Professional Behavior Attributes: A Survey of Occupational Therapy Faculty Perspectives

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Abstract

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Keywords

Occupational therapy, professionalism, faculty perceptions, students, attributes, behavior

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ABSTRACT

Professionalism in occupational therapy has been challenging to define due to differing values and behaviors across contexts and professions. There is a difference between how occupational therapy students and faculty view and comprehend professionalism suggesting that occupational therapists may not have an established sense of professionalism when entering the health care field for the first time. The study's purpose was to examine occupational therapy faculty's perceptions of essential professional behavior attributes that students should possess to succeed in occupational therapy practice. This study utilized a survey methodology to anonymously collect opinions from 150 occupational therapy faculty members across the United States regarding professional behavior attributes essential for entry-level occupational therapy education. Researchers found that the five most frequently observed professional behavior attributes in occupational therapy students were empathy, enthusiasm, being personable, having a positive attitude, and responsibility. The top seven most important professional behavior attributes were being clinically competent and ethical, having communication and interpersonal skills, and being adaptable, responsible, and empathetic. The results of this study indicate that occupational therapy faculty perceive that many vital attributes contribute to professionalism within the occupational therapy field and that teaching professionalism is an integral part of occupational therapy education. This study contributes to the current literature of defining professionalism within occupational therapy to better equip occupational therapy students entering into practice.

Introduction

Professionalism is a vast phenomenon, differing in definition by profession (Lecours et al., 2021; Mazor et al., 2007; Robinson et al., 2012; Stickley et al., 2017; Sullivan & Thiessen, 2015; Zafiropoulos, 2017). Defining professionalism is difficult secondary to varying values across professions (Gauger et al., 2005; Koenig et al., 2003; Mason & Mathieson, 2018). Although professionalism is vital in all disciplines, it is an essential element in the health care field as several researchers have found that professionalism directly relates to positive patient outcomes (Aguilar et al., 2012; Lecours et al., 2021; Robinson et al., 2012; Sullivan & Thiessen, 2015; Tay et al., 2020). Professions frequently reference the American Board of Internal Medicine (ABIM, 2001) definition, which states that the essential elements of professionalism include accountability, altruism, duty, excellence, honor, integrity, respect for others, and service (Blackall et al., 2007; DeLisa et al., 2001; Noronha et al., 2016; Shrank et al., 2004). Students in health care fields often struggle with understanding the meaning of professionalism due to its subjective nature of "know(ing) it when they see it" (Gauger et al., 2005, p. 479).

Professional behaviors are challenging to learn, teach, and evaluate despite the significance to professional practice (Hackenberg & Toth-Cohen, 2018; Hodges et al., 2011; Robinson et al., 2012; Stickley et al., 2017). Professionalism may vary over time (Hammer et al., 2000; Hodges et al., 2011) across contexts and environments (Aguilar et al., 2012; Burford et al., 2014; Chandratilake et al., 2012; Hodges et al., 2011; Hultman & Wagner, 2015; Jha et al., 2015; Robinson et al., 2012; Tay et al., 2020), as well as with diverse populations (Noronha et al., 2016; Sullivan & Thiessen, 2015). The subjectivity surrounding professionalism relates to the need to identify professional behavior attributes required of occupational therapy (OT) students to best help them succeed in professional practice and generate positive patient outcomes. Researchers created this study to identify and understand what professional behavior attributes OT faculty deem essential for entry-level OT practitioners in professional practice.

Literature Review

Defining Professionalism

Clinical practice requires professionalism to be successful, but what constitutes professionalism can often be vague and difficult to establish (Stickley et al., 2017). There have been efforts to define professionalism (Brissette et al., 2017; Lecours et al., 2021; Robinson et al., 2012; Shrank et al., 2004) and to clarify its meaning across contexts. Advances in technology, changes in delivery and reimbursement of health care, an explosion of information in the health care field, and an increasingly complex environment have all contributed to the focused efforts to define professionalism (Green et al., 2009; Thistlethwaite & Spencer, 2008), as each of these has impacted how health care professionals carry out their jobs. Nortje (2017) stated that these health care delivery changes threaten both the nature and value of professionalism and frustrate current health care professionals. This threat stems from an increasingly complex health

care system where practitioners must demonstrate strong professionalism to uphold the principles of patients' welfare, patients' autonomy, and social justice despite increasing numbers of disparities and limited resources that tempt practitioners to abandon their commitment to their professional values (Medical Professionalism Project, 2002).

