A Reflection On:

Reflection on Professionalism: Retrospective Review on Health Professional Student Reflections

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Reflection

Our motivation for writing "Reflection on Professionalism: Retrospective Review of Health Professional Student Reflections" stemmed from the need to develop a student-centered professionalism curriculum. The lack of studies defining professionalism from occupational therapy (OT) and physical therapy (PT) students' perspectives, led us to design the study based on students' reflective writings. We developed a framework to define professionalism by deriving themes from their reflections.

The research presented in this recent article (originally published in 2021) has already impacted on us as health professional educators and on the wider healthcare community, through the implementation of the framework. Recognizing the lack of focus on students' understanding of professionalism, we had aimed to fill this gap by developing a framework that conceptualizes professionalism from students' perspectives. The framework has now been used as a teaching resource for our Master of OT students at the University of British Columbia, Canada. Whilst only recently implemented, its relational dimension seems to resonate with students. It provides a foundation to discuss issues like trust, vulnerability, compassion, and humility, promoting effective therapeutic relationships and client-centered care. As the framework incorporates contextual factors, it helps students recognize the significant influence of context on professionalism and professional behavior expectations. This understanding appears to support students to navigate diverse settings and gain a better understanding of professionalism's fluid nature.

The conceptualization of professionalism through students' perspectives and reflections has also informed the curriculum for PT educators and influenced the design of online interactive case-based modules for clinical educators. By incorporating the framework into a discussion of conceptualizing professionalism, a student-centered perspective is added to the professionalism definition. The students' reflections also provided a foundation for authentic case-based videos in the modules that were developed to promote

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authentic learning and reflective thinking. Although focused on the experiences of PT students and preceptors, the cases and modules are applicable to a wide range of healthcare professionals.

While the article provides valuable insights into students' understanding of professionalism, examining the framework in light of increasing discussions on decolonization, justice and inclusivity is crucial. Expanding professionalism discussions to include social justice issues, power dynamics, and the impact of biases is recommended. We encourage students to question the framework and other existing frameworks, viewing professionalism as a culturally bounded and constantly shifting concept, where integrating a social justice perspective into their understanding of professionalism and reflective practices is vital.

The findings reported in "Reflection on Professionalism" have influenced positive changes in our professionalism education. It has: helped fill a gap by addressing students' understanding of professionalism, served as a teaching resource, fostered critical examination of frameworks, and supported the design of educational modules. However, we propose that evaluating the conceptual framework is essential as educators navigate discussions around decolonization and justice in education. Finally, reflective practice remains vital in developing professionalism in healthcare students, guiding them in addressing cultural and critical incidents and ethical dilemmas, and nurturing their professional identities. As such, we recommend that the framework is used alongside opportunities for reflection.

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Original Article:

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Abstract

Professionalism is one of the core competencies for occupational and physical therapists. However, difficulty in providing clear definitions of core professional values and behaviours makes professionalism a complex concept to teach. Most proposed frameworks for defining the concept are theoretical or have focused on the academics' and clinicians' perspectives; evidence from students' experiences is lacking. The purpose of this study was to develop a framework to define the concept of professionalism from occupational therapy (OT) and physical therapy (PT) students' perspectives through analysis of their reflections. The study was a retrospective content analysis of OT and PT students' reflections completed during clinical placements from 2014-2015 academic years. Sixty students (30 PT and 30 OT) were randomly sampled and one anonymized reflection of each of these students was selected. The qualitative content analysis was initiated by applying a deductive approach using previously presented frameworks to define professionalism. Four themes emerged which resulted in a new framework to define professionalism from students' perspectives. The emergent themes included the effect of context, the relational dimension, personal dimension, and societal dimension. Students considered context an overarching factor influencing all dimensions of professionalism. Although their perceptions of professionalism were comparable to other presented frameworks, they primarily focused on the relational and personal dimensions of professionalism. The results of this study indicate that OT and PT students consider professionalism as a multi-dimensional and context-specific concept. Despite understanding contextual barriers, at this stage of their professional identity development, students tried to adhere to ethics, and professional values and responsibilities.

Keywords: occupational therapy, physical therapy, professionalism, students' reflection

Introduction

The importance of teaching professionalism during health professional curricula is well known. Professionalism has been considered a core competency of most healthcare workers (Anderson & Irwin, 2013; Council of Canadian Physiotherapy University Programs, 2019; Cruess & Cruess, 1997) and the role of "professional" is core to many health professions (Canadian Association of Occupational Therapists, 2012; Frank et al., 2015; National Physiotherapy Advisory Group, 2017). However, difficulties in providing clear definitions of core professional values and behaviours, and challenges in selecting appropriate teaching and assessment methods, make professionalism a complex concept to teach and evaluate in the health professions (Beauchamp, 2004; Birden et al., 2013; O'Sullivan et al., 2012).

