like in work coz, coz it, at the end of the day we were talking about you know what's important in your work, we're trying to look at.

P: Yeah. I think being here can be fun. It's it's... the...the ….I suppose it's.. the...the....what do you call it.. the atmosphere and you know.... as well as your work you know work... should be a bit like fun at times you know but it's work isn't it but it's the bits that go with it. And it should.. yeah..... I cannot remember now. Why should .. what should work be fun as such or....

I: I doesn't matter its not that….

P: Yeah.

I: I guess it's just that you, when you were talking about it we were saying why, you know,... why... you know what was it that you were looking for, you, you came into occupational therapy to come out the other end.. you went in working in paediatrics to come out with your intention to come out working in paediatrics. And you end up in quite from the outside work quite a biomechanical, quite a medical model world from the outside world and then you you come in and you're do paediatrics. I mean where, how does that feel...? I'm not making sense am I?

P: No.

I: I suppose that what you were, what you were, you described before sounded like.. the therapist was. .. was using her skills through fun activity.

P: Yeah.

I: To make the child achieve something functional.

P: Yeah. Getting him engaged.

I: Yeah... But are there any similarities between your experience of fun there and what you get from your day to day work here?

P: …..

I: Or does the fun come in other ways?

P: The fun …. probably comes in... other ways of the working situation but I think that the bit where where I was working with the child and going through a programme and then seeing him improve or you know or achieving something.... I think that happens when you hand over a chair and it works (laughs)

I: Yeah.

P: …..the first and it's like yes. You know that's the.. that's the only yeah I suppose that's really the only similarity because it's...

I: Is that fun or sense of achievement?

P: No I suppose that's more sense of achievement isn't it but it's.... yeah. I suppose it's more sense of achievement and but, but it is... fun to see the child sort of you know where you've seen them and they've been leaning and.

I: Yeah.

P: No I suppose its still sense of achievement. So there's no no. (laughs) …

P: No similarities at all... (laughs) what am I doing here? No. Yeah. Yeah. I suppose it's more. I suppose if we.. got.... around you know when we spoke about powered in peads meetings I suppose that would be something if we had the you know if we had the …..not that the OT would do it it would be technical instructor really but you know working around programmes and seeing putting them in place and seeing that I suppose would be the most similar if that was hap-, happening.. But yeah.

I: But you see the potential for that developing?

P: .. yeah I think it's something that needs.. it needs to be... would be good to develop … well I think it well no it needs to be developed further. Because we haven't got the capacity so it isn't, it even though we half the time or most of the time that the support workers in some situations know the child better but then in other situations they change like..

I: Regularly

P: Regular. So they need some input don't they?

I: …. I'm going to take you back to the therapist thing when you were working with the therapist and doing what you thought was play therapy. Wh.., who was the therapist, well not who, which professional group?

P: Mainly with, well I did OT speech and language and we did physio, I was, the child was lucky to have input and from all, it was mainly occupational therapy.

I: Alright.

P: I did, I did enjoy doing the speech and language, it was just... it was just seeing how they did things and then doing it with a child and then actually ah.. that makes sense? And you know but most of it was.... there was... I suppose if like if I could have my ideal job sort of thing which if I can it

would be doing a bit of everything but then you couldn't.. a bit of the physio speech and language and the the occupational therapy. I loved, I.. I liked doing that with the child.

I: Talk to me about that.. talk to me about what it is a bit of coz all you've said is a bit of and you've given me professional groups, tell me what the activity is? Tell me what it is? Is it.... you know Is it... a doing something, a saying something?

P: Yeah. It was.

I: Is it a knowledge thing what?

P: No it's the doing I think. But which would need knowledge wouldn't it? But it was the activities and and going through them... and seeing, I suppose it's stuff you don't think about because until I started working in school with the child it was like I didn't realise how important seating was and it's like you get the seating right and so much other things can be opened up with the... for the child.. to do... If the seating's right but if the seating's not right then it affects…

I: concentration blah, blah blah.

P: …everything yeah. .. because there's.. we went to something, me and me sister went to something and it was about putting, I think it was to do with the children with ADHD or and similar and how some person had done a... a...an experiment, not experiment but you know .. and sat this child with ADHT on a wobbly chair and how it had calmed them and it was just, I don't know just stuff like that just like... ah you don't think about things and to see how they work. So I suppose it's doing with speech and language that sort of things you did to .. to help the mouth control, the tongue and their lips and it was simple things sometimes, you know, putting jam round their top of their mouth.

I: Yeah so they use their muscles, their tongue...

P: And then different games of blowing and then thinking more I suppose how the words are..and the letters are actually formed isn't it within the mouth. And with the... the occupational.. therapy and the physio it was about seating and then just.... we.. we did .. coz we used to have a

computer so it was looking at ….the occupational therapist with keyboards and you know how reducing something, saving the energy of him going from one side to the other. I don't know, I suppose a lot of it is when you think about it it's all common sense but you know, Knowledge. You know you've got to think.

I: Yeah. Yeah.

P: You take things for granted I suppose basically you.. isn't it so it was an eye opener to sort of .

I: I mean everybody has different. Every professions got different skills, different.... philosophies...but.. do you think that sometimes we... like.. decompartmentalise the profession, we don't step over its like well the OT does the upper limb and then physio the lower limb and then speech and language therapy is the eating and the mouth.. so we don't incorporate all of those and what you were saying basically was this is a person.

P: Yeah.

I: And what you described is the whole, you know the whole person and treating the whole person rather than going across all the professions and because all you've done is pick up skills.

P: Yeah.

I: So... you know.... is that a generic thing or is it the way you put those skills into practice that makes it a different profession?

P: ….. It's the way you put it into practice I would say. Be... I think. There was some... yeah. There was some stuff at.. because I used to do the physiotherapy programme but a lot of that was.... me I mean the child was obviously taking part…

I: Yeah.

P: Whereas.... yeah. it was doing it to him..

I: What was it…give me an example..

P: You know stretches and... I mean I suppose it's to do with his age as well because now he's supposedly, supposed to be doing them independently but at that age I suppose you know it, it is an age thing and it's doing it to him rather than a lot of it was doing it to him. I mean there was fun stuff you know fun, there was stuff in that you know sort of using balls and different things which made it more... less of an exercise or a stretching elem.. and.. you know but it was, it was an...

I: It was an outcome.

P: Yeah. ….Yeah. So it is the way... but I think OT's more functional isn't it?

I: You tell me.

P: I think yeah. (laughs). Its...

I: I think it can be, if It's intended to be.

P: Yeah. Enabling isn't it and...

I: I mean I think for me the interesting thing is to find, really finding out … you know..... you know to say well this is what occupational therapy is, well that's fine but ...do you as a person is that important for you to achieve that coz there's loads of OTs out there, we've all trained, we've all followed the same theory on our philosophy of our profession but you know they go in and they'll have somebody doing something and it's the same thing and then its like in the door out, in the door out... but that, I you know I look at them sometimes and go, that's not occupational therapy.

P: No….But is that, is that... to do with the....the person? Is it more directed by …..funding and, and is that.. funding and the waiting list and lack of staff... but then is it up to the individual to implement it in different ways to achieve …. what the the goals are of the..

I: I mean they've always been there, constraints on services have always been there waiting lists have always been there, you know, political implications always been there...

P: That's true.

I: I've worked through stuff, different stuff and said, I'm not doing that. That's not occupational therapy, I'm not doing it. This is what I've trained to do and this is and not been sacked. (laughs) Do you know... so I mean I'm quite.. what my question is I guess is …., what is it about, what is it about occupational therapy that is important to you and why is it important, why is it important to you you know, is there a difference you, the person, and you the therapist?

P: No. I don't think so.

I: So what.

P: (laughs)

I: Yes. So what is it? ..what is it about you the person and you the OT that h-, that have the same, do you know what I mean? What, what, what attracts you to.....you the person … to.. to be in you the OT? What is it wants.. that fits you into that charac… that professional group as opposed to you the physio or you the speech and language therapist, you the dietician?

P: …. It's about.... it was about...I don't... it was about help sort of... I don't know helpings the right word but about... giving something to someone for them to … you know... for them to be more independent to be able to ….to just that, I don't.... give them a direction.... or some, you know, helping them find a way and it's about.. that really it's about....ugh...

I: Why do you think that's important for people? What do you think giving them the independence, and giving them back the direction does for them?

P: Empowers..

I: Right. Why is that important for you to empower for people to be empowered?