Professionalism includes both professional identity and professional behaviors exhibited at and away from work. Klemenc-Ketis and Vrecko (2014) describe professionalism as attitudes, values, behaviors, and relationships that hold health professionals responsible in their society. Professionalism has been noted as one of the most important topics to learn in the health care field (Klemenc-Ketis & Vrecko, 2014; Taibah, 2018).

Contextual Aspects of Professionalism
Professionalism varies in definition within several contexts such as profession, cultural background, and across generations. Each discipline defines professional behaviors in their terms, which can complicate the perception of professional behaviors in health care (Stickley et al., 2017). To demonstrate professionalism in their work, practitioners must see these elements as both behaviors and values that they must uphold. Multiple researchers have used the aforementioned ABIM definition since it debuted in the late 20th century (Chisholm et al., 2006; DeLisa et al., 2001; Noronha et al., 2016). Nursing lists professional behaviors as accountability, advocacy, autonomy, collaborative practice, commitment, competence, and knowledge (Stickley et al., 2017). The American Occupational Therapy Association (AOTA, 2020) provides ethical behaviors for OTs as including altruism, equality, freedom, justice, dignity, truth, and prudence but does not list specific professional behaviors. No two descriptions are the same, and varying definitions are how each practitioner understands and practices the professional and ethical behaviors defined by their profession (Zafiropoulos, 2017). These documents further reveal that the definition of professionalism, including values and beliefs, needs to be explicitly stated within each health care profession (Aguilar et al., 2012).

It is essential to consider how generational differences and experiences in life may influence the definition of professionalism as events and social conditions shape behavior (Hills et al., 2012; Hills et al., 2016; Noonan et al., 2019). Hills et al. (2012) called the differences generational characteristics, while others have referred to it a *generational gap* (Deluliss & Saylor, 2021). Each generation has its own set of generational features, including beliefs, values, attitudes, and expectations (Hills et al., 2016), and each generation brings with them unique viewpoints, expectations, workplace cultural norms, and patterns of learning and sharing knowledge (Deluliss & Saylor, 2021), which can cause differences in definitions and expectations of professionalism.

Teaching, Learning and Evaluating Professionalism
The beliefs and values that are part of professionalism are challenging to learn, teach, and evaluate (Hackenberg & Toth-Cohen, 2018; Hodges et al., 2011; Robinson et al., 2012; Stickley et al., 2017). Educators and students alike are challenged when teaching and learning professionalism due to its complex and ever-changing definition (Birden et

al., 2014). In addition, students lack lived experiences (Birden et al., 2014); however, researchers report this could be resolved if students had an increased amount of practice or several professional interaction opportunities before entering the professional world (Hackenberg & Toth-Cohen, 2018). Fieldwork experiences often serve as the opportunity to interact and engage professionally with both practitioners and clients.

Reynolds et al. (2019) found that students learned more about professionalism through role modeling when seeing behaviors demonstrated. Role modeling could be beneficial for students so long as the modeling is positive, as 93% of participants in their study reported having a role model that positively influenced their professionalism. Also, Reynolds et al. (2019) found that more than 58% of participants in their study changed their perception of the importance of professionalism in practice after seeing a teacher act in an unprofessional manner, further demonstrating how important it is that a role model demonstrates proper behaviors at all times. Research indicates professionalism is best taught through role modeling in clinical settings so that students can observe interactions between the educators and patients or other professionals in an appropriate environment (Hilton, 2008; Johnston et al., 2011). Evaluation of professionalism is also challenging given that several researchers have designed many measurement approaches (Blackall et al., 2007; Chisholm et al., 2006; Koenig et al., 2003; Stickley et al., 2017; Tay et al., 2020), but few proposed methods and instruments have been successful at thoroughly evaluating an individuals' level of professionalism (Ginsburg et al., 2000). Shrank et al. (2004) suggested that no single tool is adequate to measure the complexity of professionalism. Assessments should utilize many sources to capture the concept entirely. Tay et al. (2020) stated that professionalism should be assessed using a "portfolio-based assessment method" (p. 15) including a mixture of generalized tools and context-specific methods.