Despite the complex and multidimensional nature of professionalism (Burford et al., 2014; Hodges et al., 2011), various frameworks have been proposed to define the concept in medical and health professional education. Bossers et al. (1999), Hodges et al. (2011), and Van de Camp et al. (2004), all identified three

aspects of professionalism, albeit highlighting differing concepts. To define and develop professionalism in occupational therapy (OT), Bossers et al.'s (1999) framework encompassed three major themes: professional parameters, professional behaviours, and professional responsibilities. Van de Camp et al. (2004) and Hodges et al. (2011), presented three broad dimensions of professionalism including, individual ("intrapersonal" in Van de Camp et al.), interpersonal, and social-institutional ("public" in Van de Camp et al.).

While proposed frameworks to define professionalism in health education influence formal curriculum (Irby & Hamstra, 2016), there is an agreement that the development of professionalism is a complex process largely shaped by the hidden curriculum (Hafferty, 1998; Mulder et al., 2018; O'Donnell, 2014). Reflective writing is considered an effective approach to facilitating the development of reflexive capacities and professionalism in students (Charon, 2001; Chen & Forbes, 2014; Constantinou & Kuys, 2013; Wald & Reis, 2010; Williams et al., 2002). A growing number of health education programs utilize reflective writing as a tool to help students discuss, analyze and evaluate messages received on professionalism through the hidden curriculum (Arntfield et al., 2013; Levett-Jones, 2007; Williams et al., 2002).

Students' reflections provide rich sources of information about the overall learning in clinical placements, including the cultural norms and aspects of the hidden curriculum that influence the development of professionalism (Rutberg & Gaufberg, 2014). Exploring students' reflective entries helps in understanding the learning that occurs during clinical rotations, which in turn informs the development of the formal professionalism related curricula (Gaufberg et al., 2010; Karnieli-Miller et al., 2010; Rogers et al., 2012).

Several studies have analyzed students' reflections in healthcare fields (e.g., Bernard et al., 2011; Furze et al., 2018; Gaufberg et al., 2010; Geddes et al., 2004; Greenfield et al., 2015; Karnieli-Miller et al., 2010; Rees et al., 2013; Rogers et al., 2012; Wald et al., 2018; Wessel & Larin, 2006; Williams et al., 2002; Wong & Trollope-Kumar, 2014). These studies aimed to develop understanding of the effectiveness of reflective writings in the development of reflective capacities, exploring ethical and professional issues that students encountered and highlighting elements of the informal and hidden curriculum during clinical placements.

We are not aware of any existing studies that use students' reflective writings as a means for developing a framework to define professionalism from students' perspectives. The purpose of this study was to develop a framework to define the concept of professionalism from occupational therapy (OT) and physical therapy (PT) students' perspectives by deriving themes from their reflective writings. This framework will enable future development of professionalism curricula in a manner that is more student-centered.

Method

The study was a retrospective qualitative analysis of students' reflections completed during clinical placements in the Master of Physical Therapy (MPT) and the Master of Occupational Therapy (MOT) programs in a research-intensive Canadian university from academic years 2014-2015. The study received approval from the university's Behavioural Research Ethics Board and confidentiality of all data was maintained throughout the study.

The study context

The MPT at this university is a 26-month program, containing six five-week placements. Students are asked to write one weekly reflection during their placements, describing any aspect of their experience(s) which they find noteworthy. Each student writes approximately 30 reflections during the program. The MOT is a 23-month program, consisting of five placements between five to seven weeks, with students completing approximately 20 reflections during this program. Students submit their reflections through an online clinical tracking tool, Resilience Software Inc. (T-Res), which is a web-based application that allows students to record their clinical experiences in real time using a device such as a smartphone or an iPad. Submitted learning experiences are synced to a hosted (Canadian) server, enabling their faculty to assess student progression throughout their academic program. Students are taught a theoretical

framework for reflective writing in the MOT and MPT programs and are provided with feedback on the reflections they write during placements.

Participants

Participants of this study included PT and OT students who entered the respective programs in the 2014-2015 academic year. From 130 students (80 PT and 50 OT), 60 were randomly sampled (30 PT and 30 OT). As part of the requirements for their clinical placements 330 reflection entries were submitted (i.e., six reflections for each PT student and five reflections for each OT student). One reflection from each student was selected.

Data collection

The unit of analysis was one anonymized reflection from each randomly selected student. Reflections were sampled from various time-points during the placements. More final placement reflections were selected as it was assumed that by this point in the program student reflections would be in greater depth. (24 vs. 18). Table 1 represents the number of reflections selected from each placement.

Table 1:

Number of reflections and placements

	1st placement	Mid Placement	Last Placement	Total
OT reflections	9 (0 male)	9 (1 male)	12 (2 Male)	30 (3 Males)
PT Reflections	9 (3 males)	9 (3 males)	12 (3 male)	30 (9 Males)
Total reflections	18 (3 males)	18 (4 males)	24 (5males)	60 (12 Males)

Data management

The 60 selected reflections were exported from T- Res and saved as Microsoft Word documents. For coding purposes, researchers either printed reflections or copied them into Microsoft Excel spreadsheets. All reflections and related coding were transferred to a master Microsoft Excel spreadsheet.

Data analysis

Two researchers from each discipline analyzed reflections using qualitative content analysis, which had been initiated by applying a deductive approach. Students' reflections were distributed among researchers in three phases which are discussed and displayed in Figure 1.

