Golden Times: Exploring the sense making derived from the practice experiences of student Occupational Therapists in India

This thesis is submitted in partial fulfilment of the requirements for the degree of the Doctor of Philosophy Degree (PhD)

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Abstract

Introduction

The World Federation of Occupational Therapists sets global standards for Occupational Therapy education providing consistency in the expectations that student Occupational Therapists will engage in at least 1,000 hours of practice education. Whilst much is written in the western dominated literature about student experiences of practice, there is a distinct lack of comparable literature within non-western cultural contexts. This study explores the phenomenon of the practice experiences of Occupational Therapy students in India. The study aims to understand how students make sense of their experiences within the Indian context, thus offering a new perspective on student learning and development and highlighting the unique nature of Occupational Therapy education and practice in India.

Methodology

Interpretative Phenomenological Analysis (IPA) was the chosen methodology for this study, with 12 second and third year undergraduate students at an Indian university taking part in individual semi-structured interviews. Elements of poetic inquiry were included to support IPA through re-presentation of the student voice and presentation of researcher reflexivity. Reflexivity is embedded throughout the study to achieve transparency of the unique perspective of the white British UK based researcher.

Findings

Analysis revealed eight Group Experiential Themes: “Here in OT, everything is unique”; “Grading towards seeing the client on our own”; “Studying then applying is always resting in our mind”; We need to get the positives, also the negatives”; “Postings are really golden times”; “As a future OT, we are not working for a condition”; “I’m cherishing my thoughts and clinical practices with you, it’s nice”; “The scenarios are different in India”.

Conclusion

Despite contextual differences, the students in this study described experiences of learning and development consistent with those described in other relatable studies and published evidence regarding experiential and transformational learning. However, the community of practice to which they are introduced, composed of the academic tutors who also support their practice experiences, offers a unique consistency in structure and content. Therefore, students’ practice experiences are characterised by predictable expectations of knowledge and skills which are not seen in other studies emanating from other countries. This reflects the unique collective nature of the Indian student experience, contributing a new perspective to the knowledge base relating to student practice learning and Occupational Therapy education globally.

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Acknowledgements

I need to say thank you to so many folk,
The list is as long as my arm!
Those who mentored and supported me,
And those who kept me safe from harm.

My mentors, Karen, Jane and Mel,
Each have the patience of a saint.
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Chapter 1. Introduction

This study explores the lived experience of occupational therapy students in India in relation to clinical practice during their training. Interpretative phenomenological analysis (IPA) is used to explore the meaning which the students derive from their practice experiences to facilitate understanding of how Indian students experience practice. This chapter will firstly address the personal narrative that led to this study, before moving on to introducing the structure and content of the thesis.

1.1. The personal story

The personal narrative that led to this study is essential to the introduction of this study, particularly to explain the decision to proceed with the study considering the complexities of the cross-cultural nature of a white British academic and Occupational Therapist conducting research in India (Miller Cleary, 2013; Liamputtong, 2010a).

During the summers of 2012 and 2013, I was fortunate to be involved in a voluntary project to support fellow occupational therapists in India in the development of their service supporting children with autistic spectrum disorders and their families. This work took place within an independent not-for-profit organisation employing a multidisciplinary team of occupational therapists, speech and language therapists, educators and educational psychologists. My brief was to support the continued progression of Sensory Integration therapy within the service, where the occupational therapists had recently completed internationally recognised training in this area of assessment and intervention with children.

Sensory Integration is an approach to occupational therapy assessment and treatment which was developed in the United States of America (USA) in the 1970s by Dr Jean Ayres, combining developmental theory with evidence from neuroscience to identify, explain and support therapeutic interventions for children who experience difficulties in academic or motor learning due to deficits interpreting sensations from their body or the environment (Bundy et al., 2002). Sensory integration therapy has at its heart the ‘just right challenge’, reflecting social constructivist theories of learning such as Vygotsky (1978) and the ‘zone of proximal development’ (Vygotsky, 1978, p86). To facilitate progress, the therapist must continually adjust their approach and the level of challenge

to the child within a range of activities, thus maintaining the ‘just right’ level (Bundy et al., 2002). Sensory integration therapy has been adopted by occupational therapists in many countries across the world, but training worldwide continues to be delivered by therapists based in private American clinics and is therefore dominated by an American perspective and associated language.

Having completed relevant training, I also used sensory integration therapy within my role as a paediatric occupational therapist in the United Kingdom (UK). During my own sensory integration training and practice, I had noted differences in language used, leading to the occasional need to re-phrase questions within the standardised sensory integration assessment due to ‘Americanised’ language. The training I received on sensory integration theory, assessment and interventions also highlighted differences in expectations of therapy between the children and families used as examples by the American trainers and those that I encountered within my own practice in a predominantly deprived area of the north of England. I frequently noted the high level of functioning of the children appearing in training videos, reflecting that if the children on my caseload were functioning at that level, I would be suggesting that my input was unnecessary and that their parents took them to gymnastics classes instead. My assumption at the time was that the difference was due to the different context of occupational therapy practice in the USA. High parental expectations coupled with the health insurance system and the legal obligation for schools to provide occupational therapy intervention as required, increased the likelihood of American caseloads including more able children and considerably higher expectations of therapy outcomes.

Although I had consciously reflected on the sociopolitical and sociocultural differences between the context of my own practice in the UK and that of my counterparts in the USA, I did not consider this in relation to the Indian context until I was on my first visit. As previously described, sensory integration therapy involves an organic approach which requires constant adjustment to ensure the engagement of the child and achievement of progress. I quickly realised that using sensory integration as the predominant approach within the service I was working with in India, seemed incongruous with the apparent dominance of the biomedical model within the Indian healthcare system (Murthi and Hammell, 2021). This situation appeared to me to present a complex set of challenges for the therapists, attempting to implement a flexible form of therapy developed in the USA within a rigid, prescriptive model of care in India

where parents wanted to see regular, quantifiable evidence of their child's progress. The therapists were charged with producing evidence of each child's progress against a series of relatively unconnected physical skills included in a checklist which was shared with parents. Lack of progress recorded on the checklist risked parents surmising that the service was not helping their child and removing them in favour of trying one of the many alternatives available, some of which claimed that they could cure autistic spectrum disorders. Therefore, the therapists were often compelled to prioritise repeatedly practicing a set of splinter skills to demonstrate the desired progress rather than following the flexible approach of sensory integration. This was confirmed during conversations with the therapists following sessions with the children, my questions of what went well or not so well and what the plan was for the next session were consistently met with reference to a specific splinter skill that had not yet been achieved and needed further repeated practice.

This whole situation that I encountered during my visits both concerned and intrigued me. I was concerned for my Indian colleagues, who were trying to implement sensory integration, an approach lauded by many therapists across the world as an effective therapeutic approach for children with autistic spectrum disorders (Bundy et al., 2002) and intrigued by how different our occupational therapy experiences were within our respective social, political, and cultural contexts. This piqued my interest and my need to know and understand more about how occupational therapy practice and education works in India.

Around the time of my visits to India, I was developing an interest in reflective practice within my academic role as a lecturer on an occupational therapy programme in the UK. I was interested in the various challenges students faced when considering reflective practice and developing their skills in this area of professional practice, and how these could be addressed. When thinking about coupling this interest with my experience in India for future research, I initially leapt into considering culturally relevant tools to support reflective practice for students in India. I already had an interest in the potential use of the Kawa Model (Iwama, 2006) as a flexible reflective practice tool that could support my own students in their attempts to identify and explore their ongoing learning and development. The Kawa Model (Iwama, 2006) was specifically developed to address the lack of culturally sensitive occupational therapy models that could be used within eastern culture (Fujimoto and Iwama, 2005). Ironically, although developed within

a Japanese context, the Kawa Model has become popular in many areas of occupational therapy practice within western contexts (Ober et al., 2022).

Further exploration of the literature led to the discovery of a distinct lack of published research about occupational therapy students' experiences in India. Considering any reflective practice tools at this point would therefore have been both premature and presumptuous, trying to solve a problem that may not exist. The realisation of my error in falling into an attitude of professional imperialism was shocking, but necessary in shaping the subsequent attitude of professional and cultural humility which I endeavoured to achieve throughout the rest of the study. Following further thought and reflection, it became apparent to me that the appropriate place to begin would be with Indian students, exploring how they experience practice within their native context. Initially addressing my own lack of knowledge of the context of occupational therapy practice in India and the current research exploring Indian student experiences would enable me to situate my research within the current knowledge base and ensure that it could contribute additional knowledge.

My aim from the outset has been to approach this study from a position of genuine curiosity with transparent reflexivity in relation to my identity as a white British occupational therapist, academic and researcher conducting this research in India. I have aimed to achieve cultural sensitivity and humility in my quest to present an authentic account of the student experience and the voice of my participants.

1.2. Content guide

Prior to embarking on a study such as this one, it is essential to develop a thorough understanding of the context in which the phenomenon under investigation occurs (Tracy, 2013). I will therefore begin with exploring the international context of occupational therapy as a global profession. The historical origins and influences on the global development of occupational therapy will be explored, including the universally accepted standards, and professional expectations required for professional education programmes to achieve approval from the World Federation of Occupational Therapists (WFOT) and demonstrate adherence to a common underpinning philosophy. The history of occupational therapy in India is also explored, including its origins, development, and

regional influence in Asia, alongside consideration of the current context of Indian health services and future developments which will impact upon practicing health professionals across the country. To complete consideration of the context of this study, I discuss the culture of occupational therapy and the ability of the profession to adjust appropriately to different cultural contexts.

The literature review initially focuses on exploring published research relating to occupational therapy students' experiences of practice and includes studies focused on students from other comparable health professions and countries where necessary to expand the scope of the review. Themes from the literature analysed lead to consideration and exploration of relevant experiential learning theory, and the chapter concludes with presentation of the research question and aims of the study.

The rationale of the chosen methodology of Interpretative Phenomenological Analysis (IPA) with elements of poetic inquiry considers the relevance of phenomenological research within occupational therapy. In addition, the relevance of an IPA approach within an Indian context is also explored, alongside my own philosophical standpoint. The contribution of poetic inquiry to this IPA study is subsequently outlined, and once again justified within the Indian context of this study.

The research method outlines the processes which were planned to recruit participants and collect data, and the adjustments that became necessary once the process had begun. This leads to presentation of the ethical considerations addressed within the study and plans to mitigate their impact on the participants and the overall rigour and quality of the study.

Application of the IPA data analysis process (Smith et al., 2009; 2022) is presented alongside the rationale for switching from the original published process (Smith et al., 2009) to the updated version (Smith et al., 2020). Additions to the process to ensure clarity and transparency of my processing and reasoning as a novice IPA researcher within this study are also explained.

Explanation of the context of the student experiences situates the Group Experiential Themes and subthemes with the aim of aiding the readers' understanding of a potentially unfamiliar professional programme structure. Themes are presented in the students' words, each enhanced with the inclusion of further examples from the data.

The discussion continues from the researcher reflections of the findings to consider the themes as they occurred within the student learning journey through their programme and successive practice experiences. Comparison with other related studies considered within the literature review demonstrates commonalities and differences in the Indian students' experience. Relevant experiential learning theories that emerged from the literature are also employed to assist in highlighting similarities and differences in how the students experience practice. The discussion is underpinned throughout by consideration of contextual influencing factors within the student practice environment and relevant theory of participatory learning. The discussion concludes with consideration of the limitations of this study, the implications for the occupational therapy profession and considerations for future research.

Poetry is included throughout this work to summarise key points, to re-present data, to demonstrate my thought processes and reasoning, and to embed transparent researcher reflexivity throughout. To avoid disruption to the main text of the thesis, my reflective poems are included at the end of each chapter. The initial purpose of this poetic element was a personal one, to aid the organisation and progression of my thoughts as I navigated my way through the research process, but it quickly became an essential tool and therefore an integral part of the study. The aim of including the poetry within this thesis is to provide an immersive reader experience, evoking insight into and understanding of the student experience and the progression of researcher thinking and understanding as the study progressed. To this end, QR (Quick Response) codes are included in the text for each poetic element to enable the reader to listen to the poems read by the researcher, thus facilitating access to the intended tone and intonation of the written word (Galvin and Prendergast, 2016). The reader should be aware that the audio recordings may take a few seconds to load before playing.

The reflexivity chapter draws together discussion of all the personal challenges of maintaining the openness and awareness to constantly monitor and adjust my own

understanding of the situation at every stage of the research process. This continuous personal process of developing awareness and understanding once again invites the application of relevant learning theory, inextricably linked to my own development as a researcher. The reflexive narrative throughout the thesis illustrates the transformative nature of the research process which took me from an established position of self-doubt to that of a confident researcher able to recognise the value of my work. My concluding thoughts return to the original research question and aims and reflect upon the outcomes of the study.

1.3. Researcher reflections

1.3.1. The personal story

Why am I doing this research,
And what do I hope to achieve?
Working in India vexed me,
It challenged the things I believe.

I had in my head how OT works,
How it helps those we're here to serve.
In my case, it was children,
That were my chosen preserve.

I had a way of working,
That usually worked for me.
An approach to helping children,
To be how they wanted to be.

In India though, it was different,
About how children needed to be,
So parents could get them into school,
And 'normal' is what people see.

Time was limited, to get it right,
Before parents would try something else.
There had to be progress, pronto
Ticking boxes on checklists, that helps?

So the pressure was external.
To practice, prescribe and direct
The children and the parents
To make the skills correct.

This box-ticking, splinter skill method
Doesn't fit with how SI works.
The organic, child-led process
With quality changes it's perks.

I wondered how my colleagues processed
What they learnt alongside what's expected.
They said it was hard to do both,
But they had to conform, they reflected.

This all made me more curious,
About how my profession worked,
In this different culture to my own
Where maybe other challenges lurked.

Then I look at my own students,
We research their experience loads.
But what about their Indian peers?
Do we know what their experience holds?

Now I want to hear the student voice,
Give students the chance to be heard,
To share their unique experience
Of practice, and the meaning inferred.

1.3.2. The thesis

To understand the context of research
is as vital as milk in my tea.
It frames the work, it highlights gaps
and shows where the value will be.

The post-colonial context
is particularly risky for me,
as I need to know I'm not part of
an imperialist view of OT.

First, I'll look at the context,
To understand where India sits,
In the wide global OT profession
What's a challenge? More important, what fits?

Then, what do we already know,
About students' practice learning?
Is exploring this a western thing?
Is there a gap in the knowledge emerging?

Next, how can I best explore this?
How the practice experience feels?
And the sense making process that happens,
And the meaning of this it reveals?

Will IPA work in this context?
And what about poetry too?
Will it help me reveal the understanding I seek?
Will it offer me knowledge that's new?

How will I complete this study?
I need a method that's robust.
From beginning to end, it should be clear,
And organic, so it can adjust.

I must consider my position,
And the ethical challenge this brings.
Mitigating risks and biases,
So the study's trustworthiness sings.

Data analysis must be robust,
Showing rigour of process and thought,
With clarity of decisions,
And reflective processes brought.

The themes belong to the students,
So I'll let their words explain,
The key points of their journey,
The things that brought both joy and pain.

In discussion, we see how the students' experience,
Is similar to international peers.
And we see things that are different,
The uniqueness that appears.

This offers opportunity,
To do more, find out more.
To add to OT research,
So we know more than we did before.

I offer reflections as the thesis goes on,
So you can see what I was thinking, and when.
And then I treat you to the whole story,
Of my journey from beginning to end.

Then I share my final thoughts,
And finish with a poem.
Why not?

Chapter 2. The context

Understanding the context of the population and phenomenon being explored is vital to the planning and execution of a rigorous and valid research project (Tracy, 2013). The challenge of full, accurate and respectful understanding of this context is further complicated when the research crosses cultural borders (Liamputtong, 2010a; Miller Cleary, 2013). Therefore, to maintain the integrity of this study from the outset, it is essential that I have insight into my own perspective as a white British occupational therapy academic and can situate this within the international context of my profession (Miller Cleary, 2013). I also need to consider my previous experience of occupational therapy in India and how that influences my cultural perspective and approach to the study (Miller Cleary, 2013). Such consideration of my own interest in the area of this study will form the beginning of my phenomenological thinking within the process of articulating the research question (Todres and Holloway, 2004), in addition to contributing to the continuous reflexivity which is required in a study of this nature (Finlay and Gough, 2003). I therefore conducted a thorough exploration of the literature concerning the international context of occupational therapy practice and education and the context of occupational therapy practice in India. This led to an exploration of the culture of occupational therapy as a profession in addition to how the profession responds to different cultural contexts such as India. I will address these issues in turn in this chapter to ensure that this study is contextualised from the outset and that any influence of the context on the student experience can be explored later.

2.1. The international context of Occupational Therapy

The World Federation of Occupational Therapists (WFOT) was formed in 1952 through the collaboration of occupational therapy associations from seven countries and representatives from three other countries without national associations, supported by the existing associations. The founding member countries of WFOT were the USA, UK, Canada, South Africa, Sweden, New Zealand, Australia, Israel, India and Denmark. The aim of creating a worldwide association was to promote the profession internationally as a global profession, to encourage international collaboration and to facilitate the continued development of occupational therapy education and practice through the introduction of internationally relevant standards and the exchange of information. WFOT currently has active working relationships with member organisations in 95

countries, representing a total of 633,000 occupational therapists worldwide (WFOT, 2022).

Recognised as a non-governmental organisation, WFOT is managed by a voluntary executive management team, programme coordinators and delegates using a programme management structure. As such, WFOT is currently funded by individual and national association membership subscriptions, donations and sponsorship. I have been a member of WFOT, following the progress of global developments within the profession since 2018. The current management team, however, remains dominated by representatives of the UK, Australia and America, so in spite of the team's evident interest and expertise in international development of the profession, highlighted by their publications and previous work, there are vast sections of the world population not represented at the highest level of the organisation. Whilst the reasons for this unequal representation are most likely to be connected to available resources to run the organisation on a voluntary basis, there remains the issue that the unique perspective of diverse populations like Asia is distinctly lacking. Much like this study, even the most well informed and best-intentioned attempts to engage in international development of occupational therapy are fraught with the potential to be perceived as originating from a colonial and imperialist stance (Hammell, 2015). This issue is discussed in detail later in relation to the culture of the profession and practice and within personal reflections.

As an independent and non-political worldwide organisation, WFOT has the capability to influence and support global strategies to promote health and is identified as a non-state actor by the World Health Organisation (WHO). More recently, in response to the United Nations (UN) General Assembly resolution which resulted in the 2030 Agenda for Sustainable Development (UN, 2015) the WHO revised the governance of collaborations with non-state actors. The previous principles governing relations between the WHO and non-governmental organisations (NGO) were replaced by a new Framework of Engagement with Non-State Actors (WHO, 2016) to reflect the current and future global health priorities. The current WFOT Global Strategy for the Occupational Therapy Workforce: Framework of strategic Directions (WFOT, 2024) is therefore influenced by and supportive of the WHO global health priorities to improve access for all through developing the competence and availability of occupational therapy across the world.

2.2. WFOT and the World Health Organisation

WFOT has been in an official relationship with the World Health Organisation (WHO) since 1959, representing occupational therapy globally and engaging in collaboration aimed to improve world health. Through the framework and the General Programme of Work and Programme Budget (WHO, 2018), 'official relations' are reviewed every three years, when a specific plan and objectives are agreed and published regarding the nature of collaboration and activities within the forthcoming period. For example, the collaboration plan between WHO and WFOT for 2017-2019 focused on five areas for collaboration. The agreed activities described include ongoing contributions to WHO developments and draft documents, support of the WHO capacity building strategy for the rehabilitation workforce, dissemination of WHO developments to occupational therapists, promotion of assistive technology, and contributing to WHO health and ageing activities by supporting the development of models for integrated person-centred health care (WHO, 2017). WFOT repeated its commitment to continue and develop involvement and collaboration with WHO in the 2019-2024 Strategic Plan (WFOT, 2018c).

2.3. The progression of Occupational Therapy in India

Occupational therapy is a relatively small and new profession in relation to many other health professions both in the United Kingdom (UK) and internationally. Occupational therapy as a concept and profession was founded in the USA in 1917, following more than a decade of work engaging asylum patients in a variety of productive occupations (Barker Schwartz, 2003). It was introduced to the UK in 1919 by David Henderson, a Scottish doctor who had worked with one of the founders in the USA (Duncan, 2011). The Scottish Association of Occupational Therapists (SAOT) was formed in 1932, followed by the Association of Occupational Therapists (AOT) in England in 1936. The first professional diplomas were awarded in 1938, and the two associations merged to become the British Association of Occupational Therapists (BAOT) in 1974. The College of Occupational Therapists (COT) was subsequently formed in1978. Occupational therapy was introduced to India in 1950 by an American therapist, Kamala Nimbkar, who opened the first occupational therapy school in the country (Sharma, 2012), and subsequently founded the All India Occupational Therapy Association (AIOTA) in 1952. Mrs Nimbkar gained WFOT approval for her programme in Mumbai in 1954, and it became a focal point for occupational therapy training and development across Asia

(AIOTA, 2018a). Although both India and the UK were founder members of WFOT, there is a marked contrast in the size of the profession with 24,000 occupational therapists in India compared with 41,315 in the UK (WFOT, 2022). This represents a significant increase in numbers in India from the previous data collected, when there were 6,000 occupational therapists in India compared with 38,919 in the UK (WFOT, 2018a). This translated into 0.04 occupational therapists per 10,000 head of population in India compared with 6 in the UK (WFOT, 2018a), but the new figures indicate 0.2 occupational therapists per 10,000 head of population in India, with no change in the UK (WFOT, 2022). The significant increase reported in India between the two WFOT surveys reflects an increase in the number of WFOT approved undergraduate programmes across the country (WFOT, 2022). Whilst the difference in the number of practicing occupational therapists has decreased between my own familiar context (the UK) and India, this still clearly indicates a significant difference between the current position of the profession and practice within the two countries, highlighting potentially different challenges for occupational therapy in different sociopolitical and cultural contexts. Whilst this study is not intended to focus on a direct comparison between the occupational therapy profession in the UK and India, it is helpful to establish the origins and cultural context of the profession which has shaped my own professional values and beliefs so that they may be addressed in a transparent manner throughout.

2.4. International standards for Occupational Therapy

The role of WFOT in relation to the development, promotion and implementation of global professional standards for occupational therapy is a significant one in the continuing expansion of the worldwide community of the profession. WFOT supports professional registration as a means of maintaining standards of practice and education, protecting the public and increasing the authority and prestige of the profession (WFOT, 2010a). This is particularly relevant and useful to occupational therapy in those countries where it is not a regulated profession, offering a clear rationale for the development of such regulation (WFOT, 2010a). Whilst the role of WFOT is restricted to offering guidance and support for occupational therapy associations in member countries seeking professional regulation, it is able to support those countries by offering a WFOT approval process for occupational therapy education programmes (WFOT, 2016a). This enables international recognition of occupational therapy qualifications regardless of whether national regulation exists in a member country. There are 35 countries that require occupational therapists moving from other countries to have graduated from a

WFOT approved programme to apply for registration to practice (WFOT, 2022). As India does not have a national registration programme for occupational therapists, it does not appear in this list (WFOT, 2022).

Occupational therapy organisations of WFOT member countries are bound by the WFOT standards and Code of Ethics, enabling parity between member countries where regulation is in place and those where it is not. As such, the AIOTA has the benefit of the same WFOT standards and guidance as the UK, despite any differences in the context of practice. Of particular interest within this study are the WFOT 'Minimum standards for the education of Occupational Therapists' (WFOT, 2016a), 'Entry level competencies for Occupational Therapists' (WFOT, 2008a), 'Competency and maintaining competency' (WFOT, 2012) and the 'Code of Ethics' (2016b).

The new standards acknowledge a global shift from an individual, medicalised perspective of health to increased consideration of the health of the population and the psychosocial elements of health, recognising a need for contextual grounding whilst retaining certain required elements within the curriculum (WFOT, 2016a). The International Classification of Functioning, Disability and Health (ICF) (WHO, 2002) is also considered in identifying the required elements of occupational therapy education (WFOT, 2016a; Prodinger et al., 2015). Using the ICF, occupational therapy is able to focus on the relationship between health and participation in occupations including self-care and domestic tasks, education, work, leisure and interpersonal relationships, including those which contribute to community, social and civic roles (WHO, 2002; WFOT, 2016a). However, it could be argued that, by adopting common terms, particularly in relation to the concept of independence, these classifications promote the individualist perspective favoured in western societies rather than being universally applicable (Hammell, 2009a). Prodinger et al. (2015) considered the opportunities and challenges of applying the ICF within occupational therapy education and practice, suggesting that the standardised language and terminology of the ICF will enable comparison of the health and functioning of individuals across different settings and countries. However, this assumes similar perceptions of the value of different aspects of function and independence within different contexts and may alienate a considerable proportion of the world's population (Hammell, 2009a; 2015). Prodinger et al. (2015) also consider the application of the ICF alongside existing models of practice and associated practice tools, although all the models and tools mentioned are those of western origins, further compounding attempts to demonstrate global relevance. The ICF is described as

being closely aligned to the basic assumptions and underpinning theory of occupational therapy (Prodinger et al., 2015), but Hammell (2009a) suggests that these assumptions are culturally specific to the western context in which they were developed and therefore are flawed and lack global relevance within the profession. Having described how the ICF is so well aligned to occupational therapy, Prodinger et al. (2015) went on to report that the results of a WFOT survey in 2008/9 indicated that the vast majority of occupational therapists who responded were not using the ICF within their practice. The WFOT report on the survey (Stewart et al., 2013) states that 1200 occupational therapists from 60 countries responded to the online survey, but there is no further information published about the nationalities represented or the proportion of representation from the different countries. It is therefore difficult to ascertain whether cultural relevance of the ICF was an issue affecting its use. Chaturvedi (2017) established that 54% of Indian physiotherapists responding to an online survey reported that they knew about the ICF. However, there was only a response rate of 15.7%, perhaps suggesting that those who did not respond may not have been aware of the ICF. Chaturvedi (2017) did continue to argue the value of using the ICF within physiotherapy practice, suggesting numerous advantages to applying the ICF to develop the efficiency and effectiveness of practice. Jindal (2018) also considered the value of using the ICF within practice, suggesting that its use would contribute to more family centred occupational therapy services to children with cerebral palsy in India, possibly reflecting the shift from medically modelled services towards enablement and empowerment of service users (Garg, 2018; Zodpey and Farooqui, 2018). However, specific consideration of general use by occupational therapists in India remains limited within current literature.

2.5. WFOT minimum standards for Occupational Therapy education

The minimum standards for education of occupational therapists were first introduced in 1958 and have been revised numerous times since then as the profession has adapted to global changes in the context and priorities of healthcare (WFOT, 2016a). Occupational therapy is the only Allied Health Profession (AHP) with global standards of education set by a single organisation which are reviewed regularly at both national and international levels (WFOT, 2018b). The latest version of the standards was revised in response to the WHO aims for developing health professional education to support the continuing global advancement of human rights through the expansion of relevant and effective healthcare (UNESCO, 2011; WHO, 2011, 2013). It also continues to reflect the

existing key principles of providing relevant health professional education (WHO, 1993). Following extensive consultation with numerous relevant stakeholders, the previous version of the minimum standards for education, from 2002, was largely considered to still be relevant in 2016, with the revisions predominantly focused on responding to the continuing development of a diverse global society (WFOT, 2016a).

2.5.1. Underpinning philosophy

The philosophy of occupational therapy education is described as being guided by a combination of a shared global understanding and perspective of occupational therapy, and a unique understanding of local perspectives (WFOT, 2016a). However, there is a significant body of evidence that the global perspective and understanding of occupational therapy is western dominated (Hammell, 2009a; Hammell and Iwama, 2012), thus potentially leading to an unintentional western influence on occupational therapy education within different cultural contexts. This is reflected in the dominance of western assumptions about occupation which underpin occupational therapy practice (Hammell, 2009a), and the models, approaches and tools subsequently developed which often have little relevance in diverse cultural contexts (Iwama, 2006). This is illustrated through the challenge of attempting to apply the established and well documented models of practice in India (Tripathi et al., 2017). The issues of colonisation and potential theoretical imperialism within occupational therapy described within this literature is discussed in greater detail later.

In recent years, recognition and acknowledgement of the western colonial origins of occupational therapy has led to a growing debate of and desire for decolonising the profession (Mahoney and Kiraly-Alvarez, 2019). The continuing dominance of the western worldview within occupational therapy education (Mahoney and Kiraly-Alvarez, 2019; Galvaan et al., 2022) leads to the development of practitioners who inadvertently perpetuate imbalance in societal relations and social inequities within their practice (Mahoney and Kiraly-Alvarez, 2019; Gibson, 2020). Therefore many practitioners are ill-equipped to recognise and address the occupational priorities and needs of individuals, groups and communities with a non-western cultural heritage (Mahoney and Kiraly-Alvarez, 2019; Gibson, 2020). There is particular disparity evident through ignorance of the unique nature of occupation within collective socio-cultural contexts around the world (Gibson, 2020), with occupational therapy's historically embedded focus on the individual alone (Hammell and Iwama, 2012).

2.5.2. Contextual relevance

In an attempt to ensure the contextual relevance of occupational therapy education, the minimum standards for education identify the local contextual factors which are considered to influence the required content of occupational therapy education curricula. These factors include the health and social needs of the population, the sociopolitical context of service delivery, the profile of students joining the programme, the local history of the profession and local perceptions of health-giving occupations (WFOT, 2016a). “An understanding of the local beliefs, values and meaning of occupation will inform how occupational therapists use occupation in the local context.” (WFOT, 2016a; p28) is cited as an essential element that will support relevant curriculum development. In spite of assertions that an occupational therapy curriculum should be locally contextualised, where the standards address required knowledge of underpinning theories of occupation there is a list of seven theories (and associated models of practice) presented, six of which are of western origin, with the remaining one originating from a Japanese Canadian collaboration (WFOT, 2016a). Although there is a brief suggestion that there could be other, local theories, this suggests a continuing and inappropriate western dominance of the key underpinning theories of occupation as described by Hammell (2009a, 2011, 2015), contributing to an enduring acceptance of that dominance. The need for knowledge of theories of occupational performance and engagement is repeated in the expectations of entry level occupational therapists and continuing maintenance of competence within the profession (WFOT, 2008a, 2012). Although reference to specific theories and models is not included in the standards of competence, the issue of a lack of relevant theories encompassing many cultural contexts remains (Hammell, 2009a; Hammell and Iwama, 2012). Of particular concern is the lack of consideration of collective occupations, co-occupations and interdependence which are a key element of eastern collectivist cultures (Hammell and Iwama, 2012). It is acknowledged that Indian occupational therapy educators and students routinely refer to literature written by western authors, resulting in attempts to apply assessments and interventions which are incongruous to the Indian cultural context (Rege and Acharya, 2017). Thus, there is a risk that the education of occupational therapists in countries such as India will lack an appropriate, culturally relevant approach to the occupational context of the population they are going to serve. Hence it would seem quite understandable to continue to rely upon a traditional medically dominated model of practice, where occupational therapy education is framed within and directed by the medical profession (Rege and Archarya, 2017). This focus on occupational therapy as medically focused and standardised scientific health profession is often seen as being in

direct conflict with the desired focus on the context and performance of valued occupations (Tripathi et al., 2017), potentially setting students up to struggle in this endeavour from the outset.

Again, there is a growing desire to decolonise occupational therapy education (Mahoney and Kiraly-Alvarez, 2019; Gibson, 2020; Galvaan et al., 2022), as is reflected generally within the higher education sector globally (Morreira et al., 2020). It is widely agreed that the process of decolonising occupational therapy education requires conscious actions to resist the influence of the colonial past of the profession in the design and delivery of the curriculum (Mahoney and Kiraly-Alvarez, 2019; Gibson, 2020; Galvaan et al., 2022). Mahoney and Kiraly-Alvarez (2019) suggest that conscious consideration of the occupational differences of non-western cultures coupled with an approach of cultural humility will contribute to the process of decolonising the curriculum. It is, however, accepted that the process of decolonising the curriculum requires difficult conversations and challenges to the existing world view and pedagogic approach of western influenced academics (Gibson, 2020; Galvaan et al., 2022). Difficult conversations and the resulting discomfort are a necessary element of the transformative process required to begin to address the societal inequities currently evident within practice (Mahoney and Kiraly-Alvarez, 2019; Gibson, 2020; Galvaan et al., 2022).

2.5.3. Professional expectations

The professional and reasoning behaviours that students are expected to demonstrate are required to meet the local and international standards regarding the expectations of a qualified health professional. These include research, ethical practice, professional competence, reflective practice and managing self, others and services (WFOT, 2016a). WFOT also directs occupational therapy education programmes to ensure that all students have a range of practice placement experiences with a variety of service users and types of service (WFOT, 2016a). All pre-registration students must complete a minimum requirement of 1,000 hours of practice placement and, although there is no definitive evidence as to how this figure was identified as appropriate, it has been consistently adopted and adhered to internationally for many years (WFOT, 2016a). However, the timing and duration of practice placements is flexible and generally reliant on national body interpretations of the guidance (Honey and Penman, 2022). WFOT (2016a) describes the purpose of practice education as enabling students to “integrate knowledge, professional reasoning and professional behaviour within practice” (WFOT,

2016a, p.48). Expectations for supervision during practice placements are also described, including collaborative evaluation of student performance and setting learning goals (WFOT, 2016a). When considering student learning through practice, the standard requires knowledge of theories of reflective practice in addition to the ability to demonstrate systematic reflection in a variety of situations resulting in a development plan to improve performance as a result of the reflection (WFOT, 2016a). Again, the implementation of this is left to the discretion of the educational institutions. In contrast to the listed occupational therapy theories earlier, there are no examples given in this instance relating to theories or models of reflective practice, but the dominant theories and models of reflective practice are also western dominated in their origins. Therefore, as with the theories of occupational performance and engagement, it is likely to be somewhat challenging to implement the western theories of reflective practice in a culturally relevant way, particularly considering the apparent drive for occupational therapy practice to be locally contextualised (WFOT, 2016a). This is further hampered in the Indian context by occupational therapy being so firmly embedded within a medical model of practice where outcomes and effectiveness are consistently judged through the collection of quantitative measures (Rege and Archarya, 2017; Tripathi et al., 2017).

The WFOT framework for entry level competencies reflects the expectation of further education and Continuing Professional Development (CPD) included in the minimum standards for education, citing that engagement with audit and reflection in order to review and enhance practice is an essential component of professional management (WFOT, 2008a). Development of a planned process for CPD also merits specific consideration in relation to the application of practice for entry level practitioners (WFOT, 2008a). These expectations continue through the WFOT position on competency and maintaining competency within occupational therapy practice (WFOT, 2012). The WFOT Code of Ethics (WFOT, 2016b) refers to the requirement for occupational therapists to demonstrate commitment to professional development and lifelong learning, supported by the position statement on developing and maintaining competence (WFOT, 2012). Reflecting upon practice is one accepted and established identifiable element of continuing professional development within occupational therapy and other health professions (Boniface, 2002; Kinsella, 2001; Roberts, 2002), and as such can be considered to be an element of CPD (WFOT, 2016a).

Although the WFOT standards (2016a) refer to implementation in a culturally relevant fashion throughout, they remain somewhat biased towards the dominant western perspective of occupational therapy practice, education and CPD. This does raise the question of how the standards are interpreted and implemented in eastern cultural contexts such as India.

2.6. The context of Occupational Therapy in India

Occupational therapy was introduced in India by American born Kamala Nimbkar, who had trained as a teacher in the UK prior to returning the America to train as an occupational therapist, with the express intention of introducing and developing the profession within the Indian health system (Patil, 2009). The Bombay Occupational Therapy School that Nimbkar subsequently founded served many of the other South Asian countries, thus directing the development of occupational therapy in the whole region (Patil, 2009).

Occupational therapy in India is not currently a nationally regulated profession and therefore does not have legal protection or legally enforceable standards. However, the All India Occupational Therapy Association (AIOTA) has been in existence since 1952, and was a founding member of WFOT in the same year. In spite of the lack of formal professional regulation, AIOTA incorporates the Academic Council of Occupational Therapy (ACOT), which takes responsibility for the accreditation of pre-registration education in line with the WFOT standards for education (WFOT, 2016a). Hence currently 30 of the 33 Occupational therapy programmes within India are approved by both AIOTA and WFOT. AIOTA have been proactive in pursuing national professional regulation of occupational therapy for a number of years, as highlighted by Srivastava (2015) in response to the Indian government's draft Allied and Healthcare Professional's Central Council Bill (2015) although it remained unadopted and the details of its implementation were fiercely debated for some considerable time (Srivastava, 2018a). However, The Allied and Healthcare Professions Bill (2018) was introduced to the Rajya Sabha (The Upper House of the Parliament of India) by the Minister of Health and Family Welfare in December 2018 following approval from the Union Cabinet. The bill was finally passed for implementation in March 2021. This development is expected to have a significant impact on occupational therapy practice in India (Srivastava, 2018b), although at the time of writing progress there is, as yet, is no clear evidence of this.

2.7. All India Occupational Therapists' Association

The AIOTA aims clearly reflect the principles of WFOT, including support for research and practice development, increasing the profile of the profession, workforce expansion, and competence (including knowledge, skills, commitment and professional habits) (AIOTA, 2018b). The AIOTA has a published code of ethics section within its constitution and byelaws which refers to the responsibility of individual occupational therapists to strive to demonstrate a high level of skill, and to contribute to the development of the profession, alongside requirements such as information management and professional behaviours (AIOTA, 2013). Although maybe lacking the detail included in the standards for education (WFOT, 2016a), this broadly complies with the minimum standards of WFOT in relation to demonstrating and maintaining competence (WFOT, 2008a, 2012) and is comparable to the summaries from other countries (including the UK) published in the entry level competencies (WFOT, 2008a). Although the AIOTA code of ethics does not specifically refer to CPD, this is implied through the expectation of the ability to demonstrate an appropriate level of skill and contribute to the development of the profession (AIOTA, 2013). In spite of the lack of a national regulatory body, there are a number of regional bodies which regulate and maintain registers of practitioners who can prove that they have an appropriate qualification. For example, the Delhi Council for Physiotherapy and Occupational Therapy (DCPTOT), which was formed in 1997, appears to have the legal power to ensure that therapists working in Delhi are appropriately qualified and registered (DCPTOT, 2015). However, there is no evidence of any requirements other than having an appropriate occupational therapy qualification to either become or remain registered. Although the draft Allied and Healthcare Professional's Central Council Bill (Government of India, 2015) went some way towards addressing generic regulation of Allied Health Professionals nationally, it seems that specific national regulation of occupational therapists has continued to be a challenging issue (Srivastava, 2015, 2018a). The Allied and Healthcare Professions Bill 2020 (Vardhan, 2020) however, seems to have progressed this issue further and potentially offers the beginning of national regulation of all healthcare professions in India (Government of India, 2018).

WFOT standards are applied by professional and, if appropriate, regulatory bodies according to the context of occupational therapy education and practice within member countries. For example, in the UK, occupational therapy is a legally protected title, and occupational therapists must be registered with the HCPC, maintaining registration and performing to HCPC standards in order to practice (HCPC, 2013, 2016, 2018). This is

supplemented by the professional body for occupational therapy, The Royal College of Occupational Therapists (RCOT) with a published Code of Ethics and Professional Conduct (RCOT, 2015) and Professional Standards for Occupational Therapy Practice (RCOT, 2017). It is this level of regulation and the associated mandate to set and enforce professional standards that the AIOTA aspire to in the hope of progressing the development of occupational therapy in India in response to national and global sociopolitical and sociocultural developments (Shrivastava, 2018b).

2.8. Occupational Therapy education in India

Occupational therapy education in India sits within a unique context in that the universities which provide training programmes sit within a hospital 'campus'. As a result of this, students gain the majority of their practice experience through postings within the various inpatient and outpatient services in the host hospital. This enables a unique structure for the programme whereby students can have both posting (practice placement) and classroom teaching and learning within the same day, being taught in both contexts by the same team of faculty staff. Students entering the programmes usually apply for medicine and are allocated a profession based on their performance in exams, therefore seldom choose occupational therapy as a profession. It is also generally understood that access to Higher Education is essentially considered to be a privilege favouring those with higher socio-economic status, including the exclusion of those who are not fluent in written or spoken English (Jangu, 2022). For many years, it has also been accepted practice across Indian Higher Education institutions to restrict the age of entry to undergraduate studies to 17-19 years. Individual institutions are beginning to raise or remove the upper age limit, but anecdotal evidence from colleagues in India suggests that for the majority, it continues to be expected that students move into higher education straight from school, and at no other time. There are currently 20 WFOT approved occupational therapy and 10 non-approved programmes in India with 900 and 400 students enrolled respectively (WFOT, 2022).

2.9. The context of Health Services in India

The United Nations passed a resolution in 2012 calling for Universal Health Coverage (UHC) (UN, 2013). The resolution called for essential healthcare to be accessible to all, regardless of location, income, social status, gender or religion without causing financial hardship. This strategy was further highlighted in the UN agenda for sustainable

development (UN, 2015). This concept of public access to appropriate healthcare was first suggested in India following independence in 1946 (Garg, 2018; Zodpey and Farooqui, 2018), although recent health statistics suggest that this appears to remain an aspiration (Mahishale, 2016; Kumar and Roy, 2016). The Government of India have recently launched Ayushman Bharat (also known as the National Health Protection Scheme), which is intended to reduce the financial burden of healthcare on the most vulnerable in Indian society (Government of India, 2018). Although it has been hailed as the world's largest government funded health scheme, it does not appear to be mandatory across the country, with states only advised to adopt the strategy (Government of India, 2018), potentially leading to the continuation of current health inequalities.

The recent demographic changes in India include a steadily increasing life expectancy, with a growing population over 60 years of age, leading to an increase in the prevalence of chronic diseases (Lim and Duque, 2011; Mahishale, 2016). Other commonly used indicators of health continue to show a gradual improvement over time, for example, infant and maternal mortality, containment of HIV and eradication of polio (Mahishale, 2016). However, there remain concerns that India continues to contribute to the global prevalence of disease to a level which is disproportionate to its share of the global population (Mahishale, 2016; Kumar and Roy, 2016). There is also disparity in access to health services and health outcomes between different states, urban and rural communities and social classes (Mahishale, 2016; Kumar and Roy, 2016), suggesting significant health inequalities across the population. The ageing population, and consequent increasing prevalence of long-term conditions in India represents an opportunity for expansion of current occupational therapy services to contribute more to supporting the health and wellbeing of this section of the population. Occupational therapy input into elderly care homes is already highlighted as a new and growing area of practice in India (WFOT, 2018a), so the profession is already responding to this need within a social care setting rather than the traditional medical settings which have been dominant in India for many years (Garg, 2018; Zodpey and Farooqui, 2018). The discrepancy in health outcomes between different sections of the population across the country also present an opportunity for the development of occupational therapy services across primary, community care and contribute to the challenging public health agenda. This is currently identified as a shortage area of practice in India which is being actively addressed (WFOT, 2022).

Responsibility for public health services currently sits with the different state governments (Kumar and Roy, 2016), a position that will remain unchanged with the introduction of the most recent national government initiative (Government of India, 2018), and which is supported by those that identify different health needs across the different states which may not be addressed by a nationwide plan (Kumar and Roy, 2016). A common feature of health provision nationally is that around 70% of healthcare is private, leaving just 30% in public sector services (Kumar and Roy, 2016; Sembiah et al., 2018). Limited government funding of public health services is widely considered to be responsible for the significant increase in private healthcare (Mahishale, 2016; Sinha and Sigamani, 2016), and the health agenda being driven predominantly by private service providers with insufficient involvement of the public (Kumar and Roy, 2016). Much of the private healthcare provision is unregulated, increasing the possibility of the less well-off accessing services offered by unqualified or inadequately qualified practitioners, thus risking poor or dangerous practice which could further damage health (Mahishale, 2016). Good quality private services are only available to the minority who can afford it (Mahishale, 2016), but these services are rapidly expanding due to the lucrative health tourist industry (Kumar and Roy, 2016). Although this contributes to the country's economy, it is unlikely to have a positive impact on the health of the population unless it is balanced with the development of affordable services for the majority (Kumar and Roy, 2016). Within occupational therapy, 30% of practitioners work in government or public funded position, with 25% working in non-government or public funded positions (WFOT, 2022). It is not clear where the remaining 45% of occupational therapists are working unless the remainder are in independent private practice or education, but this does indicate the noteworthy situation where a relatively small number of occupational therapists are working in the public sector, thus potentially restricting the opportunities for services to develop within the community as previously discussed.

Lack of consistent governance and regulation of health practitioners, and the consequential absence of professional accountability contributes to the excess of poor or inadequate services (Mahishale, 2016), an issue that could be addressed by the creation of a national healthcare authority to regulate services (Kumar and Roy, 2016). Sembiah et al. (2018) describe the Medical Council of India's attempts to require doctors to complete a specified number of hours of continuing medical education (CME) in order to re-register, but only a small proportion of doctors complied due to the lack of

supporting legislation needed to change attitudes and practice (Sembiah et al., 2018). However, the Delhi Medical Council has instigated a requirement for CME attendance which is a legal mandate, demonstrating that legislative change is possible, at least at a regional level (Sembiah et al., 2018). The introduction of the Allied and Healthcare Professions Bill, 2020 (Vardhan, 2020) is intended to address these issues nationally by establishing regulation of 53 health related professions (Press Information Bureau, Government of India Cabinet, 2018). However, this regulation covers between eight and nine hundred thousand health professionals around the country (Press Information Bureau, Government of India Cabinet, 2018), so it is likely to take some considerable time to implement fully.

Sinha and Sigamani (2016) considered the published research regarding factors which may contribute to the apparent shortage of suitably skilled health professionals across India, citing this as the most significant challenge in maintaining and developing the health workforce. Although some of the statistics used were over a decade old, they indicated little change in the numbers of suitably qualified health professionals in spite of a nationwide increase in training places (Sinha and Sigamani, 2016). Attrition and emigration are key contributing factors to the continuing lack of workforce capacity within both public and private health providers, which need to be addressed proactively in order to retain skilled practitioners (Sinha and Sigamani, 2016; Sembiah et al., 2018). This is particularly important given the suggestion that there needs to be significant health workforce migration from the private sector to public services and is also likely to require national legislation to facilitate such a change and to make it more attractive for practitioners to stay and work in India (Sembiah et al., 2018). The issue regarding migration of qualified health professionals would certainly seem to be borne out by the origins of much of the occupational therapy literature used within this study, with many Indian born authors now living and working in other countries, particularly the USA, Canada and Australia.

A significant development in published opinions about health service provision in India is the notion of developing new models of service delivery (Garg, 2018, Kumar and Roy, 2016). There appears to be a shift away from a predominantly hospital based, medical model of service delivery to a more holistic approach to supporting health through creating local health and wellness centres to provide primary care in the community (Garg, 2018; Zodpey and Farooqui, 2018). This suggests an opportunity for occupational therapists to develop a role supporting wellbeing and the impact of chronic conditions

within diverse communities, thus extending the traditional scope of practice. However, the apparent reasoning that community-based services will be less resource intensive than hospital-based services (Kumar and Roy, 2016) may be somewhat flawed, particularly in the short term when creating and establishing such services.

In theory, the current context of occupational therapy in India presents many opportunities for the development of the profession and services. Occupational therapy is well placed to respond to legislative changes and new models of service delivery, for example, developing community services for the ageing population and those whose access to healthcare has previously been restricted. However, concerns persist about retaining suitably qualified practitioners (Sinha and Sigamani, 2016) in India, an issue which may be partially addressed by the Allied and Healthcare Professions Bill, 2020 (Vardhan, 2020) which is expected to contribute to raising standards of healthcare. This, alongside Ayushman Bharat (Government of India, 2018), is also expected to contribute to addressing the considerable health inequalities that currently exist across the country. If occupational therapy in India is to capitalise on the opportunities available, pre-registration programmes will need to adjust to the changing context in order to adequately prepare future practitioners (Sinclair, 2005), including the review and possible expansion of practice placement opportunities.

Understanding of the complexities and challenges facing the profession in India offers considerable insight into the context in which students are completing their education and practice experiences. This provides a foundational contextual awareness from which to build additional understanding during interactions with colleagues and students before and during data collection and knowledgeable contextualising of findings and discussion during subsequent dissemination (Miller Cleary, 2013; Liamputtong, 2013). The unique position of occupational therapy in India both in relation to the global community of the profession and the national context of healthcare provision and regulation offer the opportunity for research which will contribute to the continuing understanding and development of the profession.

2.10. Occupational Therapy in Asia

The introduction of occupational therapy in post-colonial India by Kamala Nimbkar, with her American heritage and British influences from her teacher training, clearly suggests a significant western influence on the profession's development in India from the outset. Despite her obvious desire to immerse herself within Indian culture, changing her name and dressing in traditional Indian clothes (Patil, 2009), the theories and philosophy of occupational therapy that she brought with her were clearly western. The Bombay Occupational Therapy School founded by Nimbkar welcomed students from surrounding South Asian countries, thus directing the development of the profession and practice across the whole region (Patil, 2009). This established a clear western influence on the early foundations on which occupational therapy was based in India. The early links with medicine which supported the development of occupational therapy in India remain strong, with occupational therapy education largely taking place within medical universities (Lim and Duque, 2011). However the medical domination of the profession has begun to be resisted in some contexts in an attempt to establish greater professional autonomy (Srivastava, 2008).

Occupational therapy across wider Asia is equally bound by strong links to medicine and its historical origins of importation from western countries (Lim and Duque, 2011). The profession was exclusively introduced to Asian countries by western trained practitioners who, regardless of their own cultural heritage, were encultured into a profession with core assumptions, philosophies and values firmly rooted within a western cultural context (Lim and Duque, 2011; Murthi and Hammell, 2021). The post-colonial context of the introduction of occupational therapy is particularly relevant here, with previously colonising countries often being dominant in both the introduction and development of practice which was unchanged from its western origins (Lim and Duque, 2011; Murthi and Hammell, 2021). Murthi and Hammell (2021) refer to the importation of occupational therapy to Asia from the west, noting that the post-colonial context led to unquestioning acceptance and adoption of western views on occupation not compatible with core Indian culture, to the detriment of occupational therapy service users. Broadly speaking, within many Asian collectivist cultures, collective roles are highly valued within a hierarchical context where those in authority are held in high esteem. Within this context, not questioning the opinions or actions of those in authority is considered to be a sign of respect (Lim, 2008), therefore challenging collectively accepted norms would be viewed as highly disrespectful (Fujimoto and Iwama, 2005). This could make it difficult, both in

the past and the present, for occupational therapists to critique current practice, accepted understanding of current practice or understanding of underpinning theory (Fujimoto and Iwama, 2005). Occupational therapy in a western context has a significant focus on supporting the independence of the individual, where 'being in the world' involves one striving for personal independence and minimal reliance on others. Within the philosophical theories of Heidegger (1962), whose philosophy underpins the approach and methodology of this study, this individualistic concept of 'being in the world' is referred to as Dasein. In contrast, the concept of 'being in the world' within an Asian context reflects Heidegger's concept of Mitsein, where 'being in the world' acknowledges that interaction between the individual and those around them is a dominant component of one's sense of self (Heidegger, 1962). Within a collectivist context, therefore, the focus is upon the importance of interdependence and rejection of actions which could increase independence (Fujimoto and Iwama, 2005).

It would be pertinent here to consider the philosophical differences that may exist between the dominant philosophies of collectivist and individualist cultures, and whether there are any points at which they can comfortably coexist. This is of particular importance within the cross-cultural context of this study to ensure that the western perspective of the researcher does not extend to a choice of underpinning philosophy and methodology which is not compatible with the Indian context. Kupperman (1999), an American based philosopher and scholar of Asian philosophy, offers an Asian philosophical perspective on the western concept of individualism, referring to the illusion of the individual self. Kupperman (1999) claims that any sense of individuality is a superficial and ill-conceived assumption, the reality being that there are no boundaries between the self and others. He continues to suggest that having a sense of individual self leads to the continued pursuit of desires which inhibits the development of the spiritual self (Kupperman, 1999). Therefore, Kupperman is subscribing more to Heidegger's concept of Mitsein as a way of being in and experiencing the world rather than Dasein, which has greater focus on the unique characteristics of the individual (Heidegger, 1962).

Further exploration of the relationship between the philosophy of the east and west accentuates contrasts on a general philosophical level, whereby historically the schools of Eurocentric and Indian philosophy were mutually exclusive, with each choosing not to acknowledge the value or relevance of the other (Wilberg, 2008; Deshpande, 2015). Herein lies a key point of potential cultural conflict between expected and accepted ways

of ‘being in the world’ or Dasein, as termed by Heidegger (1962). However, Heidegger’s phenomenological writing, which underpins the methodology of this study, also offers a surprising, but insightful and helpful link between his Eurocentric view and ancient Indian philosophy (Wilberg, 2007). Dasein refers to the individual being here/there (Da meaning both here and there), thus contextualising the individual’s experiences. However, as Heidegger (1962) describes the enlightening nature of conscious awareness of Dasein, there is more than a passing similarity with the Indian Shiva Sutras reference to ‘Prakasha’, which is the foundational level of consciousness of self and being present which is sought and required in order to understand ultimate reality (Wilberg, 2007). This offers an alternative view to that of Kupperman (1999), in that a unique individual experience of ‘being in the world’ is considered to contribute to the spiritual sense of self (Wilberg, 2007).

When considering contrasting philosophical perspectives on ‘being in the world’, it would also be helpful to briefly consider the specific differences between the assumptions of individualist and collectivist cultures. An individualistic culture encourages people to be autonomous and self-directed, independent of others, thus demonstrating and highlighting individual differences (Her and Joo, 2018). In contrast, a collectivist culture values the harmony of reduced differences between individuals, enabling interdependence and common group goals rather than individual goals, supported by hierarchical organisation (Her and Joo, 2018). Such contrasts unsurprisingly result in very different world views, thus going some way towards explaining the potential differences in the view of what might constitute valued occupations within individualist and collectivist cultural contexts, and potentially influencing the perceptions of Indian occupational therapy students.

Sinha et al. (2002) considered the multidimensionality of individualist and collectivist behaviours and explored multiple combinations of collectivist and individualist behaviour with corresponding collectivist or individualist intentions in Indian college students. This study found evidence of a complex combination of both individualist and collectivist behaviours, with individualist behaviours more common within more affluent students, although the majority of behaviour across all students remained driven by collectivist intentions (Sinha et al., 2002). Although this study was conducted more than 20 years ago, alongside the repetition of similar conclusions about collectivism (Hammell and

Iwama, 2012) it suggests a continuing collectivist culture within India which is worthy of consideration throughout this study.

2.11. Occupational Therapy and culture

There are two distinct but interrelated elements worthy of exploration regarding culture and occupational therapy. The first is the culture of occupational therapy as a profession and global community; the second is how culture is acknowledged and addressed within occupational therapy theory and practice within diverse cultural settings (Castro et al., 2014). Both these issues are explored within this chapter to further inform relevant potential challenges and complexities of practice within the occupational therapy community of education and practice in India.

Culture can be defined in many ways in relation to different social groups to which people belong (Awaad, 2003). Broadly speaking, it refers to a particular way of thinking, being and doing within a particular social context (Awaad, 2003; Zango Martin et al., 2015). This includes, but is not limited to, knowledge, beliefs, rules and practices acquired over time by an identifiable group or population (Awaad, 2003), and, in relation to occupational therapy and other professional groups, creates an identifiable community of practice (Lave and Wenger, 1991; Cox, 2005). Occupational therapy embraces its own particular culture (Dickie, 2004) with a plethora of shared knowledge, concepts and assumptions about occupation and its relationship with health and wellbeing (Castro et al., 2014). This professional culture illustrates both the unique perspective of occupational therapy and its role within health and wellbeing, and the challenges of application of underpinning theory in relation to different world views (Hammell, 2009a; Iwama et al., 2009; Zango Martin et al., 2015). Occupational therapy students are encultured into the profession through acquisition of the knowledge and beliefs that have evolved and become widely accepted as occupational therapy has progressed to become a global community of practice (Castro et al., 2014; WFOT, 2016a). How occupational therapy addresses cultural differences within practice to provide culturally relevant services is explored in a wide range of international literature (Castro et al., 2014), resulting in some ferocious debate about colonialism and theoretical imperialism (Hammell, 2009a, 2011; Ramugondo, 2018). Karen Hammell is a prolific writer on many subjects concerning occupational therapy practice, and a major protagonist on the subject of theoretical imperialism and colonialism within the

occupational therapy profession. Based in Canada, she has also collaborated with Michael Iwama, who has written widely on the subject of culturally relevant occupational therapy practice, particularly in relation to Japanese and other eastern cultures.

As previously highlighted, occupational therapy is an organised global profession, with the WFOT acting as the custodian of the international standards and identity of the profession (WFOT, 2008a, 2016a). As such, occupational therapists are connected by the common belief that there is a discernible relationship between people's engagement in occupations and their health and wellbeing (Duncan, 2011; Zango Martin et al., 2015). The use of the term occupation itself does not aid the clarity of applying this concept globally, as in English, it is often misunderstood as a reference to activities relating to work/employment rather than encompassing all activities that one might engage in on a daily basis. This confusion is compounded in some countries where there is no word for occupation within the language, or indeed any recognition of an equivalent concept of 'doing' as a means of explaining engagement in occupations (Iwama, 2003; Zango Martin et al., 2015). Additional assumptions that engagement in occupations gives value, meaning and purpose to life are often applied universally, regardless of the cultural context (Rudman and Dennhardt, 2008; Hammell, 2009a; Zango Martin et al., 2015). This has given rise to concerns that these assumptions are neither relevant nor justifiable within a profession which aims to embrace cultural diversity (Hammell, 2009a, 2011, 2018).

Although much is written about the theory and underlying assumptions of occupational therapy and the relevance for cross cultural application (Castro et al., 2014), research highlighting specific examples of this fundamental conflict of understanding is less common. Zango Martin et al. (2015) however, completed a study relating to the understanding and interpretation of the key occupational therapy assumptions regarding the relationship between occupation, health and wellbeing. This research was born out of necessity as a precursor to separate occupation focused studies across five different countries due to confusion of terminology that arose in the initial stages of the first study, potentially compromising the research (Zango Martin et al., 2015). The participants for this study were drawn from the somewhat random combination of Honduras, Morocco, Burkina Faso, Tanzania and Ecuador, evidently not chosen to represent a particular spread of populations, but to inform future studies (Zango Martin et al., 2015). However, the diverse range of countries and associated cultural contexts enabled the exploration

of similar challenges interpreting the language of occupational therapy in a useful and meaningful way.

This ethnographic study completed with just 27 purposively sampled participants (identified as participants for the subsequent studies) across the five countries enabled thorough exploration of the concepts of occupation, health and wellbeing through semi-structured interviews, participant observation and subsequent in-depth interviews (Zango Martin et al., 2015). The participants included an occupational therapist, a nurse, a social worker and a community leader, with the remaining participants being potential service users and relatives (Zango Martin et al., 2015). It would have been interesting to be able to identify the responses of the professionals in comparison with the other participants, particularly as it presented the opportunity to explore the core assumptions of the profession within a population where occupational therapy was not established.