Professionalism in Occupational Therapy Education
Many studies on professionalism in OT have found that it is challenging to identify the values and behaviors of professionalism due to differing expectations across contexts (Aguilar et al., 2012; Robinson et al., 2012; Sullivan & Thiessen, 2015). Researchers have conducted most of their studies with OT students and how this population learns professionalism through time in the classroom and fieldwork (Ashby et al., 2016; Hackenberg & Toth-Cohen, 2018; Robinson et al., 2012; Sullivan & Thiessen, 2015). Hackenberg and Toth-Cohen (2018) stated that OT students would benefit most from explicit education on the topic, with a specific focus on aspects such as communication, responsibility, work behaviors, and time management. They indicated that professionalism should be addressed with students throughout the program by fieldwork placements and assessments completed by faculty and the students (Hackenberg & Toth-Cohen, 2018). Howard and Barton (2019) supported the need for addressing professionalism throughout the curriculum, finding that student reflection prompts increased awareness of and changes in professional behaviors.

Students have also stated they lack confidence in adjusting to the differing expectations of professionalism in varying contexts (Robinson et al., 2012). Lower levels of confidence could be due to a lack of experience and is not a phenomenon seen in OT faculty who have had more practice navigating unfamiliar environments (Robinson et al., 2012). Furthermore, students are ambiguous about where professionalism begins and ends (Robinson et al., 2012) and have difficulty identifying professionalism when their knowledge of the topic is different from the professionalism they observe in the field (Ashby et al., 2016).

There are differences between how OT students and faculty view and comprehend professionalism, which indicates that professionalism is an ongoing developmental process (Robinson et al., 2012; Sullivan & Thiessen, 2015; Tay et al., 2020). This difference suggests that new OTs do not have an established sense of professionalism when entering the health care field for the first time. Mason and Mathieson (2018) found that employers look for professional skills such as client-centeredness, communication, respect, and teamwork when hiring OTs. Sullivan and Thiessen (2015) stated that advocating for OT is also an essential aspect of professionalism; OTs should foster a positive perception of their profession and demonstrate professionalism in all settings.

These differences in professionalism could lead to challenges in the workplace. On the other hand, professionalism has been linked to improved patient outcomes (Aguilar et al., 2012; Robinson et al., 2012; Sullivan & Thiessen, 2015), suggesting that a lack of professionalism could lead to lower patient outcomes, among other issues. To combat this issue, OT students must have a clear expectation of the professional behavior attributes when entering professional practice. This study sought to identify what professional behavior attributes OT faculty deemed as essential for entry-level OT practitioners so that OT students are better equipped when entering professional practice. Additionally, the study sought to compare responses between faculty based on age, highest degree earned, and years of teaching experience. The information gathered from the study will provide educators with the knowledge to enhance curricula to develop methods to teach and facilitate professional behaviors.

Methodology
This study utilized an exploratory research design through quantitative methods derived from a survey created by the research team to anonymously collect opinions from faculty in OT programs regarding professional behavior attributes essential for entry-level OT education. The researchers obtained Institutional Review Board (IRB) approval from a small midwestern university where the study took place and obtained informed consent from all participants under the approved IRB proposal.

Participants
Researchers formed the sample through convenience sampling by obtaining emails for all faculty at each Accreditation Council of Occupational Therapy Education (ACOTE) accredited OT program across the United States. Researchers contacted program administrators for the programs whose website did not provide emails. Researchers omitted faculty when programs failed to provide emails.

Survey
Davis's (2009) survey of physical therapy educators was used with permission from the researchers to create the demographic section of the survey, with modifications to reflect the OT profession. The first part of the survey asked participants questions about demographics and their position within their respective programs such as age, years of teaching experience, and highest degree earned.

