

South Dakota State University

Open PRAIRIE: Open Public Research Access Institutional Repository and Information Exchange

Electronic Theses and Dissertations

2006

Role Identity Formation of Occupational Therapy Students

Denise A. Rotert

South Dakota State University

Follow this and additional works at: <https://openprairie.sdstate.edu/etd>



Part of the [Medicine and Health Commons](#), [Occupational Therapy Commons](#), and the [Work, Economy and Organizations Commons](#)

Recommended Citation

Rotert, Denise A., "Role Identity Formation of Occupational Therapy Students" (2006). *Electronic Theses and Dissertations*. 3120.

<https://openprairie.sdstate.edu/etd/3120>

This Dissertation - Open Access is brought to you for free and open access by Open PRAIRIE: Open Public Research Access Institutional Repository and Information Exchange. It has been accepted for inclusion in Electronic Theses and Dissertations by an authorized administrator of Open PRAIRIE: Open Public Research Access Institutional Repository and Information Exchange. For more information, please contact michael.biondo@sdstate.edu.

ROLE IDENTITY FORMATION OF OCCUPATIONAL THERAPY STUDENTS

By

Denise A. Rotert

A dissertation submitted in partial fulfillment of the requirements for the

Doctor of Philosophy

Major in Sociology

South Dakota State University

2006

Role Identity Formation of Occupational Therapy Students

This dissertation is approved as a creditable and independent investigation by a candidate for the Doctor of Philosophy degree and is acceptable for meeting the dissertation requirements for this degree. Acceptance of this dissertation does not imply that the conclusions reached by the candidate are necessarily the conclusions of the major department.

| | |
|----------------------|------|
| Dr. Donna Hess | |
| Dissertation Advisor | Date |

| | |
|-----------------------|------|
| Dr. Donna Hess | |
| Head, Rural Sociology | Date |

Acknowledgements

First and foremost, I would like to acknowledge and thank the members of my committee for telling me this is a worthwhile study. To Dr. Donna Hess, my dissertation advisor, I want to particularly thank you for all of the support, guidance, and the “gentle” nudges. To Dr. Diane Kayongo-Male, Dr. Meredith Redlin, and Dr. Robert Mendelsohn, the other members of my committee from the Department of Rural Sociology at South Dakota State University, I want to share with you that I appreciate the many ways that you have played an important role in my academic achievement. And to Professor J.D. Ackman, I extend my appreciation to you for being my advocate.

A big thank you goes to my family and friends for thinking that I am crazy, but never saying so. You provided me with care packages that were filled with all sorts of good things, you mowed my lawn, you guarded my drafts, you checked up on me, you proofread my pages, you were patient with my odd behaviors, but the real care came from your support. You are always and forever behind me in whatever I do.

I cannot even begin to thank my classmates and study partners: Dave, Tom, Susan, and Jan. I would not be at this point in my education if it weren't for you. You came into my life in a class or a walk across campus (a season); you stayed to keep me on track (a reason); and you will be in my heart forever.

And last, but certainly not least, I am forever grateful to the students and faculty that gave me access to your ideas, thoughts, and experiences. Without you this would be hollow. This study may not benefit you, but my hope is that you will benefit future students.

Dedication

This dissertation is dedicated to my mother, Irene Rotert, because of your belief in education.

Mother, all of those prayers have worked – at least as far as my education goes! You always believed education is the key to opening up the world. I recall you saying, “If you have education, you always have it to fall back on. You don’t need to rely on anyone else because you can take care of yourself.” You believed that education was the means to have the future I want. Thank you!

Abstract

Role Identity Formation of Occupational Therapy Students

Denise A. Rotert

December 2006

This study is an examination of the professional socialization process of occupational therapy students from a role identity theoretical perspective. First-year students, second-year students, fieldwork students, and faculty at an occupational therapy educational program at a Midwestern institution volunteered to participate in the study. Data were collected through focus group interviews and surveys. The focus of the study was to determine factors associated with occupational therapy students' identity salience, commitment, and role-person merger. Interviews and surveys were used to determine what factors, over and above didactic education, influence the socialization of students into the profession of occupational therapy and what factors in occupational therapy education influence integration of an occupational therapist identity into the personal identity of students.

Findings indicate that the professional socialization of occupational therapy students mirrors professional socialization into other professions; health and non-health related. The process of professional socialization begins before students enter the educational program; during recruitment and observation experiences. It is not a linear process, but spirals and intersects. There is not an end point although there are formal

milestones that lead to a lifelong learning process. Role identity formation is influenced by hands-on experiences (e.g., case studies, fieldwork), active participation by the student, and interactions with significant others.

The occupational therapist role becomes more salient as commitment to the professional choice increases. Students demonstrate signs of role-person merger as they progress through the program. Students are not always aware of their professional change and development until they are given opportunities to engage in reflexivity.

Table of Contents

| | |
|--|-----|
| Acknowledgements..... | iii |
| Dedication..... | iv |
| Abstract..... | v |
| List of Tables..... | xi |
| List of Figures..... | xii |
| Chapter 1: Research Topic..... | 1 |
| Introduction..... | 1 |
| Research Question..... | 3 |
| Discussion of the Research Question..... | 4 |
| Research Objectives..... | 5 |
| Theoretical Significance..... | 5 |
| Practical Significance..... | 6 |
| Organization of the Dissertation..... | 7 |
| Chapter 2: Review of the Literature..... | 8 |
| Introduction..... | 8 |
| Professional Socialization..... | 8 |
| Stages of Professional Socialization..... | 11 |
| Other Contributions to Professional Socialization..... | 13 |
| Twenty Statements Test..... | 15 |
| Professional Socialization to the Non-Health Fields..... | 16 |
| Process of Socialization into Health Professions..... | 18 |

| | |
|---------------------------------------|----|
| Occupational Therapy..... | 27 |
| Empirical Generalizations..... | 31 |
| Summary..... | 32 |
| Chapter 3: Theoretical Framework..... | 33 |
| Introduction..... | 33 |
| Symbolic Interactionism..... | 34 |
| Identity..... | 37 |
| Role..... | 40 |
| Role Identity..... | 41 |
| Salience..... | 42 |
| Commitment..... | 44 |
| Role-Person Merger..... | 47 |
| Role Taking and Role Making..... | 48 |
| Reference Group..... | 50 |
| Role Evaluation..... | 51 |
| Anticipatory Socialization..... | 52 |
| Implications for Occupations..... | 53 |
| Summary..... | 55 |
| Chapter 4: Research Methodology..... | 57 |
| Introduction..... | 57 |
| Purpose..... | 57 |
| Research Design..... | 58 |

| | |
|---|----|
| Pilot Test..... | 58 |
| Location..... | 59 |
| Gaining Entry..... | 59 |
| Sample..... | 60 |
| Date and Methods of Collection..... | 61 |
| Data Analysis..... | 62 |
| Summary..... | 64 |
| Chapter 5: Findings..... | 65 |
| Introduction..... | 65 |
| Characteristics of the Groups..... | 65 |
| First and Second Year Students..... | 66 |
| Fieldwork Students..... | 68 |
| Faculty..... | 68 |
| Twenty Statements Test..... | 69 |
| Focus Groups..... | 74 |
| Focus Group Findings from First and Second Year Students..... | 74 |
| General Remarks on Professional Socialization..... | 87 |
| Surveys for Fieldwork Students..... | 87 |
| Findings from Fieldwork Students..... | 87 |
| Identification with Occupational Therapy..... | 91 |
| Survey of the Faculty..... | 92 |
| Findings from Faculty..... | 92 |

| | |
|---|-----|
| Professional Role Identity of Faculty..... | 95 |
| Summary of Findings..... | 96 |
| Chapter 6: Summary and Conclusions..... | 97 |
| Introduction..... | 97 |
| Discussion..... | 97 |
| Conclusion in Relation to the Research Questions..... | 105 |
| Theoretical Significance..... | 107 |
| Practical Significance..... | 108 |
| Limitations of the Study..... | 109 |
| Implications for Further Research..... | 110 |
| Recommendations..... | 112 |
| Summary..... | 113 |
| References List..... | 114 |
| Appendix A: Demographic Questionnaire and Twenty Statements Test | 121 |
| Appendix B: Interview Guide for Focus Groups..... | 123 |
| Appendix C: Questionnaire for Occupational Therapy Student in Fieldwork | 125 |
| Appendix D: Questionnaire for Occupational Therapy Faculty..... | 127 |
| Appendix E: Sample Informed Consent Letter..... | 128 |

List of Tables

| | | |
|----------|--|----|
| Table 1: | Study Participants and Potential Participants..... | 66 |
| Table 2: | First Year Students – Demographic Characteristics..... | 67 |
| Table 3: | Second Year Students – Demographic Characteristics..... | 67 |
| Table 4: | Fieldwork Students – Demographic Characteristics..... | 68 |
| Table 5: | Faculty – Demographic Characteristics..... | 69 |
| Table 6: | Items Completed on the Twenty Statements Test..... | 70 |
| Table 7: | Consensual/Sub-consensual Responses to Twenty Statements Test (TST) by Sample Group..... | 71 |
| Table 8: | Frequency and Salience of Occupational Therapy Responses on Twenty Statements Test (TST) by Sample Group..... | 73 |

List of Figures

| | |
|--|----|
| Figure 1: Coding Frames for Transcripts..... | 63 |
|--|----|

Chapter 1: Research Topic

Introduction

In his 1999 Eleanor Clarke Slagle Lecture for the American Occupational Therapy Association (AOTA), Dr. Charles H. Christiansen stated: “Just as individual persons create their unique identities and life meaning through occupations, so too do professions, which represent groups of people with shared purposes, values, and interests, realize their identities through collective action” (1999:556). In *Boys in White*, Becker, et al. (1961:4) noted, “In our society, among the most desired and admired statuses is to be a member of a profession.” The authors go on to say that learning the knowledge and skills for medicine do not make a physician. Indeed, one must learn “to play the part of a physician” in order to be accepted as such.

Occupational therapy is a profession that is based on the regular, routine, daily activities of people. Occupational therapy calls these activities occupations (American Occupational Therapy Association, 2002; American Occupational Therapy Association, 2006b). The AOTA defines occupational therapy as “the therapeutic use of everyday life activities (occupations) with individuals or groups for the purpose of participation in roles and situations in home, school, workplace, community, and other settings” (American Occupational Therapy Association, 2006c:284). The practice of occupational therapy requires education in basic sciences, behavioral sciences, activity analysis, and specific treatment techniques. However, education in these areas is not enough to make an occupational therapist. There is a process of professional socialization which goes farther and deeper than the coursework required. Professional socialization is based on factors

such as embracing the values and beliefs of the profession; emulating leaders in the profession, which may include faculty, authors, state and/or national leaders; comparing oneself to peers or supervisors during fieldwork experiences; and developing an occupational therapy language. The core attitudes and values that are embraced by the American Occupational Therapy Association (AOTA) center around the concepts of “altruism, equality, freedom, justice, dignity, truth, and prudence” (American Occupational Therapy Association, 2006a:133).

The impact agents of socialization have on the individual student plays an important part in the process of professional socialization. The agents may include the educational program, professional associations, student occupational therapy (OT) organizations, formal and informal mentors, adjunct instructors, peers, and/or clinical experiences.

At the current time, there are 150 educational programs for occupational therapists accredited by the American Occupational Therapy Association (AOTA) Accreditation Council for Occupational Therapy Education (ACOTE) with an enrollment of approximately 10,000 students. The standards for an educational program include a foundation in biological, physical, social, and behavioral sciences and specific content related to development as a professional. In the 1998 ACOTE “Standards for an Accredited Educational Program for the Occupational Therapist,” professional development incorporates the following components:

- Standard B.9: Professional Ethics, Values, and Responsibilities includes
“an understanding and appreciation of ethics and values of the profession of

occupational therapy” which includes standards related to professional development, promotion of the profession, knowledge of the core values of the profession, professional interaction, and professional responsibilities. (P.11)

- Standard B.10: Fieldwork Education includes “the experience (fieldwork) should provide the student with the opportunity to carry out professional responsibilities under supervision and for professional role modeling.” (P. 11)
- Standard B.10: “The fieldwork experience (Level II) shall be designed is to promote clinical reasoning and reflective practice; to transmit the values and beliefs that enable ethical practice; and to develop professionalism and competence in career responsibilities.” (P. 12)

A number of professions, including occupational therapy, have attempted to build a body of evidence on the topic of professional socialization. Literature in the area of professional socialization is most prevalent for medicine, nursing, and teaching. The subject of professional identity and the behaviors associated with professionalism can be found, but there is a gap in the literature that addresses the development of an identity as a professional. Much of the literature addresses the concept of professionalism and professional behaviors as requirements for becoming a professional.

Research Questions

How are students socialized into the profession of occupational therapy? Starting from a few basic questions concerning professional socialization and identity formation

of occupational therapy students, two main questions that guide this research were developed. They are:

- 1. What factors over and above didactic education influence the socialization of students into the profession of occupational therapy?*
- 2. What factors in occupational therapy education influence integration of an occupational therapist identity into the personal identity of the student?*

Discussion of the Research Questions

Occupational therapy students learn the knowledge, skills, and abilities to practice the profession of occupational therapy. Educational programs are designed to teach and evaluate each student's competence for practice. The profession needs professionals who are socialized into appreciating and internalizing the principles on which the profession is founded.

Occupational therapy education programs face a challenge to select and admit students who can be successful in completion of the educational program, but who also become socialized into the profession. Educators (academic and clinical) are in an ideal position to facilitate students' internalization of their role identity. Students who merge occupational therapist in their identity and place occupational therapist high on their salience hierarchy are more likely to better represent, advocate for, enhance, and contribute to the profession.

Research Objectives

The focus of this study is the professional role identity formation of occupational therapy students. The following research objectives are addressed in the study:

1. Review the literature on role identity formation, including identity salience, commitment, role taking and role making, and role-person merger;
2. Review the literature on professional socialization;
3. Identify dimensions of role identity formation in relation to professional socialization;
4. Develop propositions related to professional role identity formation of occupational therapy students;
5. Conduct focus groups and mail surveys of students and faculty in an occupational therapy educational program; and
6. Analyze the data and evaluate it in relation to the theoretical propositions of professional socialization.

Theoretical Significance

Role, according to Hewitt (2003:78), is defined as “a perspective from which the person acts in a defined situation.” Symbolic Interactionism and the related theoretical perspectives of Role Theory and Identity Theory can be applied to the area of role identity formation. “The heart of the interactionist view of the person lies in the concept of identity. Here, we look at the self as a primarily social experience, examining in some detail how the self arises and is sustained in everyday social interaction” (Hewitt 2003:98).

In particular, the concepts of identity salience, commitment, role making and role taking, and role-person merger are relevant in the process of professional socialization. This study integrates these theoretical concepts into a set of theoretical propositions of professional socialization.

Practical Significance

The review of the literature on professional socialization demonstrated a gap in the literature on factors that influence the development of an identity as a professional. While there is some literature on this topic in relation to some professions, there is little literature on professional socialization relating to those entering occupational therapy.

In occupational therapy, the literature on characteristics of practitioners, their professional socialization, and their role identity formation is limited. Most of the existing literature focuses on professionalism, professional characteristics, and professional behaviors. A few articles focused on the therapist during the first year of practice rather than during the educational phase. Therefore, the gap in literature on factors that influence the development of a professional identity as occupational therapist is addressed in this research project.

Determining factors and structures that contribute to the process of professional socialization for occupational therapy students may benefit educational programs, faculty, and the profession as a whole. Professional socialization primarily occurs through educational programs, thus determining an effective and purposeful method of professional socialization may contribute to occupational therapy education.

Organization of the Dissertation

This dissertation is organized into the following chapters:

Chapter 1: This chapter includes the introduction, research question, discussion of the research question, and the practical and theoretical significance of the study.

Chapter 2: This chapter provides a review of the literature related to professional socialization and role identity formation.

Chapter 3: This chapter presents a review of the theoretical explanations related to role identity formation, including the key concepts of identity salience, commitment, role taking and role making.

Chapter 4: This chapter discusses the methodology of the study.

Chapter 5: This chapter presents an analysis of the findings of the study.

Chapter 6: This chapter summarizes findings and draws conclusions of the study. It also includes discussion of the limitations of this study and implications for further research.

Chapter 2: Review of the Literature

Introduction

This chapter provides a review of the relevant literature on professional socialization. The first section reviews general materials on professional socialization including definitions and identification of stages. The second section describes the elements of professional socialization as identified in the literature on health professions. The third section presents literature specifically related to occupational therapy and socialization into the profession. The final section presents empirical generalizations from the literature reviewed.

Professional Socialization

Professional socialization can be defined as “the processes through which individuals gain the knowledge, skills, and values necessary for successful entry into a professional career requiring an advanced level of specialized knowledge and skills” (Weidman, Twale & Leahy Stein 2001:iii). The authors also continue to identify a profession as having criteria which include being committed to a calling for which an individual gets an education and develops a level of autonomy for practice. Merton, Reader, and Kendall (1957:287) state that “socialization takes place primarily through social interaction with people who are significant for the individual.” Du Toit (1995:164) added that “professions apply certain procedures in order to merge novice practitioners into the profession to become successful professional practitioners.” This transformational process is an “acculturation process during which the values, norms, and symbols of the profession are internalized” (du Toit 1995:164).

Literature in a variety of fields and with a variety of focuses has been produced for many years. The process of socialization in medicine, nursing, and social work has been used to look at other more emerging professions such as athletic training. A study done for the Graduate School at the University of North Carolina at Chapel Hill generated a list of competencies which are needed by Graduate School graduates. They are: communication, leadership, teaching and instruction, professional adaptability, and self-awareness. These competencies can transcend any specific academic area and relate to the development of professionals (Pooch 2001).

Professional socialization is a process of learning the basic skills of a profession, but goes beyond that to include the attitudes, values, and ethics of a professional group. For the neophyte, learning new behaviors and reorganizing the self-image are also parts of the socialization process (Varley 1963; Duquette 2004). “Crystallizing role expectations” (Varley 1963:102) is a portion of professional socialization and takes the individual from their idealistic view of the profession to a more realistic view. Some authors have identified the process as being both formal and informal where the professional skills and competencies are learned, practiced, and evaluated in a formal way (Pease 1967; Duquette 2004). The informal mechanisms include interactions with faculty, peers, practitioners, and organizations. The informal mechanisms of socialization sometimes have the most significant, long-term effect on professionalism. Attendance at professional meetings is one method of professional socialization (Pease 1967). In her article on the transformation from medical student to doctor, Lempp (2005) identifies the process of imparting medical knowledge (formal skills and behaviors) as

part of the process and also identifies a “hidden curriculum” of medical education which imparts the culture, the process of professional socialization, rituals and customs, and what to value.

