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A Phenomenological Study of the Art of Occupational Therapy

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Abstract

If research evidence is to guide practice, the literature must reflect the art as well as the science of Occupational Therapy practice. The purpose of this research was to provide insight into the phenomenon of professional artistry and its meaning to Occupational Therapists. A phenomenological approach was used to collect data from three Occupational Therapists using in-depth interviews. Moustakas's method was employed to analyze the data. Interview data described practitioners' views of professional artistry of Occupational Therapy practice, how it developed, and how it was manifested in different roles. Analysis demonstrated that professional artistry formed the very heart of Occupational Therapy through a key role in the establishment of therapeutic relationships, which in turn imparted deep satisfaction to the Occupational Therapists' practice.

Keywords

Phenomenology, Professional Artistry, Therapeutic Relationships and Occupational Therapy

A Phenomenological Study of the Art of Occupational Therapy

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Introduction

One of the key foundations of health care today is the concept of evidence-based practice (Law, 2002). The focus on the science of practice in clinical decision-making is exemplified in the move towards evidence-based practice with its reliance on quantitative research studies to guide intervention (Slowther, Ford, & Schofield, 2004). Occupational Therapy is a rehabilitative profession aimed at helping individuals participate in meaningful occupations in all areas of their lives - self-care, productivity, and leisure. Evidence-based practice, as defined in the literature and articulated within the Occupational Therapy profession, emphasizes the use of all research evidence, professional expertise, and judgment as components of good evidence-based decision-making. The art of practice, which is essential to developing clinical expertise and judgment (Higgs, Titchen, & Neville, 2001), is not adequately reflected in the research literature, and the term evidence-based practice has become synonymous with scientific research evidence. If the use of research evidence is to guide practice, in keeping with the definitions of evidence-based practice, we must ensure that the literature accurately reflects all components of good evidence-based decision-making, that is both the 'art' as well as the 'science' of practice.

The purpose of this study was to provide insight into the phenomenon of professional artistry and its meaning to Occupational Therapists. This included descriptive data and more specifically, the meaning of professional artistry to the participants in their Occupational Therapy practice. Development of professional artistry is an essential component of building expertise and mastery within the profession. The findings of this study begin to fill a gap in our professional knowledge regarding the

importance of professional artistry to Occupational Therapists in their clinical practice and its significance to the profession. Higgs et al. (2001) term this artistry in practice professional craft knowledge. Titchen and Ersser (2001a) highlight the importance of explicating this knowledge so we

> … can justify the need for colleagues to act in a particular case, regulate their own practice through critical review of their whole professional knowledge base, and contribute to generating knowledge of the field by engaging in critique, debate, contestation and validation of professional craft knowledge with other practitioners, practitioner-researchers and researchers. (p. 48)

To incorporate the art of practice into the existing research evidence, we must be able to understand what it is and articulate it in a way that is meaningful and accessible to others within the profession.

Maintaining professional status and the rights and privileges that come with that responsibility means ensuring excellence within the profession and establishing a comprehensive body of professional knowledge. This has been shaped by the move towards evidence-based decision-making with its focus on scientific research evidence. However, if professional expertise is comprised of both scientific knowledge and that tacit knowledge which imparts artistry (Higgs et al., 2001), the profession has a responsibility to make this knowledge accessible to practitioners. Explicating this concept brings it into the realm of propositional knowledge (Parry, 2001), thereby making it available to practitioners for education and professional development.

Literature Review

The literature review was divided into three sections – professionalization, evidence-based practice and research evidence, and the art of Occupational Therapy practice.

Professionalization

A profession stands as an autonomous and self-directing source of knowledge within a community. It promises a service to that community and assumes a position of trust within society. The move towards professionalization is characterized by a service ideal and a move towards self-regulation (Richardson, 2001; Schön, 1983). Professional practice achieves autonomy through educational requirements, licensing procedures, codes of ethics and self-regulation through the establishment of professional associations. Professionals not only provide a service to clients, but are expected to ensure standards of excellence. Therefore, achieving professional status means establishing professional knowledge, theoretical foundations, and characteristics of excellence in practice (Depoy, 1990; Richardson; Schön, 1983, 1987).

In an attempt to gain recognition and credibility, Occupational Therapy has developed its propositional (theoretical) knowledge base, with its scientific and objective underpinnings, while de-emphasizing the unique foundations of artistry within practice

(Higgs et al., 2001; Richardson, 2001; Schön, 1983). This technical, rational view of professional practice breaks the professionals' role into discrete activities and skills, ignoring those aspects of practice referred to as artistry, and in essence undermining the autonomy inherent in the description of "professional" (Fish, 1998).

The technical, rational approach to practice precludes certainty in those unique situations characterized by ambiguity and value conflict. It is making judgments in these situations, where there are no right answers, which are at the core of professional practice (Fish, 1998; Richardson, 2001, Schön, 1987). Maintaining professionalism thus,

> favours a rediscovery of practical reasoning that is more intuitive, aware, and responsive to assessment of individual needs. The wise professional judgments which define the expert practitioner are based on professional craft knowledge, which is drawn from experiential knowledge of how to go about health care in particular contexts. (Richardson, p. 44)

Evidence-based Practice and Research Evidence

The terms evidence-based medicine (EBM) and evidence-based practice (EBP) are often used interchangeably (Law, 2002). The most frequently cited definition being that proposed by Sackett, Rosenberg, Muir Gray, Haynes, and Richardson (1996):

> Evidence-based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence-based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research. (p. 71)

There is a discrepancy of theory versus practice. Most definitions of evidence-based practice incorporate professional judgment and expertise, clinical experience, client input and use of the research literature as components of good evidence-based decision-making. However, in general use, the term EBP has become synonymous with scientific research evidence, almost to the exclusion of these other factors (Slowther et al., 2004). Sackett et al. (1996) note that this was never the intent of evidence-based practice, that "external evidence can inform, but can never replace, individual clinical expertise, and it is this expertise that decides whether the external evidence applies to the individual patient at all and, if so, how it should be integrated into a clinical decision" (p. 71). With the growing reliance on scientific research evidence the importance of professional expertise has diminished (Rappolt, 2003). Existing scientific evidence must be integrated with other research evidence, client preferences, practitioner knowledge, ethical considerations and the needs of the healthcare organization for effective evidence-based decision-making (Rappolt; Slowther et al., 2004; Vineis, 2004). This knowledge base must include those factors which are inherent in the art of practice and, as such, essential to maintaining professional expertise.

The Art of Occupational Therapy Practice

There is a paucity of Occupational Therapy literature on professional artistry. In an attempt to establish professional status through the development of a solid scientific knowledge base (Fish, 1998; Richardson, 2001), there is little mention of professional artistry within the Occupational Therapy literature. Peloquin (1990) states that the "occupational therapist can be considered an artist in people" (p. 17) and Weinstein (1998) notes that the art of Occupational Therapy practice is "an intricate interplay of personal traits, interpersonal skills, and skilled use of meaningful activities within the context of a client's environment" (p. 579). Schön (1987) uses the term 'professional artistry' to refer to unique professional characteristics such as

> the kinds of competence practitioners sometimes display in unique, uncertain, and conflicted situations of practice … their artistry is a high-powered, esoteric variant of the more familiar sorts of competence all of us exhibit every day in countless acts of recognition, judgment, and skillful performance. What is striking about both kinds of competence is that they do not depend on our being able to describe what we know how to do or even to entertain in conscious thought the knowledge our actions reveal. (p. 22)

As Schön (1987) comments, artistry goes beyond convention, so that practitioners learn to test new rules by inventing on the spot, trying out new ways of reasoning, framing problems, and strategizing. In these ways a practitioner's knowledge and expertise is built.