In the first phase of the study, Bossers et al.'s (1999) themes and terms of the professionalism concept were used as the preliminary guide. Bossers et al. (1999) presented a schematic representation of professionalism in occupational therapy practice that encompassed three main themes: professional parameters, professional behaviours, and professional responsibilities. Forty reflections (20 from each discipline) were randomly sampled in this phase. Two researchers analyzed the entire sample (OT and PT reflections # 1-20), and two researchers analyzed half of it (OT and PT reflections # 1-10). Agreements for coding and categorizing emerging themes were established. A coding pattern identified similarities to Van de Camp et al.'s (2004) three dimensions of professionalism (i.e., interpersonal, public, and intrapersonal professionalism). Thus, the initial (Bossers et al., 1999) coding framework was modified to incorporate three new dimensions of professionalism.

Figure 1:

Phases of the study and ways that reflections were distributed among researchers
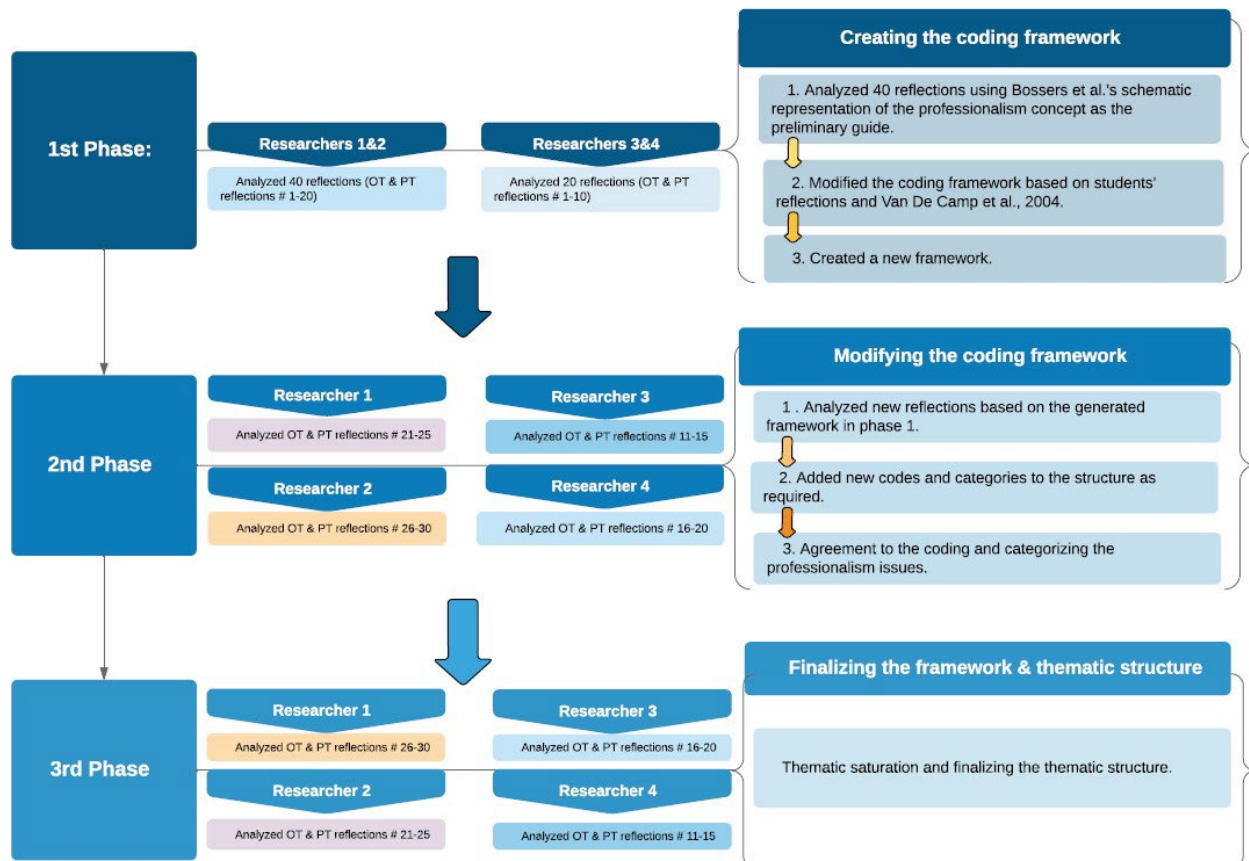
During the second phase, using the new coding framework, each researcher coded ten new reflections (five from each discipline). Twenty new reflections (OT and PT reflections # 21-30) were randomly sampled and allocated to the two researchers who analyzed the entire sample in the first phase. The other two researchers analyzed ten reflections from the first sample (OT and PT reflections # 10-20). The coding patterns and emerging subthemes were discussed and new categories were added to the framework as required.