According to Weidman et al. (2001), methods of socialization into higher education have passed from generation to generation. Beagan (2001), who studied the professional socialization of medical students, agrees. According to Beagan (2001), the methods of training which support professional identity formation are remarkably unchanged from the processes documented 40 years ago. Socialization is a developmental process which occurs over time. Weidman et al. (2001) described it in a couple of different, but related, ways as a train, a metamorphosis, and a spiral. The important point is the dynamic nature of the process. It does not have an ending point, but continues on when the professional begins working in the chosen profession and engages in a process of lifelong learning (Weidman et al. 2001). It is not linear, but circles and spirals and intersects. It is a complex process that does not necessarily yield a “specifiable end-product” or have predetermined steps, nor is it the same for all students (Barretti 2004). Simpson (1967) says that there may be overlap of the tasks and phases, but that the process is sequential.

There are concrete indicators of a student’s progress on the path to professional socialization such as grades, portfolios, graduation, licensure, or membership in professional organizations. These have been referred to as rites of passage and rituals (Weidman et al. 2001). Professional socialization culminates in a professionalism for the students. “Professionalism, however, is not merely a matter of externally recognized

accomplishment, but also involves the internal acceptance of a value system indicative of the newly accepted role” (Weidman et al. 2001:49). Certifications, diplomas, and licenses are indicators that an individual has attained a professional status. They are a means for bringing students into the world of practice and into being a part of a professional group (Sherlock and Morris 1967).

Stages in Professional Socialization

The development of a student as a professional and the process of professional socialization into a profession happens in stages. Weidman et al. (2001) identified the stages of professional socialization as anticipatory, formal, informal, and personal. Briefly, the anticipatory stage is when the new student comes to the professional educational program with ideas and expectations of the profession and professionals based on observations and from the view of an outsider. The student is a novice and has some anxiety about becoming a professional. The formal and informal stages occur during the didactic education. Formally, students learn the techniques that they will be using. Informally, they also learn the behaviors and expectations that will be expected of them. In the personal stage, the learning changes from outsider to insider and the identity as a professional begins to be internalized.

Sherlock and Morris (1967) identified three stages of professional development: recruitment, socialization, and professional outcomes. Recruitment starts the process by facilitating a student’s ideas and expectations about a profession and the characteristics, knowledge, and qualities of members of the profession. Recruitment also addresses the characteristics the student brings to the education experience and specifically has

implications for student selection. Level of motivation and commitment will play an important part in a student's choices (why they choose one profession over another), their investment for pursuing the educational program, and how they will progress through the socialization phase. In the socialization phase, the professional roles of future generations of practitioners and the expectations for carrying on the profession are acquired. The knowledge and curriculum content are determined by institutions and professional bodies that spell out the requirements for an educational program. Sherlock and Morris (1967:29) identified a mechanical solidarity among students during studentship and an organic solidarity of students with faculty during apprenticeship. It is during the apprenticeship rather than in the classroom that professional identity is acquired. Apprenticeship allows students to compare themselves and build relationships with teachers and supervisors. Through these relationships and experiences, the values and behaviors are internalized. Apprenticeships and internships are part of the socialization phase and serve to give students a look at what the real world is like. Often students will see a different practice than what they have been taught in their classes, so this phase is important for resolving any discrepancies. Sherlock and Morris (1967:32) identify this resolution as a "holistic intent." The final stage in the professional evolution, is "professional outcomes" as it encompasses the qualities and characteristics (e.g., norms, values, beliefs, ethics) together in a "status-role" or organized entity.

Other authors, including Bice-Stephens (2001), identified five steps in the socialization of individuals into organizations: honeymoon stage, disenchantment or the primary contributory stage, maintenance or the secondary contributory stage,

disenchantment or the peak performance stage, and finally the resignation/retirement stage. In another study, Simpson (1967:47) identified three phases of socialization into a profession: 1) transition to task orientation where the student chooses the profession to pursue and shifts his/her attention to learning the skills needed for performance, 2) establishment of a professional reference group, and 3) adoption of the values and behaviors of the profession. Yet another version of the stages of professional socialization is presented by du Toit (1995). She identifies the stages as: presocialization (getting ready to be socialized), formal socialization (learning the skills and behaviors), and post-socialization (from early practice throughout the career).

Other Contributions to Professional Socialization

A study with political science graduate students (Ryan and Bruening 1994) identified participation and presentations at conferences as important factors in their professional socialization. Such involvement benefited both students and the educational programs. For the students, learning experiences in their field, critical attitude development, and discipline in research were primary benefits of conference involvement.

Student groups form their own subcultures to deal with the challenges of academic programs. They gather together to deal with the problems they face, the faculty and staff, and work their way through the daily tasks of learning a profession. Ventimiglia (1978:46) wrote about the peer group for seminarians to “teach one another the role of student” and to provide reciprocal support as needed throughout the educational process. Weidman et al. (2001) identified the student peer culture as being

an important source of information as well as support for modeling behavior. Some examples of how this is done include passive observation, listening, and testing. Student groups bond together. Olesen and Whittaker (1968:149) referred to student relationships with each other as “studentmanship” and suggested that it has an important part to play in the socialization process. These relationships are rarely explicit and are often kept “underground.” Studentmanship changes as the students progress through the curriculum. The expectations for students as they progress through the educational program include working with the faculty and clinical supervisors. Most students attempt to put on a good show and to impress the faculty.

The students in professional curriculums are and need to be active participants in their own socialization (Olesen and Whittaker 1968; Pitkala and Mantyranta 2003). They are subordinate to the faculty, but that does not mean that they are or should be passive recipients of education. Olesen and Whittaker (1968) wrote of the need for students to manage multiple roles that sometimes pull them in many directions. Throughout the educational process, students need to balance their professional socialization and their other life roles, and to meet the demands of the curriculum. They are often in the process of being socialized into other roles at the same time that they are socializing into the professional roles they have chosen.

Significant others are important to the process of making choices to enter a professional school (Hanson 1994). Olesen and Whittaker (1968) related that many students in their study had consulted health professionals (primarily in nursing) prior to entering nursing school, but that they also consulted non-professionals (e.g., parents and

friends). These people are the early referent individuals who can be used as role models and for comparison. They play an initial role in the development of a self conception as a nurse. Du Toit (1995) identified role models, including faculty, as being important throughout the stages of professional socialization by providing support. Student nurses form their professional identity through interaction with patients, peers, and role models (du Toit 1995; Hanson 1994).

Twenty Statements Test

The Twenty Statements Test (TST), developed by Kuhn and McPartland (1954), was designed as a mechanism to measure self-attitudes and self-identification (Alm, Carroll, and Welty 1972; Grace and Cramer 2003). Participants were given individual sheets of paper with “I am _____” repeated twenty times and they were instructed to complete the statements. Kuhn and McPartland stated:

If, as we suppose, human behavior is *organized* and *directed*, and if, as we further suppose, the organization and direction are supplied by the individual's *attitudes toward himself*, it ought to be of crucial significance to social psychology to be able to identify and measure self attitudes. (italics in original) (1954:68)

They found the median number of responses was seventeen out of twenty. They conducted a content analysis and categorized responses as either consensual references which are public such as memberships in social categories and social groups which are common knowledge (e.g., student, girl, or Baptist) or subconsensual references which are private such as attributes or descriptions which are relative to other people or known to the respondent (e.g., happy, bored, or good student) (Kuhn and McPartland 1954; Alm et al. 1972). Respondents tended to finish their consensual responses before

starting to add subconsensual responses. Kuhn and McPartland contended that the order of responses relates to salience of self-attitudes. Specifically, they state that “The social sciences view is that people organize and direct their behavior in terms of their subjectively defined identifications. These in turn are seen as internalizations of the objective social statuses they occupy” (1954:76). Madsen and Trafimow (2001:553) state “the TST is a direct measure of the relative accessibility of the private, collective, and allocentric self-cognitions.”

The simplicity of the TST is one of its strong points and it is seen as a direct measure of self concept (Alm et al. 1972). There has been general agreement that the TST has test-retest reliability and high interrater reliability (Kuhn and McPartland 1954; Madson and Trafimow 2001; Grace and Cramer 2003). Criticisms of the TST have primarily centered on the difficulty with substantiating its validity and reliability (Jackson 1981; Madson and Trafimow 2001; Grace and Cramer 2003). These criticisms make interpretation of the TST challenging. It has been widely used and a number of alternate coding schemes have been developed (Alm et al. 1972; Jackson 1981; Madson and Trafimow 2001; Grace and Cramer 2003). Grace and Cramer (2003) have recommended triangulating findings by using multiple methods of measurement of the self. They particularly support combining the more qualitative responses of the TST with more quantitative measures.

Professional Socialization in the Non-Health Fields

It is not just the medical professions which focus on professional socialization. Authors in diverse professions such as accounting and the Catholic priesthood have

written about professional socialization for their respective professionals. In accounting, Mayer-Sommer and Loeb (1981) identified the faculty and the educational environment as playing a vital role in the development of accountants, including modeling ethics, integrity, and professional responsibility. Role modeling starts with having a good foundation in the knowledge needed by significant others (faculty and practitioners). It also requires additional imparting of theory, a sense of collegiality, and an appreciation for the ceremonies and rituals associated with the practice of the profession. Modeling has to be an active process that is clearly and openly demonstrated with students. By engaging in activities such as professional writing, attending conferences, and participation in professional activities, role models demonstrate for students how professional socialization is fostered to continue beyond the school situation. The authors concluded by stating, “professionalism would continue to be described as being more caught than taught.” (Mayer-Sommer and Loeb 1981:133)

Ventimiglia (1978) addressed the importance of significant others in the professional socialization process of Catholic seminarians. Ventimiglia stated,

The major expectations may now be stated: (1) Seminary students will tend to think of themselves as priests. (2) Such identification will increase with time in training or career progress; that is, senior seminarians shall identify more than junior seminarians. (3) Identification will reach its peak when the seminarian becomes a deacon and participates in the ministerial activities of an internship program including the experiences of having his counsel sought. (4) Significant others who are complementary role partners (laypersons) will validate the professional self-concept more than significant others who are not. (1978:44)

Support of professional development comes from those individuals that the professional is going to serve. For Catholic seminarians it is the layperson who has the most influence on the priest according to Ventimiglia's research. Performing ministerial activities with the people to be served validates the seminarians' self-concept. This could correlate to the patients for health professionals. The author contended that the steps or elements in the professional socialization of medical students have a parallel in the professional socialization of seminarians.

Similar to the work of Mayer-Sommer and Loeb (1981), the environment of the priest following completion of school and throughout his career will serve to continue his professional socialization. It is speculated that professional socialization will deteriorate if not continuously nurtured.

Process of Socialization into Health Professions

Medicine, nursing, and social work have long histories of research on professional socialization. Sociologists have focused on the factors in medical training that have facilitated or discouraged socialization of physicians. More recently psychologists, physical therapists, and athletic trainers have brought the topic of socialization into the profession to the forefront of their literature.

In their classic study, Merton et al. defined professional socialization as occurring when student physicians "learn a professional role by so combining its component knowledge and skills, attitudes, and values as to be motivated and able to perform this role in a professionally and socially acceptable fashion" (1957:41). This is the culture of the group to which the student hopes to become a member. They added that:

“Socialization takes place primarily through social interaction with people who are significant for the individual—in the medical school, probably the faculty members above most others” (1957:287).

Lingard et al. (2002:728) discussed the socialization of novices in the health care professions including “situated language practices,” verbal and nonverbal discourse, and the enactment of a role that leads to the construction of a professional identity with boundaries, duties, values, and aspirations. While the authors addressed team development specifically, the principles apply to individual professionals’ formation of identity as well. They addressed factors that promote the development of novices as professionals in their roles. The factors identified were language (“linguistic capital”) of the profession, a conception of the “self” in relationship to the “other” in team situations, and a desire for membership in a professional group (Lingard et al. 2002:733). While not explicitly stated, some of these factors relate to the concepts of role taking and role making.

Medical education has moved to an increasingly objective focus where the student physician is expected to view the patient objectively, from a distance, and with neutrality (Beagan 2000; Cribb and Bignold 1999). Through the “hidden” curriculum (Cribb and Bignold 1999 and Lempp 2005), the process of socialization of physicians was broadened. Rules (explicit and implicit), ethics, decision making, interpersonal relationships (with faculty, peers, and clinical supervisors), and professional culture all have aspects that cross between the overt and the hidden curriculum. Ultimately, professional socialization through a combination of teaching/learning activities and the

hidden curriculum will achieve the “enculturation of students in their formation as both competent practitioners and as full members of the medical profession” (Lempp 2005:650). Cribb and Bignold (1999) pointed out the importance of the structural and cultural environments in the progress of medical students particularly with regard to their professional socialization.

Physicians enter medical school as laypersons, are immersed in the world of medicine, and emerge with a new identity as a medical professional (Beagan 2001). In her research with students and faculty at a Canadian medical school the following themes emerged:

- First experiences become commonplace – what feels artificial becomes natural (P.277);
- Constructing a professional appearance – dressing for the part helps the individual to be taken seriously, to convey competence, and to communicate respect (P.279);
- Changes in language, thinking and communication skills – learning the language of medicine helps to construct a new social reality and to see patients as body parts and diseases (P.279);
- Learning the hierarchy – students are at the bottom of the hierarchy and must learn the hierarchy as well as how to behave within it (P.280);
- Relationship to patients – balancing emotional distance with a caring attitude (P.282);
- Playing a role gradually becomes real – physician students play a role complete with props; overcoming uncertainty or at least being able to play the role in a way that masks it (P.283);
- Responses from others – being called a doctor; patients especially confirm the identity as a physician (P.284);
- Secondary socialization: subsuming the former self – for students in medical school, the role of doctor becomes dominant; former roles and relationships may be set aside because of the demanding nature of medical school (P.285); and
- Difference as a basis for resistance – age, gender, ethnicity, and socioeconomic level can play a significant part in whether a student will be fully socialized into the profession or not (P.287).

There have been medical advancements and the makeup of the population of medical students has changed in the more 40 years since *Boys in White* (Becker et al. 1961) and *The Student Physician* (Merton et al. 1957). Professional socialization in medical education has remained relatively unchanged and Beagan (2001) concluded that physicians who have been well socialized have little thought of or motivation to change. New students enter medical school with some very idealistic viewpoints according to Becker et al. Through the education process, they can lose that idealistic view and sometimes medical students are seen as cynical. As they get closer to their clinical years, they tend to return to a new idealism that is “more informed and knowledgeable” (1961:425).

In their first year of medical school, students do not see themselves as doctors. Merton et al. (1957:151) identified the self-image of the medical student at this point as unstable. Medical students will live up to the role expectations of others (e.g., patients, nurses) and switch from student to doctor in different situations. The influence and control of faculty over students has been described by Merton et al. (1957) and Becker et al. (1961).

Becker et al. (1961) describes the medical student as the lowest position on the hierarchy of personnel in the clinical setting. Students often want experiences, especially if they are unique or rare, but they might lose out to someone higher on the chain. These clinical experiences are integral to the development of medical students because they have the opportunity to observe and work with more experienced physicians.

Professional socialization in medicine is complex. Pitkala and Mantyranta (2003) identified outward components (i.e., behaviors) and inward experiences (i.e., an active internal, conscious, reflective process) which probably complement each other. In their qualitative study of first clinical year medical students, some of the themes that emerged from portfolios included feeling a lack of credibility and feeling like an outsider at the hospital. Similar to Ventimiglia's (1978) findings with seminarians, Pitkala and Mantyranta (2003:157) also found that medical students' "self-image as future physicians is constructed based on patients' feedback."

A number of nursing articles provide a look at the professional identity of student nurses and the process of professional socialization in the nursing profession. In Simpson's work (1967) on professional socialization in nursing, she observed that nursing students usually do not come to the educational program as *tabula rasa*, but have other roles, preconceived ideas, and expectations for the profession as well as the educational experience. Through a sequential process students learn the knowledge and skills they will need to perform as nurses. While the first inclination for student nurses is to help patients, they also learn how to work on teams with other nurses and doctors. They also internalize nursing values and behaviors, come to accept the profession as a dominant reference group to use as role models and for comparison, and ultimately the opinions of outsiders become less important. The work of Bozich Keith and Schmeiser (2003) supports much of the work already discussed in that students come to the educational program with some ideas of what a nurse is, and it is through the process of socialization that they learn foundational information about the roles and values in

nursing, which lead to development and internalization of a professional identity.

Hanson (1994) found the same to be true in her research, but added that agents of socialization (e.g., faculty and clinical instructors) have influences which depend a lot on how congruent their expectations are with the student's. In particular, clinical instructors need to recognize the important part they play in the socialization process of student nurses. Harrington (1996) conducted a qualitative study with graduating nursing students and found that they felt that they had made significant changes, but that they were not aware of those changes until specifically asked. These changes encompassed the graduates as individual members of the nursing profession, their professional identity, and as providers of care.

Being successful in nursing, according to Olesen and Whittaker (1968:152), means more than grades and includes "problems of implementation of knowledge, handling of the patient, and presentation of self in the appropriate terms." It is important for students to understand what it takes to be a good nurse, which sometimes means different things to different people—especially instructors. Many students try out jobs related to nursing prior to entering nursing school. Olesen and Whittaker reported that 69 percent had done this, according to their study (1968:102).

Gray and Smith (1999) described interaction with others as being an important element of the learning process for nurses. Nursing students start out learning basic skills and how to fit in to a clinical situation. It is through clinical situations that they start to think more holistically and to internalize their identity as a nurse. "Students report a rise in self-esteem and self-confidence that is related to coping successfully with the

responsibility of determining and delivering care for their allocated patients” (1999:643).