P: …..Because... it's to …. it's... it's.. giving them the chance or ways and means of, of.... achieving other stuff isn't it and...improving maybe their life style or their quality of life. It's giving it's giving it to them rather than someone coming in and doing it.

I: Yeah.

P: And that's important that they you know might be just a case of showing them how to use something or showing them how to do something different to what everyone else might be doing.

I: Yeah.

P: But to get to the same... you know, the same sort of place or the same outcome. Because really, peo.. you... you...unless...that way you find that you don't you obviously, I mean... sometimes you find they're going to need help with something, you might not ...but it's sort of making them where possible to be independent to give them the...independence (laughs). The ability to do it isn't it and not feel that they've got to ask someone, they've got to wait to do that because they need the help to do it and they'd really like to do that but they can't do that till Tuesday because then that person come in.

I: And then there's a point then at which you wi…

P: well just the child playing isn't it. You know, figuring things out. You know it's not all about, it is about function isn't it but it's not with younger children. It will be about... you know you might have to show them how to work something but once they're shown whether it's just a learning process but they can, …. can do it. ….

I: ..can do it. (laughs) coz lots of people do that. Lots of people show people how to do things….But do you think other people.

…

P: I think a lot of people do things for other people, not show them. It's like that saying isn't it. Teach a man to fish

I: oh Yeah.

P: ..and he'll feed himself for life isn't it. Give him a fish and you feed him for a day…kind of thing.

I: Yeah. So the idea is then that you would walk away.. the person would be.... able to do it and you'd walk away.

P: Yeah.

I: Are you happy to walk away?

P: If what... what... the... you know if, if it was what we discussed and decided on and that's what the person wanted to do and... and they could do that and you know they.... yeah.

I: I think, I mean I do think there's.... for me it's interesting looking at the area that we work in and the conflicts that we have and the lot of the conflicts that we seem to have are around therapists talk about my children....and, and owning them (laughs) and knowing them for years and…

P: Yeah.

I: …You know you said earlier about this case that there was an element of you sort of standing back because the therapist

P: Yeah.

I: …Knew you know, had been involved and knew them on a day to day basis so you're sort of a bit transient, you come in do your bit and go away, do your bit and go away. What do you think that you contribute by coming in and walking away and coming in and walking away that you like doing that keeps you doing this job.

P: Yeah.

I: Rather than being there.... day in day out?

P: …... I …. for me it's probably for variety.

I: do you get bored?

P: I just sort of no. (laughs). Don't have friggin' chance to get bored, sorry (laughs). ….. but there's that element. I think and I suppose I've, I've done the bit where I've been there.

I: Yeah.

P: And I've been there for years. I've had that experience and I loved it but you did get to a stage where you're like aaaahhhhhhh. … And... and that was coming towards the end of when I decided you know I was....doing an access course so I was going somewhere anyway and kind of you know... even if I didn't know it at the time where I was heading sort of thing but yeah suppose it is and it's it's.. not having them which I don't know if its.. too dependent on you sort of you know....

I: you don't like people being dependent on you?

P: I suppose in a sense but... coz it's quite hard where people have had the same... I know it's probably good for the child if it's a good physio or a good OT or a good speech and language therapist, it's good for the child.... to have contin-.. continuation isn't it in a sense and...

I: Yeah…You know what I'm going to ask you now don't you? But what makes a good OT, a good physio, a good speech therapist?

P: …it's one that it... it is considering the child isn't it.

I: Right.

P: ….And yeah … listening to the parents and you know taking on board but a... we seem to get a lot ...in this...it.... in the.. with what we're doing here in (service name) is you know oh I don't know ask the physio but it's like.... its your child. The Physio is a professional in a sense, well not in a sense.. is the professional but in the sense that you know the child and you might not have the knowledge but you know what the child can do, tolerate.. you know....

I: That whole thing that you said before about empowering isn't just the client….

P: It's the parents.

I: ….its the parents as well

P: And that's it I think the parents get, can get too dependent.

I: Yeah.

P: And then they can be blinkered I think... sometimes might be.

I: Are they blinkered or are they just wanting to do the best do you think?

P: Well want to do the best don't they and yeah. And they they follow not follow as such.... but if, if the.... professionals have been involved with the child and the family they've got that trust and the rapport usually.... so they'll look to them first because it's someone they trust.

I: You talked about learning about equipment early on with this case and you talked about dynamics.. and I mean that's about rapport isn't it, I mean you have to build it up..

P: with the family

I: … quickly.

P: Yeah. I suppose that's yeah.. thing to do. Because I generally take time to get to know people well you know.

I: Yeah.

P: In other situations like in college I was like..

I: third year.. (laughs)

P: …no I wasn't quite that bad at the end of the first year because before I'd sort of say, I could ask you know, I could ask that one *

Does she want to go on the bus to town or something or go to the pictures or something but I do take a while so yeah I've learnt that you've got to try and get a... that up and running pretty .

I: Do you think that's.

P: Quick.

I: That.... has had an impact on your cases or the way you manage your cases and you know from start to finish because you, you talked about rapport? Is it important? Is the rapport elem-, is the rapport bit .. more important than any other bit for you or are there other bits that are.. equally important? If you were to.. to just pluck out of the air what are the things that you need to be... comfortable with and what are the most important things that you think about this case.. what are

the most important things about it that..thats got you from A to B? and have meant the most to you and you've gone I'm happy with that or.....

P: ……..I suppose it, there's.....

I: I've asked loads of questions at once haven't I?

P: Yeah. You know I can't do that. There's the element of rapport's important because... especially with, if you, if the case is ongoing for longer than normal. You have to have because it would be hard to deal with someone if they didn't have confidence in you.

I: Yeah.

P: So you need, that is important but then... it's being able to get the information isn't it. That's important to get all the information that you need.

I: What..contributes to rapport?

P: From?

I: Is it the.....

P: I suppose it's..... it's the.... it's..... it's.. Nnngh… its speaking to people you know and sort of having empathy and …. Ugh..what contributes to rapport?

I: I mean you said, you said it takes you a long time to build up rapport with people.

P: Yeah…from a personal..

I: ….. from a personal point of view. So.... how do you, because it doesn't take you a year to….

P: I think this I ….

I: …talk to the client

P: …here has changed me really that's grown a lot I think . From the way the team is as well like.

I: Right.

P: I remember coming in the first week and thought… I remember being here not the first week but.. I do remember that bit.... but I hadn't been here long, a couple of weeks thinking I've never settled in somewhere so quick.

I: Yeah.

P: And felt comfortable.

I: Right.

P: So it's a lot about what you get from here I think. (chuckle)

I: OK.... ...and do you think that was them as people or do you think it was the same profession or what you know what ?

P: No, it was them as people.. I think yeah.

I: And what was it about them as people that made you settle fast?

P: Friendly (laughs). Yeah.. Yeah.. I think I'm quite unsociable really. …. But I know because I worked in (place name) as a support .. as an OT assistant before I came to (the service) and it... I think it's the element of being in a big office as well because I worked with the OT and the physio shared an office with the OT and the physio initially and then we were moved buildings because where we were in with … because it was an children's development centre they had the teacher and the class support workers and after a few months we moved…

I: Yeah.

P: ..buildings and I remember one of the women saying sort of I think it was the one that was the teacher like, "Oohh I didn't know you were, you know... not so much fun or " but you know they... I'd obviously hadn't engaged much with them.

I: Right.

P: Until we were sharing an office and they were like, oh you know, you're quite sort of chirpy sort or…they must have thought I was a miserable git

I: ..miserable

P: Yeah. But....so with..

I: … and you said earlier that you thought loads of cousins and stuff

P: Yeah. I'm still unsociable.

I: Still, so you're still unsociable with your family?

P: Well no.. yeah.

I: So it's not the case, I, I was just wondering coz…

P: I think it's … with ..family I think it's probably an age thing because before I moved out I spent a lot of time in my room just because I didn't like what me mum and dad were watching or you know sort of and having your own space, I liked having me own space.... and then when I first moved out it was a bit like oh God I've got my own space, what shall I… I'll visit my sister or visit my brother but I'm settled now... more settled now. But coz yeah

I: …but you would think if you liked your own space though..

P: ..yeah but family and that..

I: Sorry to interrupt you but you just said you liked your own space but then you said…

P: Yeah I know…

I: …You were better when you were in with a big group of people. You know, you're not one of them thats picked … an office to go off into.

P: No. (laughs). It's the kind of thing that makes you think I don't like me own company. I don't know.