Establishing a professional knowledge base is one of the basic premises of professionalism (Depoy, 1990; Richardson, 2001; Schön, 1983, 1987). Because the elements of artistry in practice are often tacit and embedded within our practice, they are not always immediately recognizable as part of this knowledge (Fish, 1998; Titchen & Ersser, 2001a). Parry (2001) remarks that the term tacit knowledge was coined to "describe that which we know but cannot tell" (p. 199). Fish (1998) notes that recognizing, understanding and explaining those things we acknowledge as tacit, that is "being articulate about the artistry in our practice, is central to our defense of professionalism itself" (p. 24).

Higgs et al. (2001) describe three types of knowledge necessary for professional practice - propositional (theoretical or scientific) knowledge - "knowing that" (Parry, 2001, p. 199), personal knowledge of oneself, and "professional craft knowledge or knowing how to do something" (Higgs et al., 2001, p. 5). Professional craft knowledge consists of both general and specific components; that is, general knowledge about populations and specific knowledge of individual clients (Higgs et al.).

Titchen and Ersser (2001b) note the tacit nature of professional craft knowledge as an often unarticulated and intuitive response to client care that guides clinicians in their "rapid and fluent response to a situation" (p. 35). It is an unconscious action or judgment toward the whole situation. This metaphor of 'professional craft knowledge' was chosen by Titchen and Ersser as the word craft implies work which can be improved through experience; Schön's (1983) term 'professional artistry' conveys a sense of mastery at the peak of practice and as such does not occur in everyday practice. Quoting Schön (1987), Parry (2001) suggests that outstanding practitioners "as Schön described,

are not distinguished by more professional knowledge per se but more 'wisdom', 'talent', 'intuition', or 'artistry'" (p. 200).

Kielhofner (1983) emphasized that a key determinant in the art of practice is creating meaning through context, that is, those factors which are unique to each individual's circumstance, including the physical and socio-cultural environments, values, aesthetics, and rituals. Artistry is inherent in this ability to individualize treatment by entering the client's world, to contextualize the problem and to tailor intervention; it evolves from clinical experience and is essential in developing professional expertise. Professional artistry is an integral and often unconscious component of professional expertise and is essential to good clinical decision-making for an individual client (Higgs et al., 2001).

The characteristics of professional artistry inherent in Occupational Therapy practice and identified within the Occupational Therapy literature reflect the types of knowing described within the concept of professional craft knowledge, as well as personal experience and personality traits (Depoy, 1990; Peloquin, 1989, 1995; Titchen & Ersser, 2001a; Weinstein, 1998). These characteristics included key judgments used in intervention such as: where to start, creation of activities to inspire the client and promote self-direction, choosing the level of challenge, flow between activities, the client/therapist relationship and decisions about discontinuing therapy. It also included personal traits such as genuineness, creativity, flexibility, warmth and humour. Clinical reasoning, intuition, caring, empathy, respect for the client, ethics and aesthetics were all identified in the literature as components of professional artistry (Depoy; Peloquin, 1989; Titchen & Ersser; Weinstein). This artistry is essential to establishing the therapeutic relationship and enabling strong professional judgment to offer the right intervention to the client at the right time.

By providing rich descriptions of practices and contexts, explicated knowledge can be potentially transferred to other settings and populations (Titchen & Ersser, 2001a). Explicating the art of practice may be of particular importance in Occupational Therapy, where the term art is often associated with the skills and activities used in the therapeutic process, as well as the historical context of the profession arising from the arts and craft movement at the turn of the 20th century (Barker Schwartz, 2003; Fish, 1998).

If the use of research evidence is to guide practice, in keeping with the definitions of evidence based practice, we must ensure that the literature accurately reflects all components of good evidence-based decision making, that is both the 'art' as well as the 'science' of practice. The purpose of this research was to provide both descriptive data and insight into the phenomenon of professional artistry and its meaning to Occupational Therapists in their practice. The research questions reflected this purpose:

1. What is the art of Occupational Therapy practice?
2. How is professional artistry expressed through work and in various roles in Occupational Therapy?
3. How does professional artistry develop in Occupational Therapy?
4. What is the meaning of professional artistry in Occupational Therapy practice?

Since the focus of this research was to explore meaning, a qualitative approach specifically phenomenology, was appropriate for the study. This study will expand the existing research literature and our professional body of knowledge by making explicit that tacit knowledge which imparts professional artistry to Occupational Therapy and the meaning of this artistry in professional practice.

Researchers

Shelley, currently a doctoral candidate, was the primary investigator for this Masters research project. She is an experienced Occupational Therapist with first hand understanding of the clinical emphasis on the science of practice within an evidence-based service delivery model. Through experience with successful clinician/client interactions, receiving feedback from clients and listening to their frustrations with healthcare delivery she developed an appreciation for professional artistry and its critical role in all aspects of practice. This insight led to a desire to study the phenomenon and contribute to the research evidence in Occupational Therapy. Margo acted as Shelley's supervisor and provided guidance and critical appraisal regarding the design and methodology of the study. Margo's teaching and research includes approaches to clinical reasoning. Her doctoral work was in the area of the artistry of judgment in professional practice carried out in four countries.

Methodology

Qualitative researchers use inductive reasoning to seek meaning, understanding, or explanation from the data. Phenomenology is one of many qualitative research traditions. Phenomenology as a research method is rooted in the interpretive paradigm. Interpretive methodologies "reflect an attempt to obtain in-depth understanding and interpretation" (Parry, 2001, p. 203) of a phenomenon rather than attempting to capture an objective reality. Such methodologies provide rewarding ways to study daily practice and experiences while retaining contextual and experiential integrity (Higgs & Titchen, 1995). Using the phenomenological tradition, the researcher seeks to obtain information about a phenomenon and its meaning to the individuals experiencing that phenomenon. The aim is to capture the essence of the lived experience; the assumption is that personal experience contains structure and essence which can be communicated to others (Luborsky & Lysack, 2006; Morse & Richards, 2002). van Manen (1997, p. xiv) notes that the "phenomenological method tries to 'explicate' meanings that in some sense are implicit in our actions," since the purpose of this research was to explore meaning, a phenomenological approach was appropriate.

Ethics approval for this study was granted through Queen's University Faculty of Health Sciences Research Ethics Board (FHSREB). Participation in the study was voluntary, informed consent forms were signed and participants could withdraw at any time. Confidentiality of participants was maintained through the use of pseudonyms. All identifying data were excluded from written work. Confidentiality and security of data were maintained by storing tapes and disks in a locked filing cabinet. Hard drive information was password protected.