Gray and Smith identified the process of professional socialization as both hierarchical and sequential. For example, student nurses have early practice placements followed by a roster of assigned hours followed by becoming a staff nurse. For many student nurses, as they progress to the end of the educational program when they are ready to function as staff nurses is met with excitement and a feeling of being ready. For others it is met with fear and anxiety, wondering if they know everything they need to know to function as a staff nurse.

Duquette (2004:17) in reviewing the development of values and the process of change in student nurses stated, “although there are several preconceptions of the role, the individual brings to it parts of their personal history and it can be influenced by education or socialization into the professional role.” Socialization begins at recruitment when future students develop some ideas about their future roles as nurses. Curricula then emphasize the values and standards that administrators and faculty think are important. Students are further influenced by interactions in clinical settings.

For social work, “The professional contribution made by a social worker depends upon his assimilation of social work values, as well as his acquisition of theories, skills, and techniques” (Varley 1963:109). In her research on value change, she discovered that social work students who entered a professional program with very little prior experience (work or interpersonal) with social work were more likely to find a role model, to be dependent on the educational program, and to make the greatest change in values during the course of study. Varley speculated students with little experience had more of a clean

slate while students with previous experiences were more likely to have preconceived ideas about what social work is or may have role models outside of the educational program whose values differ. In addition, Varley's findings indicate that some reference groups may reinforce professional values while others may impede them. Merdinger (1982) stated that students need to know explicitly what the values of the profession are in order to build them into their own value system, and this will allow students to develop a commitment to the profession. Her research demonstrated that students adopted values that were more explicit in the curriculum. This is part of the professional socialization process. Barretti (2004) contended social work is similar to medicine and nursing in that it is a practical profession. It possesses a professional culture which has knowledge, values, and attitudes; it has formal education involving didactic and clinical components. She also concluded professional socialization is not a smooth and steady process that happens over the course of the educational program. The professional socialization process appears to go up and down with the experiences the student encounters in the educational process. In addition, there are factors (i.e., status of the profession) that impact the socialization of the student as well as individual factors (e.g., age, gender, etc.) that complicate the process.

Kyril (1988:121), a counseling psychologist, wrote: "At each stage of my development a few critical events seemed to propel me toward the next level. I experienced the impact of these events as a gradual deepening of my insight and skill over time." After a series of events which forced her to make professional decisions and follow through with her own professional beliefs, Kyril stated her professional identity

was more solidified. She “felt a deepened sense of professional identity and an increased trust in my gut instincts” (1988:121). She described it as a “*felt sense*” of coming into her own as a professional. She stated that it was through reflection on situations that had gone by that she was able to see her own development as a professional.

In an article on the socialization of substance abuse counselors, Brown (1991) stated that going through treatment provides a preprofessional socialization opportunity. He also went on to write that professional commitment and adoption of a professional identity usually are seen after students are in training programs. The advantage is that students come to training programs with an ideological framework.

In physical therapy, Richardson et al. (2002) noted that students come to educational programs with varied views and conceptions of the profession. It is the work of the educational program to develop a purposeful curriculum that provides students with an “unambiguous profile of practice” (2002:622), which will be central to their professional socialization as a physical therapist. Academic educators and clinical supervisors will strongly influence students through the developmental process. In order to do this, these role models need to determine what is their conception of the professional role of physical therapy. They conclude that it is important to have a “balanced and coherent” view of the professional role (2002:625). The purposeful curriculum will need to move beyond only lectures and include reflection and awareness activities.

Another physical therapy study (Stillier, 2000) was a qualitative study of methods used to socialize students into the culture of the profession. The study looked at the roles

of educators, clinicians, and students in socialization to the profession of Physical Therapy. A “Value Negotiation” model was developed where a key element was for the educator to provide opportunities and the student to assume responsibility for their own professional development.

Occupational Therapy

The term professional development seems to be used interchangeably with professional socialization in occupational therapy literature. While there is some literature on the professional behaviors expected of an occupational therapist, there is a shortage of literature on the process of professional development or professional socialization.

In 1960, Sommer wrote about the professionalization of occupational therapy for the *American Journal of Occupational Therapy*. The concept of developing as a profession paralleled other medical fields. He stated that increasing professionalization had consequences for the profession as a whole, such as an emphasis on better teaching, a need for more competent students, the need for more research, and the development of a strong national organization. He also suggested that a profession needs a set of concepts and a body of theory that allows for evaluation of specific techniques.

Based on work related to reflective practice, Frankford (1997) proposed clinical reasoning is a complex task that requires experience (both practical and temporal) in order to develop. For occupational therapists it is not only the biomechanical skills associated with getting a patient to learn a task, but also the meaning of the task in the lived experience of the patient.

Ledet, Esparza, and Peloquin (2005) described a process for the professional development of occupational therapy students and for the imparting of values, attitudes, and behaviors that characterize the profession. Two important concepts introduced were: the process extends throughout all aspects of the curriculum (in a variety of classes and in fieldwork experiences) and there is a dynamic relationship between the student and the faculty. Advisors, especially, have a role in the professional socialization of the students because of a closer relationship focused on their professional development. It is necessary for the faculty to embrace the process of professional development and socialization in the students. They model and inspire students to follow professional values, attitudes, and behaviors.

In her doctoral dissertation, Griswold (1995) became a participant observer in an occupational therapy educational program where she interviewed students and faculty, observed classroom activities, and analyzed textbooks used in the curriculum. She concluded that occupational therapy professionalization happens in stages from entry into the professional program through academic coursework, fieldwork, and ultimately into their first jobs. In the academic stage, students learn the knowledge, language, and ideology of the profession. In all stages, feedback is an important component for students to use reflexively in their identity change. Griswold (1995:45) stated that “influence on their thinking and behavior comes from many sources throughout their professional preparation, but primarily from faculty, textbooks, and fieldwork supervisors.”

Courtney and Farnworth (2003) wrote about competence for private practice and focused on techniques, practice abilities, and the connection to professional socialization.

This connection includes a need for insightful peer relationships through teaching, supervision, and mentoring. Articulating a theoretical base for practice is also connected to both competence and professional socialization. These authors suggested that the social nature of professional socialization is important in developing competence and that professional isolation is a barrier to maintaining competence.

Clouder (2003) referred to “socialization as interaction” (2003:213) and keyed in on the complexity of the issue. Based on the work of Merton et al. (1957) and Becker et al. (1961), a new member of a profession is molded into being a good professional through a process of internalizing the professional culture. The profession itself has a structure that includes the concepts, values, and attitudes of the profession. Through teaching and example, students were often seen as passive recipients of knowledge. Professional socialization is not a passive process, however, and students, as novices, develop a subculture for learning ways to get through the educational program. Students studied by Clouder identified some ways that they made it through programs such as using “silence,” “putting up with things,” and “not rocking the boat” (2003:218). During both academic and fieldwork experiences, students were aware of their methods for presenting themselves.

Clouder also contended that tensions between structures and agents (students) may result in new professionals feeling both constrained and enabled in their professional self. Constraints come from the rules imposed by the structure, but agents are enabled to question practice which helps it change. This dialectical relationship helps the profession to grow. Occupational therapists may have more than one professional identity based on

their level and type of experience (e.g., physical function vs. mental health). They learned expected behaviors very early, and the behaviors became more salient when they were positively reinforced. The more behaviors and performance are reinforced through positive feedback the more those behaviors and performances are internalized. Clouder also discussed the value of the faculty and clinical supervisors in giving the feedback and evaluating behaviors and performances. In conclusion, Clouder stated that professional socialization is a process where students learn the profession and how to merge it in to their identity which in turn helps to construct the profession. She stated “those who wish to join that profession need to adapt accordingly to gain membership” (2003:220).

The process of identity formation, according to Davis (2004:124) is a “dynamic, iterative process” that relies on participation. She pointed to the value of social and symbolic interaction in the classroom and in fieldwork settings to the identity development of occupational therapy students. In her study, she concluded that fieldwork plays a potent role as a socializing agent with students. Among the findings that Davis identified as influential to students’ identity formation were actual engagement in the activities of a community of occupational therapists. That is, actual interaction with patients and supervisors in context. Supervisors who provided an opportunity for “reflexivity, creativity, and self-verification” were preferable to traditional, directive supervisors (2004:138).

Dasari (2006) described some learners as “deep learners” who are seen later in the educational program, are invested in their education, and tend to have higher GPAs. He speculated that those students who skim along in their occupational therapy program will

maintain that same superficial learning level throughout the life of their career. In personal conversation with Dr. Dasari, he also speculated the deep learner sees occupational therapy as a career whereas the skimming learner sees it as a job. These characteristics will be seen throughout the lifelong learning attitude of students

Empirical Generalizations

The following empirical generalizations have been inferred from the literature review:

1. A profession has specific requirements for the education of its members.
2. Professional socialization is based on knowledge and skills, but also includes ethics, values, behaviors, and attitudes identified by a profession for its members.
3. Professional socialization is a process with stages and has both formal and informal components. Students can be called novices or neophytes in the early stages of their professional socialization.
4. Students choose their profession and come to the educational program with a variety of preconceived ideas of what that profession is. Many times they have some experience related to the profession.
5. During the educational program students become immersed in what they are doing. Since they are adults, they have other roles and responsibilities.
6. Learning the language and obtaining the props related to the profession are components of professional development.
7. Interaction with significant others is an important mechanism for professional socialization. Significant others can include faculty, peers, and clinical supervisors.
8. Role modeling is an important mechanism for professional socialization. Role models can be faculty, clinical supervisors, and other members of the profession.
9. Students do not always realize they have changed in their values, beliefs, and attitudes.
10. Students are active participants in their own socialization.

11. Students form subcultures where information for professional socialization is shared away from the view of the faculty.
12. Individuals whom the profession serves (e.g., patients) play a crucial role in the professional socialization of a student.

Summary

This chapter presented a review of literature associated with professional socialization in general. In addition, a review of the literature related to socialization into medicine and health professions was included. Finally, a review of the literature specifically on socialization into occupational therapy was offered.

Chapter 3: Theoretical Framework

Introduction

Chapter Two provided a review of the literature related to professional socialization, socialization into health professions, and the professional development of occupational therapists. This chapter provides a review of the theoretical literature related to identity development, starting from a perspective of Symbolic Interactionism and moving to Identity Theory. Specifically, the concepts related to identity salience, commitment, role-person merger, role taking, and role evaluation are presented. In addition, the application of these theoretical concepts to propositions for study are included.

Symbolic interactionism is presented as the theoretical perspective to look at role identity formation of occupational therapy students because it looks at the relationship of the individual to the social structure and to others in the formation of the role identity. Symbolic interactionism informs this study by providing a point of view for the socialization of students into a helping profession and the factors that might contribute to their change as they proceed through an educational curriculum. Symbolic interactionism directs attention to the propositions that human beings construct symbols, negotiate their meanings, and use them to communicate ideas as they move through the socialization process.

Symbolic Interactionism

Blumer coined the term symbolic interaction to describe a “relatively distinct approach to the study of human group life and human conduct” (1969:1). The central premises of symbolic interaction, according to Blumer (1969:2) are:

1. human beings act toward objects on the basis of the meanings that the objects hold for them,
2. meaning is derived from the social interaction that human beings have with others, and
3. meanings are handled and modified through an interpretive process as human beings attempt to make sense of their experiences.

Symbolic interaction is not a static, but a dynamic, reciprocal process. Mead (1934) characterized it as “Society shapes Self shapes Social Behavior.” Meaning resides in the interactions between people and objects rather than within the person or the object. Meaning can be transformed through interaction as well.

In symbolic interactionism, the self is both an object and a process. Seeing the self as an object is a fundamental fact. With regard to self as an object, Hewitt (2003:56) stated:

Each person can be an object in his or her own experience – that is, an object that he or she can name, imagine, visualize, talk about, and act toward. One can like or dislike oneself, feel pride or shame in real or imagined activity, and, in general, act toward oneself within the same range of motives and emotions that shape actions toward others.

Hewitt (2003:2) noted, “Without denying the importance of the mind or of processes that operate at the individual level, sociological social psychologists give priority to human association and make *society* the beginning point of their analysis.”

There is a relationship between the individual and the social world, a relationship that is

reciprocal. The social world affects the individual and the individual is necessary to sustain the social world. Structural symbolic interactionists focus more specifically on how social structures affect the individual and how the individual affects social structures (Stryker and Burke 2000). There is a reciprocal relationship between social structures and the individual (Stryker 1980). Individuals are active participants, through reflexive thought and action, in the process of creating those social structures.

In the 2003 Cooley-Mead Award Address, Burke identified the self as tied to the social structure rather than independently composed of multiple identities. These identities are tied to positions in the social structure. His Identity Control Theory defines identities as “the sets of meanings people hold for themselves that define ‘what it means’ to be who they are as persons, as role occupants, and as group members” (2004:5).

Burke and Reitzes (1981) argued that individuals will perform in ways and make choices that “reinforce, support, and confirm their identities” (1981:84). People will act in ways that are in concert with what they want to be and not act in ways that they do not want to be. However, opportunities for behavior must exist and then choices will be made in keeping with the identity.

Callero (2003) reinforced a recognition of the social nature of the self. He wrote about the self being built around three concepts: “(a) power, (b) reflexivity, and (c) social constructionism” (2003:117). Zeroing in on the interactionist perspective of reflexivity (which is the process of becoming an object to one’s self), Callero wrote that this is a uniquely human process, and it is the result of social experiences. It is through social action and reflexivity the self emerges. It is through the use of signs,

symbols, and gestures the self is constructed in interactions with others. Mead contended the self is developed through a process where the individual becomes self-conscious (aware of him/herself) and conscious of others in interactions. The individual takes the attitude of the other and makes adjustments in the self based on social experiences (Mead 1934; Callero 2003). Gecas (1982:3) also identified the self as a reflexive process and the self-concept as a product based on the reflexivity of the process. It is through evaluation that the self-concept is determined. The self as an object with meanings that can be evaluated and the “reflexive, social, and symbolic activities” is the self concept (1982:4). Self-concept is the result of an active, dynamic, reciprocal process. The importance of the impact of social structure and context on the development of the self-concept is fairly widely accepted.

Symbolic Interactionism looks at the person as an active, creative agent in the development of their own self (Gecas, 1982). This ties to the idea presented earlier of the person being an active participant in their identity production.

The process of learning behaviors happens when an individual becomes a part of a social network where, through interaction, meaning and reinforcement are given to behaviors and expectations. Social interaction gives rise to the self which is composed of identities with associated role expectations, meanings, and behaviors.

Symbolic Interactionism and the related theoretical perspectives of Role Theory and Identity Theory can be applied to the area of role identity formation. “The heart of the interactionist view of the person lies in the concept of identity. Here, we look at the

self as a primarily social experience, examining in some detail how the self arises and is sustained in everyday social interaction” (Hewitt 2003:98).

Identity

Burke (1945:470) contended: “One has no identity apart from society; one has no individuality apart from identity.”

Burke and Reitzes (1981 and 1991) describe identities as the shared meanings associated with a role an individual attaches to themselves and that others attach to the individual. Identities are:

- Social products
- Self-meanings
- Formed in particular situations and organized hierarchically
- Symbolic and reflexive (Stryker 1968; Foote 1951; Burke and Tully 1977).

An individual will engage in behaviors in order to maintain congruence with the shared meanings of his/her identities. Behaviors are assessed as individuals obtain experiences and feedback (reflected appraisals). Changes will occur until there is a match between the identity and the reflected appraisals. Burke and Reitzes (1991:242) described it as:

An identity allows a person to compare an input (the identity meaning implied in social interaction, which we will call “reflected appraisal”) with its setting (the identity) and produces outputs (meaningful behavior) that change interaction until the meanings of the input match the meanings of the identity (setting).

“Identities are ‘parts’ of self ...and exist insofar as the person is a participant in structured role relationships” (Stryker 2002:60). One can have any number of identities, limited only by the number of structured role relationships in which one is involved. To carry this out a bit more, Stryker and Burke (2000:284) use identity to refer to the

meanings individuals associate with “the multiple roles they typically play in highly differentiated contemporary societies.”

Society is “a mosaic of relatively durable patterned interactions and relationships, differentiated yet organized, embedded in an array of groups, organizations, communities, and institutions, and intersected by crosscutting boundaries of class, age, ethnicity, gender, religion, and other variables” (Stryker and Burke 2000:285). People are seen as living their lives in small, specialized networks within society.

Behaviors are meaningful. Burke and Reitzes (1981) propose that identities are connected to behaviors through shared meanings. Foote (1951) tied behavior to the values and norms attached to identities which have a higher level of motivation for the individual. The self-concept, as an organization of identities, also provides a motivational basis for consistency (Gecas 1982:24).

Stryker (1980;2002) contends that meaning for individuals comes from association with others and the experiences, expectations, and observations that they have. These experiences can include instructions and observations. Identities are based on one’s placement in the social structure, but also interactions with others (Stets and Burke 2000). “The meanings and expectations attached to these roles become part of the occupants’ role identity and serve as standards guiding the verification process” (Burke 2004:9). A shared meaning with other members of a group results in self meaning and a social identity (Stets and Burke 2000).

Situated identity is “people experiencing themselves primarily from perspectives provided by the situation and its roles” (Hewitt 2003:100); it also relates to social

location (context). A situated identity is produced when a person makes an announcement of his/her identity that coincides with the placement that others give to that person. The process frequently happens so easily and subtly that individuals are not always aware of it happening.

The process of learning behaviors happens when an individual becomes a part of a social network where, through interaction, meaning and reinforcement are given to the behaviors and expectations. Social interaction gives rise to the self, which is composed of identities with associated role expectations, meanings, and behaviors.

Person identity crosses over different “groups, roles, and situations” (Burke 2004:10). In addition, person identity is characterized by high levels of salience and commitment in the individual. Social identity, person identity, and role identity tend to become consistent with each other and, therefore, share meanings. Person identity consists of meanings and expectations which define who that person is. Social identity consists of meanings which are shared with other members of a group. Role identity consists of meanings associated with a particular role set. Verification of these identities comes from the individuals comparison of him/herself to standards, to the group, and to the role set. Choices are then made which verify all three (Burke 2004). “People choose roles and groups that provide opportunities to verify their person identity” (Burke 2004:11).