I: What's, what's changed do you think? Coz you said it's .

P: .. Yeah. I did sociable with family you know parties and visits and that. so I wasn't that unsociable at that... at home in a sense just from the nature of it but yeah. No I don't, I don't like taking myself off because I think it's the bit of banter that lightens it when you sort of like oh what am I doing or I've got this to do. For some people it.... it stresses them out where they need to go away…

I: Yeah.

P: But I think it... it's sort of releases for me a bit....

I: Because the rest is what? Intense and?

P: Can be yeah not all the time but can be.

I: Yeah.

P: And it's just that and it's just a bit balance yeah.

I: ..I've said balance because your hands are going backwards and forwards, so I'm not picking words out I'm watching what your doing with your body and I'm trying to pick the word out…

P: You do.. you know you're doing your work but then say someone might pop in and you have a bit of a …

I: Yeah.

P: Because it can be quite quiet, I'm talking a lot with me hands now. You know, some people go and you know... not hide but take themselves away and you think God theres only two of us in here sometimes.. but then there is the phone and stuff but... but on the whole I, I did take myself away once but I couldn't do it.... I don't know it just didn't work for me which is yeah probably odd if I say that I'm…like my own space

I: That's not odd.

P: …... So...mmm..

I: OK..... As far as that case is concerned the strong.. what are the, why... why did you, why did you pick it, what are things that said, that you said I'm going to pick this? Why did this case have meaning for you?

P: I think it was... a lot of involvement in it. .. because I've had it quite a while.. but I think I felt.... I've learnt a lot from it and then we we …

I: Learnt in what way? Tell me what you've learnt? I don't want to go through all of it just put it into categories coz we'll be here till about 4 O'clock

P: No it's not about myself about what I can do in respect of talking to people and sort of communication wise I think coz I'm not... not best communicator...

I: In your opinion.

P: Yeah. In my opinion. Yeah. Well no there's a few others got an opinion of that as well. ….Is... and what I learnt from the equipment and then what I decided was we were going to make up a seating system on a base...with deep contour back rests, Jay cushion with with accessories in it to create contouring and channelling for legs and foot sandals and we had a chest harness and some laterals....and it, it worked initially and mum..and when we initially did it it was like mum was like 'oh you can see (client name) it was like oh you can see the child not the chair and yeah and then a week later like its, it's not working, it's not keeping his hips in and, and it's like.... and we tweaked it and we've played with it and you know at one point he had a set up in a power chair a set up in a manual chair exactly the same, I think for reasons that escape me at the minute there was a I think there was a fourteen inch back rest on the powered and fifteen inch on the manual but with(client name) sat back into both, I think it was judging the width of the chair to be honest... the manual.... and he was fine in the powered but in the manual he was pigeon chested, we just couldn't get to the bottom of just why… we checked the back post Stephen come with me in case we needed to change the back post and we couldn't... I never actually observed it and I did ask dad to take a photo but he he never got round to it but I think from knowledge gained after that after sort of..

I: Knowledge in what?

P: In equipment like and probably theres more understanding of how we.. because even though I'd worked with a child with cerebral palsy.... I think a lot of the time you didn't relate or I didn't personally relate, you know it was like even though you got the, the sort of information from physio and some knowledge of his condition and how it works I don't think you're fully took that on board somehow I think. I don't know. But … with his extension and then it was like I can remember I think I went to... to the...(place name)... and saw a.... dynamic seating system, and when I saw that it was like that's what he needed.

I: Right. So you recognised that you could see things you could recognise that you might not have been able to.

P: Yeah. At the time.

I: ..articulate the theory…

P: Yeah.

I: But you knew what it was and you could see the, you could apply that knowledge to a problem that you had.

P: Yeah. And that was after we'd... I'd … issued all you know the, the *Jazz, the Jazz..not the Jazz, the Action 3 with the you know and made it the seating system as such and then it was like, argh he so should have had one of them and we've.. tweaked and struggled and tweaked and struggled and in the end... we'd

I: But that's an equipment solution

P: Yeah.

I: Have you gone back and looked at why neurologically that works?

P: Only in the sense of what you gain from talking to you and others and I haven't you know physically which I should shouldn't I? I Picked up a you know a book.

I: It's just another element of knowledge. I'm just like looking at an element of knowledge of what you've done, is that you've solved a problem, you know that, I ..I.., which which for me is interest coz it's seems to fit very much like a (school name) model

P: Does it?

I: Yeah because you're not going from diagnosis….

P: Coz I think about things, you know, I think about things and I've noticed it more lately I think and I can tell you what I think would be right and then someone else might say you know like when we're in a meeting and I can think in my head oh I think they need that and someone else will say it... but I don't always know why I've come to that conclusion yeah.

I: Yeah.....Which, which.... er, ah.... it's interesting for me to see people from different educational … OT schools because they all, they come at a problem in a different way, they get to the solution in different ways. You've kind of come to the solution with trial and error.

P: Yeah....

I: …... Like like seeking stuff, not sitting down and looking... neurologically what information have I been given by physio therapists. I mean what they're in you started with a… Oh my god you can only, you can't see the kid.

P: Yeah. Yeah.

I: So you've not started from an diagnostic point of view.

P: Yeah.

I: You started from a social point of view, is what.. it sounds like to me and… you can disagree with me if you like?

P: No. Well... yeah you can see the equipment isn't working but you can't you see this... yeah. bulk..and not the child

I: And, and what you do is you're seeing that and that becomes.. you then start unscrambling all of that. The first thing you've got to do is you have to see the person … and parents are saying the same thing and they're saying something that you actually agree with, that, so that becomes the focus. So the outcome where the child can be seen and the parents go oh my God you can see the kid.

P: Yeah.

I: I mean I.., where does that leave you from a satis... .

P: Oh yeah..

I: ..satisfaction point of view

P: (laughs).That's not working. But yes but then a week later its like..its not working

I: which is life…isn't it?

P: It was really sort of oh wow.... But yeah. *. Well..... doesn't work as well, as other.

I: Interesting.

P: Equipment..... Yeah... But he's now we did in the end... we... trial him, e's got a Delphi now …. (laughs)... But yeah I don't know, I suppose yeah it's my in, on my part that I didn't seek further you know.... look further than... the ….. but then.. the.. the sort of.. seeing when I did see the equipment and under- you know... found what it was and understood it it was like oh he needs that.....

I: And it worked.

P: Yeah. It worked really well…and you can see the child.

I: …and you can see the child.

P: Which is, which was interesting coz the first physio was really pleased with that as well. It was his less chair. As well as mum and dad and me.

I: And they hadn't seen that to begin with.

P: No.

I: And then the static chair they hadn't seen it…and that was worse

P: Yeah because when we brought him in the static chair that's what you focussed on was this huge pommel with his abduction….

I: Just probably ther for esurgery. Keep his legs in place as opposed to, you don't have to have that much abduction for tone ...unless he's really pulling. ….. bizzare. OK... Anything else, anything else that you just go actually this is... something I just want to add and it's nothing to do with the case but it's just to do with... you know, you as a you know... an occupational therapist here you know.

P: I think when I did my training I didn't think I'd end up in wheelchairs. (laughs)

I: No neither did I..

P: But …..but I remember being working in school and thinking it's all about the seating so it is quite... quite you know to be here now is quite.... I don't know what the word is but..

I: Destiny

P: Yeah maybe yeah. Yeah. (laughs).....

I: Are you happy working here?

P: Yeah.

I: Is it, you know, all (laughs) yeah

P: Yeah. No I am better now from a fortnight three weeks ago I, I feel much better again but it's... it's so it's not about working here it's …. as such... I suppose it is about working here isn't it …. but it was

I: Well not if you said earlier on that you the person and you the OT you don't see a difference, you, you think you're the same, you're, you are the OT and, and the person are the same thing because the values are the same.

P: Yeah.

I: So.... to say it's not about work really e.. everything will affect you won't it?

P: Yeah. …. No.... No I mean work as in the sense of well yeah.. its... work load and team and stuff like that it was more.... about... probably the direction of the paediatric team, you know more to do with..

I: Present politics?

I: Yeah. Yeah.

P: …. .. And staff sort of … or la... yeah. Not .... lack of direction maybe or or... knowing what was coming…

I: Yeah.

P: ..... kind of idea.

I: I mean direction sounds as though it is quite important to you still.

P: Yeah.

I: Because that was very much what gave you... your.. early on it's what gave you the feedback that you... were happy with to have that direction…

P: Yeah.