Study Sample

Occupational Therapists, identified by others as 'exemplifying the art of practice' (criterion sampling) were sought for participation in the study. The criteria were not defined a priori by the researcher, nor was any attempt made to delimit the sample by age, experience, clinical practice area etc. Fieldwork Coordinators at five Occupational Therapy schools were selected to nominate participants. Fieldwork coordinators were preferred as they had knowledge of individuals' professional practice through clinical placements as well as feedback from students that the therapists had mentored (nominated sampling). The five schools were selected based upon accessibility and feasibility of data collection related to financial and other resources of the researcher (convenience sampling). Once identified, participants names were forwarded to the researcher (with their consent) or they contacted the researcher directly. Response from the five schools was low. The sample was therefore smaller than anticipated even for a phenomenological inquiry (Creswell, 1998). The limitations of the sample size are addressed later.

Three Occupational Therapists (age 37-49) with experience ranging from 8-27 years of practice, agreed to participate. A fourth participant withdrew before the study began. A fifth (male) therapist was nominated, but unable to participate due to time constraints. The sample provided diversity in practice areas, but not gender. Participants all had a Bachelor of Science degree in Occupational Therapy and two of the participants had Masters Degrees (Theology, Rehabilitation Science). Participants worked in a variety of clinical areas: physical medicine, mental health, eating disorders and learning disabilities and were employed privately and by government agencies (hospitals). Participants served clients throughout the life span, including pediatric, young adult, adult and geriatric populations and covered the continuum of care - acute care, outpatient clinics and community.

Data Collection

Data collection consisted primarily of in-depth interviews, with some use of written reflection by participants, and observation. Research into the phenomenological tradition suggests that structured interviewing and formalized questions are not generally used; rather the interview takes the form of a conversation with questions arising out of this dialogue (Morse & Richards, 2002). A semi-structured interview guide using the research questions as a framework was developed to provide prompts if needed. However, the actual interviews flowed easily with participants talking at length on the areas identified for exploration, often without any prompting from the researcher. This resulted in a very natural conversation, with the researcher probing for details and expansion of ideas as necessary. Each interview ranged from 1.5 - 2 hours. In total there were approximately 14.5 hours of interview data from three interviews with each participant. Participants were interviewed until no new data were emerging. All interviews were audio-taped and transcribed verbatim by an external transcriptionist; no identifiers were present in the audiotapes as participants' pseudonyms were used. Field notes and researcher memoing were completed immediately after each interview and ongoing as new ideas arose.

Written reflection by participants was encouraged to provide an insiders' view into the thought processes of the therapists in clinical practice and to serve as a record for any thoughts/reflections or examples they might like to bring to the next interview. Notebooks were provided and collected at the end of the interviewing process. Observation is not a defined part of data collection in phenomenological inquiry (Creswell, 1998). However, the use of observation to provide examples for reflection has been described in the literature as a tool to help individuals' access professional craft knowledge (Titchen & Ersser, 2001a). Observation was tried in this study to observe the 'art' of practice in action and as a means of triangulating data collection methods. However, participants were all articulate, insightful, and reflective individuals, making their narrative a very rich resource for data collection, so facility ethics was not pursued for further observation. Approximately 1.5 hours of observation were completed.

Data Analysis

Data analysis in phenomenology can take several approaches, but all require an "in-depth living with the data" (Patton, 2002, p. 487). Moustakas' (1994) six step approach to data analysis was used in this study. Epoché was the first step used in analysis. Epoché is derived from the Greek term 'to refrain from judgment'; this involves the researcher staying away from (in this case) her ordinary way of seeing things. It requires suspending beliefs and preconceptions (Creswell, 1998; Moustakas; Patton). Epoché took the form of personal reflection before the study began. In an attempt to suspend personal judgment about the phenomenon of professional artistry it was not defined a priori by the researcher.

Second, preconceptions isolated in the first stage were put aside (bracketed), then as the phenomenon was inspected – essential structures were taken apart, defined, and analyzed (Moustakas, 1994; Patton, 2002). My (Shelley) ideas were articulated and set aside (bracketed) through the formulation of a subjectivity statement (see Appendix). Each transcript was reviewed upon receipt as preparation for the subsequent interview, and areas for further exploration and expansion were identified for each participant. In addition, data from each participant were used to identify emerging themes for exploration with the other participants. This allowed data from each of the participants to inform the interviews of the others.

Third, in horizonalization of the data, significant statements from the interviews were used to develop a list of themes within the data, and overlapping data were eliminated (Moustakas, 1994; Patton, 2002). Formal coding of the data for each participant was completed in its entirety before coding the next participant's data was initiated. NVivo 7 (QSR International, 2006) software was used to code and organize the data. NVivo is a computerized software program to organize and manage qualitative data. Data can be organized in various ways, this research organized data by cases and used free nodes (to identify statements, codes or themes) and tree nodes (to organize data into categories and subcategories). Horizontal statements were excerpted from the data, through the development of free nodes within the NVivo program (QSR International). Overlapping statements were then merged to develop themes within the data.

Fourth, a textural description was completed in which statements were grouped according to meanings which described the 'texture' of the experience (Creswell, 1998;

Moustakas, 1994; Patton, 2002), that is, "what happened" (Creswell, p. 149). The organization of free nodes into tree nodes provided a textural description of the experience; "the textural portrayal is an abstraction of the experience that provides content and illustration, but not yet essence" (Patton, p. 486).

Fifth, analysis then involved a structural description - the researcher sought all possible meanings and constructed a structural description of the experience; this involved looking for deeper meaning or "'how' the phenomenon was experienced" (Creswell, 1998, p. 149). Through trial and error, using pen and paper outlines of the tree and free nodes, a structural description was achieved. This provided the framework for a beginning model of professional artistry. Through immersion in the data it was evident that the basic structure of professional artistry in Occupational Therapy would apply to all participants. Individual codes for participants were added as needed and overlapping codes were merged.

In the final step, the textural and structural descriptions were integrated and an overall description or essence of the experience was constructed (Creswell, 1998; Moustakas, 1994; Patton, 2002). Creating the textural-structural description involved "narration of the "essence" of the experience … or … statements and meaning units" (Creswell, p. 149). van Manen (1997) notes that while phenomenology is the study of essences, the word itself should not be mystified as some inexplicable entity, rather

> the term "essence" may be understood as a linguistic construction, a description of a phenomenon. A good description that constitutes the essence of something is construed so that the structure of a lived experience is revealed to us in such a fashion that we are now able to grasp the nature and significance of this experience in a hitherto unseen way. (p. 39)

Through organization and refinement of the tree nodes and repeated review and reflection of the tree nodes for professional artistry, descriptions were integrated to derive meaning statements to illustrate the essence of the experience for each of the three participants this produced individual analyses. A compiled analysis was then completed and meaning statements developed for the participants as a group. Moustakas suggested both individual and composite portraits of the participants be completed during analysis. The premise is that immersion into the individual's experience at some point permeates the entire group, providing an overall understanding of the experience. This paper focuses solely on the composite description of the phenomenon of professional artistry. Data collection and analysis were completed by the first author in conformity with the requirements for the degree Master of Science. However both researchers participated in reviewing the data and initial coding.