Motivation is an important factor in the development of the identity. If there is no reward, there is no reason to participate in the actions and activities required of that identity. Identity is the content that gives value to the role. Individuals learn many more

roles than they will overtly play and will choose those roles that they are motivated by and can define as their own. The process of identification includes naming, where a person names him/herself and is named by others as that identity. Along with the naming comes shared expectations of behavior. Foote (1951) wrote that experience is an important aspect of identity formation in that it opens a person to numerous possibilities, results in more conscious choices, and allows for the discovery of values. Experience is motivating and continually growing through accumulation or combining to form new patterns (Foote 1951).

Role

Role, according to Hewitt (2003:78), is defined as “a perspective from which the person acts in a defined situation.” This takes the idea of role out of the realm of scripted lines or expected duties. Symbolic interactionists see role as a relationship between three ideas that are based on a belief in the “pragmatic and creative capacities of human beings” (Hewitt 2003:65). These ideas are: (1) “participants in any social situation have a sense of its *structure*,” (2) “role is...an organized set of ideas or principles that people employ in order to know how to behave,” and (3) “a role can be thought of as a *resource* that participants in a situation employ in order to carry on their activities” (Hewitt 2003:65). Callero (1994) presented the concept of role as resource that included viewing the role not just as controlling action, but also as facilitating action. Roles can assist in gaining access to cultural, social, and material capital.

“The meanings and expectations attached to these roles become part of the occupants’ role identity and serve as standards guiding the verification process” (Burke

2004:9). A shared meaning with other members of a group results in self-meaning and a social identity (Stets and Burke 2000).

The term “role” is typically associated with expected behaviors for positions (or statuses) in a social system. Role is often used interchangeably with the term “position” especially when it is in reference to identities (Stryker 1980). “Roles therefore define the self” (Callero, Howard, and Piliavin 1987:249).

Turner (1956:316) presented a definition of role which states that role is “a collection of patterns of behavior which are thought to constitute a meaningful unit and deemed appropriate to a person occupying a particular status in society (e.g., doctor or father), occupying an informally defined position in interpersonal relations (e.g., leader or compromiser), or identified with a particular value in society (e.g., honest man or patriot).”

Some roles can be put on and taken off as situations change, but some roles are more permanent and will influence the way other roles are performed. It is a dynamic process that involves interpersonal social interaction. When roles have more influence they can be referred to as more deeply merged (Turner 1978). Situational factors may be important in the construction or change of roles (Hogg, Terry, and White 1995). Some important points to remember are that role relates to behavior rather than a position, so one cannot occupy a role, only enact it.

Role Identity

The term “role identity,” as used by Stryker and Burke (2000:289), refers to a duality seen in identity theory with role being externally linked to social positions and

identity being the internalized meaning and expectation of those roles. According to Collier (2001) the individual is connected to the larger society by the relationship that exists between role and identity. Hogg et al. (1995) assert that role identity mediates behavior.

Stryker (1980) addressed the relational nature of roles and identities. Identities relate to each other through a salience hierarchy (addressed later in this chapter).

It is postulated there are links between commitment, identity salience, and role behavior. Further, those links are affected by the networks and relationships in which an individual engages (Stryker and Burke 2000). In particular, the concepts of identity salience, commitment, role making and role taking, and role-person merger are relevant to the process of professional socialization.

Salience

Identity salience is defined as the probability that an identity will be invoked across a variety of situations (Hoelter 1983; Stryker and Burke 2000). Identity salience refers to the idea that identities can be “ordered into a salience hierarchy” (Stryker 2002:61). Individuals have many identities and whether a given identity will be called up in a situation can depend on its location in the salience hierarchy. There may be overlap of identities and the higher an identity is on the salience hierarchy, the more likely it is to be brought forth across many situations. Some identities can be carried to virtually all situations. Higher ranking identities help to organize lower ranking identities (Stryker 1980). He further clarified this by stating that higher ranking identities will be invoked more frequently than lower ranking identities but will also be invoked along with lower

identities on the salience hierarchies. Higher ranking identities will also provide order to lower ranking identities. Turner (1978:14) contended, “If a person’s most prestigious role is also the one played best, it should be salient in the individual’s role hierarchy.”

Self-concept is a hierarchical organization of role-identities. Stryker’s (1968) term for this is salience hierarchy. It relates to commitment in that the role-identities will influence behaviors based on the places those role-identities are located on the salience hierarchy and the social relationships attached to that identity. Turner (1978:2) agreed that roles are “organized into hierarchies.” Stryker (1980) also argued the higher an identity is in the salience hierarchy, the greater is its motivational significance. Identity salience can be influenced by rewards. Stryker and Serpe (1994) add that individuals are not necessarily aware of the salience of their identities.

Role salience has been addressed in career theory. Career theory focuses efforts on the study of contextual and individual (e.g., interests, values, and abilities) factors which influence occupational choice (Hartung 2002). The impact of cultural context and society in shaping the meaning of life roles is important to career theory (Hartung 2002). Career theory has just begun to address how personal, structural, and cultural factors, including such things as gender, social class, personal interests, and familial expectations, influence role salience in career choice.

One aspect of salience is commitment. This concept suggests that the more connections an individual has because of a particular identity, the more likely s/he is to feel committed to that identity (Stryker 1980; Hoelter 1983; Stryker and Serpe 1994; Hogg et al. 1995; Stryker and Burke 2000).

Commitment

Foote (1951) termed the active initiation and sustainment of activity related to identity as commitment. Commitment links the individual to their experiences, which give meanings to the identity. Motivation for action is tied to values and norms associated with an identity and increases with experience. Commitment also links the individual with society (Burke and Reitzes 1991). Commitment, according to Becker (1960), will result in consistent and ongoing behavior associated with a role.

Commitment is described by Stryker (2002:61) as “the degree that one’s relationships to specified sets of other persons depend on being a particular kind of person.” To illustrate, Stryker (1980:62) used an example of a person being committed to being a member of a sorority if that it is important for maintaining ties to a set of others. In other words, individuals value others and will engage in activities that will assist them to maintain those relationships. Behavior and activities will be validated or modified in order to be consistent with the identity. The desire to maintain ties to those people is higher if commitment is higher. Thus, commitment is tied to identity salience. The more salient an identity is, the higher the commitment to the identity, and the greater the desire to maintain social relationships associated with that identity. Commitment speaks to both the number of relations (extensiveness) as well as the depth (intensiveness) of those relations. Stryker and Burke (2000) wrote that individuals spend much of their time with small networks of social relationships in which commitment is shown through expected roles and identities. Commitment relates to the importance of those linkages and networks with those relations.

Stryker (1980) stated that identity is a reciprocal relationship between the individual and social structures. He referred to commitment as the strength of relationships, particularly relationships to others. He also identified two dimensions of commitment as intensiveness and extensiveness of relationships entered into as a result of an identity. Intensiveness refers to the depth of those relationships and extensiveness refers to the number of relationships. There is, most likely, a connection between intensiveness, extensiveness, the frequency of identity performance, and where the identity falls on the salience hierarchy. Commitment, therefore, ties individuals to action and to others.

Commitment, according to Burke and Reitzes (1991), compels an individual to maintain congruity between their identity and the reflected appraisals from the social setting. If an individual is committed to an identity, the meaning of behaviors will correspond to the identity meanings and will be consistent with reflected appraisals. People learn the behaviors that will maintain the congruity and will actively participate in the cybernetic control process. Reflected appraisals will help individuals learn the behaviors that will maintain that congruence. The interactions and behaviors associated with an identity will be congruent and that will result in commitment. Increasing rewards, decreasing costs, and attachments to others are the bases for commitment. Burke and Reitzes (1991) made the point that those bases are not commitment, but only serve to raise the level of force for maintaining congruity. They proposed a cognitive base (perceiving the cost and reward of the identity) and a socioemotional base (belonging to a social network which provides emotional ties) of

commitment. The consequences of commitment are that there is a moderation of the identity and the role performances of that identity; higher commitment will result in the individual working harder (more time, more energy) to maintain the congruity between reflected appraisals and the identity. Burke and Reitzes (1991:250) concluded:

Individuals are agents acting to control their own identity processes. We suggest that people will do what they need to do to maintain their identities, and those with stronger commitment will work harder to maintain their identities.

Individuals are active agents that make their own decisions about behavior and they pursue lines of action consistent with their level of commitment.

Becker (1960:33) used the concept of commitment to refer to “consistent behavior.” He also suggested the concept of commitment can be applied to occupational careers. One of the chief characteristics of commitment is that the consistent behaviors persist over time.

Commitments are often not intentionally or knowingly made, but come to the awareness of actors after they have made changes. Thus, some commitments, but not all, involve conscious decision-making (Becker 1960).

Commitment is the degree to which a person’s relationships to others in his/her networks depend on possessing a particular identity and role; commitment is measurable by the cost of losing meaningful relationships with others if the identity was lost (Stryker and Burke 2000). They take Mead’s (1934) “society shapes self shapes social behavior” and make it “commitment shapes identity salience shapes role choice behavior” (Stryker and Burke 2000:286).

Role-Person Merger

Role-person merger as presented by Turner (1978:3) offered four criteria of role-person merger: (1) a failure of role compartmentalization, (2) resistance to abandoning a role, (3) acquisition of attitudes appropriate to the role, and (4) the experience of learning a role and putting it into practice. Individuals can put on different roles, but when there is no merger, roles can be put on and taken off without much difficulty. As role-person merger takes place, the role is more difficult to put aside, and the role will color how other roles are performed. A person may perform a role in situations which do not necessarily require that role performance.

In role-person merger, the role becomes part of the person, and the behaviors associated with the role will be enacted in various situations. In addition, there is a hierarchy of role repertoires that will have an impact on how an individual will merge roles with his/her person. High role repertoires will show up in many roles. Social interaction has a major impetus for individuals taking on roles, and role-person merger requires individual determinants besides external expectations. Turner asserted individuals can economize their efforts if they merge a role that can be used in more than one situation. There is a selection process in which people tend to merge roles that provide more rewards, have more tendency to provide autonomy, are more identified by significant others, and will return more for an investment. Turner (1978:14) wrote, "If a person's most prestigious role is also the one played best, it should be salient in the individual's role hierarchy."

Turner (1978) used the concept of role-person merger as related to commitment.

He identified three principles governing role-person merger (1978:13):

1. individuals tend to merge with those roles by which significant others identify them;
2. they tend to merge role and person selectively so as to maximize autonomy and positive self evaluation; and
3. they tend to merge into the person those roles in which investment has been greatest.

It can become stressful when a person is trying to merge a new role into his/her identity, especially if that new role is higher on the hierarchy. Fitting new roles into the hierarchy of the person can result in a period of stress as the role is being learned, adopted, and merged. Roles that are used only on a situational basis will be much more easily enacted. Turner (1978) identified the disorganization and disruption that can go along with merging this new role.

Individuals tend to merge into their person those roles by which others identify them, those roles which will provide them with the most favorable self-evaluations, and those roles which have had the greatest investment (Turner 1978; Stryker 1980)

Role Taking and Role Making

Role taking is “the imaginative placing of oneself in the shoes of the other in a situation, so that one can grasp his or her perspective (role) and understand the other’s conduct *and one’s own* from that point of view” (Hewitt 2003:79). Role making is “the construction of a performance that is relevant to the situation and appropriate to one’s perspective within it” (Hewitt 2003:79).

“Identities are ‘parts’ of self...and exist insofar as the person is a participant in structured role relationships” (Stryker 2002:60). One can have any number of identities

limited only by the number of structured role relationships in which one is involved. To carry this out a bit more, Stryker and Burke (2000:284) use identity to refer to the meanings that individuals associate with “the multiple roles they typically play in highly differentiated contemporary societies.”

Reflected appraisals of others (Gecas 1982) are important to self-concept. It is through role taking that those appraisals are reflected; the comparison of the self to others and the evaluation of one’s self in that comparison. The others with whom one compares the self is the reference group and the standards and expectations of the reference group become internalized. Role making results from engaging in role evaluation and anticipatory socialization.

Role taking is an important activity in the dialectical process of identity formation (Gecas 1982). The concepts of role and identity are so closely related they are frequently taken together as “role-identity” (Gecas 1982; Stryker 1980; Burke and Tully 1977). The connection “links self-conception to social structure because roles are seen as elements of social structure” (Gecas 1982:14). The self is made up of a number of identities that are made up of a number of roles and role relationships. These have a reciprocal relationship with the social structure.

Turner proposed the idea of role taking; “taking the role of the other” (Turner 1956:316; Couch 1958). Individuals play multiple roles. They make inferences about what the role of the other is and what the evaluation by the others is for them by doing role taking (Turner 1956). Role taking is imagining and anticipating what the role of the other would be. Accuracy in inferring the role of the other is important for role

taking; whether one is really knowledgeable about the role or projecting as if s/he were in the situation will impact on how accurate an individual is.

Turner (1956) also addressed reflexivity in the role taking process. He related reflexivity as similar to looking in the mirror where the self is seen (Turner 1956; Mead 1934) as an object to itself. The individual actually pictures the self in the role. Looking at the other as a standard or model and then comparing oneself to that standard or model is a reflexive process.

Reference Group

Reference groups actually can be groups, individuals, or special categories, but the key point of reference groups is that “people take the standards of significant others as a basis for self appraisal and evaluation” (Merton 1968:40). Burke (2004:9) supported this perspective and stated: “The meanings and expectations attached to these roles become part of the occupants’ role identity and serve as standards guiding the verification process.” A shared meaning with other members of a group results in self-meaning and a social identity (Stets and Burke 2000). An individual who is a part of a reference group may be referred to as a role model.

Merton (1968) used the terms “in-group” and “out-group” in relation to reference groups. In-groups are those individuals who are connected to other members of a group. The key to the connection between members of the in-group is that they share values, have similar perspectives, and identify with one another. Other individuals that are outside the in-group are called the out-group.

Becker and Carper (1956) outlined mechanisms in the transformational process that result in the internalizing of an “occupational personality” (discussed later in this chapter). Through these mechanisms the impact of reference groups can be found: professors as role models in the education process, supervisors in apprenticeships, nurturing by sponsors in organizations, older students’ interactions with newer students, formal and informal interactions with those in the occupation.

Role Evaluation

Reflected appraisals of others (Gecas 1982) are important to self-concept. It is through role taking that those appraisals are reflected and the comparison of the self to others and the evaluation of one’s self in that comparison are made. The others one compares the self to make up the reference group and the standards and expectations of the reference group become internalized.

Validation, according to Turner (1956:324) has to do with “determining the personal relevance of values” accepted. Validation can occur through reflexive consideration of the expectations of others and through comparison of one’s self to a set of identified standards. Values are derived from the role taking process and the individual will look to the others for attitudes, values, and aspirations. The individual will then use this information in setting their own standards for comparison (Turner 1956; Stets and Burke 1996). According to Hogg et al. (1995) the individual will modify their behavior to match their internalized standards.

Person identity crosses over different “groups, roles, and situations” (Burke 2004:10). In addition, the person identity is characterized by high levels of salience and

commitment in the individual. Social identity, person identity, and role identity tend to become consistent with each other and therefore share meanings. Choices then are made which verify all three (Burke 2004). “People choose roles and groups that provide opportunities to verify their person identity” (Burke 2004:11).

“The meanings and expectations attached to these roles become part of the occupants’ role identity and serve as standards guiding the verification process” (Burke 2004:9). A shared meaning with other members of a group results in self-meaning and a social identity (Stets and Burke 2000). Verification comes from approval by the others in the group; being like the other members of the group and getting positive reinforcement for being like the others. The process reinforces the differences between the group (in-group) and those not included as part of the group (out-group). If an individual perceives that s/he is successful when comparing to others sharing the role, identity salience will increase (Hoelter 1983).

Stryker and Burke (2000:293) state, “Self-efficacy especially may reflect successful role performance and the approbation of role partners; feelings of authenticity may result from the ability to verify personal identities across roles and situations.”

Anticipatory Socialization

According to Merton (1968), anticipatory socialization occurs when an individual takes on the values of a group with which they aspire to have membership. Merton defined it as “the acquisition of values and orientation found in statuses and groups in which one is not yet engaged, but which one is likely to enter” (Merton 1968:438). This is done through education and training and results in an easier transition into the group

and aids in the rise within the group. Individuals can move into a new role by becoming familiar with that role. This is not necessarily a conscious process, but comes with new parts that the individual plays. Much of anticipatory socialization is implicit and informal, often unwitting on the part of the role model who may or may not be specifically designated, not didactic in nature, and not expressly identified. Merton also wrote of “role gradation” (1968:439) where an individual moves along a sequence of statuses marked by trial behaviors, continuous appraisals, and rites of passage.

Implications for Occupations

When looking at the impact of role commitment, salience, and role-person merger, the process can be difficult at times. Turner (1978:21) contended:

In occupational socialization, for example, the most intense self-feeling may come early when the individual is preoccupied with mastering the role, while the most inflexible commitment to the role may come after one has developed an interdependent role repertoire.

Role salience has been addressed in career theory. The impact of cultural context and society in shaping the meaning of life roles is important to career theory (Hartung 2002). Career theory has just begun to address how personal, structural, and cultural factors, including such things as gender, social class, personal interests, and familial expectations, influence role salience in career choice.

Cerulo (1997) described the collective identity as the shared attributes of a group. She wrote that the members of a collective internalize certain qualities and construct a sense of self based on the shared attributes and qualities.

Callero et al. (1987) presented a conceptualization of helping behavior as role behavior. They linked Mead's development of role theory with Stryker's salience and Turner's role-person merger. Callero et al. use Mead's perspective to tie the concept of role to social constructions that are attached to and specific to a community.

Sociohistorical and contextual factors influence the development of the role-person merger in the helping role. As a result, roles have actions that are shared by the community in their understanding.

Helping behavior as role behavior ties to identity salience when an individual invokes helping behavior in different situations. It also ties to the concept of role person-merger when individuals merge their helping behavior into their role and demonstrate helping actions. Action in keeping with the role as a helping person is dictated by salience, commitment, and merger. Behaviors are demonstrated in a pattern (Callero et al. 1987).

Callero (1985) used blood donor as a salient role that is an example of helping behavior. It is "associated with self definition, expectations from others, a tendency to view others in terms of the role, and future behavior" (Callero et al. 1987:250). The blood donor will conceive of the role as important to the self and to the community, which in turn provides self-validation and reproduction of the social structure. It is a reciprocal relationship (Lee, Piliavin, and Call 1999).