I: …when you were a support worker. And what you've said is.. during this sort of conversation that yes you've grown and yes you've changed, you've taken on more responsibility and you had to think for yourself... but there are times where you're unhappy or the times…

P: Discouraged..

I; … it's the time when you lacked direction so... there's, there's almost a.. a bit, it, what, my question to you would would or my question in my head is does does that mean that you.. and... being in the team and everything and in that room my question to you is there.. an element that

that says, I want to get on with my own work and build and build coz you.. you've growing in your knowledge of things and you're feeling more confident and it's personal knowledge and it's physical theoretical knowledge and it's actual hands on knowledge coz you've talked about being able to understand tone and handling people more confidently so there's all of that but that is is... is protected by a team of people…

P: Yeah.

I: …that you want to come out of yourself and be part of and there's a two way element that is important and and direction? Does that... sound...?

P: Yeah.

I: ..a fair summary of what you've o all the stuff you've said?

P: Yeah.

I: Yeah.

P: Yeah. It does actually yeah. The direction is more to do … it's not so much... sort of personal direction the same as it was in when I worked in the school.

I: Yeah.

P: As sort of you know actually sort of..

I: Yeah…your work

P: It's more of a a direction of... like where the team's going really

I: This group of people that you like being with.

P: Yeah. Yeah.

I: Where they're going.

P: And...it's more specifically the, the paediatric team isn't it.

I: Yeah.

P: But I think that was but then like... at the time that I felt low in work it was stuff going like with my house and... so that… it's probably a mixture of all kinds all combined.

I: Stuff.

P: Yeah…cold house and... cold ..

I: ..cold, theres nothing worse than being cold…to make you feel miserable.

P: So I think. …. But I've never sort of, and I think that was the only there was sort of a week or something like that oh I don't' want to go into work ..and I've never been like that…

I: Unusual feelings.

P: Yeah. In this, in this... job.

I: Yeah.

P: And you... I've had it.. (laughs)... before you know sort of like driving to (place name) and thinking oh I can't be arsed now..

I: Yeah.

P: Or because you know I'd been in the other position for so many years it was just.. I needed to change sort of thing but to actually have that the other, the other month it was like oh god that's a bit..its a bit premature feeling for me sort of for the amount of time I'd been here. It was more, it was probably a mixture of home stuff and.... a bit of not knowing what's round the corner I suppose.

I: A lot of new uncertainty.

P: Yeah. ….

I: And … were, I mean in an ideal world where do you see... you the, the person … and therapist, where do you see your future lying? You know what what are the things that you hope for for your future?

P: ……..Ooooh

I: And don't say I hope I win the lottery (laughs)

P: No. …….. At the minute I see it here. For... but then it depends on politics and everything you know.

I: I think its the things that… you know what I'm saying is at... this at this moment in time the things that are that you've described as important or meaningful for you, your, you getting elements of that in this work.

P: Yeah.

I: You know. Are they things that are going to be important for you to look for in the future? Is it you know... advance skills, is it....

P: Oh yeah. Its definitely advanced skills. And... it's looking, I'm looking forward to ….new member of staff, getting from them. You know feeding of the... well not feeding of them as such..but..and it still..... I've got assessments coming up, with the, review.., not reviewing but you know when you're tweaking things and handing over but it's the assessments they're always wonder if I you know.... the handling, still the handling actually I think.

I: Right. So there's still a skill element.

P: Oh Yeah. Yeah. And knowledge element...

I: you want a knowledge element to build on?

P: Yeah..... Well that really. And I think it is you've got to learn it and you've got to do it to learn and I've got to do it to learn but then you've got to have someone there to say actually that what you're feeling and what you're seeing is, is, is what it is and you're not (laughs) you know. I think.

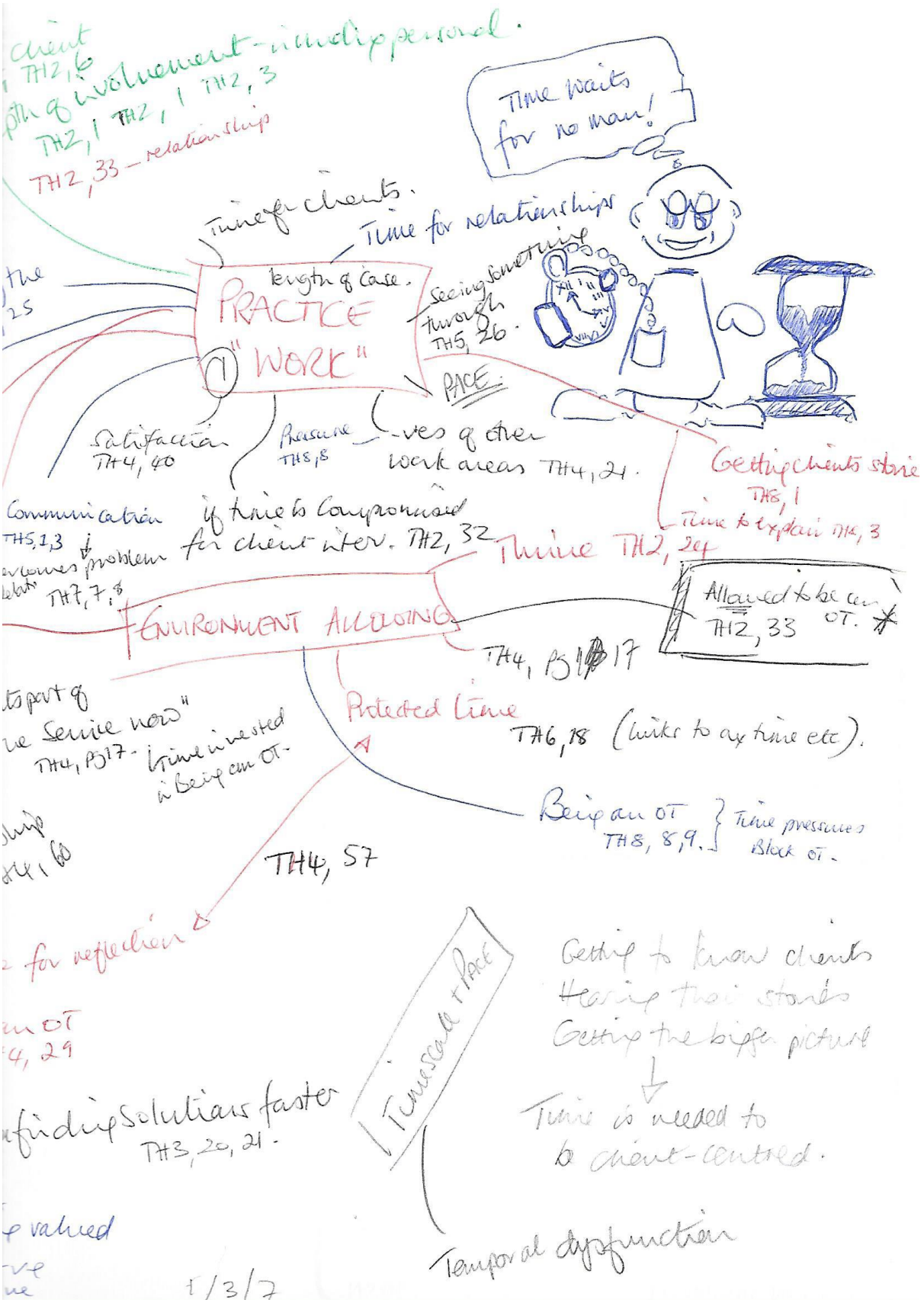
I: That's a fair comment..

P: And I still feel I need... you know that needs to grow a lot. So.....

I: ….Mmm……Mmmm……done?

P: Yeah, thanks.