The second part of the survey borrowed 22 professional behavior attributes from Campbell et al. (2015), with permission from the researcher, to apply to academic education. Utilizing Delphi methodology, Campbell et al. (2015) collected these attributes with a multistage survey process. The second part of the survey asked participants to respond to six statements relating to their perceptions regarding their current teaching experience using a 5-point Likert scale ranging from "strongly disagree" to "strongly agree." Researchers asked one additional yes/no question about a course teaching professionalism at their respective universities. The following section asked participants to identify how frequently they observed 22 different professional behaviors in their entry-level students by responding with never, infrequently, occasionally, often, or very often. Researchers then asked participants to rate each of the 22 professional behaviors on their importance level ranging from (1), "not at all important", to (5) "extremely important." Participants then chose what they perceived were the seven most important professional behaviors attributes out of the 22. Finally, participants shared how their programs teach or foster professionalism for their entry-level students. An optional prompt was provided for participants to share feedback regarding the survey or their personal opinions/experiences with the topic.

The research team developed the survey on Qualtrics to ensure anonymity and security of responses. The survey was initially piloted with two OT faculty members who were then omitted from the participant pool. The piloting faculty provided feedback on overall clarity and completion time of the survey. Updates were made based on this feedback.

Procedures
Researchers emailed the survey to 655 faculty at 209 ACOTE accredited programs across the United States. Responses were anonymous to minimize the chance of researcher and participant bias. Researchers collected data electronically in a four week time span. Researchers sent two reminder emails within the four week time span after participants received the initial survey. Data was analyzed utilizing descriptive statistics.

<div align="center">

Results

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Demographics
Study participants consisted of 150 faculty members of entry-level OT programs in the United States, with a response rate of 22.9%. Of these participants, 145 (97%) were OTs. All respondents had a minimum of a bachelor's degree in their respective fields, with 124 (83%) having earned a doctorate as their highest level of education. Other degrees include Doctor of Philosophy (PhD), Doctor of Education (EdD), post-

professional doctorate, a post-professional doctorate in OT, entry-level Doctor of Occupational Therapy (OTD), Doctor of Physical Therapy (DPT), Doctor of Science (ScD), Juris Doctor (JD), and Doctor of Public Health (DrPH). Table 1 shows responses for the highest earned degree.

Table 1

Highest Level of Degree Earned

Degree Earned	n	Percentage
Post-professional doctorate in occupational therapy	53	35.3
PhD	45	30
EdD	8	5.3
Entry-level master's	11	7.3
Post-professional master's	11	7.3
Post-professional doctorate	10	6.7
Entry-level OT doctorate	4	2.7
Other	8	5.3

Note. n= Total participants with an earned level of degree. PhD = Doctor of Philosophy. MOT = Master of Occupational Therapy. EdD = Doctor of Education. OTD = Doctor of Occupational Therapy

Respondents between 36 to 65 years of age accounted for 78% of the sample size, with 19 participants ranging between 26 and 35 years of age and 12 participants ranging between 66 and 75 years of age. Two participants did not disclose their age.

Table 2

Age Range of Participants

Age Range	N	Percentage
20-25	0	0.0
26-35	19	12.7
36-45	38	25.3
46-55	40	26.7
56-65	38	25.3
66-75	12	8.0
>75	0	0.0
Prefer not to say	2	1.3

Note. n= number of participants in the selected age range

Years of teaching experience ranged from less than five years to more than 35 years, with the highest representation from those with 0 to 5 years of experience (n=53, 36%), closely followed by 6 to 15 years of experience (n=50, 34%). Only five participants (3%) had more than 35 years of teaching experience. The majority of participants (n=85, 58%) taught at a private program within the United States. The respondents' geographical representation showed that most participants teach at programs in the Midwest and Southeast. Respondents teaching in the United States' Midwest region accounted for 39% (n=54), with 25% (n=34) teaching in the Southeast. Only 7 (5%) of participants report teaching in the Western part of the United States, making it the least represented geographical area.

Teaching and Fostering Professional Behaviors
The results of this study indicate that the majority of participants (n=143, 98%) agreed either strongly or somewhat that teaching and fostering professional behaviors is an important part of OT education. In contrast, only three participants strongly disagreed with this statement. Table 3 represents this in more detail. When looking at a breakdown of the same question by age range to examine age or generational differences, 89% (n=136) or more of respondents in each age range strongly agreed that teaching and fostering professional behaviors is an important part of OT education. For age ranges 26-35 years, 46-55 years, and 56-65 years, one participant in each group responded with strongly disagree. Ninety-three percent or more of those in each range of years of teaching experience strongly or somewhat agreed with the statement, with all of those with more than 35 years of experience responding with strongly agree.