Goffman (1959) proposed that objects (e.g., medical equipment) associated with a role (i.e. physician) along with the unique language of that role (e.g., medical terminology) involves pageantry. This pageantry makes the patient feel good even when

there is no real gain in medical benefit. This “rhetoric of medicine,” can help groups to become more cohesive by moving the members closer to an in-group status. As a reflection of in-group status, Goffman (1959) noted the use of stories (often humorous) that are shared by members of the group.

Becker and Carper (1956:289) described a process of growth in which an adult creates an image of himself in the division of labor. They termed this image “occupational personality.” This transformational process is part of adult socialization and results in the internalizing of an occupational personality. It occurs when students (the adults) are presented with opportunities, objects, and people to build a conception of themselves. As they internalize the conception into an identity, it becomes increasingly stabilized. The mechanisms of transformation to the occupational personality involve interaction with organized groups that assist in development of a self-image, skills, ideology, investment, motives, and sponsorship. Becker and Carper (1956) also identified attachment to occupational title, task commitment, and commitment to particular work organizations and/or positions in them, which is work identification.

Summary

Symbolic interactionism and identity theory were used in this chapter to develop a theory of professional socialization of students’ identity salience, identity commitment, and role-person merger. The following propositions summarize key relationships in the theories:

- P₁ Professional socialization of occupational therapy students is a process that requires interaction with significant others.

- P₂ Motivation and commitment are important factors in role identity formation of occupational therapy students.
- P₃ There are formal and informal aspects to professional socialization with formal and informal indicators of role identity formation.
- P₄ There is a reciprocal relationship between occupational therapy students and occupational therapy social structure.
- P₅ Professional roles will become more salient as students become more socialized into the profession.
- P₆ Students develop person-role merger as they progress through an educational program.

The next chapter presents the research methodology used in this study. In describing the design of this study, Chapter Four includes the steps in developing and carrying out this study. Chapter Five presents the findings of the study and Chapter Six presents the conclusions of this study along with limitations and implications for further research studies.

Chapter 4: Research Methodology

Introduction

The two previous chapters presented reviews of the literature related to this research topic. Chapter Two provided a review of the literature related to socialization, socialization into health professions, and the professional development of occupational therapists. Chapter Three provided a review of the theoretical literature related to identity development. This chapter presents the research methodology used in this study.

Specifically, Chapter Four outlines the research design, including sampling, data collection, and data analysis used. A brief discussion of a pilot study conducted at another university with an occupational therapy educational program is also included. Interviews were conducted with participants in the programs. The method for gaining entry to the occupational therapy educational program is discussed in this chapter as well as the development and construction of the interview protocol that was used.

Purpose

The purpose of this study was to increase knowledge regarding the professional identity formation of occupational therapists in their educational experience. Specifically, the following research questions were addressed: Do students change as they progress through an educational program? What are the formal and informal aspects of students' socialization into the profession of occupational therapy? What are the factors that contribute to the development of a role identity as an occupational therapist?

Research Design

This study was conducted with students and faculty at a Midwestern institution that has an occupational therapy educational program. The educational program leads to a master's degree and is a professional (entry-level) program in occupational therapy.

A single site was selected for the study in order to maintain a high degree of consistency in faculty, courses, and settings. In order to avoid bias, the site selected was one where the researcher was not an employee of the institution.

The plan for the study was a modification of Becker et al.'s (1961) work that utilized an ethnographic approach in learning about the process of becoming a physician through medical school. The approach was chosen as a mechanism to examine the students' and faculty's point of view at particular times in the educational program. As modified, this study utilized focus groups with first- and second-year students in order to hear responses to questions and discussions in the words of the students. A written version with similar questions was used with the fieldwork students for efficiency since fieldwork students are located away from the school setting in a variety of locations and work a full-time schedule. A written set of questions was used with faculty as well at the suggestion of the program director since faculty work different schedules and there was not a time when all faculty would be available for a focus group. Thus, the research design included methodological and data set triangulation as a mechanism of verification.

Pilot Test

The modified questionnaire and focus group guide were pilot tested with occupational therapy students at an additional Midwestern institution not participating in

the actual study. The pilot testing site was in an institution with a professional (entry-level) occupational therapy program leading to a master's degree. Based on the pilot test, adjustments were made in the protocol prior to beginning the study at the target site.

Location

The program that was the site for this study was a Midwestern occupational therapy program located in a private, accredited institution offering associate, baccalaureate, and graduate level programs. It is a professional (entry-level) program in occupational therapy. Both the institution and the occupational therapy program have a long educational history.

The occupational therapy educational program leads to a Master of Arts degree in Occupational Therapy and has an option for a dual baccalaureate and master's degree. The dual degree program combines a baccalaureate degree (B.A. or B.S.) in occupational science with a master's degree in occupational therapy. Students in the dual-degree program select occupational therapy as their area of concentration.

Gaining Entry

A request was made to the department chairperson and program director of the occupational therapy department in the institution where the program is located. The request included a description of the study and a copy of the South Dakota State University Institutional Review Board (IRB) Approval. Through personal contacts with the department chair/program director and faculty, an agreement was made to allow the researcher to conduct the research at the institution.

The agreement included:

- The role of the program to provide space and access to the first and second year students in the program, to provide contact information for fieldwork students, and to distribute packets of questionnaires to faculty members;
- The role of the researcher to advertise the opportunity to students, to provide lunch for first and second year student participants, to provide incentives for fieldwork students and faculty participants, to explain the process of the study including voluntary participation, and to provide all copying of forms and recording supplies; and
- An option for an in-service presentation of the results at the completion of the study.

Initial impressions of the receptivity of the faculty for providing a location to conduct the study was less than enthusiastic. However, when the researcher arrived on site, the discussions presented a different picture. Faculty members were open, supportive, and helpful in getting the food set up and reminding the students that the study was happening over lunch.

Sample

This study utilized a convenience sample of students and faculty as participants.

Participants were selected to include:

- First-year students in an occupational therapy program
- Second-year students in an occupational therapy program
- Fieldwork students in an occupational therapy program
- Faculty at an occupational therapy program

The entire student group at each level (first year, second year, and fieldwork) of the occupational therapy program and all of the faculty in the program were invited to participate in the study. Participation was voluntary. Participants were solicited via letters, posters, and announcements in classes. They were further encouraged to take part

with incentives for participation, including a free lunch during the focus groups, coffee and food coupons, a drawing for bookstore gift cards for focus group participants, bookstore gift cards for all surveys returned by fieldwork students, and bookstore gift cards for the first five faculty members to turn in a survey questionnaire. In addition, the researcher offered to present the findings at the end of the study to both students and faculty.

The role of faculty in this study had two purposes: to determine the role of faculty (for imparting knowledge, acting as role models, and being mentors) in the professional socialization of students, and to determine the extent to which students' salient identities and role identities came to approximate more closely those of the faculty, professional occupational therapists, as students move through their educational programs.

Participants were provided with a letter describing the study and outlining methods to contact the researcher, the academic advisor, and IRB representatives in the event of questions or concern.

Data and Methods of Collection

A combination of data gathering sources was utilized:

- Demographic data that included age, sex, marital status, place of birth, ethnic identification, undergraduate degree(s), schools attended, and GPA. Demographic data was gathered through a paper-and-pencil questionnaire administered to all participants.
- Focus groups were conducted with first-year and second-year students. This method enabled the research to elicit responses to the questions of interest as well as observe the interaction among the focus group participants. An interview protocol for the focus groups was developed based on a modified questionnaire from Becker et al.. (1961). See Appendix A.

- The Twenty Statements Test (TST) in the form of a paper-and-pencil questionnaire was given to each participant. Participants were given individual sheets of paper with “I am _____” twenty times and they were instructed to complete the statements. The TST was designed as a mechanism to measure self-attitudes. Kuhn and McPartland (1954).
- A survey based on the interview protocol used with the focus groups was developed and used with the fieldwork students. The survey was emailed to the students with an option for return by email or postal mail.
- A separate, brief, paper-and-pencil questionnaire was distributed to faculty members. The items in this questionnaire included the demographic data, Twenty Statements Test, and questions related to their experiences with professional socialization.

Data Analysis

The focus groups were audiotaped and the tapes were subsequently transcribed.

In addition, the researcher took field notes during the focus group discussions.

Transcripts of focus groups were analyzed for themes and the themes were clustered and coded to provide data in relative to the research questions.

Data analysis was guided by the literature and theoretical perspectives found in chapters two and three. The interview protocol used for the focus groups with first- and second-year students and the surveys used with fieldwork students and faculty also reflected the literature and theoretical perspectives. The general areas of questioning were: choosing occupational therapy, occupational therapy as a profession, influences on professional socialization, relationships with others, performing occupational therapy outside of the classroom, and seeing oneself as an occupational therapist. Similar questions were asked on the fieldwork student and faculty surveys. An additional

question to elicit information about whether and how faculty see themselves as influences on students was included on the faculty survey.

Figure 1: Coding Frame for Transcripts

| Source of Theme | Theme | Sub-theme |
|---|-----------------------|---|
| <u>Literature on Professional Socialization</u> | Occupational choice | Expectations Instead of another profession Personal qualities Research |
| Literature on Occupational Therapy | What is OT | Definition Acting like an OT Using the language OT vs. PT |
| Literature on Professional Socialization | Being a professional | Career vs. job Obligations/responsibilities Being ready |
| Theory: Role identity | Professional | Identify self Identified by others |
| Identity | Fellow students | References to collegiality References to competition References to cooperation |
| Role-person merger | Influences | Faculty Clinicians Negative modeling in clinical experiences Others (e.g., parents, friends, etc.) |
| Role taking and role making | Influences | Stories and case studies in class |
| | Fieldwork experiences | Real world Hands on I can do it |
| Symbolic interaction | Influences | Professional organizations |
| | Fieldwork | Positive modeling in clinical experiences |
| Emergent themes | | Expectations of education |

The transcripts were coded using a coding scheme for the content themes and sub-themes. Figure 1 outlines the coding scheme used to code transcripts.

Kuhn and McPartland (1954) categorized responses on the TST as either consensual references (e.g., public; student, girl, or Baptist) or subconsensual references (e.g., private; happy, bored, or good student), and found that respondents tended to finish their consensual responses before starting to add subconsensual responses. In addition, Kuhn and McPartland contended that the order of responses relates to salience of self-attitudes.

The TST forms from all participants were analyzed for consensual and subconsensual items as well as the pattern for the answers. In addition, the positioning of occupational therapy in the order on the TST was noted as a reflection of the salience of it.

Summary

This chapter outlined the research design and methodology used in this study. Included in the chapter are: a brief sketch of the pilot study that was conducted, a description of the location and participants in the study, the mechanisms for gaining entry to the study site, and discussion of the analysis. The following chapter presents the findings of the study. The results are organized to address the research questions. Conclusions based on the findings will be presented in Chapter Six.

Chapter 5: Findings

Introduction

Chapter Two provided reviews of the literature related to socialization, socialization into health professions, and the professional development of occupational therapists. Chapter Three presented the theoretical literature related to identity development. The previous chapter, Chapter Four, presented the design, methodology, and steps that were used in conducting this study of role identity formation of occupational therapy students.

This chapter presents the findings from the data gathered through focus groups, the Twenty Statements Test (TST), and paper-and-pencil surveys including demographic data. Characteristics of the four groups (first-year students, second-year students, fieldwork students, and faculty) from an occupational therapy educational program in a Midwestern institution are described.

Characteristics of the Groups

The entire student body at each level (first-year, second-year, and fieldwork) of the occupational therapy program and the full faculty were eligible for participation in the study. Participation was totally voluntary and participants were both solicited and encouraged to participate. Table 1 shows the number of potential participants and the number of participants in the study.

Table 1: Study participants and potential participants

| Group Members | No. of Potential Participants | Participants |
|---------------|-------------------------------|--------------|
| First-Year | 30 | 6 |
| Second-Year | 12 | 8 |
| Fieldwork | 9 | 4 |
| Faculty | 12 | 6 |
| | | |
| total | 63 | 24 (38.1%) |

First- and Second-Year Students

Fourteen first- and second-year students volunteered to participate in this study. The students are enrolled in a Midwestern occupational therapy education program leading to a master's degree and eligibility to sit for a national certification examination. These students were engaged in focus groups in a classroom at the educational institution. The focus groups were held over a provided lunch and participation was encouraged by offering a drawing for a bookstore gift card for participants.

Demographics of the groups are shown in Table 2 for first year students and Table 3 for second year students. First year students were older on average than were the second year students in the focus groups. The only male participant in either focus group was a second year student. While all of the second year students were single, only three of the first year students were single. None of the students in the focus group had any children. Finally, just one of the first year students was in a dual degree program while four of the second year students were in a dual degree program.

Table 2: First-Year Students—Demographic Characteristics

| Group Members | Age | Gender | Marital Status | No. of children | UG Degree |
|---------------|-------|--------|----------------|-----------------|----------------------------|
| 1 | 23 | F | S | 0 | Dual Degree * |
| 2 | 24 | F | S | 0 | Child Psychology |
| 3 | 24 | F | M | 0 | Community Psychology |
| 4 | 28 | F | S | 0 | Psychology |
| 5 | 33 | F | M | 0 | Vocational Rehabilitation |
| 6 | 50 | F | D | 0 | Organizational Development |
| | | | | | |
| Average | 30.33 | | | | |

* Note: The dual degree program combines a baccalaureate degree (B.A. or B.S.) in occupational science with a master's degree in occupational therapy.

Table 3: Second-Year Students—Demographic Characteristics

| Group Members | Age | Gender | Marital Status | No. of Children | UG Degree |
|---------------|------|--------|----------------|-----------------|-------------------------------|
| 1 | 21 | F | S | 0 | Dual Degree * |
| 2 | 21 | F | S | 0 | Dual Degree * |
| 3 | 22 | F | S | 0 | Dual Degree * |
| 4 | 22 | F | S | 0 | Dual Degree * |
| 5 | 23 | M | S | 0 | Health Ed/PE |
| 6 | 23 | F | S | 0 | Biology |
| 7 | 24 | F | S | 0 | Communication Studies |
| 8 | 24 | F | S | 0 | Psychology/ Family Studies |
| | | | | | |
| Average | 22.5 | | | | |

* Note: The dual-degree program combines a baccalaureate degree (B.A. or B.S.) in occupational science with a master's degree in occupational therapy.

Fieldwork Students

Fieldwork students, also enrolled in the same Midwestern occupational therapy education program leading to a master's degree and eligibility to sit for a national certification examination, were solicited through an email request to participate. These students were in the final segment of their education, which is a clinical experience that can be in a variety of practice settings. They are not located at the educational institution. Fieldwork students also were voluntary participants in this study. The demographics of the fieldwork students are shown in Table 4.

Table 4: Fieldwork Students—Demographic Characteristics

| Group Members | Age | Gender | Marital Status | No. of Children | UG Degree |
|---------------|-------|--------|----------------|-----------------|-------------|
| 1 | 25 | F | S | 0 | Politics |
| 2 | 25 | F | S | 0 | Kinesiology |
| 3 | 25 | F | M | 0 | Psychology |
| 4 | 28 | F | M | 0 | Psychology |
| | | | | | |
| Average | 25.75 | | | | |

Faculty

Six faculty members of the same Midwestern occupational therapy education program were solicited to participate through a letter of request and personal contact with the program director. These faculty members were also voluntary participants in this study. The demographics of the faculty participants are shown in Table 5.

Table 5: Faculty—Demographic Characteristics

| Group Members | Age | No. of Years in OT | Gender | Marital Status | No. of Children | Degrees * |
|---------------|-------|--------------------|--------|----------------|-----------------|---------------------------|
| 1 | 34 | 12 | F | M | 1 | Organizational Leadership |
| 2 | 50 | 30 | F | M | 3 | Public Health |
| 3 | 51 | 25 | F | M | 2 | MA, PhD |
| 4 | 56 | 36 | F | M | 2 | MA |
| 5 | 58 | 35 | F | M | 2 | Special Education |
| 6 | 58 | 37 | F | M | 0 | Human Development |
| | | | | | | |
| Average | 51.17 | 29.17 | | | 1.67 | |

* Note: In response to a request on the survey for degrees, some respondents answered by identifying the degree and some answered by identifying the major. Both answers are reflected on Table 5.

Twenty Statements Test

The Twenty Statements Test (TST) in the form of a paper-and-pencil questionnaire was given to each participant. Participants were given individual sheets of paper with “I am _____” repeated twenty times and they were instructed to complete the statements.

As presented in Chapter Four, the TST was designed as a mechanism to measure self-attitudes. Kuhn and McPartland (1954) found the median number of responses was seventeen. The occupational therapy students and faculty in this study demonstrated a 91.7% rate of completion of all twenty items. Table 6 reveals that all of the second-year students, fieldwork students, and faculty provided twenty responses. Only the first-year students deviated from this with one providing seventeen and another providing nineteen responses.

Table 6: Items completed on the Twenty Statements Test (TST)

| Group Members | No. of TST w/20 (complete) | No. of TST w/19 | No. of TST w/17 |
|---------------|----------------------------|-----------------|-----------------|
| First-Year | 4 | 1 | 1 |
| Second-Year | 8 | | |
| Fieldwork | 4 | | |
| Faculty | 6 | | |
| | | | |
| Total | 22 | 1 | 1 |

All of the respondents who participated in this study had a combination of consensual and subconsensual responses. To review, consensual references are public (i.e., memberships in social categories and social groups which are common knowledge such as student, girl, or Baptist) and subconsensual references are private (i.e., attributes or descriptions which are relative to other people or known to the respondent such as happy, bored, or good student) (Kuhn and McPartland 1954; Alm et al. 1972). Five (20.8%) of the respondents to the TST fit the pattern described by Kuhn and McPartland (1954) of completion of consensual items prior to adding subconsensual items. Most (18 or 75%) of the respondents had a scattered pattern of consensual items throughout the twenty statements. Nine (37.5%) of the respondents started their statements with subconsensual items. See Table 7 for a breakdown of the consensual/subconsensual pattern.