Participants were asked to explain ‘occupation’, ‘health’ and ‘wellbeing’ in addition to describing and explaining the importance of their most valued occupation and how they thought what they were doing influenced their health and wellbeing (Zango Martin et al., 2015). It is evident from the results that none of the participants found these concepts simple to articulate within their lived experience (Zango et al., 2015). Many occupational therapy theories describe occupations as being influenced by and situated within a person’s social and community context, for example, the Model of Human Occupation (Kielhofner, 2008). However, Zango et al. (2015) highlighted collective, collaborative and co-occupations as the most important, set within a context where the community determines appropriate modes of occupational engagement. Collective occupations referring to daily activities relating to social community interactions; collaborative occupations, a group engaged in a complete activity relating to a common goal and co-occupations where two or more people engaged in individual activity contributing to a common goal (Iwama, 2006). Additionally, occupations enable connection with and belonging to the community, both of which are highly valued; in fact, disconnection from the community or engagement in solitary occupations was seen to render occupations worthless (Zango et al., 2015). This level of reliance on collectivism could, however, result in oppression as much as it could promote liberty (Ramugondo and Kronenberg, 2015). One assumption which was not questioned as a result of this study was the interrelationship between occupation, health and wellbeing, although this was described as a mutually reliant relationship as opposed to the more distinct parts often referred to

within occupational therapy literature (Zango Martin et al., 2015). Occupations were considered to be connected in a continuous process, and not definable in the accepted categories of self-care, productivity and leisure (Reed and Sanderson, 1983) which are widely accepted as relevant within occupational therapy practice (Zango Martin et al., 2015), concurring with the assertions of Hammell (2009b) and Kantartzis and Molineux (2011) that such categories are not applicable in many cultural contexts. Overall, this study supports the view that a more diverse range of world views need to be incorporated into the culture of occupational therapy in order to make it genuinely relevant to the current global population (Zango et al., 2015; Hammell, 2009b, 2011; Kantartzis and Molineux, 2011).

Michael Iwama, a Japanese Canadian occupational therapist, has written widely on the challenges of applying occupational therapy theories within a Japanese cultural context. He began by highlighting the most fundamental issue of the language of the profession; the word ‘occupation’ is not translatable in Japanese, with the nearest word meaning ‘laborious work’ (Iwama, 2003), which is clearly not the focus of occupational therapy practice. However, it is important to note here that recent research exploring the understanding and explanation of ‘occupation’ continues to be a challenge even to occupational therapists within a dominant western context (Cho et al., 2023). Iwama’s collaborative work with Japanese occupational therapists resulted in the creation of the Kawa Model, which was intended to provide a framework for culturally relevant occupational therapy through the visual representations of the metaphor of a river to depict the life journey (Iwama, 2006). Interestingly, although aimed towards use within eastern cultures, the Kawa Model has been widely adopted by many occupational therapy services in the west (Carmody et al., 2007; Paxson et al., 2013; Leadley, 2015), possibly due to its lack of concrete, reductionist structure and consequent flexibility in its application for different service users in a variety of practice settings (Leadley, 2015). However, the Kawa Model is the only model of non-western origin supported by a significant volume of international literature. Applying Hammell’s theories about theoretical imperialism (Hammell, 2011), one could argue that the success of the Kawa Model could be due to its dominant creator being based in Canada, from where global dissemination is considerably easier.

Since the concept of occupational therapy as a profession originated in the USA in the early 20th Century prior to its introduction to the UK and beyond (Duncan, 2011), it is understandable that it was embedded in the western culture of the time. However, as the

profession has grown over the decades and expanded across 107 countries to date (WFOT, 2022), the underpinning assumptions and theoretical foundations of occupational therapy knowledge and understanding continue to be dominated by a western cultural perspective (Iwama, 2003; Hammell, 2009a, 2010). The widely accepted dominant language of occupational therapy literature, including many international journals, is English, further establishing western dominance of the profession (Hammell, 2014).

Hammell (2011, 2015, 2018) identifies that the dominant theories and models supporting occupational therapy practice have been predominantly devised and developed by white, middle aged, middle-class, English-speaking North Americans of Judeo-Christian heritage. This, she argues, has resulted in a culturally specific perspective of occupation being imposed upon occupational therapists representing 80% of the world's population by academics representing just 20% of the population (Hammell, 2015, 2018). Whilst this is clearly not a desirable situation, it can be partially mitigated by calculating the spread of occupational therapists across the world with around 60% of the world population of occupational therapists practicing within a western cultural context (calculated from WFOT (2022)). Therefore, the dominating demographic described by Hammell (2015, 2018) quite possibly represents the majority of the global occupational therapy population and is likely to dominate theoretical developments. This could lead to some questioning of Hammell's (2011) accusations of ethnocentricity and theoretical imperialism within occupational therapy. Hammell (2011) also suggests that theories and models developed in more powerful countries are more likely to become widely used due to a superior economic position enabling effective global dissemination. The theory and practice of Sensory Integration previously mentioned could be considered to be an example of this, having been developed in the USA and widely disseminated through training workshops led by American therapists across the world. Hammell (2011, 2015, 2018) describes this situation as theoretical colonisation which must be resisted and Rudman et al. (2008) suggest trans-cultural and cross-cultural research which critically considers multiple perspectives may begin to challenge assumptions of universality. This is not to suggest any intention to enforce western practices and philosophy on the rest of the world, but a possible lack of awareness that adjustments may be necessary in different cultural contexts. The continuing development of diverse, multicultural societies across the world is contributing to fluid and dynamic cultural contexts which present opportunities for the evolution of occupational therapy theories and models that can genuinely traverse cultural boundaries (Castro et al., 2014; Hammell, 2015).

The dominant theories of occupational therapy have at their foundation, the core western ideologies that individualism and independence are desirable commodities (Hammell, 2015). Individuals are considered independently of other people and their environment (Hammell and Iwama, 2012), although there is consideration of their interactions with the physical, social and cultural environment through their occupational engagement (Hammell, 2015). This led Hammell (2009b) to observe that:

> "the assumptions underpinning occupational therapy's theories of occupation are culturally-specific, class bound, ableist and lacking in supportive evidence" (Hammell, 2009b, p.107)

Northern Irish occupational therapists, Kelly and McFarlane (2007) go a step further with the rather provocative suggestion that occupational therapy and its underpinning theory is no more than a myth, built upon the opinions and theories of a few highly regarded early academics of the profession. However, they conclude with the suggestion that the difference between East and West in the perception of modern myths is becoming less clear, with western occupational therapy paradigms shifting more towards the collectivist view (Kelly and McFarlane, 2007).

In addition to the culture of occupational therapy as a profession, it is important to consider how culture is addressed within occupational therapy theory and practice. Without critical insight into the current understanding of culture, the profession is in danger of not progressing towards its aim of practice diversity (Castro et al., 2014). The notion that occupation is embedded within a person's context, and therefore is influenced by culture is an intrinsic element within occupational therapy models of practice. For example, within the Model of Human Occupation (MOHO), culture sits alongside economic and political conditions as one of the dimensions of the environment which affects occupation (Kielhofner, 2008); the Person, Environment, Occupation (PEO) model (Law et al., 1996) and the Canadian Model of Occupational Performance and Engagement (CMOP-E) (Townsend and Polatajko, 2007) consider culture alongside the physical, social, institutional and socioeconomic context of occupations. By contrast, the Kawa Model (Iwama, 2006) does not distinguish between different elements of the context (or environment), enabling the person and their occupations to be firmly embedded in and inseparable from their culture. Returning to the philosophical concepts of Dasein and Mitsein (Heidegger, 1962), this model of practice clearly reflects the accepted and expected way of 'being in the world' within a collectivist society.

There have been a number of studies which highlight the issues inherent in the introduction of occupational therapy services within non-western cultural contexts. Jang (1995), writing before the publication of much of the literature regarding colonisation and theoretical imperialism within occupational therapy, studied the relationship between occupational therapy and Chinese culture. Jang highlighted many commonalities between the philosophy of occupational therapy and Chinese cultural beliefs, including the contribution of meaningful occupation to health and well-being, the concept of occupational balance, and intrinsic motivation (Jang, 1995). The key difference in thinking concerns the role of the 'sick' person and the occupational therapy focus on independence. Within Chinese culture, the sick person generally expects to be looked after, and the family assume responsibility for caring for them, sometimes actively discouraging efforts towards independence due to cultural beliefs about atoning for their sins which are believed to have led to the illness (Jang, 1995) although some of these traditional views are changing with younger generations. In contrast to the later work discussed, such as Hammell (2009a), Jang (1995) describes how the occupational therapist must re-educate the family to enable the patient to develop independence. Although this approach reflects much published research in the west which evidences a link between active engagement of the patient aiding their recovery and occupational performance, this is in direct contradiction to Chinese cultural beliefs (Jang, 1995). It presents a clear conflict between cultural context and established occupational therapy beliefs and assumptions, calling into question the cultural relevance of an approach which demands the imposition of unfamiliar beliefs and values on service users and their families. This potentially represents evidence of the accusations of theoretical imperialism levelled at the profession by Hammell (2011). It also suggests some truth in the claims of blind adherence to theories developed by revered western occupational therapy theorists discussed earlier (Kelly and McFarlane, 2007), perhaps giving some insight into the response to the introduction of occupational therapy in India in the 1950s.

Ten years later, Bourke-Taylor and Hudson (2005) explored the experience of a western trained occupational therapist developing a service within the Dominican Republic, where health, education and community services were at an early stage of development. This study described the many challenges of directly exporting occupational therapy without making any allowances for the cultural differences of the recipients of services (Bourke-Taylor and Hudson, 2005). One particular issue, that some service users expected to be passive recipients of treatment i.e., that the therapist would take charge

and make them better (Bourke-Taylor and Hudson, 2005), shows an interesting similarity with the previously discussed study relating to China (Jang, 1995), suggesting continuing difficulties defining and applying occupational therapy within different cultural contexts in spite of an apparently developing insight into cross-cultural issues. Humbert et al. (2011) conducted a similar study with ten US trained occupational therapists who undertook cross cultural work experiences in Africa, Asia, the Caribbean, Central America, Southeast Europe or the UK. It is not clear what previous knowledge or experience the therapists had, but the highlighted themes again reflected the complexities of culture, awareness of the cultural position of self and others and the addition of the importance of relationship forming (Humbert et al., 2011). The participants reported feeling a sense of connectedness with both clients and occupational therapy colleagues, finding that a shared language was not essential to achieve this if they adopted an open, person-centred approach (Humbert et al., 2011). However, the participants were also challenged by the different approaches and attitudes towards illness and disability and situations where their own familiar practice was not replicated in their host country. This led to increased cultural awareness and a position of cultural sensitivity and humility from which the participants acknowledged their own responsibility for their potential influence on the services (Humbert et al., 2011). This further highlighted the cultural complexities of working cross culturally (Humbert et al., 2011). Within the current age of global mobility, all these studies highlight the need for a continuing dialogue about culture and practice within occupational therapy, reflecting a need for constant awareness and proactive strategies towards the attainment of culturally inclusive practice. Therefore, the timing of this study reflects the need for a more balanced international view of contemporary professional practice and education. This is only achievable through the contribution of research based in countries not currently represented within the literature.

In an attempt to avoid the difficulties described by Bourke Taylor and Hudson (2005) and Humbert et al. (2011), Awaad (2003), a UK based occupational therapist, explored the evidence base of culturally sensitive occupational therapy practice prior to the development of a new mental health service in the United Arab Emirates (UAE). Emergent themes from the literature included understanding of the concept and nature of culture as highly complex, multidimensional, and constantly evolving, leading to unique individual perspectives and experiences of their cultural context (Awaad, 2003; Castro et al., 2014). Further themes identified were using cultural knowledge and understanding to achieve effective interaction and awareness of one's personal cultural

context, beliefs and values (Awaad, 2003). These themes contributed to researcher understanding of potential issues requiring consideration when planning this study. When considering effective interactions, it is important to recognise that competently speaking the same language is not necessarily all that is required, as effective use of the language includes understanding and responding appropriately to many contextual nuances including connecting non-verbally in an appropriate manner (Awaad, 2003; Humbert et al., 2011). The issue of language is particularly relevant within the Indian occupational therapy context, as the use of the English language in India is unique, not necessarily always conveying the same meaning in India as it would in western English-speaking countries (Sailaja, 2009). This unique nature of Indian English reflects a challenge encountered within many cross-cultural studies, which the researcher must make allowances for during data collection and analysis (Miller Cleary, 2013)

Within increasingly diverse societies, the issue of cultural competency in occupational therapy practice prompts much discussion and is not restricted to the introduction of the profession and new services in different countries. This was highlighted by Darawsheh et al. (2015), who explored cultural competence with experienced occupational therapists in a culturally diverse area of London. Although they had all worked in a multicultural context for at least three years, the therapists described difficulties experienced when faced with unfamiliar cultural situations where families did not behave as expected (Darawsheh et al., 2015). This led to the therapists feeling uncomfortable, sometimes having an impact on the service delivered, for example, missing assessment information or concerns about not having behaved appropriately. Awareness of one's own cultural background, values, beliefs and biases is vital in order to develop culturally competent practice (Awaad, 2003; Beagon, 2015; Darawsheh et al., 2015). However, one could argue that the term cultural competence itself is misleading as it is not an easy concept to define and perhaps should be replaced with cultural humility as a more accurate term to describe an open and honest approach to culturally inclusive practice, rather than developing a potentially misguided confidence in acquired cultural knowledge (Hammell, 2013; Anderson, 2020).

Beagan (2015) explored literature about culture and diversity within occupational therapy over a 20-year period in response to a position statement on diversity which was published by a collaboration of Canadian occupational therapy organisations in 2007. She established that there has been a significant increase in publications on this subject since 1994, suggesting that how occupational therapy addresses cultural differences

has become a popular subject for discussion (Beagan, 2015). However, within the literature, it was noted that both culture and diversity were reduced to the rather narrow field of ethnicity, with little consideration of other factors such as race, social class and religion (Beagan, 2015). On that basis, if the cultural relevance of occupational therapy to the population of India were to be considered, there would most likely be an assumption that a single approach would suffice for the entire population, because they are all Indian. In reality, India has extreme diversity in wealth, social class and education, all of which affect the sociocultural context of the individual (Mahishale, 2016), in addition to the difference between urban and rural communities. Beagan (2015) highlighted limitations of the popular approach of cultural competence, focusing more on the issues of power relations within the profession. Both therapists and service users have their own unique perspective of their culture and how they engage with it. However, those who belong to the dominant (often privileged) social or cultural groups tend to be less inclined to recognise their own cultural influences, seeing themselves as ‘culturally neutral’ (Beagan, 2015). Whilst this is clearly relatable to the individual therapist working in a multicultural context, or developing services in a foreign country, it could also apply to the profession as a whole, where the dominant western contingent and WFOT may well perceive themselves as ‘culturally neutral’ (Beagan, 2015) in spite of evidence to the contrary (Hammell, 2011; Hammell and Iwama, 2012). Once again, adjusting this position to one of cultural humility will mitigate the risk of an unfounded belief that one is ‘culturally neutral’ (Hammell, 2013)

There is a growing body of literature concerning the culture of the international occupational therapy community, the cultural relevance of occupational therapy and attempts to decolonise the profession (Hammell, 2011, 2013). My sense is that this compounds the challenges of the post-colonial context of this study in India from a personal perspective; not only do I come from a country that previously occupied India, but I also come from a position of privilege within my profession (Hammell, 2011). Therefore, the acquisition of a position of cultural humility (Hammell, 2013; Anderson, 2022) is vital to maintain the integrity of my research.

2.12. Conclusion

This exploration of the literature pertaining to the context of occupational therapy in India has revealed a host of influencing factors on a global, regional and national level. The WFOT is internationally recognised as both the driver and conduit for global representation and development of occupational therapy, including making the profession accessible and relevant across a huge range of cultural contexts. However, occupational therapy exists in many sociopolitical and cultural contexts where the western dominated philosophy, theories and models of practice simply do not fit. A lack of professional regulation in some countries adds a further dimension of challenge relating to the national profile of occupational therapy and practice development, compounded by a western dominated evidence base which may need to be evaluated and adjusted to ensure local relevance.

The unique and complex context of occupational therapy in India suggests that there is much to be learnt about the lived experience of the profession in India, including students, occupational therapists and service users. Influencing factors such as the lack of professional regulation, the reported dominance of a biomedical model of practice within health services and the structure of services and occupational therapy education, alongside the sociopolitical and sociocultural context, produce this unique Indian context which is unlike anything reflected in the current research base. In my experience of delivering occupational therapy education, students are routinely asked to reflect on their experiences of education and practice, and this is reflected in the substantial body of research about all aspects of western occupational therapy education. Initial scoping of the literature suggests that this is not the case in India, but that there are unique contextual factors which could lead to differences in the student experience. Therefore, exploration of occupational therapy student experiences in India can begin to address the balance and potentially offer a new perspective on student experiences within a non-western context. The subsequent review of literature relating to student experiences within practice aims to add further understanding relating to this study.

2.13. Researcher reflections on context

2.13.1. The origins of occupational therapy

If we look at where OT has come from,
we see it was born in the west.
The US and UK were home to the concept
that ‘occupation’ describes ‘doing stuff’ best.
Of course western culture was dominant,
otherwise it would never have worked.
I doubt that world colonisation,
Like a shadow behind this had lurked.

The sacred home of OT remains western,
embedded in cultural norms,
but 80% of the world’s population,
live with culture in different forms.
It doesn’t seem right that OT is directed,
By a minority group, like this.
But in OT, they are the majority,
In numbers, they’re about three fifths.

Maybe there is more OT,
in countries where it works best,
with common understanding,
of the context in the west.
But it needs to be more sensitive,
of different world views,
to improve its cultural relevance,
for the many, not the few.

2.13.2. The culture of occupational therapy: Whose occupation is it anyway?

OT is a worldwide profession,
With huge networks and shared expertise.
Multiple theories and models abound,
where occupation and health are the keys.
Occupation and health are connected,
is a fixed and accepted belief.
But the question, what is occupation?
Is really not simple, or brief.

Occupations are shaped by our culture,
by societal norms and core values.
But the western, developed OT world,
directs the theories and models we use.
This system is flawed, and short sighted,
the language just doesn't translate.
What's valued occupation in Britain,
Makes no sense in a poor, war torn state.

When people in non-western countries,
were asked, what is occupation? What's health?
What are the important things that you do?
And how do they support your health?
The questions cause confusion,
the language is not clear.
Occupation as a concept, as a word,
just makes no sense.

In Japan there is no word for it,
'laborious work' is the nearest translation.
That hardly sounds appealing
as therapy for your dearest relation!
'I am what I do' said the folk from five countries,
'I'm well, and I'm healthy and happy and busy.
I contribute and play my role,
I'm codependent, and not in a tizzy.

OT theory values independence,
standing proud on your own two feet.
Able to wash and dress and work and play,
to shop, and cook and eat!
These individualist values are OK,
and recognise that we all are unique,
but in Eastern collectivist cultures,
this theory is ever so weak.

The dominant western perspective,
of things that we value the most,
productivity, self-care and leisure,
independence, like buttering toast,
has no place in a culture where people
can't be split from their family tree,
as an interdependent person,
it's just how they wanted to be.

Collectivists' co-occupations
are the most vital, important and key.
Occupations have optimal value,
when embedded in their unity.
Codependence is valued, contributing is good,
serving elders and ancestors too.
Independence means more disconnection
from society, and that just won't do.

That leaves India in an odd place,
with OT beliefs and assumptions.
Adopting much western based theory,
which was imported with western instructions.
The conflict of colonial history,
versus tradition and contemporary ideas,
and diversity of lifestyle,
brings both progress and colonial fears.

2.13.3. The international context

OT is a worldwide profession,
with an organised community.
There's shared values and safety in numbers,
and a profile for all to see.
This enables our tiny profession,
to answer the WHO, what and how,
to influence change and progression
and meet the needs of more people right now.

The World Federation of OT,
or WFOT to those in the know,
is the glue that can bind us, wherever we are,
with standards that help our strength show.
There's no network like it in AHP land,
we're unique in our outlook on health,
with occupation so central to all that we do,
despite situation or wealth.

But the world of OT is unbalanced,
dominated by those in the west,
who have written the models and theories,
within the context that they know the best.
This means that the cultural context,
and contrasts in how life is lived,
is missing from tools for our practice,
an issue that some can't forgive.

Chapter 3. Literature review

3.1. Introduction

The aim of this literature review is to identify and summarise previously published work relatable to the exploration of the practice experiences of occupational therapy students in India (Ferrari, 2015). Following exploration of the context of and influences on occupational therapy, both internationally and in India, it was apparent that research relating to the experiences of occupational therapy students in India would add to the understanding of professional education from a non-western perspective. Whilst understanding of the context for this study was vital from the outset (Liamputtong, 2010a; Miller Cleary, 2013), it is common within IPA studies for an initial literature scoping review to be revisited and revised following the data collection, analysis and clarification of findings (Smith et al., 2022). This enables exploration of literature pertaining to previously unexpected themes emerging from the study and reduces the risk of the researcher seeking a particular outcome from the study (Smith et al., 2022). The review of the literature was therefore conducted in two distinct phases, comprising an initial scoping review within the early planning phase of the study and a further, more thorough and detailed search following data collection and analysis.

The initial scoping of the literature at the beginning of this study revealed no literature relating specifically to the practice experiences of occupational therapy students, or those from other health professional groups, in India. This indicated that primary research addressing my specific research subject has not previously been published, thus offering initial justification for this study to have the potential to contribute new knowledge and insight into the understanding and potential development of occupational therapy education. At the time of the initial scoping review in 2017, the only recent research published within the last decade concerning occupational therapy students' experiences of practice were studies undertaken in the USA (Bagatell et al., 2013; Bazyk et al., 2010). I made a conscious decision to save these two studies to consider alongside anything relevant that became available following completion of my data collection, analysis and summary of findings. Detailed consideration of this western based literature concerning practice experiences at this early stage may have caused an additional challenge to maintaining an open approach to the study and minimising the impact of my western perspective on the study as it progressed (Miller Cleary, 2013). To maintain openness to the phenomenon being explored, I felt the need at this stage to

‘bridle’, as far as possible, my prior knowledge and assumptions about student practice experiences (Dahlberg et al., 2008). Whilst the more rigid strategy of ‘bracketing’ existing knowledge and assumptions is considered impossible within IPA (Gyollai, 2020), ‘bridling’ is more related to the acknowledgement of prior knowledge and assumptions and a vigilant approach to identify and control their impact on the study (Dahlberg et al., 2008). This process develops throughout the research process, leading to the reflexive approach which is required in an IPA study to ensure that my impact on the study is acknowledged and reviewed in a transparent manner (Finlay and Gough, 2003; Finlay, 2011; Smith et al., 2022). This review of literature was therefore revisited, as planned, following the completion of the data analysis and summary of findings, as is common within IPA studies (Smith et al., 2022). This enabled sourcing of new literature pertaining to occupational therapy and other related professions that was not considered in the initial search.

The second phase of the literature review was influenced in its early stages by a relatively systematic search strategy not often considered to be a feature of narrative reviews (Agarwal et al., 2023). I chose this as an initial strategy to provide me, as a novice researcher, with a structure which would help me avoid being distracted by literature which was interesting but not relevant – a personal trait that can lead to a rather chaotic and inefficient search. Ferrari (2015) suggested that employing elements of systematic review methodologies can improve the quality of narrative reviews. This resulted in the use of an identifiable process for the initial stages of the search prior to a less linear approach which evolved as the search progressed (Ferrari, 2015; Aveyard et al., 2016). The review of literature identified through the search took a systematic approach initially screening publications against criteria for inclusion in relation to the potential to contribute to addressing the question of ‘What is understood about how occupational therapy students (and those from related health professions), within a variety of cultural contexts, experience and make sense of professional practice during their training?’.

Selected literature was from the professions of occupational therapy, nursing and medicine. Empirical studies selected originated from Thailand, Jordan, Mongolia, Ghana, Norway, the USA, Australia and the UK. Ideally, all the published research considered would be relating specifically to occupational therapy students but, as is often the case with smaller professions such as occupational therapy, it was found to be

necessary to consider relevant literature which sits beyond the somewhat limited parameters of the profession (Agarwal et al., 2023). As there is a distinct lack of published literature on occupational therapy students' (or those from other related professions) practice experiences in India, the same flexibility of parameters needed to be applied in relation to studies with different countries of origin to explore students' experiences within alternative non-western contexts.

Evaluation of the eleven selected studies highlighted several clear areas of focus: professional identity development; supervision, support and the impact of others; students' feelings during practice; understanding the profession' and understanding people. Six of the studies also considered the application of experiential learning theory, with transformative learning (Mezirow, 1997) and legitimate peripheral participation (Lave and Wenger, 1991) being common across more than one study.

The process described above, and subsequent conclusions will be described and discussed in detail within this chapter, highlighting current knowledge and understanding of student practice experiences across a range of health professions and countries.

3.2. The search

Although there is a considerable body of literature relating to occupational therapy students and practice, this review will focus on those studies which most closely link to exploration of the student perspective of their practice experiences and the meaning they derive from this. As is commonplace within systematic literature reviews, I chose to create a set of inclusion criteria (Aveyard et al., 2016). This was a pragmatic choice to enable me, as a novice researcher, to achieve the selection of appropriate studies in a robust manner and to avoid being distracted by studies that did not entirely relate to the question. For example, when I found the only study that related to Indian occupational therapy students, I desperately wanted it to be relevant. The study was an evaluation of Indian occupational therapy students' attitudes towards mental health (Dave and Praveen, 2022), but did not relate specifically to their student practice experience so was reluctantly (but justifiably) rejected, admittedly later in the process, due to not meeting the inclusion criteria. This strategy contributes to minimising selection bias in the search, as would have been evident if I had included the only Indian study found.

Following the earlier scoping review of literature, it became apparent that evidence in this particular area of research is sparse, with just the two afore-mentioned American studies found in relation to occupational therapy. In such situations, it can be justifiable to extend the parameters of the search to gain critical insight into the subject (Agarwal et al., 2023), for example, to consider what is known about the practice experiences of students from other relatable professions. The parameters of the search were therefore extended to include literature originating from different countries both within and beyond the limits of occupational therapy. Although this is not ideal and needs additional sensitivity to the cultural context of different studies (Miller Cleary, 2013), it is generally accepted that a narrative review should evolve over its course (Agarwal et al., 2023) much as is expected of an IPA study (Smith et al., 2022). The inclusion criteria are listed, with rationale, in Table 3-1 below.

Table 3-1 Literature search inclusion criteria

Inclusion criteria	Rationale
Published since 2010 (10 years prior to my data collection)	To facilitate a focus on contemporary student experiences
Peer reviewed publications	To maximise the academic credibility of literature considered
Full text available	To enable consideration of the complete work
Published in English language	To optimise understanding of published work
Relating to OT student perceptions of their experience in practice	To maximise relevance
If required, relating to students of other relatable health professions	To achieve a sufficient range of relatable literature across different countries

The inclusion criteria are relevant at this point because four of them were able to be applied through the search engines used, thus reducing the need for manual checking of irrelevant literature (Aveyard et al., 2016). Whilst I would usually extend the inclusion criteria to consider social work students if this was a UK based study, I chose not to in

this instance. Given that occupational therapy continues to predominantly sit within the more medicalised context of health services (Garg, 2018; Zodpey and Farooqui, 2018), I felt that there would perhaps be little in common between the two professions in relation to practice experience, although the literature would suggest a similar challenge of interpretation of the profession outside of a western context (Thampi, 2022). With search filters set, numerous search terms and combinations of terms were entered into the EBSCO search engine. For example, 'occupational therap*', 'student', 'experien*' and 'placement/practice/fieldwork/work-based learning' etc. The search was repeated many times using different combinations of language used to describe practice elements of an occupational therapy programme. Potentially relevant literature was highlighted for closer screening. The search was then repeated without reference to occupational therapy to identify potentially relevant literature from other related professions.

Following initial screening of articles, the structured element of the search was supplemented with a variety of alternative searching methods (Aveyard et al., 2016). Citation tracking and reference checking was carried out through the online search engine Research Rabbit (www.researchrabbit.ai), which also highlighted literature referring to studies within a similar subject area. This illuminated other potential search terms which could identify further relevant literature through a subsequent EBSCO search. A manual search of past issues of the Indian Journal of Occupational Therapy was also completed to establish whether there was any literature relating to pre-registration students that could offer insight. The final element of literature searching was using what Aveyard (2016), and others refer to as 'berry picking' (Aveyard, 2016; p82), which is a non-linear approach of browsing organically through the literature (Aveyard, 2016) potentially finding a piece of literature that will lead to several more that meet the inclusion criteria. This approach could arguably enhance any literature search but results in a process that is difficult to accurately define or map (Aveyard, 2016). It was a particularly helpful approach within this literature search due to the vast variations in language used to describe what I know as practice placements or practice learning, particularly when seeking international, non-western perspectives on the subject.

The latter stages of this multifaceted approach to the initial identification and screening phases of the literature search are therefore impossible to document accurately using a PRISMA flow diagram commonly used within literature reviews (Moher et al., 2009). However, the PRISMA 2020 (Rethlefsen and Page, 2021) could have been used had it

been published at the time of the literature review. Of the 42 articles initially screened through abstract review, 22 were discarded due to having a focus on a different aspect of practice experience, for example, role emerging placements, practice educator experiences or placement capacity. The remaining 20 articles consisted of 15 empirical studies, three scoping reviews and two theoretical papers. Closer review and evaluation of the empirical studies resulted in another four being discarded; one was a comparative study of occupational therapy students' views of influences on practice experience in the UK and Japan (Miyamoto et al., 2019). Although this study had the potential to offer an eastern cultural perspective of practice experiences, the researchers specifically asked the students to identify those experiences within practice that were either growth facilitating or growth constraining. Thus, whilst students reflected upon their lived experiences, the Nominal Group Technique used (Myamoto et al., 2019) did not provide a sense of the individual student narrative or the resulting sense-making beyond the specific questions asked of them within the focus groups.

Two other studies reviewed and rejected at this stage focused on student identification and evaluation of positive and negative practice experiences as part of a wider review of placement quality. Rezaee et al. (2013) specifically invited Iranian occupational therapy students to highlight problems they encountered within their first practice experience alongside advantages and disadvantages of the experience, leading to a discussion focused on poor organisation of practice and deficits in the taught curriculum and support (Rezaee et al., 2013) rather than highlighting the lived experiences of the students that led to the discussion. Therefore, whilst this study did raise some similar issues to other studies considered, the detail of the personal student experiences was lacking in the quest to evaluate the curriculum and practice opportunities. Sedlackova and Ryan (2013) was the only published physiotherapy study initially considered. Set in Slovakia and being the first such study undertaken with Slovak students, it was similar to the Iranian study (Rezaee et al., 2013), also the first such study in the country. Although an IPA study, the students were guided in their interviews to specifically consider certain questions relating to what they enjoyed, what was not beneficial, what could have enhanced the experience and what helped in their preparation for their future careers. I felt that this direction of questioning, similar to Rezaee et al. (2013), was inviting the students to evaluate certain elements of their practice experiences rather than openly exploring the lived experience without following a preset agenda. Again, Sedlackova and Ryan (2013) did highlight some similar issues to the other studies in relation to the impact of others on the practice experience but did not offer insight into the personal

lived experience. Interestingly, both these studies concluded that most students had a negative experience of practice due to factors beyond their control, and that the institution and practice needed to work to improve the experience (Rezaee et al., 2013; Sedlackova and Ryan, 2013).

The final study to be rejected was the previously mentioned evaluation of Indian occupational therapy students' attitudes towards mental health (Dave and Praveen, 2022); I kept this study to one side throughout the screening process (in spite of it not quite meeting the criteria I set) in the hope that it might be relevant as the only study found relating to Indian occupational therapy students, but it was not. However, as the only study found relating to Indian occupational therapy students, it suggests an emerging interest in the perceptions of students in relation to future progression of the profession into traditionally less popular areas of practice (Dave and Praveen, 2022). This cross-sectional survey study also recommended further, qualitative research be conducted to explore student perceptions in greater detail (Dave and Praveen, 2022), the timing of this study would seem to be fortuitous, presenting an opportunity to further the knowledge base pertaining to Indian students' lived experience.

The final 11 selected studies were subsequently mapped in Table 3-2, identifying key features of each study including the research paradigm, methodology, data collection methods and findings (Aveyard, 2016).

3.3. Appraisal

Each of the 11 selected studies was critically appraised using the Critical Appraisal Skills Programme (CASP) checklist for qualitative research (CASP UK, 2024). The CASP checklist is the most used and endorsed tool for the appraisal of primary qualitative research (Long et al., 2020), supporting the reviewer to evaluate the quality, validity, and relevance of the individual study prior to the collation and synthesis of common and divergent themes (Long et al., 2020). In this case, the CASP checklist enabled thorough and objective consideration of all selected studies in relation to the focus of the literature review (Long et al., 2020).

The CASP checklist is often used to discount studies which do not elicit positive responses to most elements in the checklist due to the resulting inference that they lack the quality and validity required to contribute to future studies (Long et al., 2020; CASP UK, 2024). However, in this case, the priority was to optimise the cultural and geographical breadth of the contributing studies, particularly from a non-western perspective. One study included, Khishigdelger (2016), did not evaluate well using the CASP checklist (CASP UK, 2024) but was still included despite limited methodological clarity. This was the first IPA study conducted with nursing students in Mongolia (Khishigdelger, 2016), therefore offering a relevant alternative cultural context which could contribute to discussions within this study.

Following individual appraisal, the main findings of the studies included were summarised on a flip chart to aid identification of common and divergent themes and related theory across the articles. These themes will be presented and discussed in the following sections.

3.4. Synthesis of findings

The literature search yielded eleven published qualitative studies across the professions of occupational therapy, nursing and medicine which explored student practice experiences. For clarity and consistency, although the studies reviewed refer to practice using a variety of terms, I will continue to use the term practice experience as a ‘catch all’ term. Of the eleven studies, five were from the profession of occupational therapy, five from nursing and one from medicine. By location, three studies were based in the UK, two in the USA and one each in Australia, Norway, Thailand, Mongolia, Jordan and Ghana. Methodologies used included six phenomenological studies, two thematic analyses, and one each of grounded theory, content analysis and generic qualitative. Data collection across the studies included focus groups, interviews, student journals/narratives and several combinations of two data collection methods. One study (Dalsmo et al., 2021) used a combination of observation and interview data. Further details can be viewed in the literature summary Table 3-2.

Table 3-2 Literature Summary

Reference	Country	Profession	Methodology/ Study Design	Focus	Learning theory
Arpanatikul and Pratoomwan (2017)	Thailand	Nursing	Phenomenology 30 students, data from student journals and focus groups	To explore a clinical learning experience of 2nd year Thai students who practiced in clinical settings at a university hospital in Bangkok	Benner 'novice to expert' theory used as a basis for the content analysis, thus presumably shares language and understanding within the discussion. Comes up once in the discussion, but no evidence of it being used in any other way
Bagatell et al. (2013)	USA	OT	Qualitative, thematic analysis 31 student written narratives of a significant experience or event during MH fieldwork	To explore the transformational learning that occurs for OT students during Level II fieldwork in MH settings.	Mezirow Transformative Learning
Bazyk, et al. (2010)	USA	OT	Phenomenology 6 x student reflective journals 1 x focus group (n=7)	Exploring the perceptions and experiences of entry-level OT students participating in a service-learning experience.	Not really considered, but do offer a model of OT service learning
Dalsmo et al. (2021)	Norway	Nursing	Phenomenology 7 x 1st year students 3 x observed and interviewed	To investigate 1st year nursing students' lived experience of learning in a nursing home clinical placement	Legitimate peripheral participation (CoP) Social learning theory

			4 x interviewed only		Lave and Wenger, Vygotsky, Billett 2016
Grant et al. (2022)	UK	OT	Grounded theory 12 x pre-reg students 3 x PE Interviews	To explore student perceptions of what they learnt during their first placement	None, but compared results to Honey and Penman framework
Honey and Penman (2020)	Australia	OT	Qualitative thematic analysis 18 x students 4x focus groups All year groups	To examine OT students' perspectives of gains from 1st year placements, and which aspects were important.	None But suggested a framework of valued outcomes and critical experiences
Khishigdelger (2016)	Mongolia	Nursing	Phenomenology (descriptive) 160 student interviews Students with 1-4 years clinical experience	To examine nursing students' perception of their everyday lived experience of undertaking the clinical programme.	None
Mahasneh et al. (2021)	Jordan	Nursing	Qualitative	To uncover nursing students' 1st time clinical placement experience and identify related influencing factors in Jordan	none
Ndaa et al. (2021)	Ghana	OT	Phenomenology (hermeneutic) longitudinal 9 students Data gathered from reflective diaries and individual interviews every year for 4 years	To dwell on lived experiences to explore professional identity development amongst OT students in less resourced countries like Ghana	threshold concepts theory (Meyer and Land, 2003)
Taylor et al. (2023)	UK	Medicine	IPA	What is the lived experience of	CoP, situated learning theory

			7 x 3rd year medical students individual interviews (1st clinical experience)	medical students as newcomers participating in clinical communities of practice?	
Molesworth (2017)	UK	Nursing	Qualitative, content analysis 17 x 1st year students 5 x individual interview 2 x focus group (n=6)	To gain insights into 1st placement experiences of student nurses	CoP

All selected articles were scrutinised for common themes and aspects of student practice experiences that might merit further exploration. Six of the studies were focused on the first practice experience, one on the first experience of mental health practice and the remainder asked students to reflect back on their earlier practice experiences at a later point.

There were seven common aspects (themes) of practice experience identified by students across the studies, with the final two being specifically related to theoretical concepts either as the focus of the study or within the findings and discussion. These themes that emerged from the literature will contribute to answering the question of what is known about how occupational therapy (and other related professional) students experience and make sense of their practice experiences. This knowledge, in addition to the previous consideration of the national and international context of and influences on occupational therapy, will support the understanding and subsequent analysis of the findings of my study (Miller Cleary, 2013; Aveyard et al., 2016). Table 3-3 presents these common elements and the studies in which they appear. Once again, this was a pragmatic choice to aid the focus on key findings for subsequent discussion.

Table 3-3 Literature themes

Theme	Studies in which theme appears	
Professional identity development and becoming	Bazyk et al. (2010) Ndaa et al. (2021) Dalsmo et al. (2021) Taylor et al. (2023)	Bagatell et al. (2010) Grant et al. (2022) Honey and Penman (2020) Molesworth (2017)
Supervision, support, and the impact of others	Khishigdelger (2016) Taylor et al. (2023) Molesworth (2017) Honey and Penman (2020) Mahasneh et al. (2021)	Ndaa et al. (2021) Arpanatikul and Pratoomwan (2017) Dalsmo et al. (2021) Grant et al. (2022)
Student feelings during practice experience	Bazyk et al. (2010) Bagatell et al. (2010) Khishigdelger (2016)	Ndaa et al. (2021) Arpanatikul and Pratoomwan (2017) Dalsmo et al. (2021)
Understanding the profession	Honey and Penman (2020) Ndaa et al. (2021) Bazyk et al. (2010)	Bagatell et al. (2010) Grant et al. (2022)
Understanding people (service users)	Bagatell et al. (2010) Grant et al. (2022)	Honey and Penman (2020) Ndaa et al. (2021)
Legitimate peripheral participation in communities of practice	Molesworth (2017) Grant et al. (2022) Khishigdelger (2016) Honey and Penman (2020)	Ndaa et al. (2021) Dalsmo et al. (2021) Taylor et al. (2023)
Transformative learning / Threshold concepts	Bagatell et al. (2010) Grant et al. (2022)	Honey and Penman (2020) Ndaa et al. (2021)

3.5. Professional identity and becoming

Much has been written about professional identity within the health professions, although there are many elements included in the various definitions available (Fitzgerald, 2020). The various elements contributing to professional identity include knowledge, skills, beliefs, values, ethics, actions and behaviours which are shared within

a professional group (Fitzgerald, 2020). Therefore, in relation to the development of professional identity, there are many factors that contribute to this (Fitzgerald, 2020; Walder et al., 2022; Souto-Gomez et al., 2023).

Two of the studies selected for review were specifically focused on the development of professional identity (Ndaa et al., 2021) and the process of becoming an occupational therapist (Bazyk et al., 2010). Ndaa et al. (2021) completed a longitudinal study over four years, collecting data annually from student reflective diaries and interviews within the complex context of a new occupational therapy programme in Ghana, where the profession is extremely limited in numbers of practicing therapists. In contrast, Bazyk et al. (2010) explored the experiences of entry-level occupational therapy students engaged in providing a non-traditional preventative social skills group to low-income young people in an urban area of the USA. In this study, data collection also involved student reflective journals, supplemented by focus groups (Bazyk et al., 2010). Although both these studies employed a phenomenological approach, the contrast between the contexts in which they are situated, with such different national profiles and status of occupational therapy, cannot be ignored. This is very much reflected in the American students' approaching their experience with positive anticipation, combining excitement and nervousness (Bazyk et al., 2010).

The Ghanaian students had to first reconcile themselves with being placed on a new programme they did not choose, and were very unhappy about, leading to a profession they had no knowledge or understanding of (Ndaa et al., 2021). In spite of this, the two groups of students navigated vastly different experiences of practice with the result of being able to identify their sense of self as a future occupational therapist (Bazyk et al., 2010; Ndaa et al., 2021). Both groups of students experienced significant challenges to their previously held assumptions and biases which were credited with initiating their subsequent development of professional identity through the process of transformative learning and threshold concepts (Bazyk et al., 2010; Ndaa et al., 2021). The American students were challenged by working in an unfamiliar context, managing their preconceptions about disadvantaged young people (Bazyk et al., 2010) whereas the Ghanaian students experienced almost the opposite through ignorance of their profession from both service users and professionals (Ndaa et al., 2021). Bagatell et al. (2013), exploring student experiences of managing the challenges of a new situation, work in a mental health setting, concurred with this position. Student preconceptions and

lack of working knowledge of mental health practice produced moments of discomfort or difficulty during the practice experience that, when navigated successfully, frequently led to students reporting feeling like an occupational therapist (Bagatell et al., 2013).

Considering the previously discussed literature concerning the western dominance of occupational therapy, and resulting colonialisation of the profession purported to favour therapists of western origins (Hammell, 2011), it is somewhat surprising that students in western based studies (Bazyk et al., 2010; Bagatell et al., 2013) had such a similar experience of professional identity development to those non-western students where the profession was far from established (Ndaa et al., 2021). In relation to my study, the Indian students again work within a very different context to western based students, and equally different to the Ghanaian students too in relation to the previously discussed history of occupational therapy in India. Exploration of the Indian student experiences in relation to the development of their professional identity with those discussed above will enhance the international breadth of understanding this process through another alternative non-western sociocultural lens.

Honey and Penman (2020) and Grant et al. (2022) conducted their studies with occupational therapy students in Australia and the UK respectively. Using interviews (Grant et al., 2022) and focus groups (Honey and Penman, 2020), student perceptions of their learning and what they had gained from their first practice experience were explored. Both concluded that learning about oneself combines with learning about the profession, service users and the practice of occupational therapy to support the development of professional identity (Honey and Penman, 2020; Grant et al., 2022). However, the timing of discovering the sense of self as a professional is unique to the individual student, and dependent upon having a positive practice experience with a supportive practice educator and sufficient opportunities to experience ‘real’ practice (Honey and Penman, 2020; Grant et al., 2022). Therefore, the student perspective of the significant elements of their practice experiences appears to be influenced by multiple factors involved in the unique individual experience. Within the significantly contrasting context of Indian higher education and occupational therapy practice (Mahishale, 2016; Kumar and Roy, 2016; Jangu, 2022), factors influencing student perceptions of their practice experience could be equally different to their western counterparts and is worthy of exploration in the subsequent discussion.

Authors of the remaining studies are united in their assertion that the development of professional identity during practice experiences is the result of legitimate peripheral participation in communities of practice (Lave and Wenger, 1991). Dalsmo et al. (2021) noted this as an outcome of student nurses' early experiences working in nursing homes in Norway. The researchers observed the progression of students from observing nurses completing tasks to completing the tasks themselves (Dalsmo et al., 2021). However, as the students became more competent and less task orientated, they expanded their view to include heightened awareness of the residents and the context of the nursing home, contributing to a deeper understanding of their role and subsequent sense of professional identity (Dalsmo et al., 2021). Exposing students to a learning environment where there are positive role models and sufficient support processes in place to develop practice skills early in practice education is considered to be a key factor in the development of a positive professional identity (Molesworth, 2017; Dalsmo et al., 2021; Taylor et al., 2023). This is described by Taylor et al. (2023) as a product of legitimate peripheral participation, although when the conditions for participation were not met for student doctors in this study, the lack of participation caused increased passivity and lack of professional identity. Molesworth (2017) particularly highlighted the role of the nurse mentor and other members of the clinical team in facilitating either peripherality or marginality for students in practice. All three studies agree that the relationships between students and educators (and the wider team) requires careful thought to ensure that students have adequate opportunities for positive and constructive participation to confirm their career choice and sense of professional self (Molesworth, 2017; Dalsmo et al., 2021; Taylor et al., 2023). Once again, the context of higher education and occupational therapy services in India (Kumar and Roy, 2016; Jangu, 2022) suggests differences in communities of practice and how these might be experienced by Indian occupational therapy students. Whilst not common within the Indian literature, the concept of communities of practice is considered transferable to the Indian context within some literature, for example Yellappa et al.'s (2024) exploration of a virtual international community of practice to support the eradication of Tuberculosis in India. Therefore, the Indian students' experiences could potentially be explored within this model of legitimate peripheral participation.

The studies considered in relation to professional identity development employed a variety of qualitative methods to explore student perceptions of their experiences, including points of "feeling like an OT" (Bazyk et al., 2010, p182). In spite of the different theories and processes presented, there is commonality across studies in relation to the

optimal circumstances in which professional identity begins to develop. However, the one exception is the Ghanaian students who did not choose their career path and often did not have access to occupational therapy practitioners within their practice settings (Ndaa et al., 2021). This significant difference in context, but similarity in the process of acquiring professional identity cannot go unnoticed as a non-western occupational therapy student experience (Ndaa et al., 2021). This study, adding a further new sociopolitical and cultural perspective of student occupational therapists' experiences will contribute to further understanding of the process of professional identity development across a range of disciplines and cultural contexts.

Walder et al. (2022) reviewed 89 papers relating to professional identity in occupational therapy in their recent scoping review, exploring factors influencing the ability to maintain and adapt this within the challenging contexts of practice. Of the papers considered within this review, only 15.7% were from non-western and European countries. Of these, six papers were from Africa (mostly South Africa), five from Israel, two from Brazil and just one from Japan. This very much reflects the international spread of studies there would have been in this review without the inclusion of the nursing studies from Thailand, Mongolia and Jordan. However professional socialisation and enacting professional practice as considered within the discussion above were concluded to be common factors contributing to professional identity in occupational therapy (Walder et al., 2022). Alongside the Ghanaian study (Ndaa et al., 2021), this study will contribute to beginning to address the global balance of evidence supporting concepts of professional identity development within occupational therapy.

3.6. Supervision, support, and the impact of others

Most studies reviewed considered the impact of supportive supervision and the responses of other professionals within the practice setting. Both positive and negative student experiences were presented across these studies, with variations in the magnitude of the impact felt by the students.

Many students felt the benefits of observing experienced practitioners at work, using this as an opportunity to learn relevant practice skills by modelling behaviour observed (Khishigdelger, 2016; Honey and Penman, 2020; Grant et al., 2022). This also

contributed to understanding the role and identity of their profession in practice (Honey and Penman, 2020; Grant et al., 2022). However, when students' lack of practice experience was not acknowledged and supported by demonstration, this led to significant anxiety (Khishigdelger, 2016). Some students expressed a clear desire to have the opportunity to observe and have a clinician close by throughout their early practice experience to ensure standards of nursing care (Khishigdelger, 2016; Arpanatikul and Pratoomwan, 2017). There is currently no published evidence of how Indian occupational therapy students learn in practice, or how they feel about different elements of their practice experiences, so it is not possible to accurately predict what they value within their time in practice.

A positive and encouraging relationship with the practice educator (or mentor/clinical teacher) was valued by all students as key to their learning and development (Khishigdelger, 2016; Molesworth, 2017; Arpanatikul and Pratoomwan, 2017; Honey and Penman, 2020; Ndaa et al., 2021; Dalsmo et al., 2021; Mahasneh et al., 2021; Grant et al., 2022; Taylor et al., 2023). Honey and Penman (2020) and Grant et al. (2022) both presented this relationship, including observing and receiving feedback on performance as making a significant contribution to students' perceived learning and successful outcomes of their practice experiences. Equally, Dalsmo et al. (2021) reported students identifying those variations in the student/mentor relationship had equivalent impact on support and guidance received during practice.

Relating student experiences to legitimate peripheral participation in communities of practice (Lave and Wenger, 1991), Molesworth (2017) identified the relationship between the student and mentor as being a significant influence on appropriate student participation, and that this is more likely when a respectful rapport has been developed. Positive student participation can equally be impeded by the mentor preventing access to learning opportunities by lacking engagement with the student and their learning needs and becoming the major source of student marginalisation (Molesworth, 2017). Taylor et al. (2023) presented a cycle of participation where clinician engagement was a significant element of the conditions for legitimate peripheral participation (Lave and Wenger, 1991) of medical students in their first practice experience. Again, the common issue of the educator not having or finding time for the students caused students to feel overlooked and not valued, leading to passivity and a vicious circle of not gaining access to appropriate learning opportunities (Taylor et al., 2023). Valued learning opportunities

needed to be both challenging and authentic, with educators employing a scaffolding approach to supporting learning (Taylor et al., 2023). Situations which educators manufactured in order to practice specific skills were not comfortable for students as they did not feel like authentic learning and caused inconvenience to both doctors and patients (Taylor et al., 2023).

Other team members in practice were also found to contribute to student experiences of peripherality or marginality (Molesworth, 2017). In his study of student nurses in the UK, Molesworth (2017) found that even subtle exclusion of students on the ward or during breaks would cause marginalisation of the student, resulting in reduced access to learning opportunities, whereas a whole team approach to supporting students brought additional opportunities. Student nurses in Mongolia and Jordan and student occupational therapists in Ghana experienced open hostility and negativity at times from wider team members in practice (Khishigdelger, 2016; Mahasneh et al., 2021; Ndaa et al., 2021). However, the Ghanaian students were able to balance this experience with reflections on times when wider team members were eager to hear about their profession and what they could offer, valuing their contribution in a context where there were often no qualified occupational therapists (Ndaa, 2021). For the nursing student who had similar experiences, the impact of the negative behaviour towards them caused embarrassment (Mahasneh et al., 2021) and increased anxiety (Khishigdelger, 2016), but was again balanced by more positive experiences. Whilst the Ghanaian students did not encounter difficulties with their patients, both the Mongolian and Jordanian nursing students experienced negative responses from patients who refused to engage with or be treated by a student (Khishigdelger, 2016; Mahasneh et al., 2021). This prompted contrasting responses from the students, from being anxious and striving to perform better (Khishigdelger, 2016) to surmising that the nursing profession has poor social status within society and considering a change of career or a move abroad once qualified (Mahasneh et al., 2021). What is of particular interest here is the emphasis that has arisen regarding this issue within the studies based in a non-western context where the professions perhaps do not garner the same respect as they might in the western contexts of the other studies. In Ghana, the study being considered within this review involved students from the first and only occupational therapy training institution in the country (Ndaa et al., 2021), hence going some way to explaining the student experience of ignorance of the profession within established services. However, nursing is not in the same position in Mongolia or Jordan. A recent study of perceived status of nursing in Jordan indicated that the status of the profession is low and contributes to early burnout

and exiting the profession (Alfuqaha et al., 2019). In Mongolia, lack of regulation of the nursing profession results in variable standards of care (Dovdon et al., 2022), which may contribute to the challenging student practice experience described by Khishigdelger (2016).

Exploration of the impact of supervision, support and the influence of others in the wider team indicates similarities in the importance of effective supervision and support of students in practice across all the studies that discussed it. However, discussion of the impact of the behaviour of others in the wider team was a particular issue for discussion within just one western-based study and three within a non-western context. Thus, it may be that there are other elements of how students experience practice differently within different national contexts. Within the Indian context, the universities where occupational therapy is taught are linked with, and on the same site as, the hospitals where students have most of their practice experience. Thus, it would be beneficial to explore the impact of that unique context on issues such as supervision and support. I would like to know if the student experience is different within this relatively closed context not described in any of the other relatable studies.

3.7. Students' feelings during practice experience

Where students expressed how they felt before and during their practice experiences, there were a number of similarities. The Ghanaian occupational therapy students were initially unhappy about being placed on the programme by the university without any choice in the matter or knowledge of the profession they had been allocated (Ndaa et al., 2021). This is a unique situation amongst the students in the studies reviewed, but the uncertainty that they felt approaching practice was shared by the Norwegian nursing students entering their first practice experience within nursing homes (Ndaa et al., 2021; Dalsmo et al., 2021). Other students expressed feeling excited (Bazyk et al., 2010; Arpanatikul and Pratoomwan, 2017) and nervous/anxious about forthcoming experiences (Bazyk et al., 2010; Bagatell et al., 2013 Khishigdelger 2016; Arpanatikul and Pratoomwan, 2017). Some nursing students feared making mistakes and causing harm to patients (Khishigdelger 2016; Arpanatikul and Pratoomwan, 2017; Dalsmo, 2021). Bagatell et al. (2013) reported occupational therapy students experiencing fear in a different way, in relation to fear of patients with mental health issues. The feelings described across the various studies included commonality across nursing

(Khishigdelger 2016; Arpanatikul and Pratoomwan, 2017; Dalsmo, 2021) and occupational therapy students (Bagatell et al., 2013; Ndaa et al., 2021), and across western (Bagatell et al., 2013; Dalsmo, 2021) and non-western (Khishigdelger 2016; Arpanatikul and Pratoomwan, 2017; Ndaa et al., 2021) practice contexts. Consideration of Indian students' reported feelings as they approach their first practice experiences would identify any further convergence or divergence of feelings across professional and international contexts.

In spite of initial anxiety and lack of confidence when entering practice for the first time, the experience resulted in identification and celebration of successes and developing pride in professional achievements (Bazyk et al., 2010; Arpanatikul and Pratoomwan, 2017; Ndaa et al., 2021). Belief and pride in the profession significantly influence professional identity, with perceiving that they have made a difference to the life of an individual contributing to the meaning and purpose of the profession, and confidence and self-belief in the student as a future therapist (Walder et al., 2022). Khishigdelger (2016) identified that the Mongolian nursing students found their first practice experience "very stressful" (Khishigdelger, 2016 p27). Although the published account of this study lacks the detail normally expected within a phenomenological study, what is significant is that this is the first nursing research published from Mongolia using a phenomenological approach (Khishigdelger, 2016), thus offering a new perspective on Mongolian health professional education. This study would share a similar position within an Indian context, offering a novel insight into the student perspective and experience.

3.8. Understanding the profession

Students reported that practice experience significantly aided their understanding of their profession in five of the studies reviewed. What must be noted here is that these five studies all originate from the profession of occupational therapy and not the more commonly accessed professions of nursing or medicine. Although understanding the profession is very much linked to the development of professional identity (Bazyk et al., 2010; Honey and Penman, 2020; Ndaa et al., 2021; Grant et al., 2022), it is evidently a significant element of the students' experience so is worthy of further exploration.

Bazyk et al. (2010) noted that students progressed during their practice experience from "focusing on the mechanics of the sessions" to understanding "the power of occupation" within their interventions (Bazyk et al., 2010, p184) and subsequently appreciating the unique role and value of occupational therapy. In a similar vein, Bagatell et al. (2013) highlighted that students were unsure "how occupational therapy could really help people with chronic mental illness" (Bagatell et al., 2013, p187) prior to practice experience in this unfamiliar area of practice. Describing the students' development as transformational, Bagatell et al. (2013) highlighted that initial frustration was replaced over time with deeper understanding of the positive impact that engagement in meaningful occupations can have on mental health service users. Once again, it appears that student understanding of 'the power of occupation' provided a pivotal moment in developing their understanding of their profession. This also leads back to the previous discussion about cultural understanding of what occupation is (Hammell and Iwama, 2012), and whether occupational therapy is truly relevant in different cultural contexts. Whilst there has been discussion on this subject in relation to some non-western contexts (Iwama, 2003), this has not been explored within an Indian context.

The unintentionally similar studies of Honey and Penman (2020) and Grant et al. (2022) (Grant et al., 2022) produced similar student perceptions of outcomes and learning from early practice experiences as "understanding of occupational therapy" (Honey and Penman, 2020, p6) and "learning about the occupational therapy profession" (Grant et al., 2022, p5). Within this valued outcome of practice experience, Honey and Penman (2020) included understanding the activity and role of the occupational therapist, the breadth of occupational therapy practice, the difference between occupational therapy and other professions, how the profession works alongside other disciplines, the logistics of practice and how students' academic studies and theory can be used within practice. The key practice experiences linked to enhanced understanding of occupational therapy were listed as observation of occupational therapy practice and accessing the clinical reasoning of the therapist, seeing real clients, seeing a positive impact of interventions, seeing how occupational therapy fits within the bigger picture, doing occupational therapy, receiving feedback and self-reflection (Honey and Penman, 2020). Students who lacked experience in any of the listed areas subsequently felt disadvantaged, struggled to link theory to practice and understand how occupational therapy 'fits' within the wider context of services and were more likely to question their career choice (Honey and Penman, 2020). Grant et al. (2022) suggested similar student perceptions of practice learning outcomes including linking academic theory links to

practice, awareness of specific/unique occupational therapy skills, professional identity development and thinking like an occupational therapist. Despite being on different sides of the world, the students agreed that successful practice experiences, including the elements they identified as significant, presented an opportunity for their prior understanding to slot into place with their experience to provide a new depth of understanding of occupational therapy (Honey and Penman, 2020; Grant et al., 2022). Whilst these two studies are geographically distanced, they are both based within countries considered to belong to the dominant western occupational therapy community where underpinning philosophy and theories are easily related to an individualist sociocultural context (Hammell, 2009a; Hammell and Iwama, 2012). With a clear lack of non-western student perspectives of significant elements of practice experience within the published literature, this study will contribute towards addressing this gap in knowledge and understanding. This will contribute further to the continuing debate around the impact of western dominance of the profession by highlighting any significant differences in how Indian students experience practice and understand their profession.

With none of the Ghanaian students setting out to study occupational therapy (Ndaa et al., 2021), it would seem reasonable to expect them to be challenged when trying to understand the profession. The students entered the programme with little to no knowledge of the profession, feeling sceptical and anxious about entering such an unknown sphere of healthcare (Ndaa et al., 2021). They immediately experienced difficulties explaining what occupational therapy is to both personal and professional acquaintances (Ndaa et al., 2021). Understanding of the profession was further challenged by a lack of practicing therapists to provide direction and guidance, creating a threshold concept and assimilation of new knowledge and ways of thinking which needed to be mastered in order to progress towards their future careers (Ndaa et al., 2021). It could be argued that these students were therefore at significant risk of attrition (Ndaa et al., 2021) and were disadvantaged in their development compared with their western counterparts. This contrasting experience of learning about occupational therapy highlights some of the difficulties experienced in education and practice in countries where the profession is in its infancy. Whilst occupational therapy in India is considerably more established (Patil, 2009), there may be some commonality in the challenges faced by students explaining and understanding their profession, or differences due to the context of their practice learning. This could lead to a valuable discussion about student experiences in different non-western contexts.