Furthermore, Table 3 shows that most participants (90%, n=132) indicated that they strongly agreed that the program in which they taught placed a high degree of emphasis on asserting professional behaviors as part of the program. Researchers also asked participants if they had concerns relating to the professional behaviors of one or more entry-level OT students. The majority of participants (89%, n=130) indicated they either somewhat agreed or strongly agreed, meaning that the majority of participants have experienced concerns relating to the professionalism of their students. Eight (5%) of the total participants disagreed with the statement, suggesting they did not have concerns regarding the professional behaviors of their students. Table 3 shows additional responses.

Table 3

Perceptions Related to Teaching and Fostering Professionalism in Occupational Therapy

Question (n)	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
Teaching and fostering professional behaviors is an important part of occupational therapy education. (n=146)	3 (2.05)			6 (4.11)	137 (93.84)
At the present time, I have concerns about the professional behaviors of one or more of my entry-level occupational therapy students. (n=146)	4 (2.74)	4 (2.74)	8 (5.48)	65 (44.52)	65 (44.52)
The program for which I teach places a high degree of emphasis on assessing professional behaviors as part of the entry-level occupational therapy program. (n=146)	1 (0.68)	7 (4.79)	6 (4.11)	42 (28.77)	90 (61.64)
Professionalism is a construct (concept) that can be learned. (n=147)			2 (1.36)	55 (37.41)	90 (61.22)
Professionalism is a construct (concept) that can be taught. (n=147)			2 (1.36)	57 (38.78)	88 (59.86)
A student's age at the time of admission to an entry-level occupational therapy program is a strong predictor of professionalism during the occupational therapy program. (n=148)	11 (7.43)	35 (23.65)	39 (26.35)	56 (37.84)	7 (4.73)

Note. All values are expressed as n (%). Questions in table adapted from work by Davis (2009)

Professional Behavior Attributes Observed in Occupational Therapy Students
Researchers presented participants with 22 professional behavior attributes from
Campbell et al. (2015) and asked them to identify the frequency of which they observed
these behaviors in their OT students. The top five most observed professional behavior
attributes labeled as being seen often to very often were empathetic, enthusiastic,
personable, positive attitude, and responsible, as shown in Table 4. Table 5 shows the
frequency at which participants have observed all other professional behavior attributes
in students.

Table 4

*Five Most Frequently Observed Professional Behavior Attributes of Entry-Level
Occupational Therapy Students*

Professional Behavior Attribute	Never	Infrequently	Occasionally	Often	Very often	Total
Empathetic		1 (0.71)	17 (12.06)	80 (56.74)	43 (30.5)	141
Enthusiastic		2 (1.43)	13 (9.29)	76 (54.29)	49 (35)	140
Personable		2 (1.42)	14 (9.93)	81 (57.45)	44 (31.21)	141
Positive Attitude		3 (2.14)	17 (12.14)	79 (56.43)	41 (29.29)	140
Responsible		2 (1.42)	18 (12.77)	84 (59.57)	37 (26.24)	141

Note. All values are expressed as n (%). Attributes derived from a study by Campbell et
al. (2015)

Table 5

Frequency of Student Behavior

Behavior	Never	Infrequently	Occasionally	Often	Very Often	Total
Adaptable		6 (4.26)	40 (28.37)	69 (48.94)	26 (18.44)	141
Adherence to Policies		4 (2.86)	19 (13.57)	78 (55.71)	39 (27.86)	140
Clinically Competent		4(2.86)	33 (23.57)	80 (57.14)	23 (16.43)	140
Communication Skills		5 (3.55)	40 (28.37)	67 (47.52)	29 (20.57)	141
Confident		10 (7.09)	61 (43.26)	58 (41.13)	12 (8.51)	141
Constructive Criticism	1 (0.71)	22 (15.71)	47 (33.57)	51 (36.43)	19 (13.57)	140
Creative		6 (4.26)	31 (21.99)	73 (51.77)	31 (21.99)	141
Empathetic		1 (0.71)	17 (12.06)	80 (56.74)	43 (30.5)	141
Enthusiastic		2 (1.43)	13 (9.29)	76 (54.29)	49 (35)	140
Ethical		1 (0.71)	23 (16.43)	69 (49.29)	47 (33.57)	140
Independent		12 (8.51)	43 (30.50)	74 (52.48)	12 (8.51)	141
Initiator		5 (3.55)	49 (34.75)	68 (48.23)	19 (13.48)	141
Interpersonal Skills		8 (5.71)	25 (17.86)	81 (57.86)	26 (18.57)	140
Leadership Skills		6 (4.26)	62 (43.97)	60 (42.55)	13 (9.22)	141
Organized		4 (2.84)	30 (21.28)	80 (56.74)	27 (19.15)	141
Patient		4 (2.84)	43 (30.50)	76 (53.90)	18 (12.77)	141
Personable		2 (1.42)	14 (9.93)	81 (57.45)	44 (31.21)	141
Positive attitude		3 (2.14)	17 (12.14)	79 (56.43)	41 (29.29)	140
Responsible		2 (1.42)	18 (12.77)	84 (59.57)	37 (26.24)	141
Team Player		3 (2.14)	18 (12.86)	85 (60.71)	34 (24.29)	140
Time Efficient		5 (3.55)	33 (23.40)	82 (58.16)	21 (14.89)	141