Table 7: Consensual/Sub-consensual Responses to Twenty Statements Test (TST) by Sample Group

| Group Member | Total No. TST | No. of TST w/no consensual items | No. of TST w/classic pattern (top cluster of consensual items) | No. of TST starting w/ sub-consensual items | No. of TST w/scatter pattern (consensual items scatter throughout) | Highest position of consensual item |
|------------------|---------------|----------------------------------|--|---|--|-------------------------------------|
| First-Year | 6 | 0 | 1 | 1 | 4 | 1,1,1, 1,1,10 |
| Second-Year | 8 | 0 | 2 | 2 | 6 | 1,1,1,1, 1,1,2,4 |
| Fieldwork | 4 | 0 | 1 | 2 | 3 | 1,1,4,5 |
| Faculty | 6 | 0 | 1 | 4 | 5 | 1,1,5, 7,7,10 |
| | | | | | | |
| Total | 24 | 0 | 5 | 9 | 18 | |
| | | | | | | |
| Percent of Total | 100 | 0 | 20.8 | 37.5 | 75 | |

The first- and second-year students wrote answers that were quite similar to each other. Only two students wrote their age as a TST item. One student wrote that s/he was “nervous about succeeding in a new career.” Examples of the most frequent responses were:

- Related to self-descriptions (e.g., a leader, short, tired, dreamer, creative, caring, a crafter, patient, outgoing, ambitious, creative, energetic, average intelligence, fun).
- Related to their relationships (e.g., sister, wife, daughter, neighbor, woman, friend, girlfriend).
- Related to their student status (e.g., graduate student, OT student, OTOS student).

- Related to their feelings about school. The first year students wrote items related to an upcoming test (e.g., anxious about the test, stressed) and second year students wrote about looking ahead to fieldwork experiences (e.g., excited about FW, happy about choices).
- Related to religious affiliation (e.g., church participant, Christian, Jewish, Catholic)

One of the fieldwork students identified herself as an OT. The fieldwork students provided statements that:

- Centered more around their future (e.g., ready to work, hoping to get a job quickly, hopeful for the future of the profession, excited to finish school, ready to start my career).
- Demonstrated some role-person merger (e.g., learning and growing, holistic, interested in how occupations shape a person's life, happy with chosen profession, going through changes, successful).
- Related to their fieldwork experiences (e.g., missing fieldwork, student in fieldwork II, enjoying fieldwork).

The faculty who completed the TST provided statements that matched many of the descriptive and relationship items provided by the first- and second-year students (e.g., woman, mother, creative). Items unique to the faculty responses were spouse, parent, and happily nearing retirement. Occupational therapist (OT) was the most frequent response listed and one respondent wrote that she was "proud to be an OT." There were also items that:

- Frequently related to their role as faculty (e.g., educator, teacher, thrilled to have a career in education, professor, program manager, scholar, thinker).
- Identified their role in relation to students and colleagues (e.g., positive role model, mentor, lucky to have wonderful colleagues and mentors).
- Related to their skills or personal qualities (e.g., creative problem solver, committed to social justice, true to self, grounded).

The frequency and position of occupational therapy identity responses are shown in Table 8. Frequency was measured by counting the number of items directly related to occupational therapy (e.g., I am...an occupational therapy graduate student). Salience was measured by marking the numbered position (1–20) of items related to occupational therapy. Kuhn and McPartland (1954) contended that the order of responses relates to salience of self-attitudes. The only group where all respondents included occupational therapy responses on the TST was the fieldwork group. This group also had the highest frequency (with a total of 12 occupational therapy responses), and also had the highest average salience (3) for the occupational therapy response. The faculty were next in both frequency (with a total of 7 responses) and salience (4.4). The first- and second-year students each had an average salience of 11.75. The first-year students had a total of five (5) occupational therapy-related responses while the second-year students had a total of four (4) occupational therapy-related responses. These findings are consistent with the expectation that identity as an occupational therapist would become more salient as students move through the professional socialization process into fieldwork.

Table 8: Frequency and Salience of Occupational Therapy Responses on Twenty Statements Test (TST) by Sample Group

| Group Member | Total No. | No. w/o OT listed | No. w/ OT listed | Frequency of OT listed | Salience of OT listed | Average Salience |
|--------------|-----------|-------------------|------------------|------------------------|-----------------------|------------------|
| First Year | 6 | 2 | 4 | 1,1,1,2 | 5,9,13,20 | 11.75 |
| Second Year | 8 | 4 | 4 | 1,1,1,1 | 4,14,14,15 | 11.75 |
| Fieldwork | 4 | 0 | 4 | 1,3,3,5 | 1,2,4,5 | 3 |
| Faculty | 6 | 1 | 5 | 1,1,1,1,3 | 2,5,5,5,5 | 4.4 |
| | | | | | | |
| Total | 24 | 7 | 17 | | | 5.3 |

Focus Groups

The first and second year students were engaged in focus groups to discuss questions prepared on an interview guide. Each focus group was approximately 90 minutes in length, held in a classroom, and audiotaped. The audiotapes were later transcribed.

The focus groups were designed to be informal (e.g., in a circle, over lunch, and with a promise of confidentiality) in order to encourage students to feel free to discuss their experiences, attitudes, and opinions.

Focus Group Findings from First- and Second-Year Students

1. Choosing Occupational Therapy

Entering into occupational therapy, as with most professions requires students to make choices from a number of options. The first year students and the second year students were both very similar in discussing how they made the choice to pursue a master's degree in occupational therapy and occupational therapy as a career. Most students agreed that they did not know much about occupational therapy prior to being introduced to the profession. That introduction came in the form of interest tests, a service project, or a show-and-tell presentation in high school.

Some students did not get into their desired educational program so they decided to find something that would be a good substitute or would combine more than one interest (e.g., medicine and education). Some students related that they were originally pursuing another career, but switched to occupational therapy. Physical therapy and nursing were the two most common careers in which students were initially interested.

One student described being in a physical therapy setting and saw occupational therapists working, which prompted an interest in exploring the profession more. One student described a life change event and another described a need to do something constructive over summer vacation. A number of students worked in settings (e.g., nursing homes or group homes) where they saw occupational therapy in action, which sparked an interest in the profession. One student saw occupational therapy treatment for someone in their family and described how that experience led to an interest in the profession.

In making their occupational choice, one key theme that emerged was that all students researched the profession once they were introduced to it. Their research included shadowing therapists, reading about the profession, and volunteering in occupational therapy departments. Students said that they wanted to pursue something that would fit with their interest in “helping people,” “working with people,” or “making a difference in someone’s life.” They saw occupational therapy as positive and holistic involving work that is meaningful and purposeful. As they learned more, their interest and enthusiasm for occupational therapy increased. They saw occupational therapy as a match with their personal interests, qualities, and desires.

None of the students discussed salary as a motivator for pursuing occupational therapy. On the other hand, the flexibility of being able to change areas of practice was identified as a positive advantage of the profession.

2. Defining occupational therapy

When asked about how they define occupational therapy to others, first year students said things like helping people to stay in their house, helping people’s mental

health, and giving people purpose and meaning. They also said that occupational therapy helps people to be happy, and one student said, “it’s a hopeful field.” First-year students spoke of the term “occupation” and stated that it defines who we (occupational therapists) are. They defined it as meaningful and purposeful activity, things we do in our daily lives, and activities attached to a role. Related to occupation is how someone thinks and feels about what they do. One of the participants stated:

I’m trying hard to come up with a definition and I’m going by what I was taught in class and what I read in chapters and from what I’ve done when I did some fieldwork, like how would you explain to somebody what is OT and what do you do exactly.

The second-year students answered the same question by stating that they give examples of occupational therapy working with a client and that occupational therapy works with all ages and in many areas of practice. They included the terms work hardening, function, helping people back to occupation, and activities of daily living in their responses.

The first-year students listed some indicators that someone is an occupational therapist such as nametags with credentials, watching what they are doing, and seeing them with their “big bag” of equipment. “They always carry that around.” The big bag of equipment stimulated laughter in the group. It is the occupational therapy tool kit. A student said, “I think part of it is that...they’re doing the things that you expect someone in that profession to be doing.” As an aside, the students talked about how exciting it is seeing therapists whose work they see in journals.

3. The difference between a job and a career

Both cohorts of students answered this question similarly. The consensus was that a career requires more of an investment and is something that an individual has a passion for and cannot walk away from. A career also requires more effort in terms of preparation, therefore it is a goal and an individual puts hard work into it. One second-year student stated, “a career encompasses you as a whole.” They also said that a career is something that affects you outside of going to work. A first year student stated, “Well, and a lot of people then identify themselves by that professional role. Whereas, not many people identify themselves as a cashier.”

4. What it means to be a professional

The questions related to a job versus a career were followed up with a discussion about being a professional. The first-year students stated that the professional role gave more room for creativity and for “thinking outside the box” along with more opportunities for advancement. They went on to say that being a professional carries “huge” responsibilities for professional behavior, being up-to-date, knowing your stuff, and knowing what is going on. The discussion on responsibility also included the ideas that your decisions have an impact; there is room for growth; that professionals need to keep up with changes; and that there is a responsibility to educate others.

The discussion also elicited the following statements regarding being a professional:

- “I need to be concerned about how my behavior reflects on the profession outside of the standard professional environment.”
- “You’re a representative of the profession.”
- “It changes a lot in your life; not just the work that you do.”

One student pulled a number of the discussion ideas together by stating:

I think, well, professional behavior obviously. I think it is a greater responsibility when you're a professional and when you're in your career, rather than when you have just a job. And I mean, you're responsible for other people's development and growth when you're in OT...That's a huge responsibility. You need to be up-to-date and, you know, know what's going on and know your stuff.

The second-year students stated that being a professional requires knowing the theory and background for why you do what you do rather than just learning skills. In addition, it requires learning more, doing research, and always improving. One student said being a professional means "being able to work for yourself even when you are on a team." Another student stated, "you feel really positive that...you know what you're choosing is what should be done or not always having to look it up."

5. Influences

The topic of influences on professional socialization was introduced. The main influences identified by the students were fieldwork, clinical educators, and faculty. The second-year students described Level I Fieldwork as fieldwork experiences incorporated within the program and requiring students to have a certain number of hours at a clinical site. This fieldwork does not substitute for the fieldwork that is a concentrated experience near the end of the educational program which is titled Level II Fieldwork. Other influences identified by first-year students were experiences, classes, professors, and opportunities to share thoughts.

When questioned about negative influences, the first-year students talked about possible negatives such as maybe not getting along with a professor and then having to

work with that person, inappropriate behaviors of others (e.g., clinicians, faculty, or colleagues) outside of the profession, and worrying about not having the right information. The students stated that the inappropriate behaviors of others reflects back on the profession and makes everyone in the profession look bad.

Fieldwork

First-year students were early in the program and remarked that they have had limited experience with fieldwork and clinical supervisors. From shadowing experiences prior to entering the program and from fieldwork, they claimed that fieldwork reinforces their expectations. Fieldwork provides a learning opportunity students said helped them feel more confident. Students related that they were nervous about fieldwork and even nervous to call their clinical fieldwork supervisor. “But I was relieved after I talked to her.” One student described a clinical supervisor by stating, “I can tell she really likes her job.” That was an important quality that was echoed by other students in the group.

Second-year students have had more fieldwork experiences which was reflected in the amount of their discussion. Fieldwork was identified as one of the major influences because it is a hands-on experience that is real and where students can apply what they have learned and can actually do the things they are studying. “To actually do it helps” said one student, and the group all agreed. Another student said that they learned, “oh, I can do that,” which is so much better than even visuals and videos in the classroom. One second-year student stated that, “you can have all the knowledge, but if you don’t apply it, there’s no point.”

Clinical Educators

Students, particularly second-year, stated that clinical supervisors can push you to do and think. Clinical supervisors can be positive influences, are awesome, helped students to learn a lot, and helped students out, according to the participants. Sometimes the clinicians they shadowed or with whom they volunteered were seen as more positive than the fieldwork supervisors at clinical sites while in the program.

Negative experiences can have an influence on a student's professional socialization. One student stated that you "need a little of the negative to appreciate the positive." The group discussion included some negative experiences that were encountered on fieldwork assignments with some supervisors who were not good role models. The second year students commented that individuals can learn what not to do along with what to do; can learn from both extremes more than from the middle. One student stated that a negative experience caused her to question her decision, but she is still in the program. Sometimes students just don't click with their supervisors.

Faculty

One of the students in the first year focus group reported that a program director (not from the program she was currently enrolled in) encouraged her and gave her the courage to pursue advanced education in occupational therapy. The first-year students related that they have not had enough time in the program to establish strong relationships with the faculty yet. Students agreed that they admire the faculty and described them using terms such as smart, caring, supportive, respectful, engaging, knowledgeable, welcoming, willing to talk, professional, flexible, and "there" for them.

When asked about negatives, as stated earlier, the first-year students did not provide concrete examples, but talked about the potential negative experience of working with someone with whom they didn't get along. The second-year students, on the other hand, were much more willing to share more concrete ideas about the beneficial and the imperfect things faculty do.

Students reported that they really like it when faculty utilize stories, videos, case studies, and examples in their classes. They said it is important that faculty be involved in practice in order to bring their stories into the classroom and to provide fieldwork experiences. The group agreed there is better learning when faculty use those methods in their teaching and are enthusiastic, approachable, organized, and set out clear expectations. Students described the faculty as "awesome" because they get to "know us" which they further described as "working with you" and "appreciate your life." One student stated, "When they're engaged, you're engaged," which was corroborated by the other students in the group.

The imperfections were identified as faculty who showed no enthusiasm, lectured only, gave no feedback, were not available, and didn't keep office hours. One criticism from students (that caused laughter among the whole group) was that some faculty use material that is out-of-date. The students stated that historical information that is old is fine, but old references aren't impressive. One second-year student stated that perhaps they (the students) should take on the role of making better teaching tools for the future. One student made the following statement about faculty: "They expect us, for this to be

our top priority and for us to have nothing else to do, but they don't return that." The group verbalized their agreement.

6. Relationships with fellow students

The students in this study go through their educational program as a cohort so they spend many hours together in class and studying over a two-year period of time. When they go out to fieldwork, they are assigned to different clinical sites. Some of them may see each other during their fieldwork experience, but the cohort returns to the institution following fieldwork for a short period of time, which includes graduation.

When asked about seeing the other members of their cohort as colleagues, the first-year students did not see strong relationships with fellow students yet because it takes time. They expressed they had previous experiences with new relationships and then had to separate from their friends. One of the students in the group shared feelings of thinking everyone else is so smart and that elicited a round of laughter — "we feel the same way" — but no one wants to be singled out as a slacker. The students stated that they "feed off each other," which is a real motivator. By the same token, there is a standard demonstrated by fellow students: "some pretty high standards." The students compare themselves to each other, but noted the real competition is with themselves. They reported they push themselves and are harder on themselves than anyone else is.

In describing the advantages and disadvantages to professional socialization of being in a cohort, second-year students said it is similar to work in that occupational therapists have to work with groups and on teams. On the other hand, being in a cohort hinders professional socialization because "we spend all day together" and "the stories

get old.” When asked if they foresee staying in close contact with the other members of their cohort, the second year students said that some they would — at least at first.

7. Professional organizations and your professional socialization

Students saw the purpose and function of professional organizations (e.g., student, state, or national associations) as providing resources, maintaining accountability for meeting standards (e.g., education or practice) and as a mechanism to get connected with other occupational therapists. Members of professional organizations were seen as having more awareness of what is going on in the profession. These sentiments were shared by both cohorts of students.

The second-year students identified professional organizations as a mechanism for being connected beyond the college community. They also expanded on the idea of professional organizations being a resource by characterizing organizations as current, structured, stable, and consistent. Consistency in occupational therapy practice across the country was one of the important functions of the professional organization to “keep OT as a profession OT” so occupational therapy in one state is like occupational therapy in another state. Students spoke of using the web site of the national association to research plans and interventions for specific diagnoses.

The second-year students also noted one of their faculty members is an officer in the state association. One advantage that was identified included a faculty member who assisted a student to make a connection with someone else in the association who could assist with the student’s thesis. Another advantage of having that officer on faculty was to have first-hand information about professional issues happening in the state.

None of the students had been to an association meeting or a conference. Only a few had used the web sites available. One student explained it this way:

I think for when you're out in the field it'll help because it shows current trends and current research on it. Whereas, now we're kind of learning it in class, but when you're out in the field it's kind of good to know what's coming up and what's important right now on AOTA standards and to see what you need to brush up on. Maybe something's changed; new research out.

8. How will you know when you are ready

A first-year student described seeing another student who was in fieldwork “chomping at the bit” to do more. It was encouraging because the student thought that if the fieldwork student got to that point in two years then “so can I.” They also said it was good to see students who are further ahead in the program and to see the level of comfort that they demonstrate. Thus, they concluded they will be ready when they are comfortable. “You just know when you're ready.” They also recognized there are also some steps, and they will be ready when they have gone through those steps. Concrete steps such as passing exams (i.e., national certification examination), getting clients, and receiving positive feedback from others were identified as markers they are ready.

A first-year student responded to this question by stating, “I feel like I, not that I'll never be ready, but it's just such a learning. I might be 70% ready and then I'll go and then I'll learn more.”

Second-year students identified fieldwork as the place where feeling ready to practice would happen. They saw fieldwork providing a form of independence with a guide where students feel less fear and less anxiety, feel positive about what they're

doing, and where they can “have it start coming naturally.” Like the first-year students, the second-year students spoke about being more comfortable.

Along with being ready to practice, another topic emerged spontaneously with the first-year students. They expressed concern about the courses that are less “solid.” They had expectations that there would be information about what to do with certain kinds of patients—a recipe of sorts. They had an expectation that classes would tell what assessments to use, what steps to take, and how to do an interview for specific diagnoses. There was resounding agreement that they don’t exactly know “what to grasp onto.” In the discussion, one participant contended:

I keep telling myself it’s experience...I keep telling myself this. This is our first semester and this is all new and after time and experience and once we get into the fieldwork, I would think that’s when you really start to learn these skills and apply them.

9. Calling yourself or being called an occupational therapist

The first-year students said they are uncomfortable with the idea of calling themselves occupational therapists, but they can picture it in the future. They also thought it would be easier when they are in the role since the term will be associated with that role. They also thought it would be easier when other people call them occupational therapists than calling themselves that.

The second-year students said that they identify themselves as occupational therapy students. One student said occupational therapy comes up third or fourth in identifying themselves and that they would say their name and that they are a master’s student in OT.