Considering the established nature of the profession in the USA, Australia and the UK, and the continued dominance of the western cultural perspective in the underpinning foundational knowledge and understanding of occupational therapy (Iwama, 2003; Hammell, 2009a, 2010), it could seem incomprehensible that students choosing this career have difficulty understanding it. However, in relation to non-western countries, evidence suggests that even the term occupation cannot be accurately translated or defined across multiple cultural contexts (Iwama, 2003; Zango Martin et al., 2015). Therefore, challenges in understanding the premise of occupational therapy could be expected in a non-western culture such as Ghana, where the profession is extremely small and not fully established. Exploration of how Indian students experience and make sense of their practice experiences will add further insight into how occupational therapy is perceived and understood within a non-western context. However, further complicating the issue, recent research conducted within the western theoretical 'strongholds' of occupational therapy suggest that challenges remain in establishing the concept of occupation within pre-registration education (Roberts et al., 2021) and maintaining it beyond (Cho et al., 2023). This leads to inconsistent use of occupational language within established practice, thus compounding the issue further (Cho et al., 2023). The theme of "developing a shared ontology" (Walder et al., 2022, p178), presented as part of a wider scoping review exploring professional identity in occupational therapy, identified the link between this and the unique ontological underpinnings of the profession. Although this review was heavily dominated by a western perspective, there was acknowledgement that a pragmatic pluralistic approach to defining and explaining occupational therapy would enable growth and diversity across the profession (Walder et al., 2022). However, the authors concluded that clarity of professional identity would facilitate greater understanding within and beyond the profession (Walder et al., 2022). It could be argued that this will be a significant challenge if the profession is to simultaneously achieve the flexibility to ensure relevance across all cultural settings.

What is apparent within this review of relevant literature across a number of professional groups, with various countries of origin, is that students from the other related professions may occasionally consider different perceptions of their profession (Mahasneh et al., 2021), but they do not identify 'understanding their profession' as an issue of note (Khishigdelger, 2016; Molesworth, 2017; Arpanatikul and Pratoomwan, 2017; Dalsmo et al., 2021; Taylor et al., 2023). Whilst this clear contrast between the

disciplines is beyond the scope of this study, it is an issue to be mindful of within subsequent discussions.

3.9. Understanding people

Although almost all students who took part in the reviewed studies identified the value of working with ‘real’ service users, there were four studies that specifically identified understanding the people (service users) with whom they were working as a theme for discussion (Bagatell et al., 2013; Honey and Penman, 2020; Ndaa et al., 2021; Grant et al., 2022). Once again, of note is that these are all studies relating to occupational therapy.

Bagatell et al. (2013) described the transformation of students’ assumptions and perceptions about people with mental illness. Initial feelings of fear and discomfort about behaviours exhibited by the people with mental illness, and perceptions of potential violence, caused students to be nervous in their approach to their service users (Bagatell et al., 2013). Over time spent with service users hearing their stories and getting to know them as people, students were able to examine and challenge their previous beliefs and assumptions, resulting in a developing understanding of the day-to-day impact of mental illness and subsequent occupational needs of the individual (Bagatell et al., 2013). In Ghana, Ndaa et al. (2021) also noted the initial anxiety and discomfort of students working with service users in practice. Considering a similar learning concept, Ndaa et al. (2021) identified student development of a changed way of knowing and understanding people beyond the knowledge of conditions or diagnoses, subsequently being able to demonstrate a person-centred approach to their practice. Considering the well documented health inequalities in India (Kumar and Roy, 2016; Mahishale, 2016), similar in some ways to those reported in the USA (Dickman et al., 2017) and Ghana (Amoah and Afoakwah, 2023), it is worth considering whether this is a common issue impacting upon the student practice experience in countries where health inequalities prevail.

The reality encountered within practice was noted and appreciated by some students as pivotal in their practice learning experiences (Honey and Penman, 2020; Grant et al., 2022). Students reported having some theoretic understanding of conditions from the classroom, but being unable to imagine what the presentation of the condition would

look like until they met people with the condition (Honey and Penman, 2020). Others found a greater depth of understanding through learning about the person with the condition and the reality of the impact on their life (Honey and Penman, 2020). An additional realisation for the students was that the experience and impact of a condition is unique to the individual and therefore requires thorough understanding of the person to develop individual interventions (Honey and Penman, 2020; Grant et al., 2022).

Although students across different continents are once again united in their recognition of the contribution of practice experience to their understanding of the people they might work with in the future, there is no obvious indication of why this is a common issue of note raised by the different cohorts of students. It is also unclear why this theme is only highlighted within the occupational therapy literature and not the other professions. I am therefore left wondering whether this is linked to the previous discussion of understanding the profession, whereby a deeper understanding of the person as an occupational being contributes to the understanding of the role of the occupational therapist and it therefore identified as significant to the students (Roberts et al., 2021; Cho et al., 2023). This study will further inform understanding of this issue if it also crosses over to the Indian context.

3.10. Experiential learning theory

Throughout exploration of the literature reviewed pertaining to student practice experiences, it became apparent that there were common experiential learning theories which either provided the foundation for the studies or were referred to or implied within discussion. For example, Bagatell et al. (2010) sought to explore transformations which occurred during practice experience and Molesworth (2017) and Taylor et al. (2023) explored student experiences within their first exposure to clinical communities of practice. These two theoretical approaches to understand practice learning experiences are also considered within scoping reviews of occupational therapy students' professional identity development (Walder et al., 2022; Souto-Gomez et al., 2023) and other literature related to learning and development within occupational therapy (Barry et al., 2017; Zafran, 2020). These scoping reviews reflect that such approaches have been used within a range of cultural context rather than solely in the countries considered to be dominant in the sphere of occupational therapy theory. Although western studies are once again dominant, this does offer an indication of transferable relevance across

national boundaries, regardless of the origins of these approaches to understanding the learning experience. As such, they may be appropriate to aid the understanding of the Indian occupational therapy students' experiences. Therefore, legitimate peripheral participation in communities of practice (Lave and Wenger, 1991) and transformative learning (Mezirow, 1997) approaches to understanding student learning and development that occurs as a result of practice experiences will be further explored in relation to the literature under review, with the intention to inform future discussion.

3.10.1. Legitimate peripheral participation in communities of practice

The notion of communities of practice was first introduced by Lave and Wenger (1991) in relation to situated learning. Since that time, use of the term has evolved and, some would argue, become somewhat ambiguous as it has been used to refer to many diverse situations (Cox, 2005). Wenger acknowledged this diversity, confirming that people are likely to belong to many different formal and informal communities of practice throughout their lifespan (Wenger, 1998). As such, a community of practice can be described as a group of people connected by shared interest, knowledge, beliefs, values, skills and purpose (Lave and Wenger, 1991; Cox, 2005; Wenger, 1998). The literature relating to many health professions and specific multidisciplinary practice areas widely accept and describe them as communities of practice (Barry et al., 2017; Knight et al., 2023; Taylor et al., 2023). Wenger (1998) summarises the concept of learning through participation communities of practice as:

"Including both the explicit and the tacit… what is said and what is left unsaid, what is represented and what is assumed, subtle cues, untold rules of thumb; most of which may never be articulated, yet there are unmistakable signs of membership of the community of practice." (Wenger, 1998, p47).

Legitimate peripheral participation refers to the process experienced by newcomers to a community of practice as they are introduced to and follow an identifiable graded process towards full participation within a sociocultural practice (Lave and Wenger, 1991). Initially, the newcomer must be provided with access to resources that facilitate understanding of the expected knowledge, beliefs, values and skills required of them as their involvement increases (Lave and Wenger, 1991; Taylor et al., 2023). In relation to

this study, legitimate peripheral participation is reflected in the progression of students through their socialisation into the occupational therapy profession alongside acquiring the required knowledge base, skills, approaches, beliefs and values for successful occupational therapy practice (Castro et al., 2014; WFOT, 2016a). Legitimate peripheral participation in communities of practice acknowledges learning as a social, group activity (Morley, 2015), reflecting the common elements of the experience within groups of students at the same level of their training and the importance of the context of the practice learning environment (Knight et al., 2023). This social context of situated learning and immersion within the community of practice is generally accepted to be beneficial to the continuing professional development of occupational therapists both pre and post qualification (Bazyk et al., 2010; Barry et al., 2017).

Legitimate peripheral participation within communities of practice (Lave and Wenger, 1991) describes learning that takes place through increasingly active engagement, from observation of full participants through to taking increasing responsibility as learning and experience allows, within a relevant sociocultural context. Much of the literature considering experiential learning is underpinned by the work of Dewey (1963,1997), asserting that engagement in active doing facilitates greater understanding and mastery of new concepts (Dewey, 1963). Within the concept of progressive participation within a community of practice, this is also reflected through meaningful engagement with the language and skills used within the community (Vygotsky, 1978; Naidoo et al., 2019). Many strategies and processes described as supporting occupational therapy students' learning from practice reflect learning that can be achieved with the appropriate guidance and support from more experienced practitioners (Naidoo et al., 2019). This directly relates to scaffolding strategies to support contextualised learning and development associated with Vygotsky's theory, with what could be presented as a series of progressive zones of proximal development (Vygotsky, 1078) facilitating graduated student progression from the periphery to full participation.

Walder et al. (2022) found "embracing the culture" (Walder et al., 2022, p178) of occupational therapy to be a common feature of the development of professional identity within the related literature. This included learning values, habits and professional language within a process of professional socialisation and enculturation (Walder et al., 2022). Role models were found to be influential within this process, with concerns raised for students or newly qualified practitioners who did not have access to role models or

whose passive conforming to behaviour seen in practice may adversely affect their professional identity (Walder et al., 2022), confirmed as an issue for the Ghanaian students (Ndaa et al., 2021). In their similar scoping review, focused solely on students' development of professional identity and intelligence, Souto-Gomez et al. (2023) cited "belonging" (Souto-Gomez et al., 2023, p12) amongst the learning outcomes of pedagogical practices relating to the formation of professional identity. A sense of belonging was developed predominantly through practice, but also through classroom activities (Souto-Gomez et al., 2023).

The development of professional beliefs and values was identified as a significant contributing factor to the sense of belonging experienced by students and was influenced by the learning environment, community and culture (Souto-Gomez et al., 2023). In common with other studies and other health professions, Souto-Gomez et al. (2023) identified the necessity for practice experience in the construction of professional identity through professional socialisation and interactions with experienced supervisors. Both these scoping reviews identified as a limitation the exclusion of studies not published in English (Walder et al., 2022) or English and Spanish (Souto-Gomez et al., 2023), and Walder et al. (2022) acknowledged the dominant western perspective of the reviewing team and consequential bias that may have existed within the data analysis. However, neither study acknowledged the lack of non-western perspectives within the literature reviewed and the subsequent lack of knowledge base regarding professional identity development across the cultural spectrum. Ignorance of this gap within the literature feels uncomfortably close to the similar position of theoretical colonialism and imperialism as previously discussed in relation to occupational therapy (Hammell, 2009a; Ramugondo, 2018) through the potential assumption that all students have common experiences of learning and development, regardless of the previously asserted importance of the practice learning context (Knight et al., 2023). Considering the Indian student experience in relation to experiential learning theory would therefore offer an indication of its value within this context.

Molesworth (2017) and Taylor et al. (2023) specifically considered student experiences of peripheral engagement with communities of practice during early practice experience. Of significance across both studies were the variable experiences that students had in relation to the extent to which they were able to participate (Molesworth, 2017; Taylor et al., 2023). The variability of the experiences appeared to be the result of the context of practice to which they were assigned and the behaviour of both mentors/supervisors and

others within the established communities of practice which either facilitated or prevented legitimate peripheral participation (Molesworth, 2017; Taylor et al., 2023). Practice areas that were busy and understaffed or where staff had a negative perception of students were less likely to be able to provide a structured experience, support and feedback to students, resulting in students becoming more passive and less proactive (Taylor et al., 2023) and feeling marginalized and demotivated (Molesworth, 2017).

Although not the dominant theory driving other studies within this review, many highlighted the importance of observation of experienced practitioners to student perceptions of practice learning (Honey and Penman, 2020; Grant et al., 2022), the impact of not having experienced practitioners available to observe (Ndaa et al., 2021) and the impact of variable staff attitudes towards students (Khishigdelger, 2016; Arpanatikul and Pratoomwan, 2017; Dalsmo et al., 2021; Mahasneh et al., 2021). Such factors were identified by students as having impact on their ability to participate and achieve at an appropriate level that reflected their expected performance at a particular point within their course, much as described by Molesworth (2017) and Taylor et al. (2023). Ndaa et al. (2021) described the challenging circumstances for occupational therapy students experiencing practice with very limited access to experienced practitioners due to the profession being in such early stages of emergence in Ghana. Therefore, the concept of legitimate peripheral participation and professional socialisation for these students was in relation to a wider, multidisciplinary community of practice (Ndaa et al., 2021). Driven by concern that students' professional identity development would be hampered by such circumstances, Ndaa et al. (2021) discovered that the students adopted an "attitude of active participation" (Ndaa et al., 2021, p57) towards their learning which mitigated the anticipated impact of a lack of practice role models. Although some of the Ghanaian students experienced open hostility and marginalisation in their early exposure to practice, they achieved "transformational development of professional identity" (Ndaa et al., 2021, p44) as they progressed through their four years of study (Ndaa et al., 2021).

In summary, legitimate peripheral participation in communities of practice (Lave and Wenger, 1991) is consistently relatable to the reviewed studies concerning students' reported perceptions of their practice experiences. Across all studies, students had variable experiences of learning through legitimate peripheral participation, with individual experiences consistently influenced by differences in the practice context in

which they were placed. Such differences included the availability of experienced practitioners from the same profession and the behaviour of those supervisors and others within the extended practice team. Therefore, exploring the community of practice experienced by the students in India will contribute to the knowledge base of factors that influence the student experience of practice learning.

3.10.2. Transformative learning and threshold concepts

Transformative learning theory has at its core that all experiences are framed within and shaped by the cultural context in which they occur (Christie, 2009). Transformative learning is described by Mezirow (1997, p5) as, “the process of effecting change in a frame of reference.” Adults define their life world through creating a frame of reference including values, concepts, feelings and responses based upon their understanding and perceptions of their previous life experiences (Mezirow, 1997). As a result, particular ways of thinking, feeling and behaving, based upon assumptions about the world, become habitual (Mezirow, 1997). These ‘habits of mind’ manifest as the adoption of culturally shaped beliefs, feelings, attitudes and value judgements that direct the interpretation of new experiences (Mezirow, 1997). It is when new experiences that do not fit within the existing frame of reference, challenging long-held assumptions, that transformative learning occurs (Mezirow, 1997). Such learning is described as a profound embodied experience, resulting in a changed understanding and re-framing of perceptions (Mezirow, 1997; Treseder and Polglase, 2012; Zafran, 2020). Treseder and Polglase (2012) considered the application of Mezirow’s (1997) ten stage process of transformative learning theory to practice education learning within occupational therapy alongside theories of skill acquisition and critical reflection to explain the process of practice learning both within and beyond pre-registration education (Treseder and Polglase, 2012). Transformative learning happens when students are confronted with a “disorienting dilemma” (Mezirow, 1997) that causes discomfort due to not fitting with the previously held knowledge and assumptions (Bagatell et al., 2013). The resulting conflict requires the student to examine and critically assess their past assumptions in light of the new knowledge offered by the experience (Mezirow, 1997; Bagatell et al., 2013). Such transformation may occur over a period of time, or due to a single, profound experience (Mezirow, 1997).

The term ‘transformation’ is frequently used within the literature relating to occupational therapy professional education (Treseder and Polglase, 2012; Bagatell et al., 2013;

Zafran, 2020) and the embodied experience of moments of 'becoming' which students experience through their practice learning experiences (Zafran, 2020). However, some authors present a compelling critique that Mezirow's (1997) theory neglects consideration of the emotional and intuitive nature of transformative learning (Hoggan and Hoggan-Kloubert, 2022) in preference for a rational and linear process which fails to reflect the lived experience of transformative learning (Hoggan and Hoggan-Kloubert, 2022). However, others describe Mezirow's transformative learning process as non-linear, and potentially incremental over an unspecified timeframe (Anand et al., 2020). Hoggan and Hoggan-Kloubert (2022), however, conclude that much of the confusion over the theory of transformative learning has been caused by inaccurate overuse of the theory and terminology within the literature. An additional critique of transformative learning theory (Mezirow, 1997) presented within recent literature suggests insufficient consideration of the social context of transformation, leaning too much towards an individualistic perspective (Mukhalalati and Taylor, 2019). Further to this, Merriam and Ntseane (2008) highlighted an apparent western focus on individual autonomy and rationality which could restrict applicability to non-western cultural contexts. However, Merriam and Ntseane (2008) were subsequently successful in applying a transformational learning process to participants experiencing a variety of significant life events in Botswana. More recently, Sheshadri et al. (2023), explored the use of transformative learning theory within an Indian context, asserting a belief that it could sit well alongside Women's Empowerment theory within the context of vocational education and training for women in rural India. The study conclusions highlighted the benefits of apparent synergy between the two frameworks when combined to produce a hybrid vocational education and training programme within this context (Sheshadri et al., 2023).

Dewey (1963, 1997) and Vygotsky (1978) both refer to socially situated learning as building upon prior knowledge, understanding and experience and thus constantly evaluating and reconstructing conceptual understanding (Knecht-Sabres, 2013; Naidoo et al., 2019). As previously discussed, the importance of contextualised and structured participation within a community of practice is a significant factor in students' professional learning and development (Walder et al., 2022; Souto-Gomez et al., 2023). As such, contextualised practice learning has the potential to be transformative for occupational therapy students (Knecht-Sabres, 2013; Bagatell et al., 2013; Naidoo et al., 2019; Zafran, 2020), suggesting that the two learning theories prevalent within this literature review could potentially provide complementary perspectives to exploration of student experiences.

A further theoretical view concerns threshold concepts (Meyer and Land, 2003). Linked to transformative learning, threshold concepts refer to “a portal, opening up a new and previously inaccessible way of thinking” (Meyer and Land, 2003, p1) through which the learner acquired a new understanding. The pivotal point at which the students’ prior thinking is challenged is often said to be caused by “troublesome knowledge” that causes discomfort and requires conscious processing to achieve a “transformed internal view” (Meyer and Land, 2005, p373). This is equally reflected within the thinking around transformative learning whereby students can experience significant discomfort through being presented with a new perspective “that threatens the grounds of one’s current perspective” (Zafran, 2020, p1). Further links are made within the literature between threshold concepts and the development of professional identity, with practice experiences offering the context for such transformations (Liljedahl et al., 2022; O’Mahony et al., 2023). Returning once again to the philosophical foundation of this study, the process of transformation described in the literature could be re-phrased to consider that ‘troublesome knowledge’ is that which challenges one’s way of ‘being in the world’, thus disrupting what Heidegger (1962) describes as Dasein through new experiences that do not concur with previously held perspectives and assumptions about the world. Equally, this relates to Heidegger’s concept of Mitsein, ‘being with others in the world’, as it is the ‘others in the world’ who are presenting the challenge to how the world is.

Bagatell et al. (2013) specifically focused on the transformations experienced by occupational therapy students during their first experience of occupational therapy in mental health services. In common with previous themes drawn from the literature, students identified transformative experiences related to understanding the service users, understanding the profession, feeling like a professional and personal change (Bagatell et al., 2013). In a very similar vein, Ndaa et al. (2021) highlighted three threshold concepts, those being knowing self, aligning with occupational therapy, identifying professional self through learning at work and re-identifying occupational therapy and self (Ndaa et al., 2021). Being a longitudinal study, Ndaa et al. (2021) were able to distinguish between earlier thresholds of understanding (aligning with occupational therapy) and those that occurred later (re-identifying the profession and self), highlighting a greater understanding of service users as being the conduit for the later reassessment of their perceptions (Ndaa et al., 2021). Although these two studies were conducted several years apart in the very different occupational therapy contexts of the USA and Ghana, the themes identified as transformational learning (Bagatelle et al., 2013) and threshold concepts (Ndaa et al., 2021) were remarkably similar across

both cohorts. This illustrates the close compatibility of terminology and meaning across the two related theories and two contrasting countries, with students across both studies experiencing disorienting dilemmas or ‘troublesome’ knowledge that challenged their preconceptions.

Although other studies did not specifically frame findings and discussion around transformative learning or threshold concepts, there were many examples of learning which students described as being prompted significant experiences which prompted a conscious moment of realisation linked to changing perceptions. Personal change or knowing/understanding oneself was a common outcome of practice experience across the remaining three occupational therapy studies (Bazyk et al., 2010; Honey and Penman, 2020; Grant et al., 2022). Student accounts of the emotional, embodied response to feeling like an occupational therapist were often linked closely to success in practice and were often expressed in quite evocative language, for example about shock (Bagatell et al., 2013), surprise (Honey and Penman, 2020) and excitement when everything fell into place for them (Grant et al., 2022). Changes in self-perception were also related to the realisation that hit when students accepted that they had the emerging skills to become an occupational therapist (Bazyk et al., 2010; Bagatell et al., 2013; Honey and Penman, 2020). Understanding service users beyond their diagnosis was a common feature across all five occupational therapy studies, with most students clearly recognising a very different perception and level of understanding ‘before‘ and ‘after‘ their practice experiences. Understanding occupation and the role of the occupational therapist often came from moments of sudden realisation which were easily recalled by students (Bazyk et al., 2010; Bagatell et al., 2013; Honey and Penman, 2020).

A sense of transformative or transformational learning was common, to a greater or lesser extent, across all the occupational therapy studies included in this review. Although there were occasional examples of similar experiences within the other studies from nursing and medicine, there were no comparable overall themes that linked them to a similar experience of transformation. Although the different cultural context of some studies may reduce the possibility of similarity, the considerable difference in the context of occupational therapy between Ghana and the other, well-established strongholds of occupational therapy appears not to have resulted in differences between the transformative nature and elements of the student experience. Exploring how students experience practice in India will therefore highlight any challenges to how they

experience and understand their own ‘being in the world’ (Heidegger, 1962) and subsequent perceived transformations.

3.11. Conclusion

This literature review has considered a range of published research relating to the lived practice experiences of occupational therapy students and those from other related professions. In the absence of relevant literature of Indian origin, a number of international studies have been included to offer understanding of student practice experiences from a non-western cultural perspective. Although there are significant differences in the contexts of the research considered, there remained similarities between many of the studies in both the student experiences and the learning theories used to aid their exploration and understanding.

The key themes drawn from the studies considered are:

- Professional identity development and becoming
- Supervision, support and the influence of others
- Students’ feeling during practice experience
- Understanding the profession
- Understanding people (service users)

The common supporting theories are:

- Legitimate peripheral participation in communities of practice
- Transformative learning/Threshold concepts

Of particular note within the literature is the similarity in the learning and development process experienced by students across the different professions and in different socio-cultural contexts. The process of legitimate peripheral participation in communities of practice (Lave and Wenger, 1991) and the influence of others within the practice setting is noticeable within almost all studies. Equally, the sense of personal transformation through profoundly felt lived experiences within practice is clear, particularly within the occupational therapy studies. The students in these studies were also united in

professing the significance of practice experience on their developing understanding of service users and their profession. Whilst this is easily understandable in the case of the Ghanaian students, in a country where there was little awareness of the profession (Ndaa et al., 2021), it is less clear why this is mirrored in studies from other countries where the profession is much more established. This understanding of the current literature prompts many questions about how practice experiences are perceived by occupational therapists in India and other non-western cultural contexts. For example, whether the process of learning and development is experienced in a similar way, whether there are identifiable similarities in significant issues, situations or moments within practice which prompt a feeling of personal change.

It is important to note that, whilst there are some studies included that explore student experiences in non-western contexts included in this review, these are not directly comparable with the Indian context. However, they do indicate some of the unique circumstances that students may experience in practice. Therefore, exploring the student experiences of practice in India would further add to this growing international knowledge base.

3.12. Researcher reflections on the literature review

3.12.1. The literature

What can the literature tell me,
Of what people know about this?
How students experience their practice,
And how they make sense of it.

I need to see different angles,
Not just obvious, familiar views.
That means west and non-western perspectives,
And maybe different professions to choose.

My search begins organised, structured,
Repeatable, right at the start.
Then meandering off on a tangent,
My nice table gives way to flow charts.

I find lots of stuff about students,
And their practice, what's good and what's not.
What they think that they learn from experience,
And the things that make them lose the plot.

Some studies don't quite have the focus,
That gives me what I want to know.
Role emerging, unusual practice,
Interesting, but not useful, must go.

Others asked direct questions,
What was good? What was bad?
But I just want to know, how was it for you,
That experience that you've had.

A single Indian study gives me hope,
Of something I could really use,
But its focus on mental health attitudes,
Means it's not one I should choose.

I settle on lit I think's useful,
That will help me understand,
The way that students feel practice
Across professions and in different lands.

The studies can't all be from OT,
There are simply not enough,
To offer the wider perspective
Finding a non-western perspective is tough.

So I get a sense of how it is,
From the studies that I read,
Of how it is to be a student
How they're nurtured to grow, like a seed.

Professional ID and becoming,
Is mentioned all round from the start,
The mystery of belonging and being,
An embodied sense of knowing their art.

It depends, as much of OT does,
On the context, the where? and the who?
And the how do things happen in practice?
How do others support you to get through?

Some students are excited, some are scared,
Some are unhappy to even be there.
Some fear mistakes, some fear patients,
But later, pride and belief's what they air.

Understanding their profession,
That's only the OTs.
Regardless of their context,
Practice helps their confusion to ease.

Understanding the people they work with,
Again, just OT is where this sticks.
It helps understand their profession,
When they see progress, it all clicks.

Real engagement in practice,
Is what works the best to learn,
Taking part to the limits of their knowledge,
So progression can be earned.

The just right context of learning is vital,
The discomfort of challenge essential,
To change their existing perspective
And help them to reach their potential.

Indian students are different,
To the others that I've read about.
Their context unique, as discussed,
So I think their perspective has clout.

Their campus is also a hospital,
Tutors and clinicians are one and the same.
Does this make their practice feel different?
Is there a common theoretical frame?

So lets find out how it is for them,
So we can add an alternative voice.
A voice that's not been heard before,
To add diversity is the choice.

3.13. The research question

Exploring the literature around the international context of occupational therapy offers insight into the challenges facing the profession and attempts to promote a philosophy and standards that are relevant across the world. Exploration of the context of occupational therapy in India further highlights the unique position of the profession in this specific cultural and sociopolitical context. Subsequent consideration of the culture of occupational therapy and the conflicts that can arise between the western dominated philosophy, models and theories and local cultural context in non-western contexts yields yet more evidence of disparity across the profession. The dominance of western studies exploring student practice experiences and the dearth of corresponding research from an Indian (or Asian) perspective adds the final element of the rationale for a study exploring occupational therapy student practice experiences within the unique Indian context.

Therefore, the research question for this study is:

How do Indian occupational therapy students make sense of their practice experiences?

Aims

- To understand the nature of student practice experiences
- To explore student perceptions of their practice experiences

Chapter 4. Methodology

Selecting an appropriate methodological approach to meet the aims of a research study is essential (Tracy, 2013). Many previous studies exploring student experiences of practice have been survey based quantitative studies (Honey and Penman, 2020), and whilst this type of study enables the inclusion of large numbers of students and arguably generalisable results, it lacks the depth of analysis and understanding of what makes the experience unique to the individual (Tracy, 2013). Although a quantitative survey approach may have been logistically more straightforward and would have contributed to a very sparse knowledge base, it would not have explored the unique individual lived experience of practice that is sought through this study. Therefore, to achieve understanding of the nuances of the unique personal experiences of Indian students in occupational therapy practice, a quantitative approach was rejected at the outset of this study.

In contrast to the positivist assumption of quantitative research, that there is a single, tangible reality (Yilmaz, 2013), the ontological position of qualitive approaches is that there are multiple, contextually influenced and socially constructed realities, or 'truths' (Yilmaz, 2013). Therefore, there are multiple ways in which an event can be experienced by the individual(s) involved. Similarly, the positivist epistemology of quantitative research relies upon the objectivity of the researcher, thus enabling different researchers to repeat the same study, reaching the exact same conclusions (Yilmaz, 2013). Again, in contrast to this position, the qualitative epistemology highlights the necessity of interaction between the researcher and participants or the phenomenon (experience) under investigation to develop the desired understanding (Yilmaz, 2013). The qualitative research paradigm encompasses multiple methodologies, such as ethnography, grounded theory and phenomenology.

Within this chapter, I present the aims of the study followed by the position of the researcher in relation to the study and chosen methodology. I then explore the rationale for using phenomenology and subsequently Interpretative Phenomenological Analysis (IPA) within the context of this study. Finally, I address my choice to embed elements of poetic inquiry within this study.

I am an occupational therapist, a career which I began as a teenager back in the 1980s. Once qualified, I worked as an occupational therapist in various hospital and community-based practice settings until I moved into occupational therapy education in 2008. Over the years, my occupational therapy identity has shaped my view of the world to the point where it has become almost imperceptible to me. As a generally pragmatic person, this has caused significant challenges in contemplating my researcher standpoint in relation to my chosen methodology for this study. There was a sense that I had 'the right fit', but I was struggling to identify and articulate why this was.

My personal experience of occupational therapy has been predominately in the UK, where the profession is in the relatively unique position of having a well-established role within both physical and mental health services. This includes services within both hospital and community settings, serving people of all ages with huge range of issues that disrupt their ability to successfully engage in meaningful occupations which they want or need to do. As a result of this diversity, there are many models and approaches to practice which may be used by occupational therapists (Turpin and Iwama, 2011), enabling practitioners to choose an area of practice which suits the way they prefer to work. As a newly qualified basic grade occupational therapist, I took a rotational post where two of the four rotations were ward based roles working in neurology and elderly care.

During my training, I had always had a leaning towards working in a community setting, and my early experience served to strengthen my resolve to progress my career in that direction. I found myself constantly challenged by the dominance and inflexibility of a biomedical approach, with its focus on performance capacity, which so often denied the opportunity to provide truly person-centred care (Kielhofner et al., 2008). This reflects a positivist approach which seemed, to me, to lead to a 'one size fits all 'attitude. The positivist paradigm is characterised by the belief in a single true reality and leads to quantitative research designed to find or prove generalisable 'truths' (Tracy, 2013). Whilst I appreciate that positivism has enormous value within the advancement of medical science, including many areas of occupational therapy practice, this approach alone does not fit with the way that I view the world. As a paediatric occupational therapist for 13 years, my practice benefitted greatly from a plethora of standardised developmental assessments created by a positivist quantitative approach, however these assessments were always used alongside more informal and flexible tools to create a comprehensive occupational profile of the child (Kielhofner et al., 2008). It is

this flexible approach which I believe enables the truly person-centred care that I and my profession strive to achieve.

I have aimed to maintain my person-centred approach since moving into higher education, striving to respond to the individual needs of students, recognising that they each experience the occupational therapy programme in their own unique way which may or may not have commonalities with their peers. Through my work with UK occupational therapy students, I am aware of many factors which can influence students' practice experiences and their subsequent evaluations of these, which are generally described and explored in a subjective manner that does not lend itself to quantitative measurement. Such sensitivity to my own personal context and existing understanding, beliefs and values needs to be transparent within the identification of the phenomenon to be explored (Todres and Holloway, 2004). In terms of this study, the exploration of Indian occupational therapy students' experiences of practice is not intended to produce a generalisable truth, rule or theory, and is therefore not seeking a conclusive answer as would be the case in a positivist study. Using such an approach could risk imposing the colonial and imperialist views that I have endeavoured to avoid throughout this study.

Occupational therapy values the unique and individual way that people experience occupations. As such, there is an inherent belief that experiences cannot be objectified, and that, although there may be similarities between different people's experiences, there are multiple realities of experiences (Iwama, 2006; Kielhofner, 2008). The experience of engaging in occupations is therefore often described as an embodied experience which cannot be separated from the lived body (Mattingly and Fleming, 1994; Kielhofner et al., 2008) and is unique to the individual within their context at that moment in time. Gendlin (1997, p405) stated that, "We do not first interpret things; we live and act in them.", suggesting parity within the underpinning philosophy of occupational therapy and phenomenology. Equally, within phenomenology, bodily experiences of our interactions with the world and our responses to situations are inseparable (Finlay, 2011) and contribute to our sense of 'being in the world' or Dasein (Heidegger, 1962). My own practice experience of working with children, particularly working within schools, clearly highlighted the different ways in which situations can be experienced. The way that occupations are experienced is therefore shaped by numerous personal factors, and embedded within the cultural context (Iwama, 2006; Clarke, 2009), thus reflecting the phenomenological view that the embodied experience is embedded within the beliefs and values associated with the cultural and cognitive dimensions of the individual (Smith et al., 2022).

Subsequent experience of leading undergraduate inter-professional learning modules required actively seeking the different perspectives of my inter-professional colleagues to achieve truly collaborative and inclusive teaching and learning. Therefore, my own ontological standpoint is that there is no single reality which can be measured objectively, but that multiple realities exist where individuals interpret situations in their own unique way, shaped by their prior knowledge, experience, beliefs and values. This interpretive stance reflects the person-centred manner in which I have endeavoured to practice throughout my career, enabling thorough and collaborative exploration of individual students' unique experience of practice education through this study.

It is also important for me to consider the cross-cultural nature of my research, to ensure that my chosen approach is relevant and appropriate within the Indian context (Im et al., 2004; Liamputtong, 2010a). Liamputtong (2010a; 2010b) contends that a qualitative, interpretive approach to cross-cultural research is particularly appropriate as it enables the researcher to highlight results which have genuine relevance to the participants and their context. This approach allows thorough consideration of the cultural context and influences of both researcher and participants, ensuring appropriate and culturally relevant, contextualised research (Im et al., 2004; Liamputtong, 2010a). In addition to these features, Im et al. (2004) suggest that mutual respect and flexibility are indicators of rigour within cross-cultural research, sitting well with my desired approach of cultural humility (Anderson, 2022). Throughout the planning of this study, I have been particularly keen to ensure that my approach is open and respectful, enabling the study to evolve and develop in response to my continuing exploration and understanding of the context. This is particularly vital within the post-colonial context of India (Liamputtong, 2010a) in relation to both the country and the occupational therapy profession.

4.1. Phenomenology

4.1.1. Rationale

As mentioned earlier in this chapter, there are many different qualitative research methodologies, each offering value within different research contexts (Tracy, 2013). Ethnography and grounded theory are two such methodologies which could potentially have been used within this study as alternatives to phenomenology.

Historically, ethnography referred to the observation and comparative analysis of aspects of a non-western culture or society (Hammersley, 2019). As such, it could be a sound choice if the aim of this study was specifically to compare student practice experiences in India to those that are familiar to me in the UK. However, a further characteristic of this approach is that it would usually involve the researcher participating in the daily experiences of the community under investigation (Hammersley, 2019). Through long term immersion in the culture, experiencing the phenomenon alongside the members of the community, in this case, the occupational therapy students in India, the researcher absorbs meaning by observing and questioning the participants (Tracy, 2013). The focus of an ethnographic study can include a range of cultural elements such as language and relationships (Tracy, 2013), in keeping with my desire to reflect on these factors within the study. However, in addition to the practical challenges of spending a long period of time with the students at the host university, this approach would not have offered the depth of insight and understanding of how the students experience and make sense of their practice experiences that I was seeking.

Grounded theory methodology seeks to understand the perspective of those involved in experiencing a phenomenon with the aim to identify key issues and patterns of actions (Henwood and Pidgeon, 2012; Polit and Beck, 2014). Through interpretation of the subjective personal meanings attributed to the experience, the researcher seeks to understand and explain the actions of those involved, generating an explanatory theory which is grounded in the data gathered (Henwood and Pidgeon, 2012; Polit and Beck, 2014). Whilst this approach involves interpretative analysis of the meaning derived from an experience (Henwood and Pidgeon, 2012), the generation of theory to explain actions taken within the situation was not an outcome sought by this study. In the context of this study, where there was no published literature, my decision was to focus on understanding the student experience and the meaning attributed to it. A grounded theory approach may have been a more appropriate option had studies similar to this one already been available.

The philosophy of phenomenology has developed in Europe over the last century as an approach to studying human experiences (Smith et al., 2022). The origins of this philosophy are attributed to Edmund Husserl (1859-1938), a German philosopher who's work focused on examining the nature of human experience (Smith et al., 2022). The focus of Husserl's phenomenology was on the nature of the human experience, now commonly know as the 'whatness' or 'the things themselves' and the conscious awareness of this (Smith et al., 2022). To understand the nature of the experience,

Husserl argued that it is necessary to isolate understanding of the experience from previous experiences, knowledge and understanding through conscious attempts to 'bracket' or put aside previous understanding and assumptions about the world (Smith et al., 2022). This approach reflected the scientific and mathematical approach to the popular alternative psychological research methodologies of the time (Finlay, 2011; Smith et al., 2022). Husserl's search for understanding the essence of human experience is reflected in contemporary research approaches as the branch of phenomenology now known as descriptive phenomenology (Finlay, 2011).

Martin Heidegger (1889-1976) was a student of Husserl (Finlay, 2011; Smith et al., 2022). Initially following Husserl's theories, Heidegger progressed in a different direction to consider the nature of 'being' in the human experience (Finlay, 2011; Smith et al., 2022). Hence the term 'Dasein', translated meaning 'there-being' is key within Heidegger's theories (Finlay, 2011; Smith et al., 2022). Rather than 'bracketing' previous knowledge and understanding of the world, Heidegger acknowledged the influence of prior experiences and the resulting world view as being inseparable from the process of understanding new experiences (Smith et al., 2022). Therefore, Heidegger's theories focus on the intersubjectivity, or shared, contextualised nature of human engagement in the world and subsequent interpretation or understanding of the experience. (Smith et al., 2022). Heidegger's work is recognized as providing the foundations of interpretative phenomenological analysis (IPA) (Smith et al., 2022).

This study could have taken the approach of either descriptive phenomenology or IPA. Whilst descriptive phenomenology would have yielded understanding of the nature of the practice experiences of occupational therapy students in India, this study is particularly focused on the context of the experience as an element of this study which will offer the most influential contribution to the current knowledge base. Descriptive phenomenology involves isolating both the experience of the students and the researcher through 'bracketing' previous understanding and engagement with the world (Smith et al, 2009; Finlay, 2011). It was particularly important to me from the outset to openly acknowledge and manage my own influence on this study as a foreign occupational therapist and researcher, and I did not feel that it would be possible or desirable to 'bracket', my prior understanding of the world (Gyollai, 2020). I therefore chose to accept the prior world view of myself, and the students as contextualized within the study (Dahlberg et al., 2008). Using IPA would therefore offer insight into the sense making processes employed by the students in relation to their practice experiences

within their unique Indian context, thus contributing a valued insight and new knowledge to the international occupational therapy community.

4.1.2. Phenomenology and occupational therapy

As an occupational therapist, I am interested in people's unique individual experiences of occupation, the occupational disruption that prompts their need for occupational therapy intervention and their personal perceptions of their situation. It is the triangulation of these elements which enables thorough analysis of their unique experience, and subsequent formation of collaborative, person centred goals for therapy. Within a phenomenological approach, occupational disruption is understood through encouraging service users to express and discuss their experiences and the impact on their occupations (Duncan, 2011). Kielhofner et al. (2008) suggested that occupational therapy has long neglected the phenomenological approach required to fully understand human occupation, with too much emphasis on the objective (outsider) perspective rather than a balance between the objective and subjective (insider) perspectives. Consequently, the Model of Human Occupation (MOHO) (Kielhofner, 2008) considers the embodied experience of occupational performance alongside performance capacity - the former being the subjective interpretations of performance in contrast with the latter which refers to objective, observable components which contribute to effective occupational performance. Iwama (2006) refers to paying similar attention to the subjective experience of occupations, firmly situating the person and their occupations within a cultural context. This enables recognition of the social processes through which shared experiences are interpreted, thus leading to the attribution of meaning to those experiences (Iwama, 2006). The occupational therapist strives to understand the meaning of occupations as they are experienced by the individual within their unique personal context; just as Heidegger advocated for the understanding of the human experience of being in the world (Dasein) (Smythe et al., 2008; Reiners, 2012), occupational therapists must seek to understand the challenges to being in the world of service users. Finlay (2011) makes a direct comparison between phenomenology and the process of reflective enquiry, which is frequently evident within occupational therapy practice, suggesting that therapists are ideally placed to transfer their skills to a phenomenological research scenario. With the evident shared interest in the lived experience, embedded within a social and cultural context, it is no surprise that there is a rising popularity of phenomenology within occupational therapy research (Kelly, 1996; Finlay, 1999; Cronin-Davis et al., 2009; Duncan, 2011; Finlay, 2011).

For occupational therapy students, practice placement experience is intended to facilitate the application of theory to practice and the development of practice skills, with a minimum requirement of 1,000 hours in a variety of practice areas to be completed within the programme of study (WFOT, 2016a; HCPC, 2017). As such, it is considered to be a significant element of professional education (Duncan and Alsop, 2006). Within occupational therapy, occupation broadly refers to things that people want, need or are expected to do individually, and within families and communities, which occupy time and have meaning and purpose within life (WFOT, 2019b). This WFOT definition is particularly important within the context of this study, as it is intended to be relevant across international cultural boundaries. It includes familiar, routine occupations and new occupations that may require skill development. Therefore, practice placement can be considered to be an identifiable occupation of significance for occupational therapy students. However, it cannot be assumed that being on practice placement is either a familiar and routine occupation, or a significantly different new occupation for students, as this is very much influenced by individual previous experiences. Indeed, different elements of practice may well result in a combination of the new and familiar, both of which can be explored phenomenologically as part of the whole experience (Finlay, 2011). The aim of this study, to explore the lived experience of (the occupation of) practice placement for occupational therapy students in India, will therefore be addressed using a phenomenological approach, suited to both the experience of interest, and the philosophy of the profession.

4.1.3. Interpretative Phenomenological Analysis in occupational therapy research

There is a growing body of evidence suggesting that Interpretative Phenomenological Analysis (IPA) in particular offers congruence with the philosophy of occupational therapy, as a research process with many similarities to narrative clinical reasoning (Cronin-Davis et al., 2009; Clarke, 2009). Acknowledgement of the influence of the researcher on the research process and enabling participants to provide rich descriptions of their experiences and personal meaning also reflects the holistic and person-centred approach of occupational therapy (Wilding and Whiteford, 2005; Cronin-Davis et al., 2009). The collaboration between researcher and participant expected within IPA reflects a fundamental principle within person-centred occupational therapy practice, with the caveat that the therapist/researcher cannot achieve absolute access to

the lived experience of the person, and that subsequent interpretations will be influenced by the therapist/researchers own personal context (Cronin-Davis et al., 2009). Much as the occupational therapist aims to understand the meaning of participation in occupations to the individual, the IPA researcher seeks to understand the meaning of the phenomenon of a particular experience to the individual (Reiners, 2012).

Eight published IPA studies within occupational therapy are described and discussed by Cronin-Davis et al. (2009), with flexibility and detailed interpretation being cited as particular strengths for the use of this methodology within occupational therapy. There have also been a number of relatively recent doctoral theses using IPA to explore the experiences of student therapists, highlighting the assertions of Cronin-Davis et al. (2009) that this methodology sits comfortably within this type of study. Of particular value is acknowledgement of the researcher's position in relation to the experience under investigation and acceptance of their 'a priori' knowledge enabling the required level of interpretation of the data (Cronin-Davis et al., 2009). Baxter (2006) and Rushton (2018) completed IPA doctoral studies exploring the lived experiences of occupational therapy students. Both studies were conducted in the UK, exploring specific student experiences which had not been researched previously from an occupational therapy perspective (Baxter, 2006; Rushton, 2018). Rushton (2018) considered the lived experiences of occupational therapy students with additional support requirements, citing the congruence between the philosophy of occupational therapy and IPA as a particular strength of choosing this methodology enabling the professional context of the study to remain visible throughout. However, within this study, it will be necessary to ensure that such congruence between occupational therapy and IPA is not simply assumed to be transferable to the Indian context. Therefore, this is explored in greater detail later. Rushton (2006) explored the practice placement experiences of occupational therapy students from a UK university. Interestingly, in considering appropriate methodologies, Rushton (2006) highlighted the evolution of research within occupational therapy in the UK, from early reductionist, positivist approaches which attempted to prove the value of the profession within a medically dominated, scientific culture of research, to a focus on understanding and interpreting people's unique personal experiences of phenomena. Morris (2011), a physiotherapist exploring physiotherapy student experiences during practice education, reflected upon the challenges of using IPA within the context of physiotherapy practice, which continues to be somewhat dominated by a positivist biomedical approach (Morris, 2011). This highlights the differences between the underpinning philosophies of physiotherapy and occupational therapy, two professions which are so often considered to be very alike, suggesting that IPA is again a natural fit

for qualitative occupational therapy research (Morris, 2011). It is also notable that all the above-mentioned studies were conducted in the UK, where IPA has become a popular methodological choice (Smith et al., 2022). It is important to the credibility of this study that the use of IPA can be justified within the Indian context (Miller Cleary, 2013).

Whilst only one of the studies considered within the literature review, Taylor et al. (2023), specified the use of IPA with medical students, five of the remaining studies used a phenomenological approach, across occupational therapy and nursing studies exploring student perceptions and interpretations of their practice experiences (Bazyk et al., 2010; Khishigdelger, 2016; Arpanatikul and Pratoomwan, 2017; Ndaa et al., 2021; Dalsmo et al., 2021). These examples of phenomenology being used within a range of non-western countries (Mongolia, Thailand and Ghana), suggests that it could be transferable and have value as a methodology within a context such as India. In particular, Khishigdelger (2016) highlighted that their study was the first example of a phenomenological study within nursing in Mongolia, suggesting with confidence that the use of this methodology added value to the current national knowledge base supporting nurse education, whilst highlighting the need to take student perspectives and feelings into account when planning their education (Khishigdelger, 2016). Whilst the difference in country of origin and profession must be acknowledged, the successful use of an IPA approach by Khishigdelger (2016) in this study suggests the possibility of transferability of the methodology to the Indian occupational therapy context. Although not related to occupational therapy, there have been a growing number of IPA studies based in India published since 2022. These studies explore various human experiences, and indicate an emerging knowledge base of this methodology in India.

In summary, I concluded that IPA would enable me to fully explore the multitude of influences on Indian occupational therapy students' practice experiences, and their impact on student learning and development. This student-centred approach aimed to preserve the authentic student voice within the study. However, I recognise that this must then be justified as an approach within the Indian context (Miller Cleary, 2013).

4.1.4. Phenomenology and the Indian context

It was important to me, and to the credibility of my research, that my chosen methodological approach does not conflict with the cultural context of this study. Miller-Cleary (2013) highlights the need for cross-cultural research methodology and methods

to sit comfortably within the cultural context, enabling both effective and productive research. Further, Liamputtong (2010a) ascertains that researchers undertaking cross-cultural studies must have extensive and thorough understanding of the social, political and cultural context in which the research is situated. Hence, the earlier consideration of the context of this study in terms of the global context of occupational therapy and current healthcare provision and regulation in India is vital. A qualitative, phenomenological approach offers the best opportunity to genuinely capture the essence of the lived experience of students, which cannot be simply reduced to quantifiable variables (Im et al., 2004). The intended focus on subjective meaning and interpretation of experiences requires the flexible and fluid nature of phenomenology (Liamputtong, 2010b), and enables transparent consideration of the impact of the position of the researcher in relation to the research (Finlay, 2011). This approach also supports my desire to conduct a genuine exploration of the student experiences, thus minimising the risk of imposing my own cultural and professional norms and enabling the transparency which I seek throughout the study regarding my own professional and cultural position. This, in turn, reduces the potential for my research being perceived as an act of western colonialism and imperialism (Liamputtong, 2010a).

Decolonising methodology challenges previous colonial understanding of an indigenous population, and is guided by the identity, knowledge, beliefs and values of the population under investigation (Liamputtong, 2010a), reflecting the intentions of this study. My decision to explore, in detail, the context of both occupational therapy and healthcare in India, within a wider global perspective is key to achieving this and will be continued throughout the study. The links between occupational therapy theory and phenomenology previously highlighted, that both consider personal experiences firmly embedded within a unique personal context, also have relevance to the Indian context of this study. Phenomenology considers the person and their environment to be inextricably linked as factors which influence their interpretation of experiences (Finlay, 2011). This seems to sit comfortably within the structure and philosophy of a collectivist society such as India (Iwama, 2006). Thus, phenomenology should be a culturally appropriate methodology for the context of this study.

Historically, Indian philosophy and the Eurocentric philosophy underpinning phenomenology have been perceived as mutually exclusive (Bhattacharyya, 1991; Wilberg, 2008; Raghuramaraju, 2011; Deshpande, 2015). This position has equally been attributed to the ignorance and lack of desire of Indian philosophers to consider philosophical commonalities (Raghuramaraju, 2011) and dismissal of the same by

influential western philosophers (Wilberg, 2008). Although both western and Indian philosophical thinking has been exported to other countries, there is no historical evidence of foreign influences on Indian philosophy. However, when key elements of phenomenology are explored within the writing of Husserl and the influential Indian philosopher, K.C. Bhattacharyya, this reveals more commonalities than previously thought, particularly in relation to extracting knowledge from experience to identify the 'whatness' of an experience (Bagchi, 1991). Later work by Bhattacharyya began to demonstrate greater synergy with the subsequent work of Heidegger in additionally searching for the meaning of experiences (Bagchi, 1991). However, Bhattacharyya's work remained insensitive to the importance of language in thought and the resulting embodiment of experiences and concepts (Mehta, 1974). Although the language used varies, there has been increasing acknowledgement that the underlying concepts of phenomenology and hermeneutics can be recognised as similar enough across both Eurocentric and Indian philosophy (Wilberg, 2008). Further evaluation of Heidegger's work in comparison with underpinning Indian philosophy reveals significant similarity between Heidegger's notion of Dasein as a 'way of being in the world' and the concept of Jiiva introduced by ancient Indian philosopher, Shankara in which 'being' was considered to be the source of all reality (George, 1998). This similarity was not lost on linguist and Indologist Heinrich Zimmer, who concluded that,

> "We of the Occident are about to arrive at a crossroads that was reached by the thinkers of India some seven hundred years before Christ." (Campbell, 1951, p1).

Whilst consideration of Indian philosophy may appear somewhat irrelevant to this study, it is important for me to have sufficient knowledge, understanding and insight to feel that I am in a position to offer further justification and defence of my choice of methodology to an Indian or international audience. The independent development of such similar concepts within two such different worldly contexts is particularly significant in this case, reducing any sense that I am imposing inappropriate western philosophical concepts on this study.

In spite of the apparent support for a phenomenological approach within the literature, there remain potential practical challenges to using IPA within an Indian occupational therapy context. As previously discussed, the continuing dominance of the traditional medical model is apparent across healthcare services in India, including within occupational therapy (Pettersen and Svilaas, 2012; Swaminathan et al., 2014; Tripathi et al., 2017). Not only does this impact on the delivery of occupational therapy services,

sometimes causing conflict between the desire to uphold philosophy of the profession and the pressure to conform to the reductionism of a positivist medical approach (Tripathi et al., 2017), but it is also reflected in the lack of engagement with qualitative research within the profession (Rege and Acharya, 2017). During the period from 2005 to 2016, only 1.62% of research articles published in the Indian Journal of Occupational Therapy used qualitative methods (Rege and Acharya, 2017), a total of just four articles. A review of these articles concluded that they all lacked details of data collection and analysis, thus suggesting that the methodology was weak (Rege and Acharya, 2017). In stark contrast, 47.97% of published research had an experimental design, reflecting Rege and Acharya's (2017) assertion that the profession continues to rigidly subscribe to methods which are perceived, within the Indian context, to have greater scientific validity and credibility. However, qualitative research is now offered as an option (Swaminathan et al., 2014; Blanche, 2017) and is highlighted as a potential route towards the development of much needed culturally relevant, client-centred occupational therapy practice with less reliance on western models and theories (Swaminathan et al., 2014; Rege and Acharya, 2017). This situation appears to be reflective of the previous conflict within occupational therapy research in the UK (Baxter, 2006) and continuing developments within other related professions (Morris, 2011).

The continuing scientific and medical focus of occupational therapy education in India, with its emphasis on quantitative research methods only serves to perpetuate the challenges of a profession which is trying to embrace client-centred practice (Rege and Acharya, 2017). Although there appears to be a growing tolerance for and interest in qualitative research within occupational therapy in India, the continued dominance of statistics based, positivist, quantitative methods may have resulted in challenges seeking permission from the host university to approach their students to participate due to a lack of understanding of the methodology (Rege and Acharya, 2017) or the potential value of the study. Similar issues may occur when attempting to disseminate qualitative research findings in India, reflected in my own experience of attending the AIOTA conference in 2016 and 2023, where some of the few qualitative studies presented were highly criticised by some of the senior representatives of the profession. Further concerns are that, as IPA is becoming popular within occupational therapy research in the UK, my use of this methodology could fuel a perception of colonialism and imperialism in my approach to the study. I aimed to mitigate this as far as possible through close collaboration with Indian academic colleagues throughout the study and its dissemination.

4.2. Researcher reflections on methodology

4.2.1. My philosophical standpoint

I discovered something marvellous today,
I have a philosophical standpoint!
Well, who would believe it? What can I say?
I have no rhyme for point, but I don't care!

I knew it was qualitative,
And interpretivist too.
Positivist creeps me out,
For I have no point to prove.

I am an OT, am I not?
since my teenage ambitions unfurled.
How exactly has this affected
the way that I view the world?

My OT identity is very strong,
I want to know what makes you tick,
what's important that you do in your life,
and the meaning and value of it.

It means that my interest is in,
the personal and the unique
way that we all can experience life,
and how we can then reach our peak.

I want to know what causes problems to you,
and prevents you from being fulfilled.
It's not about things that I think you should do,
it's about helping you use your free will.

My mission is to understand
the personal way that you live life.
Your roles and the people around you,
your parents, your children, your husband, your wife.

The context and culture is all part of this,
the places, the history, religion, beliefs,
all influence the sense we make,
of occupations stood out in relief.

Understanding the human experience
of occupation spans my whole career.
It’s so embedded a part of the person I am,
I’d neglected to see it was here.

4.2.2. Why IPA?

I felt IPA was a natural choice,
but with limited sense of quite why.
Now I see a link with the way that I think,
and I sit back relieved, with a sigh.

Occupations are things that people do,
that bring meaning to their life.
Practice placements have meaning to students,
be they perfect or riddled with strife.

So I'm exploring an occupation,
how it feels and makes sense,
to the students who experience it,
with no judgement or pretence.

Just like I do in practice,
when I listen to someone's story,
what their occupations mean to them,
And whether they're happy or full of fury.

IPA and OT are such natural partners.
Both eager to know how it feels,
To experience something familiar or new,
Like dressing, or fishing for eels!

What is it about the experience,
that makes it so special to you?
It's about that term 'embodiment',
that means it's never the same between two.

It's about the lived experience,
and how you make sense of it.
How you perceive what you have lived,
not making theories fit.

It's in, and of and who you are,
your habits, beliefs and values.
The cultural norms, the societal systems,
the sense-making processes you use.

4.3. Poetic Inquiry

4.3.1. Introducing poetic inquiry

Poetic inquiry is broadly defined as a style of qualitative research which includes poetry as a component part of the study (Prendergast, 2009). Therefore, the inclusion of poetry to summarise my reflections, thought processes and key themes throughout my work indicates elements of poetic inquiry (Cahnmann, 2003; Lahman et al., 2010; Prendergast, 2015; Owton, 2017), regardless of whether poetry is ultimately used as data or within the presentation of results, which appear to be the most common ways that poetry is included within research (Prendergast, 2006; Lahman et al., 2011; Lahman and Richard, 2014). However, integrating an arts-based approach throughout the whole qualitative research process can be challenging and may draw criticism for a lack of academic rigour (Bhattacharya, 2013).

4.3.2. The value of poetry in this study

My own experience of poetry feels somewhat limited, particularly in terms of reading poetic works, so my choice to use poetry within my study merits some discussion. Until relatively recently, my own poetic efforts had been restricted to attempts at witty representations of popular verse and the odd original poem designed to entertain in social situations. Therefore, I have never considered myself to be a poet, and have certainly not studied the art. However, in recent years, during and following an episode of serious illness, I have found myself journaling and processing my experiences through verse. I like the clarity and conciseness that can be achieved through writing poetry, particularly when this includes rhyme and rhythm. The use of verse enabling me to focus on and express significant, sometimes traumatic, experiences was cathartic, facilitating subsequent processing and closure of my experiences (Owton, 2017). As a result of this, I am a recent convert to the value of poetry as a literary tool for both the expression and reception of thoughts and ideas. There are, however, differing opinions as to whether a researcher needs to have an arts-based background in order to successfully complete credible arts-based research, with some arguing vociferously that relevant arts-based qualifications are an essential prerequisite (Piirto, 2002). In addition, it is sometimes argued that poems used within poetic inquiry should have credibility as poems in their own right (Prendergast, 2009). Others acknowledge this tension but maintain that a researcher who is a novice in terms of writing poetry can successfully

develop and produce ‘good enough’ poetry which can contribute to qualitative research presentations (Lahman and Richard, 2014; Lahman et al., 2019).

Poetry can be used equally to present ambiguous opinions or facts with multiple potential meanings, or precise and distinctive opinions and facts with accessible clarity (Cahnmann, 2003; Faulkner, 2018). The use of poetry within this study has evolved from an initial desire to process experiences within my research journey, and a struggle to write narrative reflections that were as transparent and clear as I wished them to be. As the study has progressed, it has become an important tool to express and summarise my reasoning and key themes in an alternative manner that compliments a regular narrative writing style (Prendergast, 2006). This has enabled me to avoid what Dewey (1997) describes as ‘drudgery’:

> “Whenever a piece of work becomes drudgery, the process of doing loses all value for the doer;” (Dewey, 1997, p218)

The belief that using poetry invites the reader to come closer to the research process and the experience of the students is of great value to me personally, thus maintaining my enthusiasm for writing and sharing my work. Poetry within my writing enables me to express thoughts and ideas simply, making it accessible to the reader, and allowing the reader insight into my thought processes, me as a person, my personality and my impact on the research (Faulkner, 2018). Through poetry, I can grant the reader insights into my lived experience of carrying out the research, and the simplicity of my poetry can become a powerful way of expressing and communicating my unique personal perspective (Owton, 2017), enabling acknowledgement and reflections of my own position to be embedded throughout (Faulkner, 2018):

> “In poetic inquiry, the researcher’s voice is always present in the research, showing their role in the research process” (Owton, 2017, p.18)

An essential element of IPA, the continuous acknowledgement of the influence of the researchers own position on the research (Cronin-Davis et al., 2009), would therefore seem to be strengthened by the inclusion of poetic elements which combine presentation of reflections and reasoning (Owton, 2017). I share Owton’s (2017) assertion that part of the role of an academic is to simplify complicated issues to make them accessible to students. As an academic, I see demystifying complex concepts as a key and essential strength of my teaching, so for me, writing poetically aids both my own processing and understanding, and the clarity of my work for the reader or listener

(Owton, 2017). A common criticism of academic writing is the inaccessibility through the use of language and theory that is unfamiliar to the average reader (Badley, 2010). If a researcher is aiming to promote their work across a large audience, the use of language and terminology only familiar to fellow experts in the field would seem to be somewhat counterproductive (Badley, 2019). Indeed, Badley (2019) refers to the idea of 'humaning' academic writing through storytelling, and combining the serious and playful achieves this aim and enhances the impact of the writing (Badley, 2019). Dewey (1997, p218) suggests that,

> "To be playful and serious at the same time is possible, and it defines the ideal mental condition."