Rigour

The methods used to ensure rigour in a qualitative study address the various components of quality. Creswell (1998) suggests that researchers engage in at least two methods to enhance rigour. Rigour in this study was addressed through clarification of researcher bias, triangulation of data collection methods, debriefing, rich thick

description, and member checking. Since phenomenology relies on in-depth interviews, triangulation of data collection can include repeated re-questioning of participants by reframing, repeating and expanding questions, a technique that was employed for this study (Krefting, 1991). Participant reflection, observation and use of field journals provided further triangulation of data collection. Debriefing was done with the research advisor after the initial interview and initial coding. The process of 'reflexivity' encourages the researcher to turn a critical gaze inward, and allows revision and expansion of the study to enhance credibility (Finlay, 2003; Krefting). "Reflexivity refers to the assessment of the influence of the investigator's own background, perceptions, and interests on the qualitative research process" (Krefting, p. 218). For purposes of this research, reflexivity took the form of introspection (Finlay). Bracketing of the researcher's biases, as in the subjectivity statement (see the Appendix), as well as use of a field journal provided a forum for reflection on the investigator's own biases and preconceived ideas. Repeated interviews were conducted to provide rich, thick description. Participants provided vivid description of their experiences and verbatim examples illustrate the analysis in the participants' own words. Moustakas (1994) notes that verification of the research is improved through checking with participants, which involves sharing meanings and essences and seeking feedback of accuracy and comprehensiveness. Member checking was done with each participant after composite data analysis was completed. Participants received their individual chapters via email for review. No errors or discrepancies were identified by participants and participants verified the analysis was an accurate reflection of their practice and views on professional artistry.

> I would say you have well captured my overall approaches and feelings. I have no changes to bring. (Laura via email)

> I liked how you pulled together the various ideas into a whole, in spite of the quite complicated network of ideas that must've come out with your various participants. It all seemed true to what I said. (Sally via email)

> I made a couple of small suggestions in blue on the chapter, but for the most part, I think the clinical stuff makes sense. (Scout via email)

Findings

Professional Artistry

Participants shared similar views regarding the art of Occupational Therapy. All three identified artistry as being an essential component of practice. They expressed the necessity of having a firm grasp on the science of practice to allow the art of practice to be truly expressed.

> I think it is actually a combination of a science that then has to be applied, and then the art in the application. In every way I think it's an art. (Scout, Interview #1)

It's based on knowledge, so it's what you know, it's also how you relate to the other person, so it's a way of being, and it's knowing how to do things … it's a way of doing things, of interacting with that person, I think all of those things together, and to be able to wear all those many hats, colourful hats that make up an OT [Occupational Therapist]. (Laura, Interview #2)

…you know research and knowledge about illnesses and knowledge about modalities and into practice. I think that's another part of the art, is keeping up with what's happening and selecting what works and being knowledgeable enough and skilled enough in an area to have it be effective, so a bit more academic or educational. (Sally, Interview #2)

Laura described the art of practice as being predominantly about the way she interacts and relates to a client:

… there's also the art in applying that and knowing almost intuitively knowing how to be with a certain person. If the person needs more control, if the person is more passive, if the person, at that particular time that you have ... all they need to do is talk about their life. You know, you have to be able to follow the client and the patient in where they're going at a particular time, and that's not necessarily in the books. (Laura, Interview #2)

Laura described this as a way of being with her clients that allowed them to express their needs.

What is the way of being a certain way with the person, what does that mean, a way of being with the person? That's what makes the art of OT and then some, you know, sure it's more, it's broader than that, but that's a big component to it. (Laura, Interview #1)

Similar comments were echoed by Sally and Scout, with Sally even phrasing this in the same terms as Laura, *a way of being*:

I think early on in my practice there are ways that I approached people that evolved, so those ways of being evolved with Occupational Therapy practice. (Sally, Interview #1)

Scout described this interaction as being in the zone with her clients:

…if I feel like we're really connecting and we're on the same wavelength and we're moving forward together or, I feel like they're really understanding what I'm trying to say and that I'm understanding them, and you truly are in the zone for lack of a better word, but that's what feels really good. (Scout, Interview #2)

Throughout these interviews there were incidences of participants expressing very congruent views of professional artistry as well as using the same language to describe these views or components of it. For the participants in this study, the artistry inherent in their practice was not always immediately visible to themselves; rather, it was a natural part of their clinical interactions, frequently identified by others and also evident in their verbal accounts of practice throughout these interviews. Achieving this artistry in their clinical interactions felt effortless as it was so ingrained in their practice.

> … after a while it just becomes … part of how you relate, it's just like a comfortable pair of shoes you just slip on and that's the way you use them. But, you know where I notice it is when others will bring it up to me. Either students or patients or their family members … I mean you can see that you've really been able to reach out and you've made a difference for that person even though your intervention has been so short. (Laura, Interview #2)

> … it feels like connectedness to me. It feels like you get to a point where you're truly partners in something and you're, you have that feeling that you're in something together and that you're in a shared experience. And that … that experience is feeling good for both people … and I think you go in and out of it in a session. (Scout, interview #2)

Artistry in Professional Roles

Participants identified the many roles they assumed within their profession. These roles were similar for all three participants (e.g., clinician, teacher, preceptor, team member, and advocate). When asked about artistry in their various roles, there were definite differences, at least in therapists' perceptions of this. However, as a researcher, listening to participants' descriptions of their various roles, there seemed to be evidence of those same types of personal qualities and values, as well as the professional skills which participants defined as professional artistry. For participants in this study defining artistry, or acknowledging its presence in roles other than clinician, was more complicated than articulating the artistry they perceived as inherent in their client interactions. Professional artistry was unmistakable in the descriptions and examples of their interactions with students and other multidisciplinary team members however, its presence was not always readily identifiable to them in roles other than direct client interactions, much as this artistry was often like *a comfortable pair of shoes* (Laura, Interview #2) they could put on and forget about.

Laura, Sally, and Scout all identified barriers to professional artistry. These included both environmental and systemic constraints to the expression of artistry in their clinical practice. Participants described the limits of the physical environments within which they worked, as well as constraints induced by the health care system, most of these centred on workload and time limitations. For example, Laura and Sally both described the difficulties of establishing relationships and building trust within the hospital environment due to lack of quiet or dedicated work space as well as privacy.

>…the physical space that you're meeting the person in, when there's somebody crashing in the bed next to you and, you know, curtain's pulled and … they're calling a code blue, and then you're meeting the person for the first time in the bed right next to them and you can't get them out of the bed or take them out of that context, I mean sometimes just the physical environment is so chaotic and scary for some of these people as well. It's okay; I do a lot of handholding [laughing]. (Laura, Interview #3)

>…if I'm interviewing someone in the middle of … chaos, it's going to be pretty difficult to develop the relationship … the environment I think matters a lot for Occupational Therapy treatment and materials. And limited materials, limited quiet space, very noisy, a lot of distractions, you get people who are easily distracted, a lot of distraction trying to treat them in that kind of … having to adapt the whole treatment to those constraints. (Sally, Interview #2)

Additionally, short lengths of stay in acute care with an emphasis on rapid discharge sometimes compromised relationship building. Scout described the limited scope of practice she was permitted in school-based care and felt this precluded client-centred care, leading her to private practice.

>…working within a system where, the ability to practice the art was … almost actively discouraged by the system in terms of volumes and numbers and time demands, and also expectations of the individuals that you were going to work with about what your role was. So that notion of the teacher just wanting me to take the child out of the classroom and deal with them, and didn't really want to hear anything about it. (Scout, Interview #2)

These factors impact Occupational Therapy practice by de-valuing the essential components of professional artistry in practice; thus diminishing the therapists' ability to create an environment conducive to establishing relationships, building trust and fostering client-centred practice.