10. How occupational therapy shows up outside of the classroom

Questions about how what they are learning related to occupational therapy shows up outside of the classroom, the second-year students became animated, had a lot of laughter, and seemed to really enjoy talking about this particular topic.

They stated that in the beginning of the educational program they used occupational therapy language without really understanding how they were using the terms. Now, they say, the use of occupational therapy terms is second nature and part of their daily conversation. One student seriously and genuinely said, “I love it. I feel smarter.” Some examples of utilizing occupational therapy terms and concepts were:

- Applying lifestyle balance concepts to their daily life
- Analyzing what people are buying in the grocery store from a lifestyle balance perspective
- Recommending ergonomic changes in a workplace
- Telling mother she needs to look for a new washer because she won’t be able to turn the knobs in the future
- Going into restrooms and looking at the disabled stall to see if they really allow adequate room for transfers
- Assisting an elderly woman at the fitness center learn a better way to put her bra on independently

They said they learned how to do activity analysis and they “overanalyze” everything now. They all agreed that they look at things differently now. One student said, “...because I can do whatever, people ask me questions. I just, I think its exciting to like notice what is going on around you.”

General Remarks on Professional Socialization

In closing the focus groups, the students expressed appreciation for the lunch, asked about other aspects of this study, and expressed good wishes for the outcome of the study. The final question was an open-ended opportunity to share anything else that the students thought would be helpful. One student (a first-year student) said,

...sometimes actually sitting and talking about it (professional socialization) and actually to give voice to what you think about it; sometimes its really helpful to do that and gives me a better appreciation for what we're doing, too.

Surveys for Fieldwork Students

A survey based on the interview protocol used with the focus groups was developed and used with the fieldwork students. This questionnaire was emailed to the fieldwork students who were doing clinical internships at sites away from the educational institution. These students continue to be enrolled in the occupational therapy educational program and all fieldwork students were eligible to participate. Students were given an option for return by email or postal mail.

Findings from Fieldwork Students

1. Choosing Occupational Therapy

Of the four fieldwork students completing the questionnaire, three of them mentioned an interest in Physical Therapy and the fourth had an interest in Marriage and Family Therapy prior to pursuing a degree in Occupational Therapy. All fieldwork students wrote about exploring and researching professions prior to making a commitment to occupational therapy. They were all happy with their choices and expressed that occupational therapy was a good fit for them.

For their own suitability for occupational therapy, these students reflected personal qualities of care, respect, creativity, and passion. One student wrote, “I love the therapeutic relationship and working with Nursing and PT and Speech.” Another student stated, “I have a strong desire to help people.” Still another student reported a belief in occupations and occupational performance which are occupational therapy concepts. Other abilities students identified in characterizing themselves included being able to evaluate a situation, develop rapport, do problem solving, and foster motivation and success.

2. The difference between a job and a career

The fieldwork students responded that a career requires more planning and education than a job typically does. It is a choice and allows for growth and satisfaction, but also requires an investment in the occupation’s future. All agreed occupational therapy is a career although one respondent said that while it was a career for her it was a job for some people.

In answering the question about belonging to professional organizations, one of the four fieldwork students does not belong to any organizations, but the other three belong to the American Occupational Therapy Association (AOTA), which is the national professional organization for occupational therapy. The three student members said their expectations are for the organization to provide resources and to keep them informed of pertinent information that impacts their abilities as an occupational therapist. Two of them had read professional literature and two had not.

3. Influences

Fieldwork students acknowledged that they had encountered “wonderful occupational therapists” who are admirable and demonstrate genuine care and enjoyment of all people. The therapists were not identified as either faculty or clinical educators although many of the responses related to their work with patients, which would lead one to believe the primary group they are referring to are clinicians and most likely clinical educators.

The characteristics of the therapists the fieldwork students cited included professionalism, competence, good clinical reasoning, a client-centered approach, a strong work ethic, communication skills, and having a passion for their job. The qualities of a good occupational therapist the students identified were patience, creativity, empathy, kindness, compassion, flexibility, adaptability, and self-motivation.

In addition, the students reported these therapists were concerned about the profession, enjoyed their jobs, and were good representatives of the profession. They demonstrated not only a balance of skills and knowledge, but also a willingness to share. They were interested in educating the future generations so they shared their time to do that.

The practical experiences of fieldwork were identified by all of the fieldwork students as having the biggest influence on their role identity development as an occupational therapist. Specifically, fieldwork educators were identified as influential because they were observed every day and helped to guide the students through challenges. There were both positive and negative examples set by occupational

therapists according to one respondent, although no specific details were provided. One student wrote, “It is one thing to read about OT or observe it, but I learned so much about how I perform as an OT on my Level II (fieldwork).”

4. When did you start to feel like an occupational therapist

During fieldwork was the consensus of the fieldwork students who completed the survey to this question. Specifically, fieldwork students reported that they felt like an occupational therapist when they were in charge of a caseload, receiving positive feedback and positive feelings about what they were doing, and when they contributed to documentation and meetings.

One student related that she felt like an “OT student” in her first fieldwork experience, but gradually when she was independently planning she felt more like an occupational therapist. One student stated that she felt like an occupational therapist, “when I started getting mad at my FWII (Level II Fieldwork) educators for butting into my intervention leading times.”

The students in fieldwork all could picture themselves working as an occupational therapist due to their experiences in fieldwork. When asked about calling themselves occupational therapists or being called an occupational therapist by others, the consensus was that this is still a bit surprising and uncomfortable, although they were getting used to it. One of the students stated that her clinical educators told her to lie and tell patients that she was an occupational therapist (versus a student) so the patients would feel safer. The student went on to say that she is not sure it worked. One of the respondents stated she “can’t wait” to be called an occupational therapist.

5. How will you know when you are ready to practice on your own

“When I pass my exam. I think I need concrete proof that I have the knowledge base.” This quote came from one of the fieldwork students. Another student acknowledged that she is still nervous. Other students reported they will feel ready when they can answer questions and do intervention plans or when they could manage a caseload.

6. How occupational therapy shows up outside of the classroom

A fieldwork student said, “I feel that my mind thinks differently—more OT based—in most all facets of my life.” The fieldwork students related the use of occupational therapy terminology and concepts daily in their life because it is second nature to them now. It comes naturally. They notice things in the community. One fieldwork student stated that, “I say people are ‘creating their lives’ by which I mean that their identities are being shaped by their occupations.”

Identification with Occupational Therapy

Students were given a list of indicators of professional role identity (e.g., behaving like the profession, speaking the language, identifying themselves as that profession, etc.) and were asked whether they see those as accurate and how they see themselves in relation to them. The fieldwork students all agreed they were accurate, although one individual had some disagreement that belonging to professional organizations defines taking on the role identity of an occupational therapist especially if

that does not include being an active member. Some of the statements made by the fieldwork students in response to this open question were:

- I don't think you would be successful if you did not take it on as part of your identity.
- I still have a long ways to go to be a full-fledged OT.
- Being an OT is a whole new mindset and alters how you think in every aspect of your life.

Survey of Faculty

A brief questionnaire was developed and distributed to faculty members. All faculty members were eligible for participation. The program director handled both the distribution and collection of the questionnaires. The questionnaires were returned by postal mail.

Findings from Faculty

1. Choosing Occupational Therapy

Faculty discovered the profession after observing a friend receiving occupational therapy, after volunteering, or following career counseling. One of the faculty members is the daughter of an occupational therapist. "Working with people" and "helping people" were identified as motivators for pursuing occupational therapy. Another stated that seeing it being done "sparked my interest in OT!" Personal restrictions (e.g., a bad back) and interests (e.g., health care, fine arts) were also presented as part of the impetus for choosing a career in occupational therapy.

2. Influences

The influences seemed to fall into two camps: people and experiences. In looking at the people who have been influential in the role identity development, faculty members identified other therapists who have been leaders (e.g., locally, nationally, internationally) in the profession or have contributed to the practice of occupational therapy or have been mentors and role models along the way. Experiences identified as most influential on their role development by faculty included those requiring an individual to be clear about the values underlying occupation, defining occupational therapy, differentiating occupational therapy from other services, or showing and telling others about occupational therapy. Finally, faculty reported being an academic and teaching has been the “most significant influence” and has made their role identity stronger.

Mentors

A follow-up question to the influences on role identity development as an occupational therapist asked specifically about mentors. The faculty stated that their mentors are/were their fieldwork supervisors and faculty, job supervisors, fellow teachers/colleagues, a mother who is an occupational therapist, and national leaders with whom they had a personal relationship. They were also asked to describe the relationship with mentors that they have had. Responses indicated that mentors provided materials, ideas, support, and encouragement; they demonstrated creativity, “opened my eyes to new ways of doing things” and “pushed me;” they were positive and modeled relationships; and they really believed in occupational therapy. One of the faculty stated that their mentors were the ones to encourage them to get involved in professional

activities. One faculty member reported some of her mentors were from other disciplines and their function was to help her adjust to the health care system and to teach collaboration with other disciplines.

One faculty member stated, “As a result (of the ways I was mentored) I too have been and still am a mentor for other OTs.”

Being An Influence

A question asked the faculty to describe how they think they influence students’ professional socialization into occupational therapy. One participant stated,

I believe that faculty can play an important role in the socialization (of) students by role modeling involvement, encouraging them to become involved, and providing opportunities for development.

The comments made by faculty to further explain and give examples of their influence in the socialization process included:

- Things that faculty can do in the school
 - Offer appropriate fieldwork placements and expectations
 - Bring practicing OTs in as guest lecturers
 - Provide opportunities outside the classroom
 - Lead by example
 - Be genuine and candid about the differences between the classroom and clinic
- Personal characteristics and behaviors
 - Talk about the profession with pride
 - Role model professional attitudes and behaviors
 - Show what it takes to lead, teach, and practice
 - Demonstrate Therapeutic Use of Self
 - Stay current (i.e., working in the clinic)
 - Stay true to core values,
- Ways that faculty can encourage students
 - Encourage attendance at conferences and one way of doing that is by going yourself and demonstrating leadership
 - Participate in my own research/scholarship and sharing it with students

- Encourage students by identifying strengths, helping students deal with areas of needed growth, showing students their potential, and making contributions to the profession

3. When did you start to feel like an occupational therapist

Responses to this question yielded a wide span of time from graduation to several years and an advanced degree. Events and experiences identified as being markers for the feelings of being an occupational therapist included:

- Fieldwork
- First job
- Doing occupational therapy
- Handling clients on my own
- Having opinion asked for and listened to
- Starting a practice

One respondent stated, “In more recent years—with both personal and professional maturity—I now see the big picture!” Another respondent said that she felt like an occupational therapist when she started working, but knew that she “still had a lot to learn.”

Professional Role Identity of Faculty

Faculty were given a list of indicators of professional role identity (e.g., behaving like the profession, speaking the language, identifying themselves as that profession, etc.) and were asked if they see those as accurate and how they see themselves in relation to them. The faculty had general consensus that these indicators are accurate and unanimously agreed they possess or demonstrate those indicators. There were no disagreements with the indicators, although one individual stated they did not “capture the experiential markers that happen over time.” There were some additions for the list

such as hearing from others, sharing one's knowledge/skills, and not only belonging, but being actively involved in professional organizations. One respondent added to the indicators for occupational therapy, including having a client-centered focus, sharing occupational therapy in everyday language, and linking things back to theory. One person stated, "I practice what I preach."

Summary of Findings

This chapter presented the findings of the study. Included in this chapter are descriptions of the characteristics of the participants in the study. The findings were drawn from the Twenty Statements Test (TST), the focus groups conducted with the first- and second-year students, and the written responses to a survey questionnaire sent to fieldwork students and faculty. The findings were organized by themes that emerged from the responses to the questions posed. Many similarities were observed in the responses across the groups.

The following chapter discusses the findings and draws conclusions in response to the research questions. It also identifies the limitations of the study as well as implications for further research.

Chapter 6: Summary and Conclusions

Introduction

Chapters two and three presented literature related to health profession socialization, including occupational therapy and the theoretical literature related to identity development. Chapter Four described the methodology of this study while Chapter Five presented the study's findings.

In this chapter the findings are discussed as they relate to the research questions and propositions presented earlier. In addition, the limitations of this study, the significance of the findings, and recommendations for further research on this topic area are discussed.

Discussion

Six propositions emerged from the literature with regard to professional socialization and applicable theoretical perspectives. The findings from the focus group discussions with first and second year student cohorts, survey results from fieldwork students and faculty, and the Twenty Statements Test (TST) from all groups were reported (see Chapter Five). The following is a discussion of the propositions and findings supporting those propositions.

Propositions And Discussion

P₁ Professional socialization of occupational therapy students is a process that requires interaction with significant others.

Participants in the current study provided the following in support of this proposition:

1. They chose occupational therapy as a career as a result of interactions with occupational therapists. They acknowledged that faculty and clinical instructors possess many of the characteristics they associate with being an occupational therapist.
2. They were attracted to work that is holistic, meaningful, purposeful, and helping others after comparing their own interests with what they saw occupational therapists doing.
3. They saw that the therapists liked their jobs; and this reinforced their expectations about the profession.
4. Clinical educators (whether they are in fieldwork supervisory positions or observed prior to entering the program) guided, encouraged, pushed, and influenced students.
5. They learned from both positive and negative situations and individuals. The positive situations and people provided information about what behaviors they wanted to develop. Negative situations and people provided examples of what conduct to avoid.
6. Faculty who engaged students (with case studies, videos, and examples) stimulated students' learning and were seen as more influential.
7. Students developed high expectations and standards within their group that, in turn, stimulated high behavior in other members of the group.
8. Students looked at working with other students in their cohort as similar to working with teams in eventual practice.
9. They found they could remain connected to other professionals through the professional organizations (local, state, national, and international) with which they become involved.
10. The faculty recognized they are role models for students and needed to attend conferences, participate in research, and encourage professional contributions in a conspicuous way to get students to do the same.

As students' linkages with other occupational therapy professionals increased, the salience of the occupational therapy role also increased. Students identified relationships with fellow students, clinical educators, and faculty as important factors in their professional development. The TST data gathered from faculty demonstrated their self-attitudes in the ongoing socialization of occupational therapists. In particular, faculty identified themselves with such terms as educators, thrilled to have a career in education, lucky to have wonderful colleagues, and as a scholar. They also identified themselves as grounded, positive role models and mentors for students.

P₂ Motivation and commitment are important factors in role identity formation of occupational therapy students.

Participants in the current study provided the following in support of this proposition:

1. They chose occupational therapy because they liked what the profession does and found it a match for their qualities, skills, and desires.
2. They chose occupational therapy because they saw the profession as a way of meeting more than one interest.
3. They chose occupational therapy over other professions.
4. They saw occupational therapy as a profession for which they have a passion, in which they have put a lot of investment, and from which they cannot easily walk away.
5. They saw occupational therapy as a career which encompasses individuals as a whole both on the job and outside of work.
6. They recognized there is a lot of responsibility that goes along with being a professional.
7. They acknowledged that professionals must stay up-to-date, be competent, and recognize that they represent the profession.
8. They saw members of the profession have a belief in the core concepts of occupational therapy.

Thus, students made the decision to pursue occupational therapy education because they felt drawn to what the profession represents for them more than other professions. They were committed to the profession because it matched with their interests and beliefs. Positive reinforcement of their choice came from reaching milestones, interactions with the faculty, and from the guidance of clinical educators.

P₃ There are formal and informal aspects to professional socialization with formal and informal indicators of role identity formation.

Some of the more formal, concrete, and planned professional socialization activities that students reported included activities such as:

1. Being engaged in role taking and role making starting with shadowing or volunteering prior to making the occupational choice to pursue occupational therapy and extending through the fieldwork experiences.
2. Placing themselves in the position of working with patients, being practitioners, and being occupational therapists. An educational program with

case studies, videos, and examples of real situations provided stronger learning opportunities than only lectures.

3. Applying what has been learned in hands-on opportunities. Fieldwork opportunities engaged students in both role taking and role making. It is through the fieldwork experiences students reported that they began to see themselves as occupational therapists and began to feel ready for practice.
4. Becoming involved with professional organizations which provided students with connections to other therapists, the ability to keep up-to-date on research and techniques, and opportunities to learn about current issues in the profession. Professional involvement can be at the local, state, national, and/or international levels. Using the web site of the professional organizations gave resources to glean information on specific diagnoses and treatment interventions.
5. Differentiating occupational therapy from other disciplines, being clear about the values underlying the profession, and explaining the profession to others (e.g., patients, families, and other team members).

The more informal professional socialization activities included:

1. Interacting with professors, clinical supervisors, and professional leaders. Both students and faculty pointed to being asked for input and being listened to as helping them feel more like an occupational therapist. They liked being given opportunities to share thoughts and ideas. This increased their confidence.
2. Learning from negative experiences. Although they definitely did not like these experiences, they reported they were able to see that learning can happen in those experiences as well.
3. Comparison, competition, and cooperation among students in the cohort. These experiences provided motivation. Observing students further along in the program and seeing how they deal with clinical situations gave them inspiration that they too could be successful.

The participants identified a number of formal indicators of role identity formation. These could be described as markers in “rites of passage” from student to professional or from student to occupational therapist. These included:

1. Graduation
2. Completing fieldwork
3. Passing the certification exam
4. Credentials
5. Name tags
6. Identifying themselves by their professional role
7. The big bag of equipment which is the therapist’s tool kit
8. Being in charge of a caseload

The more informal indicators of role identity formation identified were:

1. Being able to define occupational therapy to others
2. Doing the things that occupational therapists do
3. Reading professional literature
4. Knowing what to do and why to do it; having it come naturally
5. Being able to respond to questions
6. Recognizing how others think and feel about what they do
7. Doing occupational therapy (e.g., ergonomics) outside of the classroom/clinic
8. Receiving positive feedback and positive feelings about what they are doing

In sum, in terms of role making, students reported that they constructed relevant performances in early fieldwork situations which allowed them to begin to act and behave like occupational therapists. Feedback from others helped to shape those actions and behaviors. In terms of role taking, students reported they could look at other students while in clinical experiences and thought they could see themselves in two years being able to perform in a similar clinical situation.

Thus, throughout their educational experiences, students participated in a variety of professional socialization experiences which reinforced their role identity formation. In addition, they were able to identify indicators of role identity formation to mark their progress.

P₄ There is a reciprocal relationship between occupational therapy students and occupational therapy social structure.