I am conscious that my poetry can be quite playful at times, but my aim is for this to engage the reader sufficiently for them to recognise the serious underlying message as it is read. It is my intention that the poetry will contribute to my study being accessible and easily understood by those with limited prior knowledge of the subject being explored or the chosen methodology.

4.3.3. Poetry and the philosophy of IPA

Whilst poetry could conceivably be justified within any number of qualitative research methodologies, it is important to consider here the compatibility of poetry with the theoretical foundations of IPA. Heidegger (1971) had an enduring interest in poetry and the evocative use of language in the expression of thought, describing genuine thinking as poetic in nature. Gadamer (2004) continued to explore the theme of the aesthetic nature of hermeneutics when the researcher is attempting to present an authentic account of the experience of a phenomenon. The importance of how language is used within this process is again highlighted as part of the thinking process, "hermeneutics is a kind of inversion of rhetoric and poetics" (Gadamer, 2004, p188). He describes this as 'aesthetic consciousness', acknowledging the impact of aesthetic presentation through poetry, "what is said in poetry cannot be separated from the way it is said" (Gadamer, 2004, p187), hence highlighting the importance of also having the opportunity to hear the poetry in addition to reading it. Van Manen (2006) considered the challenges of writing qualitatively and the importance of words used to, "touch us, guide us, stir us." (Van Manen, 2006, p713) towards recognising and understanding the meaning of lived experiences. The challenge of words being the tool with which the researcher attempts

to express the sense and meaning of a phenomenon is highlighted as often falling short of achieving its aim of facilitating true understanding for the reader (Van Manen, 2004).

Todres (2007) continued to explore the communication of understanding of a phenomenon and the desire to reveal the essence of the experience. Considering the experience of a phenomenon as one that is embodied, referring to the bodily 'felt' response to the experience, brings a further challenge to effective presentation (Todres, 2007). When considering how to share the embodied experience, it is acknowledged that it can be difficult to find 'words that work' to achieve the most authentic sense of the experience (Todres, 2007; Todres and Galvin, 2008; Amos, 2016). This process includes an "aesthetic dimension" referred to as "texture" (Todres, 2007; Todres and Galvin, 2008), leading to the aesthetic consciousness referred to by Gadamer (2004). Todres (2007) was therefore concerned with how language could be used to enable the reader, "to enter the phenomenon imaginatively themselves" (Todres, 2007, p55). The authenticity of what is presented therefore has the potential to enhance the insight and understanding of the phenomenon by the reader, contributing to the potential for the reader to 'feel' a bodily response to the experience being shared (Todres, 2007; Todres and Galvin, 2008; Amos, 2016; Green et al., 2021). The quest for the researcher to find 'words that work' to invite the reader to get close to the experience of the phenomenon can potentially be achieved by the use of aesthetic presentation such as poetry (Todres and Galvin, 2008; Amos, 2016; Green et al., 2021). Achieving the embodied sense of an experience for the reader can prove to be "more than words can say" (Todres, 2007, p34).

Within this study, I have created re-presentation of the student interviews and summaries of notable key elements of the data collected. Whilst the poetic summaries of the interviews were created as part of my processing and understanding of their experiences, they prompt a clear return to my own embodied experience (felt sense) at the time. This was achieved through attendance to my own bodily response to the interviews and the data (Amos, 2016). Seeing myself as the conduit for reader insight and understanding of the student experience, I have chosen to use the poetic summaries for the dual purpose of aiding both myself and the reader (Amos, 2016). My own skill in presenting an engaging and insightful account of the student experience is vital to capture the authentic essence of the phenomenon (Todres and Galvin, 2008; Amos, 2016). The re-wording within the poetic summaries of the interviews was necessary due to differences in sentence structure and grammar that could cloud the meaning for the reader, but this is justified as a legitimate strategy to prompt

understanding and insight in the reader (Todres and Galvin, 2008). Use of the participants' words where possible retains the evocative language which brings the phenomenon to life (Todres and Galvin, 2008), offering the reader a sense of the 'whole' experience prior to presentation of more detailed analysis (Todres, 2007).

4.3.4. Poetry and the Indian context

Further consideration of the impact of poetry within this study led to exploration of poetry in India. As the study has progressed, I have found myself tempted to include excerpts of poems when presenting about this study, and I was keen to establish how presenting in verse might be received by an Indian audience. I was surprised to find that there is a long history of Indian poetry written in English dating back to the early 20th Century (Thayil, 2008), suggesting that it does at least hold some familiarity and accessibility. Seeing occupational therapy students presenting in English rhyme at the AIOTA annual conference in February 2023 also provided reassurance that this style of presentation would be accessible and acceptable to an Indian occupational therapy audience. For me, this 'closed the loop' on my justification for using poetry within this study and its dissemination.

4.4. Researcher reflections on poetic inquiry

4.4.1. Why poetry?

I like a bit of poetry,
the rhythm and the rhyme.
I can't say that I read that much,
but it helps me say what's on my mind.

I've never been a poet,
and I hated English lit.
I used to do odd funny stuff,
as a student, to show off my wit.

Now poetry helps me to reflect,
make sense of things I've done,
of thoughts I've had on things I've read,
and how my reasoning process has run.

It gives a greater depth to things,
brings focus and clarity too.
It summarises my key points,
directing where I'm heading to.

It gives me transparency,
of my own impact on this work,
and shows my personality,
with my foibles and my quirks.

So my work has poetic inquiry,
as a feature right off from the start.
It's there in my lit, my reflections and context,
and gives structure in every part.

Found poetry is a way to reflect,
the authentic and verbatim words,
of people who've had an experience
making sure that their voice will be heard.

Collaborative poetry could also work,
in the context of my exploration.
As could poetic summaries,
of any creative presentation.

IPA and poetic inquiry,
can sit together in comfort, in sync.
Both aim to reflect true realities
of lived experience, and what people think.

This plan is quite flexible,
methods can change if that’s needed.
I need to be responsive to things that crop up,
so my research will not be impeded.

4.5. Summary

Consideration of my own position in relation to this study and my general world view led to a natural affinity with IPA. Further exploration confirmed that IPA would not only suit me as the researcher, but would, more importantly, be applicable to the context of exploring the student experiences of practice within their course. The philosophical underpinnings of phenomenology are concerned with the nature and meaning of specific experiences (Smith et al., 2022). The interpretivist approach adds depth to the 'whatness' of an experience by considering how the individual interprets and derives meaning from the experience (Smith et al., 2022). The double hermeneutic of IPA also offers the opportunity for me to acknowledge my own influence on and position within the research process and the transparency I was seeking in order to achieve a position of cultural humility (Liamputtong, 2010a; 2010b). Equally, the underpinning philosophy of IPA is reflected within an equivalent view within Indian philosophy (Wilberg, 2008), thus encouraging the supposition that it is not an entirely alien philosophical approach within an Indian context. The use of poetry within IPA enables clear and concise accounts to be shared with the reader (Owton, 2017; Faulkner, 2018), including authentic and transparent reflections throughout indicating the impact of the researcher on the research and vice versa (Finlay, 2011). Poetic re-presentation of data with the use of evocative language enables the reader to connect with the human lived experience in a unique and embodied way (Todres, 2007; Todres and Galvin, 2008; Amos, 2016). The use of poetry throughout to present significant milestones in the process combine with this to demonstrate,

> "the unique talent, spontaneity, thoughtfulness, creativity, critical presence, collaborations and reflexivity of the researcher at every step" (Wertz, 2015, p90)

The acceptance of English language poetry within India is the final piece of the jigsaw justifying the chosen methodological approach to this study.

Chapter 5. Research method

The following section describes the research method employed within this study in order to answer the research question of how Indian occupational therapy students experience practice, following the principles of an IPA approach (Smith et al., 2022). Contextual influences on this process which were unexpected and beyond my control are highlighted through explanation of the consequential deviations from my original plan.

5.1. Inclusion criteria

Current undergraduate occupational therapy students of Indian heritage in the first, second or third year of study at a known, city based, university and associated hospital in the Tamil Nadu state of India. Although the occupational therapy programme runs for 4.5 years, this was a relatively new course with only the three cohorts available, the third years being the first cohort on the programme. All students experience practice from the first day of the programme, and the data collection visit was in March 2020, so the first years had six months of daily practice experience to draw upon. No parameters were set regarding gender or age; the cohorts were a mix of male and female students, although female students were the majority. Undergraduate students in India routinely progress straight to university from standardised secondary education at the age of 17-19 years (Government of India, 2022), so all enrolled students on the programme were aged 18-20 years.

For further context of the cohort demographics, 28.4% of 18-23 year olds in India were enrolled in Higher Education in 2020-22 across 1,168 universities and many more affiliated colleges (Government of India, 2022). Access to higher education continues to be predominantly restricted to students proficient in English due to higher education routinely being taught in English (Jangu, 2022). Of the 34.2 million undergraduate students enrolled in 2020-22, just 0.1% were foreign nationals (Government of India, 2022), further contributing to the lack of sociocultural diversity within the student population (Jangu, 2022) and subsequently in the potential diversity across the sample of student participants for this study.

5.2. Recruitment

Purposive sampling (Tracy, 2013) was used to recruit twelve current undergraduate occupational therapy students at an Indian university in Tamil Nadu. Participants are selected purposively within IPA in order to "grant us access to a particular perspective on the phenomena under study." (Smith et al., p43). There is no specified ideal sample size for an IPA study due to the emphasis of an IPA study being on exploring a specific phenomenon rather than seeking a generalisable consensus for a particular population (Smith et al., 2022), but there is a suggestion that around ten participants is an acceptable sample size for a PhD study (Smith et al., 2022). I had suggested twelve as a maximum sample size to my hosts to optimise the possibility of getting ten and collecting sufficient data within the one visit whilst retaining the option to increase to twelve if I felt that more was required. I also felt that this gave me the option to stop data collection with a lower number of participants if I felt that I had collected sufficient depth and richness of data to proceed with credible data analysis and discussion (Smith et al., 2022); as a novice researcher, I felt that this was unlikely, but retained it as an option.

The recruitment strategy required permission from gatekeepers, the head of the occupational therapy programme and the allied health profession lead within the university, which was a designated international partner institution to my place of work. The host university had previously hosted visits from several staff and students from my faculty as part of an unrelated project. The cross-cultural context of this study necessitated clear and open explanation of the aims of my study and the optional nature of participation (Liamputtong, 2010a; Miller Cleary, 2013). Permission to approach the students was negotiated and achieved through a series of emails and video calls, culminating in written permission to present the aims of the study to the current occupational therapy cohorts at the beginning of a three week visit to the university with a view to recruiting participants and completing data collection within the same visit.

During my visit to the university, presented the study to the third year occupational therapy students, requesting participation and answering questions that the students had. Students were given hard copies of the participant information sheet (Appendix 3), but as some of the wording included in the participant information and consent forms required by my university could have been unfamiliar to the students, so this face-to-face approach enabled the opportunity to adjust the language and ensure the understanding required for them to give informed consent (Liamputtong, 2010; Miller Cleary, 2013).

This strategy also encouraged the students to ask questions about the study to inform their decision whether to participate.

Unfortunately, my visit took place in March 2020, and the following day all the courses within the university were suspended due to the impending pandemic. I was therefore not able to meet with the other cohorts on the course. Several students had already expressed an interest in participating in the study, and they returned to campus to participate. The remaining participants responded to requests from their head of programme via the course WhatsApp group. The head of programme was keen to recruit the twelve participants I had previously alluded to, and did this without my knowledge, thus giving me no control over how these students were recruited. This type of issue is relatively common within cross-cultural research, and is difficult to manage (Liamputtong, 2010; Miller Cleary, 2013). This added a further concern that I did not know how the students were recruited, although my understanding was that these students either lived on campus or nearby. My desire was to carefully ensure that students did not feel obliged to participate due to my status as a foreign visiting academic, as could most likely be the case (Miller Clearly, 2013). I was also compelled to acknowledge the Indian cultural norms of the situation, where students trust their academic tutors to the point where they are unlikely to question such a request (Kharouf et al., 2014; Lim et al., 2016). Under the circumstances, I mitigated any potential perceived coercion as far as I could by repeating the option to not participate without detriment prior to confirming verbal and written consent for each interview (Miller Cleary, 2013), whilst remaining acutely aware of my lack of control over participant selection. Van den Hoonaard and Van den Hoonaard (2013) describe informed consent as a process rather than a single event whilst acknowledging that the process does not always reflect the complexities of ethical judgements faced by researchers in the field. In the event, I relied on my skills as an occupational therapist and educator to judge the situation (Van den Hoonaard and Van den Hoonaard, 2013), and none of the participants gave me any indication, verbally or otherwise, that they did not want to participate.

5.3. Data collection

Semi structured interviews were the chosen method of data collection. The interviews all took place in the same empty teaching/meeting room familiar to the students and me, the benefit of teaching being suspended at the time due to the developing pandemic allowed access to this comfortable, air-conditioned room that would otherwise not have

been available. The original plan was to complete two or three interviews each day, allowing time for reflection and progression of the questioning (Smith et al., 2022), but the time constraints imposed by my urgent need to leave the country resulted in three interviews being completed on the first day, and nine on the second day prior to my departure in the early hours of what would have been the third day of data collection. This situation resulted in 12 interview recordings ranging in length from 10 to 28 minutes; as a novice researcher, I was unsure whether this would yield sufficient data, but knew I had done the best I could in the circumstances.

Individual interviews are generally the preferred method of data collection within IPA studies due to their potential to elicit personal narratives, feelings and thoughts about the phenomenon being explored (Smith et al., 2022). Using a semi structured interview with key open questions offers participants the opportunity to begin with descriptive accounts which can the develop throughout the interview (Smith at al., 2022). All the interviews were based on the interview guide (Appendix 1) and opened with “Please can you tell me about your clinical postings?”. Beginning the interview with an open question which offers the participant a broad range of ways to answer and the option to speak at length is suggested by Smith et al. (2022) as an appropriate starting position from which the phenomenon can be explored. This also offered clarity to the participants that this was the intended focus of our conversation. Prompting follow up questions were also prepared such as, “You mentioned…., can you tell me more about that?” or, “How did you feel when…?”, a common strategy used to elicit further detail on an aspect of the experience mentioned by the participant (Smith et al., 2022). Semi-structured interviewing is an iterative process (Smith et al., 2022), and some questions developed as the data collection progressed, for example asking students at the end for any further thoughts they had after talking about their postings after one student reflected that she had not thought back about her postings before and had found it interesting. The interviews were recorded on a digital recording device in preparation for transcription.

I had initially attempted to transcribe the interviews myself in a quest to begin to immerse myself in the data and follow this ‘rite of passage’ to become a ‘proper researcher’. However, the language, sentence structure and turn of phrase used by the participants (conversing in their second language) made this task extremely complex and had the opposite effect of obstructing my immersion in the data. I therefore found this a challenging mechanical task rather than “a form of interpretative activity” as described by Smith et al. (2009, p.74). The pragmatic decision was subsequently made to employ a professional transcribing service. The transcribing service reported that the

transcription had been challenging to them for the same reasons but were able to produce accurate transcripts that I could check and correct with ease due to my familiarity with the recordings.

The original plan for this study included a second point of data collection, interviewing the students again after a few months spent considering how they might record their thoughts about their practice experiences. From reviewing the programme documents, I was aware prior to data collection that the curriculum at my host university did not specifically include references to reflection on practice. I therefore suspected that I may need to ask the students to specifically record their thoughts over a period of a time to be able to generate data with a level of depth for viable IPA analysis. However, all the students spoke freely during the interviews, sharing details of their practice experiences including both positive and negative elements in relation to their actions, outcomes, thoughts, and feelings. Therefore, on reviewing and beginning to analyse the data and discussing it with my supervisors, it became apparent that the interviews had provided what Smith et al. (2022) describe as a rich source of data within which the students had clearly articulated the nature and meaning of their posting experiences. The limited length of some of the late interviews was somewhat mitigated by the inclusion of 12 participants, and even the shortest interviews included a valuable insight into the personal experience. It was therefore agreed at this point that a further point of data collection would not be necessary and would potentially dilute the richness of the data already collected. This is a clear example of researcher preconceptions and assumptions influencing the early decisions and prediction of possible outcomes (Miller Cleary, 2013). Making the decision to alter the original plan also reflects the organic nature of an IPA study and the responsibility of the researcher to engage reflexively throughout the study to continually evaluate the research process and the researcher's influence on the study (Finlay and Gough, 2003). The constant assessment of the situation and self-examination needs to be balanced with the openness and flexibility to adapt to their emerging understanding of the situation whilst maintaining focus on the aims of the research (Smith et al., 2022).

5.4. Ethical considerations

Ethical approval for this study was sought and achieved from my university's ethics panel in January 2020 (Appendix 2). Adams et al. (2007) advocate the need for flexibility when considering the ethical requirements of the institutional base of the researcher and the application of those requirements within a different cultural context where there may

be different expectations. The Vice Principle of the partner faculty in India indicated that their university would accept ethical approval granted by my home university as confirmation that the study would meet their ethical requirements, thus negating the need to make a further application to their ethics committee. There is much literature about the ethical issues of cross-cultural research (Miller Cleary, 2013); this is particularly important to consider within this study so will be considered alongside the ethical considerations required for any qualitative research study.

Ethical approval from my university was predominantly based upon how I would ensure the safety, wellbeing, and anonymity of the participants throughout recruitment and participation in the study, and subsequently through effective data storage and dissemination of the research findings (Appendix 2). Whilst consideration and management of these issues is vital in any research involving human participants, there were additional issues pertinent to this study that I needed to consider in detail to ensure ethical clarity, transparency, and rigour throughout (Miller Cleary, 2013). Consideration of the health and wellbeing of the students was particularly pertinent as I was perceived to be an honoured guest of the university, thus potentially encouraging student to feel that they ought to participate (Miller Cleary, 2013) in spite of my reassurances that they could choose not to participate. I was reassured that the element of choice was clear when more than half the cohort chose not to participate. The option to stop the interview at any point or not answer all questions was also reiterated to the students prior to starting each interview. As the data collection involved travelling to India, an additional risk assessment for international travel and my own personal health and safety within India was required (Appendix 4).

Any researcher working with human participants has a fundamental moral and ethical responsibility in “respecting the humanity of others as one would have others respect one’s own.” (Goodenough, 1980, p52). When this stance is achieved, it is unlikely that ethical problems will arise (Goodenough, 1980). This is particularly complex and significant when considering undertaking cross-cultural research (Liamputtong, 2010a). The principle of respect for my participants and the unique position of my profession within India has guided my thinking and decision making at every stage of this research process.

Van den Hoonaard and Van den Hoonaard (2013) describe four prisms of qualitative research which must be explored, namely the researcher, the researcher relationship with participants, the gathering of data and the dissemination of research findings.

These elements are clearly interrelated, each being affected by changes or issues in another, thus supporting the need for ethical practice within the study to be constantly monitored throughout the research process with the flexibility to adjust to any unexpected issues that may arise (Smith et al., 2009). As the participants in this study were sharing their unique personal experiences, the implications of this cannot always be predicted, so consideration and management of ethical issues should have the potential to become an organic ongoing process throughout the study (Todres and Redwood, 2006). This was reflected in the dilemma faced when the head of the programme became more involved than anticipated in the participant recruitment and I felt I had lost control of this element of the process. It was necessary at that point to re-evaluate my process for gaining informed consent, with a greater focus on a range of factors, including non-verbal cues, to inform my judgement about the students' willingness to participate (Van den Hoonaard and Van den Hoonaard, 2013).

5.4.1. The researcher

Considering the researcher and their ethical conduct requires self-reflection regarding motives, self-presentation and integrity in data collection, analysis and writing up (Van den Hoonaard and Van den Hoonaard, 2013). As a registered Occupational Therapist, I am familiar with and bound by the HCPC Standards of Conduct, Performance and Ethics (HCPC, 2016) and the RCOT Code of Ethics and Professional Conduct (RCOT, 2015), both of which require the honestly, reliability and integrity described by Van den Hoonaard and Van den Hoonaard (2013) as essential for morally and ethically sound research. I have therefore used these principles to guide my conduct within this study in addition to the Bournemouth University Code of Good Research Practice (2020) and Research Ethics Code of Practice (2020). From the beginning of this study, I have been conscious of my own motives and how my research might be perceived by potential participants, their tutors and the wider community of occupational therapy in India (Langdridge, 2007). As a result, I have been careful to present myself in a manner which is sensitive to cultural differences, and to explain the study simply and clearly, and have frequently reflected at length at each stage of the research process. This reflective stance is further employed within my chosen method of IPA, where reflexivity is essential in order to explore how the researcher's opinions, values and prior experience impacts the study throughout (Finlay, 2011). Ethical research practice within cross-cultural research relies upon the researcher working hard to gain a level of cultural understanding that will enable them to treat participants and related communities with

true respect throughout the research process (Benatar and Singer, 2000; Miller Clearly, 2013). From the outset, I have been striving to improve my understanding of the cultural context of occupational therapy education and practice in India, as a significant element of my own learning and development. Hence, considerable time and effort has been dedicated to exploring relevant literature regarding the culture of occupational therapy and the application of occupational therapy theory and principles within the Indian context (Miller Cleary, 2013).

5.4.2. The insider/outsider researcher

There is much discussion and debate regarding outsider/insider researcher status and emic/etic research perspectives. Whilst some literature uses the insider/outsider and emic/etic terminology interchangeably (Olive, 2014; Patton, 2015), there is a distinct difference that requires exploration in relation to this study. I shall initially explore the concepts of the insider/outsider researcher and subsequently consider the emic/etic perspectives in relation to qualitative research, and IPA in particular. I will then discuss my own researcher status and perspective within this study. Within the discussions, I will refer back to excerpts of my reflective poetry to illustrate my position at different stages of this study.

The insider researcher is described as one who shares “social, cultural and linguistic characteristics” with their participants (Liamputtong, 2010a, p111). Merton (1972) suggests that there are multiple categories to which individuals belong, including race, ethnicity, gender, age, class, religion and occupation, all of which can influence the researcher depending upon which group affiliation is dominant within the context of the research. In contrast, the outsider researcher is described as not having shared experiences due to differences of the characteristics described above (Liamputtong, 2010a), thus being a non-member of the group under investigation (Merton, 1972).

The issue of‘researcher membership of the group being studied (Corbin Dwyer and Buckle, 2009), and whether this is necessary to truly understand the lived experience also prompts discussion within the literature. In the past, it was claimed that only the researcher belonging to the group being studied could fully understand and describe the unique perspective and lived experience of the group (Merton, 1972). Further to this, Miller Cleary (2013) suggests that being “intimately familiar with the surface and deep culture of the group being researched” would result in nothing about the group being

perceived as “particularly strange” (Miller Cleary, 2013, p.92). It has also been claimed that:

> “only a member of their ethnic or cultural group can really understand and accurately describe the group’s culture because socialization within it gives them unique insights into it” (Banks, 1998, p.6)

McNess et al. (2015) suggest that insider researchers have a strong loyalty to their identified community, and in relation to cross cultural research, and this can have both a positive and negative impact on the research (Banks, 1998). Liamputtong (2010a) cites many examples of the benefits of researchers sharing ethnicity, cultural background and language with their participants within cross-cultural research. However, identifying oneself as an insider researcher due to a clearly identifiable shared experience with participants can be challenged when other social and cultural characteristics influence the way the shared experience is perceived by the researcher and the participant (Corbin Dwyer and Buckle, 2009).

In the past, it has been claimed that the outsider researcher could accurately describe a group objectively due to not being influenced by group loyalties which could prevent the researcher from “viewing their culture objectively” (Banks, 1998, p.6). In the extreme, however, the outsider researcher lacks “understanding of and empathy for the culture or community being studied,” (Banks, 1998, p.8), thus risking misunderstanding and inaccurate presentation and interpretation of behaviours within the community (Banks, 1998). The attempts of the self-identified outsider researcher to have an objective view of the community being studied can damage its integrity (Banks, 1998) and be perceived as “arrogant, vain, unethical, and politically illegitimate.” (Alcoff,1991, p.6). This could result in a fear of outsiders and a desire for communities to preserve their unique culture (McNess et al., 2015) even leading to hostility towards the outsider researcher (Merton, 1972). Within cross-cultural research, outsider researcher status is equally described as both a blessing and a curse (Liamputtong, 2010a). Being an outsider researcher allows one to notice and explore phenomena that the insider researcher would not necessarily see (Banks, 1998), and, as a stranger the researcher can be viewed as a‘safe person with whom participants can have genuine dialogue without affecting the status quo in the community (Liamputtong, 2010a; Miller Cleary, 2013).

Banks (1998) developed a typology of cross-cultural research which added a further layer to the concept of the outside/insider researcher that is worthy of consideration. This includes the indigenous-insider, the indigenous-outsider, the external-insider and

the external-outsider (Banks, 1998), thus providing more of a continuum of researcher status. Within this typology, the indigenous-insider is‘a legitimate community member who subscribes fully to the unique beliefs, values and behaviours of the community, whereas the indigenous-outsider is one who was initially socialised within the community but has since been influenced by a different set of beliefs and values (Banks, 1998). The external outsider is identified as having a different community identity with little or no understanding of the beliefs, values and perspectives of the community being studied thus, as mentioned previously, is at risk of misunderstanding and misinterpreting behaviours (Banks, 1998). The external insider also has a different community identity but rejects their indigenous values and beliefs in favour of those of the community being studied; this often results in them becoming an adopted member of the community (Banks, 1998). However, although these descriptors offer more specific characteristics of the researcher position, the challenge remains when attempting to apply a singular fixed researcher status to a particular context.

The widely accepted view within current research literature is to accept that elements of insider and outsider status are a feature of much qualitative research (Corbin Dwyer and Buckle, 2009; Thomson and Gunter, 2011; McNess et al., 2015). Merton (1972) discusses the two perspectives in detail, surmising that:

> “We no longer ask whether it is the Insider or Outsider who has monopolistic or privileged access to social truth: instead, we begin to consider their distinctive and interactive roles in the process of truth seeking.” (Merton, 1972, p.36)

It is therefore considered unhelpful to subscribe to the notion of polarisation of the insider and outsider identities (McNess et al., 2015). Instead, it is important to consider the organic and evolutionary nature of qualitative research and to recognise that the insider/outsider position of the researcher is not “fixed, stable and coherent, but constantly shifting,” (McNess et al., 2015, p.298). The inclination to subscribe a fixed position as an outsider researcher “can entice us to place more emphasis on that which is unfamiliar, rather than that which is similar” (McNess et al., 2015, p.298) thus potentially missing valuable insights into the community being studied. Miller Cleary (2013) suggests that the identity of the researcher cannot be governed by a rigid set of rules, but that it can be managed through the maintenance of a critical stance throughout the study. There is an often described boundary between the insider and outsider researcher position (Liamputtong, 2010a; Miller Cleary 2013; Thomson and Gunter, 2011; McNess et al., 2015) which can cause unnecessary inflexibility within a research study. Liamputtong (2010a) and Miller Cleary (2013) consider this specifically

in relation to cross-cultural research, both highlighting that the initial outsider status experienced by the researcher from a different culture often becomes somewhat blurred as the researcher and participants find commonalities within their respective identities. This is further thought to enhance the researcher/participant relationship and subsequent outcomes (Liamputtong, 2010a; Miller Cleary, 2013). Within IPA, this ability to blur the boundaries is highlighted by the belief that the personal experience of a phenomena is unique to the individual, thus giving the researcher an outsider position of questioning whist simultaneously wanting to understand the insider view by having empathy with the participant (Smith et al., 2009). This combination of empathy and questioning therefore results in the depth of understanding sought through an IPA study (Smith et al., 2009). Merton (1972) suggest that we are both insider and outsider researchers at different times, Thomson and Gunter (2011, p.18) describe a more "confusing and messy" fluidity of researcher identity throughout a study, McNess et al. (2015) concurring "that the boundary between the inside and the outside is permeable, less stable and less easy to draw." (McNess et al., 2015, p.295). The issues raised within this discussion will now be applied to my own researcher status throughout this study.

5.4.3. My researcher status

> "The qualitative researcher's perspective is perhaps a paradoxical one: it is to be acutely tuned-in to the experiences and meaning systems of others - to indwell - and at the same time to be aware of how one's own biases and preconceptions may be influencing what one is trying to understand." (Maykut and Morehouse, 1994)

In order to explore my insider/outsider status in relation to this study, I am able to draw upon a number of poetic reflections that I have produced at key moments throughout this study. A number of these poems relate to my struggles in identifying and accepting my personal position in relation to the study, often in comparison with what I believed my position should be in order to produce 'good' research.

From the outset, I have been acutely aware of my own personal position in relation to this research. Whilst keen to acknowledge my outsider status as a white British researcher, I was also determined not to become what Banks (1998) described as an external-outsider, characterised by limited understanding and appreciation of the beliefs, values and knowledge of the community I was studying. I wanted to understand and have empathy for my participants, avoiding negative comparisons with my own beliefs,

values and knowledge that would lead to misunderstanding and misinterpreting the participant's experiences (Banks, 1998). My particular fear was that I might be perceived by my hosts as perpetuating the arrogance of British colonialism.
I was conflicted between the outsider positioning of questioning and the desire to have an empathetic insider perspective in relation to understanding the lived experience of the participants (Smith et al., 2009). This reflects what Thomson and Gunter (2011) describe as the messy confusion of shifting relationships, which I was predicting and grappling with long before having any contact with my participants. Merton (1972) wrote of the polarised conflict within the debate between insider and outsider perspectives, suggesting that "there is little room for the third party uncommitted in the domain of knowledge" (Merton, 1972, p.40), possibly reflecting my desire to achieve clarity of my own position. Further confusion was evident when considering my early assumption that a particular model could be used within the context of my study, which, although well intentioned, could easily be perceived as theoretical imperialism (Hammell, 2009a, 2011; Ramugondo, 2018).

For me, this reflected my fear of being the outsider researcher who has, "a lack of understanding of and empathy for the culture or community that is being studied," (Banks, 1998, p. 8). I wanted to be sensitive to the context of my research and treat my hosts and participants with the respect that I would show to any other professional acquaintance. However, at this point, I felt that in trying to avoid the "arrogant, vain, unethical, and politically illegitimate" (Alcoff,1991, p.6) mistake of thinking for my participants and predicting what they would need or what would be best for them, I had done exactly that. At this point, I had crossed the boundary from the rather uncomfortable position of outsider researcher, with all its colonial connotations, to that of an insider where I had mistakenly assumed knowledge of the community being studied due to my membership of the international occupational therapy community.

My identity as an occupational therapist is strong. I consider myself to be a member of a local, national and international occupational therapy academic and practice community. However, from my consideration of the context of my research, I am also aware of the western dominance of my profession (Hammell, 2009a, 2011), adding further to my sense that I was a reluctant outsider researcher attempting to avoid the pitfalls of an external-outsider status (Banks, 1998). I therefore found myself attempting to balance membership of the common community of occupational therapy and occupational therapy academia with non-membership of Indian society and the Indian occupational therapy professional community. Hence, I belonged to only one common category with

my participants as described by Merton (1972), that of my occupation. Merton (1972) also suggested that the dominant group affiliation of the researcher with their participants may have a greater influence on the researcher. Throughout my contact with my hosts and participants and subsequent engagement with the data, I felt that I was often lurching from outsider to insider status and back again with uncomfortable regularity. A memorable example of this, explored further within Chapter 10, occurred when I was part way through a week of familiarisation within my host university that resulted in a moment of realisation that the insider/outsider position was not fixed, but fluid.

In attempting to achieve clarity about my researcher status, I was subscribing to the dualism of insider/outsider status (Thomson and Gunter, 2011). What I was actually experiencing and articulating through my reflections was that the boundaries between insider and outsider status can be "messily blurred in particular places and times" (Thomson and Gunter, 2011, p.26). Thus, my researcher status was flexible and ever changing due to my different group identities in relation to my participants. When we spoke of common occupational therapy issues, I sensed a mutual feeling that the participants and I 'got' each other; when the participants spoke of specific situations during their postings or the way they were assessed within the university, I felt I had knowledge that would help me understand, but that there was more of a distance between our respective identities. This is a clear example of the ever-present awareness of my horizon of understanding (Shaw, 2010; Finlay, 2011; Stephenson et al., 2018; Smith et al., 2022) in relation to different elements and levels of commonality between myself and the participants. I was therefore moving constantly between outsider, external outsider/knowledgeable outsider and occasionally adopted external/insider (Banks, 1998; McNess et al., 2015). In spite of the internal confusion about my position, my experience is consistent with the IPA stance of combining empathy (insider) and questioning (outsider) in order to understand the unique lived experience of the participant (Smith et al., 2009). This enabled me to maintain the stance of cultural humility that was so important to me throughout this study (Hammell, 2013; Anderson, 2022).

5.4.4. Emic vs etic approaches/perspectives

There are many definitions of emic and etic perspectives or approaches to research relating to people who belong to a specific culture, community or group (Hahn, 2006), with some authors using the terms alongside insider/outsider within discussions about research perspectives (Patton, 2015). In my opinion, there is a subtle but distinct difference worthy of discussion. Hahn (2006) concludes that "Etic and emic describe the relationship between the observer and the data." (Hahn, 2006, p.20). The terms emic and etic have been used variously in research literature to describe approaches (Miller Cleary, 2013), perspectives (Tracy, 2013; Olive, 2014; Patton, 2015), descriptions (Harris, 1976), meanings (Liamputtong, 2010a) and understandings (Tracy, 2013), thus resulting in a range of subtly different definitions.

Tracy (2013) describes emic understanding as an inductive, bottom-up approach where behaviour (occurring within a specific experience) is described from the actor's viewpoint within their unique personal context. In contrast, she describes etic understanding as a deductive, top-down approach where (observed) behaviour is described in relation to existing external criteria not specific to the context, but to the perspective of the researcher (Tracy, 2013). In relation to cross-cultural research, Miller Cleary (2013) outlines the importance of the distinction between emic and etic approaches in relation to selection of an appropriate research methodology. The methodology used within an emic approach must be appropriate for the culture of the community being studied, whereas an etic approach is more likely to be characterised by a universal approach and subsequent comparison between different cultural contexts (Miller Cleary, 2013). Therefore, etic research is seen as a transcultural approach, whereas emic research is attempting to view a situation through the eyes of participants (Miller Cleary, 2013). Liamputtong (2010) extends this further through returning to the linguistic origins of the terminology in relation to translating or interpreting the words of participants. Meanings derived from an emic perspective "are linguistically and culturally relevant to the specific group" (Liamputtong, 2010, p.155). In the context of cross-cultural research, it is therefore important to take account of conceptual equivalence to ensure that the researcher both uses language that has the intended meaning to participants and understands the meaning of language used by participants (Limaputtong, 2010). Shklarov (2007) suggests that translation within cross-language research is often wrongly considered to be a mechanical process:

> “Language is definitely considered important, but its overarching impact on research processes tends to be underestimated and underanalyzed.” (Shklarov, 2007, p. 529).

In contrast, Liamputtong (2010) refers to etic meanings as pertaining to a broader and more universal, but alien, meaning which characterises the outsider view of a western researcher. This is reflected in the temptation of the western researcher to impose a western framework of values, beliefs, meaning and worldview on cross-cultural research (Shklarov, 2007; Liamputtong, 2010). This can take the form of “a non-literal or too precise translation, of culturally foreign, uninvited, and possibly conflicting basic perspectives” (Shklarov, 2007, p. 534).

I have previously considered the imposition of a western perspective on my profession across different cultural contexts, considering within this the language of the profession and its lack of clarity and meaning across non-western cultures, so have been aware of this throughout the study. My attempts to achieve an emic perspective were evident when considering the ethical challenges of data collection, ensuring that the language used in the participant information and the interviews was appropriate to the context of the student participants. For example, where I would refer to ‘practice placements', the participants would refer to ‘clinical postings’, thus requiring a subtle change of my language use to ensure that we both understood the meaning of the terminology. Not able to predict every language issue that might arise, I also had to respond to adjust the language used within some of the interviews to match that of the participants, whilst simultaneously checking my understanding. Although English was the common second language of the participants, there are nuances in Indian English (Sailaja, 2009) that are a frequent challenge to my understanding.

It is, however, argued that achieving a pure emic perspective on data collected is neither possible nor necessary within the research process (Harris, 1976; Olive, 2014) and that:

> “Etic and emic approaches complement each other by controlling and improving the conceptualisations and operationalisations conjoined with each perspective.” (Hahn, 2006, p.20)

> “These different meanings will allow the researchers…to focus on the similarity and contextual “fit” between the concepts expressed in different languages rather than pursuing neutral equivalency” (Shklarov, 2007, p. 532)

Shklarov (2007) goes on to describe this dualism as double vision in the sense that the researcher is able to simultaneously view two parallel meanings from two different

cultural perspectives. The result of this could be enhanced depth of understanding of the context of the research, thus contributing to the quality and ethical integrity of the research (Shklarov, 2007).

5.5. Researcher reflection

5.5.1. Inside out

Am I inside or out?
Am I outside or in?
Sometimes I'm not sure,
Where I end and begin.

I sort of want to be outside,
It's respectful and fair,
So I can't offend people
Either here or there.

But outside is hard
It creates a big gap.
Between me and the students,
And that's not where it's at.

We have stuff in common,
OT at the core.
We have differences too,
Sometimes less, sometimes more.

But inside's not right,
To assume I belong.
That could offend too,
And would just be wrong.

So my status is unclear,
A bit like fog, all grey and smokey.
It goes in and out at random,
Like an endless Hokey-Cokey.

A permeable boundary,
That's what I have, not a line.
Like osmosis, I'm drawn in and out,
To where I belong most at the time.

Fluid, organic and focused,
On understanding the authentic truth.
That's how this whole thing always is,
I'm an inside out super sleuth.

5.6. The researcher relationship with participants

The relationship between the researcher and research participants begins well before any data collection, when potential participants are approached with information about the research and invited to participate (Liamputtong, 2010a). For research to be conducted in an institutional setting such as the university in India, permission must be sought from the relevant authorities to enable the researcher to access participants (Singh and Wassenaar, 2016), so contact with the host university marked the beginning of the relationship building process. The gatekeeper is described as one who controls the researcher's access to potential participants, and educational institutions have the right to allow or refuse access to their student for the purposes of research (Sigh and Wassenaar, 2016). Once engaged, the gatekeeper can become a conduit for contact between the researcher and participants (Clark, 2010). Successful negotiations with gatekeepers rely upon the researcher initiating, developing and maintaining a positive working relationship with the gatekeeper through open communication and explanation of the study (Clark, 2010).

Within my study, I needed gatekeeper permission to approach the students, so this process began with negotiations with the Vice Principle of the faculty in conjunction with the Head of Occupational Therapy within the university in India. Initial contact with the Vice Principle was facilitated during a visit they made to our university, followed by email contact to present a written summary of the proposed research to both the Vice Principle and the Head of Occupational Therapy. Subsequent contact over a period of six months included video calls to the occupational therapy team and email exchanges discussing the logistics of arranging a visit for me to their university and other matters of interest, such as differences in occupational therapy practice and education between the UK and India. This enabled further consolidation of my understanding of the context, essential for maintaining an open and respectful relationship with colleagues in India and subsequently their students (Benatar and Singer, 2000; Miller Clearly, 2013).

Appropriate and clear presentation of information about the proposed research must be made available to potential participants in order to gain true informed consent (Van den

Hoonaard and Van den Hoonaard, 2013). This is particularly important within cross-cultural research due to the different cultural context potentially resulting in different expectations and understanding of informed consent (Mani, 2006). Indeed, Fleuhr-Lobban (2013) went so far as to describe informed consent as a western concept that cannot easily be translated to other cultural contexts, thus causing significant challenges for cross-cultural researchers. There are strong suggestions within the literature that informed consent should be obtained in the native language of the participants (Benatar and Singh, 2000; Adams et al., 2007). However, the context in India is somewhat different in relation to language use. English is the primary language used throughout India within the areas of education, science and medicine (Sailaja, 2009; Azam et al., 2013), thus resulting in an expectation that students studying for health professional qualifications will be fluent in English (Azam et al., 2013). This does not completely remove any challenges in relation to language used within my participant information and consent documents, as there remain differences in terminology, grammar and phrasing that could contribute to a lack of understanding of the study (Sailaja, 2009). In order to mitigate this issue, I asked a health professional academic colleague of Indian origin to review my participant information (Appendix 3). My colleague confirmed my understanding that the terms ‘reflection’ and ‘reflective practice’ are not commonly used within the Indian health professions, and that my avoidance of these terms was appropriate. In addition, terminology was altered from ‘practice placement’ to ‘clinical placement’ to aid clarity.

To secure trust and rapport between the researcher and the participants when seeking informed consent within cross-cultural research, it is important that the researcher is prepared to openly discuss the research, methods and outcomes with potential participants (Liamputtong, 2010a). Hence, I presented the participant information to the students both in writing and through presentation in a face-to-face session (Appendix 5), enabling the opportunity for questioning and discussion. My aim was to mitigate any difference in expectations regarding consent that students may have. The role of their academic leaders as gatekeepers, and their support for my research may result in the students feeling compelled to volunteer to participate (Liamputtong, 2010a; Van den Hoonaard and Van den Hoonaard, 2013), so delivering face to face reassurances that this was not the case mitigated this risk. I also needed to be conscious of my identity as a visiting white British academic, and any resulting perception of status and power imbalance between myself and the students (Miller Cleary, 2013), and to address this through developing rapport and trust (Liamputtong, 2010a). This was confirmed as an issue requiring my attention when I received a grand welcome as a special visitor on my

arrival to the faculty and was at the forefront of my thoughts as my visit progressed. The standard university required wording regarding data management within my participant information could not be altered to be more accessible for Indian students, so the face-to-face explanation of the legal data protection requirements for UK based research was helpful.

As alluded to earlier, issues of power can be particularly challenging within cross-cultural research, particularly if the researcher belongs to a culture which is considered to be dominant (Miller Cleary, 2013). In addition to the obvious post-colonial context in India, I am also conscious of my privileged position within my profession, which is dominated by western perspectives (Hammell, 2009a, 2011). I therefore chose a position of 'cultural humility' throughout the research process (Hammell, 2013; Anderson, 2022), maintaining a sense of openness, honesty, transparency and genuine curiosity to learn about the students' experiences. A further challenge which compounds the issues detailed above is that of my status as an academic. Higher education in India is dominated by a didactic approach where students are unlikely to consider that they may question their tutors (Lim et al., 2016), and levels of trust in tutors is high (Kharouf et al., 2014). I was therefore careful to ensure that I never said anything that might be perceived as an assumption that the students would agree to participate in my study.

5.7. Data gathering

Informed consent can be described as a process throughout a study, not just a single event (Van den Hoonaard and Van den Hoonaard, 2013), so in addition to gaining written consent prior to the first interviews, I also verbally asked for confirmation of continued consent at the beginning of the interview (Van den Hoonaard and Van den Hoonaard, 2013) in addition to handing each student a hard copy of the participant information and asking if they had any questions before we started the interview. I also highlighted that the students could choose not to answer any question if they would prefer not to and that I would be happy to rephrase any question they did not understand. The participant information sheet (Appendix 3) outlined the expectations of participants and highlighted how the data would be used and presented during dissemination (Smith et al., 2022). Students were assured that their data would be anonymised and stored securely with access to anonymised transcripts restricted to the researcher and supervision team to maintain confidentiality (Smith et al., 2022).

Students were asked to confirm consent at the beginning of each interview in addition to signing the participant consent form (Appendix 6). Participants in IPA studies are often identified by assigned pseudonyms (Van den Hoonaard and Van den Hoonaard, 2013), but this is an issue which could be challenging in cross-cultural studies (Miller Cleary, 2013) when unintentionally choosing inappropriate pseudonyms could be inappropriate or cause offence. To avoid this, I chose to refer to the participants by assigning numbers P1 to P12.

It is essential within any research involving human participants to minimise the risk of causing harm to the participants (Van den Hoonaard and Van den Hoonaard, 2013). Discussing clinical placement experiences carries a small risk of causing emotional distress if challenging situations are discussed. This was to be addressed by responding appropriately during the interviews or suspending interviews if necessary while further support was sought. In the event, there was no observable emotional distress apparent within any of the interviews, and I was able to express genuine empathy for some of the difficult situations described. For example, when a student described a situation when a relative of a patient had misinterpreted her behaviour and become angry, I was able to empathise both verbally and non-verbally with the upset she had felt. Other similar published studies have highlighted the value students gain from discussing their practice experiences (Beltran et al., 2007), so it was hoped that the process would be of benefit to the participants. This was confirmed by a number of the students who expressed how much they had appreciated looking back and talking about their experiences. This will be discussed further later.

5.8. Dissemination

In spite of data being anonymised, the IPA researcher needs to remain alert to any data (such as direct quotes) used in dissemination that could identify individual participants (Smith et al., 2022). This risk is mitigated in this study through not identifying the institution attended by the students and the relatively large sample of 12 anonymised participants. This principle of anonymity will be maintained through any dissemination activities, with careful consideration given to the choice of relevant data to be included. An additional issue which may occur is direct references to particular service users during the interviews. As my professional duty of care is to ensure confidentiality (HCPC 2016), any such references were removed from the interview transcripts prior to analysis and anyone other than myself seeing them. This also meets the requirements of the

Bournemouth University Code of Good Research Practice (2020) and Research Ethics Code of Practice (2020).Summary

All of the above-mentioned strategies will serve to ensure the integrity and authenticity of this study within the relevant professional standards and university requirements. As the researcher, I remain accountable for ensuring that moral and ethical standards are not compromised during or following completion of the study.

5.9. Researcher reflections on ethical approval

5.9.1. The ethics panel

I thought I'd have a poem about this,
All the trauma and the strife.
But I'm not sure that I need to,
Maybe my fears were running rife.

It all seemed pretty logical,
When filling out the forms.
A process, rules, criteria,
Not inevitable storms.

I'm invited to a panel,
Cos my study's a little risky.
I fear that I'll be shown the door,
Told to change it, somewhat briskly.

I think I understand my stuff,
And that it's pretty OK.
Not sure I can explain it though,
When anxiety gets in the way.

They seem quite nice and friendly,
Like smiling assassins, I think.
'Tell us about your study',
Ah, see, this is where I'll sink!

I waffle on for what feels like an age,
Not making too much sense.
Then questions, here we go I think,
Time for proof that I am really dense!

But less questions than planned,
I'd somehow answered a few!
We discussed some bits and pieces,
Then 'thanks, we'll be writing to you.'

So off I pop, confused and dazed,
And feeling out of place.
I might have looked quite competent,
If I'd only controlled my face!

It's all so unfamiliar,
And I don't like it much.
But if it's all about blagging,
Perhaps I've not lost my touch….

Now I sit and wait,
An unknown length of time,
And ponder quite what happened,
In my chosen form of rhyme.

5.9.2. A celebratory Haiku

Waiting was not long.
It was an anticlimax.
But I can't complain!

Chapter 6. Data Analysis

6.1. Introduction

The data analysis for this study proved to be a rather lengthy process. My novice researcher wrestling to complete the process ‘correctly’ whilst retaining the authentic voices of the participants and remaining true to my desire to achieve clarity and transparency throughout was compounded by complex personal circumstances. As I describe below, I was dissatisfied with my first attempt at data analysis; the time taken to work through this brought me to a situation where publication of the second edition of Smith et al. (2009) was imminent. I was then faced with the dilemma of continuing to follow the original text or switching to the new edition, each of which would be justifiable given the point I had reached in the process (Smith et al., 2022).

Presented here is a summary of my initial data analysis attempts, my reasoning for switching to the new guidance and terminology and the final data analysis process completed. Throughout this chapter, I use the terms ‘student’ and ‘participant’ interchangeably. Although I am aware that the term ‘participant’ is most commonly used, regardless of the context of research, I find the term impersonal when presenting narratives of a very personal experience. I have therefore used both terms, choosing the best fit for the intended message at the time.

6.2. Progressing from the ‘old’ to the 'new'

The data analysis for this study began following the basic six stage process advocated by Smith et al. (2009) detailed below:

1. Reading and re-reading
2. Initial noting
3. Developing emerging themes
4. Searching for connections across emergent themes
5. Moving to the next case
6. Looking for patterns across cases

This structured framework for the process of data analysis within IPA was presented as not being an absolute prescriptive process, with the advice for:

> "the novice embarking on an IPA study for the first time to begin by working closely with the suggested set of steps, and then adapt them when and where they feel comfortable to do so, and the data require it." (Smith et al., 2009, p.81).

I therefore followed this process with care, breaking some of the six stages into a series of smaller stages to ensure clarity and transparency of my analysis and thought processes throughout. I completed this process for all 12 participants but was uncomfortable that I had lost the participants' voice as I progressed through stages 3 to 6. I felt that I had used too much of my own familiar language and terminology within the themes, such as 'reflection' when the students had spoken about remembering, looking back and talking about their experiences. This led me back to considering the need for me to retain the authentic voice of the participants, thus avoiding the potential that my research could be perceived as an act of western colonialism and imperialism (Liamputtong, 2010a). I therefore began to revisit all cases from stage 3 onwards to address this issue.

As I was struggling to articulate themes in a manner which I found more comfortable, the new edition of the key IPA text I had been following was published with new data analysis terminology (Smith et al., 2022). Although somewhat reluctant initially, I considered this text in relation to my research, and immediately felt that the new terminology and guidance would better suit my study and help me to address the issues I had experienced. I was at a stage of analysis where the advice was to choose between the old and the new terminology (Smith et al., 2022), so I chose to switch to the new. Within the reflective summary at the end of this chapter is a reflective poem summarising my experience and thinking that led to this decision.

6.3. The IPA data analysis process

Although the updated terminology and stages of data analysis (Smith et al., 2022) differ from the original (Smith et al., 2009), the advice remains that it is not a fixed, prescriptive process, rather a representation of general principles which has sufficient clarity to guide the novice research, such as myself (Smith et al., 2022). The new analysis process (Smith et al., 2022) is outlined below:

1. Reading and re-reading
2. Exploratory noting
3. Constructing experiential statements

4. Searching for connections across experiential statements
5. Naming the Personal Experiential Themes (PETs), consolidating and organising them (in a table)
6. Continuing the individual analysis of other cases
7. Working with Personal Experiential Themes to develop Group Experiential Themes (GETs) across cases

The key difference that I found in the new process was within stage 3 and stage 5. Stage 3 enabled me to use the participants' words within the personal experiential statements, thus retaining the student voice that I felt I had lost when using the previous process. This enabled me to progress in stage 5 to retain the participants' words, and therefore the embodied sense of the experience and the meaning making process (Todres, 2007), for example, the apparent joy of an 'Aha!' moment. The impact of these subtle, yet transformational changes from my perspective was a sense that I was able to maintain my commitment to sharing the authentic voice of the students.

However, there is acknowledgement that IPA data analysis is not a restrictive linear process, where the researcher follows "locked steps" (Dahlberg et al., 2008, p.277). Rather it is a framework of common elements and analytical processes which adhere to the principles of IPA i.e., maintaining a focus on understanding the meaning that participants derive from their experience in a specific context (Smith et al., 2009; 2022; Nizza et al., 2021). Therefore, researchers are encouraged "to be innovative in the ways that they approach it." (Smith et al., 2022, p.76) and employ flexibility in the analytical process (Amos, 2016). Within my experience of the data analysis process, I found that particularly the earlier stages of the analysis process were more cyclical than the Smith et al. (2009; 2022) process suggests. For example, as I progressed through each case, I would often recall something else from that interview, or a previous one, and return back to review the process and adapt my analysis accordingly. Although presented and explained as a linear process (Smith et al., 2022), I suspect that my position as a novice researcher necessitated this approach as my skills developed throughout the process. From a reflexive stance, it is also important to acknowledge the impact of the analysis of one case on another and to present this in a transparent manner. In common with other novice IPA researchers, I needed to break down the stages further in order to achieve the depth of understanding and analysis I was seeking and to ensure that my analysis process was thorough and transparent (Gee, 2011; Engward and Goldspink, 2020). My data analysis process will therefore be presented using an embellished version of the

Smith et al. (2022) process to ensure transparency and illustrate my thought processes throughout.

Throughout the process of IPA data analysis, it is essential to adopt and maintain the sense of openness and reflexivity which typifies IPA research (Dahlberg et al., 2008; Smith et al., 2009; 2022). This by necessity requires the researcher to be aware of their own perceptions, thoughts and feelings about the phenomenon being explored, and the potential impact on the interpretation of data (Smith et al., 2009). I have adopted a reflexive stance throughout this study, regularly exploring my perceptions, thoughts and feelings in relation to my research, being particularly aware of my own prior assumptions and expectations. There are a number of strategies described in the literature that aim to support the endeavour of keeping one's mind open to the phenomenon (Smith et al., 2009; 2022). Early phenomenological inquiry attempted to achieve this openness through Husserl's advocated process of bracketing one's perception of the phenomenon, thus stepping away from what was previously assumed and experienced in order to fully explore the lived experience of others (Smith et al., 2009). However, it must be considered whether it is possible to fully apply what can appear to be a rigid mathematical and scientific process (Ashworth, 1999). The term bridling, suggested by Dahlberg et al. (2008) provides an alternative view of attempting to control, with vigilance, one's prior knowledge and assumptions. To achieve this, the researcher must be able to demonstrate self-awareness and the ability to reflect upon their prior perceptions, thoughts and feelings on a subject throughout the research process (Dahlberg et al., 2008). The researcher must be alert to their own perspective, thus enabling openness to exploring the phenomenon as experienced by the participants (Dahlberg et al., 2008). This approach encourages dwelling and engaging with the data in a positive and respectful manner, rather than fighting to contain prior understanding (Dahlberg et al., 2008). This more flexible and integrated approach balances concern raised by Gyollai (2020) that bracketing is just not possible and accepting that prior experience and understanding will impact upon every stage of data presentation and analysis. As such, the researcher can only realistically aim to mitigate the impact of prior knowledge and assumptions by developing a reflexive approach that accepts the researcher's lifeworld as "an inescapable context" for the research (Dahlberg et al., 2008, p.125).

Smith et al. (2022) describe four layers of reflection, the first three of which are "the 'natural' reflection of everyday life" (Smith et al., 2022, p136). The fourth layer of reflection is described as a deliberate, controlled reflection which indicates

phenomenological reflection, or a more formal, systematic process of reflection and analysis of the natural reflective processes (Smith et al., 2022). These identified layers of reflection represent the process familiar within the work of Husserl, however, within IPA there is the additional complexity of the researcher facilitating participant reflections on their experience prior to reflecting upon their own interpretation of the participant reflections within a double hermeneutic process (Smith et al., 2022).

Throughout this study, I have taken a reflexive stance, producing reflective poetry at points within the process that have either been challenging or illuminating. Choosing to write this thesis as a first person narrative was a conscious decision to highlight and maintain this stance. This strategy enables me to focus on my natural reflections, recognising and articulating my thoughts and feelings as embodied responses which I can subsequently share as phenomenological reflections (Smith et al., 2022). Sharing my reflective poetry within this work aims to achieve transparency in the research process, to engage and prompt a response from the reader and to demonstrate understanding that is sensitive to the subtle details of the participants' lived experiences (Faulkner, 2020). Reflexivity enables the researcher to continually debate throughout the research process, often finding new insights and depth of understanding (Finlay, 2003). It is a constant and proactive process which aims to improve awareness of self and consequently the influence of self on the research process. This leads to a situation where:

> "Any understanding we gain will inevitable inform us simultaneously about the object of study and about our own preoccupations, expectations and cultural traditions." (Finlay, 2003, p.107)

Using poetry within the reflexive process "invites me to be still" (Leggo, 2005), giving me the time and space to contemplate my thoughts and experiences during the formation of the poem. I am then able to express my thoughts with a clarity and simplicity that offers the reader insight into my unique personal perspective (Owton, 2017; Faulkner, 2018).

I have also used poetry to aid my immersion in and dwelling with the data through the production of poetic re-presentation of the data. This is discussed in section 7.4.2 of the data analysis process.

6.4. Application of IPA

As previously discussed, as a novice IPA researcher, it was helpful for me to identify sub-stages of activity within the seven stage published IPA data analysis process (Smith et al., 2022). This assisted in thorough analysis of the data and enabled me to acknowledge the way in which I interpreted and applied the process, thus demonstrating the progression of my analytical thinking. The stages are explained in turn below.

1. Reading and re-reading
   - Listening (repeatedly)
   - Checking transcripts
   - Dwelling with the data
2. Exploratory noting
   - Highlighting text (points of interest and impactful statements/words)
   - Exploratory notes in the margin (re: highlighted text)
   - Highlighting text (interview technique)
   - Creation of a poetic representation/summary of the interview (including descriptive, linguistic and conceptual elements)
3. Constructing experiential statements (revisiting transcripts and recordings)
4. Searching for connections across experiential statements
   - Creation of a mind map of experiential statements and possible links
5. Naming, consolidating and organising Personal Experiential Themes (PETs)
   - Creating a table of PET development
6. Continuing the individual analysis of other cases
   - Repeating steps 1-5
   - Revisiting previous cases (once all 12 were completed and the process had become more fluent)
7. Working with Personal Experiential Themes to develop Group Experiential Themes across cases

6.4.1. Reading and re-reading

I listened to each interview recording multiple times to fully immerse myself in the data (Featherstone and Sandfield, 2013). There was a prolonged period of dwelling with the data in this way, later both listening and reading the transcripts and correcting the few elements of the transcripts that had been misunderstood by the transcribers. Through

this activity, I became familiar with the participants and their narratives of their unique individual experiences (Nizza et al., 2021). Heidegger (1971) maintains that “Only if we are capable of dwelling, only then we can build” (Heidegger, 1971, p.157) referring further to dwelling as cultivating the growth and development of thought. This ensured that the participants became the focus of subsequent analysis (Smith et al., 2009; Nizza et al., 2021).

6.4.2. Exploratory noting

The aim of exploratory noting is to explore the content of the data with an open mind, highlighting points of interest within the transcript (Smith et al., 2022). Using hard copies of the transcripts with wide margins, I began by highlighting things of interest in yellow, with additional highlighting in pink where I was struck by the impact of particular words and statements that seemed to highlight the importance of an experience, thought, opinion or feeling to the participant. Where text had been highlighted, I added comments in the margin to expand on the importance of the text in relation to describing what the participant was saying, exploring the language used and questioning concepts that may be applicable to the participant’s experience (Smith et al., 2022), as can be seen in the example in Figure 7.1.

During the process of dwelling with the data, I noted what I felt were many missed opportunities to explore the participants’ experiences in greater detail and depth. I often did not pick up on what the participants were saying by prompting further comment. I therefore felt compelled to highlight such missed opportunities for my own learning as other novice IPA researchers have done previously (Gee, 2011). The interviews had not gone as planned. I had planned to complete 10-12 one-hour interviews over a period of two weeks, but the circumstances changed rapidly and dramatically during my visit to India due to the pandemic and the imminent closure of Indian borders. In the event, the interviews were condensed into two days, with nine of the twelve being completed the day before my urgent departure. I left with twelve interview recording ranging in length from 10-28 minutes which I suspected held little data of any real value, again a common issue with novice IPA researchers (Gee, 2011) compounded by the urgency of the circumstances and the full complement of students making themselves available to participate. I was therefore initially reluctant to listen to the interviews in case my fears were realised, and subsequently became frustrated with myself when I recognised the missed opportunities. In a bid to process and rationalise the situation and my feelings

about this, I wrote a reflective poem, featured in Chapter 9, which assisted me to take a pragmatic view of the situation.