Development of Professional Artistry

The participants in this study were highly reflective, committed to lifelong learning and invested in both personal and professional development. Participants identified factors integral to the development of professional artistry (see Table 1). Participants described the ways that artistry developed in their practice as Occupational Therapists these included professional training, feedback, modeling and trial and error through school, fieldwork and ultimately their own practice. While participants felt that elements of this could be taught in school, the overall impression was that it was an evolving process which would require experience and reflection.

Table 1. **Summary of Development of Professional Artistry (PA) as Coded for Laura, Sally and Scout (X = Coding for Participant)**

DEVELOPMENT OF PA	LAURA	SALLY	SCOUT
Feedback		X	X
Modeling		X	X
Experience	X	X	X
Professional Training	X	X	X
Reflection	X	X	X
Trial & Error		X	X

Personal elements

The personal elements of professional artistry (see Table 2) as described by participants were comprised of personal qualities or characteristics and values. Many of the personal traits were considered innate to the individual and as such participants felt they could not necessarily be taught or learned.

> For me I don't know if it all comes from Occupation Therapy. I think some of it does, but for me I guess I came into Occupational Therapy later in life so I think I'm, it didn't quite all happen in Occupational Therapy. (Sally, Interview #2)

> I think when we enter into the profession there's a certain interest to the profession because of who we are as a person. And then when you go through your schooling I think it just hones in these skills that are there to begin with and awakens them and makes you think differently about those things. So we all … have different clinical strengths and some things that we are not as good at, but to be able to bring that to what we do as an OT I think, we love what we do, that's why we became an OT. (Laura, Interview #1)

Table 2. **Summary of Personal Elements of Professional Artistry as Coded for Laura, Sally and Scout**

PERSONAL ELEMENTS	LAURA	SALLY	SCOUT
Life Experience		*Identified*	***Identified***

Personal Qualities	***Caring*** ***Compassionate*** ***Intuitive*** ***Passionate*** ***Reflective*** *Creative*	***Caring*** ***Compassionate*** ***Intuitive*** ***Passionate*** ***Reflective*** Curious *Faith* *Genuine Interest* *Hope* *Self- aware*	***Caring*** ***Compassionate*** ***Intuitive*** ***Passionate*** ***Reflective*** ***Creative*** ***Faith*** ***Genuine Interest*** ***Hope*** ***Self- aware*** Empathetic Flexible Patient Responsive
Values	***Love of learning*** ***Relationships*** ***Sense of privilege*** ***Empowerment*** ***Respect*** New challenges	***Love of learning*** ***Relationships*** ***Sense of privilege*** Self- alignment ***Respect***	***Love of learning*** ***Relationships*** ***Sense of privilege*** ***Empowerment*** Occupation Joy

Note. Bold italics = common to all participants. Italics = shared by two participants.

Professional elements

Professional elements (see Table 3) of artistry for all three participants consisted of professional knowledge and skills related directly to Occupational Therapy training both in the classroom and in the field, as well as the profession's core value of client-centredness and individual clinical judgment. Many of these elements of artistry were viewed as being developed over time through both personal and professional experience. This included the pattern recognition that comes from seeing similar cases over time which is an integral part of clinical judgment. The therapists in this study were all highly reflective individuals, and reflection was identified as a key element in the development of professional artistry. This ability to reflect on their experiences was an integral part of who they were both personally and professionally. Laura commented that she wasn't aware of anyone who reflected on client-centredness as much as she did.

> I think the art to part of it is that, I think there's a big component of self-reflection in there. I think to ask yourself, you know, why are you doing what you're doing, and what is it in the literature, so in the knowledge, that tells me that this is the right way of doing it; being able to applying it, so in the way of doing and, but just that whole process of self-reflection. (Laura, Interview #2)

Table 3. **Summary of Professional Elements of Professional Artistry as coded for Laura, Sally and Scout**

PROFESSIONAL ELEMENTS	LAURA	SALLY	SCOUT
Professional Knowledge	***OT Theory***	***OT Theory***	***OT Theory***
Client Centredness	***Empowerment*** *Awareness of power*	***Empowerment*** Readiness for change	***Empowerment*** *Awareness of power* Meaningful to client
Clinical Judgment	***Experience*** ***Intuition***	***Experience*** ***Intuition***	***Experience*** ***Intuition***
Professional Skills	***Active listening*** ***Rapport*** ***Therapeutic use of self***	***Active listening*** ***Rapport*** ***Establishing trust***	***Active listening*** Communication ***Establishing trust*** ***Therapeutic use of self*** Negotiation Professional Confidence

Note. Bold italics = common to all participants. Italics = shared by two participants.

Scout noted that her travel time between clients was ideal for reflection and discussed her love of working through clinical "conundrums" with colleagues. She described her tendency to ruminate if things didn't go as well as she hoped.

> I think it comes a lot from, reflection. I think that's a big piece of learning the art. By questioning yourself, reviewing what you've done. Even in your head. Going over, you know, what happened in this situation, how did I handle it, what could I have done differently, am I making a difference? … I do that all the time. (Scout, Interview #1)

This capacity for reflection illustrates their desire to continuously improve and hone their practice. Participants described a continuous cycle of experience and reflection on this combination of personal and professional elements which honed the development of professional artistry.

> It comes later I think, with experience, with intuition, as you grow as a person. (Laura, Interview #3)

> … certainly [it's] an art that one keeps working at developing, it's sort of a delicate mix of different skills and different insights I suppose that build up over time. (Sally, Interview #1)

Scout echoed similar thoughts

> What I see is that my practice … is becoming more and more an art over time. I think it used to be more of a science and it's becoming more of an art, so again I think it's that confidence that I have all this knowledge in my head and that I can use it when it's appropriate to use it and, and not when it's not appropriate. (Scout, Interview #1)

For all three participants, artistry was perceived as a combination of both personal and professional elements, with personal elements laying the foundation for professional knowledge and training. Participants described a maturation process that influenced the art of their practice. This included the wisdom that came from experience as part of the aging process and living, as well as, the knowledge that came from clinical experience.

Meaning of Professional Artistry in Occupational Therapy Practice

Analysis of the data for all three participants showed considerable overlap and congruence of themes, resulting in the formulation of several meaning statements for the participants in this study:

- Sense of personal 'fit' with Occupational Therapy
- Relationship building as the foundation for professional artistry with empathy as an integral part of this relationship
- Satisfaction as an outcome for professional artistry in practice
- Professional artistry as the heart and soul of Occupational Therapy practice

All of the participants in this study described an alignment of their own personal qualities and values with that of the profession of Occupational Therapy and identified this as an essential fit for the manifestation of artistry in their practice.

> I think there has to be a congruence between yourself, your values, what you've learned in previous experiences, what you've learned in school, all of that you bring to the clinical setting. (Laura, Interview #3)

Scout made similar comments

> I think it's a big, big part of … people's suitability for the profession is that genuine desire to connect with people and, to try to do your best for somebody else … I think there is an altruistic streak that is important, in any of the helping professions. (Scout, Interview #2)

This alliance of values created a sense of satisfaction in their work that added to their commitment to the profession. Participants' inherent values of learning, relationships and a desire to provide care fuelled the development of those components they described as the art of Occupational Therapy practice. Reflection on both personal and professional experiences assisted in honing artistry within their practice.