I: Thanks.


client
TH2, 6
Time waits for no man!
Time for clients.
Time for relationships
length of case.
PRACTICE
"WORK"
Seeing something through TH5, 26.
PACE
Satisfaction TH4, 40
Pressure TH8, 8
-ves of other work areas TH4, 21.
Getting clients stories TH8, 1
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ENVIRONMENT ALLOWING
Allowed to be an OT. TH2, 33
TH4, P317
Protected time
TH6, 18 (links to any time etc).
Being an OT TH8, 8, 9.
Time pressures Block OT.
TH4, 57
for reflection
finding solutions faster TH3, 20, 21.
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Getting to know clients
Hearing their stories
Getting the bigger picture
Time is needed to be client-centred.
Temporal dysfunction

Codes	Page	Narrative
Just, it was part of learning really	1	Early case as new starter
getting into the process	1	
it's been quite ongoing	1	Long standing
lot of learning in it for me	1	Reason for choosing it for discussion
was quite sort of not cosseted but protected	1	Induction phase
first clinics there was sort of hand-picked really	1	Induction
easing me in	1	Induction
. Progression really	1	Introducing complexity
breaking in I suppose	1	"
it was more complex	1	"
starting to get me up and running	1-2	"
more independent I think.	2	"
so was quite interested in.. that	2	Diagnosis familiarity
I think there was so much information you	2	Recalling assessment process
you're trying to listen and learn	2	"
it was more sort of unsure	2	"
I suppose in a sense it was a bit uncomfortable getting used to	2	"
just from the the whole you see the chair and not the child	3	Reviewing the equipment
so that something to keep in mind....	3	Parents feelings
.I shouldn't say we.....we	3	Use of language
I talk we when its just me I don't know why...	3	"
giving him the opportunity	3	Values about the equipment impact
you felt he needed the opportunity	3	"
well you want someone to see your child don't you?	3	"
You want to.... you want the child to be seen for the child and not a.... what what's surroundin' him	3	"
And it was dated to be honest..	3	"
But I felt that, I think it's important that the child you know you you see the child and not sort of like.	4	Affect of equipment on child
Because they're a person.	4	"
and other children sort of can be mean	4	"
so you want as much sort of normality in... brackets as possible to... for them isn't it.	4	"
he would fail if you put him in as he was at that moment in time.	5	Discussion for powered provision
god that's gonna be slightly uncomfortable	6	Recollections of seeing equipment
I think it must be uncomfortable for him	6	"
you only see a little window don't you	6	"
I didn't like that it was so much	6	"
The position really. Of how wide his legs were.	6	"

he spent like most of his school day in this and having his legs splayed but that's what…..	6	"
Weird.	6	"
no I didn't query or challenge	7	Physio present at assessment
Maybe I didn't feel I had enough knowledge	7	"
yeah maybe I felt they know, they know him	7	"
I wasn't sure where I was going with it	7	"
And I really didn't know to be honest	7	"
I suppose its clarifying…..	7	"
just confirming that and I was (cough).. you're on the right lines. I suppose for me at that time.	7	"
so it was explaining that and it's learning then that it was like if youre straight with them I learnt that,….. being straight and honest	8	Explaining the complexity of the process and developing a relationship
….. I… definitely changed I hope coz… you… through learning isn't it?	8	"
it's getting to know people	8	"
so I think they got more of an understanding as well	8	"
And was happier when they were contacted more regularly	8	"
and it's just growin' a relationship as well isn't it.	8	"
I've… dealt with people but in a different context.	9	Review of this work against previous experience – pre qualification
And I had more direction	9	"
I knew what I was doing.	9	"
More prescriptive	9	"
, it was more sheltered in a way	9	"
. Seems a lot different (laughs). More responsibility	10	"
…but just what you need	10	"
you do as you go along with what you learn, the knowledge you need	10	"
, the learning… you have a lot more personalities to talk to… it's about judging	10	Dealing with preconceived expectations of the Service
Yeah. Gauging.	10	"
their experience before	10	"
of that's a big part as well I think of… their experience of dealing with (service name)	10	"
not that it should make a difference to the way you know the service you give to them but it it probably does	10	"
it might make you more aware	10	"
I hope this works	11	Communicating problems
otherwise they're not gonna be happy	11	"

I've' got to deal with that.	11	"
and they've got a right to express their disgruntlement	11	"
it that's what they want it's the communication	11	"
(laughs). It does sound bad but it is it's like if you say I'm very sorry but I forgot to deal with this it's my fault ...	11	"
Oh god yeah.. Yeah. ...	12	Q: was the above part of learning?
You know you actually deal with real like..... I don't know. You're dealing with people direct don't you?	12	Differences between college and being qualified
college it's just.... you skim more I think.	12	Opinions about college
I thought that would prepare me better than sitting in a ...in a... room	12	"
you're going to find the stuff out yourself you	12	"
..... I don't know whether it actually works better in hindsight	12	"
setting me up for when I'm actually in a working practice	12	"
did it prepare me? ..... Probably. .... A... bit I suppose	12	"
but it did open that up how vast it was	12	"
And... you know changing	12	"
I don't like hospitals but not many people do anyway and and old people (laughs) and I was in a hospital with old people	13	"
and I quite enjoyed it to be honest...	13	"
But yeah that was good for me because I, if I had to do it I know now I could you know.	13	"
Yeah maybe. I quite like that aspect of it.	13	Previous job more directive
yeah best thing was fun (laughs)...	14	Elements that were enjoyable last job
just we did stuff	14	"
this lady came in and was doing stuff weekly	14	"
we're doing stuff through play but involving you know the... his function	14	"
Its engaging as well isn't it?	14	"
. I think being here can be fun.	14	"
....what do you call it.. the atmosphere	14	"
you know work... should be a bit like fun at times	14	"
it but it's the bits that go with it.	14	"
Getting him engaged.	15	"
The fun .... probably comes in... other ways of the working situation	15	Enjoyable elements this job
.... I think that happens when you hand over a chair and it works (laughs)	15	"
yeah. I suppose it's more sense of achievement	15	"

... would be good to develop	16	Potential to generate fun in job
well I think it well no it needs to be developed further.	16	"
... it was just seeing how they did things and then doing it with a child and then actually ah.. that makes sense?	16	Elements that were enjoyable last job
I could have my ideal job sort of thing which if I can it would be doing a bit of everything	16	"
I loved, I.. I liked doing that with the child.	16	"
it's the doing I think.	16	"
it's stuff you don't think about	16	"
I don't know just stuff like that just like... ah you don't think about things and to see how they work.	17	"
I suppose a lot of it is when you think about it it's all common sense but you know, Knowledge. You know you've got to think.	17	"
You take things for granted	17	"
it was an eye opener	17	"
. It's the way you put it into practice	17	"
Whereas.... yeah. it was doing it to him..	18	Description of physio programme
it's doing it to him rather than a lot of it was doing it to him.	18	"
there was fun stuff you know fun, there was stuff in that you know sort of using balls and different things which made it more... less of an exercise	18	"
... but I think OT's more functional isn't it?	18	Highlighting professional values
Yeah. Enabling isn't it	18	"
giving something to someone for them to ... you know... for them to be more independent	19	"
I don't.... give them a direction....	19	"
Empowers..	19	"
giving them the chance	19	"
achieving other stuff	19	"
. It's giving it's giving it to them rather than someone coming in and doing it.	19	"
...but it's sort of making them where possible to be independent	20	"
The ability to do it	20	"
not feel that they've got to ask someone, they've got to wait to do that because they need the help to do it and they'd really like to do that	20	"
think a lot of people do things for other people, not show them. It's like that saying isn't it. Teach a man to fish	20	"
for me it's probably for variety.	21	Likes about the job
Don't have friggin' chance to get bored,	21	"

I've done the bit where I've been there.	21	Ready to move from last job
you did get to a stage where you're like aaaahhhhhhh	21	"
even if I didn't know it at the time where I was heading	21	"
too dependent on you sort of you know	21	Good values held by professionals
... it is considering the child isn't it.	21	"
listening to the parents	21	"
taking on board	21	"
it's like.... its your child.	21	Wanting parents to have a voice
I think the parents get, can get too dependent.	22	"
And then they can be blinkered	22	"
they've got that trust and the rapport usually....	22	Relationships parents have with different professional groups
it's someone they trust.	22	"
I generally take time to get to know people well you	22	Skills identified for working with families
I've learnt that you've got to try and get a... that up and running pretty . Quick.	22	"
the element of rapport's important	23	"
if the case is ongoing for longer than normal.	23	"
because it would be hard to deal with someone if they didn't have confidence in you.	23	"
That's important to get all the information that you need.	23	"
its speaking to people	23	"
having empathy	23	"
here has changed me really that's grown a lot	23	Recognising personal growth and reasons for that
the way the team is as well like.	23	"
the way the team is as well like.	24	"
And felt comfortable.	24	"
So it's a lot about what you get from here I think. (chuckle)	24	"
, it was them as people Friendly	24	"
I think I'm quite unsociable really.	24	"
I'd obviously hadn't engaged much with them.	24	"
they must have thought I was a miserable git	24	"
Yeah. I'm still unsociable	24	"
I liked having me own space	25	"
It's the kind of thing that makes you think I don't like me own company.	25	"
. No I don't, I don't like taking myself off because I think it's the bit of banter that lightens it	25	"