This reflection on the overall situation of the data collection was essential in order to process my own experience, thus enabling me to reestablish my focus on the data and the participants rather than myself and my experiences (Alase, 2017). I initially had an ideal expectation of the whole interview process which included longer interviews and periods of time to reflect in between as described in the literature (Smith et al., 2022), thus giving me a sense of reassurance that my data collection would be 'good'. However, closer inspection of the literature suggests that there is no specified minimum length for an interview. I had understandably not considered the circumstances that would develop during my data collection, but I had also not considered whether the students would be willing or able to continue a conversation about their postings, in English, for a full hour. Once I regained my focus on the data and the participants without the drama of the situation (Alase, 2017), I was able to begin to appreciate the richness of the data I had gathered. As I began to analyse the data and discuss it with my supervisors, it transpired that I had collected data of sufficient richness and depth to be able to complete the study and answer the research question without the further data collection that I had earlier considered may be necessary.

As part of the process of developing my understanding of the data, I created a poetic summary, or re-presentation of each transcript (Faulkner et al., 2022). The process of dwelling with the data is essential to develop a participant narrative and experiential account (Nizza et al., 2021). There are many different terms used to describe this practice including 'approximated poetry' which refers to the process of condensing participant narratives into poetic form (Featherstone and Sandfield, 2013). The term 'found poetry' is also used frequently to describe a similar process, whereby poetry is created using the exact words and phrases used by the participants (Faulkner, 2020). The poems that I wrote were something of a hybrid of both these methods, including participants' words and phrasing where possible, but not exclusively (DeHart, 2019), highlighting these in bold font in the poems. This also resulted in condensing the general narrative into an approximated version of the truth (Glesne, 1997), in chronological order as it occurred within the interviews. The primary aim of this endeavour was to clarify my own understanding of the data and demonstrate transparency within the data analysis process (Glesne, 1997). Employing this process also prevented me from rushing headlong into a superficial analysis by making me take the time to focus on the phenomenon itself (Willis, 2002). Featherstone and Sandford (2013) maintain that the

ability to present thousands of words from a transcript into a short summary such as a poem demonstrates deep engagement with and reflection upon the data over time (Breuer et al., 2002; Shinebourne, 2012; Featherstone and Sandford, 2013) This level of dwelling with the data, reflects the expectations of a quality IPA study (Smith et al., 2022; Alase, 2017), thus supporting the IPA data analysis process. This is further supported by Smith et al.'s (2009) assertion that,

> "Successful analyses require the systemic application of ideas, and methodological rigour: but they also require imagination, playfulness, and a combination of reflective, critical and conceptual thinking." (Smith et al., 2009, p.40)

Further benefits of poetic re-presentation are evident in the presentation of findings to the reader, enabling the researcher to present a portrait of the participant (Shineborne, 2012; Faulkner et al., 2022) whilst honouring their authentic voice (Amos, 2019). This is particularly helpful within this study as the participants were conversing in their second language, resulting in transcripts that would be difficult for the reader to follow without the benefit of experiencing the research context or listening to the recordings of interviews. The capturing of language, metaphor and meaning within the data through poetry enables the reader to engage with the findings in a more meaningful, human and embodied way (Todres, 2007; Shinebourne, 2012; Galvin and Perndergast, 2016; Owton, 2017; Amos, 2019). Spiers (personal communication, 2021) suggested that,

> "Poetic representation can work well in IPA. Arguably, poetic summaries can allow the reader to step closer to the participants' experiences, leading to a resonant reading experience, one of the aims of IPA." (Spiers, 2021)

Below, as an example, Figure 6.1 is an excerpt of the poem created from the transcript of P3, with the corresponding section of annotated transcript and the poetic re-presentation created as a summary of stage 2, Exploratory noting:

At first this girl was quite **scared**

About making **a wrong assumption**.

She **had to panic** about being **thorough**,

And knew she'd have to use her gumption.

She knows a lot more now

And she's **kind of matured**.

She used to think about it and laugh,

Feeling much more assured.

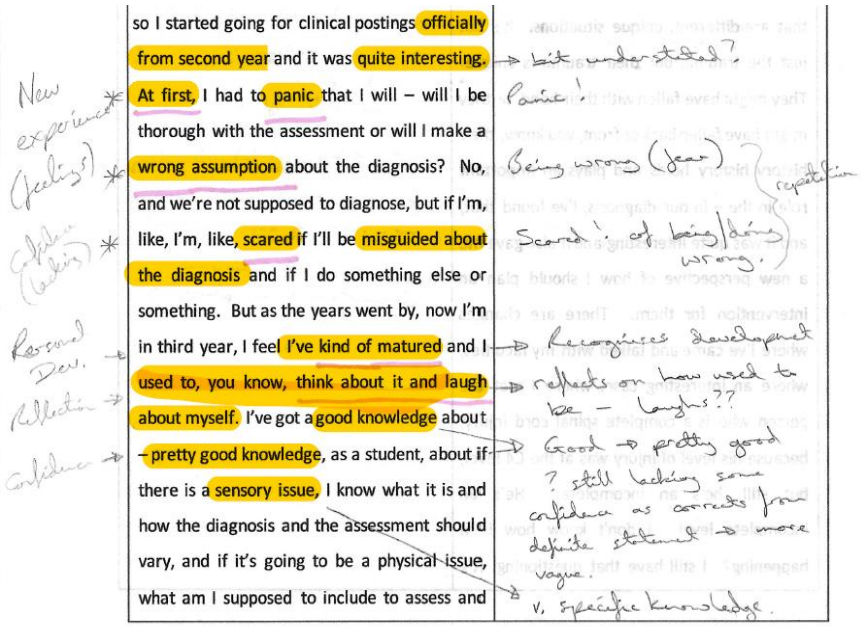


Figure 6-1 Exploratory noting P3 (personal collection)

In order to enable to reader to 'hear' and gain understanding of the students' stories, the full collection of poetic re-presentation of interviews are presented in Appendix 7.

As described by Smith et al. (2022), the first two stages of the data analysis process can be very time consuming and can often merge together at times. In practice, this did feel very much like a cyclical process rather a linear one, but this is reflected in Smith et al.'s (2022) explanation and guidance. The length and complexity of the process is clearly demonstrated by my lengthy explanation of my application of these steps.

6.4.3. Constructing experiential statements

Putting the aforementioned participant poems to one side (having served their purpose in terms of enabling focus on and immersion with the data), I returned to my exploratory noting on the transcripts, looking at each annotated section in turn (Smith et al., 2009) and the words of the participant that my notes related to (Smith et al., 2020). I also returned to the recordings, as I did numerous times throughout the whole process, to ensure that I continued to be mindful of the context and manner in which participants expressed their thoughts, feelings and opinions. This was particularly important as the structure of expression and language used by the participants was often difficult to follow clearly using just the transcripts. Understanding the influence of the cultural context on the use and meaning of language is essential within the process of understanding how a phenomenon is experienced (Todres, 2007). My reflections of, and grappling with, my

perception of language as used by the participants is explored further in the reflective summary at the end of this chapter.

The new process and guidance at this stage enabled me to create experiential statements that reflected the participants' words more clearly than I had achieved previously, using language and phraseology that relate directly to the unique experience of the individual (Smith et al., 2022). For example, where I had previously identified 'knowledge of occupational therapy' as a theme, the experiential statement might be 'now I get it, what is OT' which offers insight into the embodied experience of the student achieving understanding of their profession rather than a flat statement which reflects nothing of the experience (Todres, 2007). Therefore, each set of experiential statements were at least subtly different to the next. Smith et al. (2022) guide the researcher to localise experiential statements within the transcript, thus maintaining the link with the participants' words. I therefore chose to take quotes from the relevant portion of the transcript and link those in a list identifying the quotes, including the page of the transcript, which contributed to the experiential statements. Some quotes related to just one experiential statement, but some experiential statements were reflected at multiple points in the interviews. This is not uncommon (Smith et al., 2022), and is clearly identifiable within the tables I produced at this point in the analysis. An excerpt from one such table (relating to P2, with page numbers in brackets) is included below as an example:

Studying is always linked to practice

Learning means will be seeing patient with some confidence (p8)

After seeing patient, we will go back and learn (p14)

Studying and applying it to here is greatly giving us a lot of changes in the clients (p14)

If only studying, not applying to the pt, means it's just dumb, dumb thing. (p16)

Study then applying is always resting in our mind. (p16)

Postings have great value

Within 4 years of learning, learning, learning, this part of clinical postings helps us much more (p7)

Posting gives us some confident and self-validation (p8)

Will be seeing the patient with some gratitude (p8)

Other students – focussed on the studies only…but not us, we are not like that, and also, not doing that. We are experiencing just now….this is, like, being lucky (p27)

Grateful for this institution (p27)

Questioning leads to trying out and success

Questioning observations – crying child, why he'll be like that? What can he do? (p18)

OK, what can he do? – trying out activities (p19)

Progression of activity to productive functional activity/grading (p19)

Different unique cases, how we are going to handle? (p21)

Within this excerpt, quotes from the transcript are shown in purple font under the corresponding experiential statements to ensure that there is a clear link back to the words of the student and the development of these statements (Smith et al., 2022). This ensured that I could track back through my analysis at any stage and enabled effective comparison of participant themes later in the process.

6.4.4. Searching for connections across experiential statements

At this point in the process, I had a chronological list of experiential statements in the order they arose during the interviews which I then needed to physically separate to begin to form clusters of connected statements (Smith et al., 2022). In order to map the experiential statements for each participant, I created tables where I began to group the experiential statements in what I felt were logical groupings (Smith et al., 2022). Some statements fell naturally into groupings relating to different elements of the student practice experience, e.g., the experience of receiving feedback or the process of expectations and clinical skill development during postings as the course progresses. This represents the beginning of a process of abstraction, linking a cluster of experiential statements into a personal experiential theme (PET) (Smith et al., 2022).

For each case, I created a list of personal experiential statements linked to the position where they were mentioned in the transcripts (as in the example in 6.4.3) (Smith et al., 2022), with corresponding identification/highlighting of the relevant quotes and position in the transcript to enable cross referencing. Within this process, I also noted how many times the students made statements contributing to each personal experiential statement throughout the interview. Although this quantitative style practice would seem to be incongruous with IPA, it may indicate the importance of the PET to the participant (Smith et al., 2009). Some participants did repeat particular thoughts/opinions multiple times, and although it is not the only indication that a theme has particular importance (Smith et al., 2009), I felt it was worthy of noting at this stage. It is also important to

recognise that an issue of real significance to the participant may only be mentioned once (Smith et al., 2009), thus the importance of this may be highlighted in other ways e.g., using metaphor or emotive language (Featherstone and Sandfield, 2013).

The personal experiential statements, were printed, separated and formed into initial clusters of similar personal experiential statements on a flip chart (Smith et al., 2022) in preparation for the development of PETs.

6.4.5. Naming, consolidating, and organising Personal Experiential Themes

Once I was satisfied with the clusters of experiential statements, each cluster was named to reflect its characteristics (Smith et al., 2022). In contrast to my earlier unsatisfactory attempts using the original (Smith et al., 2009) process, in naming the clusters I continued to use language and terminology used by the students to retain an authentic link to the students' voice. Employing a literal cutting and pasting strategy, I took time to dwell with my thinking as I established the best fit for clusters of student quotes and corresponding personal experiential statements. An example of this is in Figure 6.2 below. As one progresses through the IPA process, there is a risk that this results in moving away from the unique individual student experiences (Wagstaff et al., 2014),

> "moving further and further away from the words and phrases used by participants in order to "herd" these words into broader categories" (Wagstaff et al., 2014, p.6).

Following the newly published guidance (Smith et al., 2022) appeared to offer the opportunity to minimise such a risk as the experiential statements remained close to the words in the transcripts.

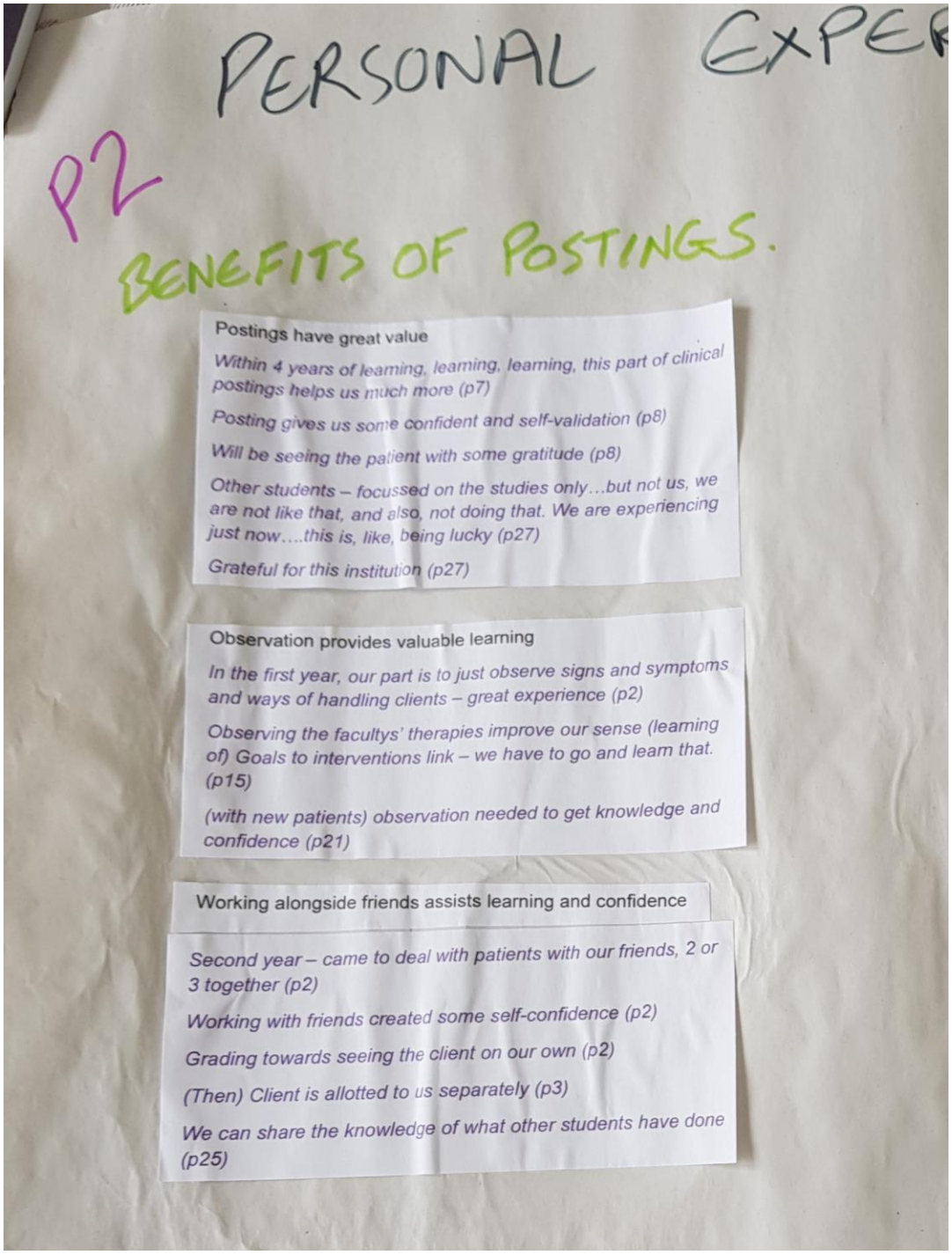


Figure 6-2 Personal Experiential Themes development P2 (personal collection)

Throughout this process, I included quotes and page numbers from the transcripts that contributed to each personal experiential statement (Smith et al., 2022). This enabled me to check back to ensure that the PETs accurately reflected the students' experiences, and that their words had not been misrepresented out of the original

context. Transparency and tracing of evidence throughout the analytical process in this way achieves clarity of the IPA process (Smith et al., 2022). The checking back also resulted in some adjustments to the linking of quotes to personal experiential statements and subsequent organisation of PETs. To retain and make best use of this evidence trail, I produced a table of quotes, personal experiential statements, and PETs for each participant, see excerpt below:

Table 6-1 Table of quotes, statements and PETs, P2

Quotes	Personal Experiential Statements	Personal Experiential Themes
• *Within 4 years of learning, learning, learning, this part of clinical postings helps us much more (p7)* • *Posting gives us some confident and self-validation (p8)* • *Will be seeing the patient with some gratitude (p8)* • *Other students – focussed on the studies only…but not us, we are not like that, and also, not doing that. We are experiencing just now….this is, like, being lucky (p27)* • *Grateful for this institution (p27)*	Postings have great value	Benefits of postings
• *In the first year, our part is to just observe signs and symptoms and ways of handling clients – great experience (p2)* • *Observing the facultys' therapies improve our sense (learning of) Goals to interventions link – we have to go and learn that. (p15)* • *(with new patients) observation needed to get knowledge and confidence (p21)*	Observation provides valuable learning	
• *Second year – came to deal with patients with our friends, 2 or 3 together (p2)* • *Working with friends created some self-confidence (p2)* • *Grading towards seeing the client on our own (p2)* • *(Then) Client is allotted to us separately (p3)* • *We can share the knowledge of what other students have done (p25)* • *(unfamiliar situations/conditions) faculty say 'do this', and we'll go according to that (p22)*	The progression towards independent practice aids confidence	

This marked the completion of the process followed for the data analysis of each individual participant, although, as will be described subsequently, as the data analysis progressed there was, by necessity, some looking back over previous cases to clarify any links with other cases. The process for the analysis of individual cases is illustrated in Figure 6-3 below:

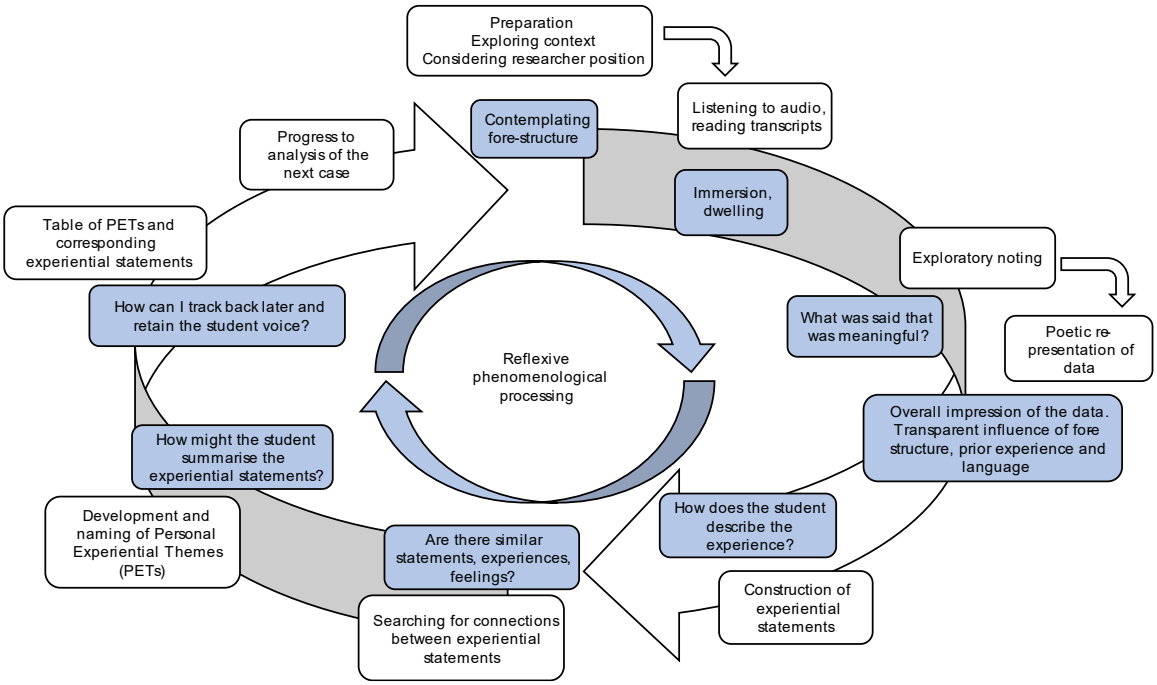


Figure 6-3 IPA data analysis process for individual cases

6.4.6. Continuing the individual analysis of other cases

The analysis of each individual case is essential to maintain the idiographic principles of IPA, although it is accepted that previous analysis will inevitably have an influence on this process (Smith et al., 2022). This was a particular challenge due to the common context in which the experience took place for all the participants which resulted in many similarities between the personal experiential statements and subsequent PETs. I therefore systematically followed the above process (steps 1-5) for each participant in turn (Smith et al., 2022), reducing the impact of previous analyses as far as possible by taking breaks between cases and beginning the process by listening to the audio interview recordings several times to enable immersion in the data.

6.4.7. Working with Personal Experiential Themes to develop Group Experiential Themes across cases

The purpose of this stage of the analytical process is to identify similarities and differences across the Personal Experiential Themes (PETs) generated from each participant (Smith et al., 2022). In order to achieve clarity and transparency in this process, I colour coded, printed and separated the PETs from each case, spreading them out randomly on a flip chart. Thus, I could identify which participant generated each PET, and could once again track back to the personal experiential statements and transcripts to maintain the idiographic principles of IPA (Smith et al., 2022). This enabled me to dwell with the PETs, moving them around into different potential groupings and tracking back and to for clarification from the previous stages of the analysis (Smith et al., 2022). Due to the nature of the context of the study, i.e., concerning student occupational therapists' practice experiences, the grouping of PETs into GETs was somewhat challenging. The purpose of the participants experience within the common context of their professional education is focused on learning and development. Thus, it can be difficult to distinguish between the different elements of this experience, but equally it can enable more detailed exploration of the specific experiences and how they contribute to learning and development. For example, developing an understanding of occupational therapy is a multifaceted process including theoretical teaching, observation and direct practice with clients, all of which were significant experiences alone and contributed success, challenges and the sense of progression through the programme.

I created a table of PETs for all participants, but whilst this was a clear and concise method of presenting the range of PETs across the group, it contributed little to the clustering of PETs into GETs. However, once I had created initial groupings of PETs and resulting GETs on individual sheets, I was able to produce a table showing the results of this process (Appendix 8). Smith et al. (2022) suggest that the creation of a GET is usually justifiable if 50% or more of the participants have a PET that contributes. However, three of the GETs I will be presenting include PETs from less than 50% of the participants. These themes remain part of the phenomenon and were deemed to be sufficiently significant for inclusion due to their repetition or the emotive language used by the participants which drew my attention.

To retain the authentic student voice in the GETs, they were named using quotes from the students. Although an unusual step, this prevented dilution or misinterpretation of the

themes using my own words, which would have been influenced by my interpretation of the narrative, an unwelcome and avoidable distraction at this point in the IPA process. Figure 6-4 below illustrates the full process of analysis and reasoning applied throughout the data analysis process:

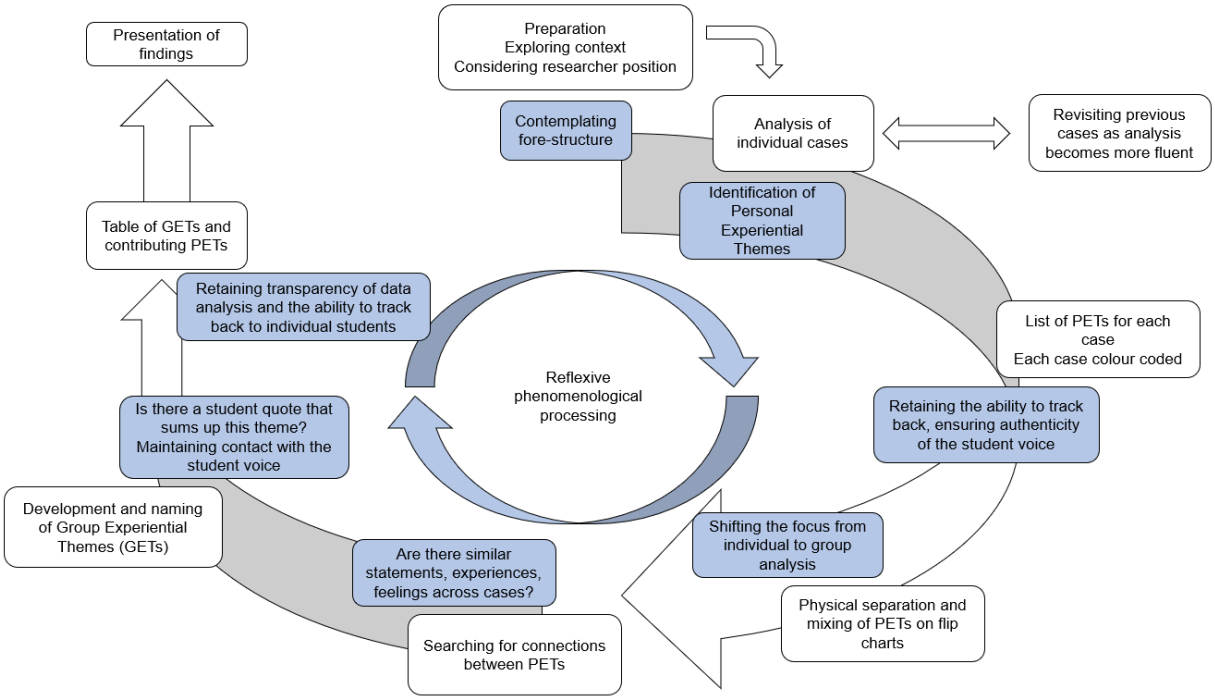


Figure 6-4 Full IPA data analysis process

6.5. Summary

The time spent dwelling with and working through analysis of the data resulted in a sense that I was subsequently able to complete the IPA data analysis process (Smith et al., 2022) effectively without losing the richness and authenticity of the student voice. Previous concerns about the quality and value of the data were resolved through a growing realisation of the depth and breadth of the data as the analysis process progressed and produced considerable opportunities for exploration and discussion. The group experiential themes will now be presented as the findings of the study in the following chapter.

6.6. Researcher reflections on Data Analysis

6.6.1. The New Book!

I had a fight with IPA,
Although I knew it was for me.
So I took the six stage process
And timesed it by almost three.

I broke each stage down further,
Just like a good OT.
Sixteen stages I had in all,
And that almost worked for me.

Reading, listening and dwelling
Until I knew them off by heart,
Noting, then summary poems,
No problem with that part.

That all helped my thinking,
Understanding what it's about
For the students I had talked to
Of that, I had no doubt.

I had a sense of themes emerging,
Across each different case,
I connected them together
Like pretty handmade lace.

As my themes came together,
First more, then not so many
As I grouped them all by theme,
Students' words were hardly any.

Where was the student voice I heard?
Where was the unique tone?
The joyous words they'd chosen
Replaced by all my own.

This wasn't right, I didn't like
The way that it was going.
The colonial monster reared it's head,
Acute discomfort growing.

How can I resolve this?

The quotes I've gathered
So rich and poetic,
Have somehow morphed into
Themes quite bland and pathetic.

So back I go to look again at the themes,
Can I use students' words to explain
The sense making of their experience,
To bring their voice to life once again?

Then the new IPA textbook is launched,
Oh, why did they have to do that?
How inconsiderate was their timing,
As if I could feel more flat!

My book arrived, I stared at it,
I couldn't bear to look.
I'm sure I'll just get more confused,
My confidence once again shook.

I've been on the IPA forum,
Listened to what others have said online,
They seem to think this book's OK,
So maybe that's a positive sign.

I pick my moment carefully,
Peak tentatively at the pages.
What has happened to the wording?
What has happened to the stages?

Oh wow! Is this still IPA?
Where I've been grappling with the process?
Word changes seem subtle, but they're not,
They make perfect sense. Oh yes!

The new book kindly says,
Don't feel you need to change.
If you're midway through your study,
Don't completely rearrange.

Discuss with your supervisors,
And see what they say.
It's OK if you choose to change,
But it's also OK to stay.

With unfamiliar confidence,
I don’t ask advice at all,
I tell them what I’m going to do,
And I’ve never before had that gall!

Experiential statements
Help me keep each student’s voice.
These statements retain the uniqueness,
Of their experience, and I rejoice!

Experiential themes too,
Include the students’ words.
It feels authentic and real,
Not the academic language of nerds.

Analysis runs freely now,
Then checking back between words said and themes,
The whatness is clear, and how it was felt,
Now I like this new book, it seems.

The new version gives me what was missing,
And does what I want it to do.
It fixes the problems that I had,
A solution that arrived right on cue.

6.6.2. Making sense of language

It's all about the language,
Words and phrases that we use.
To express our thoughts and feelings,
Different words for different views.

I understand my language,
And I know just what I mean.
But I know that others aren't so sure
When they've not been where I've been.

There's a difference from west to east,
That's even bigger north to south.
I know this from experience,
And when new words come out my mouth.

Words that are completely new to me,
Words that just don't mean the same.
It's fascinating stuff to me,
An ever changing game.

I learn new language as I go,
New turns of phrasing too.
They jumble up inside my head,
And make a hybrid true.

In India it's just the same
As Lancs to Yorks was once.
I listen hard, tune in my ears,
And try to train my bonce.

Some language is poetic,
Golden time, goosebumps, feeling blessed.
I feel their passion and happiness
Clearer than I might ever have guessed.

Some language is not comfortable,
For me to hear and to absorb.
Like doing to, and making do
Interventions on the ward.

It feels like it's just not right,
To make them do OT.
It feels like medical model in flight,
Without choices that are free.

But then I start to think again,
About what words are said.
I'd say facilitate, enable,
To describe my work instead.

But I don't hear those word at all,
Do words like that even exist
In the native language of my hosts?
Default assumptions I try to resist.

When students talk of making
People do the things they're told,
It's often balanced with compassion,
And person centredness that's bold.

I don't think it's all language,
And think that would be naive,
The medical model's alive and well,
But not all I might believe.

It's hard to keep an open mind,
Not judge and make assumptions,
Of what I hear, and how it's said,
Back off, think, and use your gumption!

Chapter 7. Findings

7.1. Introduction

It is important, when considering the findings, for the reader to understand the context within which the students experienced practice within this institution, as the structure and organisation of the programme may be unfamiliar. This will be presented first to inform the findings and subsequent discussion. The subsequent data analysis produced eight Group Experiential Themes (GETs), with some including subthemes as appropriate (Smith et al., 2022). In accordance with the strategy previously discussed within the ethical considerations, throughout the analysis and subsequent discussion, the participants are referred to by number (P1, P2 etc). In many IPA studies, participants are given pseudonyms (van den Hoonaard and van den Hoonaard, 2013). However, this is a complex issue in cross-cultural research (Miller Cleary, 2013), and I felt uncomfortable assigning names to the participants in case an inappropriate choice of pseudonym caused offence.

7.2. Data collection context

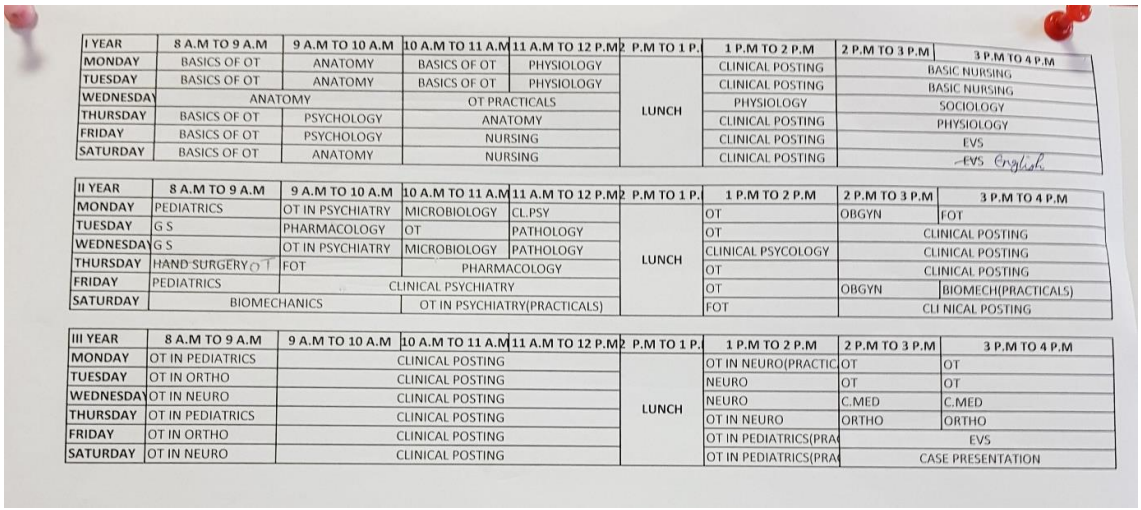
Below is a summary of the structure, organisation and expectations of the postings as consistently described by the students and indicated by the programme timetable as displayed in March 2020 during my visit to the university. The timetable does not include anything beyond year three because the third year students at the time were the first cohort enrolled on the programme.

Table 7-1 Summary of practice experience (postings) in the course

Year of study	Hours	Activity	People involved
Year 1	1hr/day	Observation of OT and building rapport with patients and parents (paediatrics)	Large group of students with a clinician demonstrating
Year 2	2hr/day	Assessment and/or intervention (including 2 or 3 additional areas of practice)	Groups of 3 or 4 students with each patient with supervision
Year 3	4hr/day	Assessment, goal setting and intervention (with further additional areas of practice)	Consistent 1:1 student and patient with supervision

Year 4	Not available	Assessment, goal setting, intervention and evaluation (including community-based practice)	Consistent 1:1 student and patient with supervision
Year 4.5	Full time	Internship (in various areas of practice)	Consistent 1:1 student and patient independently

The overall structure of the programme at the time of the data collection is illustrated in Figure 7.1 below.



I YEAR	8 A.M TO 9 A.M	9 A.M TO 10 A.M	10 A.M TO 11 A.M	11 A.M TO 12 P.M	12 P.M TO 1 P.M	1 P.M TO 2 P.M	2 P.M TO 3 P.M	3 P.M TO 4 P.M
MONDAY	BASICS OF OT	ANATOMY	BASICS OF OT	PHYSIOLOGY	LUNCH	CLINICAL POSTING	BASIC NURSING	
TUESDAY	BASICS OF OT	ANATOMY	BASICS OF OT	PHYSIOLOGY		CLINICAL POSTING	BASIC NURSING	
WEDNESDAY	ANATOMY		OT PRACTICALS			PHYSIOLOGY	SOCIOLOGY	
THURSDAY	BASICS OF OT	PSYCHOLOGY	ANATOMY			CLINICAL POSTING	PHYSIOLOGY	
FRIDAY	BASICS OF OT	PSYCHOLOGY	NURSING			CLINICAL POSTING	EVS	
SATURDAY	BASICS OF OT	ANATOMY	NURSING			CLINICAL POSTING	EVS English	

II YEAR	8 A.M TO 9 A.M	9 A.M TO 10 A.M	10 A.M TO 11 A.M	11 A.M TO 12 P.M	12 P.M TO 1 P.M	1 P.M TO 2 P.M	2 P.M TO 3 P.M	3 P.M TO 4 P.M
MONDAY	PEDIATRICS	OT IN PSYCHIATRY	MICROBIOLOGY	CL.PSY	LUNCH	OT	OBGYN	FOT
TUESDAY	G S	PHARMACOLOGY	OT	PATHOLOGY		OT	CLINICAL POSTING	
WEDNESDAY	G S	OT IN PSYCHIATRY	MICROBIOLOGY	PATHOLOGY		CLINICAL PSYCOLOGY	CLINICAL POSTING	
THURSDAY	HAND SURGERY O T	FOT	PHARMACOLOGY			OT	CLINICAL POSTING	
FRIDAY	PEDIATRICS	CLINICAL PSYCHIATRY				OT	OBGYN	BIOMECH(PRACTICALS)
SATURDAY	BIOMECHANICS	OT IN PSYCHIATRY(PRACTICALS)				FOT	CLI NICAL POSTING	

III YEAR	8 A.M TO 9 A.M	9 A.M TO 10 A.M	10 A.M TO 11 A.M	11 A.M TO 12 P.M	12 P.M TO 1 P.M	1 P.M TO 2 P.M	2 P.M TO 3 P.M	3 P.M TO 4 P.M
MONDAY	OT IN PEDIATRICS	CLINICAL POSTING			LUNCH	OT IN NEURO(PRACTIC	OT	OT
TUESDAY	OT IN ORTHO	CLINICAL POSTING				NEURO	OT	OT
WEDNESDAY	OT IN NEURO	CLINICAL POSTING				NEURO	C.MED	C.MED
THURSDAY	OT IN PEDIATRICS	CLINICAL POSTING				OT IN NEURO	ORTHO	ORTHO
FRIDAY	OT IN ORTHO	CLINICAL POSTING				OT IN PEDIATRICS(PRA	EVS	
SATURDAY	OT IN NEURO	CLINICAL POSTING				OT IN PEDIATRICS(PRA	CASE PRESENTATION	

Figure 7-1 Timetable as of March 2020

7.2.1. Demographic information

When considering the participant demographics, it is common to include age and other distinguishing factors between the participants, such as the context in which they experienced the phenomenon (Alase, 2017). However, in this case, the students were all studying the same course at the same university, and were all 19-20 years of age, a commonality with all the students in their cohorts due to age restrictions on university entrance in Indian institutions.

Table 7-2 Participant demographic information

Year of study	Year 2	Year 3	Total
Male	1	3	4
Female	1	7	8
Total	2	10	12

7.2.2. Student explanation of the structure of practice experience

Many of the students described the structure and organisation of their postings (practice experience), including a consistent common understanding of the expectations at each level of study. This was described by P2 as follows:

> *"So, that we have, in the first year, only the observation part. While the therapist will be doing therapy, our part is to just observe all of the signs and symptoms that the client is experiencing, and to create a rapport between the clients, oh, also with the parents too…….And in the second year, we came to deal with the patients with our friends, with two of them or three of them joined together, to see a client for a half hour session…..Now, in the third year, we came to see the client is allotted for us separately,….so that regular follow-up could be done."*

This description was repeated with similar explanation by the majority of the students, all those who chose to explain how their postings were organised. P6 spoke of his understanding of expectations throughout the programme:

> *"The first year, the main thing is to observe what a therapist do and how he creates rapport with the patient…..that is the objective of the first year clinical posting. In second year clinical posting, is like we need to take an assessment of the client…This is the objective of the second year….And the third year, we have to plan, like the goals….like short-term and long-term. A third year student has to know what is a short-term goal and the long-term goal for the patient needed."*

He also spoke of his understanding of future progression of the postings:

> *"And the fourth year is like every comprehensive thing of everything, like we need to create rapport, we have to do an assessment, we have to fix their goals, also we need to intervene with our patients….and the next six months, which is a compulsory internship programme, in which, from morning to evening, he should be….in the postings in different specialisations…so many things."*

7.2.3. Student logbooks

Students frequently refer to their logbook or lognotes. This refers to a physical book that they carry with them during postings to record their experiences. These notes are regularly reviewed by the staff, and they will often question students on what they have written, and the interventions completed. Most of the students referred to the required content of their logbook:

"I'll be mentioning their name, their age, their sex, and then their diagnosis and the treatment." (P4)

Students also noted the difference in the expected content of their logbook as they progressed through the programme:

"First year, will not be writing much…I used to compare last year to this" (P10)

"*In second year, we can write some basic activities…In third year, you should give why we give you that activity." (P11)*

7.2.4. Context summary

The context of practice experience for these students varies from other comparable studies. Therefore, in keeping with Heidegger's assertion that the individual should always be considered within their individual context (Larkin et al., 2006), this merits the explanation offered above and analysis rooted within the collective context of the student experience.

7.3. Poetic re-presentation of data

In Appendix 7 are the poetic re-presentations of the interviews as previously mentioned. It is hoped that these poems offer the reader a real sense of the student experience (Spiers, 2021) and contribute to telling the authentic and full 'story' from the student perspective of their experiences (Nizza et al., 2021). It is, however, important to note that the poems were created as part of the process of dwelling with the data and clarifying my understanding and analysis of what they were saying (Breuer et al., 2002; Shinebourne, 2012; Featherstone and Sandford, 2013; Nizza et al., 2021), thus forming the initial stages of analysis and interpretation of their narratives (Pietkiewicz and Smith, 2012). I chose to append the poetic re-presentations rather than include them in the main text of the thesis to highlight that they represent my own interpretations of the narratives shared by the students (Nizza et al., 2021).

The act of writing the poems facilitated the emergence of insight into the student experiences and represent a significant element of interpretation (Van Manen, 2006). Wherever possible, the students' words have been included in these poems, highlighted in bold font. The reader will note that the use of students' own words appears somewhat

limited in places. Paraphrasing was a necessity for the summaries to be presented with the clarity desired, offering the reader an empathetic understanding of the whole student experience (Wertz, 2015). The poems also serve as an invitation to the reader to share the embodied experience of both student and researcher through evoking a felt response and insight into the phenomenon (Todres and Galvin, 2008; Amos, 2016; Green et al., 2021). The poem titles were chosen to reflect my overall sense of the story of each student (Nizza et al., 2020). It is important to note at this point that the poetic re-presentations of the students' interviews are influenced by my own unique personal perspective and world view (Smith et al., 2020), using my own language and turn of phrase to make sense of what the students were saying. Therefore, although writing the poems was clearly helpful within my own thought processes, inclusion of them within the main body of the thesis does not feel entirely appropriate. However, considering my reflexive stance throughout, it is hoped that they will also contribute to the readers' understanding of my own embodied experience of interviewing the students (Todres and Galvin, 2008; Amos, 2016; Green et al., 2021).

7.4. Group Experiential Themes (GET) and Subthemes

A summary of GETs and subthemes is shown below. Each GET and its associated subthemes (where appropriate) will subsequently be considered in greater detail, including examples of quotes from students to illustrate points identified. This stage of presenting results or findings within IPA requires the researcher to develop "a compelling, unfolding narrative" (Nizza et al., 2021, p371) through an interpretative commentary on how the students' words illustrate each experiential theme and subtheme (Nizza et al., 2021; Smith et al., 2022). This enables identification and illustration of convergence or divergence of students' sense making of their experiences (Nizza et al., 2021; Smith et al., 2022).

1. **“Here in OT, everything is unique” (P1)**
    a. “Now I get it, what is OT” (P1)
    b. “We can give them real quality of life” (P9)
2. **“Grading towards seeing the client on our own” (P2)**
    a. “We are the medical profession” (P2)
    b. “Next year, we will do our own” (P11)
    c. “I’ll be explaining to my faculty, he will be telling me that if it is right or wrong” (P4)
3. **“Studying then applying is always resting in our mind.” (p2)**
4. **“We need to get the positives, also the negatives.” (P6)**
    a. “Oh my God, what are we going to do with him?” (P3)
    b. “It’ll be goosebumps,” (P6)
    c. “So, I’m an Occupational Therapist” (P5)
5. **“Postings are really golden times” (P4)**
6. **“As a future OT, we are not working for a condition.” (P9)**
7. **“I’m cherishing my thoughts and clinical practices with you, it’s nice.” (P5)**
8. **“The scenarios are different in India” (P12)**

7.4.1. “Here in OT, everything is unique” (P1)

A growing understanding of occupational therapy as a profession was implied by students throughout their accounts of their practice experiences. Those who articulated this specifically did so in two different ways, firstly by acknowledging the previous lack of understanding, and secondly by sharing their views on the unique value of the profession to patients/clients.

a. **“Now I get it, what is OT” (P1)**

Many of the students said they had little or no knowledge of occupational therapy when they began the course, as described by P1:

> *"From Year 1, this course was pretty new for me, for everyone in our class." (p1)*

P1 referred to his lack of knowledge within the collective context of a shared experience with the rest of his class, suggesting that he was not alone in this new experience and repeatedly referring to everything being new when describing his early practice experiences. Similar statements from several other students confirm this as a collective experience.

There was evident excitement about learning what occupational therapy is as students described their interest and curiosity in learning about their profession and their subsequent pleasure as their understanding deepened. P2 explained how this process was for her:

> *"It's wonderful because I don't know much about the course first – in first year, occupational therapy, I didn't know much about that, and it's a new course. It's a new name, I never heard about it, so after coming here, after seeing what is the different thing? Now I know physio……., but occupational therapy is a different thing." (p2)*

P5 specifically referred to early observation of practice as significant in developing her understanding, *"Seeing gives what is OT….It's been exciting to see what this is."(p1).*

None of the students professed to having knowledge of occupational therapy prior to starting their course, and many were connected by 'Aha!' moments of realisation of what their new profession was all about. These moments of realisation and understanding, where elements of academic learning suddenly made sense were exclusively described as occurring during postings. P1's explanation of this experience summarises many such accounts, *"I was like, OK, OK, now I get it, what is OT. Yes." (p10).* Also of note is that none of the students suggested any continuing ambiguity about the role of their profession.

b. "We can give them real quality of life" (P9)

Many students expressed, with certainty, the benefits of occupational therapy for patients and clients. Some gave examples of specific patients/clients and observable

behaviours such as a child no longer crying or a patient appearing happy to engage. This is illustrated by the noticeable confidence and certainty in the language used by P9 to describe her experience of the value of occupational therapy:

> *"For about 30 minutes we will train them. We will give some home programme for them. They will be practising, and they will be retrained, and they will be – they have a benefit in that. Outcome will be good for them. They have that are satisfied. We can give them real quality of life, good yeah, good prognosis will be there." (p2)*

This apparent confidence in the value of occupational therapy reflects the sense that the students understood the role of occupational therapy within their postings, beginning to feel part of the profession. Only one student, P6, referred to an expectation that interventions might not always result in the desired outcomes; this will be considered later, in section 8.4.4.

7.4.2. "Grading towards seeing the client on our own" (P2)

Throughout the interviews, there was a sense of certainty of student expectations of their course in terms of standards, progression and what was expected of them throughout their time studying occupational therapy. This was highlighted earlier when considering the common context of their experiences. The way that these expectations were described and explained by the students varied in focus but were very much connected by the evident certainty about what expectations were and how these would progress. The students, therefore, as highlighted in their descriptions of the context of their postings, appear to have a very clear understanding of their expected level of activity and participation in practice at each stage of their training. This certainty about what will be in the future is in a similar vein to the certainty, evident in the previous theme, that occupational therapy has value to patients and clients.

a. "We are the medical profession" (P2)

The importance of professional appearance and behaviour was addressed by P2 when she described how she expected to be judged during postings:

> *"based on the behaviour, how we are handling in the clinical posting, like, wearing coat, and some of the real, like, behaviour are, so discipline should be maintained under clinical posting because of handling the patients." (p6)*

She went on to consider the importance of the patient within practice, and the central aim to do good for the patient:

> *"we are the medical profession, so we are studying for the sake of the patient. We have to work for the patient's benefits," (p7)*

The words "have to" or "should" were used by many students throughout, suggesting a clear sense of certainty of the perception of what was expected of students and what they expected of themselves. P9 summarised her list of things she felt she 'had to' do, linking this to her own self-fulfilment:

> *"You have to achieve – they have to achieve. Then only you are achieving your life." (p10)*

The commitment and motivation to meet staff and client expectations was also common, and is particularly evident in P8's explanation of what drives him to make the most of his posting opportunities:

> *" I give my 100% best to the client….That he, what he's paying for, for the session, he executes it fully, for what he's coming to us." (p6)*

Two students focussed on occupational therapy as an integral part of the multidisciplinary team, describing interactions with medical staff and attempts to educate colleagues and prove the value of occupational therapy interventions to them. This is very much in contrast with other students whose focus was more restricted to occupational therapy, but the emphasis placed on this by the two students suggests a personal importance worthy of consideration. P1 summarised this regarding a patient he felt he could help:

> *"I actually talked to the doctors, the professors, 'Sir, I need this referral for this case, because we are very excited to do it, we haven't seen any spinal cord injury patient ever in our lives. So, you will see our intervention is, like, very good.' He was, like, 'OK.'" (p7-8)*

The above comments also suggest a high level of confidence in and expectations of their practice skills within an unfamiliar situation, also quite unusual within the students interviewed.

b. "Next year, we will do our own" (P11)

Most students described the progressive nature of practice experiences throughout the course from observation in the first year, to 2 or 3 students working together with a client under close supervision in the second year to working 1:1 with a client under supervision in the third year and continuing this with less supervision in the fourth year prior to the six-month internship working independently. This was illustrated by some students in their descriptions of the progression of detail included in their posting lognotes. For example, P10 began with reflections of her first year lognotes:

> *"First year, will not be writing much…..(now) I should write activity, in what way it is useful…This year, I can know what, for this only, we should give that," (p6)*

P3 similarly reflected upon the increased expectations in year 3:

> *"I'm very determined in mentioning all the patients I do and elaborate on the information…I feel I have to be very cautious about that I'll maintain it perfectly" (p4)*

P1 and P6 both set their expectations of future practice within the context of working abroad and the anticipated need to demonstrate the quality of their training. P1 explained this in terms of being able to prove himself:

> *"When I step out of university and go to have my own clinic or work in UK or US, I should be proving something, that I have learned stuff that other people didn't." (p5)*

c. "I'll be explaining to my faculty, he will be telling me that if it is right or wrong" (P4)

The student posting lognote or logbook featured frequently as a method identified by students through which they expect staff to assess their knowledge, skills, and competence in practice. Reviewing and questioning of student notes is described as a regular daily occurrence by P12:

> *"Sir tell, informs us to do, write a, like a report, and we have a logbook too….Every day we enter and get signature from our staffs." (p2)*
>
> *"We discuss about the therapies, like, what you gave, how can you – why did you give this therapy? So, like that…...Then he, like, corrects the mistakes." (p3-4)*

P10 summarises this process within the expectation of being assessed:

"Associates grade us, how we should give therapies." (p3)

This theme has highlighted once again the certainty from the students about their responsibilities within postings, the role of staff in guiding them and the progression of their participation and independence through their years of study.

7.4.3. "Studying then applying is always resting in our mind." (P2)

There are a number of different perspectives evident within this theme of applying academic study to working with patients/clients on postings. Some students expressed the importance of understanding conditions and having a good medical knowledge as a pre-requisite for effective practice, with mostly the same students also referring to the need to understand theories and frames of reference which guide practice. This was further acknowledged by other students who specifically noted a unique two-way process of linking theory and academic study with practice. In contrast, some students reflected upon their feelings about academic work and their delayed realisation of the relevance of this to their practice.

Having a sound medical knowledge, including knowledge of conditions that they would meet in practice was significant to several students. P9 summarised this point:

"We have to know about everything in the medicine. Then only can we do our therapy." (p13)

Knowledge of theories, approaches and frames of reference also featured alongside some of the discussion about required knowledge. P8 explained the process of learning and applying theory:

"We come to know how we can treat the patient, and about approaches," (p1)

"Basically, they teach us what are the approaches in the classrooms….in the postings, we treat them according to the approaches" (p2)

"The staffs teach us so that when we go and attend the patient, we don't hesitate what we should do or what should not do." (p2-3)

Many of the students also considered the value of reversing this learning process and taking posting experience back to the classroom to enhance learning and improve outcomes for patients. Some talked of this in terms of the opportunities to try out their

own ideas and receive immediate feedback on why their attempts had or had not been successful. P6 explained this by describing how he uses classroom sessions to check immediately whether the therapy he delivered was correct:

> *"After the morning clinic, I'll come to the afternoon session, I'll talk with my faculty, what I'm supposed to do, I did like this, whether it is correct or not." (p9)*

The importance of integrating classroom teaching and practice was raised by several students and summarised with feeling by P2:

> *"if it only studying, not applying to the patient, means it's just a dumb, dumb thing,…if study then applying is always resting in our mind….will help us in the implement of the patient." (p16)*

This integration of theory and practice was discussed by a couple of students in comparison with other degree courses which have a purely academic focus. P6 explained this succinctly:

> *"Having a clinical posting is very essential. This is not something like art and science programme." (p7)*
>
> *"This is a professional programme, a student has to have both academics as well as clinical exposure." (p8)*

Some students shared their feelings about classroom learning alone compared to it being combined with postings. Although previously very clear about how beneficial integrating postings and academic work is, several also identified their preference for learning through experience. P6 summed this up:

> *"I love clinical postings because sitting in a class, listening to a long, say, a lecture, ohh, err, than working with the kids, no, this is bored." (p17)*

Two students explained how they had originally questioned why they required so much medical knowledge, then began to understand the benefit of gaining this. P10 explained how she realised the importance of her underpinning knowledge:

> *"Last year…I used to think it's too much for us to learn this much…why we should learn this?.....But after knowing and going to practical thing, I thought to know, and we should know that, if you know this only, these causes will be given." (p7)*

The students will all have joined the course following the same national curriculum which does not include vocational courses. Therefore, the different approaches to and experiences of linking theory to practice evident across the students illustrate divergence of individual student narratives.

7.4.4. "We need to get the positives, also the negatives." (P6)

Students generally described memorable moments from their postings in terms of very positive experiences or those that were negative or more challenging. Many of these experiences were highlighted as key moments of learning or realisation which had an impact on the students' perception of themselves and their motivation. Those students who described experiencing challenges linked these to developing insight into themselves and the patients concerned and suggested potential impact on their future actions. Some students described examples of successes, including positive patient outcomes and feedback from others as indicators. In some cases, students linked the success with beginning to feel like an occupational therapist.

a. "Oh my God, what are we going to do with him?" (P3)

Many of the students expressed shock at some of the situations they encountered in their early postings, particularly regarding the behaviour of patients/clients they met. For some, this was their first experience of people not behaving as they expected. Some students discussed particular situations that they found difficult, including negative feedback from patients and carers and being challenged by staff during practical teaching and assessment. The impact of challenges on learning, development and/or motivation is also considered by the majority of students.

A number of students explained their early perceptions of working with children, reflecting lack of previous experience of children presenting with functional challenges. P10 summarised this:

> *"It's totally different from what we see from outside, and we see it here." (p1)*
>
> *"After seeing something in realistic, I was less shocked." (p4)*

This sense of new, and sometimes uncomfortable experiences also related to first experiences the presentation of various diagnoses within a paediatric setting, with some again reflecting on their previous lack of experience and considering their personal situation:

> *"attention deficit disorders….they're very hyperactive,…as they enters, they'll be like, oh my God!...Oh my God, this hyperactivity turns like this." (P6) (p12-13)*
>
> *"Autistic kids have these features….but I can't imagine that how people will be like this…I can't be able to get it…..if the kid will be like this, if he behave like this." (P10) (p4)*
>
> *"I came here, I didn't know what is autism, I didn't know what is cerebral palsy….we are basically very blessed that we are a normal child." (P8) (p1)*
>
> *"I saw a patient with autism…a small child….when I saw him, I felt that, yeah, we are blessed that we are born in a very normal way." (P8) (p4)*
>
> *"I am only single child in my home, so I have never experienced other child beating me, or some kind of things." (P4) (p3)*

The comment from P4 about children hitting out was reflected by a couple of other students, P10 talking of her shock at a child pulling her hair and spitting, and P8 describing an experience with a challenging child when, "*I got hurt, I got bleeding*" (P8) (p7). P4 also said that she had, "*even got a bite from the child,*" (P4) (p4).

First experiences of working on the psychiatry ward were similarly new and shocking for those who discussed this:

> *"We know what the alcohol patient do, but I not saw in real. So, first time I'm seeing that, and I was just shocked – Oh, people will be like this."(P10) (p7)*

These early experiences resulted in a combination of fear and confusion in several students:

> *"I had a patient…he is very, very violent and arrogant in the psychiatric ward. He's the one that's very arrogant. So, we used to get fear, 'Oh my God, this man is here, so he's definitely going to hit someone.' Like that." (P5) (p10)*
>
> *"The schizophrenia patient, he used to tell a long story…but he not (it was not true). So, I was just shocked, why this man is telling, like, this what happened to him? Then, OK, so this is the problem!" (P10) (p8)*

"I didn't know how to handle mood disorder patients when I was placed in the psychiatric ward. I was just a random of, like, people are, like weird and I had to go with them and it was difficult for me" (P3) (p8-9)

Those students who described challenges, "*handling the differently abled peoples,"* (P4) (p1) also shared how they processed these experiences to inform their approach to future practice:

"Why this man say this and they are spitting, how can I tolerate this and all? But they say you should." (P10) (p8)

"I'm giving therapy for severe autism, it will be very difficult, because if I start forcing them to do some other activity, they'll just beat me up!" (P6) (p14)

"I have even got a bite from the child, but I should hold them and control them with a soft manner." (P4) (p3-4)

"we need to accept them because many things will be going with them, because they cannot open their brain." (P6) (p14-15)

Negative feedback from patients/clients had a significant impact on some students. For P7, the impact affected his interest in the particular practice setting:

"So, one time, one of the patient ignore my therapy to them,…the most difficult time…I am not interested in psychiatric setup, ma'am, because that only." (P7) (p9)

"my batchmates are managed the psychiatric setup, but I won't, because I am an introvert character….but the patient also said, I am not a jolly character, ma'am…so, I'm not interested to please the characters." (P7) (p10)

P12 also recounted a situation where negative feedback from a patient's mother caused her to consider her communication skills:

"Recently we came across a very bad experience…he was a stroke patient…he couldn't speak….at some instance, we just smiled at each other, so what his mother thought was we were making fun of that patient…she just shouted, and she said that we don't want to continue here and then, stuff like that. So, that really sticks in my mind." (P12) (p5)

Some students described their discomfort when challenged or questioned by staff within both exams and clinical teaching:

"I was very confused because I have no idea about that which client and which condition did they fit, because most of the symptoms are similar…I was confused at all, ma'am…it was a very difficult situation to understand…..I am fear to fail." (P7) (p2)

"one day we had a stroke client…Sir came…he said, 'assess the patient first.'…I'm very embarrassed that I don't even know how to assess him…if we are standing out in a crowd, OK, he will do that…he said, 'Come, assess, check muscle strength, you have to check,'….What's the word, it's like passing a nail into my heart," (P11) (p6-7)

"I just stand still. I don't know, I say, 'I don't know, Sir, I really don't know what happened.' Then he, like, corrects the mistakes." (P12) (p4)

Again, students then shared the impact of this experience:

"now, also, if I'm seeing a child, I will hear his voice that you have a responsibility because they are paying and coming…you should know what to do. If you waste that 30 minutes, that's like a, you know, how do we say? Sin, that's a sin…I cannot forget that." (P11) (p7)

"Next time, when we do that, oh, yeah, we at least remember what he told us." (P12) (p4)

The students all described situations that challenged them at some point during their postings. Some evidently described the same patients/clients with similar feelings, but others had more specific, personal experiences that they shared, often making a distinction between their experience and that of their peers.

b. "It'll be goosebumps," (P6)

All the students referred to positive experiences within their postings, with the positive experiences described included patient/client progress, and feedback from patients/clients and staff. Some students continued to expand upon the impact that these had on their motivation and future practice.