Participants in this study were committed to building therapeutic relationships and described the many factors that contribute to this as being essential to the art of Occupational Therapy practice. These relationships provided a sense of meaning and satisfaction within the therapeutic process. Sally describes the satisfaction she derives from building strong therapeutic relationships and what this meant to her.

> I think it feels tremendously gratifying and it feels, it gives a sense of hope which fuels other therapeutic relationships. I think it, gives energy and it … gives a sense of lightness about the profession and about how my skills and what I've managed … my ability to connect with a person. (Sally, Interview #2)

Laura makes similar comments

> There's a certain … amount of pride that you're able to relate to the person in a particular way that … other team members haven't been able to with this particular person … I'm happy for that person that they found somebody that they can share things with … or that they feel comfortable enough to open up to me … It means … that you're a good therapist, you've been able to relate to them in a way that's drawn out whatever needed to be drawn out, and that you're effective in the way that you're communicating with the person that you're with. (Laura, Interview #3)

Participants valued relationships and incorporated such features as respect, an awareness of their professional power, and also the virtue of empowerment in client-centred practice. Many personal qualities enhanced their ability to establish relationships and build trust, such as caring and compassion, a sense of hope and faith, and a genuine interest in their clients' well being. Professional skills such as communication, therapeutic use of self, and the ability to listen, all helped to build rapport and trust. Establishing relationships seemed to be the very foundation of professional artistry for Occupational Therapists in this study, which in turn fostered client-centredness and enhanced clinical judgment for a particular client. Specifically, building trust and a strong relationship created an environment that allowed the clients to express their needs (enhancing client-centered practice) and encouraged a greater wealth of information for more accurate clinical decision-making.

All of the participants in this study described elements of empathy in the relationships they had with their clients, empathy being that ability to put oneself in others shoes and see an experience from their vantage points. Sally shares her insight into this process,

> … there's an art to really say, to look at the person and to say this is where they're at and this is their experience. And regardless of my reaction, you know, there has to be some openness there so that they can feel their way through, they can find their way. (Sally, Interview #1)

Empathy, for participants in this study, was a central component in establishing therapeutic relationships and maintaining client-centredness - one of the basic tenets of Occupational Therapy practice.

For all of the participants in this study, professional artistry provided the very foundation of meaning and satisfaction in their practice as Occupational Therapists. The relationships they built using all of the skills inherent in professional artistry fostered success within the therapeutic relationship and ultimately satisfaction in their jobs. Relationships were highly valued by the participants in this study in all areas of their lives, both personal and professional. The ability to incorporate one's values into one's work makes it inherently meaningful. The satisfaction Laura derived from the art of Occupational Therapy practice was obvious in her passion and sense of fit with the profession.

> The satisfaction I get from my work is from knowing that I've got certain talents and I'm putting them to good use. I don't think I can speak for the person who's receiving, you know, whatever service it is that I'm offering, or how that might benefit them … but I know that for me the satisfaction [is] that I'm doing something that I believe in, that I enjoy and that I know I'm well suited for. (Laura, Interview #3)

Sally's sense of self-efficacy and ultimately her satisfaction in her chosen career were strengthened through the expression of artistry in her Occupational Therapy practice. The sense of privilege she derived from accompanying her clients on their therapeutic journey underscored her satisfaction with the process.

> I think it increases my confidence in terms of finding ways of, listening and building rapport, practicing that art, where I, I might achieve some successes. So in that sense: I'm hired as an Occupational Therapist, I achieve some successes, therefore I feel a little more confident. (Sally, Interview #2)

Scout described the importance of relationships in her life joy. The satisfaction she derived from her involvement in the therapeutic process is evident in her description of this as a gift.

> that I'm helping parents see their child in a different light, maybe I'm helping the child see themselves in a different light too, and I'm giving them, I'm sharing their belief that they can do something differently, and so I'm enabling them to move forward in their hope, and I think because so often they come discouraged, that that's the big gift, to be able to, to

> hear what it is they want to do, and then to help them get there. (Scout, interview #3)

For Laura, professional artistry in Occupational Therapy

> defines my practice I think, the core of my … practice … those values are the practice that I bring … I'm certainly very comfortable in it because … it jives with who I am outside of work, outside of the clinical setting. (Laura, Interview #3)

This artistry is the very heart of her practice, and where she derives her meaning, despite the fact that the significance of artistry to her practice is difficult for her to define.

> It's an expression of yourself in the end, and how do you define that expression of yourself? … It's the essence of who you are and it's okay not to have that spelled out in words. (Laura, Interview #3)

Sally is more explicit in her depiction of the meaning of professional artistry in her Occupational Therapy practice, describing it as the glue that holds practice together by providing a foundation to let the therapy happen.

> … like a gel that sort of holds everything together and, that allows the actual activity: skill building or whatever, to happen. And it allows … it's at least a framework of … general respect and knowledge and all those things put together to [form] sort of a basis for change to happen if it can happen. So I try … to optimize that art so that change can happen on top of the actual things. I guess I see it as a support in the background, as the essential background. And sometimes it connects people in treatment together as well, like a bridge or, it allows you to make decisions I guess for one thing or another, and it allows you to talk to or, to move things forward or to provide, you know, action or stepping back as the case may be … I guess it provides a framework and an ethical stance and a, sort of a bottom line on how business will be conducted.. (Sally, Interview #2)

Scout is similarly adamant in her position that artistry is an essential element of practice and that from which she derives the most meaning. In fact, her move to private practice was in large part due to the constraints she felt the system imposed on her practice, much of that centered on inhibiting the art of her practice.

> I just sort of think it [artistry] is the meaning, it's, it's what it's all about … I don't know, without it it's not meaningful, it's not something I would particularly enjoy doing, and I didn't enjoy doing where I was in situations where I didn't feel like I could be artful or particularly compassionate, and that was that sort of system issue that throws me out of that kind of practice. (Scout, Interview #3)

Discussion

This study presents in-depth information from three experienced Occupational Therapists regarding the lived experience of professional artistry and the meaning of that artistry in their Occupational Therapy practice. Participants provided interview data concerning their perceptions of several components of artistry in their practice; this included their thoughts on what constitutes the art of practice, how it is manifested in the various roles of an Occupational Therapist and how artistry is developed. Most importantly, this study has provided insight into what the art of Occupational Therapy means to clinicians in their practice.

Participants in this study identified professional artistry as the very heart of their Occupational Therapy practice, a sentiment echoed by Peloquin (1990). The literature identifies characteristics of artistry as including key judgments used in intervention such as: where to start, creation of activities to inspire the client and promote self-direction, choosing the level of challenge, flow between activities, the client/therapist relationship and decisions about discontinuing therapy. Artistry includes personal traits such as genuineness, creativity, flexibility, warmth and humour. Clinical reasoning, intuition, caring, empathy, respect for the client, ethics and aesthetics were all identified in the literature as components of professional artistry (Depoy, 1990; Peloquin, 1989, 1995; Titchen & Ersser, 2001a; Weinstein, 1998). The personal and professional elements of artistry identified by the Occupational Therapists in this study reflect the components of artistry identified in the literature.