In the final phase, the reflections were redistributed amongst the study team. Overall, two researchers read and coded the entire sample (OT and PT reflections # 1-30) and two researchers read and coded 40 reflections (OT and PT reflections # 1-20). Figure 1 displays the way that students' reflections were distributed among researchers in three phases. The study team worked collaboratively to discuss emergent themes and finalize the coding framework. During the final meeting, thematic saturation was achieved (i.e., the point at which no additional themes were found).

Results

A total of 60 reflections of OT and PT students were analyzed (see Table 2 for the demographic characteristics of the sample). The male/ female ratio of our sample represented the actual population of the students in each program.

Table 2:

Demographics of the sample

	Female	%	Male		%	Private	%	Public	%	Remote	%	Urban	%
OT students	26	90	3		10	3	10	27	90	6	21	24	80
PT students	21	70	9		30	10	33	20	67	14	47	16	53
Total	47	80	12		20	13	29	47	78	20	34	40	66

Emergent themes: defining professionalism from students' perspective

Analyzing the students' reflections identified four themes that students perceived as defining professionalism: the effect of context, the relational dimension, personal dimension, and societal dimension. A framework to define professionalism from students' perspectives was developed based on these emergent themes (Figure 2). Using quotes from students' reflections, the emergent themes are discussed in the following section. The selected quotes exemplified the meanings presented by many students. (All names are pseudonyms).

Theme 1: The effect of context

Students' reflections provided us with a snapshot of the context of placements seen through the student perspective. While we present the effect of context as a separate theme, in reality, it influences all dimensions of professionalism. Two subthemes emerged as contextual factors that influenced students' professionalism: the effect of the environment on the quality of care, and contradicting realities.

Students described the way in which context influenced professionals to act in a certain way. Lack of time and resources were frequently reported as factors influencing aspects of professionalism such as documentation, communication, treatment options, and management skills. The OT students made the most comments in this section and referred to the lack of time and insufficient staffing as the reality of acute care. Comments made by some PT students were related to the way that business and economic issues in private practice settings limited treatment options for clients. The context of acute care was described as an emotionally challenging environment that constrained professionals to work with limited intervention and treatment options for clients. Amy (OT student, middle placement, public practice) noted, "I find the pace of acute does not allow for intervention and treatment… My experience is that it is assessment, assessment, assessment, and then they get discharged".
Students critically analyzed these contextual situations and tried to find ways to overcome the limitations and adhere to their professional responsibilities. Trying to find alternative solutions to overcome contextual limitations, Victoria, (OT student, first placement, public practice) stated:

> I understand that there are challenges with not being able to see everyone due to the high demand and push for discharges. However, it makes me wish there was a way to follow up upon discharge… I wonder if there could be some sort of acute screening tool and referral process for patients to be reached and provided information and further assistance in the community.

On the subtheme of contradicting realities, students compared what they learned in academic settings to what they faced on placement. They often found the reality of placements uncertain, more dynamic and complex, which created challenges for them to apply what they had learned in the academic environments. Students also described clinical situations where they faced a gap in their knowledge regarding specific topics. Kaitlyn (OT student, first placement, public practice) stated, "We have been exposed to the pathology and etiology of dementia, but I feel as though there is a gap in the role of occupational therapy in complex/end of life care and effective interactions with the population".

Students reported that the overall complexity of the placements and preceptors' guidance helped them to be more dynamic and adaptive to different contexts and to increase their competence. Molly (PT student,

middle placement, public practice) wrote:

> In school, we were taught to do AROM, PROM, resisted isometric testing, special tests, and palpation as an assessment; however, a child with developmental delays will not be able to follow instructions as well as an adult therefore doing an assessment or observation through play is necessary… With the information and tips that my preceptor gave me, this placement has given me the opportunity to complete a thorough assessment on a child in a way that was never really taught in school.

Theme 2: The relational dimension

The relational dimension of professionalism refers to aspects that are associated with relationships with individuals in clinical environments. Subthemes related to the relational dimension emerged, concerning three groups of individuals: clients, preceptors, and healthcare teams. Communication, respect, honesty, and trust were common subthemes associated with all groups of individuals in practice settings. Students reflected on verbal and non-verbal communication, mutual understanding and active listening skills as vital components of professionalism. Jason (OT student, final placement, public practice) noted, "If someone asks me what I learned, I will say that I learned to listen. I learned to listen to patient's needs. I learned to listen to other professionals' questions/advice. I listened to concerns from family members of patients".

Overall, the most frequently cited subthemes in students' reflections were related to "clients". Students highlighted the importance of client-centred care, compassion/ empathy, therapeutic relationship, and a holistic approach. Many students commented that building rapport with clients, empowering them, and involving them in their healthcare decisions, improved the clients' overall experience. Describing the situation of a client who had chronic knee pain, Sierra (PT student, first placement, public practice) stated:

> … I spent a couple of visits to his room addressing his knee and listening to his concerns… I sat with him, placed my hands on his knee for a while, and then with his permission began to passively move it. He began to relax and was happy to continue moving it in bed. I believe that the genuine concern that I had for him and my willingness to spend the time with him helped to build rapport. I also think that extending the caring gesture of touch helped a lot…

Subthemes related to "preceptors" were the second most prevalent aspect in this dimension. Many students commented that having a good relationship with their preceptors enhanced their learning and enriched their entire experience. They also noted that preceptors' trust in students' abilities and skills increased their overall confidence and competence. However, students also reflected on the challenges that emerged in their relationship with preceptors. These were mostly related to power differentials, preceptors' teaching or communication styles, personality differences, having two preceptors with different expectations during one placement, or lack of trust in students' skills. There were cases where students witnessed unprofessional behaviour but remained silent because of the power differential or believing that they might be too naïve to comment. Faith (OT student, final placement, public practice) wrote, "…I have been torn about whether to say anything to my preceptor, as I do not want to sound critical/judgmental, particularly as I am so new to the setting and am just coming to understand the context".