Students described positive outcomes and their feelings about success in various ways:

"His mum was feeding him….we gave this adaptive device, he started eating. What that meant, you know, when he started eating, oh my God, at least we did something to help….I loved it. I loved it so much." (P6) (p6)

"I was done one assessment during second year. It was a great, wonderful moment, because I had nothing to know, ma'am…..That's empty mind, I will learn and assess the patient for the first time," (P7) (p8-9)

"the child is really so cool, and he is really interested in being with this treatment. So, I feel like, wow, really, I've really done a good job today,…good outcome for society." (P4) (p6)

Two students referred to the same child who began to walk after over a year of therapy:

"that time he was walking…I was suddenly shocked….some kind of happiness came into us," (P2) (p9)

"oh my God…parent used to carry the child. Now the child, it's walking, so it's like a miracle. We are able to make the child walking, it's nice."(P5) (p8)

Positive feedback from patients/clients/parents was also memorable and significant to some students:

"He said, 'The way you speak, the way you handle me, it's really good.' So, that was nice….The way I spoke to him was very respectful" (P12) (p6)

"So, the parents get surprised, 'Oh, my child is looking at me, it's recognising me,' so it's happy to see the bond between them." (P5) (p7)

Equally, positive feedback from the staff had impact on how some students viewed their own abilities:

"Yeah, like we can learn a lot and feel – I feel accomplished, like, yay, I did something today." (P12) (p3)

"Sir said that one day you'll become a very good occupational therapist….that's really mean to me a lot." (P8) (p5)

Many of the positive experiences recounted by the students led them to recognise their own development and enhanced their feelings of emerging professional identity:

"I came to know that, well, I have learnt something, that I can treat a patient." (P8) (p4)

"I'm so surprised. Wow, I made it. Yeah, it's a good outcome. So, I'm an Occupational Therapist, like that, I feel very happy." (P5) (p8)

"his mum says that I did a good job that day…I got more, what to say? More appreciation from my faculty in first year, second year, and in school days, also you used to get more appreciation. But it's not mean that all, when I get it from his mother, I felt quite different, OK, I did a good job. OK, I can be a good Occupational Therapist in future. OK, that's nice." (P10) (p10)

In addition, the positive experiences described often motivated students to strive for further success and achievement:

"I will, after that only, I learn many things to know about occupational therapy and the interventions, approaches. Because, this inspires to me to do properly assessment, ma'am, so that I will learn quickly, as much as possible." (P7) (p9)

"That actually motivated me a lot…There are little things daily…but this was…a very big one" (P12) (p6-7)

"Once we get a boost, that we can do something, that a staff's like what we are doing, then we will not disappoint….when client comes, I give my 100% best, to not disappoint them, to the parents and the staffs." (P8) (p5-6)

P6 summarised the balance of positive and negative experiences and outcomes that he felt should be expected within occupational therapy practice:

"We need to get the positives, also the negatives. Only the negatives we can get, so that we can change it to positive, so we cannot always expect only positive things. Negatives should also be expected, and also, we need to change this." (p16)

This balance between positive and negative experiences is born out in many of the examples given by the students where it was an initially challenging situation which led to memorable moments of achievement and success. There are examples of collective and individual experiences influencing motivation and sense of belonging within the cohort and the profession.

7.4.5. "Postings are really golden times" (P4)

The students were united in their belief that postings were a valued element of their course and necessary for the development of skills they needed for future professional practice. Those who explicitly described the value of their postings tended to focus on the value of observing practice, the new experience of working in a practice setting and gratitude for the opportunity to work in real occupational therapy practice. Within this theme, a sense of increasing participation in and contribution to practice appears to enhance a feeling of belonging and becoming an occupational therapist.

The value of observing practice served the purpose of both understanding OT and beginning to understand skills required for successful future practice:

During first year, I don't understand what is OT, what we do in this clinic…I only observed the clients during my first year." (P7) (p1)

"during our first year…we will be usually observing the therapy given by the therapist, and we will be collecting information…on each and every clinical aspect" (P4) (p1)

"So, that we have, in the first year, only the observation part, while the therapist will doing therapy, our part is to just observe all of the signs and symptoms that the client is experiencing…that's a great thing we have done in the first year." (P2) (p1-2)

As previously mentioned within situations that students found difficult or shocking on their postings, many of the students described how their postings were the first time that they had seen people who struggle with daily activities or who display challenging behaviour. The postings therefore gave them ideas of how to manage these situations:

"In our first year, we will be getting some idea, like how we should treat the clients and how we should handle them, in our future days." (P4) (p1)

"we can get some knowledge and also confidence regarding that," (P2) (p21)

Gratitude was also a common theme in students' accounts of how they valued postings, both to carers of those they were allowed to treat and to their institution for the opportunity to practice their skills:

"Occupational Therapists are really blessed from the parents of a disabled child." (P4) (p9-10)

"We have seen, OK, this much of clinical exposure we are having through for this three years of student experience. And also, be grateful for this institution, like, giving for this, kind of, this much, kind of time of hours to spend with our client." (P2) (p27)

"(it is) like a platform for that, I can see cases, as a student, and it's for free….I don't have to feel like giving money, or, like, inviting them, and no referrals." (P3) (p3)

P3 summarised the thoughts of many of the students about the importance and value of their postings:

"(postings) for me to get used to, or get adapted to…the role of OT…because only if I start working…only if I start thinking like an OT, in future, I will be an OT." (P3) (p3)

Once again, within this theme, there is a sense of a collective and positive experience of postings in general, with more commonalities than differences across the individual

students. Students offer different ways of describing this overall appreciation for the opportunities afforded to them within their postings.

7.4.6. "As a future OT, we are not working for a condition." (P9)

Students considered, with some conviction, the importance of the individual patient/client within practice in various ways. These included the principle/ethos of the expectation that occupational therapists work for the benefit of the individual, examples of patient centred interventions and attempts to understand a situation from the perspective of the patient or carer.

Some students expressed the belief that the expectation of their role was to work to benefit the individual patient:

> *"I think, because we are the medical profession, so we are studying only for the sake of the patient. We have to work for the patient benefits, so that's the main thing for our occupational therapy programme." (P2) (p7)*

> *"as a future Occupational Therapist, we are not working for a condition. We are working for a client. We all are client based approach." (P9) (p3)*

Some students articulated their understanding of the importance of patient individuality as a particular feature of occupational therapy in comparison with other professions:

> *"I've been seeing a variety of cases there and that are different, unique situations…their trauma is unique….their history holds and plays an important role…it gave me a new perspective of how I should plan an intervention for them." (P3) (p2)*

> *"For example, how I can classify our profession and a Physician?...For example, I'm taking a typhoid fever. For that condition, they give an antibiotic, this antibiotic. But we are having cluster of autism kid, we will not focusing a same approaches for each client." (P9) (p4)*

This again links back to the expectations of the profession, what students expect of themselves and the perceived value of occupational therapy presented in 8.4.1.

There were many examples offered of individuality being considered and influencing decision making within practice during student postings:

> *"We should handle them like our child, we should not see them they're from outside. So, we should handle – if you're handling your child, you will be handling in a soft manner, so you should handle them in the same way." (P4) (p4)*

"I asked his parents about his own interests. So he is good in painting, it seems, so I just took him for three to four sessions, according to the painting, drawing…according to his hobbies. So, he was really interested to come back…so his intention was changed." (P4) (p7)

"I generally personally asked them, 'What do you want to do? In which way do you want to be independent?' He said me, like, 'I want to eat by myself.' First, he said, like, he don't want to bath, he didn't say anything, 'I want to eat by myself.' He said….So, we train him with this palmer pocket aid….based on his interests, 'cause it should be like customised." (P6) (p6-7)

These examples were generally linked to stories of success and feelings of pride and achievement highlighted in 8.4.4.

Some students tried to understand the perspective of specific patients they had worked with on the psychiatry ward in their attempts to understand and explain their behaviour. The level of confusion that patients might feel when finding themselves on the inpatient ward was portrayed by the emphasis on the 'why' questions as the students shared their thoughts:

"she started behaving arrogantly, only after she came to the ward. Maybe she felt weird. Maybe she had an insight that she's in a psychiatric ward, where she's not supposed to be. You know, she was a housewife and she has kids….when she is, like, admitted in an acute ward, then they will have a thought, like they will go into a depressions, like, 'Why am I here? Why am I here?' They might get, you know, aroused and they might behave arrogant." (P3) (p14)

"Depressed (patients), they're very, very depressed. They think, 'Why I have to live in this world?' like that." (P9) (p9)

The wider family and societal issues were then considered in relation to mental illness and the wider role of occupational therapy:

"I think it was the lack of her parent's knowledge, that led to her, and then I thought it was important to tell and aware of the conditions to the informant (family), more than the patient." (P3) (p14)

"So, I thought that it is the caregiver's responsibility to be more aware of the patient, and they have to accept first, that acceptance is everything…they are like this, 'What can we do? What can we do?'" (P3) (p14)

"We have to motivate them and we have to tell their family. Family education is more important. You have to educate their family, society, how they are think" (P9) (p9)

"We can't expect the patient to be oriented or to have insight always about the condition." (P3) (p14)

Within this theme, there is an interesting emphasis on the individuality of the patient. Although not all students raised this issue, those that did were very clear about the high level of importance this had in their practice. When referring to specific patients, the examples given were consistently linked to a positive patient outcome.

7.4.7. "I'm cherishing my thoughts and clinical practices with you, it's nice." (P5)

Talking about experiences in postings and looking back on these experiences from the beginning of the course was generally acknowledged to be a new experience for the students,*" No-one has asked my like this," (P5) (p12)*. This was followed by a frequent expression of this being a positive experience, with some students finding that it clarified and validated their experiences and progress and some saying that it would be beneficial for them to look back more.

Specifically talking about posting experiences was a new experience:

> *"No-one have ever asked me this. It's new to experience, like, share these things, even I have never shared this to my professors or my parents or my colleagues." (P12) (p9)*

> *"Generally, I haven't talked any about my clinical posting, except my parents, to any other." (P6) (p18)*

Many of the students found that they were reminded of things they had done and achieved on postings, having not really thought about it before:

> *"when we are talking, I was just remembering, yeah, we did all this, but we are not remembering that. So, I'm gaining all my memories a little bit, what all I did." (P10) (p12)*

> *"I think I had a good memory, recollection with you and this is true, and I don't think I might have that much experiences," (P3) (p17)*

They also felt that discussing their experiences and remembering what they had learnt offered some validation of their experiences and progression:

> *"I used to tell my faculties, we've not learnt anything….but when we are talking, I was just remembering, yeah, we did all this, but we are not remembering that." (P10) (p12)*

> *"By saying that, how we experienced that, to another person, it feels like, yeah, we are in something the right way." (P8) (p9)*

The students were almost all in agreement that looking back and talking about their posting experiences was a positive thing to do. The remaining students did not refer to this as either positive or negative. Some being quite succinct, *"it's a good thing"* (P12) (p9), and, *"I feel good, actually."* (P8) (p9). Others expanded on a similar sentiment:

> *"I feel very good. After a long time and speaking about my postings" (P9) (p14)*
>
> *"I feel very good…I was so happy to telling you about our clinical postings here." (P7) (p14)*
>
> *"So, it's nice to say at three years of experience to you,…I'm cherishing my thoughts and clinical practices with you, it's nice." (P5) (p12)*
>
> *"It has been a great thing to, like, after sharing with you, we have seen…this much of clinical exposure we are having for this three years of student experience." (P2) (p26)*

Some students expressed a desire to continue to, *"go back and think" (P2) (p28)* about their posting experiences:

> *"When you talk to, like this happened, the experience that I feel, and I need to do something more here." (P11) (p10)*
>
> *"I've felt really, really fascinated about the experiences which my faculty share in class….I got this thought that I have to do something, I have to also make some memories which I can tell to my future students." (P3) (p17)*

Although sharing their posting experiences was a new concept for the students, they appeared to embrace the opportunity to speak about things they remembered and their thoughts and feelings about postings. They also identified a range of benefits, some of which they felt they could act upon in the future. They particularly valued the validation they felt of their learning and development thus far.

7.4.8. "The scenarios are different in India" (P12)

Two students mentioned the unique challenges for occupational therapy in India in relation to comparison with other countries. P4 recognised key practice differences from previous discussion about practice in the UK:

"really nice thing that you'll handle only one child for half an hour, one therapist, one student with you…..we have a lot of population here, so we are loaded up with two or three clients at a time." (p11)

P12 considered the unique cultural context of occupational therapy in India:

"what I feel about this career and the practice that we are doing is that many of people have problems and they don't come up to OT…the scenarios are different in India and the other countries, people just love serving others." (p8)

"in foreign countries, people just love being independent, but here, once the age is crossed, like, about 40 or 45, what they expect is that we have to serve them,…even my grandma expects that." (p8)

"So, that's why I feel that the scope of occupational therapy has not yet come up in India." (p8)

Although there were only two students who raised this issue, it is interesting to note their awareness of the unique Indian context and the contrast between occupational therapy in their country and others.

7.5. Summary

When considering the findings as a whole, I became conscious of the collective nature of the experiences being described by the students, and consequently the common elements of their journey through the occupational therapy programme and the individual nuances within this.

At the start of the programme, all the students were a similar age (18-19 years), having completed the same previous educational pathway to apply to study medicine at university. All were subsequently allocated places on the occupational therapy programme with no knowledge or experience of occupational therapy or people experiencing the kind of challenges with occupational performance which would necessitate occupational therapy intervention. Early exposure to occupational therapy practice involved group observation of experienced occupational therapists in the same paediatric setting, thus maintaining the consistency of experience. In Year 2, students worked in smaller groups in the same practice setting, with the same practitioners, and it was only in Year 3 when students worked 1:1 with patients/clients, this time with groups of students rotating between the same practice settings.

Student accounts and perceptions of their early posting experiences reflected the common organisation and content in similar, sometimes shared, challenges and moments of realisation/understanding of what occupational therapy is and how people with various difficulties might present. For example, when describing common experiences which resulted in several students expressing shock at some of the behaviours observed from patients/clients.

As the students progressed to more individual posting experiences, their accounts and perceptions became more diverse (Nizza et al, 2021). For example, students experienced achievements and challenges differently and at different points during their postings, some overcoming obstacles which were not present for others at the same time.

As I contemplated the themes described in this chapter in relation to the collective nature of the overall phenomenon being explored, it became clear to me that subsequent discussion of the findings would benefit from being presented within the context of a student journey. This approach will reduce the challenges of overlapping themes and sub-themes and present a logical flow of discussion in relation to the existing literature.

7.6. Researcher reflections on data analysis

7.6.1. The collective journey

To summarise the student experiences,
I see it as a journey, negotiating life,
A visualised, personal journey,
Showing progress, and things that cause strife.

The students all start together,
The same age, same educational path.
The same wish to improve people's health,
And experience of OT, they all lack.

This common context connects them all,
And continues as they progress,
Observing the same practice, the same clients,
Only later do they start to digress.

The context of their training,
Offers confidence in how things will be,
In clear expectations,
And the view of the future they see.

Early questions, what is OT?
Why do we need to study so much
About medicine, how bodies work?
And why can't people do ADLs and such?

Oh my God! And other feelings of shock,
Are often shared moments early on.
But the impact is more personal,
Making sense of what is done.

Realising, 'So, this is OT!'
Comes about at all different times.
But a consistently happy revelation,
As passion and confidence climbs.

As time progresses, more differences come,
Less time working together, more alone.
As unique future OTs begin to grow,
Each showing a style of their own.

The same posting experiences happen together,
Some love them, some hate them, some really don’t know.
This is where individual breaks from collective,
Some running fast, some a bit slow.

Still common are successes,
Feeling ‘like I’m an OT’
And everyone can tell you,
When that feeling came to be.

So, the same river connects everybody,
Some common obstacles obstructing the flow,
But each student takes their own unique route,
Through the challenges that help them to grow.

7.6.2. The duck race

A visual image has formed in my mind,
Of a classic British duck race.
No preparation, chuck them in,
And hope that they all keep pace.

The ducks are ready, in the bag,
The river’s flowing well.
They’re not sure how they got there,
But they don’t worry, they don’t dwell.

The time has come, they’re on the bridge,
And then they’re all thrown in.
They all speed off, like one great flock,
Safety in numbers with their kin.

As they start to spread across the water,
Some hit rocks, get stuck in reeds,
Sometimes together, sometimes all alone,
While others whizz off at great speeds.

But the river keeps moving,
It’s flow undiminished,
Dislodging the stuck ducks, and
Taking them all to the finish.

My experience is different,
With my students, so diverse.
Older, younger, from school or a job,
Their difference a joy, but maybe a curse?

Maybe a few have something in common,
Across their studies, experience, and lives,
But then bankers, mechanics and OTAs,
Parents, grandparents, and wives!

Each student has their own river,
That’s shaped their world view.
Sometimes their routes will converge,
But they mostly remain all askew.

An individual journey is born out of this,
A similar, but personal course,
With different, unique challenges,
But a socially supporting group force.

Chapter 8. Discussion

8.1. Introduction

Analysis of the data in this study revealed eight Group Experiential Themes and related sub themes, listed below, and detailed in Appendix 8, which illustrate the most significant elements identified by the students when discussing their experiences of postings within their occupational therapy programme.

1. **"Here in OT, everything is unique"**

   "Now I get it, what is OT"

   "We can give them real quality of life"

2. **"Grading towards seeing the client on our own"**

   "We are the medical profession"

   "Next year, we will do our own"

   "I'll be explaining to my faculty, he will be telling me that if it is right or wrong"

3. **"Studying then applying is always resting in our mind."**

4. **"We need to get the positives, also the negatives."**

   "It'll be goosebumps,"

   "So, I'm an Occupational Therapist"

   "Oh my God, what are we going to do with him?"

5. **"Postings are really golden times"**

6. **"As a future OT, we are not working for a condition."**

7. **"The scenarios are different in India"**

8. **"I'm cherishing my thoughts and clinical practices with you, it's nice."**

Evaluation and analysis of the related literature revealed both convergence and divergence of findings, outcomes and conclusions which will contribute to the discussion of the Group Experiential Themes within this chapter.

The discussion will draw upon the learning theories of legitimate peripheral participation in communities of practice (Lave and Wenger, 1991) and transformative learning (Mezirow, 1978). These theories were found to be common across several relatable studies in making a valued contribution to the understanding of student practice experiences. This provides a sound foundation from which to build comparative understanding in relation to the themes drawn from the literature review, highlighting new knowledge offered by this study. It is important, at this point, to clearly acknowledge that neither this study nor the other studies considered within the literature review could be considered to offer conclusions that are generalisable to either the profession or country of origin. However, comparing this study to the existing available literature will demonstrate the added value offered by this study to the current knowledge base.
xxx

Accounts from the Indian students in my study reflect that, from the beginning of their practice journey, they benefitted from a position which offers “a way of gaining access to sources for understanding through growing involvement” (Lave and Wenger, 1991, p37). Seven of the reviewed studies referred to legitimate peripheral participation in communities of practice, either by explicit use of the theory to structure the study (Molesworth, 2017; Taylor, 2023) or through reference to the importance of socialisation into the profession or the service area encountered as a significant factor influencing practice learning experiences (Khishigdelger, 2016; Honey and Penman, 2020; Ndaa et al., 2021; Dalsmo et al., 2021; Grant et al., 2022). Therefore, this is a commonly applicable theory that will aid comparison of the studies.

The rationale for using the theory of transformative learning (Mezirow, 1997) as an underpinning theory to support the discussion is threefold. Firstly, ‘transformation’ is a popular term within the literature concerning the overall experience of occupational therapy professional education (Treseder and Polglase, 2012; Bagatell et al., 2013; Zafran, 2020; Ndaa et al., 2021) and memorable incidents of sudden realisation and understanding (Zafran, 2020). Secondly, transformative learning, “the process of effecting change in a frame of reference” (Mezirow, 1997, p5), is situated within and influenced by the sociocultural context of the learning experience (Christie, 2009). This sits comfortably alongside the constructivist social learning theories previously mentioned (Dewey, 1963, 1997; Mezirow, 1978) which reflect progression of knowledge and skills through growing involvement with communities of practice (Lave and Wenger, 1991). Finally, the general tone common within my interviews with the Indian students,

and their frequent use of emotive language to express their discomfort in initial exposure to some situations and subsequent pleasure in successful interventions or navigation of difficult situations, left me with the distinct impression that they felt they had experienced ‘transformation’ because of their practice experiences. Bagatell et al. (2010) and Ndaa et al. (2021) specifically referred to transformative learning within their studies, with some identifiable suggestion of personal transformation evident within the student responses in the studies by Honey and Penman (2020) and Grant et al. (2022) and many examples from the remaining studies of uncomfortable situations encountered by students that resulted in an altered perception of self, the profession, people or the realities of practice. However, it is important that any application of transformative learning theory (Mezirow, 1978) within this study does not fall foul of the apparent trend to use transformative learning theory and terminology in a loose, unstructured manner which could adversely affect the validity of this approach (Hoggan and Hoggan-Kloubert, 2022).

The following discussion will initially explore legitimate peripheral participation in communities of practice, followed by transformative learning experiences. Subsequent discussion will explore these themes with reference to elements of the stages of Mezirow’s transformative learning theory (Mezirow, 1991) and in consideration of situated learning and legitimate peripheral participation in communities of practice (Lave and Wenger, 1991). This approach will ensure that the student experience remains contextually situated at the forefront of discussion and subsequent understanding (Heidegger, 1962) and enable thorough exploration of the findings of this study in comparison with the literature reviewed. Earlier consideration of the context of occupational therapy in India and across the world, and the cultural influences on the profession will also be revisited alongside new literature which has become relevant as the IPA process has progressed and the study has evolved (Smith et al., 2022). Studies considered in the earlier review offer the best available comparisons to my study in spite of the obvious differences in their country and/or profession of origin, each offering a contribution to illuminating commonalities and variations in student practice experiences in relation to the identified literature review themes of: professional identity development and becoming; supervision, support and the influence of others; students’ feelings during practice experience; understanding the profession and understanding people.

8.1.1. The experience of legitimate peripheral participation in communities of practice

Within this study, there are several layers of the community of practice that can be identified for the students: that of the cohort and the university occupational therapy community, followed by regional, national, and international occupational therapy communities. The cross-cultural nature of this study within the context of the global culture of occupational therapy is particularly relevant within any discussion due to the unique context and position of occupational therapy within India and the accompanying challenges experienced with western dominated theory and practices (Hammell, 2009a; Iwama et al., 2009; Zango Martin et al., 2015). Therefore, the community of practice into which the students are being introduced through their postings needs to be considered within the unique Indian context in relation to the position of the profession and wider global variations and challenges. Whilst there is inevitable overlap between the Group Experiential Themes (GETs) in this study, the concept of legitimate peripheral participation within a community of practice is most relevant to GET 2, “Grading towards seeing the client on our own”.

The clarity and certainty expressed by the students in the graded progression of their practice suggests congruence with the concept of legitimate peripheral participation (Lave and Wenger, 1991), particularly in relation to expectations of the progressive steps which will lead them from newcomer to old timer (experienced practitioner) status. The term newcomer resonates with the students’ experience of beginning their posting experiences with no previous knowledge or understanding of the profession of occupational therapy. Consequently, they begin to participate in practice through learning the less complex, but no less important, tasks and skills required as a foundation for their future practice (Lave and Wenger, 1991) for example: with the focus on developing rapport with children and parents in the first year postings. Legitimate peripheral participation in communities of practice acknowledges learning as a social, group activity (Morley, 2015), reflecting the common, group posting experiences of the students in this study. Combined with the students having similar educational and socioeconomic backgrounds (Jangu, 2022), this collective experience further strengthens the applicability of social learning theory alongside the contextually situated process of transformative learning (Mezirow, 1997).

The unique collective nature of the Indian students’ posting experiences became apparent through the data analysis and subsequent presentation of findings. The

transparent structure surrounding their exposure to practice reflects a level of consistent, controlled progression from peripheral observation and minimal involvement to full participation in practice through their programme, equally addressing each of these necessary stages in the progression of their learning and development. Although this somewhat prescriptive progression appears to be unique in comparison with other studies reviewed, it suggests the relevance of considering the findings in relation to legitimate peripheral participation within communities of practice (Lave and Wenger, 1991) thus offering a sufficiently common theoretical base for the comparison of student experiences across this and other relatable studies. It should also be noted that the community of practice into which the Indian students are introduced is equally controlled within the university and attached hospital services where the practicing occupational therapists are also the students' tutors. The structured nature of practice experiences for the Indian students reflects the contextualised, structured participation within a community of practice which is significant in supporting professional learning and development (Walder et al., 2022; Souto-Gomez et al., 2023). This also reflects the constructivist social learning theories of Dewey (1963, 1997) and Vygotsky (1978), providing consistent opportunities to build upon prior knowledge and experience to constantly update conceptual understanding (Knecht-Sabres, 2013; Naidoo et al., 2019) through a clear process of scaffolding (Wood et al., 1976).

In contrast with consistency of the practice experience of the Indian students, students in other studies reviewed experienced many contextual factors that influenced their perception of the experience. Firstly, the students in my study went to the same practice areas in groups with their peers, at the same time; for example, they all experienced paediatric practice within their first year postings, where they were expected to demonstrate the skills to communicate and develop rapport with children and their parents or carers. Whilst the students in Bagatell et al's (2013) study all experienced mental health placements at the same time, and those in the study by Dalsmo et al. (2021) were all placed in nursing home settings, the cohorts in both these studies were placed across a range of different services. This resulted in a wide range of experiences of participation within the different communities of practice in each practice area, with some students feeling more positive about experiencing an appropriate level of participation than others (Bagatell et al., 2013; Dalsmo et al., 2021). Students in all the remaining studies considered were placed in a variety of different practice settings spanning different specialities. Whilst the difference in practice settings experienced is rarely mentioned, there is much consideration given to the variable approaches and attitudes of educators in practice and members of the wider team and the perceived

impact on the student experience (Khishigdelger, 2016; Molesworth, 2017; Arpanatikul and Pratoomwan, 2017; Honey and Penman, 2020; Ndaa et al., 2021; Dalsmo et al., 2021; Mahasneh et al., 2021; Grant et al., 2022; Taylor et al., 2023). In my study, the students were consistently clear about what was expected of them at each stage of their postings, the expectations being confirmed by a consistent approach by the staff across the cohorts. The Indian students were therefore experiencing a unique individual experience of practice, as seen in other studies, but within a collective experience characterised by consistency not identified in any of the studies reviewed. This consistent Indian experience is further strengthened by the consistency in age, socioeconomic status and previous education (Jangu, 2022), thus minimising the impact of situational factors which are commonly cited by students in other relatable studies. Figures 8.1 and 8.2 below illustrate the differences between the Indian cohorts and those from the western based studies reviewed through the shape of the overall cohort progression.

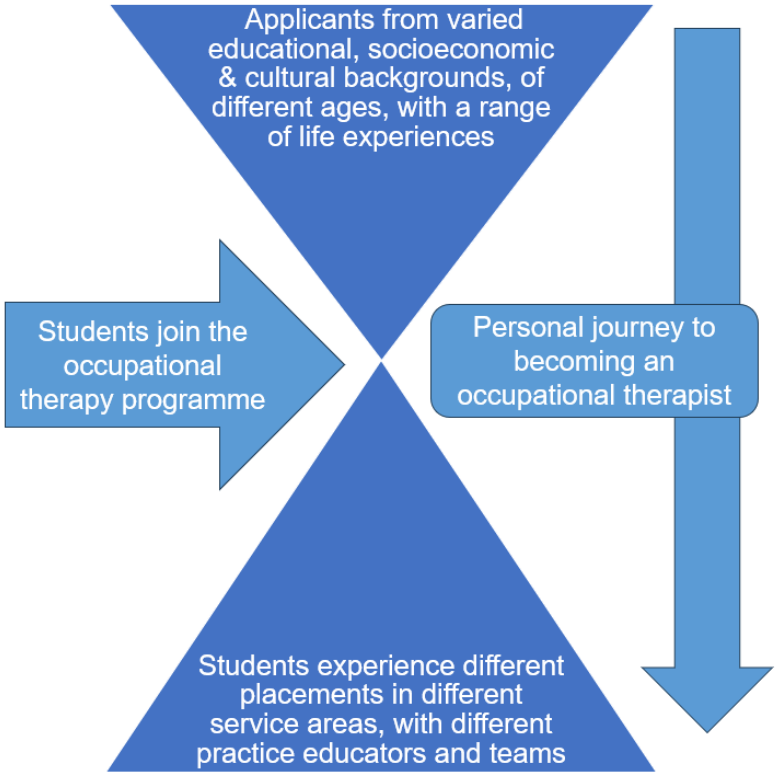


Figure 8-1 Illustration of the shape of the occupational therapy student experience in the American, Australian and UK studies

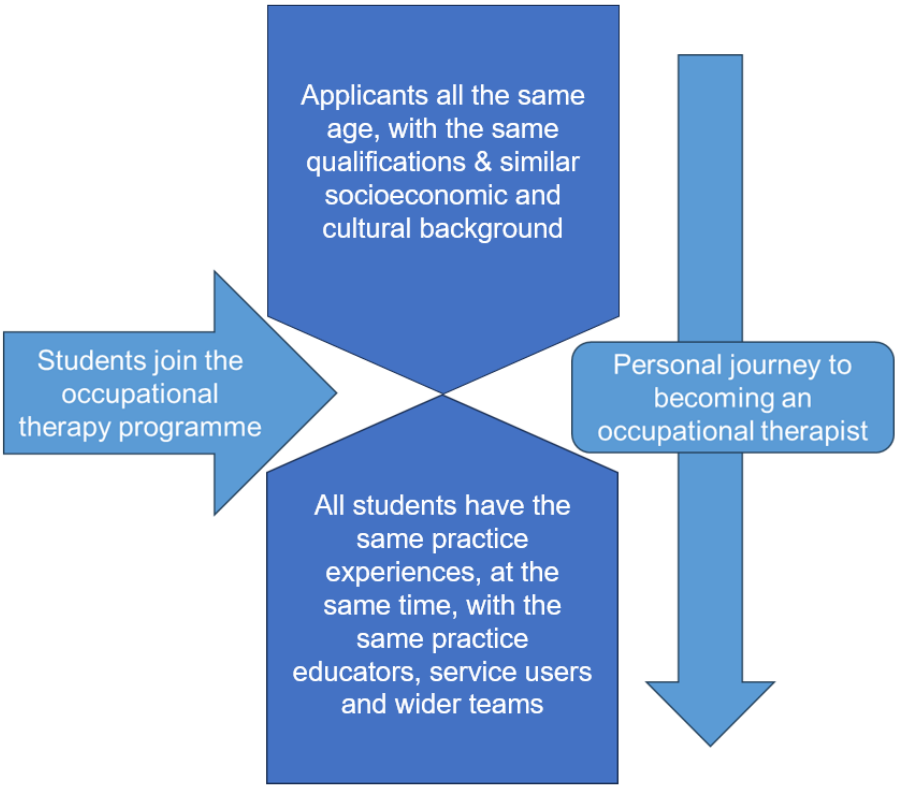


Figure 8-2 Illustration of the shape of the Indian occupational therapy student experience in this study

Considering Heidegger's concept of Dasein as being-in-the-world (Heidegger, 1962; Dreyfus, 2013), both my study and those considered within the literature review are exploring how it is for students being-in-the-world of professional practice. Whilst Dasein refers to the unique personal and contextualised experience of being-in-the-world, Heidegger maintains that it cannot be separated from the concept of Mitsein, being-with-each-other (Knudsen, 2017). This does not refer to an existence where others are constantly present, rather to being-with-each-other as a characteristic of our being-in-the-world, recognising that coexistence is integral to life (Knudsen, 2017). As such, the individual perception of being-in-the-world is related to the Dasein of others through a shared context of being (Knudsen, 2017). Thus, a world of shared meaning is co-constituted through Dasein to Dasein encounters and relationships (Stolorow, 2014). When student experiences of practice differ, as they did when students engaged in practice learning within a variety of different services, the students are experiencing Dasein encounters with a wide range of people with different approaches and attitudes. Therefore, the students experience a range of experiences of Mitsein (being-with-others). Heidegger maintained that the behaviour and attitudes (moods) of others contribute to the phenomenon of being-with-others and the development of "shared

attunements" whereby the student will be influenced by both positive and negative behaviour and attitudes encountered within the specific community of practice (Dreyfus, 2013, p134). These variations in experiences will therefore make different contributions to the Dasein of the individual students, potentially influencing their behaviour, approach and attitude in either a positive or negative way. The Indian students, however, had only experienced Dasein to Dasein encounters with their tutors, maintaining the same "shared attunement" from the outset through what Heidegger refers to as "mood contagion" (Dreyfus, 2013, p134). Further, Dreyfus (2013, p148) suggests that:

> "Dasein copes best when it forgets itself and is unreflectively absorbed in dealing with....our familiar world."

What Dreyfus is describing here is a comfortable position when one is attuned to a familiar shared meaning of being-with-others where there is less conflict within inter Dasein encounters and relationships. This is the position in which the Indian students find themselves, in marked contrast to the students in all the other studies, whose perception of their own being-in-the-world was occasionally impacted significantly, in a negative way, by the shared attunement and moods of others encountered during their practice experiences.

Whilst all the students in my study were able to observe their tutors modelling practice skills, others who benefitted from similar opportunities each had different role models, practitioners not involved with their academic learning, within their practice setting (Khishigdelger, 2016; Honey and Penman, 2020; Grant et al., 2022). Other students, who were not offered early observation opportunities as they first encountered the community of practice, often felt marginalised and disadvantaged in their learning (Khishigdelger, 2016; Arpanatikul and Pratoomwan, 2017; Molesworth, 2017; Taylor et al., 2023). Whilst the consistency of the experience for the students in my study was evidently reassuring and negated issues of variation across different settings, this significantly reduced the range of different role models available to students elsewhere in the world who experience many different contexts of practice. This could prompt a novel and productive debate within the profession of the value of the consistency of practice educator approach and student experience often cited as a need within future practice education (Arpanantikul and Pratoomwan, 2017; Molesworth, 2017; Mahasneh, 2021; Taylor et al., 2023) versus a consistent experience which potentially lacks the diversity of practice areas offered by the approach of the significant majority of programmes. However, within the collective experience through which the students in

this study were all connected, some of the students mentioned comparing themselves to others within the cohort, thus using their peers as role models in addition to their tutors.

Overall, as previously suggested, the Indian students experienced participation in the relatively small, and less diverse, community of practice contained within the university and adjoining hospital, compared to students in other studies. Their counterparts practicing in other national contexts were introduced to various equally small communities of practice, but within a wider local or regional context, thus offering insight into different ways of working. In summary, the impact on student practice experiences of variable supervision and support from both mentors/practice educators and their colleagues within practice settings appears as a significant point of discussion within most of the comparable studies. This is in stark contrast to no mention of such issues by the Indian students, and recommendations from some studies suggesting various strategies to facilitate more standardised and consistent student practice experiences (Molesworth, 2017; Arpanatikul and Pratoomwan, 2017; Honey and Penman, 2020; Mahasneh et al., 2021; Dalsmo et al., 2021; Taylor et al., 2023).

8.1.2. The experience of transformative learning

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The common progression to the point of starting the course (Jangu, 2022) suggest similar socioeconomic and educational influences on the students' initial 'habits of mind' (Mezirow, 1997). My sense from the students I met, is that many, if not all, of them arrived on their occupational therapy programme with a similar frame of reference and were immediately and periodically challenged in their attitudes, feelings and value judgements throughout their posting experiences. The evocative and emotive language frequently used throughout the interviews shone through during the data analysis, added significantly to the impression that the students felt they had been changed by their experiences in practice. There were many examples of significant experiences, both positive and more challenging, following which the students expressed a change in how they viewed other people, themselves or the profession of occupational therapy.

Mezirow (1997, p5) states that,

> "A defining condition of being human is that we have to understand the meaning of our experience."

This clearly reflects the aims of IPA as a tool through which the researcher attempts to understand how participants make sense of their experiences (Smith et al., 2022). Further exploration of transformative learning theory indicated language and descriptions of stages within the transformative learning process which clearly resonated with my understanding of the findings of this study in relation to the significant experiences within the student journey which resulted in altered perspectives. The 10 stages of the transformative learning process created by Mezirow (1997) has been variously described as a rational meaning making activity that aids understanding of learning from experience which affects one's world view (Anand et al., 2020), and a constructivist theory which supports the construction of knowledge through interpretation of experience (Anand et al., 2020). This indicated considerable affinity with Heidegger's (1962) concept of Dasein and accompanying theories of being in the world, and the constructivist theories of legitimate participation in communities of practice (Lave and Wenger, 1991), suggesting synergy with the other theoretical concepts supporting this study.

The stages of transformative learning advocated by Mezirow, (1991) are:

1. Disorienting dilemma
2. Self-examination
3. Critical assessment
4. Recognition of shared experiences
5. Exploring options for new behaviour
6. Planning a course of action
7. Acquisition of knowledge
8. Trying new roles
9. Building confidence
10. Reintegration

My initial intention was to frame much of the discussion around these 10 stages, as I felt I could recognise examples of each stage descriptor within the findings. However, when considering the exact application of all 10 stages of transformative learning to discuss the findings of this study, it became apparent that using this process as a structure for discussion felt somewhat restrictive to the full exploration of key elements of the students' experiences. It is essential that any theory used within this discussion does not dictate the content to the detriment of acknowledging and highlighting the authentic student voice. Several authors have highlighted and used key elements of the transformative learning stages which are reflected in a condensed form, Merriam et al. (2006) describing the three key concepts of transformative learning as experience,

critical reflection and development, elements not dissimilar to some models of reflective practice such as Rolfe's (2011) what, so what, now what? process. Kiely (2005) developed a five stage transformational service learning process model including contextual border crossing, dissonance, personalising, processing and connecting. The students in my study described significant memorable experiences within their postings, some of which reflect the discomfort often described within a disorienting dilemma (Mezirow, 1997) or apparent incongruence between an experience and the student's previous frame of reference (Kiely, 2005). However, other memorable experiences reflect significant moments of change relating to understanding the profession and a sense of becoming an occupational therapist were more epiphanic in nature (Yacek and Gary, 2020), resulting in feelings of happiness and joy. Considering a significant experience as an epiphany,

> "a special kind of transformational catalyst that calls us to become a better version of ourselves." (Yacek and Gary, 2020, p219)

highlights the transformative nature of positive experiences and subsequent learning. Some of the positive experiences described by the students had an equally powerful impact on their views of self, others and occupational therapy. These experiences can then lead to the development of personal aspirations and the desire to achieve more (Yacek and Gary, 2020). This growing confidence in skills is often manifested by the articulation of a desire to repeat the experience again and try more new actions (Knecht-Sabres, 2013), as was apparent in the words of some students.

I have therefore chosen not to strictly follow any published model or process in favour of highlighting a series of significant student experiences which prompt recognition of incongruence between the lived experience and the existing frame of reference, leading to processing the incongruence and acknowledging, accepting and absorbing a change in values, belief and assumptions prior to moving onto future experiences with a changed view of the world. This again reflects the continuous cyclical learning process associated with models of reflective practice such as Rolfe (2011) and experiential learning, such as Kolb (2014). Whilst, once again, these are models of western origin which should be considered with caution in an Indian context and the language of reflective practice and experiential learning does not feature within most of the Indian literature, there is some evidence of congruence with Indian philosophical perspectives and values (Vaidya, 2015). Whilst further evidence is sparse, there is emerging interest in the use of a transformative learning framework within the Indian context (Sheshadri et

al., 2020), suggesting that it would not be inappropriate to apply the general concepts of transformative learning to this study.

Within this study, the students are connected by their similar experiences of education prior to joining their course, being of the same age, from similar, relatively wealthy, socio-economic background (Jangu, 2022) and following the same selection and allocation process for the course. This is followed by shared experiences of practice within common practice settings throughout the course. The different contexts in which participants experience a phenomenon is often a point for discussion within an IPA study in terms of the personal understanding and meaning derived from the experience (Smith et al., 2022). In the case of this study, there are more personal contextual similarities than differences, hence the decision to consider and discuss students' individual experiences with reference to the concept of transformative learning, which I believe can be applied across all participants, demonstrating convergence and divergence of the individual lived experiences. Although the wider context was different, with the development of the occupational therapy profession being at an early stage in Ghana, the students in the study by Ndaa et al. (2021) had the same experience of entering their programme with no understanding of the profession. In a similar vein, the Ghanaian students experienced transformative learning due to their passage through a series of threshold concepts identified as significant points in learning characterised by the acquisition of "troublesome knowledge" (Meyer and Land, 2005, p378) during practice learning experiences which challenges students' previous understanding and perceptions. The synergy between threshold concepts (Meyer and Land, 2003) and the transformative learning process (Mezirow, 1997) enables direct comparison of these studies.

Three of the identified comparable studies, Bagatell et al. (2013), Ndaa et al. (2021) and Bazyk et al. (2010) identified specific student transformations (Bagatell et al., 2013; Ndaa et al., 2021) and progressive learning stages relating to student practice experiences (Bazyk et al., 2010). Although named differently, there is much synergy between the threshold concepts presented by Ndaa et al. (2021) and the transformations experienced by students (Bagatell et al., 2013). Although the context was so different for the Ghanaian students (Ndaa et al., 2021) and the American students (Bagatell et al., 2013), and there was a gap of several years between the studies, both identified understanding the profession, feeling like a professional and personal change as transformative learning that occurred. Bazyk et al. (2010) identify a

six stage cycle of occupational therapy service learning following the analysis of student journals and focus group data. The six stages are: anticipation, effortful planning, doing, reflecting on doing, becoming an occupational therapist, and the meaning of the experience (Bazyk et al., 2010) which once again reflect some elements of the stages of transformative learning (Mezirow, 1997). Although all these studies were based in very different contexts to mine, the stages of student learning and development presented show some similarities with my findings, including some details of the student descriptions of their experiences, which will be explored further within this discussion. This application of learning and development processes clarified the reasoning behind my initial instinct to explore my findings within the context of a student journey of becoming, particularly since one of the studies comes from a non-western context. However, this is not an exclusively collective journey where all the students progress at the same rate, each acquiring their own unique collection of significant experiences and corresponding personal change in their frame of reference which shapes their engagement with professional practice. It is important to note at this point that the Ghanaian study shares a similar British post-colonial position to India and that the British trained researcher was keen to implement practices experienced within his own training (Ndaa et al., 2021).

The following discussion will be based around general themes, considering findings from the literature review with the findings of this study to reveal the unique contribution that this study makes to current understanding of student practice experiences. The themes will reflect both the literature and the General Experiential Themes generated in this study, within which the students described a range of significant experiences and the subsequent processing and changed thinking that enabled them to progress towards becoming occupational therapists.

8.2. Initial experiences of occupational therapy

The selection process for occupational therapy students in most countries includes a set of criteria based on personal qualities and attributes, including knowledge of and enthusiasm for the profession and its core values (Lyons et al., 2006). The student participants in this study were therefore unusual compared with those in many other countries, as they initially applied for medical professional courses. Places are then allocated onto the different health professional programmes based on student

performance in national examinations, with the highest ranking students achieving places for medicine, and the rest of the students allocated programmes according to their academic results. However, there is evidence of a similar strategy being followed in both Ghana (Ndaa et al., 2021) and Iran (Derakhshanrad et al., 2022). In Ghana, students were reported to be angry about being assigned to an unknown new programme which they did not understand due to the very early stages of development and lack of awareness of the occupational therapy profession in their country (Ndaa et al., 2021). In Iran, this process was presented as an equally unpopular strategy with students that negatively influenced their engagement and subsequent continuation with their programme due to the low status of the profession (Derakhshanrad et al., 2022). Informal discussions with occupational therapy educators at the AIOTA conference 2023 confirmed that there remains little self-selection onto occupational therapy programmes in India, although this is slowly increasing. However, in contrast to the students in Iran (Derakhshanrad et al., 2022) and Ghana (Ndaa et al., 2021), the students in my study did explain that they had not intended to study occupational therapy but did not mention any negative feelings about the selection process and appeared accepting of their altered career trajectory. The students in this study therefore collectively joined the occupational therapy programme with little or no knowledge of occupational therapy and consequently were unaware of what the course would entail. Similarities in socioeconomic status, age, education and academic achievement of university entrants suggest limited diversity within the cohort (Jangu 2022) and therefore potentially similar life experiences and existing frames of reference (Mezirow, 1997). The nature of this experience reflects the collectivist values that remain dominant in India, including accepting the decision of those in authority on the understanding that the decision has been made for the greater good of society (Iwama, 2006; Kharouf et al., 2014).

An experience which can result in transformative learning occurs when an existing frame of reference based on previous life experience is challenged by an experience which is incongruent with the existing knowledge, values and beliefs (Mezirow, 1997). Therefore, when the students arrived on the programme, their existing frame of reference included little prior experience which could help predict or understand what was to come, thus they did not experience the anticipation described by Bazyk et al. (2010) or the expectations of practice described by Molesworth (2017). In relation to occupational therapy, the students did not have any existing frame of reference within which they could frame their expectations of what was to come, unlike their foreign counterparts who were required to demonstrate their understanding of the profession and practice prior to joining their programmes. Importantly though, the Indian students appeared to

approach the experience with an openness to learn, and without the anger expressed by other students in a similar position (Ndaa et al., 2021; Derakhshanrad et al., 2022).

Whilst a few students expressed excitement at the prospect of entering practice, most expressed some anxiety about what was to come, similar to that felt by others (Bazyk et al., 2010; Bagatell et al., 2013; Khishigdelger, 2016; Arpanatikul and Pretoomwan, 2017), showing similarity with American occupational therapy students, and Mongolian and Thai nursing students respectively. Bazyk et al. (2010) describe this initial stage of becoming as “anticipation” (Bazyk et al., 2010, p176). The fear of doing something wrong expressed by some students was reflected by Mongolian, Thai and Norwegian nursing students (Khishigdelger, 2016; Arpanatikul and Pretoomwan, 2017; Dalsmo, 2021) but no other occupational therapy students.

The students reflected their initial lack of occupational therapy frame of reference when describing their early thoughts about the course when they felt they had little to no knowledge of what occupational therapy was, and what would be happening on their course. However, the students’ early introduction to practice, comprising of group observation within the paediatric setting on campus, had clear expectations. These expectations were shared by several students, reflecting a consistent level of certainty of understanding of their level of participation in the first year. This once again reflects the sociocultural context of a collectivist society, where trust in the ability of their tutors and the expectations that progression will match what they have been told is particularly high within this collectivist context (Kharouf et al., 2014).

Many other students appreciated the opportunity to observe experienced practitioners in practice (Khishigdelger, 2016; Honey and Penman, 2020; Grant et al., 2022), and where this was lacking, students felt marginalised and were less likely to optimise their learning in practice (Molesworth, 2017; Taylor et al., 2023). The shared experience of the first placements, where groups of students from the Indian cohort observed the same clinicians (their tutors) in the same practice context, often with the same clients is very much in contrast with the individual practice experiences described by other studies. Therefore, when considering legitimate peripheral participation (Lave and Wenger, 1991), these students are presented with the same, consistent opportunities for an identified level of participation in tasks appropriate to their level of knowledge and experience (Honey and Penman, 2020). Thus, the consistently cited differences in the practice environment and the approach of the practice educator as influences on the

student experience (Khishigdelger, 2016; Molesworth, 2017; Honey and Penman, 2020; Ndaa et al., 2021; Dalsmo et al., 2021; Grant et al., 2022; Taylor et al., 2023) have limited applicability to this study. It could be argued that this consistency reduced the doubts and uncertainty experienced by other students whose expectations were not met, or who were unsure what was expected of them (Molesworth, 2017). However, this does raise the question of whether the Indian student experience is somewhat sheltered within the confines of the university community of practice in India and whether graduates will be fully prepared for practice outside of that protected environment.

8.3. The experience of learning about people

Understanding people was a significant common theme across the occupational therapy studies reviewed (Bagatell et al., 2013; Honey and Penman, 2020; Ndaa et al., 2021; Grant et al., 2022). This issue has persisted through the findings of this study, as students have processed their experiences and understanding of practice. Nuances and variations between the different studies will be presented here in relation to different elements of the Indian practice experience.

8.3.1. The experience of early challenges

The newness of the experience and lack of knowledge of occupational therapy contributed significantly to the challenges experienced when introduced to practice. For example, registering surprise, shock and disbelief that there were people who did not function independently. The significant issue here was that some students had apparently been unaware of the existence of people presenting with the functional difficulties and behaviours that they observed in their early experiences and recognised this as a new and challenging experience.

As with many challenging experiences described by the students, the reality of the difficulties and behaviours observed during early practice experiences were punctuated with exclamations of shock and disbelief. In these situations, the recognition of incongruence with the students' prior knowledge, beliefs, values and assumptions was immediate, often causing acute and emotional discomfort. The jolt of a shocking or surprising experience prompts a process of self-examination and meaning making

involving the questioning of previous assumptions and beliefs (Mezirow, 1991). In this case, the experience of meeting children who did not behave or function in the way that the students expected caused them to think about themselves and the apparent limitations of their prior experiences within their homes and communities.

Whilst such a lack of awareness is perhaps difficult to appreciate from a western occupational therapy perspective, it could reflect the relatively privileged socioeconomic position of students able to access higher education (Jangu, 2022) and the health inequalities that exist between those of differing socioeconomic status across India (Mahishale, 2016; Kumar and Roy, 2016) when students appear unaware of the challenges faced by others within their population. The continuing stigma that is prevalent in many areas of India, including that relating to the families of children with autism spectrum disorders (Patra and Kumar Patro, 2018) could also contribute to this lack of awareness and experience. This is a population which represents the majority of children seem by the students within their first year postings but can remain largely unseen due to enduring negative public perceptions (Patra and Kumar Patro, 2018). This awareness and self-examination of the difference between the students' personal experience and the service users encountered was echoed by American students contemplating working with African American young people of a lower socioeconomic status. The difference being that these students predicted the challenge of their preconceptions (Bazyk et al., 2010), whereas the Indian students did not appear to consider such issues prior to experiencing them.

Self-examination was evident in some of the students as they expressed gratitude for their own fortunate circumstances, feeling very lucky that they had not experienced the difficulties they were observing in others. This reflection of the students' gratitude for their own good fortune was not articulated by any of the students in other studies. Rather than suggesting that other students did not reflect on their own more fortunate situation when meeting service users with difficulties, this indicates that it was either not mentioned or was not a significant element of the recorded reflections on their experiences. Considering the previously mentioned requirements in many countries for potential students to demonstrate relevant experience of working with people who present with functional challenges, students in other studies are likely to have already absorbed this awareness and acceptance into their view of the world, thus requiring no adjustment. It is also perhaps indicative of the health inequalities that exist between those of differing socioeconomic status across India (Mahishale, 2016; Kumar and Roy, 2016) when students appear unaware of the challenges faced by others within their

population. This could also reflect an opportunity for enhanced self-awareness on a spiritual level (Merriam and Ntseane, 2008) within the culturally embedded beliefs and preconceptions of a collectivist society (Patra and Kumar Patro, 2018; Kaur et al., 2023).

8.3.2. The experience of understanding mental health

An almost identical process of learning and adapting was repeated for the Indian students when entering an in-patient mental health setting and meeting patients for the first time, once again, an experience shared by the whole cohort at the same time. The fear of both the unknown quantity and the reality of behaviour observed from patients was a specific concern common to the Indian and some American occupational therapy students (Bagatell et al., 2013). Bagatell et al. (2013) described the process of understanding people with mental illness as a significant transformation for the students. Articulation of feelings of shock were noticeably repeated as the Indian students recounted their group practice experiences in the psychiatric ward, where many of them once again observed behaviours that challenged their view of the world (Mezirow, 1997), such as patients who appeared violent or aggressive, displaying behaviours they did not believe should be tolerated.

Their American counterparts were similarly united by initial feelings of discomfort and not knowing what to do or how to respond to unfamiliar and challenging behaviours exhibited by patients (Bagatell et al., 2013). Preconceptions and assumptions about the potential for patients to become violent were also shared across the Indian and American students, potentially reflecting similarities in the prior world view of the students (Mezirow, 1997) in relation to the expectations of acceptable behaviour and beliefs about how people with a mental illness will present. The shock of seeing people exhibiting what would normally be considered unacceptable and intolerable behaviour was evidently a significant experience, many students once again being challenged to reconsider their view of the world. Considering the issues of health inequalities across India (Mahishale, 2016; Kumar and Roy, 2016), and the predominant socioeconomic status of the students (Jangu, 2022), this privileged position, shielded from issues affecting those of a lower socioeconomic status, is unsurprising. Although the American and Indian contexts are different in so many ways, there are similar levels of health inequality in America (Dickman et al., 2017) which could influence the American students' prior experience. Additionally, the continuing stigma of mental illness in Indian society can result in such issues generally being hidden from public view (Kaur et al., 2023).

Further to recognising the challenge of the behaviours observed, some students explicitly addressed the incongruence with their accepted view of the world and preconceptions based on knowledge acquired in the classroom regarding how people with specific conditions might present in practice. For other students, the shock of reality was accentuated by the realisation of what they would be expected to deal with and the required change in values, concepts, feelings, and responses that they would need to achieve to become an occupational therapist. Other students demonstrated evaluation of the situation demonstrating a deeper appreciation of the need to accept patients who are not always in control of their behaviour as a result of their circumstances or condition.

The American students in the study by Bagatell et al. (2013) experienced similar initial challenges to their established frame of reference when faced with mental health patients for the first time. They described feelings of discomfort they experienced at not knowing how to respond to patients exhibiting behaviours that they did not understand, and a desire to avoid such encounters (Bagatell et al., 2013). Both American (Bagatell et al., 2013) and Indian students shared narratives of meeting acutely unwell patients who they did not know how to respond to, explaining changes in their feelings about the situation as time progressed and the patients' mental health improved, revealing the moment when they recognised the person beneath the diagnosis and symptoms.

Some students tried to understand the perspective of patients admitted to the psychiatric ward who may be wondering why they are in the hospital and could be distressed at being away from their normal lives. At this point, the experiences of the Indian occupational therapy students begin to converge with those of occupational therapy students in related studies across different countries. Bagatell et al. (2013) highlighted the process of occupational therapy students trying to understand mental health patients, identifying similar statements about how confusing students though the experience would feel for their patients. In all cases, this led to students consciously trying to understand the patient perspective of their experience. Two Indian students reflected further, acknowledging the impact of mental illness on the extended family, and recognising the need for families to be educated about their relative's illness and how they might support them at home. The impact on the person's family was also

highlighted by one of the American students who reflected on the family's experience of a relative who "may not be the person they once were" (Bagatell et al., 2013, p187).

The majority of students who spoke of their experiences on the psychiatry ward demonstrated, over time, developing some degree of empathy for the patients and understanding of the nature of mental illness. One notable exception was a student who evidently struggled to understand the patients' behaviour when they ignored any attempts by the student to engage with them. Although this experience was similar to that of other students who subsequently persevered, sitting with the patients and trying to engage them, this experience set the student's opinion that working in psychiatry was not for them. This student therefore appeared to indicate that they became disengaged as a result of the experience, unwilling to make further progress towards understanding these service users. Further explanation suggested that the student had compared themselves to their peers and concluded that there was an insurmountable difference between their respective characters, a position they confirmed by quoting negative patient feedback about them not being enthusiastic.

None of the students interviewed revealed any previous experience of contact with people with a mental illness, Dave and Praveen (2022) suggested that Indian occupational therapy students with prior experience were three times more likely to have a positive attitude towards mental illness than those without. Although they also found that attitudes were generally positive across all 402 Indian students surveyed, they also concluded that female students were five times more likely to have a positive attitude than male students (Dave and Praveen, 2022), so being a male student with no prior experience of mental health could have potentially made this student more likely to have a negative attitude towards this area of practice. However, there are potentially other personal reasons why the student did not persevere with his understanding of the situation, and without a follow up interview it is not possible to ascertain whether his attitude changed over time as he progressed through the course. This would indicate whether he was simply progressing his learning and subsequent understanding of the patients at a different rate to his peers (Mezirow, 1997) or maintained his dislike of working with this group of patients.

8.3.3. The experience of understanding individual needs

As a progression from beginning to try to understand the experience of their patients or clients and considering the person behind the diagnosis, the Indian students began to recognise the needs of their service users. Some of the students described how they subsequently began to appreciate and understand the unique situation of individual patients or clients, challenging their prior knowledge and experience of the familiar medical model of intervention (Kumar and Roy, 2016). Students described their realisation that each person has their own unique experience of their condition, and that there can be considerable variation between the experiences of different people, dependent on their circumstances and the subsequent occupational impact of their condition (Honey and Penman, 2020; Grant et al., 2022). Many students described how they came to understand the importance of asking their patients questions about which occupations were important to them, and the impact of doing this on the progression of their interventions. This led some students to reflect on the impact of this learning and new understanding on their approach as a therapist compared with the familiar medical model. One student compared the regular, established treatment for typhoid which is the same for everyone with the need for occupational therapy interventions to be unique to the individual needs of the patient.

This resonates with an example from a UK student of new understanding about the different presentations of dementia within practice, and the different approaches required (Grant et al., 2022). Another student developed this thought further with the understanding that she should treat a child as if it was her own, a concept which is familiar to me in my own practice and advice to students to treat service users as they would like their loved ones to be treated, but this is not reflected in the other related studies.

8.4. The experience of learning about occupational therapy

Already uniting occupational therapy students across different continents (Bazyk et al., 2010; Bagatell et al., 2013; Honey and Penman, 2020; Ndaa et al., 2021; Grant et al., 2022), learning about their profession was also a significant outcome of practice experience for the Indian students. Although for some students this seems to be linked to understanding the unique needs of the individual, this was not the case across all the Indian students as some focused on group activities when explaining their memorable experiences.

8.4.1. The experience of understanding occupation

In common with the American students in Bazyk et al.'s (2010) study, the Indian students reported on their early experiences of providing interventions as "focusing on the mechanics of the sessions" (Bazyk et al., 2010, p184) by carrying out activities with patients as directed by their tutors without necessarily understanding the reasoning behind the choice of activity. This is reflective of the early stages of legitimate peripheral participation in communities of practice whereby newcomers begin to participate with a focus on more basic mechanical tasks prior to progressing to a deeper level of understanding and participation (Lave and Wenger, 1991). The Indian students specifically relate this to their first and second year postings, reflecting later that in the third year they should understand the reasoning behind the activity and be able to document this in their lognote, whereas in the first year they documented more basic information and observations. Once again, this certainty of expectations is unique to the Indian students, suggesting none of the uncertainty and doubts experienced by others (Molesworth, 2017; Honey and Penman, 2020; Taylor et al., 2023), thus potentially confirming the importance of the context within which practice learning takes place (Knight et al., 2023). Certainly, compared with other studies, this appears to be quite a fortunate position for the Indian students.

The progression described by Bazyk et al. (2010) of students progressing from completing tasks mechanically to understanding "the power of occupation" (Bazyk et al., 2010, p184) through their time in practice is reflected in Bagatell et al.'s (2013) explanation of "aha! experiences" (Bagatell et al., 2013, p 193). Such experiences brought moments of enlightenment, whereby students accepted learning a new perspective not considered prior to the practice experience. For the Indian students, there were many such experiences when they suddenly acknowledged the impact of the activities they were carrying out with their service users; for example, when a child engaged with an activity or a mental health patient showed interest and enthusiasm for group activities on the ward.

8.4.2. The experience of understanding occupational therapy

Students' developing understanding of the profession of occupational therapy is a common theme discussed across all occupational therapy studies reviewed (Bazyk et al., 2010; Bagatell et al., 2013; Honey and Penman, 2020; Ndaa et al., 2021; Grant et

al., 2022) and this study, highlighting the common experience of practice being pivotal in students‘ understanding of their profession. Whilst it would seem reasonable for the Indian and Ghanaian students (Ndaa et al., 2021), having the common experience of not choosing to study occupational therapy, to need practice experiences to aid their understanding of the profession, it remains unclear why this is equally significant for the students in the USA, UK and Australia. For the Indian students, their understanding of occupational therapy was dependent on them firstly understanding that there were people who needed help with their functional abilities prior to understanding how occupational therapy could help. Whilst understanding people was also a common theme across occupational therapy studies, it seemed to be only Indian students who began their understanding from the position of such inexperience of people with functional difficulties.