I think it... it's sort of releases for me a bit....	25	"
it's just a bit balance	25	"
I did take myself away once but I couldn't do it.... I don't know it just didn't work for me which is yeah probably odd if I say that I'm...like my own space	26	"
a lot of involvement in it. ..	26	"
because I've had it quite a while.. but I think I felt.... I've learnt a lot from it	26	"
I'm not... not best communicator...	26	"
like mum was like 'oh you can see (client name)it was like oh you can see the child not the chair	26	Description of the final outcome and a synopsis of the progress and lessons learned
and then a week later like its, it's not working,	26	"
we just couldn't get to the bottom of just why	27	"
I think a lot of the time you didn't relate or I didn't personally relate,	27	"
and when I saw that it was like that's what he needed.	27	"
, argh he so should have had one of them and we've.. tweaked and struggled and tweaked and struggled	27	"
I think about things, you know, I think about things and I've noticed it more lately	28	Development of the equivalent of illness scripts
I can tell you what I think would be right and then someone else might say you know like when we're in a meeting and I can think in my head oh I think they need that and someone else will say it... but I don't always know why I've come to that conclusion	28	"
you see this... yeah. bulk..and not the child	28	Description of outcome - success
seeing when I did see the equipment and under- you know... found what it was and understood	29	"
Yeah. It worked really well...and you can see the child.	29	"
physio was really pleased with that as well. It was his class chair As well as mum and dad and me.	29	"
I think when I did my training I didn't think I'd end up in wheelchairs. (laughs)	29	Reflection of how things fit together
but I remember being working in school and thinking it's all about the seating so it is quite... quite you know to be here now is quite.... I don't know what the word is but..	30	"
probably the direction of the paediatric team, you know more to do with..	30	Unsettling feelings
lack of direction maybe or or... knowing	30	"

what was coming…		
Discouraged..	31	“
. The direction is more to do … it's not so much… sort of personal direction the same as it was in when I worked in the school.	31	“
It's more of a a direction of… like where the team's going really	31	“
And…it's more specifically the, the paediatric team isn't it.	32	“
at the time that I felt low in work it was stuff going like with my house and… so that… it's probably a mixture of all kinds all combined.	32	“
I’ve never been like that…	32	“
like oh god that’s a bit..its a bit premature feeling for me sort	32	“
it was probably a mixture of home stuff and…. a bit of not knowing what's round the corner I suppose.	32	“
At the minute I see it here. For… but then it depends on politics and everything you know.	33	What next?
Oh yeah. Its definitely advanced skills	33	“
I'm looking forward to ….new member of staff, getting from them. You know feeding of the… well not feeding of them as such	33	“
…. the handling, still the handling actually I think.	33	“
And knowledge element…	33	“
you've got to learn it and you've got to do it to learn	33	“
you've got to have someone there to say actually that what you're feeling and what you're seeing is, is, is what it is and you're not (laughs) you know. I think.	33	“
And I still feel I need… you know that needs to grow a lot. So…….	33	“

Codes	Page	Categoric Label
Just, it was part of learning really	1	part of learning
getting into the process	1	breaking in
it's been quite ongoing	1	just growin' a relationship
lot of learning in it for me	1	part of learning
was quite sort of not cosseted but protected	1	breaking in
first clinics there was sort of hand-picked really	1	breaking in
easing me in	1	breaking in
. Progression really	1	part of learning
breaking in I suppose	1	breaking in
it was more complex	1	part of learning
starting to get me up and running	1-2	breaking in
more independent I think.	2	Breaking in
so was quite interested in.. that	2	Part of learning
I think there was so much information you	2	part of learning
you're trying to listen and learn	2	part of learning
it was more sort of unsure	2	part of learning
I suppose in a sense it was a bit uncomfortable getting used to	2	part of learning breaking in
just from the the whole you see the chair and not the child	3	you see the child
so that something to keep in mind....	3	part of learning
.I shouldn't say we.....we	3	I talk we
I talk we when its just me I don't know why...	3	I talk we
giving him the opportunity	3	you see the child
you felt he needed the opportunity	3	you see the child
well you want someone to see your child don't you?	3	you see the child
You want to.... you want the child to be seen for the child and not a.... what what's surroundin' him	3	you see the child
And it was dated to be honest..	3	you see the child
But I felt that, I think it's important that the child you know you you see the child and not sort of like.	4	you see the child
Because they're a person.	4	you see the child
and other children sort of can be mean	4	you see the child
so you want as much sort of normality in... brackets as possible to... for them isn't it.	4	you see the child
he would fail if you put him in as he was at that moment in time.	5	part of learning
god that's gonna be slightly uncomfortable	6	you see the child
I think it must be uncomfortable for him	6	you see the child
you only see a little window don't you	6	Part of learning
I didn't like that it was so much	6	you see the child
The position really. Of how wide his legs	6	you see the child

were.		
he spent like most of his school day in this and having his legs splayed but that's what…..	6	you see the child
Weird.	6	You see the child
no I didn't query or challenge	7	enough knowledge
Maybe I didn't feel I had enough knowledge	7	enough knowledge
yeah maybe I felt they know, they know him	7	just growin' a relationship enough knowledge
I wasn't sure where I was going with it	7	enough knowledge
And I really didn't know to be honest	7	enough knowledge
I suppose its clarifying…..	7	enough knowledge
just confirming that and I was (cough).. you're on the right lines. I suppose for me at that time.	7	Part of learning
so it was explaining that and it's learning then that it was like if youre straight with them I learnt that,….. being straight and honest	8	just growin' a relationship
….. I… definitely changed I hope coz… you… through learning isn't it?	8	Part of learning
it's getting to know people	8	just growin' a relationship
so I think they got more of an understanding as well	8	just growin' a relationship
And was happier when they were contacted more regularly	8	just growin' a relationship
and it's just growin' a relationship as well isn't it.	8	just growin' a relationship
I've… dealt with people but in a different context.	9	Just growin' a relationship
And I had more direction	9	Part of learning
I knew what I was doing.	9	Part of learning
More prescriptive	9	Part of learning
, it was more sheltered in a way	9	Part of learning
. Seems a lot different (laughs). More responsibility	10	Part of learning
…but just what you need	10	Part of learning
you do as you go along with what you learn, the knowledge you need	10	breaking in
, the learning… you have a lot more personalities to talk to… it's about judging	10	part of learning
Yeah. Gauging.	10	part of learning
their experience before	10	Part of learning
of that's a big part as well I think of… their experience of dealing with (the service)	10	Part of learning
not that it should make a difference to the way you know the service you give to them but it it probably does	10	Part of learning
it might make you more aware	10	Part of learning
I hope this works	11	Part of learning

otherwise they're not gonna be happy	11	Part of learning
I've' got to deal with that.	11	just growin' a relationship
and they've got a right to express their disgruntlement	11	just growin' a relationship
it that's what they want it's the communication	11	just growin' a relationship
(laughs). It does sound bad but it is it's like if you say I'm very sorry but I forgot to deal with this it's my fault ...	11	just growin' a relationship
Oh god yeah.. Yeah. ...	12	part of learning
You know you actually deal with real like..... I don't know. You're dealing with people direct don't you?	12	part of learning
college it's just.... you skim more I think.	12	Breaking in
I thought that would prepare me better than sitting in a ...in a... room	12	it's the doing
you're going to find the stuff out yourself you	12	it's the doing stuff
..... I don't know whether it actually works better in hindsight	12	Part of learning
setting me up for when I'm actually in a working practice	12	Part of learning
did it prepare me? ..... Probably. .... A... bit I suppose	12	breaking in
but it did open that up how vast it was	12	breaking in
And... you know changing	12	Part of learning
I don't like hospitals but not many people do anyway and and old people (laughs) and I was in a hospital with old people	13	it's the doing Part of learning
and I quite enjoyed it to be honest...	13	it's the doing
But yeah that was good for me because I, if I had to do it I know now I could you know.	13	part of learning??? breaking in
Yeah maybe. I quite like that aspect of it.	13	fun
yeah best thing was fun (laughs)...	14	fun
just we did stuff	14	Stuff fun
this lady came in and was doing stuff weekly	14	Stuff fun
we're doing stuff through play but involving you know the... his function	14	Stuff fun
Its engaging as well isn't it?	14	Stuff fun
. I think being here can be fun.	14	fun
....what do you call it.. the atmosphere	14	fun
you know work... should be a bit like fun at times	14	fun
it but it's the bits that go with it.	14	fun
Getting him engaged.	15	just growin' a relationship
The fun .... probably comes in... other ways of the working situation	15	fun