Although communication and collaboration with other healthcare professionals was another emergent subtheme, students had limited focus on this aspect of professionalism. When reflecting on this, students highlighted the influence of interprofessional collaboration on effective treatment and discharge plans for clients. Students referred to hospital rounds and interprofessional charting as a vehicle for effective interprofessional communication. Timothy (PT student, first placement, public practice) stated:

> ... [Hospital rounds] is a great way to encourage interprofessional communication. The rounds are quick; roughly, 1 min per patient and it allows all the professions to ask the questions…For the rest of the day patient interactions or professional opinions, orders, and general concerns are charted in the interdisciplinary section of the chart. This is also a very effective way of communicating so that every person that comes on shift can quickly get oriented to the patient.

Table 3:

Theme 2 - Professionalism on the relational dimension

Meeting the demands for effective contact with clients and other healthcare professionals.		
Client	**Preceptor**	**Team**
Communication	Communication	Communication
Respect, honesty, trust	Respect, honesty, trust	Respect, honesty, trust
Client-Centred	Giving/ Receiving Feedback	Interprofessional Collaboration
Caring/ Compassion/ Empathy	Conflict Resolution	Role Negotiation
Holistic	Learning vs teaching style	Conflict Resolution
Therapeutic Relationship	Role Negotiation	Resource
Client Autonomy	Supporting & encouraging	Giving/ Receiving feedback
Advocacy	Resource	Diplomatic
Equity of care	Role modeling	Value Contribution
Altruism	Diplomatic	
Client as educator	Power deferential	
	Matching students to preceptors	
	Demands from 2 preceptors	

Theme 3: Personal dimension

The personal dimension of professionalism refers to students' characteristics and abilities that help them to function as professionals and meet the demands of the profession on a personal level. Subthemes related to the personal dimension of professionalism were classified under four categories: skills, self- regulation, intrinsic characteristics, and morals. Except for subthemes of morals, most reflections under this theme were made by the PT students.

In the skills subtheme, students frequently reflected on the competency, knowledge, or expertise that enabled them to function effectively as healthcare professionals. They noted that the complexity of clinical environments deepened their understanding of technical knowledge, helping them to apply it in practice, and achieve good clinical judgment in a specific context. Describing the situation of a client recovering from ankle surgery, Chloe (PT student, final placement, private practice) stated:

> My preceptor has only been working on improving dorsiflexion with this patient, not plantar flexion. I was very confused by this but his explanation made a lot of sense… This patient already has weak ankles, so loosening the entire joint would make it very unstable. He needed full dorsiflexion so that he could strengthen his ankle through a proper range. This taught me that full ROM and full strength is the ultimate goal, but not always achievable. As a physiotherapist, you need to decide what ROM and what strength aspects are most important.

In the subtheme of self-regulation, students discussed their responsibilities to monitor and improve their behaviours, emotions, knowledge, and expertise to achieve professional goals. Students also highlighted the importance of self-care as a factor influencing their professional conduct. Grace (PT student, middle placement, public practice) stated:

> I feel that I am best able to delve into my job during the day… when I feel balanced with my life outside of work, which for me means taking time to exercise, be social, and learn about myself and the world around me outside of what my job explores... I want to be the best physio I can be … but my ability to do all that well really relies on how well I am taking care of myself.

Students referred to "intrinsic characteristics" such as being motivated, creative, and confident as

necessary attributes of a healthcare professional. Sophie (PT student, final placement, private practice) wrote, "What I am slowly learning during this placement is that I have all the tools to be an entry-level physiotherapist... the most important thing for me to develop now is confidence in my own knowledge and skills".

Finally, in the morals subtheme, students described situations where they had to make moral choices or adhere to the ethical principles of practice, reflecting on dignity or integrity. The influence of context was strongly evidenced in the morals subtheme. Students wrote about facing an ethical dilemma when due to contextual situations, certain aspects of client treatments were limited. Ethical tensions were also raised when students felt clients' autonomy to make their own decisions were fading. Nikki (OT student, first clinical placement, public practice) wrote:

> I experienced my first "something doesn't feel right about this situation" moment...A patient of mine was coming close to discharge back to her home … she was competent, safe in her ADL's and IADL's, … and deserved the chance to thrive at home again (which she was so excited to go back to). During the last phone call with her son..., I was blind-sided: "I've decided I'm putting mum into a retirement home... I would appreciate it if you don't tell her about this and don't get her excited about going home." … This situation truly opened my eyes to the physiological feelings one can get about things going on with patients that are not right or ethical.