Understanding the profession was a common feature of all the other occupational therapy studies, not just Ndaa et al. (2021) where students entered their studies from a similar point of ignorance. Considering that selection of students onto occupational therapy programmes in the other countries represented (Bazyk et al., 2010; Bagatell et al., 2013; Honey and Penman, 2020; Grant et al., 2022) includes an expectation that students will have prior knowledge, relevant experience and enthusiasm for their chose career, it is unclear why understanding the profession remains a significant outcome of practice experience across all contexts. Exploration of the previous studies suggested that understanding the concept of occupation can be challenging and once understood, proves to be pivotal in appreciating the power of occupation and subsequently understanding of the profession (Bazyk et al., 2010; Bagatell et al., 2013). Understanding occupation in a non-western context is an existing point of debate within the profession (Iwama, 2003; Hammell, 2009a, 2010; Zango Martin et al., 2015), however, it appears to present an equal challenge to occupational therapy students and practitioners in the western context (Cho et al., 2003; Roberts et al., 2021). It would therefore appear that there is no advantage in understanding for western occupational therapy students in spite of the dominant western influence on the language and theory of the profession (Iwama, 2003; Hammell, 2009a, 2010; Zango Martin et al., 2015).

8.4.3. The experience of linking theory and practice

As students progressed through their early postings, they recalled mistakes made or knowledge that was missing, beginning to realise the importance of connecting theory

and practice (Honey and Penman, 2020; Grant et al., 2022). The certainty of expectation of progression (Kharouf et al., 2014) clarity of understanding of the role of the occupational therapist contributed to the motivation to apply classroom learning to practice (Honey and Penman, 2020; Grant et al., 2022). However, factors contributing to a disconnect, or gap, between theory and practice such as relational challenges between university and practice, practice not reflecting theory, and theory being perceived as irrelevant in practice (Greenway et al., 2019) vary across studies. The most common factor identified as creating this challenge to student learning and development is the different approaches and attitudes of practice areas and individual practice educators (Khishigdelger, 2016; Arpanatikul and Pratoomwan, 2017; Molesworth, 2017; Dalsmo et al., 2021; Mahasneh et al., 2021; Honey and Penman, 2020; Connell et al., 2021).

Within this study, the practice educators are also the classroom teachers and are therefore the only occupational therapists involved in teaching and guiding the students. This is reflected in the absence of relational challenges between educators and practitioners, theory versus reality or relevance of theory to practice identified by students as they have been in other studies (Greenway et al., 2019). The issues within this study were more focused on developing an understanding of the need for a solid foundation of knowledge and theory to support effective practice. Students questioned the need for the volume and detail of theoretical knowledge expected of them prior to understanding that this provided the basis for effective interventions once they began to understand their scope of practice.

Therefore, in contrast to other studies, the occupational therapy community of practice is very clearly definable as that which is within the university and adjoining hospital (Lave and Wenger, 1991), with consistently clear and predictable expectations contributing to the students' evident confidence in their programme (Kharouf et al., 2014). Whilst this offers students the benefit of consistency of information and expectation, thus negating the many complications described in other studies, it could be argued that this context could stifle creativity, innovation and knowledge of the wider issues for the profession, but this did not appear to be the case. For example, some students reflected on the unique context of occupational therapy in comparison with western countries where the profession is relatively large and has a higher profile, thus offering more optimal circumstances for occupational therapy practice.

It could be argued that the Indian students' initial lack of understanding of the profession contributed to confusion about the relevance of the extensive scientific knowledge taught early in the programme to the activities observed in postings. However, understanding the profession was a common feature of all the other occupational therapy studies, not just Ndaa et al. (2021) where students entered their studies from a similar point of ignorance. Considering that selection of students onto occupational therapy programmes in the other countries represented (Bazyk et al., 2010; Bagatell et al., 2013; Honey and Penman, 2020; Grant et al., 2022) includes an expectation that students will have prior knowledge, relevant experience and enthusiasm for their chose career, it is unclear why understanding the profession remains a significant outcome of practice experience across all contexts. Exploration of the previous studies suggested that understanding the concept of occupation can be challenging and once understood, proves to be pivotal in appreciating the power of occupation and subsequent understanding of the profession (Bazyk et al., 2010; Bagatell et al., 2013).

Once the links between theory and practice were understood, the students were clear in their plans and motivation to engage with this as they progressed. They linked this to the development of their own confidence in their practice and the perception of others when they were able to articulate their knowledge. This is the stage that Bazyk et al. (2010) refer to as "effortful planning" (Bazyk et al., 2010, p177) where students realise the importance of using their existing knowledge to think through and plan their interventions to optimise the potential for success. Following this pivotal point of realisation that theory is essential for effective practice, students also expressed their commitment to their identified community of practice in relation to meeting or exceeding expectations.

Bagatell et al. (2013) refer to such realisations as "aha!" experiences (Bagatell et al., 2013, p193), whereas students in other studies described the experience of everything clicking into place (Bazyk et al., 2010; Grant et al., 2022). As the appreciation of linking classroom learning to practice developed, many students noted the difference between focusing somewhat mechanically on completing activities with service users to really understanding the value or power of the occupation itself (Bazyk et al., 2010; Bagatell et al., 2013; Honey and Penman, 2020; Grant et al., 2022). Once again, the Indian students expressed real clarity of this expectation and process of development through the evidence presented in their logbooks from basic recording of activity to being able to include reasoning and justification for the chosen activities.

Some students had less positive experiences that led them to understand the importance of underpinning knowledge, presented with questions from tutors that they were unable to answer in front of their peers. In these cases, the impact was equally dramatic, with students expressing shame and embarrassment, becoming determined not to make the same mistake again. Arpanatikul and Pratoomwan (2017) noted similar motivation to improve and not make mistakes in the future in Thai nursing students as they contemplated progression through their course.

Whichever experience led the students to the understanding of the balance between learning theory and effective practice, they evidently appreciated the daily integration of theory and practice, and the availability of tutors to answer queries about practice issues in the afternoons following morning clinics. As previously mentioned, students in all the other studies, except Bazyk et al. (2010) and Bagatell et al. (2013), had variable experiences of such support due to differences in approach from individual practice educators across a range of different practice areas. This highlights that the Indian students had a uniquely consistent experience of supervision and guidance from their tutors, leading them to have unwavering confidence in the advice and direction they receive.

Whilst it could be viewed that this experience reflects a more didactic approach to education than one might experience in other countries, it also reflects the level of trust that students have in their tutors' knowledge and competence (Kharouf et al., 2014) in India. In stark contrast, the Ghanaian occupational therapy students noted the impact of limited support in practice in that they felt classroom teaching sheltered them from challenges they might encounter during their practice (Ndaa et al., 2021). This reflects the much discussed gap between theory and practice within health professional education, where students feel that what they learn in the classroom is seldom reflected in their practice experiences (Greenway et al., 2019).

8.5. The experience of becoming an occupational therapist

8.5.1. The collective experience

Shared experiences were frequently referred to by the students in this study. From the outset, there was recognition that they were on a common path, coming from similar backgrounds, with similar experiences which gave them more commonalities than

differences. This was demonstrated by the repetition of ‘we’ when describing experiences, and references to working and sharing ideas with friends. The community of practice to which the students were being introduced in this case can be identified as the occupational therapy community within the university and hospital (Cox, 2005). The occupational therapy community exists within the physical confines of the combined hospital and university campus and consists of the staff and students of the occupational therapy department, the staff all being both tutors and clinicians. Therefore, from the outset, the students could be identified as being peripheral participants within the community of practice (Lave and Wenger, 1991: Wenger, 1998; Cox, 2005). As such, the sense that the students were all in it together was much clearer to me that it appears to have been across other studies where ‘we’ does not appear within student quotes. It is therefore possible that there could be elements of collective transformations within the student cohort (Mezirow, 1991).

The clear expectations, for example, observing practice and creating rapport with children and parents in the first year, identified an appropriate level of legitimate peripheral participation for their common level of knowledge and experience (Lave and Wenger, 1991; Wenger; 1998; Honey and Penman, 2020). This consistency is in stark contrast to other related studies where there were variations in opportunities and expectations across individual practice experiences, where these differences have been identified as the cause of students having difficult or unsuccessful experiences (Khishigdelger, 2016; Arpanatikul and Pratoomwan, 2017; Molesworth, 2017; Honey and Penman, 2020; Dalsmo et al., 2021; Mahasneh et al., 2021; Grant et al., 2022; Taylor et al., 2023).

The shared experiences of the students, however, highlighted to some students that they were not performing in the same way as their colleagues. With the consistent opportunities for legitimate peripheral participation in practice, those students were presented with a clear opportunity for self-evaluation (Lave and Wenger, 1991), and were therefore able to address their responsibilities in either accepting their deficits or trying to resolve them. Those students who recognised performance of peers that was better than their own, for example through a parent asking for a particular student to treat their child, expressed the desire to progress to one day having the same request made for them to work a child. Other students expressed their aspirations to achieve responses from their service users that they had observed their practice educator getting (Grant et al., 2022), whilst some were simply “hoping to do better” (Arpanatikul and Pratoomwan, 2017, p127).

As the students began to understand their new profession and the role of occupational therapy with patients, they had the opportunity, and were expected, to begin to engage in practice within a group of peers. This was highlighted within the student accounts of progressing from observation to developing rapport with clients and parents to beginning to deliver prescribed interventions with their peers. Molesworth (2017) and Lave and Wenger (1991) describe this level of peripherality as a positive and empowering position for students which enables increasing involvement within practice. In contrast to other studies, the students began their progressive involvement together with their peers in small groups, alongside the staff. Alongside this is the expectation that staff will give guidance and feedback to correct or prevent mistakes as students start to practice their skills, in common with the findings of Grant et al. (2022) but with consistent conviction across the whole cohort.

The consistency and predictability of the expectations and progression of student participation in practice is very much valued by students (Naidoo et al., 2019), enhanced further by their trust in the competency of their educators and reflecting a specific Indian perspective (Kharouf et al., 2014). The students had a certainty of expectation of support available to them within practice that was not evident in any of the other studies. From the Ghanaian students managing with hardly any profession specific supervision whilst in practice (Ndaa et al., 2021), to experiences where students felt their learning and development was compromised by inadequate support (Molesworth, 2017; Grant et al., 2022;Taylor et al., 2023) and those who desperately wanted the reassurance of close supervision (Khishigdelger, 2016; Arpanatikul and Pratoomwan, 2017; Dalsmo et al., 2021), the range of supervision described in other studies is enormous. However, these variable levels of participation experienced by students in the studies mentioned above was not an issue raised in this study. Instead, the students reported developing new skills and increasing in confidence as a result of working alongside their friends with faculty guidance. This experience was recognised as providing a sound foundation for independent working in practice. Naidoo et al. (2019) suggested such group placement experiences as a beneficial strategy to enhance student learning, reflective practice and confidence in their skills. Sharing of experiences with friends in class after postings was also appreciated by the students, in line with the findings of Barry et al. (2017) who acknowledged that positive interactions between participants with similar experiences enhanced learning.

8.5.2. The individual experience

As the students began to understand and relate theory to practice, many of them described how they began to try out their own ideas with patients as confidence in their skills grew. This was described by Naidoo et al. (2019, p118) as a process of “cultivating self reliance and autonomy” as scaffolding was gradually reduced to allow students to begin independent problem solving. Honey and Penman (2020, p638) described this as “hands-on doing”, although this was not considered beyond their focus on first placement experiences where students were trying out their basic skills at an entry level. Also relevant here is the suggestion that situated learning offers opportunities for improvisation as the level of participation increases (Lave and Wenger, 1991). Mezirow (1991) describes this as intentional learning through problem solving, utilising the formation of a potential course of action and considering its anticipated outcome, then testing validity through trying it out. The opportunity to do this in a safe and supervised real practice setting is particularly appreciated and valued by students (Honey and Penman, 2020), alongside the reassurance in the knowledge that they would be corrected if they made a mistake (Honey and Penman, 2020). However, the varied experiences of students in this study resulted in some students feeling ready to progress towards increased participation in their next placement, whereas others left their first placements still unsure of their understanding of practice and the profession, thus somewhat disadvantaged moving forward (Honey and Penman, 2020; Grant et al., 2022). Once again, the Indian students had a very clear understanding of what was expected of them as they progressed, and appeared confident that this would happen. As the students began to test their skills and act out their own ideas, they began to establish an understanding of the skills and approaches required for effective practice (Knecht-Sabres, 2013). Successes in practice situations unsurprisingly result in increased confidence in students’ own knowledge and abilities (Knecht-Sabres, 2013; Honey and Penman, 2020; Grant et al., 2022).

What was particularly evident in student accounts of their postings was the enthusiasm with which they described their successes. They were able to immediately recall examples of successful interventions, embellished with emotive language expressing their pleasure in their own or the patient’s achievement and the impact it had on them. Bagatell et al. (2013, p193) identified significant experiences of learning as "Aha!” moments, prompting students to find a way to respond to identified challenges leading to the eventual resolution to the disorienting dilemma considered earlier. The experiences

described so eloquently by the students gave the impression of having the impact of an epiphany, that is:

> "a special kind of transformational catalyst that calls us to become a better version of ourselves." (Yacek and Gary, 2020, p219)

The experience can then also lead to the development of personal aspirations and the desire to achieve more (Yacek and Gary, 2020). This growing confidence in skills is often manifested by the articulation of a desire to repeat the experience again and try more new actions (Knecht-Sabres, 2013).

When recounting significant successes, the students linked this strongly to feeling like an occupational therapist. Once again, this was reflected within emotive accounts of successes in practice, often accompanied by exclamations of surprise and delight in the realisation that they were becoming an occupational therapist. This reflects the process of becoming a member of a community of practice through progressive levels of participation and understanding of the skills and behaviours required for full participation (Lave and Wenger, 1991). Other studies, identifying and exploring the development of professional identity (Bazyk et al., 2010; Bagatell et al., 2013; Ndaa et al., 2021), included examples of similar levels of enthusiasm and celebration of successes when students achieved positive results from their interventions. The students also frequently and consistently expressed their confidence in their new profession and the impact it could have on patients.

Walder et al.'s (2022) scoping review of literature pertaining to professional identity in occupational therapy included only one study, from 89 articles considered, in Asia (from Japan), thus is dominated by a western perspective (Walder et al., 2022). However, the resulting themes of developing a shared ontology, embracing the culture, enacting occupational therapy and believing in occupational therapy (Walder et al., 2022) could be considered as relevant to this study. The students clearly subscribed to the ontology and culture of occupational therapy within their local context, with a couple identifying features of the Indian context that create a unique approach to professional practice in their country. Their belief in the value of Indian occupational therapy practice, and their professional identity within this context is reflected in their pride in their profession (Walder et al., 2022). Although set in a very different context, Ndaa et al. (2021) discovered a similar level of pride within the Ghanaian students and an equal desire to

be instrumental in the development of occupational therapy in their country. In stark contrast, the profession in Iran experiences many challenges in the development and maintenance of professional identity and subsequent motivation of both students and practitioners (Derakhshanrad et al., 2022), suggesting a very different context of practice.

All the students in this study were in either the second or third year of their studies, so their transformative learning journey was incomplete (Mezirow, 1991). However, many had a very clear vision of what would be expected of them in the future, particularly those focused on developing their career abroad. Similar to some Jordanian nursing students (Mahasneh et al., 2021), some students seemed focused on working abroad as a very clear early career ambition. These students felt that they would have to prove their worth through the volume of knowledge they held and the number and range of different patients they had treated. Other students were more simply focused on being competent to practice, assuming that this would be the case once they completed their studies. Apart from the commonality with the Ghanaian students of enthusiasm for making a difference (Ndaa et al., 2021), other studies did not include such aspirations.

8.5.3. The experience of reflecting on practice experiences

The ability to reflect upon practice experiences is a general expectation of occupational therapy students but, as with other standards of education, the way that this is achieved is not prescriptive (WFOT, 2016a). Reflective journals/narratives were a popular choice for data collection in other comparable studies (Bazyk et al., 2010; Bagatelle et al., 2013; Arpanatikul and Pratoomwan, 2017). In all these studies, students were briefed or advised on structure and content expected within reflective writing, with one of the studies offering prompting questions to aid the reflective process (Bagatell et al., 2013). Otherwise, in the remaining studies, it is not clear how much guidance was given to students about the process of reflection. However, there is a body of western dominated research with a focus on reflective practice in occupational therapy, suggesting that it is an identifiable element in many western education programmes. Having reviewed the curriculum of my host university, direct teaching of the principles and practice of reflection was not evident. The only evidence of supporting processes for reflection on practice related to classroom sessions that took place in the afternoons, where students reported discussing their practice with tutors, although it is not clear whether these were informal opportunities sought out by students or planned elements of teaching.

The lack of overt reflective practice strategies was further reflected in the students' comments on talking to me about their posting experiences expressing that it had been a new experience. Some students reported never having discussed their practice experiences with anyone. In spite of this being a new experience, many of the students found that talking about their experiences was a positive thing to have done. They spoke of how it reminded them of their progress since starting the course and how much they had learnt. They were also reminded of how much experience they had in practice in the different settings. It would appear, therefore, that the students had been engaging in critical reflection through the process of problem solving and internal self-reflection, achieving objective and subjective reframing of their habits of mind (Mezirow, 1997) without the specific guidance offered to students in the comparable studies. This suggests that learning and development took place naturally, without an overt and planned process of critical reflection and evaluation as suggested by Dewey (1963, 1997). In spite of the apparent lack of structure offered to support critical reflection, the students offered similar insights into the learning process as found in other studies (Bagatell et al., 2013; Honey and Penman, 2020; Ndaa et al., 2021; Grant et al., 2022), thus supporting this view.

8.6. Summary

This discussion has highlighted both similar and unique features in the practice experience of the Indian students and how they experience practice compared with a range of comparable published studies. There are also identifiable elements of the students' experiences to which the theories of transformative learning (Mezirow, 1991) and legitimate peripheral participation within communities of practice (Lave and Wenger, 1991) can be applied.

The process of learning about patients/clients and occupational therapy within the progression towards a sense of becoming an occupational therapist appears remarkably similar across student participants in the various studies, regardless of their country of origin, with students describing similar experiences, feelings, and changes in their horizon of understanding. In this respect, there appears to be little impact of the Indian students' starting point of having no knowledge of the profession. Equally, the Indian students clearly articulated their experiences, the process of making meaning, the subsequent learning, and altered view of the world but without previously having the specific guidance or instruction in the application of critical reflective processes that is evident in many of the comparable studies. Although the stages of transformative

learning suggested by Mezirow (1991) were not specifically used as a framework for the discussion, all ten elements listed earlier can be identified at various points within the student accounts of their experiences.

The key difference between the experience of the Indian students compared with all the previous studies reviewed lies within the collective nature of their experience. Having their practice experiences within a contained community of practice whereby the academic tutors are also the practice educators and students share their experiences with their peers creates a unique experience that has not previously been explored. This enables the students to be clearly directed and guided through a controlled experience of legitimate peripheral participation within their community of practice (Lave and Wenger, 1991). The clarity and consistency of this progression gives a sense of certainty of the expectations of practice experiences in the Indian students which is not evident within other comparable students. Therefore, the students appear to experience none of the uncertainty or anxiety reported by other students due to variations in the experiences they may have across different settings. The consistency of prior academic experience and achievement, age, culture and socioeconomic background of the Indian students further contributes to a consistency in how practice is experienced on an individual level, where variations in areas of interest, and perceptions of self, begin to become apparent and students begin to understand themselves and the profession at different rates.

The collective nature of the student experiences within this study reflects the collectivist culture that remains dominant in India, whereby student experiences are viewed within the context of the cohort and its common goals with a sense of Mitsein, or being-with-others (Knudsen, 2017) as opposed to the individuality of Dasein, or being-in-the-world, (Heidegger, 1962) reflected in other studies. This sense of belonging to a group working together for the common good (Lim, 2008) appears to negate any tendency to question the career choice made for them, with an acceptance and enthusiasm not reflected in other studies where students did not choose to study occupational therapy (Derakhshanrad et al., 2022).

8.7. Researcher reflections on discussion

8.7.1. What I have learnt

The scenarios are different in India
As one student wisely observed,
A consistent experience all the way through,
Same postings, same teachers, their message preserved.

Other studies in the ‘west’,
Speak of learning, and becoming,
The process of this, we agree on,
And it’s much the same tune that we’re humming.

So the learning process looks the same,
The student journey of self discovery.
Assumptions challenged, problems solved,
And the joy of helping patient recovery.

The community of practice
Is unique to the context they’re in,
But the process of becoming,
Is much the same, wherever they begin.

Other OT placement studies
Don’t often mention if their students share,
Similar ages or previous knowledge,
And how this affects how they fare.

They also send their students,
Off on placements near and far,
Different services, different people,
Often alone, often not on a par.

The unique context of this learning,
Is often cited as the reason,
Why placements such as this go wrong,
In a unique, individual ‘dasein’.

The supervisor is often the key,
Who enables or can prevent learning,
Who can support participation,
Or can stop these wheels from turning.

The supervisor and their colleagues,
Might not agree with uni teaching,
Might like to do things their way,
Confusing students with their preaching.

The theory - practice gap might grow,
When uni and practice don't match,
And experiences differ,
All across the same batch.

For my students, it's a collective thing,
They're all in it together.
It's predictable, safe and affirming,
Pretty much like the Indian weather!

Transformative learning is easy to see,
Their habits of mind all shook up.
Shared features of their frame of reference,
The foundation from which they build up.

The community of practice,
To which they're introduced,
Is led by those who teach them,
And consistent meaning is deduced.

Participation is well structured,
Expectations always so clear.
Of increasing involvement in practice,
And knowing that now, you should be here.

Classrooms and postings,
Inextricably linked,
Theory, knowledge and practice,
Cannot be considered distinct.

The rate of development and learning,
Still varies from one to the next.
They maybe don't like children or mental health,
Or learning the knowledge that sir expects.

Mezirow and Dewey,
Say reflection is the key,
To learning and to changing,
Into what you want to be.

These guys aren’t taught reflection,
No Gibbs, no Kolb, no Rolfe reflective process,
But they still critique what has happened,
To show insight and learning and progress.

I’d expect learning about their profession
And understanding patients they see,
Would be part of their known transformation,
Challenging assumptions of how things should be.

I’d expect the same in Ghana,
For students who knew nothing at all.
Who didn’t even want to be there,
Where progression was quite the trawl.

But why is it the same for others?
Those in the privileged west?
Where OT reflects the culture
Aren’t they the ones who are blessed?

It seems not! They’re just as confused,
By what OT’s all about.
But the text is all written for them,
So why do they have so much doubt?

That’s one for another time, I guess.
So, for now, I just don’t understand.
But I know that some learning is similar
For students across different lands.

8.8. Limitations

The findings of this study were never intended to offer a generalised sense of how occupational therapy students in India experience practice, so it is important to note that they capture the experiences of a group of students at one particular educational institution at a single point in time. From a researcher perspective, the most significant limitations were caused by the COVID pandemic. This had a particularly dramatic impact on the data collection process.

As previously discussed, my data collection visit to the Indian university was cut short by over a week, and I was unable to present the study to the second year students, hence only recruiting two from that cohort who had expressed interest during informal conversations early in my visit and actively sought to participate. I was also unable to space out the interviews as planned to allow time for reflection; three interviews were completed on one day, and nine the next, thus resulting in a more rushed process than expected, although the data collected was more than adequate to complete the study. The students interviewed on the second day were local students recruited by the programme lead via the course WhatsApp group as the cohort had been sent home due to the developing pandemic. This level of gatekeeper involvement was not ideal in relation to ensuring that students were self-selecting to take part and had not been coerced. I managed this as best I could by paying particular attention to my explanation of the option not to participate and ensuring that informed consent was clearly given by the students prior to the interviews. Even with my attempts to mitigate the potential power relations between myself and the students, I sensed that they still perceived me as a ‘person of status’, consistently referring to me as ‘ma’am’. Equally though, within the university and beyond, the term ‘ma’am’ is routinely used to demonstrate respect, so does not indicate that I was being treated any differently to other academics within that context. The students were used to producing social media video content to promote their course and university (I was shown a number of videos during my visit), and a couple of students heavily involved in such projects did seem to speak from time to time as though they were promoting the course. However, they were evidently proud of their course, university, and profession, so again, this may not have been specifically for my benefit.

8.9. Implications for Occupational Therapy

This study has highlighted the unique collective nature of occupational therapy practice education in India compared with the evidence from numerous other studies across the world which explore practice education experiences from an individualistic perspective. At a time when many studies exploring student experiences are driven by seeking to increase placement capacity, or to find ways to improve consistency of the student practice experience, this study offers evidence of a unique alternative practice learning model. Although the Indian model could not be easily replicated in other countries, this study offers a novel contribution to the ongoing debate about the organisation and management of student practice experiences. It is important to note that the Indian context for practice learning is unique, and there is no suggestion from this study that a similar process of practice learning could or should be replicated elsewhere. This is simply offering an alternative lens from which to view occupational therapy students' experiences. As education providers and professional bodies across the world continue to seek effective and efficient practice learning opportunities for occupational therapy students, this study can contribute much to the discussion.

Whilst the Indian context is unique and offers a different, collective perspective of a largely collective student experience, the process of becoming an occupational therapist and the parallel emergence of professional identity remain recognisable within the current international body of knowledge about the phenomenon of student practice experiences. In applying common supporting learning theories considered within this area of research, this study concurs with others in highlighting the cross-cultural transferability of the learning processes experienced by student occupational therapists. However, no other published studies currently present the student experience within a sociocultural context where a collectivist world view dominates. This therefore suggests that consideration of the collectivist view of practice experiences is currently missing from the global standards for occupational therapy education.

Within the continuing debate around decolonising practice and education in occupational therapy, this study offers a previously unpublished insight into a context of occupational therapy education which challenges the accepted practice and expectations in the current western dominated literature. Highlighting the similarities in the process of learning about occupational therapy and developing practice skills, offers further justification for the exploration of the impact of the context in which practice learning

takes place. The potential for this study to influence educational practice internationally is a positive step towards redressing the balance of globally accepted assumptions about student practice education. Considering a collectivist perspective in relation to practice education in addition to the current international debate about the nature and meaning of occupations within different sociocultural contexts will begin to address the historical colonial and imperialist influences on the profession of occupational therapy discussed in Chapter 2 of this thesis.

The constant historical issue for all occupational therapists of explaining the profession is also enlightened through this research. A consistent challenge faced by occupational therapy students in very different sociopolitical and cultural contexts appears to be understanding their profession, and the concept of occupational participation benefitting health and wellbeing. What is surprising is that so much literature refers to western dominance of occupational therapy language and underpinning theory, yet western based students face the same difficulties understanding the language and theory until they experience it in practice situations. This study therefore contributes to the debate about the evolution of the culture and underpinning philosophy and beliefs of the profession.

There is potentially significant impact of this study from the Indian perspective. The current paucity of published research exploring the experiences of occupational therapy students in India could limit innovation and development in occupational therapy education. This study offers evidence of the learning process that takes place through student postings and factors which support successful progression of students throughout their programme of studies. This evidence will be beneficial in the future development of Indian occupational therapy programmes and in the promotion of Indian educational practice.

As discussed within the subsequent reflexivity chapter, this study has had a significant impact on me as an occupational therapy educator. I have a newfound openness to identify, acknowledge and question my own horizons of understanding, including my beliefs, values, and assumptions. I am keen to share this experience with other occupational therapists in practice and education settings in addition to my own students. Already, I have noted how this questioning position has become embedded in

much of my teaching, encouraging students to be alert to their assumptions within their academic work and practice. Within my current institution, I am also working towards sharing my experiences and learning as a contribution to the emerging debate about decolonising the curriculum.

8.10. Considerations for future research

This study offers the potential for further exploration of current and future developments of occupational therapy education both in India and internationally. This was a small-scale study in one institution to gain deep and rich insights into the phenomena of practice learning. It could easily be repeated in other Indian institutions for comparison or to gather a wider understanding. Equally, it could be expanded using a different methodology to several institutions across India.

Whilst this study was never intended to draw direct comparisons between the structure and organisation of practice experiences within different national contexts, there is potential value in comparative study of the consistency and predictability of the Indian student experience with that of the variations found in other countries. This could be particularly pertinent given that many of the comparable studies allude to a desire for greater consistency of the student experience.

Further similar studies in other non-western countries, not currently represented in the literature about student practice experiences, would add to the knowledge base in relation to how and what students learn through their engagement with practice. This could highlight other alternative educational practices and programme structures to compare to the common practices described in other studies.

Wider international exploration of the understanding of occupational therapy and culturally relevant definitions of meaningful occupation and occupational participation would contribute to the longstanding debate about the international language and meaning of the profession.

With technology now offering the opportunity for the inclusion of the ‘international classroom’ between institutions across the world, there is also the opportunity to explore this experience for Indian students and those with whom they interact. From a personal perspective, this research and the subsequent dissemination in India has offered several

opportunities for international collaboration on further exploration of student experiences, including the introduction of inter professional education, which is an emerging area of educational interest in India.

8.11. Summary

The practice experiences of occupational therapy students in India are unique in comparison with the available evidence from other countries. This uniqueness stems from the collective nature of the experience which, combined with the common characteristics of the students, results in a level of consistency of experience not seen within other studies. However, the learning achieved, the learning and development process experienced and some of the challenges encountered throughout practice experiences is consistent with that which is identified within a range of international contexts. Therefore, the uniqueness of the personal experience of each individual student can be attributed to their personal approach and engagement with the experience rather than other external factors. This enables thorough exploration of both the collective and individual experience.

The insights offered by this study have the potential to contribute to the continuing global development of occupational therapy education through presenting the unique perspective of studying occupational therapy within a collectivist sociopolitical and cultural context.

Chapter 9. Reflexivity: the personal journey

Introduction

Researcher reflexivity is an essential element of IPA (Smith et al., 2022), and can be defined as:

> "the process of continually reflecting upon our interpretations of both our experience and the phenomena being studied so as to move beyond the partiality of our previous understandings and our investment in particular research outcomes." (Finlay, 2003, p108)

An underlying belief of Heidegger's interpretive phenomenology is acceptance of the researcher's inability to separate their own experience in relation to the phenomenon being studied (Smythe et al., 2008; Reiners, 2012). Therefore, it is neither necessary nor desirable for the researcher to attempt to 'bracket' their prior knowledge, experience, opinions or assumptions about the phenomenon (Smythe et al., 2008; Reiners, 2012). Rather, it is the responsibility of the researcher to disclose their personal standpoint (Stephenson et al., 2018), not just in terms of their general world view as a researcher, but also in acknowledging any personal factors which may influence the study (Stephenson, 2018; Sydor, 2019). These presuppositions and briefs born of the social situatedness of the researcher were described by Gadamer as 'horizons of understanding' (Stephenson et al., 2018). When presented with an alternative perspective, the reflexive researcher is able to compare and contrast their preconceptions with an alternative 'horizon of understanding', thus developing understanding of how another person experiences the phenomenon and adjusting or modifying their personal 'horizon of understanding' (Shaw, 2010; Finlay, 2011; Stephenson et al., 2018; Smith et al., 2022). The contrasting 'horizons of understanding' could conceivably be mutually exclusive, with no commonalities, but could equally have anything from a slight to a significant overlap (Shaw, 2010). As the later discussion in this chapter indicates, my 'horizon of understanding' appears to move along a full continuum of exclusivity and commonality throughout this study. The identified preconceptions of the researcher therefore enable them to constantly review their 'horizon of understanding' and maintain an openness to alternative perspectives or 'ways of understanding' lived experiences (Shaw, 2010; Stephenson et al., 2018) within "a process of making ourselves more transparent." (Finlay, 2003, p108).

This process of proactive self-reflection should begin at the start of the research process (Shaw, 2010), but must continue throughout as new understanding emerges (Smith et al., 2022). This is particularly pertinent when considering the data collection and analysis within an IPA study as speech, language and conversations encountered within these stages of the study are a significant point from which the researcher begins to expand their 'horizon of understanding' (Langdridge, 2007; Finalay, 2011). Heidegger maintained that language and understanding cannot be separated, as language is essential for the understanding of 'Dasein' (being in the world) (Finlay, 2011). It is through conversation that initial understanding is challenged, thus acting as the catalyst for sense making (Finlay, 2011; Smith et al., 2022). For me, this reflexive process did indeed begin even before the idea for this study was proposed and continued as a constant and conscious feature throughout every element of the study's preparation and implementation.

As is common with many IPA studies, this study has focused upon a community to which I am linked by way of my professional background and my own experiences of being an occupational therapy student in practice (Sydor, 2019; Smith et al., 2022), albeit in a very different context to that experienced by my participants. Finlay (2011) further accentuates the need for researcher self-awareness when considering the inevitability of the researcher becoming part of the research. She also described a similar experience to my own when exploring the experiences of fellow occupational therapists in practice in the challenge of simultaneously attempting to explore the meaning they attributed to the experience alongside her own thoughts and feelings (Finlay, 2003). Langdridge (2007) suggested a series of 'who, what, why how' questions to encourage a reflexive approach to research, reflecting the many questions I have frequently asked myself throughout this study about my personal position in relation to the research and the possible influence this could have.

Within this chapter, I will consider my own journey through the research process, identifying key elements of my own learning and development. It is my intention that the integration of reflective poems throughout this work demonstrates this narrative in an open and honest manner which will illustrate this to the reader; however, it remains important to address this specifically here. As I was writing the discussion chapter, it occurred to me that my experience as a developing researcher has not been dissimilar to the transformative learning experiences described by the students (Mezirow, 1991), including legitimate peripheral participation within a community of practice (Lave and Wenger, 1991). I will therefore explore my own experience in a similar manner.

9.1. My research journey

Although my journey through this research has indeed been transformative, it has not followed a predictable, neat progression through the stages of transformative learning as they were originally published (Mezirow, 1991). However, I can recognise all the elements in my experience:

1. Disorienting dilemma
2. Self-examination
3. Critical assessment
4. Recognition of shared experiences
5. Exploring options for new behaviour
6. Planning a course of action
7. Acquisition of knowledge
8. Trying new roles
9. Building confidence
10. Reintegration

(Mezirow, 1991)

I could equally consider my own experience of legitimate peripheral participation (Lave and Wenger, 1991) within the research community of practice. Whilst it feels somewhat self-indulgent, it also feels like the sharing of my personal journey completes the story of this research.

There are many examples of my disorienting dilemmas and subsequent, often far from linear, progression through the various key elements of transformative learning (Mezirow, 1991). I have chosen to illustrate this with the example of the challenge to my perception of what research, and in particular a PhD, should look like, and my expectation of what identifying as a researcher should be and feel like. I have framed this within a poem, with reference to the imposter syndrome (Brookfield, 1995; Craddock et al., 2011) that has paralysed me numerous times throughout this study. Although the imposter syndrome can be considered a positive influence in the development of a researcher (Gill, 2020), the pressure it brings to the individual can have a significant impact on many academics (Bothello and Roulet, 2019).

The Imposter

People like me don’t do a PhD,
People like me? Don’t be daft!
Because people like me aren’t that clever,
No matter how hard I graft.

Not a great starting point,
For this undertaking,
But the imposter's an old friend,
Who reminds me I'm faking.

I'm not a researcher,
I don't belong there,
Applying for grants and publishing,
Nah, I wouldn't dare!

What is a researcher?
I'm not really sure.
Perhaps I don't want to be what I think it is,
Because then I think I'll be a bore.

My 'habit of mind' is pretty well set,
And has been like that quite a long time.
Disorienting dilemmas all over the place,
So many mountains to climb.

How can I understand?
How can I be understood?
I can write in rhyme,
But not like I should.

That's cos I'm weird,
Not a real academic.
And there's the proof, see!
My problem's systemic.

Oh, hang on, what?
People write poems in research?
No, that's not what it should look like,
OK, I'll do a search.

Ah, so this is a thing!
I can write stuff in rhyme.
Now, this could be fun,
It's a blessing, not a crime.

So I explore how I can do this,
Where I can make it work.
Let's have a go, see what happens,
When I use my little quirk.

It’s OK, it’s even fun,
But I’m not sharing,
Happy to write it,
But NO public airing!

But I have to present it,
And one day I’ll have to read it,
Out loud to an audience,
Without feeling like a twit.

Here goes, five minutes,
Three slides for the whole story.
There’s no other way to fit it all in,
I could crash, or be bathed in glory.

The audience stunned by a five minute poem,
But appreciative all the same.
It did what I wanted, told the story,
It was clear, and that was my aim.

So hey, maybe I can be a researcher,
With confidence in my own ways,
Doing it my way as folk often say,
I think that could work, oh, my days!

And there it is, transformative learning,
All the stages Jack Mezirow said.
Changing my view of how things are,
And feeling it’s straight in my head.

Now I don’t feel marginalised,
In the community of research.
As I should be, I’m peripheral,
On my happy, legitimate perch.

The latter part of this poem refers to the second occasion on which I shared a poetic summary of my research. The first was to a small audience of interested Indian colleagues at the All India Occupational Therapists Association annual conference in 2023, followed by a post graduate research event attended by my peers at my own university (see Appendix 9). Both occasions brought their challenges through doubts

that the audience, for different reasons, might not ‘get it’ and I would be left feeling foolish. However, Indian colleagues were very encouraging about my study and the way I presented it, and my UK colleagues equally positive in spite of some of that audience never having heard of using poetry in research. This represented a key moment of acknowledgement and acceptance in my own identity as a researcher.

This process of self-discovery and transformation of thoughts and beliefs about research and particularly within the PhD journey is not uncommon (Clute, 2005; Rapley, 2018). The process can also be littered with personal epiphanies when understanding of self, underpinning philosophy or methodology suddenly falls into place, representing significant milestones within the PhD (Clute, 2005; Rapley, 2018). One such moment occurred during the first week of my data collection visit while I was taking time to familiarise myself with the programme and the practice contexts experienced by the students:

Belonging together

I’m here, and getting to know the place,
So familiar, yet so strange.
Some things are as expected,
But some things have also changed
From what I think I’ve seen before,
And all the stuff I’ve read,
It’s hard to keep an open mind
When all this fills my head.

It’s so hard not to jump to judge
The things they show and tell me.
Not everything is as I’d wish
But I’ve had practice, and let it be.
Before though I’d pick out the ‘faults’
The things that were ‘so dire’
But now I see the pros and cons,
And some things that inspire.

There is a balance to be struck,
Between ‘our way’ and theirs,
There are things they do much better,
Many things that we can share.
That gives my feelings balance,
Makes me comfortable in my skin.
Beginning not to feel so foreign,
More like a researcher from within.

The more I look, the more I see
The issues that we share.
But there are different things that are pulling our strings,
Frustrating us, because we care.
Our common goal for OT is
As clear as day to see.
It's really made me recognise
Our world community.

I see their eyes light up with glee,
When I speak of what I've read,
Of OT and its culture,
And the knowledge I now keep in my head.
They say 'That's it! That's how it is!
For us all of the time!'
The trials of learning theories that
Are never quite in line.

I somehow feel that validates
The questions that I'm raising.
My fears of 'post-colonial twit'
Are almost worth erasing.
It feels like it all may be worth it,
All the years of refining this plan,
And, hell! That's a relief, I can tell you!
Cause to celebrate with Daal and some naan!

With the aim of being transparent about my own personal transformation throughout this study, I have included many of these epiphanic moments within the text of this work, at the appropriate juncture where the realisations occurred. This is not wholly disconnected from the process of discovery experienced by the student participants in this study and, as a result, gave me a real sense of empathy with their initial self-perceived lack of knowledge and understanding, the moments of challenge and the joy of success. I have, at times, felt like I am almost sharing their experience; comments such as, "Oh, my God! What are we going to do?" and, "Oh, now I get it, what is OT!" Could equally have been uttered by me in relation to my struggles to make sense of and apply my chosen

methodology. My awareness of this has been vital as I continue to explore my own impact on this study. Experience when starting to disseminate my work suggests that my empathy with the students enhances my motivation and enthusiasm for telling their story well.

There have been many moments of angst through this research process and, on reflection, many of these related to my sense of responsibility to the students (Liamputtong, 2010a), particularly within a context where there is a paucity of research which 'listens to' student perceptions of their experiences. To this end, I carefully planned my interviews with thinking time in between each one to enable reflection and development of strategies to improve my interview technique. Although I had much experience of interviewing in many different contexts, I was conscious of my novice researcher status (Craddock et al., 2013) and the lack of being able to practice within a comparable context. The rushed nature of my data collection and my anxiety about arranging urgent travel home combined forces to cause a sense of having done a 'poor job' of the interviews, especially the later ones which became shorter to avoid students having made a wasted journey to participate just hours before my departure. On my return home, this situation became a significant source of anxiety, resulting in avoidance of listening to the interview recordings due to an assumption that I had 'done it wrong' (Craddock et al., 2013). The following is an excerpt from a reflective conversation with myself a few weeks after my return from the data collection visit:

> Recovery:
>
> Back home, I take time to digest my experience, nothing to do with the data.
> I count myself lucky that I made it home, but I'm cross that it messed up my work.
> I don't want to listen, I don't want to know what is there, or what isn't.
> The interviews, they blur as one, in my memory, all jumbled up.
> I remember some snippets that seemed pretty good, but I'm worried.
> I'm worried I messed up, I've wasted my time, and an opportunity I can't repeat.
> So I step away until I'm able, objective and fresh.

This narrative continued as I braved listening to the interviews:

> Taking the plunge:
>
> I listen to the data, and I start to try transcribing. Turns out that's not especially in my skill set.

I'm so focused on each word that's said, I still don't know what the students are saying.
So, I farm it out, I pay a stranger to do the transcribing, this rite of passage is not for me.
Listening to individual words a dozen times, trying to identify what they are is not immersive for me.
While strangers transcribe, I listen, and enhance my scant notes, it's still fresh in my mind.

With the expectation in the forefront of my mind that my data was inadequate, when I did finally listen to the interviews, I was once again filled with a sense of not having performed adequately, seeing so many missed opportunities to explore issues further during my conversations as I knew I would normally have done:

What happened to my plan?

I sit here listening, my head in my hands,
This hair pulling frustration was not in my plans.
I listen again hoping something has changed,
Shouting, "What are you doing?", like someone deranged.
It's like watching a film with predicted disaster,
"How can you not see he's a criminal master?"

I've been an OT now for thirty-one years,
When I interview folk, I know I'm all ears.
I pick up on cues, and I prompt, and explore,
And I ask further questions so that I can learn more.
But these interviews now, well it's so hard to hear,
Missed chances and lapses prompt the odd angry tear.

I've listened to nine now, and processed, and thought,
So why is it now it's becoming so fraught?
I'm still finding some content to put into verse,
But the interviews, they're getting worse and worse.
I sound flat, I sound tired, and dejected,
Nothing like the performance expected.

Before I give up, throw the towel in and stop,
Declare myself bankrupt, my research a flop,
I perhaps need to employ some logical thought,
Objective views of facts are what need to be sought.
So now I pause to take stock and look back,
To help me process and get back on track.

Monday – the first day of things going awry,
The planned first day of my interviews, oh my!
No students to be seen, they've gone away,
Given holiday to go back home for the day.
It's not clear if or when they'll be back,
And my research is in danger of going off track.

Tuesday – no-one knows, but no students in sight,
Then, there's three coming to help with my plight.
Better than nothing, and they all were great,
Buoying my mood, and not sealing my fate.
I might need to adjust things, but I can do this,
Perhaps I'll leave early, giving week 3 a miss.

I obviously know that COVID's a thing,
And that back home it's starting to sting,
But there's no advice for me to leave,
So I have no panic to perceive.
Until "incoming flights are stopping tomorrow, you have to get out!"
Comes from colleagues back home, with no doubt.

A tsunami of panic's engulfing the world,
And into chaos I'm suddenly hurled.
A sleepless night spent trying to get a new flight,
And packing my bags and my work in a fright.
Looks like Thursday I might get to make my way home,
In the meantime, I sit in my room all alone.

Wednesday, I'm back in, nowhere else to go,
And find that nine students have opted to show.
I'm obliged to talk to them, they've come just for me,
At least it distracts from my urges to flee.
But as interviews pass, my anxiety rises,
Awaiting news of my travel, well hey, no surprises!

The news of my flight came through after number ten,
My emotions were totally fuddled by then,
I had to survive and get through to the end,
In a blur I got through it, too late to amend.
I remember the exhaustion and worry,
And an impossible urge just to hurry.

So my data's not perfect and could be way better,
I didn't follow my plan right down to the last letter.
But good enough is acceptable under such pressure,
I know it could be different if I'd only been fresher.
But it is what it is, and I gave it my best,
And arrived home just in time, feeling most blessed.

Once I had offloaded all my anxieties and concerns through my reflections, alongside the realisation that this was a unique situation which I was unable to control, I was able to move on to develop a more rational perception of my data, and everything started to slot into place:

> I start listening a sceptic, but then I listen again, and again, and I start to hear things.
> I hear unexpected things, interesting things, fascinating and inspirational things.
> It's not so bad.
> Then I'm off. This is fun, it's exciting, compelling, addictive, I can't get enough.
>
> IPA analysis:
>
> While I'm making initial notes of things that stand out, I add my impressions and thoughts.
> I go back to the books, and IPA analysis, and it seems I'm following the early stages....
> It would appear that I have intuitively begun IPA data analysis - that's good!
> I suddenly feel a new confidence in my methodology and approach - I like that!
> I said before that IPA suits OT, it's so similar, it's what I do, it's how I work.
> Now I have data in front of me, I can truly see how it fits IPA, and I'm sure I can do it.
>
> I go back to the literature, find something recent about IPA, I don't like it.
> It seems to be rigidly following process, and stages of IPA working.
> It has structure, but I don't see it as rigid. It's flexible, fluid, not a linear process, a way of thinking.
> A way of exploring, in exploring I can't disconnect different stages, and number them off.
> As I'm listening, reading and editing, my mind is whirring, processing, thinking.
> I can't wait for a stage to do that bit of IPA, just as I can't stop my mind from thinking.
> I can be aware of what I'm thinking and take care with how I respond, but I can't stop thinking.
> Words are leaping off the pages, joining with their friends, trying to turn themselves into poems.
> The richness of the language and the words drawing me in.
> That, I will resist until further down the line, but I will notice it and let it rest in the back of my mind.

> When I am ready, it will be there, more matured and ready for action.
> I don't want to make grape juice, I want to make wine.

Once again, I had followed an identifiable process of learning and understanding not dissimilar to Mezirow's (1997) transformative learning process through an experience that had indeed felt particularly transformative. Additionally, this also reflects my preconceptions of how the process was going to be and the conflict I was having with what happened in reality. However, this perceived tension is rationalised by Heidegger's assertion that the context of the participants and the researcher at a particular moment in time is simply a feature of the experiential nature of the research process for both parties (Smythe et al., 2008). Maso (2003) suggests managing this through "staying open and aware" (Maso, 2003, p48) in relation to perceived limitations and adopting the flexibility to be receptive to changes in the context. Gadamer described this as having 'play 'in a bicycle wheel, suggesting an optimum level of flexibility to enable free movement allowing "room to play, to respond to the unrest and think again" (Smythe et al., 2008, p1391). As such, the researcher is themselves engaged in a lived experience within the research that cannot be confidently predicted (Smythe et al., 2008). Therefore, the awareness of discrepancy between the expectation and reality should be recognised as an opportunity to explore new possibilities and opportunities to answer their question (Maso, 2003; Smythe et al., 2008). The above narrative represents such a challenge to my expectations and the subsequent acceptance and response to the situation, with the expression of renewed confidence that I could still answer my research question even though things had not gone to plan.

Typically, within IPA studies, it is within the data analysis process that reflexivity comes to the fore (Smythe et al., 2008; Shaw, 2010; Stephenson et al., 2018; Sydor, 2019). It is acknowledged that the process of 'meaning making' begins during the conversation between the researcher and the participant (Smythe et al., 2008; Finlay, 2011; Sydor, 2019) when the content of the dialogue is, by it's nature as a human interaction, influenced by the approach of the researcher and simultaneously acts as the catalyst that challenges the 'horizon of understanding' of the researcher (Shaw, 2010; Finlay, 2011; Sydor, 2019). This is a further example of the influence of the researcher on the outcomes of the study as the rapport developed with the participants and the researcher responses to what is shared by the participants both influence the data collected and the initial analysis (Shaw, 2010; Sydor, 2019).

Within the data collection process, I was acutely aware of my position as a respected foreign visitor to the faculty and the potential power imbalance that this may cause, whether actual or perceived (Liamputtong, 2010a; Miller Cleary, 2013). I was conscious of differences in occupational therapy and general health practices which might challenge my perception of what is appropriate or acceptable practice. For example, in previous work with children in India, I was shocked by adults leading children by grasping their upper arm rather than holding their hand as I was used to, but further observation led me to understand that this was common accepted practice in many situations where an adult would need to lead or direct a child. Whilst this was not something that I would ever do, I did not feel that it was appropriate to challenge apart from when I might suggest that a child could try to complete an activity within therapy without any physical contact. I therefore entered the data collection process with openness to alternative ways of being and experiencing the phenomenon of occupational therapy practice.

Having observed some student practice within the institution and spoken to students generally about their postings, I felt confident that I could respond appropriately and without judgement to anything that might come up within the participant interviews. However, this was challenged during my interaction with P3. She was very open and enthusiastic from the start, freely offering her thoughts and feelings about situations she described from her postings with little prompting. When I asked her if she had any particularly memorable situations she could share, she spoke about a mental health inpatient who was restrained. She struggled to find a word to describe her interest in the patient, describing it as "*weird"* to see the patient tied to the bed by her upper and lower limbs and screaming. In my mind, I was horrified as I pictured the scene; in any other student conversation I would be launching into an explanation of why I needed to breach confidentiality and report a safeguarding issue, but I knew I could not do that. She was in full flow telling her story, not seeming to seek a response to this revelation, so I just sat quietly listening. The story continued to describe how she had persuaded the doctors to let her try some activities with the patient, how successful that had been and how happy she was to have helped her recovery. Instead of returning to the restraint issue, I followed up with a question about what she had taken away from that situation, prompting another long answer about people understanding how the patient must have felt.

On reflection of this exchange, I was unsure how I felt. Sydor (2019) described a similar challenge when interviewing young men about sexual health; as a nurse, she

recognised the difference between her clinical role and her role as a researcher, suggesting that this was both challenging and essential (Sydor, 2019). This reflects my inner conflict of needing to 'do' something (my occupational therapist self) as opposed to a stance of passive listening (my researcher self). Shaw (2010), on the other hand, described a situation within an interview when she exclaimed, "Oh my God!" when a participant revealed something that shocked her to the point where she had reacted immediately without finding the right words to say. This caused a sense that she had undermined the trust of the participant by revealing the dominant underlying judgement of teenage pregnancy to which she was accustomed within her upbringing and sociocultural context (Shaw, 2010). My concern was that I was not sure whether describing the situation as "*weird"* indicated that what the student experienced was just a little unusual or very disturbing to her. My sense in the way she spoke of it was that she had been more curious than upset and wanted the opportunity to offer input to the patient. Therefore, on balance, whilst I could have explored my participant's feelings about the situation further, I am satisfied that I resisted expressing what I was thinking, as this would have damaged the integrity of my position as a researcher and the openness with which I was trying so hard to approach the study.

As I alluded to the potential application of the Kawa model (Iwama, 2006) to the student journey, I also recognised how this could be applied to my own experience throughout this study. This is a metaphor I have used before to create poetic reflections upon difficult times in life. Alongside the well documented challenges I have faced and addressed in relation to my position within this research and the understanding and application of my methodology, there have been many personal factors that have frequently thwarted my efforts, either physically halting progress all together or causing incapacitating self-doubt, and latterly nurturing and supporting my growing self-confidence. My rather impressive collection of major life events during this study cannot be dissociated from either my previous experience and expectations or the progression of the research. This is the same for the students, that their personal contexts, although similar in parts, influence their progression and sense making of experiences throughout their course. We have all been on a journey of discovery, the crossing of our paths highlighting unexpected similarities.

9.2. Summary

Through this chapter, I have explored my own position in relation to this research and the impact that this has had on my approach to and application of the research process

(Finlay and Gough, 2003). This self-evaluation is an essential element of IPA (Finlay, 2011; Smith et al., 2022), and ensures the integrity of the research process. Through consideration of many of the challenges inherent in this study, I have also reflected upon my transformative experience of developing my research knowledge and skills.

Chapter 10. Concluding thoughts

10.1. Returning to the research question and aims

The research question for this study is:

How do Indian occupational therapy students make sense of their practice experiences?

Aims

- To understand the nature of student practice experiences
- To explore student perceptions of their practice experiences

The results of this study suggest that the Indian students shared some significant elements of their experiences with students from other countries represented in similar studies relating to practice or work-based learning. Experiences are particularly relatable in terms of identifiable elements and stages of learning and development processes regardless of the different routes taken into occupational therapy education. Equally, occupational therapy students across different countries and continents all struggled to fully understand their profession until they experience it in practice. Therefore, the sense of becoming an occupational therapist was a common outcome of practice education, although at what point this occurs remains unique to the individual.

Where the Indian student experience differs from their international counterparts is in their common sociocultural background, their route directly from school/college to university and the institution-based allocation of places to study occupational therapy. This continues throughout their training, with a consistent collective experience of teaching and guidance within common (shared) practice settings. Thus, they do not experience the variations in experiences and outcomes shown in comparable studies where practice education is delivered across a range of geographical and practice locations supported by a corresponding range of occupational therapy practitioners. This could go some way to explaining the sense of certainty and confidence demonstrated by the Indian students regarding their understanding of what is expected of them and the process of progression to becoming a qualified practitioner. However, this would require further exploration alongside the apparent lack of options to choose a professional path and the probability of not being able to study for an alternative career should a student choose to withdraw from an occupational therapy programme.

The clear contrast between the collectivist and individualist approaches to occupational therapy education is clearly highlighted by this study and should benefit the ongoing consideration of and innovation in occupational therapy practice education across the world. There is clearly no judgement to be made suggesting common best practice for practice education, but the alternative perspective presented here should inform future discussion and debate within the profession. This study also offers a contribution to the current debate about decolonizing the profession of occupational therapy within the context of growing concerns about western dominance of education and practice.

This study also offers a relatively novel approach to combining the methodology of IPA with elements of poetic inquiry which could inform or form the basis for future studies.

10.2. Postscript

So this is the end of my research
And I've done what I set out to do.
I've learnt such a lot, about so many things
And I'm happy to share it with you.

I've learnt about student experience,
And about how it feels to be them
The positive stuff, and the challenges
And where they want to be at the end.

I'm offering a new perspective,
Never written about before,
About the practice learning experience,
With collectivism right at its core.

I want this to challenge our thinking,
To make us think again.
There's a different way of doing things,
That breaks the western chain.

We shouldn't do things all the same,
But it's good not to make gross assumption
A healthy global debate about things
Is enhanced with a bit of disruption.

There are so many places where this could go next,
Collaborations both home and abroad,
I'd like to think the world is my oyster,
But I fear that idea may be flawed!

I feel like a researcher, nearly,
A proper academic at last!
Well, I think that I can do it,
More than I ever did in the past.

A journey of discovery,
Lots of little gems still glistening,
Maybe there’s more research beckoning,
But for now, goodbye, thank you for listening.

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Appendices

Appendix 1 Interview guide

- Tell me about your clinical practice on your course
    - Follow up – contextual information, organisation/timing, relation to the taught elements of the course/theory, level of responsibility/autonomy, activities engaged in etc.

- How do you record what you do in clinical practice?

- What do you record?
    - Examples?

- How is what you record used?
    - For assessment?
    - For discussion?
    - For personal use?

- How does it contribute to your learning/development?

- Can you tell me about any significant event(s) that you remember from your clinical practice?
    - Describe in detail
    - What did you learn from it?

- Could you tell me more about…….

Appendix 2 Research Ethics Checklist

Research Ethics Checklist

About Your Checklist	
Ethics ID	28992
Date Created	11/11/2019 12:09:17
Status	Approved
Date Approved	12/02/2020 12:13:27
Date Submitted	07/02/2020 11:08:56
Risk	High

Researcher Details	
Name	Helen Ribchester
Faculty	Faculty of Health and Social Sciences
Status	Postgraduate Research (MRes, MPhil, PhD, DProf, EngD, EdD)
Course	Postgraduate Research - HSS
Have you received funding to support this research project?	No

Project Details	
Title	Exploring the sense making derived from the clinical placement experiences of student Occupational Therapists in India.

Start Date of Project	20/04/2014
End Date of Project	28/08/2022
Proposed Start Date of Data Collection	03/02/2020
Original Supervisor	Karen Rees
Approver	Research Ethics Panel

Summary - no more than 500 words (including detail on background methodology, sample, outcomes, etc.)

This qualitative research project aims to explore how Indian Occupational Therapy (OT) students make sense of their practice experiences. To contribute to this broad aim, the following will be used to guide the study:

- To explore student perceptions of their practice experiences
- To identify and explore any learning and/or development that students feel has occurred as a result of practice experience
- To identify and explore any methods used by students to aid the process of evaluating their experiences

Within the international Occupational Therapy community, the World Federation of Occupational Therapists (WFOT) supports and monitors the standards and development of the profession across a diverse range of cultural contexts. However, the profession is dominated by Western philosophy, theory, models of practice and language, with Occupational Therapy courses in India routinely taught in English. This can result in challenges applying theory to practice in a manner which is relevant to the Indian social and cultural context.

Exploring how Indian Occupational Therapy students experience practice will provide valuable insight into student perceptions of the practice elements of their course. This includes how students make sense of any learning and development that they feel has taken place as a result of practice experience, and consideration of any tools or processes used to support this activity. Increased understanding of these issues may inform the development of culturally relevant tools to aid continuing practice learning.

Current literature about practice learning is dominated by Western studies, models and theory, with no published studies relating to to practice learning in India.
This study is based on an interpretive stance, acknowledging the uniquely personal way that occupational therapy students experience practice. The specific methodology selected for this study is Interpretative Phenomenological Analysis.
A purposive sample of 10-12 Occupational Therapy students at Sri Ramachandra Institute of Higher Education and Research in Chennai, India will be recruited from the three cohorts currently on the course. The students will be interviewed in two stages to explore their current practice in relation to practice learning. Initial interviews will explore current practice in relation to recording practice experiences. Then participants will be asked to record their practice experiences in their chosen format over a period of three months prior to a further interview during which they will be asked to reflect upon their experiences and chosen recording methods. Both sets of interviews will take place at Sri Ramachandra.
Additional ethical issues with this study relate to its cross cultural nature and the post colonial context, including the fact that it will be conducted in English. This may influence student decisions to volunteer, and will be addressed by presenting the participant information verbally in addition to the written form, stressing the right to choose not to participate. Researcher reflexivity will be employed throughout to continuously review the cross cultural issues relating to the study.
This study will be written up and submitted to meet the requirements of my PhD study at Bournemouth University. It is also expected to generate peer reviewed publications and international conference papers.
Filter Question: Does your study involve Human Participants?