Note. All values are expressed as n (%). Attributes derived from a study by Campbell et al. (2015)

Professional Behavior Attributes by Participant Age Range
Participants aged 26-35 ranked all professional behavior attributes as at least moderately important when demonstrating professionalism in practice. Participants in this age range most frequently rated ethical, personable, adherence to policy, clinically competent, and communication skills as extremely important. The skills of adaptable and constructive criticism were also at times ranked as extremely important but also appeared as very important within this age range. Over 75% of participants age 36-45 ranked ethical, responsible, and communication skills as extremely important. At least one participant from this age range ranked culturally competent, leadership skills, and organizer as only slightly important, yet over 50% of those in this age range rated culturally competent and leadership skills as extremely important. Sixty-eight percent or more of participants in the 46-55 age range ranked ethical, clinically competent, interpersonal skills, communication skills, and responsible as extremely important, with all professional behavior attributes being at least slightly important. Those aged 56-65 agreed, ranking four of the five same attributes as extremely important, with leadership skills taking precedence over clinically competent. All participants aged 66-75 rated ethical and communication skills as extremely important, with all but one in this group also ranking interpersonal skills as extremely important. Ten of the 12 participants in this age range also ranked leadership skills as extremely important, with all participants listing organizer as at least moderately important. Consistencies between age ranges included having ranked ethical as an extremely important professional behavior attribute. In addition, interpersonal skills, clinically competent, and responsible as extremely important, most often behind ethical. An identified discrepancy between ages 26-35 and all other participant age ranges is that the younger age group ranked adherence to a policy as much more important than their older counterparts indicated.

Professional Behavior Attributes by Participant Years of Experience
When looking at the ranking of importance of professional behaviors broken down by years of experience, participants with 0-5 years of experience most frequently cited clinically competent, communication skills, ethical, interpersonal skills, being personable, and being responsible as extremely important. Participants with 6-15 years of experience had varied perceptions about the importance of many of the attributes, with only five of the attributes being ranked extremely important by over 70% of those with this much experience. These participants most frequently cited being ethical as extremely important. Individuals with 16-25 years of experience most frequently rated communication skills, being confident, and being ethical as extremely important, with being independent as very important. Ninety-two percent of participants with 26-35 years of experience ranked communication skills, being ethical, and being responsible as being extremely important. Additionally, over 70% also reported adaptable, clinically competent, culturally competent, and team player as extremely important. There were only five participants with over 35 years of experience, all of whom ranked ethical and communication skills as extremely important. Participants across all ranges of experience agreed on the importance of both ethical and communication skills. Those with fewer years of experience emphasized a higher level of importance for being personable, while those with more experience more valued being culturally competent and being a team player.

Professional Behavior Attributes for Occupational Therapists

Finally, researchers asked participants to indicate the seven most important attributes for a practicing OT, as derived from a list of professional behavior attributes (Campbell et al., 2015). Participants reported being clinically competent and ethical, having communication skills and interpersonal skills, and being adaptable, responsible, and empathetic as the seven most important professional behavior attributes, as seen in Table 6.