Table 4:

Theme 3 - Professionalism on the personal dimension

Personal characteristics of individuals in order to function as professionals			
Skills	**Self-regulation**	**Intrinsic characteristics**	**Morals**
Competence	Self-evaluation	Inventive/ creative	Dignity
Knowledge of Discipline	Resiliency	Motivation	Integrity
Roles & Limitation	Lifelong learning	Confidence	Making Choices
Dealing with uncertainty	Self-care	Supportive	Honesty
Time management	Current knowledge	Assertive	
Being well-organized	Critical analysis		
Good clinical judgment	Career path development		
Resource Management	Courage		
Evidence-Based	Autonomy		
Compliance W/ Rules			

Theme 4: Societal dimension

The societal dimension of professionalism refers to students' perceptions of their responsibilities related to the demands of the larger society. Students made fewer comments about the societal dimensions of professionalism. Emergent subthemes related to the societal dimension of professionalism included: issues related to legal requirements and professional standards, community and the profession.

Most identified subthemes were associated with legal and professional standard issues including: insurance, documentation, and communicating with third parties. Students particularly reflected on situations where they had to shift their focus from client-centred care to the funding agencies' specific requirements. Aurora (PT student, final placement, private practice) stated:

> … When reporting to third party funders, communicating whether the patient is making objective improvements is extremely important… Pain is not considered an objective measure for the sake of funding…I am learning a great deal about how to communicate with funders in a

way that truly reflects the objective measures while still taking into consideration a patient's progress.

In the second subtheme, community, students discussed their responsibilities to advocate, educate, and motivate the community. Some students felt obligated to make their professional services accessible to all members of the community. Eric (PT student, first placement, public practice) noted:

> There are several patients in [this] program who are in very tough situations financially… Many people could benefit from physiotherapy yet paying $35-85 for an appointment is impossible for them…I'd like to keep thinking of ways to make healthcare more accessible. Perhaps doing volunteer work or providing free care for patients in need would be something to look into for myself.

Finally, in the profession subtheme, students discussed situations where they felt accountable and responsible for their profession. Students highlighted the importance of being accountable for their clinical decisions by doing research and solidifying their results. Jason (OT student, final placement, public practice) wrote, "I believe it is our professional responsibility to be always critical about everything we do and exhaust all mediums of investigation to solidify our results".

Table 5:

**Theme 4 - Professionalism on the societal dimension**

Meeting the demands that society places on the profession.		
Legal & Professional Standards Issues	**Community**	**Profession**
Insurance & Legal work	Accessibility	Accountability/ responsibility
Documentation	Enabling/ Educating	Advocating
Confidentiality	Networking	Inquiry/ Research
Communicating with 3rd party	Motivating	
Informed Consent	Advocating	
Malpractice		
Sexual Harassment		
Adherence to guideline & standards		

The framework

Figure 2 provides a visual presentation of professionalism through OT and PT students' perspectives. As presented, students considered context of care as an omnipresent and overarching factor influencing all dimensions of professionalism. While students considered three dimensions of relational, personal and societal for the concept of professionalism, they place different emphasis on each dimension. Diverse sizes of ovals in Figure 2 reflect these differences; the relational dimension was students' first focus and societal their least.

Figure 2:

Professionalism from students' perspective
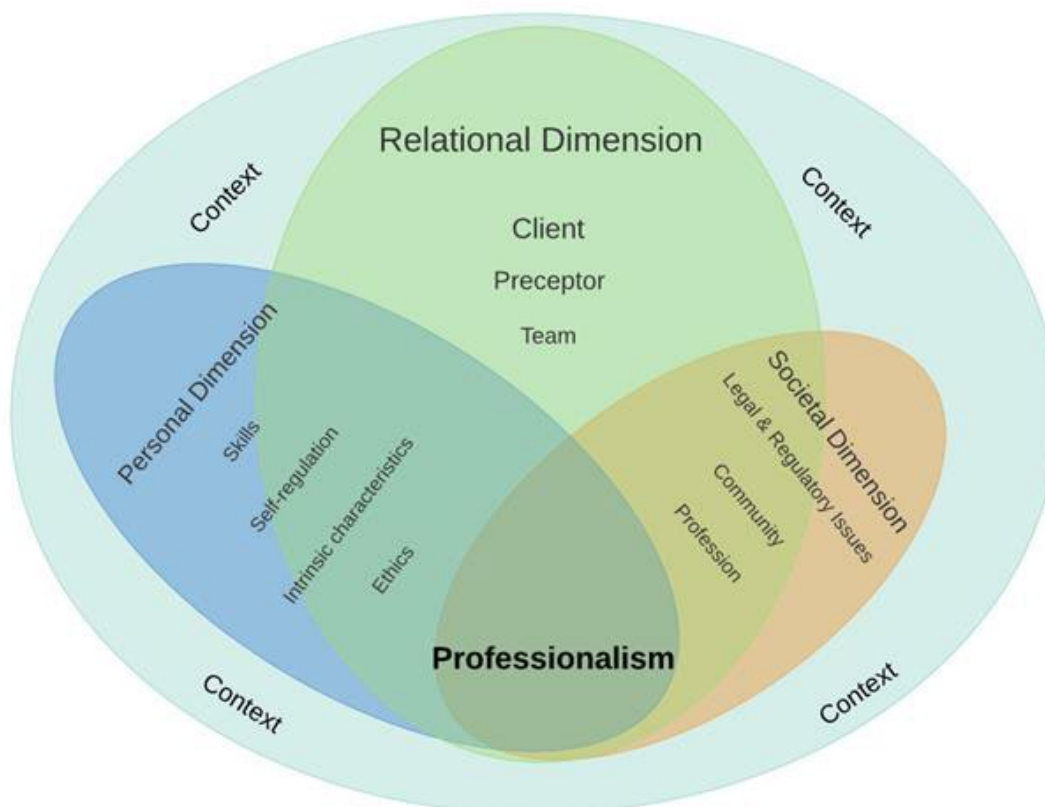
Discussion