Embedded within the art of practice are the personal and professional values of participants in this study, including the key value of relationships. This value of relationships is integral to the meaning of professional artistry for these Occupational Therapists in their practice as much of the skill associated with artistry is seen as essential to relationship building. That artistry encompasses many of the facets required to establish a therapeutic relationship and ensure client-centeredness, including a practitioner's personality and values, makes personal suitability to the profession seem a necessity. For participants in this study, Occupational Therapy practice seems a natural extension of who they are. Kielhofner (1983) emphasized that a key determinant in the art of practice is creating meaning through context; conversely participants in this study derived meaning from the context of their practice as Occupational Therapists and the artistry they were able to employ within this practice.

Therapeutic relationships are an integral part of Occupational Therapy practice and influence the course of therapy. Therapists and clients often bring a vision of their mutual expectations to the therapeutic encounter (Crabtree & Lyons, 1997). The literature on relationships within the therapeutic context indicates that it is a significant source of meaning in practice (Rosa & Hasselkus, 1996; Schön, 1983). Establishing relationships was a key value for the Occupational Therapists in this study, both in their personal and professional lives. Therapists identified this ability to build relationships as the very core of professional artistry. The ability to forge strong and meaningful clinical relationships encompassed the personal and professional elements of artistry identified by participants in this study.

The establishment of therapeutic relationships encompasses a sense of connectedness and competence. It demands that rapport be developed and caring attitudes

prevail. Through the strength of relationships we build trust and create an environment of caring which allows clients to truly express their needs, the foundation of client-centred practice (Crabtree & Lyons, 1997; Rosa & Hasselkus, 1996; Tickle-Degnen, 2002). Peloquin (1993a, 1993b) notes that clients are disappointed with their therapeutic experience when it consists of competence that excludes caring. This over-valuation of competence versus caring may be related to several societal beliefs, namely "an emphasis on the rational fixing of problems, an over reliance on method and protocol, and a health care system that thrives on business, efficiency, and profit" (Peloquin, 1993b, p. 941). She notes that without compassion and caring "they [Occupational Therapists] diminish themselves and their patients, forgetting that personal presence is the fundament of care" (Peloquin, 1993a, p. 836). This may be a reflection of the emphasis on science within health care and the push to use scientific research as the evidence which guides practice. Participants' views in this study are consistent with the notion that rapport-building and a therapeutic alliance are essential components of practice with the added dimension that much of the skill that goes into the ability to establish this relationship is founded on principles of artistry.

Occupational Therapists derive meaning from their ability to establish strong relationships with their clients and correspondingly, it is the strength of this relationship which lends satisfaction to the client (Blank, 2004; Johansson & Eklund, 2003). Roush (1996) attempted to quantify the relationship between therapists and their clients. While she found a significant relationship between therapists' attitudes toward disability and client satisfaction, she went on to say that "perhaps therapists' personalities have more involvement in the satisfaction of their patients than we generally acknowledge" (p. 135). This thought is echoed by the views of therapists in this study who acknowledge the individual qualities they bring to their role as therapists and their sense that some of the skill required in the art of practice is innate to the individual and as such, not amenable to teaching.

For clients in mental health, studies demonstrate that taking the time to build a relationship was perceived as essential to establishing trust and confidence in the therapist (Blank, 2004; Johansson & Eklund, 2003). Clients expressed a desire to be "perceived as meaningful themselves" (Johansson & Eklund, p. 343) and stability and structure were perceived as important components to establishing relationships in a psychiatric setting. Similar views and comments were expressed by Sally in her work in a mental health setting. Sally seemed to intuitively understand this need for clients to be perceived as meaningful in their own right as was reflected in her statement that:

> what meaning there was … there was an appreciation of this one person
> … the whole idea that you can appreciate one spirit, one person for who
> they are, and even in the context of practice … I can recognize this life as
> having meaning. (Sally, Interview #3)

Clients' views as cited in the literature echo the views of participants in this study in identifying critical elements in relationship building (Blank, 2004; Johansson & Eklund, 2003). This is exemplified in the stated need for "stability and structure" (Johansson & Eklund, p. 343) identified by psychiatric clients as influential in

establishing trust in mental health practice, this was also identified by Sally in this study. Sally notes that,

> trust is also built by showing up … when one says one will show up … coming for an appointment at the right time and, having groups that are consistently there as opposed to being moved around or cancelled. (Sally, Interview #1)

Within the process of relationship building, particularly in the context of client-centred practice, there resides an awareness of power and the role of empowerment. Crabtree and Lyons (1997) noted that the informant in their study attempted "to relinquish some of her power" and that "this careful judgment reflects the art of therapy" (p. 61). Blank (2004) notes the role of power as a barrier to truly client-centred relationships or partnerships. Similar qualities were noted by the participants in this study. They had a keen awareness of the power they wield by virtue of their professional status, particularly in institutional settings. Participants in this study made deliberate attempts to empower clients within the therapeutic process, thereby enhancing client-centredness and strengthening the therapeutic relationship.

While the literature seems to reflect the meaning of relationships to both therapists and clients, the importance of client-centredness and the influence of power in facilitating this, it has neither defined nor identified the need for professional artistry within this process. Participants in this study identified personal elements of artistry, many of which foster the establishment of rapport, such as the personal traits of caring, compassion, empathy, and genuine interest. Participants' value of relationships, respect, empowerment, and a sense of privilege in being in a therapeutic relationship with a client also serve to enhance the therapeutic relationship. Professional skills such as active listening, rapport and therapeutic use of self, combined with principles of client-centredness unite in lending artistry to participants' abilities to establish meaningful relationships with their clients. Clients' views as expressed in the literature seem to confirm the importance of these notions, especially the unique qualities of an individual therapist used in establishing relationships. Weinstein (1998) notes "art, which is embedded in the therapeutic event, transforms scientific skills into interpersonal encounters that engage the person in a quest for personal meaning and significance" (p. 579).

Occupational Therapists may have the knowledge of techniques required to build meaningful client relationships, but without the art to deliver this facet of therapy, the service will likely be less than satisfying to both client and clinician. Participants in this study describe the ways in which they diffuse power and the skill and finesse they use to establish the therapeutic relationship. These examples of artistry in action provide concrete examples of how to build and achieve meaningful therapeutic relationships. By making explicit the subtleties and nuances of professional artistry, including techniques to diffuse power in therapeutic relationships, we can begin to teach Occupational Therapists how to practice artistry within the academic setting. Ultimately, unless these skills are valued these practices will not be implemented.

Relationship building is inherently meaningful and valued by the Occupational Therapists who participated in this study. The Occupational Therapists in this study

exemplified qualities such as caring, compassionate, intuitive, reflective, passionate, genuinely interested and self-aware, all of which would seem to facilitate the development of meaningful therapeutic relationships. Similar traits such as genuineness, creativity, flexibility, warmth, humour, intuition, caring, empathy, respect for the client, ethics and aesthetics are all identified as personal components of professional artistry within the literature (Depoy, 1990; Higgs et al., 2001; Peloquin, 1989, 1995; Titchen & Ersser, 2001a; Weinstein, 1998). These qualities and values of the participants in this study align well with those of the profession.

Participants in this study all identified a love of learning as being part of their personal character. Participants were enthusiastic about the profession and committed to maintaining their knowledge base, they engaged in student teaching and research opportunities. Their passion for learning was fulfilled in the ongoing learning opportunities they perceived to be provided by the profession. Their reflection on practice and all facets of the profession led to a continuous cycle of skill development through experience and reflection. This alignment of who one is with what they do would seem to make the inherent expectations of the profession easier to master.