Table 6

Seven Most Important Professional Behavior Attributes for Practicing Occupational Therapists

Professional Behavior Attribute	No. of Times Ranked as One of the Seven Most Important	% of Times Ranked as One of the Seven Most Important
Clinically Competent	109	11.34
Ethical	109	11.34
Communication Skills	92	9.57
Interpersonal Skills	84	8.74
Adaptable	83	8.64
Responsible	77	8.01
Empathetic	66	6.87
Culturally Competent	60	6.24
Team Player	58	6.04
Adherence to Policies	35	3.64
Constructive Criticism	32	3.33
Time Efficient	27	2.81
Patient	25	2.60
Personable	24	2.5
Independent	15	1.56
Initiator	15	1.56
Creative	14	1.46
Confident	13	1.35
Leadership Skills	11	1.14
Enthusiastic	6	0.62
Organizer	6	0.62

When looking at responses for most important professional behavior attributes by age range, highest earned degree, and years of teaching experience, all subgroups in each category rated clinically competent as one of the seven most important attributes needed by new OTs. Participants in all subgroups for age range and years of teaching experience rated ethical and responsible as two of the seven most important attributes.

Participants in all age ranges rated ethical, clinically competent, and responsible as most important. All age ranges other than "prefer not to answer" indicated that communication skills and interpersonal skills were in the top seven. Four of the six age groups rated empathetic as one of the most important attributes, with those aged 46-55 and 56-65 not having the attribute in their top seven. Those aged 46-55 and 56-65 rated culturally competent in the top seven, while participants in age groups 56-65 and 66-75 both rated team player as one of their most important attributes. The "prefer not to answer" respondent and those in the age group 26-35 reported that time-efficient was one of the top seven most important attributes.

All participants rated communication skills and clinically competent as two of the most important attributes for new OTs to demonstrate. When further broken down by years of experience, participants rated clinically competent, ethical, interpersonal skills, and responsible as four of the most important attributes for new OTs. All but one group agreed that communication skills and adaptability are also in the top seven. Participants with 26-35 years of experience did not report communication skills in their top seven, and those with more than 35 years of experience did not mention adaptable. Neither those with 0-5 years of experience nor those with 16-25 years of experience said culturally competent. Only those with 0-5 years of experience and those with more than 35 years of experience mentioned empathetic. Only those with 16-25 years of experience and those with 26-35 years of experience reported team player in their top seven professional behavior attributes.

Discussion

Several studies found that professional behaviors, although significant to professional practice, are challenging to learn, teach, and evaluate (Hackenberg & Toth-Cohen, 2018; Hodges et al., 2011; Robinson et al., 2012; Stickley et al., 2017). A majority of participants in our study perceived that professionalism can be both learned and taught. Notably, 98% of participants agreed that teaching professional behaviors in OT education is important, yet only 71% stated they taught professionalism as an isolated topic. Participants reported addressing professionalism most often in education through reading assignments, small group discussions, lectures, and formal faculty meetings, but it is still unclear if this information is directly related to professionalism or only incorporates the topic. Three main areas were evaluated including impact of age, years of teaching experience and highest degree earned.

Impact of Age

Birden et al. (2014) indicated a lack of contextual experience might be the reason that students have difficulty learning and understanding professionalism. In the current study, 63 participants stated that they agree that a student's age at the time of admission to their respected OT program is a strong predictor of professionalism. This lack of experience may or may not correlate with the age of the students upon admission, and it is recommended research further explore correlations between age, experience and professionalism. Nonetheless, age was a factor that over 40% of participants reported as having an impact on professionalism in practice.

The current study echoes findings by Noonan et al. (2019) regarding the importance of both communication skills and interpersonal skills in professionalism within health care. Researchers found these two professional behavior attributes were frequently reported as most important attributes for all age ranges of OTs in the current study. Participants across the age ranges of OT faculty ranked both of these professional behavior attributes as extremely important. Additionally, being ethical, clinically competent, and responsible were ranked by participants from all age ranges as the most important professional behavior attributes, supporting the thought that professional values trump generational characteristics (Noonan et al., 2019). Thus, perceptions of professional behavior attributes may be influenced by both age of students and age of faculty.