To our knowledge, this is the first study using OT and PT students' reflections as a means for understanding their perceptions of the concept of professionalism. Similar to the findings of Karnieli-Miller et al. (2010), our study suggests that through reflexivity, students connect their informal experiences on placement to various dimensions of professionalism. Through content analysis of students' reflections, this study resulted in a framework to define professionalism from their perspectives. Occupational therapy and physical therapy students' perception of professionalism contained themes linked to relational, personal, and societal dimensions of professionalism, and context was considered as an overarching factor that influenced all other dimensions.

Students considered the healthcare environment as an ambiguous and complex world where the line between correct and incorrect professional behaviour is influenced by contextual factors. This finding echoed previous studies where students understood professionalism as a dynamic and context-specific concept (Leedham-Green et al., 2019; Robinson et al., 2012; Sullivan & Theissen, 2015). Literature also refers to this aspect of professionalism as one that makes the concept difficult to teach and evaluate (Birden et al., 2013). Students' interactions with preceptors, clients, and healthcare teams in the clinical context, and their reflection on those experiences, deepened their understanding of professionalism (Monrouxe et al., 2011). Their ability to understand the situation and adapt their professional behaviour to contextual demand is reinforced through the provision of feedback on their reflections (Sandars, 2009; Trumbo, 2017). Engaging students in reflection through small group discussion, social networking sites, and digital multimedia are also suggested as ways to deepen students' understanding of the situation and help them to define their professional roles within the context (Sandars, 2009; Trumbo, 2017).

While participants' understanding of professionalism as a concept consisting of relational, personal and societal dimensions was comparable to previously presented frameworks that were based on academics and clinicians' perspective (Hodges et al., 2011; Van de Camp et al., 2004), the students' focus varied in

that the relational dimension was their central focus, followed by personal and societal dimensions. Reflecting on the relational dimension of professionalism, students repeatedly highlighted the importance of effective communication with all individuals. This is in agreement with Robinson et al.'s study (2012) where OT students identified communication as a significant element of professionalism. The frequency of communication-related topics in students' reflections also echoed OT and PT professions' emphasis on this concept. Previous research has reported that topics related to communication were emphasised in the Canadian physical therapy curriculum (Murphy et al., 2018) and in PT and PT settings (Adam et al., 2011; Hudon et al., 2014).

Professionalism aspects related to the "client" were the central focus of students' reflections; attention to client-centredness, the therapeutic relationship, and empathic compassionate care were evident. This finding is similar to Greenfield et al.'s (2015) study who explored themes embedded in PT students' reflections and found client-centred care as the most frequent primary theme. This finding also reflects the emphasis that OT and PT curricular and professional fields place on client-centered approach as a core concept and one of the essential competencies for entry-to-practice in both OT and PT (Canadian Association of Occupational Therapists, 2012; National Physiotherapy Advisory Group, 2017). Based on their study with practicing occupational therapists, Aguilar et al. (2012) reported values related to "client and client-therapist partnership" as one of the three major categories of values related to professionalism in OT in the Australian context. Further, preliminary results of a study that aimed to identify PT values in the Canadian context based on a scoping review and a survey of physiotherapists reported client-centred care, and caring and compassion as two of the core PT values, and caring and compassion as the most representative one (Boyczuk et al., 2019).

"Preceptors" was the second most cited subtheme in the relational dimension and was described as a key factor influencing the development of several core components of professionalism. Students' emphasis on the influential role of preceptors is reflected in literature considering clinical interactions, role models, and mentors as a central aspect of learning professionalism (Byszewski et al., 2012; Cruess et al., 2016; Kenny et al., 2003; Passi & Johnson, 2016). Describing the dynamics of their relationship with preceptors, students remained silent when witnessing unprofessional behaviour. This finding concurs with the result of Greenfield et al. (2015), who reported that PT students did not confront preceptors whom they perceived had demonstrated unprofessional behaviour. As Brainard and Brislen (2007) pointed out, this silence can be one of the primary barriers to developing professionalism. Creating further dialogue regarding these experiences through small group discussions and further feedback on reflections was recommended as a strategy for supporting students and enabling them to develop alternative and more positive responses in these situations (Dutton & Sellheim, 2017; Leedham-Green, et al., 2019). Like Byszewski et al. (2012) who wrote "Faculty Development for all teachers in health care must focus on activities dedicated to excellence in role modeling of professionalism attributes", we believe providing faculty development for clinical educators that highlights their position as role models, could be an effective strategy.