.... I think that happens when you hand over a chair and it works (laughs)	15	fun
yeah. I suppose it's more sense of achievement	15	fun
... would be good to develop	16	fun
well I think it well no it needs to be developed further.	16	fun
... it was just seeing how they did things and then doing it with a child and then actually ah.. that makes sense?	16	part of learning
I could have my ideal job sort of thing which if I can it would be doing a bit of everything	16	fun
I loved, I.. I liked doing that with the child.	16	just growin' a relationship
it's the doing I think.	16	it's the doing
it's stuff you don't think about	16	stuff
I don't know just stuff like that just like... ah you don't think about things and to see how they work.	17	Stuff Part of learning
I suppose a lot of it is when you think about it it's all common sense but you know, Knowledge. You know you've got to think.	17	part of learning
You take things for granted	17	part of learning
it was an eye opener	17	part of learning
. It's the way you put it into practice	17	part of learning
Whereas.... yeah. it was doing it to him..	18	Enabling
it's doing it to him rather than a lot of it was doing it to him.	18	Enabling
there was fun stuff you know fun, there was stuff in that you know sort of using balls and different things which made it more... less of an exercise	18	Enabling
... but I think OT's more functional isn't it?	18	Enabling
Yeah. Enabling isn't it	18	Enabling
giving something to someone for them to ... you know... for them to be more independent	19	Enabling
I don't.... give them a direction....	19	Enabling
Empowers..	19	Enabling
giving them the chance	19	Enabling
achieving other stuff	19	Enabling
. It's giving it's giving it to them rather than someone coming in and doing it.	19	Enabling
...but it's sort of making them where possible to be independent	20	Enabling
The ability to do it	20	Enabling
not feel that they've got to ask someone, they've got to wait to do that because they need the help to do it and they'd really like to do that	20	Enabling
think a lot of people do things for other	20	Enabling

people, not show them. It's like that saying isn't it. Teach a man to fish		
for me it's probably for variety.	21	variety.
Don't have friggin' chance to get bored,	21	variety.
I've done the bit where I've been there.	21	variety.
you did get to a stage where you're like aaaahhhhhhh	21	variety.
even if I didn't know it at the time where I was heading	21	variety.
too dependent on you sort of you know	21	just growin' a relationship
... it is considering the child isn't it.	21	just growin' a relationship you see the child
listening to the parents	21	just growin' a relationship
taking on board	21	just growin' a relationship
it's like.... its your child.	21	just growin' a relationship you see the child
I think the parents get, can get too dependent.	22	just growin' a relationship
And then they can be blinkered	22	Enabling
they've got that trust and the rapport usually....	22	just growin' a relationship
it's someone they trust.	22	just growin' a relationship
I generally take time to get to know people well you	22	just growin' a relationship
I've learnt that you've got to try and get a... that up and running pretty . Quick.	22	part of learning
the element of rapport's important	23	part of learning just growin' a relationship
if the case is ongoing for longer than normal.	23	just growin' a relationship
because it would be hard to deal with someone if they didn't have confidence in you.	23	part of learning
That's important to get all the information that you need.	23	part of learning
its speaking to people	23	just growin' a relationship
having empathy	23	just growin' a relationship
here has changed me really that's grown a lot	23	part of learning
the way the team is as well like.	23	just growin' a relationship
the way the team is as well like.	24	
And felt comfortable.	24	just growin' a relationship
So it's a lot about what you get from here I think. (chuckle)	24	just growin' a relationship
, it was them as people Friendly	24	just growin' a relationship
I think I'm quite unsociable really.	24	just growin' a relationship
I'd obviously hadn't engaged much with them.	24	just growin' a relationship
they must have thought I was a miserable git	24	just growin' a relationship

Yeah. I'm still unsociable	24	just growin' a relationship
I liked having me own space	25	balance
It's the kind of thing that makes you think I don't like me own company.	25	balance
. No I don't, I don't like taking myself off because I think it's the bit of banter that lightens it	25	balance
I think it... it's sort of releases for me a bit....	25	balance
it's just a bit balance	25	balance
I did take myself away once but I couldn't do it.... I don't know it just didn't work for me which is yeah probably odd if I say that I'm...like my own space	26	just growin' a relationship
a lot of involvement in it. ..	26	just growin' a relationship
because I've had it quite a while.. but I think I felt.... I've learnt a lot from it	26	part of learning just growin' a relationship
I'm not... not best communicator...	26	Just growin' a relationship
like mum was like 'oh you can see (client name)it was like oh you can see the child not the chair	26	you see the child
and then a week later like its, it's not working,	26	part of learning
we just couldn't get to the bottom of just why	27	part of learning
I think a lot of the time you didn't relate or I didn't personally relate,	27	part of learning
and when I saw that it was like that's what he needed.	27	part of learning
, argh he so should have had one of them and we've.. tweaked and struggled and tweaked and struggled	27	part of learning
I think about things, you know, I think about things and I've noticed it more lately	28	Part of learning
I can tell you what I think would be right and then someone else might say you know like when we're in a meeting and I can think in my head oh I think they need that and someone else will say it... but I don't always know why I've come to that conclusion	28	Part of learning
you see this... yeah. bulk..and not the child	28	You see the child
seeing when I did see the equipment and under- you know... found what it was and understood	29	part of learning
Yeah. It worked really well...and you can see the child.	29	You see the child
physio was really pleased with that as well. It was his class chair As well as mum and dad and me.	29	just growin' a relationship
I think when I did my training I didn't think I'd end up in wheelchairs. (laughs)	29	round the corner

but I remember being working in school and thinking it's all about the seating so it is quite... quite you know to be here now is quite.... I don't know what the word is but..	30	Part of learning
probably the direction of the paediatric team, you know more to do with..	30	round the corner
lack of direction maybe or or... knowing what was coming...	30	round the corner
Discouraged..	31	round the corner
. The direction is more to do ... it's not so much... sort of personal direction the same as it was in when I worked in the school.	31	round the corner
It's more of a a direction of... like where the team's going really	31	round the corner
And...it's more specifically the, the paediatric team isn't it.	32	round the corner
at the time that I felt low in work it was stuff going like with my house and... so that... it's probably a mixture of all kinds all combined.	32	round the corner
I've never been like that...	32	round the corner
like oh god that's a bit..its a bit premature feeling for me sort	32	round the corner
it was probably a mixture of home stuff and.... a bit of not knowing what's round the corner I suppose.	32	round the corner
At the minute I see it here. For... but then it depends on politics and everything you know.	33	round the corner
Oh yeah. Its definitely advanced skills	33	part of learning enough knowledge
I'm looking forward to ....new member of staff, getting from them. You know feeding of the... well not feeding of them as such	33	part of learning
.... the handling, still the handling actually I think.	33	part of learning
And knowledge element...	33	part of learning
you've got to learn it and you've got to do it to learn	33	part of learning
you've got to have someone there to say actually that what you're feeling and what you're seeing is, is, is what it is and you're not (laughs) you know. I think.	33	part of learning
And I still feel I need... you know that needs to grow a lot. So.....	33	part of learning