Year of Teaching Experience
Participants with varying years of experience showed some differences in the importance of communication skills and interpersonal skills. While all ranges of experience ranked communication skills as extremely important, those with 26-35 years of experience did not identify communication skills in the most important attributes. All other ranges of experience ranked it as a top seven attribute, with all groups also ranking interpersonal skills in the top seven most important. While not a significant difference from the Noonan et al. (2019) findings, this does beg the question of why those with more experience did not report that communication skills are a most important attribute despite reporting that these skills are extremely important to professionalism.

Highest Degree Earned
The results of this study identified the seven most important professional behavior attributes that OT faculty deemed necessary for new OTs to exhibit professionalism in practice. Clinically competent and ethical were the top two most important professional behavior attributes when evaluating by highest degree earned. This is relevant because of accreditation guidelines that specify required degree levels of faculty to teach in ACOTE accredited programs (ACOTE, 2018). This is important to understand if these degree levels impact or influence faculty perceptions of professional behavior that may impact curricula.

Limitations
Not all participants in the current study were OTs and, therefore, may have different views regarding which professional behavior attributes are expected within the OT field. Additionally, not all participants teach in a full-time role in the education of students meaning they may or may not have conclusive knowledge of how other educators teach professionalism within their respected programs. Regarding the administered tool, the question on frequency of student behavior omitted one of the attributes listing only 21 professional behavior attributes instead of 22. Although the literature does not support the omitted attribute as a significant behavior attribute, future research should include it in the list of 22 attributes when administering the tool. The current study had a response

rate of 22.9%, with only 150 responses from the 655 individuals who received the survey. Despite this response rate, OT faculty from all regions of the United States participated in the current study. Not all participants answered each question potentially due to preference which limited the data collected.

Implications for Occupational Therapy Education

This study provided OT educators initial insights into self-awareness to how faculty perceive professional behaviors and trends across faculty in the country. These insights can aid educators in further structuring professional behavior development within curricula including connecting it to clinical or fieldwork experiences. Further, this deeper self-awareness of perceptions of essential professional behaviors may also help faculty understand how to approach differences in viewpoints and biases on what constitutes as professional behavior.

Future Research

To expand on the findings of this study, future research should focus on establishing what practicing OTs working in the field perceive to be the most important professional behavior attributes for new OTs to demonstrate. This information would further support the inclusion of education on certain attributes within the didactic education of OT students. An additional exploration should include analyzing differences between the expected professional behavior attributes of practitioners and those that students exhibit to better understand the difficulties in the teaching and learning of these attributes. Andonian (2013) suggested that emotional intelligence is crucial to address in the teaching of professionalism as it leads to an increase in understanding emotions and emotional self-management. These characteristics relate to "communication, increased client centeredness, and increased intervention skills" (Hackenberg & Toth-Cohen, 2018, p. 3), suggesting that emotional intelligence and its relation to these professional behavior attributes is a topic for researchers to study in the future. Opportunities also exist in future research to compare faculty perceptions from other health care fields on essential professional behavior attributes in comparison to the results of this study with the addition of more complex statistics to look for significance.

Conclusion

The goal of this study was to identify what professional behavior attributes OT faculty deem necessary for new OT graduates to demonstrate to be successful in practice. The results of this study indicate that OT faculty report that many important attributes contribute to professionalism within the OT field. Of the 22 professional behavior attributes, participants ranked all as at least slightly important to demonstrate professionalism. Of these, faculty reported the most important attributes were being clinically competent, being ethical, having communication skills and interpersonal skills, and being adaptable, responsible, and empathetic. Despite differences in the ranking by participants' age range, highest earned degree, and years of teaching experience, all participants agreed that being clinically competent was the most important attribute related to professionalism, with almost all participants stating that being ethical was the second most important professional behavior attribute.

This study also indicates that OT faculty reported that teaching professionalism is an integral part of OT education and stated the concept can both be taught and learned. Despite this and the fact that over 90% of participants reported that their program emphasized assessing the professionalism of their students, OT faculty continued to have concerns relating to the professionalism of one or more of their students. Faculty still perceived that their students demonstrated professionalism, reporting they most frequently observed students being a team player, being responsible, being time-efficient, being personable, and remaining organized, although these were not necessarily the most important professional behavior attributes identified by participants.

While this study indicates that professionalism within OT is still a difficult concept to operationalize, it positively contributes to the current literature of defining professionalism within OT and can assist OT programs in their students' education to ensure that they demonstrate professionalism in their future practice.

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