Compared to other subthemes in the relational dimension of professionalism, students made fewer comments about their relationship with the healthcare team. Lack of students' focus on the healthcare team may simply be related to their roles as learners and their limited interaction with the team. However, since interprofessional education has been recognized in recent years as a central aspect of healthcare professions training (Aston et al., 2012), this finding highlights the importance of utilizing more authentic ways of teaching this concept and ensuring students carry interprofessional learning from the academic setting into practice.

The personal dimension of professionalism was the students' second focus. Many students noted that the complexity and uncertainty of clinical environments helped them deepen their professional skills and characteristics including confidence, assertiveness, and motivation. Students in our sample focused on internal characteristics; the more observable behaviours of professionalism presented in the literature such as image, and dressing/ grooming professionally (e.g., Bossers et al., 1999; Sullivan & Thiessen, 2015) were absent in students' reflections. This may be either due to the maturity of students of our sample (all of whom were graduate-level) or mirror a more societal trend. A recent study by Bulk et al. (2019) aiming to understand clients' perspectives on professionalism, showed that clients focused more on communication, integrity, competency, and a collaborative approach rather than appearance.

Attention to self-regulation was repeatedly identified in students' reflections. Occupational therapy and

physical therapy students reflected on their professional behaviour, evaluated their reaction to circumstances, explained how context influenced their reaction and often tried to extrapolate their experiences to other contexts. Students also commented on the importance of self-care and believed balancing personal and school demands would influence their professional behaviour. In a study based on a bibliometric analysis and discussion groups, Hodges et al. (2019) also reported a recent trend that prioritized a work-life balance approach in the context of healthcare professionalism.

Students in our study tried to adhere to ethical principles and morality, and faced ethical tensions when they perceived resources, systemic, time or financial constraints limited clients' care. This result reiterates similar research wherein resource and system constraints were reported as a major ethical tension for OT students (Kinsella et al., 2008), OT clinicians (Durocher et al., 2016) and PT private practice practitioners (Hudon et al., 2015). A small difference was identified between the two groups of students in our sample; OT students' ethical tensions were mostly related to the lack of time and insufficient staff in acute care, and PT students' were related to the way that business and economic issues created ethical challenges for clinicians in private practice settings. This could be explained by the locations where the students complete most of their placements. Teaching ethics in academic settings, using examples representing the context of acute care in OT and private practice in PT as potential areas where ethical tensions may arise, could provide more authentic learning experiences for students.

Students in this sample focused less on the societal/ macro dimension of professionalism. As this is associated with power and emerges through the interaction of healthcare professionals with society (Hodges et al., 2019), this lack of focus on this aspect of professionalism in students' reflections can partly be explained by their limited roles (as learners) in the context and their lower position in professional power hierarchies. The way that professionalism is assessed may also influence students' lack of focus on this dimension of professionalism. Placements provide unique opportunities for students to understand the societal outcomes of professionalism and the broad roles of professionals in society. This understanding, however, may get lost in the quest to "check the boxes" on clinical evaluation forms and focus on clinical competence, and individual characteristics or behaviours. As a current change in the assessment of professionalism, Hodges et al. (2019) reported a new "movement away from assessment of individual traits, toward more consideration of groups, contexts, and systems". Our results, however, show that despite students' understanding of the context-specific nature of professionalism, their focus was still on personal and relational dimensions with limited understanding of their social role.

Limitations

Our sample comprised students from two departments of one university in Canada, thus, our findings may not be transferable. Considering the smaller number of reflections from male students, private practice, and rural placements, we are not able to draw strong conclusions about the differences in these populations. Furthermore, due to the lack of previous publications on this topic, our article included research from health professions other than OT and PT which may limit generalizability.

Conclusion

Overall, the results of our study revealed that although OT and PT students' perceptions of professionalism were comparable to those previously presented in Bossers et al. (1999) framework and contained personal, relational and societal dimensions, their focus was more on relational and personal dimensions. The complexity of placements and students' reflection on those complexities helped them adapt their professional behaviour to respond to challenges within real settings. Despite understanding tangible challenges and limitations of the context of care and healthcare system, students in our sample were sensitive to professional breaches, tried to follow their professional responsibilities, and adhere to a code of ethics. They did, however, remain silent when witnessing unprofessional behaviour in clinical settings. To sustain professionalism in students and prevent a decline in aspects of professionalism such as empathy, our study suggests that academic institutions should provide more opportunities for dialogue, feedback on reflections, professional development that highlights the role of preceptors as role models of professionalism, and a stronger partnership with clinical settings.

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The study received approval from the university's Behavioural Research Ethics Board (approval reference ID: H18-01896).

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