Participants
Describe the number of participants and specify any inclusion/exclusion criteria to be used
Maximum 12 participants. Inclusion criteria: OT students currently studying at Sri Ramachandra Institute of Higher Education and Research who have had clinical practice experience during their training. Participating students to be prepared to spend time recording their clinical practice experiences over a period of three months, and to verbally share reflections on the content and process with the researcher. Students prepared to be interviewed in English (the language of OT in India)

Do your participants include minors (under 16)?	No
Are your participants considered adults who are competent to give consent but considered vulnerable?	No
Is a Disclosure and Barring Service (DBS) check required for the research activity?	No

Recruitment	
Please provide details on intended recruitment methods, include copies of any advertisements.	
The researcher will present hard copies of the participant information, in person, to the three cohorts of students at Sri Ramachandra, supported by a face to face presentation of the information to prompt discussion and questions, to ensure informed decision making and reduce any perceived power relations. The sheet will be made available electronically to enable access to the BU links within it. If more than ten students wish to participate, a random sample will be chosen by the researcher.	
Do you need a Gatekeeper to access your participants?	Yes
Please provide details, including their roles and any relationship between Gatekeepers and participant(s) (e.g. nursing home manager and residents)	
Narasimman Swaminathan, Professor of Physiotherapy, Vice Principal of Faculty of Allied Health Sciences, Sri Ramachandra Institute of Higher Education and Research (Deemed University). Professor Swaminathan is the Vice Principle of the Faculty of Allied Health Sciences, in which the Occupational Therapy programme sits, and has indicated a willingness to support my research (see attached email).	

Data Collection Activity

Will the research involve questionnaire/online survey? If yes, don't forget to attach a copy of the questionnaire/survey or sample of questions.	No
Will the research involve interviews? If Yes, don’t forget to attach a copy of the interview questions or sample of questions	Yes
Please provide details e.g. where will the interviews take place. Will you be conducting the interviews or someone else?	

I will be conducting the interviews myself in a private room on the university campus of Sri Ramachandra.	
Will the research involve a focus group? If yes, don't forget to attach a copy of the focus group questions or sample of questions.	No
Will the research involve the collection of audio materials?	Yes
Will your research involve the collection of photographic materials?	No
Will your research involve the collection of video materials/film?	No
Will any audio recordings (or non-anonymised transcript), photographs, video recordings or film be used in any outputs or otherwise made publicly available?	No
Will the study involve discussions of sensitive topics (e.g. sexual activity, drug use, criminal activity)?	No
Will any drugs, placebos or other substances (e.g. food substances, vitamins) be administered to the participants?	No
Will the study involve invasive, intrusive or potential harmful procedures of any kind?	No
Could your research induce psychological stress or anxiety, cause harm or have negative consequences for the participants or researchers (beyond the risks encountered in normal life)?	No
Will your research involve prolonged or repetitive testing?	No

Consent	
Describe the process that you will be using to obtain valid consent for participation in the research activities. If consent is not to be obtained explain why.	
Following verbal presentation and circulation of the Participant Information Sheet, students will be asked to take time to consider whether they would like to participate. Participants will be asked to read and sign the Participant Agreement Form, in relation to both interviews, prior to their first interview. Consent will be checked again verbally prior to the second interview.	
Do your participants include adults who lack/may lack capacity to give consent (at any point in the study)?	No
Will it be necessary for participants to take part in your study without their knowledge and consent?	No

Participant Withdrawal	
At what point and how will it be possible for participants to exercise their rights to withdraw from the study?	If participants decide to withdraw from the study, no further information will be collected from or about them.
If a participant withdraws from the study, what will be done with their data?	If a participant withdraws before data collection is finished, information about them will be removed from the study. However, once the data has been anonymised and analysed, it may not be possible to identify and remove information about them.

Participant Compensation	
Will participants receive financial compensation (or course credits) for their participation?	No
Will financial or other inducements (other than reasonable expenses) be offered to participants?	No

Research Data	
Will identifiable personal information be collected, i.e. at an individualised level in a form that identifies or could enable identification of the participant?	Yes
Please give details of the types of information to be collected, e.g. personal characteristics, education, work role, opinions or experiences	
Participants will be asked to indicate their gender, age and year of study. Additionally, email contact details will be requested in order to arrange interviews. The demographic information will be used to summarise the profile of participants within the thesis and subsequent presentations or publications.	
Will the personal data collected include any special category data, or any information about actual or alleged criminal activity or criminal convictions which are not already in the public domain?	No
Will the information be anonymised/de-identified at any stage during the study?	Yes

Will research outputs include any identifiable personal information i.e. data at an individualised level in a form which identifies or could enable identification of the individual?	No
Please give brief details of how you will address the need for data minimisation or explain why you do not think this relates to the personal information you will be collecting.	
Data from the interviews will be anonymised at the point of transcription, ensuring that nobody other than the researcher will have any knowledge of the identity of the participants. It is not anticipated that any quotes used in subsequent writing up and dissemination will be recognised by anyone other than the individual participant and the researcher.	

Storage, Access and Disposal of Research Data	
During the study, what data relating to the participants will be stored and where?	Age, gender, current year of study, email contact details, interview recordings and anonymised interview transcripts will be stored and password protected on the BU staff Hdrive.
How long will the data relating to participants be stored?	Email contact details will be deleted following completion of the data collection. Audio data will be kept until completion of the PhD.
During the study, who will have access to the data relating to participants?	Audio data will be accessible to the researcher, and transcripts of the recordings of their interviews will be made available to each participant. The research supervisors may also have access to the anonymised interview transcripts if this is necessary within the supervisory process. If funding is secured for a transcriber, they will also have access to the interview recordings for the duration of transcription.
After the study has finished, what data relating to participants will be stored and where? Please indicate whether data will be retained in identifiable form.	Anonymised transcripts of interviews will be stored and password protected on the BU staff Hdrive and/or BORDaR

After the study has finished, how long will data relating to participants be stored?	Email contact details will be deleted following completion of the data collection. Audio data will be kept until completion of the PhD. Therefore there will be no personal information retained once the study has finished.
After the study has finished, who will have access to the data relating to participants?	Anonymised data will be available on BORDaR
Will any identifiable participant data be transferred outside of the European Economic Area (EEA)?	No
How and when will the data relating to participants be deleted/destroyed?	Audio data will be securely destroyed following completion of transcription. 5 years after completion of the PhD, remaining data will be securely destroyed in line with the current
	BU data management protocol/guidance.
Once your project completes, will any anonymised research data be stored on BU's Online Research Data Repository "BORDaR"?	Yes

Dissemination Plans	
How do you intend to report and disseminate the results of the study?	
Peer reviewed journals,Conference presentation	
Will you inform participants of the results?	Yes
If Yes or No, please give details of how you will inform participants or justify if not doing so	
This project is taking place at the beginning of a proposed partnership agreement with Sri Ramachandra including staff and student exchanges. Therefore I plan to present	

the findings of the study to the students and their tutors during a future visit. The alternatives to this are a live online presentation and/or a written summary.

Final Review	
Are there any other ethical considerations relating to your project which have not been covered above?	No

Risk Assessment	
Have you undertaken an appropriate Risk Assessment?	Yes

Filter Question: Will your research study take place outside the UK and/or specifically target a country outside the UK?

Additional Details	
What country will your research take place in? Please include details and measures taken to minimise risks.	The research will take place at Sri Ramachandra Institute of Higher Education and Research, Chennai, India. BU is developing a partnership agreement with Sri Ramachandra, and collaboration is encouraged by both institutions. Risk assessment attached.
Does the country in which you are conducting research require that you obtain internal ethical approval (other than BU ethical approval)?	Yes
Please state the approving authority	Sri Ramachandra Institute of Higher Education and Research, Chennai, India. Email attached indicating approval once evidence of BU ethical approval has been forwarded to Professor Swaminathan.

Filter Question: Does your study require review and approval through another external Ethics Committee (not HRA/NHS Approvals)?

Additional Details	
Please identify the approving authority	Sri Ramachandra Institute of Higher Education and Research, Professor Swaminathan has indicated that BU ethical approval will meet their institutional requirements. See attached email.
Do you also require Bournemouth	Yes
University ethical approval?	

Attached documents
Risk Assessment HCRv1.pdf - attached on 22/11/2019 15:05:06
Participant Agreement Form HCRv1.docx - attached on 22/11/2019 15:05:22
Sample interview questionsHCRv1.docx - attached on 22/11/2019 15:05:33
Sri Ramachandra email.pdf - attached on 22/11/2019 15:05:44
Participant Information Sheet HCRv2.docx - attached on 25/11/2019 12:26:52
Participant Information Sheet HCRv3.docx - attached on 07/02/2020 11:08:05
Participant Agreement Form HCRv2.docx - attached on 07/02/2020 11:08:17

Appendix 3 Participant Information Sheet

Bournemouth University

Participant Information Sheet

The title of the research project

Exploring the sense making derived from the clinical placement experiences of student Occupational Therapists in India.

Invitation to take part

You are being invited to take part in a research project. My name is Helen Ribchester, I am a Lecturer in Occupational Therapy at Bournemouth University in the UK, and this project is part of my PhD study. Before you decide whether to participate, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. If there is anything that is not clear, or if you would like more information, please ask me. Take time to decide whether or not you wish to take part.

What is the purpose of the project?

The project aims to explore how Occupational Therapy students in India experience clinical placements within their training. This will include collecting students' thoughts about their clinical placement experiences and how they make sense of experiences in relation to their personal and professional development. Whilst there is much literature published about how students experience clinical practice within a Western context, there is a significant lack of published research specific to the Indian context. This project will therefore contribute to the understanding of student clinical placement experience, potentially influencing future planning of this element of training in India. The data collection is expected to be completed in two stages during 2020.

Why have I been chosen?

You are being invited to take part in this project because you are an Occupational Therapy student in India, and have clinical placements experience within your course.

Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a participant agreement

form. This information sheet is to help you to understand what participation involves before you make a decision on whether to participate.

If you decide to take part, you will be asked to sign a participant agreement form to confirm that you understand what is involved in participating in the project. If you decide not to take part, you do not need to give a reason, and this will not adversely affect your experience on your course.

Can I change my mind about taking part?

Yes, you can stop participating in the project at any time and without giving a reason.

If I change my mind, what happens to my information?

If you decide to withdraw from the study, I will not collect any further information from or about you. If you withdraw before data collection is finished, information about you will be removed from the study. However, once the data has been analysed and anonymised, it may not be possible to identify and remove information about you.

What would taking part involve?

If you decide to take part in the project, you will be expected to participate in two individual interviews with the researcher, the first at the beginning of the project, and the second after three months. The interviews will be semi structured in nature, will take place on your university campus, and will last no more than one hour. During the time between the interviews, you will be asked to record, in whatever form you choose, your clinical placement experiences and your thoughts about the personal and professional impact of these experiences; this will form the basis of discussion in the second interview. It is expected that you will participate in both interviews unless you choose to withdraw from the project.

What are the advantages and possible disadvantages or risks of taking part?

Whilst there are no immediate benefits for you as a result of participating in the project, it is hoped that participation will help you to think about your placement experiences, thus informing and supporting your learning and development. Spending time recording your thoughts and experiences from placement may add slightly to your workload during the project and could be considered to be a disadvantage to taking part.

What type of information will be sought from me and why is the collection of this information relevant for achieving the research project's objectives?

Participants will be asked to indicate their gender, age and year of study. This demographic information will be used to summarise the profile of participants within the thesis and subsequent presentations or publications. You will also be asked to provide email contact details in order to arrange interviews; these contact details will be deleted once both interviews have been completed.

Within the interviews, you will be asked to describe and discuss your clinical placement experiences and how you record this, sharing examples, thoughts and feelings that you are comfortable to share with the researcher.

Will I be recorded, and how will the recorded media be used?

The interviews will be audio recorded to enable accurate transcription, which will be completed by the researcher or an independent transcription service. The audio recordings made of your interviews during this research will be used only for analysis, and anonymised quotes from the transcription of the recording(s) for illustration in the thesis and subsequent presentations and publications. No other use will be made of them without your written permission, and no one outside the project and the transcription service will be allowed access to the original recordings.

How will my information be managed?

Bournemouth University (BU) is the organisation with overall responsibility for this study and the Data Controller of your personal information, which means that we are responsible for looking after your information and using it appropriately. Research is a task that we perform in the public interest, as part of our core function as a university.

Undertaking this research study involves collecting information about you. We manage research data strictly in accordance with:

- Ethical requirements; and
- Current data protection laws. These control use of information about identifiable individuals, but do not apply to anonymous research data: “anonymous” means that we have either removed or not collected any pieces of data or links to other data which identify a specific person as the subject or source of a research result.

BU’s Research Participant Privacy Notice sets out more information about how we fulfil our responsibilities as a data controller and about your rights as an individual under the data protection legislation. We ask you to read this Notice so that you can fully

understand the basis on which we will process your personal information. You can find out more about your rights in relation to your data and how to raise queries or complaints in our Privacy Notice.

Research data will be used only for the purposes of the study or related uses identified in the Privacy Notice or this Information Sheet. To safeguard your rights in relation to your personal information, we will use the minimum personally identifiable information possible and control access to that data as described below.

Publication

You will not be able to be identified in the thesis, presentations or publications about the research without your specific consent. Otherwise, your information will only be included in these materials in an anonymous form, i.e. you will not be identifiable.

Security and access controls

BU will hold the information we collect about you in hard copy in a secure location and on a BU password protected secure network where held electronically. Audio recordings will be held securely until the completion of the PhD, and anonymised transcripts of the interviews will be held for 5 years after the completion of the PhD.

Personal information will be anonymised at the point of transcription of the interviews. Personal information which has not been anonymised will be accessed and used only by appropriate, authorised individuals and when this is necessary for the purposes of the research, or another purpose identified in the Privacy Notice. This may include giving access to BU staff or others responsible for supervising the study, who need to ensure that the research is complying with applicable regulations.

Sharing your personal information with third parties

As well as BU staff working on the research project, I may also need to share personal information in non-anonymised form with an independent transcription service to enable efficient completion of this process.

Further use of your information

The information collected about you may be used in an anonymous form to support other research projects in the future and access to it in this form will not be restricted. It will not be possible for you to be identified from this data. To enable this use, anonymised data will be added to BU's Data Repository: this is a central location where data is stored, which is accessible to the public.

Retention of research data

Project governance documentation, including copies of signed participant agreements: we keep this documentation for a long period after completion of the research, so that we have records of how we conducted the research and who took part. The only personal information in this documentation will be your name and signature, and we will not be able to link this to any anonymised research results.

Research results

As described above, during the course of the study we will anonymise the information we have collected about you as an individual. This means that we will not hold your personal information in identifiable form after we have completed the research activities. You can find more specific information about retention periods for personal information in our Privacy Notice. We keep anonymised research data indefinitely, so that it can be used for other research as described above.

Contact for further information

If you have any questions or would like further information, please contact:

Helen Ribchester

Lecturer in Occupational Therapy

hribchester@bournemouth.ac.uk

Or my PhD Supervisor:

Dr Karen Rees

Senior Lecturer in Public Health/Health Visiting

krees@bournemouth.ac.uk

In case of complaints

Any concerns about the study should be directed to my supervisor Dr Karen Rees, krees@bournemouth.ac.uk . If your concerns have not been answered by my supervisor you should contact Professor Vanora Hundley, Deputy Dean for Research, Faculty of Health and Social Sciences, Bournemouth University by email to researchgovernance@bournemouth.ac.uk.

Finally

If you decide to take part, you will be given a copy of the information sheet and a signed participant agreement form to keep.

Thank you for considering taking part in this research project.

Helen Ribchester

Appendix 4 Risk Assessment

Bournemouth University

Risk Assessment Form

About You & Your Assessment	
Name	Helen Ribchester
Email	hribchester@bournemouth.ac.uk
Your Faculty/Professional Service	Faculty of Health & Social Sciences
Is Your Risk Assessment in relation to Travel or Fieldwork?	Yes
Date of Assessment	12/11/2019
Date of the Activity/Event/Travel that you are Assessing	03/02/2020

What, Who & Where	
Describe the activity/area/process to be assessed	Visit to Sri Ramachandra Institute of Higher Education and Research, Chennai, India for collaborative work and research.
Locations for which the assessment is applicable	Sri Ramachandra Institute, travel to Chennai, accommodation in Chennai
Persons who may be harmed	Staff

Hazard & Risk	
Hazard	Personal safety when conducting interviews
Severity of the hazard	Medium
How Likely the hazard could cause harm	Low
Risk Rating	Low

Control Measure(s) for Personal safety when conducting interviews: Interviews will take place within normal working hours on the Sri Ramachandra campus in a safe space eg teaching room or office.

With your control measure(s) in place - if the hazard were to cause harm, how severe would it be? Low	
With your control measure(s) in place - how likely is it that the hazard could cause harm? Low	
The residual risk rating is calculated as: Low	
Hazard	Security of belongings
Severity of the hazard	Low
How Likely the hazard could cause harm	Medium
Risk Rating	Low
Control Measure(s) for Securit y of belongings: Follow BU overseas travel advic e re: carrying and saving copies of travel documents, emergency contact details, carrying minimal valuabl es, safe carrying of money, travel insurance	
With your control measure(s) i n place - if the hazard were to cause harm, how severe would it be? Low	
With your control measure(s) i n place - how likely is it that the hazard could cause harm? Low	
The residual risk rating is calc ulated as: Low	
Hazard	Lone travel to Chennai and during stay
Severity of the hazard	Medium
	Medium

How Likely the hazard could cause harm	
Risk Rating	Medium

Control Measure(s) for Lone travel to Chennai and during stay:

Avoid lone travel whilst in Chennai

Avoid flights that arrive in or leave Chennai at night

Pre-book transfers between hotel and Chennai airport

Avoid going out alone when it is dark

Book flights with sufficient time for transfers

Book BU approved hotel close to the campus, via BU approved travel booking provider

With your control measure(s) in place - if the hazard were to cause harm, how severe would it be? Low

With your control measure(s) in place - how likely is it that the hazard could cause harm? Low

The residual risk rating is calculated as: Low

Hazard	Personal health and safety
Severity of the hazard	Medium
How Likely the hazard could cause harm	High
Risk Rating	High

Control Measure(s) for Personal health and safety: Ensure a sufficient supply of regular and other medication that may be required Follow guidance re: using bottled water, avoiding ingestion of tap water Take relevant precautions against mosquitos Adhere to control measures for lone travel Ensure appropriate vaccinations are up to date prior to travel Follow guidance re: safe food
With your control measure(s) in place - if the hazard were to cause harm, how severe would it be? Low
With your control measure(s) in place - how likely is it that the hazard could cause harm? Low
The residual risk rating is calculated as: Low

Review & Approval	
Any notes or further information you wish to add about the assessment	This risk assessment may need to be updated prior to travel following review
Names of persons who have contributed	Helen Ribchester
Approver Name	Auto Approved by Helen Ribchester
Approver Job Title	[Not Applicable]

Approver Email	Auto Approved by hribchester@bournemouth.ac.uk
Review Date	

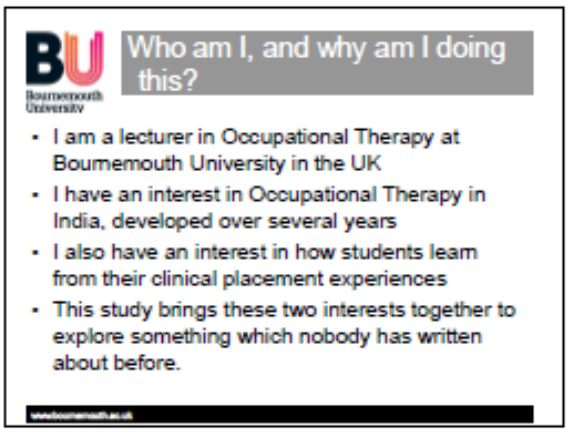
Uploaded documents

No document uploaded

Appendix 5 PowerPoint

1

2



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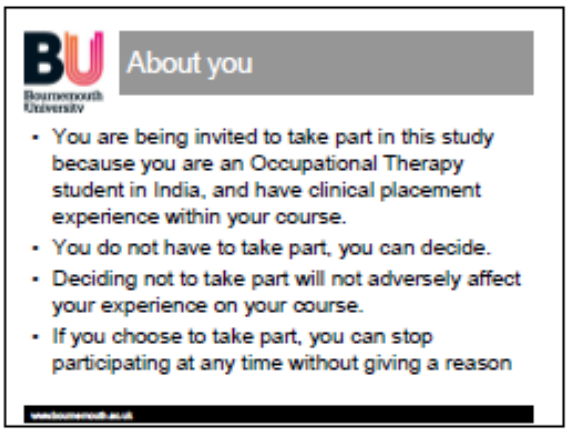

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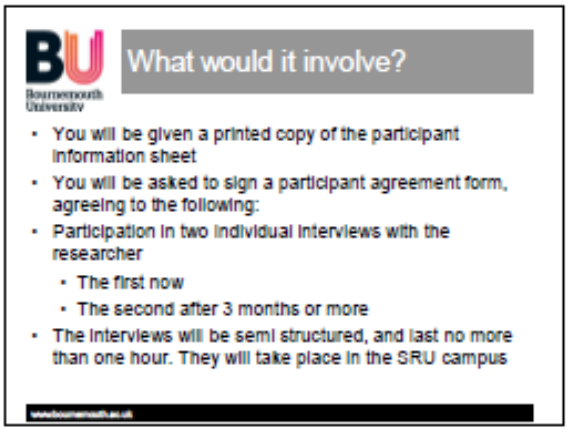

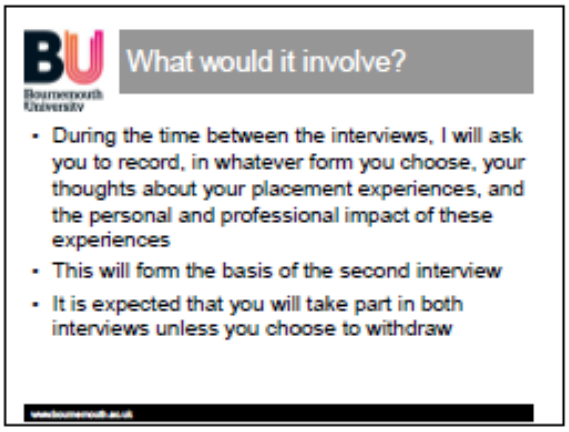

If you want to withdraw

- I will collect no further information from or about you
- If you withdraw before data collection is finished, all information about you will be removed from the study
- Once the data has been anonymised and analysed, it may not be possible to identify and remove information about you

7

Advantages and disadvantages for you

- There may be no immediate advantages, although it is hoped that participation will help you to think about your placement experiences, thus informing your learning and development
- Spending time recording your thoughts and experiences may add slightly to your workload, so could be considered to be a disadvantage

8

Information collected

- Age, gender and year of study – to summarise the profile of participants within the thesis and subsequent presentations or publications
- Email contact details in order to arrange and confirm interviews (deleted after the interviews)
- In the interviews, you will be asked to describe and discuss your placement experiences and how you record this, sharing examples, thoughts and feelings that you are comfortable sharing with the researcher

9

Recording interviews

- Interviews will be audio recorded to enable accurate transcription completed by myself or an independent transcription service
- Audio recordings will only be used for analysis, and anonymised quotes as examples in the thesis and any presentations or publications
- No other use will be made of them without your written permission, and nobody outside the project and the transcription service will be allowed access to the original recordings

10

Management of your information

- BU has very strict standards for the management of research data
- This assures that your information will be stored securely and will not be shared
- You will not be identifiable in the thesis, presentations or publications about the research
- Data will be stored and securely destroyed in line with BU procedures

Questions or concerns

- Please contact me in the first instance:
  - Helen Ribchester
  - hribchester@bournemouth.ac.uk
- Or my supervisor:
  - Karen Rees
  - krees@bournemouth.ac.uk

Appendix 6 Participant agreement form

Ref and Version: HCRv2

Ethics ID number: 28992

Date: 07/02/2020

Bournemouth University

Participant Agreement Form

Full title of project:

Exploring the sense making derived from the practice experiences of student Occupational Therapists in India.

Name, position and contact details of researcher:

Helen Ribchester, Lecturer in Occupational Therapy, hribchester@bournemouth.ac.uk

Name, position and contact details of supervisor: Dr Karen Rees, Senior Lecturer in Public Health/Health Visiting, krees@bournemouth.ac.uk

To be completed prior to data collection activity

Section A: Agreement to participate in the study

You should only agree to participate in the study if you agree with all of the statements in this table and accept that participating will involve the listed activities.

I have read and understood the Participant Information Sheet (HCRv3) and have been given access to the BU Research Participant Privacy Notice which sets out how we collect and use personal information (https://www1.bournemouth.ac.uk/about/governance/access-information/data-protection-privacy).
I have had an opportunity to ask questions.
I understand that my participation is voluntary. I can stop participating in research activities at any time without giving a reason and I am free to decline to answer any particular question(s).
I understand that taking part in the research will include the following activity/activities as part of the research:

• being audio recorded during the project	
• After the first interview, recording, in my chosen format, my clinical placement experiences and my thoughts about the personal and professional impact of these experiences.	
• my words will be quoted in publications, reports, web pages and other research outputs without using my real name.	
I understand that, if I withdraw from the study, I will also be able to withdraw my data from further use in the study **except** where my data has been anonymised (as I cannot be identified) or it will be harmful to the project to have my data removed.	
I understand that my data may be included in an anonymised form within a dataset to be archived at BU's Online Research Data Repository.	
I understand that my data may be used in an anonymised form by the research team to support other research projects in the future, including future publications, reports or presentations.	
	Initial box to agree
I consent to take part in the project on the basis set out above (Section A)	

Name of participant (BLOCK CAPITALS)	Date (dd/mm/yyyy)	Signature
Name of researcher	Date	Signature

(BLOCK CAPITALS)	(dd/mm/yyyy)

Once a Participant has signed, **please sign 1 copy** and take 2 photocopies:

- Original kept in the local investigator's file
- 1 copy to be kept by the participant (including a copy of PI Sheet)

Appendix 7 Poetic Re-presentations of data

P1 Ambition

So, this boy, he felt **pretty new**,
In his class of twenty-four.
Not knowing what he'd see,
But always seeking more.

He didn't know people had problems,
That meant they couldn't do everyday things.
He described a sense of wonderment,
That such a realisation brings.

We were focusing on ADL
Someone's really having help with this?
Can't we do our own chores, can't we wash our own hands?
Oh, okay, now I get it, what this OT is.

Then it all made sense to him,
Why people need OT.
The unique contribution that we make,
Is now plain for him to see.

He liked to get in early,
With his clinical posting in paeds.
Observing assessment and treatment,
Foundation learning that helps one proceed.

He's not afraid to talk to the Doctors,
"Sir, I need this referral for this case,"
"You will see how our intervention is very good."
Excitement written all over his face.

This experience **was amazing.**
A practical experience from naked eyes,
Not like watching a video on YouTube,
Learning by doing, and feeling the highs.

With confidence he relates frames of reference, approaches,
And assessments that are key to OT.
That knowledge is important,
To prove what he can be.

It’s important he can hold his own,
In an interprofessional team.
Justifying himself and making friends,
Is a common recurring theme.

No-one should have to question me,
“Don’t you know this intervention?”
I should be precise, very onto the point,
I should be unique in my own intervention.

His logbook keeps a record,
Of the patients he’s seen and the things he’s done.
This will give like a nostalgic moment
When he’s old and looks back at how far he has come.

His enthusiasm for his craft,
Is evident to hear and see.
He embraces opportunities
To describe what is OT?

With pride comes his identity,
As an OT in the making.
His ambition for impact on **the whole wide world**,
Feels real and unshaking.

He’s looking to the future,
A Masters in Hand Therapy in his sights.
He has a proper point to prove,
With good knowledge and getting it right.

P2 – It's all about confidence

Now this is a quite girl,
Quite unsure of the mic.
But wanting to talk to me,
And answer things right.

Observation was key at the start,
It was great to see practitioners work.
Rapport and relationship building,
Is essential, and not just a perk.

Those early days were helpful,
To just focus and create the rapport,
To experience handling clients
And **to deal with the parents**, as much, if not more.

Working with friends is important,
This created some self-confidence and skills.
Shared decisions and actions are safer,
With students and clients fulfilled.

She sees the progression quite clearly,
From observing to taking control.
Expecting wrongs to be corrected,
By experts in the role.

She trusts the faculty to lead her,
To the right conclusion and action.
She feels lucky and proud to be here,
With every faith in didactic direction.

Whilst study and reading gains knowledge,
Doing this alone is **just dumb, dumb**.
Study then applying is always in her mind,
And she makes this her rule of thumb.

She can say how she reads,
And then uses it to practise,
And it's linked to patient outcomes,
In her person-centred practice.

We are studying only for the sake of the patient,
Is an underpinning theme.
Success can be measured by progress,
Thanks to an interprofessional team.

Still confidence is shaky,
When faced with something new.
Then teamwork and faculty guidance,
Are sought to gain a view.

She seeks confidence and self-validation,
The patient with some gratitude to show.
She uses her successes
To help this seed to grow.

She talks of a milestone achievement,
Suddenly shocked that a child was walking.
Some kind of happiness came into us,
I can see and hear it as she's talking.

A diary keeps account of things,
Assessments and treatments and goals.
It documents progress and outcomes,
And her ever developing role.

The experience of talking
About her course so far,
Has opened up her mind to see
That her progress is on par.

She sees anew how far she's come,
Since starting on this course.
It makes her feel good to think
About her progress through discourse.

At the end she thanks me,
She's never stopped and reflected before.
She thinks she'll do it often now
In the hope that it helps her learn more.

P3 – Fascination

At first this girl was quite **scared**
About making a wrong assumption.
She had to panic about being thorough,
And knew she'd have to use her gumption.

She knows a lot more now
And she's kind of matured.
She used to think about it and laugh,
Feeling much more assured.

Every case **is unique**,
With their personal **history**.
This makes planning interventions
More an art, and less a mystery.

She's questioning and curious
And open with her teachers.
How is this? How can this be?
She likes to know all the details and features.

She values the chance to do postings,
To get used to the role of OT.
She must start thinking like an OT in future,
And she gets to do all this for free.

She describes a familiar OT process,
History collection and making her notes.
Then she thinks about it carefully
Seeking interventions that might float their boats.

The logbook is very important,
It must be perfectly maintained.
Ready to revise and follow up
So momentum's not constrained.

If activity has **some purpose**
With a client on a posting
It's important to **mention** that purpose
Showing more knowledge and skills, not just coasting.

She saves notes on her laptop
To review when time permits.
Then seeks books and studies
To have some information regarding it.

Frustration leads to thoughts inside,
“What shall I do for that?”
Initiating problem solving
For gains as simple as a chat.

Solving problems makes her **happy**,
She **feels satisfied** with herself,
She felt pretty accomplished really,
And shared her **new trick** with everyone else.

Psychiatry, it was difficult,
With less knowledge, the **people** seemed **weird**.
Difficulties engaging the patients
Feels like a game for which she’s not geared.

She feels tricked and **fooled**
By behaviours not seen before.
But then reverts to her previous **practice**
Of writing, reading and learning once more.

The patient who kept **escaping** from her,
Gave an enlightening moment so clear.
That reading and getting the knowledge
Helps her **prepare** now, with much less to fear.

A further reflection on a **patient restrained**
On her bed **was weird** to see.
She was screaming and people ignored her
But I couldn’t ignore her, something made me go down and see.

Confidence raised, she **requested to remove her**,
So she could do some recreation.
Her persistence paid off with the doctor
Showing she could achieve her intention.

Successful interventions **made** her **happy**
But she’s driven to not stop it there.
She includes her friends and her colleagues
In her plans to progress therapy elsewhere.

She sees that education
Is a key part of OT.
To help patients and their families
Understand how life can be.

She wants to help families accept
The illness and its impact,
So that increased understanding
Can make them not overreact.

Thinking of her troubled patient
Makes her think Maybe she felt weird,
To be in a place she's not supposed to be,
"Why am I here?" and behaviour could be born of fear.

She's happy with good memories
We've talked about today.
Surprised how much she's done
Feeling **really fascinated** along the way.

Keeping notes and media,
Of experiences in her OT progression,
She wants to make some memories
To inspire future others in her profession.

It's really nice to talk to you about it.

P4 – Golden Time

In her second year of studies,
This student has less fuel for reflections.
But she's clear in her mind,
About future hopes and expectations.

Early observations have value
As a means to collect information.
And to learn how to handle the clients,
For **our future days** it's a foundation.

handling differently abled peoples
Is a new such kind of thing.
a different world from our normal place
Taking time to get into the swing.

Early postings based with children
Is a challenge for this only child.
Who never experienced sibling naughtiness,
Or behaviour that might seem a bit wild.

But once **bitten**, twice shy
Is not the situation here.
She must change the way she handles it,
Not to scare, but to endear.

She should be handling in a soft manner,
Just as if the child were her own.
Although it's really hard sometimes
She **loves** the **wow** when progress is shown.

The non-engaging children
Are now a challenge she enjoys.
A positive rapport and relationship
Brings **"high five ma'am"** from the boys.

Thinking and questioning why things don't work,
Offers chances to try new ideas.
Finding out what matters to the child,
Succeeds in minimising fears.

In adult group therapy
She finds a new kind of test,
The unmotivated patient
Who always wants to rest.

She’s expected to gain their engagement
Through encouragement and persuasion.
“Come on, come on” “You can do it”
Gets them involved and stops evasion.

The faculty challenge decisions,
Seeking creative ideas.
But what if the answer I said is not right?
She’ll try it out and discuss with her peers.

Thinking again and again
Like why it is not right?
Reporting back to the faculty
If it worked well or perhaps not quite.

Classroom learning and **reading** is **really boring**,
Until we are seeing it in front of us.
Postings is really a golden time,
It means a lot to her career, to her course.

She’s grateful to the parents
Of the children that she sees.
She feels **blessed** for the time she has
To practice her skills with such ease.

She notes the difference in our worlds,
Different practice and population.
My luxury of working with just one child,
Her sharing three with friends in one small location.

She looks forward to more **golden times**
As her course progresses through.
Secure knowing where she’s heading
And what she’s going to do.

P5 – Cherished Thoughts

In her third year of study, she recalls the excitement
Of working out **what is OT**.
In her early paeds postings, observing the experts,
Enjoying all there was to see.

Rapport with the clients and parents,
Was prioritised back in year one,
Then learning the next stages
To assess and progress clients on.

The postings are important
To inform for years to come.
We need to see, learn from the patient,
And all the things they've done.

We learn from the book,
That gives us the theory.
That alone's not enough
And would be really quite dreary.

Practice is quite beautiful
To see and be inspired.
What is it? Look, it's there,
This OT is admired.

She sees the theory come to life
In observations and assessment.
The outcomes that therapy brings
Evidence of a valued investment.

Log notes are used to follow up
And check is there any outcome.
Then we can repeat or change the plan,
Like a follow up, when the next session comes.

The crying child is hard to engage
In anything constructive.
But a multisensory Snoozelem room
Has an impact most productive.

The child stops their crying
What is this? What's happening there?
Yeah, it make a difference,
"My child is looking at me," and it's not a blank stare.

She’s happy to see the changes,
And the progress in the child.
Wow, I made it, I feel very happy
It’s like a miracle, she smiled.

It is easy for us to learn
When the syllabus matches the posting.
We describe what we see
Then we learn about those things.

It’s hard when patient recovery
Is not progressing as expected.
They have to find out **what is happening**
And change the approach that’s selected.

She seeks hints from the staff,
Looks for data and theory and knowledge.
Then recognition, oh, this the basic behind it
Is a significant moment acknowledged.

In psychiatry she used to get fear,
Of a violent and arrogant man.
He’s definitely going to hit someone,
So she really was not a great fan.

In time she saw some kind of difference in him,
He started enjoying OT,
He engaged and recognised himself
And so in two months he was free.

It was different in psychiatry
With patients so **dull and depressed**.
Who don’t often respond to the doctors,
But engage and enjoy OT best.

We are just talking, but in their time,
They want to do something that they enjoy.
They used to make a dance and singing
Finding happiness and joy.

It’s nice.

She’s not looked back like this before,
No-one has asked her quite like this.
It’s nice to talk of all three years,
Cherishing thoughts and clinical practice.

P6 – Goosebumps

This young man knows where he is at,
And where his OT journey's going.
His four years of study all mapped out,
Expectations clear and all the better for knowing.

Year one is watching rapport and practice,
Year two is learning how and what to assess,
Year three is making the goals, long and short in their term,
Year four, **a comprehensive thing of everything**, with intervention to progress!

The essential last six month internship
Helps to focus and see many cases.
Compared to postings the duration is big,
But it's the right thing, and covers all bases.

Knowledge of conditions is important,
The more you know, the better.
The number of patients seen is vital too,
It shows people that you're a go-getter.

Basically, we like psychiatry ma'am,
Group therapy is a very nice thing.
With mixed and non-mixed groups
Treating minds and reintegrating.

Recreation activities for the elderly
Are things he enjoys very much.
Cooking, picnics, drama, music
Reflects OT's creative touch.

He recalls how happy the patients become,
When they've been in a musical session.
It'll be goosebumps, when he thinks of this,
And when he talks of it, it's in his expression.

He loves neuro rehab, and has seen many cases,
He recalls an important young man
An unusual case he was offered
To read up, assess and then plan.

After going through many books,
He wanted to do something for him.
A feeding device was selected,
But why did he choose this, a whim?

He describes how he asked the patient,
“What is it that you want to do?”
“In which way do you want independence?”
“Don’t want to bath, want to feed myself.” He knew.

So they started working with him,
On the movement and strength that he needed.
Customising and thinking about how it looked,
Before work with equipment proceeded.

Clinical posting is very essential
In a professional course like OT.
It’s not like in art or in science,
Integrating clinic and classroom is key.

Clinical posting does mean not sitting
In a consultation room for hours.
The importance of ‘doing’ is clear,
OTs need academic *and* clinical powers.

He describes how he might see a patient
In the morning, in a session,
Then after lunch, in the classroom,
He can discuss what’s his impression.

I’ll interrogate with him,
What I’m supposed to do?
Do I need to put other input? Not use these things?
And the faculty will share his view.

It’s important that the records are right,
So activities and reasoning align.
Only then will efforts be rewarded with marks
When the faculty says this is correct, and I’ll sign.

The faculty mark based on numbers
Of cases seen, inputs and progress,
Creative activities used matter too,
To meet the 80% target, no less.

He finds some things very difficult
Like when patients are angry and throw things.
But he has to persevere with it,
Determined to show some improvement in something.

It’s important that parents are happy,
With the service they receive.
“Oh, why I’m sending? They’re doing nothing.”
Not what he wants them to believe.

He expects there will always be negatives,
In outcomes and feedback given.
But negatives should lead to change,
To improving things, he’s clearly driven.

Overall, he loves clinical postings,
But sitting in class in a lecture, not so much.
This thought makes him grimace and moan,
Hence, he likes integrated postings and such.

His postings will give him evidence,
Of competence in OT skills.
In case he wants to work abroad,
He’ll met standards and fit the bill.

He hasn’t talked of this before,
Except to his parents, no others at all.
He smiles when he shares things remembered,
Happiest feelings enormous, not small.

P7 – Fear to fail

This boy was very nervous,
English not his favoured tongue.
Quite formal and respectful
And in fear of getting it wrong.

At first he didn't understand,
What we do in this clinic, and what is OT,
Observing helped a little,
But the doing in year two was key.

He remembers his first client,
The assessment and the goal.
The neuro approach to movement
And techniques supporting his role.

Psychiatry is not so clear,
Conditions so hard to work out.
With symptoms very much the same,
It's clear he has some doubt.

In the practical exam for this,
It was hard to understand,
Confusion reigned inside his mind,
Digging deep to bring answers to hand.

He says, I am fear to fail,
Lack of confidence clear to see.
Apologies for poor English
Offered but not needed by me.

Year three brings more progression,
Understanding of more things.
A clear and thorough process described
With the confidence this brings.

Approaches, frames of reference,
Start to shape his interventions.
Creating short and long term goals
Justifying his intentions.

There was a very happy moment,
With two clients in the OPD,
He helped them play together,
Proud of improvements he could see.

When thinking about interventions,
Its important to think well ahead,
To the client's community set up,
And the life that they have led.

It's important to have understanding
Of pathology, symptoms and drugs.
This informs our intervention
For long term success, not short term plugs.

The logbook is completed,
Every time an appointment is finished,
It needs to include enough detail
So the examiners marks aren't diminished.

The examiner asks lots of questions,
About how approaches and treatments are used,
Good log notes help to manage this,
Without presenting as confused.

It was a great, wonderful moment,
When an assessment went well the first time.
In year two, it all started to click
And his confidence started to climb.

From physical to mental health,
There is a huge divide.
The lack of cooperation
Is something he can't abide.

Neurosis is not quite so bad,
Those patients **mingle** and engage.
Psychosis on the other hand
They're so difficult to gauge.

When patients ignore his therapy,
It is the most difficult time.
He sees his peers managing
But it's not his place to shine.

A psychiatric patient also said
I am not a jolly character, ma'am.
I'm an introvert character, ma'am.
Not interested to please with charm.

Comparing this to neuro
He sees improvement day to day,
The **physical doing** and sharing of thoughts
Is very much his preferred way.

Postings are important,
To see all types of cases,
Guided by the faculties
Covering all bases.

Talking like this is very useful,
Sharing thoughts and feelings.
And it’s his first experience ever,
Of one to one foreigner dealings.

He looks forward to next time,
When he will speak without fear,
Because he’s learnt a lot from this time,
His words understood, not unclear.

P8 – Blessed

When he first came he didn't know,
What is autism? What is CP?
Then he began to understand,
And felt blessed with his normality.

Postings offer him the chance,
To put approaches to the test,
And to practice how to treat
And give all his patients the best.

Although he's only in year two,
He feels he's experienced a lot,
This good exposure is very helpful,
To learn conditions, and what is what.

In the classroom he learns the approaches,
And applies them in his postings.
This means he doesn't hesitate,
Confident what to do with most things.

His logbook shows his reasoning,
The why and wherefore of his actions.
He gives examples to explain,
His successful interactions.

He recalls an early intervention,
With a child he was asked to see.
I came to know….I have learnt something,
That was a very good day for me.

The child was not interacting,
He was distracted very much.
But he talked to him, got him to play,
Feeling good for his own special touch.

Nobody else could do it,
Although several peers had a shot.
Sir said one day you'll be a very good OT,
That's really mean to me a lot.

High praise gives him a boost,
And he wants to build on this.
Determined not to disappoint,
Or ever be remiss.

He really wants to waste no time,
When a client comes, I'll go.
I give my 100% best to the client,
And to the parents, that's what I owe.

A less positive time with a client,
Who was aggressive and beat him a lot,
Taught him handling with softness,
Creating success from a difficult spot.

He took guidance from the staff,
Pulled himself back to think,
And thought about the client,
And his comfort, that vital link.

He feels good by saying,
How he's experienced his posting,
It reminds him what he's doing right,
Growing knowledge and skills, but not boasting.

P9 – Our profession is great

The routine of predictable postings,
With expectations clear at every stage,
Seems to offer a process and structure
To treat clients who span every age.

There's a certainty in a good outcome,
Prognosis and impact on life.
Training clients and giving home programmes,
Giving satisfaction and not causing strife.

Work with children is very important,
Helping parents moulding and sculpting the child.
We have to do the improvement for them,
We have to show off their skills…….

This is in every OT's job,
To think what to do best for the client.
The dedication should be there for all,
Because on us they are reliant.

In the classroom we learn conditions,
Without this we cannot do our role.
But we don't just see the condition,
We have to see clients as whole.

We are working for a client.
We all are client-based approach.
A doctor gives antibiotics for all,
Who have typhoid, without reproach.

But a cluster of autism kid,
Will need different approaches for each.
Based on skills that they have and those that they need,
And the goals that they're able to reach.

She remembers later in Year one,
Learning the value of creating rapport,
And relationship building, with a fighting child,
Singled out for a hug, confidence soared.

In psychiatry too she embraces her role,
To improve patients' quality of life.
They have to believe us when we tell we are there,
Even when negative thinking is rife.

Her career choice was not always clear,
There was talk of her being a doctor.
She thought she'd not be satisfied with that,
Now knowing OT, this more suits her.

Why we are studying medicine?
Why we are studying surgery and all?
But she learnt that she needed to know this stuff
To be an OT, to follow her call.

She loves her profession,
A vast and very important role,
In clients' lives, for everyone
Quality of life remains her goal.

She reflects that she feels good,
Talking of postings after quite a long time.
She was happy to tell me about things,
Speaking in media the second time.

P10 – Totally different

Observing early on was useful,
To learn the presentation
Of conditions not heard of before,
In a totally different location.

What we see from outside
Is so different to what we see here.
Some children not properly cared for
We should help them, and that is clear.

She couldn't imagine how people would be,
With the problems she was learning about,
Reality was shocking at first,
But she learnt to tolerate and reason it out.

In year two, starting to do therapies
Following demos and direction.
And learning about the conditions
And the theory ready to make a connection.

Her logbook reflects this first practice,
Describing what has been done, and with whom.
This was short, but now so much elaborated,
With reasoning learnt in the classroom.

It used to feel too much to learn,
Questioning why all this knowledge is needed.
But knowing and returning to postings
She makes connections and is glad to have heeded.

She recalls the staff advising her,
To tie up her hair but she left it free.
Until a child started pulling it,
Then she understood why this should be.

That made her think of other things,
Keeping nails long, not a good plan.
So she sorted that too straight away,
Learning to respond and keep safe where she can.

In psychiatry they told untrue stories,
In children, they spat, bit and pulled hair.
She wasn't sure that she could tolerate this
But if it's part of their problem, that's fair.

She remembers things that went much better,
With an autistic child she saw.
He did everything right, and she couldn't work out,
Why the parents and staff wanted more.

It became apparent that he liked her,
Doing whatever she wanted him to,
But behaviour at home was much different
So there was work that she could do.

She was happy with her therapy,
And his mum said, "you did a good job."
"He's loving me too, and obeying my words"
No hitting and no toys being lobbed.

She's had appreciation of her efforts in the past,
Back in school, and from faculty many times.
All this was eclipsed when the mother was pleased,
It felt so different, self-belief in her future then climbs.

Talking about experiences and learning,
Has been good to think back and remember,
Things that were forgotten as time has moved on,
That demonstrate she's no pretender.

She sees her early knowledge
Was on the surface, and not deep,
Now she sees depth in what she knows,
And can see her development leap.

She used to tell her faculty,
"We've not learnt anything."
But now she knows that is not true,
And that is a wonderful thing.

P11 – Responsibility

She knew little of OT at first,
A new name, I never heard about.
She knew physio, but OT's a different thing,
We can do activities, to help people out.

She likes to do activities,
It's fun, like playing games.
It's a way we can treat the people,
It's **very wonderful** that this meets our aims.

The gentle introduction
Of observing in year one,
Gave vital understanding
For taking her own clients on.

The lognote should develop
To show the right level of knowledge,
They check it. They read it.
Mistakes must be corrected and acknowledged.

Because you're in third year,
You should know that and all.
Expectations are clear,
You must be on the ball.

She remembers a painful time
When asked to complete an assessment,
She just didn't know how to do it,
And was consumed by embarrassment.

It's like passing a nail into my heart,
Is how she remembers her feelings,
And she hears the voice in her head,
You should know what to do in your dealings.

The OT is responsible,
For the patients who pay to come in.
If you waste that thirty minutes,
Then put simply, **that's a sin.**

Motivated by what happened,
She takes more interest in knowing
About the patient and his problems,
Aware that improvements should be showing.

She wants to hear the feedback,
After coming here, he’s improved somehow.
Her friends have had this happen
And this drives her on forward now.

Because of you, my child is better,
Is what she wants to hear,
To feel happiness and proud feeling,
Now and in future years.

She’s thought about goal setting,
And telling parents what she’s done,
Seeking feedback on progress at home,
Hoping positive feedback is won.

I need to do something more here,
Is her reflection on talking to me.
She doesn’t usually think about postings,
Remembering’s good, now she can see.

P12 – Communication

This girl has confidence managing children,
Not a pro, but she's developed some skills.
When her logbook's signed, she feels accomplished,
But when it's not, it proper gives her the chills.

She freezes and says, **"I don't know sir."**
When she's made mistakes or isn't sure.
But next time she'll remember
What he told her once before.

Her first adult stroke patient,
Was given to her by default.
One of two students who could speak Hindi,
They were initiated with a jolt.

Taking the history of the patient,
They shared a smile while they were talking,
His mother thought they were poking fun,
She got cross and talked about walking.

They spoke to sir and clarified,
There was no malice in their actions.
Then went back to the client and mother,
And apologised for any infractions.

Resolving this issue was hard,
But they addressed it and learnt a lot,
About subtle communication,
And getting out of a difficult spot.

As a contrast to that client,
She had another that went well.
Positive feedback from a patient,
Made her dented confidence swell.

"The way you speak,
The way you handle me,
It's really good," he said.
That was nice to hear and see.

There are little achievements daily,
But the big ones mean the most.
They increase motivation,
To continue to do her utmost.

She notices different scenarios
In India compared to other nations,
Where people just love being independent.
In India **serving others** is more the foundations.

Before middle age in family groups,
Elders begin to be served.
By those who are younger and fitter,
Its accepted that this is deserved.

She reflects on how this affects
The scope of Indian OT right now.
And thinks it won't grow its potential
While these cultural roles won't allow.

A female British researcher,
Represents great independence.
Arriving alone and presenting,
Was like, wow about this tendence.

No-one has ever asked her,
About her experiences like this.
She's **never shared** with anyone
But **it's a good thing** she won't dismiss.

Appendix 8 Personal Experiential Themes and Group Experiential Themes

P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11 P12

Personal Experiential Themes	Group Experiential Themes
	"Here in OT, everything is unique" (P1)
What is OT? Understanding OT	"Now I get it, what is OT" (P1)
The value of OT Value of OT	"We can give them real quality of life" (P9)
	"Grading towards seeing the client on our own" (P2)
Professionalism and standards Professional expectations Professional expectations Professional relationships	"We are the medical profession" (P2)
Student/ graduate expectations Expected (andactual) development Progression of learning Graduate expectations	"Next year, we will do our own" (P11)
Demonstrating knowledge and skills	

Competent practice	“Associates grade us, how we should give therapies” (P10)
Teaching and learning Integrating practice and academics Academic learning alongside postings Underpinning knowledge Teaching and learning Underpinning knowledge important Learning for practice Learning for practice	“Studying then applying is always resting in our mind.” (p2)
Developing as an OT Being/ becoming an OT Developing as an OT Being /becoming an OT Developing skills for OT Personal and professional development	“So, I’m an Occupational Therapist” (P5)
	“We need to get the positives, also the negatives.” (P6)
Positive experiences and outcomes Remembering successes (firsts) Seeking positive outcomes	“It’ll be goosebumps,” (P6)
Challenges in practice Getting things wrong Challenges Continuing when it’s hard	“Oh my God, what are we going to do with him?” (p3)

Value of postings Value of postings Value of postings Benefits of postings Benefits of postings Widening life experience Real experience	“Postings are really golden times” (P4)
Doing a good job for the client Recognising individuality Learning to work with clients Understanding people	“As a future OT, we are not working for a condition.” (P9)
The Indian context of OT OT in India	“The scenarios are different in India” (P12)
Good to talk about experience Talking about postings Looking back Looking back Good to look back Good to look back Making memories Personal journey Personal reflection/ insight	“I’m cherishing my thoughts and clinical practices with you, it’s nice.” (P5)

Appendix 9 Poetic presentation of the study

Golden Times

My research is now done
And it's a lot to fit in this time.
So I've picked my favourite option
And summarised it in rhyme.

This is my PhD research
And I've used IPA
Interpretative phenomenological analysis
A beggar to spell, and not easy to say!

It's about OT students
In India, no less.
A strange choice, I know
Perhaps I needed the stress?

So why am I doing this research?
And what am I hoping to do?
I'm white, and I am British
But I am an OT too.

I worked in India a couple of times,
And was shocked by what I saw.
Challenges I'd never thought of,
And I just wanted to learn more.

SI was quite hard in *my* practice,
That just right challenge is no doddle.
So imagine trying to do the same
Whilst emersed in the medical model.

I read about OT in India,
How services work, and all that.
About the global community of practice,
Western domination. That's where it's at!

I come from a privileged place, and I know
That my profession's more tailored to me,
To western ideals and cultures,
It's not right, but it is what I see.

So I aim for humility, transparency,
Not imperialist, colonial conceit.
I'm curious and keen to learn
And then share how it looks from my seat.

I'm an outsider looking in,
And an insider looking out.
An exciting hokey cokey,
But that's what it's all about.

I focus on student experience,
How does practice go for them?
Are there challenges no-one has thought of?
Is this insight a well-hidden gem?

No-one has written about this before,
No studies in India at all.
Just the UK, US and Oz
And then Ghana, I found in my trawl.

There's a lot of different contexts
In which students learn their craft.
But more's the same than different,
In their learning, and how it is staffed.

Experience shaped by others,
Who control and guide their work.
Different levels of engagement
Relied on other people's quirks.

I felt IPA was a natural choice,
But with limited sense of quite why.
Now I see a link with how I think,
And I sit back relieved, with a sigh.

Occupations are things that people do,
That bring meaning to their life.
Postings have meaning to students,
Be they perfect or riddled with strife.

So, I'm exploring an occupation,
How it feels and makes sense
To the students who experience it
With no judgement or pretence.

IPA and OT are such natural partners.
Both eager to know how it feels,
To experience something familiar or new,
Like dressing, or fishing for eels!

It's about the lived experience,
And how you make sense of it.
How you perceive what you have lived,
Not making theories fit.

It's in and of and who you are,
Your habits, beliefs and values.
The cultural norms, the societal systems,
The sense-making processes used.

I've never been a poet,
And I hated English lit.
I used to do odd funny stuff,
As a student, to show off my wit.

Now poetry helps me to reflect,
Make sense of things I've done,
Of thoughts I've had on things I've read,
And how my reasoning process has run.

It gives a greater depth to things,
Brings focus and clarity too.
It summarises my key points,
directing my way through.

IPA and poetic inquiry,
Can sit together in comfort, in sync.
Both aim to reflect true realities
Of lived experience, and what people think.

I collected my data in India,
In March 2020, no less.
Not quite the smooth visit I had planned,
To minimise the stress.

12 interviews I carried out,
Semi structured, a nice kind of chat.
But not as relaxed as expected,
Oh no! COVID put paid to that!

Now I want to share my insight
Into how these students viewed,
Their course and their clinical postings,
And the meaning to which they allude.

Twelve students in my study,
Eight female, four male.
All 19-20 years old,
That's the demographical tale.

So you understand the context,
They didn't choose to do OT.
They were given this career path,
With no idea of how it would be.

I listened to the interviews
So many times that I lost count,
The voices staying in my head
With a clear sense of every account.

Each interview became a poem,
Precise, and short and clear
To enable my future readers
To understand, and almost hear.

Where I could, I used the students' words,
Their language so different to mine
The authentic voice so vital
For the meaning to be defined.

We start by just observing,
And learning what to do.
How to manage those we're serving,
So one day, we can do it too.

We do the morning postings
Then discuss it later on,
So if we want to ask some questions,
They are answered and the problem is gone.

Only studying is just dumb,
On a professional programme like ours,
So we must study, then apply,
and we love our posting hours.

Sometimes we think “Oh my God!”
When we see things we’ve not seen before.
Compared to our own life, it’s odd,
And we’re challenged to open minds more.

When things go well, we love it,
“Oh my God!” we have succeeded.
It makes us happy and excited,
As expectations are exceeded.

We don’t work for a condition,
Every person is unique.
Person centred OT is our mission,
And we can help them reach their peak.

We’ve never looked back at our postings,
Before we tell you about it today.
It’s been good to talk about those things,
we can see all our progress this way.

It’s a collective experience
All in it together
Its predictable, affirming
Unlike the British weather!

To summarise the student experiences,
I see it as a journey, negotiating life,
A visualised, personal journey,
Showing progress, and things that cause strife.

The students all start together,
The same age, same educational path.
The same wish to improve people’s health,
And experience of OT, they all lack.

This common context connects them all,
And continues as they progress,
Observing the same practice, the same clients,
Only later do they start to digress.

The context of their training,
Offers confidence in how things will be,
In clear expectations,
And the view of the future they see.

Early questions, what is OT?
Why do we need to study so much
About medicine, how bodies work?
And why can't people do ADLs and such?

Oh my God! And other feelings of shock,
Are often shared moments early on.
But the impact is more personal,
Making sense of what is done.

Realising, 'So, this is OT!'
Comes about at all different times.
But a consistently happy revelation,
As passion and confidence climbs.

As time progresses, more differences come,
Less time working together, more alone.
As unique future OTs begin to grow,
Each showing a style of their own.

The same posting experiences happen together,
Some love them, some hate them, some really don't know.
This is where individual breaks from collective,
Some running fast, some a bit slow.

Still common are successes,
Feeling 'like I'm an OT'
And everyone can tell you,
When that feeling came to be.

So, the same river connects everybody,
Some common obstacles obstructing the flow,
But each student takes their own unique route,
Through the challenges that help them to grow.

The scenarios are different in India
As one student wisely observed,
A consistent experience all the way through,
Same postings, same teachers, their message preserved.

Other studies in the 'west',
Speak of learning, and becoming,
The process of this, we agree on,
And it's much the same tune that we're humming.

So the learning process looks the same,
The student journey of self discovery.
Assumptions challenged, problems solved,
And the joy of helping patient recovery.

The community of practice
Is unique to the context they're in,
But the process of becoming,
Is much the same, wherever they begin.

Other OT placement studies
Don't often mention if their students share,
Similar ages or previous knowledge,
And how this affects how they fare.

They also send their students,
Off on placements near and far,
Different services, different people,
Often alone, often not on a par.

The unique context of this learning,
Is often cited as the cause,
When placements such as this go wrong,
And students fail, leave or pause.

The supervisor is often the key,
Who enables or can prevent good learning,
Who can support participation,
Or can stop these wheels from turning.

The supervisor and their colleagues,
Might not agree with uni teaching,
Might like to do things their way,
Confusing students with their preaching.

The theory - practice gap might grow,
When uni and practice don't match,
And experiences differ,
For students within the same batch.

For my students, it's a collective thing,
They're all in it together.
It's predictable, safe and affirming,
Pretty much like the Indian weather!

Transformative learning is easy to see,
Their habits of mind all shook up.
Shared features of their frame of reference,
The foundation from which they build up.

The community of practice,
To which they're introduced,
Is led by those who teach them,
And consistent meaning is deduced.

Participation is well structured,
Expectations always so clear.
Of increasing involvement in practice,
And knowing that now, you should be here.

Classrooms and postings,
Inextricably linked,
Theory, knowledge and practice,
Cannot be considered distinct.

The rate of development and learning,
Still varies from one to the next.
They maybe don't like children or mental health,
Or learning the knowledge that sir will expect.

The theorists that we all know,
Say reflection is the key,
To learning and to changing,
Into what you want to be.

These guys aren't taught reflection,
No Gibbs, no Kolb, no Rolfe reflective process,
But they still critique what has happened,
To show insight and learning and progress.

I'd expect learning about their profession
And understanding patients they see,
Would be part of their known transformation,
Challenging assumptions of how things should be.

I'd expect the same in Ghana,
For students who knew nothing at all.
Who didn't even want to be there,
Where progression was quite the trawl.

But why is it the same for others?
Those in the privileged west?
Where OT reflects the culture
Aren't they the ones who are blessed?

It seems not! They're just as confused,
By what OT's all about.
But the text is all written for them,
So why do they have so much doubt?

That's one for another time, I guess.
So, for now, I just don't understand.
But I know that some learning is similar
For students across different lands.

That's been a very, very long poem,
And yet there's so much more to say,
But that's all in my thesis,
That I will submit one day.

If you have any questions,
I'll be happy to chat.
Or I could carry on for hours?
But nobody really needs that!