Participants in this study clearly communicated the sense of privilege they experienced through their work and in the therapeutic relationships they established with their clients. This feeling of honour in being able to accompany their clients on a journey to more fulfilling and satisfying occupation was stated explicitly as well as being implicit in their responses to, and descriptions of, clinical interactions. This implies an inherent value of the work that they do for participants in this study. This innate value combined with their love of learning likely acts as a drive to continuously hone and improve their craft, both the art and science of their practice. Given their value of artistry within their practice and the meaning it imparts to practice, this alignment of values may also push them to go that extra mile for their client, thereby communicating a sense of value to the client.

Other values highlighted by this study include empowerment, respect for the individual, and a value of occupation. The first two, empowerment and respect are essential components for relationship building as discussed earlier. The third, occupation, is the cornerstone of Occupational Therapy practice. The values of participants in this study reflect a close alignment with those of the profession of Occupational Therapy. Aligning the individual with the profession may result in Occupational Therapists who are committed to and remain in the profession. The embodiment of participants' values in their work would seem to impart an especially rich meaning to their career and a sense of commitment to the profession.

Limitations

While this study provides an in depth view of three therapists' experiences, the sample is small even for a phenomenological inquiry. Creswell (1998) suggests up to 10 people who have experienced the phenomenon as a sample size. The researcher had hoped to find 4-6 participants for the study however, only three participants were recruited.

It was also hoped that participants would reflect diversity in gender, ethnicity, rural vs. urban practice and geographical location, but participants were all Caucasian

women within one province, working in urban areas. Due to time and financial constraints, recruitment was limited to three diverse geographical areas but the low response rate to recruitment resulted in all participants coming from the same province. However, the three participants recruited for this phenomenological study did represent several practice areas across the continuum of care.

Additionally, the criteria for participant recruitment were not well defined. Fieldwork coordinators were asked to nominate potential participants whom they felt 'exemplified professional artistry' and as such they acted as gatekeepers for participation in the study. Professional artistry was purposefully not defined as the researcher wanted to explore participants' perceptions of this phenomenon. However, this opened the door for individual interpretation during the nomination process and may have resulted in the selection of potentially agreeable participants viewed by those making the nomination as good therapists.

Areas for Future Research

Areas for future research include exploration of perceptions of artistry within a variety of Occupational Therapy practice areas and strategies to foster professional artistry in practitioners. There was suggestion by participants in this study that artistry might be more or less relevant to practice depending on the area of practice. For example suggesting it might be less essential if working in a hand clinic where there is a very prescriptive approach to treatment. While I am not convinced that the area of practice versus the individual is the defining characteristic, it would be interesting to explore. Research regarding the alignment of personal and professional values at the time of recruitment to the profession might shed insight into long term satisfaction and longevity within the profession. This type of research would require follow up at regular intervals over a long period of time. By making artistry explicit it may be more readily available for professional development; as such future research could address the effectiveness of strategies to promote artistry within the profession.

Conclusion

Findings of this phenomenological study provide thick, rich description regarding the phenomenon of professional artistry in Occupational Therapy practice as experienced by three Occupational Therapists. These clinicians were identified as exemplifying artistry in their practice by Fieldwork Coordinators at three Schools of Occupational Therapy. Interview data provided by participants included their thoughts on the nature of professional artistry: what this is, how it is manifested in the various roles of an Occupational Therapist and how it is developed. Most importantly this study provided insight into the phenomenon of professional artistry and its meaning to Occupational Therapists in their practice.

For participants in this study, artistry was a combination of personal and professional elements; some innate to the individual, others developed through experience and professional training. Artistry, when it was identified, looked very similar regardless of the role the therapist assumed (e.g., clinician, teacher, preceptor or team member). This was in large part due to the presence of artistry in all of the elements that

go into establishing meaningful and productive relationships, which then set the foundation for the rest of therapy or education to transpire. For participants in this study, artistry was developed through a combination of innate personality traits and values, enhanced by professional training and personal and professional experience. Skills were developed through an ongoing cycle of reflection on experience, leading to further skill development and reflection.

Participants provided in-depth examples of their practice, how artistry was implemented and its meaning to them in practice. Results indicate that professional artistry is at the very heart of Occupational Therapy practice as it is central in the establishment of therapeutic relationships. An alignment of personal and professional values provided the groundwork for the development of professional artistry and through this development of artistry there was a further valuing of Occupational Therapy practice. The therapists in this study derived meaning from the relationships they were able to develop. An alignment of their personal qualities and values with those of the profession allowed work to be a natural extension of themselves. Ultimately the satisfaction derived from professional artistry led to a greater valuing of the profession.

If professional artistry forms the foundation for the therapeutic relationship, understanding it is essential for evidence-based practice. Strong relationships provide the basis for client-centred Occupational Therapy to occur - for information to be exchanged and clinical decisions to be made. Making the art of practice explicit fosters its development and expands Occupational Therapy's research evidence. By explicating this knowledge and articulating professional artistry in a way that is meaningful and accessible to others within the profession, this study contributes to evidence-based practice. This study has added to Occupational Therapy's body of research knowledge by making explicit the personal and professional elements of professional artistry in practice and its meaning to Occupational Therapists. Findings from this study have implications for recruitment to the profession and for professional practice.

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Appendix A

Subjectivity Statement

- I am an experienced Occupational Therapist who believes there is an art and a science to clinical practice.

- I believe this art of practice encompasses interpersonal skills, the ability to build rapport, therapeutic use of self, clinical judgment, intuition and the ability to 'read' people and situations resulting in the implementation of an approach that is most effective for a given client.

- I value this art of practice as much as the science.

- I view the art of practice as an undervalued and under recognized commodity within the biomedical culture of healthcare.

- My belief is that the best clinicians have a highly developed sense of therapy as an art form as well as a science.

- I feel the current reliance on quantitative research evidence within an evidence-based model of practice does not reflect or value the art of Occupational Therapy practice as part of the clinical decision-making process.

- I would like to change the way Occupational Therapists and the larger healthcare community view and conceptualize an evidence-based model to incorporate the art of practice.

- My view is that, while many definitions of evidence-based practice (EBP) support clinical expertise, judgment and experience as part of EBP, this does not translate to its application, at least not within the literature. Systematic reviews and meta-analysis (considered the highest levels of evidence) look only at experimental (quantitative, objective) studies, omitting and thereby devaluing, more subjective and qualitative information used in the clinical decision-making process.

- I believe the art of practice may best be captured within qualitative research designs.

- I feel that incorporating the art of practice into the research literature for EBP may mean a revisiting of the currently accepted levels of evidence to incorporate rigorous qualitative studies.

- I believe that the masculine views inherent in positivism and the medical system have played a role in the current emphasis on quantitative research in evidence-based practice.

- While I feel there is room for expansion of the currently accepted research within an evidence-based practice model, this does not negate the necessity for, or importance of, rigorous quantitative evidence to guide practice.

- I believe that there may be an element of politics and economics at work in this reliance on experimental designs, particularly the double blind randomized control trial, as the highest level of evidence. This gold standard is very difficult to achieve in the rehabilitative fields - making economic and political decisions to limit provision of service more justifiable. Specifically, greater funds may be allocated to disciplines providing the highest level of research evidence regarding efficacy of service.

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