Appendix 9

Codes	Page	Categoric Label
Just, it was part of learning really	1	part of learning
getting into the process	1	breaking in
it's been quite ongoing	1	just growin' a relationship
lot of learning in it for me	1	part of learning
was quite sort of not cosseted but protected	1	breaking in
first clinics there was sort of hand-picked really	1	breaking in
easing me in	1	breaking in
. Progression really	1	part of learning
breaking in I suppose	1	breaking in
it was more complex	1	part of learning
starting to get me up and running	1-2	breaking in
more independent I think.	2	Breaking in
so was quite interested in.. that	2	Part of learning
I think there was so much information you	2	part of learning
you're trying to listen and learn	2	part of learning
it was more sort of unsure	2	part of learning
I suppose in a sense it was a bit uncomfortable getting used to	2	part of learning breaking in
just from the the whole you see the chair and not the child	3	you see the child
so that something to keep in mind....	3	part of learning
.I shouldn't say we.....we	3	I talk we
I talk we when its just me I don't know why...	3	I talk we
giving him the opportunity	3	you see the child
you felt he needed the opportunity	3	you see the child
well you want someone to see your child don't you?	3	you see the child
You want to.... you want the child to be seen for the child and not a.... what what's surroundin' him	3	you see the child
And it was dated to be honest..	3	you see the child
But I felt that, I think it's important that the child you know you you see the child and not sort of like.	4	you see the child
Because they're a person.	4	you see the child
and other children sort of can be mean	4	you see the child
so you want as much sort of normality in... brackets as possible to... for them isn't it.	4	you see the child
he would fail if you put him in as he was at that moment in time.	5	part of learning
god that's gonna be slightly uncomfortable	6	you see the child
I think it must be uncomfortable for him	6	you see the child
you only see a little window don't you	6	Part of learning
I didn't like that it was so much	6	you see the child
The position really. Of how wide his legs	6	you see the child

were.		
he spent like most of his school day in this and having his legs splayed but that's what…..	6	you see the child
Weird.	6	You see the child
no I didn't query or challenge	7	enough knowledge
Maybe I didn't feel I had enough knowledge	7	enough knowledge
yeah maybe I felt they know, they know him	7	just growin' a relationship enough knowledge
I wasn't sure where I was going with it	7	enough knowledge
And I really didn't know to be honest	7	enough knowledge
I suppose its clarifying…..	7	enough knowledge
just confirming that and I was (cough).. you're on the right lines. I suppose for me at that time.	7	Part of learning
so it was explaining that and it's learning then that it was like if youre straight with them I learnt that,….. being straight and honest	8	just growin' a relationship
….. I… definitely changed I hope coz… you… through learning isn't it?	8	Part of learning
it's getting to know people	8	just growin' a relationship
so I think they got more of an understanding as well	8	just growin' a relationship
And was happier when they were contacted more regularly	8	just growin' a relationship
and it's just growin' a relationship as well isn't it.	8	just growin' a relationship
I've… dealt with people but in a different context.	9	Just growin' a relationship
And I had more direction	9	Part of learning
I knew what I was doing.	9	Part of learning
More prescriptive	9	Part of learning
, it was more sheltered in a way	9	Part of learning
. Seems a lot different (laughs). More responsibility	10	Part of learning
…but just what you need	10	Part of learning
you do as you go along with what you learn, the knowledge you need	10	breaking in
, the learning… you have a lot more personalities to talk to… it's about judging	10	part of learning
Yeah. Gauging.	10	part of learning
their experience before	10	Part of learning
of that's a big part as well I think of… their experience of dealing with (service name)	10	Part of learning
not that it should make a difference to the way you know the service you give to them but it it probably does	10	Part of learning
it might make you more aware	10	Part of learning
I hope this works	11	Part of learning

otherwise they're not gonna be happy	11	Part of learning
I've' got to deal with that.	11	just growin' a relationship
and they've got a right to express their disgruntlement	11	just growin' a relationship
it that's what they want it's the communication	11	just growin' a relationship
(laughs). It does sound bad but it is it's like if you say I'm very sorry but I forgot to deal with this it's my fault ...	11	just growin' a relationship
Oh god yeah.. Yeah. ...	12	part of learning
You know you actually deal with real like..... I don't know. You're dealing with people direct don't you?	12	part of learning
college it's just.... you skim more I think.	12	Breaking in
I thought that would prepare me better than sitting in a ...in a... room	12	it's the doing
you're going to find the stuff out yourself you	12	it's the doing stuff
..... I don't know whether it actually works better in hindsight	12	Part of learning
setting me up for when I'm actually in a working practice	12	Part of learning
did it prepare me? ..... Probably. .... A... bit I suppose	12	breaking in
but it did open that up how vast it was	12	breaking in
And... you know changing	12	Part of learning
I don't like hospitals but not many people do anyway and and old people (laughs) and I was in a hospital with old people	13	it's the doing Part of learning
and I quite enjoyed it to be honest...	13	it's the doing
But yeah that was good for me because I, if I had to do it I know now I could you know.	13	part of learning breaking in
Yeah maybe. I quite like that aspect of it.	13	fun
yeah best thing was fun (laughs)...	14	fun
just we did stuff	14	Stuff fun
this lady came in and was doing stuff weekly	14	Stuff fun
we're doing stuff through play but involving you know the... his function	14	Stuff fun
Its engaging as well isn't it?	14	Stuff fun
. I think being here can be fun.	14	fun
....what do you call it.. the atmosphere	14	fun
you know work... should be a bit like fun at times	14	fun
it but it's the bits that go with it.	14	fun
Getting him engaged.	15	just growin' a relationship
The fun .... probably comes in... other ways of the working situation	15	fun

.... I think that happens when you hand over a chair and it works (laughs)	15	fun
yeah. I suppose it's more sense of achievement	15	fun
... would be good to develop	16	fun
well I think it well no it needs to be developed further.	16	fun
... it was just seeing how they did things and then doing it with a child and then actually ah.. that makes sense?	16	part of learning
I could have my ideal job sort of thing which if I can it would be doing a bit of everything	16	fun
I loved, I.. I liked doing that with the child.	16	just growin' a relationship
it's the doing I think.	16	it's the doing
it's stuff you don't think about	16	stuff
I don't know just stuff like that just like... ah you don't think about things and to see how they work.	17	Stuff Part of learning
I suppose a lot of it is when you think about it it's all common sense but you know, Knowledge. You know you've got to think.	17	part of learning
You take things for granted	17	part of learning
it was an eye opener	17	part of learning
. It's the way you put it into practice	17	part of learning
Whereas.... yeah. it was doing it to him..	18	Enabling
it's doing it to him rather than a lot of it was doing it to him.	18	Enabling
there was fun stuff you know fun, there was stuff in that you know sort of using balls and different things which made it more... less of an exercise	18	Enabling
... but I think OT's more functional isn't it?	18	Enabling
Yeah. Enabling isn't it	18	Enabling
giving something to someone for them to ... you know... for them to be more independent	19	Enabling
I don't.... give them a direction....	19	Enabling
Empowers..	19	Enabling
giving them the chance	19	Enabling
achieving other stuff	19	Enabling
. It's giving it's giving it to them rather than someone coming in and doing it.	19	Enabling
...but it's sort of making them where possible to be independent	20	Enabling
The ability to do it	20	Enabling
not feel that they've got to ask someone, they've got to wait to do that because they need the help to do it and they'd really like to do that	20	Enabling
think a lot of people do things for other	20	Enabling

people, not show them. It's like that saying isn't it. Teach a man to fish		
for me it's probably for variety.	21	variety.
Don't have friggin' chance to get bored,	21	variety.
I've done the bit where I've been there.	21	variety.
you did get to a stage where you're like aaaahhhhhhh	21	variety.
even if I didn't know it at the time where I was heading	21	variety.
too dependent on you sort of you know	21	just growin' a relationship
... it is considering the child isn't it.	21	just growin' a relationship you see the child
listening to the parents	21	just growin' a relationship
taking on board	21	just growin' a relationship
it's like.... its your child.	21	just growin' a relationship you see the child
I think the parents get, can get too dependent.	22	just growin' a relationship
And then they can be blinkered	22	Enabling
they've got that trust and the rapport usually....	22	just growin' a relationship
it's someone they trust.	22	just growin' a relationship
I generally take time to get to know people well you	22	just growin' a relationship
I've learnt that you've got to try and get a... that up and running pretty . Quick.	22	part of learning
the element of rapport's important	23	part of learning just growin' a relationship
if the case is ongoing for longer than normal.	23	just growin' a relationship
because it would be hard to deal with someone if they didn't have confidence in you.	23	part of learning
That's important to get all the information that you need.	23	part of learning
its speaking to people	23	just growin' a relationship
having empathy	23	just growin' a relationship
here has changed me really that's grown a lot	23	part of learning
the way the team is as well like.	23	just growin' a relationship
the way the team is as well like.	24	
And felt comfortable.	24	just growin' a relationship
So it's a lot about what you get from here I think. (chuckle)	24	just growin' a relationship
, it was them as people Friendly	24	just growin' a relationship
I think I'm quite unsociable really.	24	just growin' a relationship
I'd obviously hadn't engaged much with them.	24	just growin' a relationship
they must have thought I was a miserable git	24	just growin' a relationship

Yeah. I'm still unsociable	24	just growin' a relationship
I liked having me own space	25	balance
It's the kind of thing that makes you think I don't like me own company.	25	balance
. No I don't, I don't like taking myself off because I think it's the bit of banter that lightens it	25	balance
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