Students reported that inappropriate behavior reflects negatively on the profession which, in turn, reflects negatively on them as members of that profession. They also reported there can be learning in negative and positive situations—more so than situations that fall in the middle. One of the students stated that perhaps it should be their role to make better educational tools for the future. This reflects a desire to make a

contribution to the profession. Members of professional organizations were seen as being more aware of what is going on in the profession. Contributing to the growth and development of the profession through research, maintaining competency through continuing education, and keeping up on treatment techniques were seen as a professional responsibilities of all members of a profession. The professional organizations' leaders were seen as resources for keeping others up on current issues and making networking opportunities by connecting members. Resources, standards, and consistency were also recognized as provided by the organizations. As students' linkages with professional groups increased, the role-person merger as an occupational therapist increased.

Therapists who are role models were recognized as representing the profession and sharing their knowledge and educating future generations of occupational therapists. For faculty, teaching was seen as a major influence on the formation and strengthening of the professional role identity. Faculty saw themselves as mentors and identified mentors as those who encourage, push, and introduce their mentees to new ideas. They encouraged students (and others) to become involved in professional organizations by being positive role models and being involved themselves. They demonstrated the activities and behaviors they want to instill in their students. One faculty described it as practicing what they preach.

In sum, students reflected a desire to contribute to the profession. Along with the expectations of themselves, students also reported expectations they have for the profession, professional leaders, and professional organizations.

P₅ Professional roles will become more salient as students become more socialized into the profession.

Results of the TST indicated the salience of occupational therapy was the highest and the frequency of having occupational therapy listed on the twenty statements was highest for fieldwork students followed by faculty. This finding lends some support to the idea that the more salient the occupational therapist identity, the greater the role person merger.

Students were active participants in their own role identity formation. Role taking and role making were both enacted in the process of role identity formation. One of the students summed this well by stating that being a professional “changes a lot in your life; not just the work that you do.”

Thus, identity salience increased as students progressed through the educational program. For faculty, both professional maturity and the opportunity to teach were strongly related to role identity formation. Positive reinforcement served to increase identity salience which increases role identity formation.

P₆ Students develop role-person merger as they progress through an educational program.

Students were able to articulate the language of occupational therapy and the value of professional associations with other therapists and organizations. They were also able to identify what occupational therapy is from the perspective of their experiences. They demonstrated role-person merger when discussing occupational therapy as a profession and a career into which they put a lot of effort in achieving. They stated they would feel badly if they had to leave the profession since it is something

which impacts them both at work and outside of work. They recognized there are responsibilities that go along with being a member of a profession including ethical behavior, contributing to the profession through research, and representing the profession to outsiders.

Some of the prime influences that contribute to the role-person merger included initial shadowing (or volunteering) in making the decision to pursue occupational therapy, experiential learning in the classroom, interactions with faculty, fieldwork, and the guidance of clinical educators. As stated earlier, social interaction was a major impetus for individuals taking on roles. Interactions with significant others (e.g., faculty and clinical educators) had an effect on the role an individual merges into his/her person. Role-person merger requires individual determinants besides external expectations. Students enter the educational program with values and expectations which were influenced by their interactions with others.

Students reported there is something that lets them know when an individual is “ready” to begin their practice as an occupational therapist,. Participants described it as feeling comfortable and having practice start to come naturally. They described this as practicing effortlessly, spontaneously, and in a relaxed manner instead of needing to spend a lot of time or check out decisions with supervisors. They reported it comes as a result of doing what they have been studying (hands-on), passing the certification examination, and being acknowledged for their contributions. These markers or “rites of passage” can be used as indicators of role identity formation.

The role-person merger of occupational therapist and student can be summed up by a quote from one participant in fieldwork who said, “I feel that my mind thinks differently—more OT based—in most all facets of my life.” Role-person merger was tied to success when another fieldwork student said, “I don’t think you would be successful if you did not take it on as part of your identity.” Faculty saw themselves as role models and mentors, which included all of the behaviors and expectations associated with role-person merger. The greater the role-person merger in faculty, the greater the role-person merger in the students.

Individuals did not always recognize change is taking place while they are in the process of change. This was suggested when the first-year student stated there was a positive outcome for them by participating in the focus groups for this study because it provided them an opportunity to stop and look at their development as professionals.

Thus, role-person merger is a process that is not necessarily conspicuous to students and occurs throughout their educational program. It is influenced by virtually all of the experiences they are engaged in and the people with whom they interact.

Conclusions in Relation to the Research Questions

The purpose of this study was to answer the following questions:

- 1. What factors over and above didactic education influence the socialization of students into the profession of occupational therapy?*

The findings indicated fieldwork experiences are very important parts of professional socialization and provide opportunities for role identity formation.

Fieldwork provides instances for students to perform role taking activities during the

educational program. This appears to increase the salience of the occupational therapy identity.

Interactions with significant others also influence the socialization of students into the profession of occupational therapy. While students recognized the value of the faculty members, clinical educators were also pointed to as being significant in their development.

Hands-on activities, videos, case studies, and examples which engage students increase their learning. The more they see occupational therapy in real life situations, the more they connect with the profession.

2. *What factors in occupational therapy education influence integration of an occupational therapist identity into the personal identity of the student?*

The findings of this study suggest that the identity as an occupational therapist begins to integrate through very early experiences in exploration and research of the field. Students verbalized how they chose occupational therapy over other professions. These choices involved role taking and role making.

Positive experiences in the educational process resulted in increased motivation and positive feelings about themselves. Negative experiences also provided opportunities for learning although they also sometimes led to questioning of choices, frustration, and wavering motivation. However, students generally agreed it is good to know what to do and what not to do. This provides an example of the ways that the professional self was both constrained and enabled as a result of the tensions between structures and agents as presented by Clouder (2003).

Students and faculty see occupational therapy as a career which requires investment. It also requires a commitment to an identity demonstrated through appropriate attitudes and behaviors in all situations. There is also a desire to contribute to the profession. Professionals are expected to have a commitment to the social network. Participants in this study agreed those who see occupational therapy only as a job are not really professionals.

There are formal and informal milestones which demonstrate the integration of the role identity into the personal identity. The formal milestones (e.g., passing the certification examination) reinforce, in a concrete way, what is the “felt sense” associated with the informal milestones (e.g., being asked for professional opinion).

Theoretical Significance

This study contributed to sociological understanding of socialization as a lifelong process by applying role identity theory to a new situation, the professional socialization of occupational therapy students. In addition, it contributed to the field of occupational therapy by applying sociological theory in explaining and clarifying the professional socialization process for occupational therapy students. The literature on role identity formation as it applies to the professional socialization of occupational therapists is limited. The bulk of the literature related to the topic studied in this research has focused on professional behaviors as one of the indicators of professionalism. Learning activities that are used to educate or evaluate students on professional behaviors have been identified. The literature has been sparse in the application of theory to the process of role identity formation, particularly sociological theory. Based on the limited literature in

this area specifically related to role identity theory in relation to professional socialization, this study is a step toward filling the gap.

The theoretical relevance of this study's findings are clear. The four criteria for role-person merger offered by Turner (1978:3) are (1) a failure of role compartmentalization, (2) resistance to abandoning a role, (3) acquisition of attitudes appropriate to the role, and (4) the experience of learning a role and putting it into practice. The participants in this study demonstrated all of these criteria. In discussions they spoke of how the values, concepts, and terminology of occupational therapy had permeated their lives inside and outside of the classroom or clinic. They also spoke of the investment in the profession as a career that would be very difficult to give up. One student in particular describes occupational therapy as helping clients create their own life which is a reflection of the values of occupational therapy. Students in the final phase of their education (fieldwork experiences) related how they were beginning to see themselves more as occupational therapists and were feeling more comfortable with professional practice. The process of role-person merger is a developmental one that culminates in the fieldwork experience. In applying Symbolic Interactionism, Role Theory, and Identity Theory to the area of role identity formation, the value of the social interactions of students with significant others to their role-person merger is clearly demonstrated.

Practical Significance

From a practical standpoint, this study delineated factors found within an educational program for occupational therapy students that contributed to the role-person

merger and professional identities of the students in the program. Based upon the findings of this study, further consideration may be given to factors such as: the timing and sequence of those factors in the professional education program, how those factors can be capitalized on to increase the salience of the occupational therapist role in students, and how these factors can be further integrated into curriculum design.

The results may serve to engage faculty in discussions about role-person merger and how they can incorporate educational experiences within their classes to increase it. How students engage in discussions of their own role-person merger at various key points in their educational process can assist them to recognize their own change, development, and socialization. The discussion of role-person merger may prove useful to the occupational therapy educational community in making choices in curriculum design.

The results of this study may contribute to substantiating the value of educational experiences for students as they go through the professional socialization process. Ultimately, clarifying and refining the factors that lead to role-person merger may benefit the students, educational programs, and the profession.

This study and future studies can form a body of knowledge on the topic of the scholarship of occupational therapy education. The body of knowledge, in turn, may form a basis for selection of educational methods, activities, and experiences that may lead to a higher quality of professional socialization for occupational therapy students.

Limitations of the Study

The primary limitation of this study is that the number of sites and the number of participants were small. With a small number of sites, it is impossible to generalize with

certainty the results to other educational programs. With a small number of participants, it is impossible to generalize with certainty the results to the larger population. Thus, caution must be exercised in relating these conclusions to other sites and populations.

A second limitation of the study is that it did not use a random sample. A convenience sample was used which does not allow for assurance the results adequately represent the population of students and faculty at this particular institution or occupational therapy students and faculty in general. Again, this limitation indicates a need for caution in generalizing the conclusions.

A third limitation of the study is that the students and faculty who voluntarily participated in the Twenty Statements Test, survey, and focus groups for this study are a very homogeneous group of individuals. Only one participant—a student—was a male; most participants were single; all of the faculty members were married; all of the students listed their hometown as a Midwestern location; none of the students had children; and most of the faculty had children. This homogeneity also calls for caution in generalizing the findings to other groups of students or faculty.

Implications for Further Research

The topic of role identity formation of occupational therapy students is fertile ground for further research. It is recommended future studies include a longitudinal study of students from the beginning of their exploration of the profession and occupational choice process, through the educational program and fieldwork experiences, and ultimately following two years of practice as an occupational therapist. The design of the current study could be replicated in a longitudinal study.

Further research is needed to determine whether other factors also contribute to the role-person merger of occupational therapy students. Some of these factors might include the age, class, gender, or ethnicity of participants; academic achievement; and life experiences prior to entering the occupational therapy educational program. Future research studies may increase the knowledge and understanding of the professional socialization of occupational therapy students.

Future studies might also explore specific learning activities which may contribute to the role-person merger of students. Since fieldwork experiences have been identified as a key component in the role-person merger, future studies can be designed to further substantiate the value of fieldwork including the contribution of fieldwork to the scholarship of occupational therapy education. These studies would do well to involve clinical educators in the focus groups or surveys of the study. The students clearly identified that clinical educators play a strong role in influencing the role-person merger of students. Some of the aspects that need to be considered in a future study with clinical educators would be the positive and negative examples that clinical educators provide as role models for students, the weight students place on clinical educators' influence, and how clinical educators' participation in professional organizations and with professional activities influence students' participation in professional organizations and activities.

In addition, replication of this study with occupational therapy doctorate (OTD) and occupational therapy assistant (OTA) students would serve to provide a broader spectrum of information on the role identity formation of occupational therapy personnel at all levels. With the growth of the profession and educational levels available, future

research studies that compare the professional doctorate, master's, and assistant levels of education would be both interesting and comprehensive. They would also further add to an understanding of continuing professional socialization

Future research studies can be designed to include a random sample of students from a variety of occupational therapy educational programs throughout the United States. This would increase the predictive capability and generalizability of the results. The design of such a study could also include testable hypotheses suggested by the current study.

Future research which carries out a role congruency analysis utilizing the data from the Twenty Statements Test would contribute to the both the bodies of literature on role congruency and the uses of the TST .

Finally, research on the contribution of professional organizations at the state, national, and international levels to the professional socialization of occupational therapist (and occupational therapy assistant) students would add greater depth to this factor in professional socialization. It would thus contribute to building the body of knowledge on the topic of role identity formation and professional socialization.

Recommendations

Based on findings from this study, this researcher believes theory related to role identity formation as a mechanism for professional socialization can be used to improve educational curriculum development for occupational therapy. Some of the factors that need to be included in the curriculum are fieldwork early and often, a structured time for

students to reflect on and discuss their professional socialization, and frequent interactions with clinical educators as well as members of professional associations.

It is further recommended that educational programs engage in discussions with the faculty, between faculty and clinical educators, and between faculty and students on the topic of professional socialization. It is also recommended those discussions incorporate research on pedagogy and professional socialization.

Teacher training and clinical educator training that focuses on professional development and professional socialization are recommended. That training needs to include the theory and mechanisms that contribute to the role identity formation of professional students.

Summary

This chapter provided a discussion of the support found for the propositions and answers to the research questions presented in earlier chapters. The significance of this study followed by implications for further research and recommendations for action were included.

The results of this study substantiate the value of educational experiences for students as they go through the professional socialization process. Ultimately, refining the factors that lead to role-person merger may benefit the students, educational programs, and the profession.

REFERENCE LIST

Accreditation Council for Occupational Therapy Education. American Occupational Therapy Association. 1998. "Standards for an Accredited Educational Program for the Occupational Therapist." Bethesda, MD: AOTA Press.

Alm, Ronnie M., Walt F. Carroll, and Gordon A. Welty. 1972. "The Internal Validity of the Kuhn-McPartland TST." *Proceedings of the American Statistical Association (Social Statistics Section)* Washington:ASA:190-193.

American Occupational Therapy Association. 2002. *Occupational Therapy Practice Framework: Domain & Process*. Bethesda, MD: AOTA Press.

American Occupational Therapy Association. 2006a. "Core Values and Attitudes of Occupational Therapy Practice." (1993) *The Reference Manual of the Official Documents of the American Occupational Therapy Association (11th Edition)* Bethesda, MD: AOTA Press.

-----, 2006b. "Occupational Therapy Code of Ethics (2005)." *The Reference Manual of the Official Documents of the American Occupational Therapy Association (11th Edition)* Bethesda, MD: AOTA Press.

-----, 2006c. "Scope of Practice." *The Reference Manual of the Official Documents of the American Occupational Therapy Association (11th Edition)* Bethesda, MD: AOTA Press.

Barretti, Marietta. 2004. "What do we know about the professional socialization of our students?" *Journal of Social Work Education* 40(2):255.

Beagan, Brenda L. 2000. "Neutralizing differences: producing neutral doctors for (almost) neutral patients." *Social Science & Medicine* 51(8):1253-1266.

-----, 2001. "'Even if I don't know what I'm doing I can make it look like I know what I'm doing': Becoming a doctor in the 1990s." *Canadian Review of Sociology & Anthropology* 38(3):275-292.

Becker, Howard S. 1960. "Notes on the Concept of Commitment." *American Journal of Sociology* 66(1):32-40.

Becker, Howard S., and James W. Carper. 1956. "The Development of Identification with an Occupation." *American Journal of Sociology* 61(4):289-298.

Becker, Howard S., Blanche Geer, Everett C. Hughes, and Anselm Strauss. 1961. *Boys in White. Student culture in medical school*. Chicago: University of Chicago Press.

- Bice-Stephens, Wynona M. 2001. "Where do you fit in?" *Career Path Nursing* 2001. 31(5):68-69.
- Blumer, H. 1969. *Symbolic Interaction: Perspective and Method*. Englewood Cliffs, NJ: Prentice-Hall.
- Bozich Keith, Cynthia, and Donna Schmeiser. 2003. "Activities designed to socialize students into nursing." *Nurse Educator* 28(2):55-57.
- Brown, J. David. 1991. "Preprofessional socialization and identity transformation: the case of the professional ex-." *Journal of Contemporary Ethnography* 20(2):157-179.
- Burke, Kenneth. 1945. *A Grammar of Motives*. New York: Prentice-Hall.
- Burke, Peter J. 2004. "Identities and Social Structure: The 2003 Cooley-Mead Award Address." *Social Psychology Quarterly* 67(1):5-15.
- Burke, Peter J., and Donald C. Reitzes. 1981. "The Link between Identity and Role Performance." *Social Psychology Quarterly* 44(2):83-92.
- Burke, Peter J., and Donald C. Reitzes. 1991. "An Identity Theory Approach to Commitment." *Social Psychology Quarterly* 54(3):239-251.
- Burke, Peter J., and Judy Tully. 1977. "The Measurement of Role Identity." *Social Forces* 4:881-897.
- Callero, Peter L. 1985. "Role-Identity Salience." *Social Psychology Quarterly* 48(3):203-215.
- , 1994. "From role-playing to role-using: understanding role as resource." *Social Psychology Quarterly* 57(3):228-243.
- , 2003. "The Sociology of the Self." *Annual Review of Sociology* 29:115-133.
- Callero, Peter L., Judith A. Howard, and Jane A. Piliavin. 1987. "Helping Behavior as Role Behavior: Disclosing Social Structure and History in the Analysis of Prosocial Action." *Social Psychology Quarterly* 50(3):247-256.
- Cerulo, Karen A., 1997. "Identity Construction: New Issues, New Directions." *Annual Review of Sociology* 23:385-409.
- Christiansen, Charles H. 1999. "Defining Lives: Occupation as Identity: *An Essay on Competence, Coherence, and the Creation of Meaning*." 1999 Eleanor Clarke Slagle Lecture. *The American Journal of Occupational Therapy* 53: 547-558.

Clouder, Lynn. 2003. "Becoming professional: exploring the complexities of professional socialization in health and social care." *Learning in Health and Social Care* 2(4):213-222.

Collier, Peter. 2001. "A differentiated model of role identity acquisition." *Symbolic Interaction* 24:217-235.

Couch, Carl J. 1958. "Self-Attitudes and Degrees of Agreement with Immediate Others." *American Journal of Sociology* 63(5):491-496.

Courtney, Michelle and Louise Farnworth. 2003. "Professional Competence for private practitioners in occupational therapy." *Australian Occupational Therapy Journal* 50:234-243.

Cribb, Alan and Sarah Bignold. 1999. "Towards the reflexive medical school: the hidden curriculum and medical education research." *Studies in Higher Education* 24(2):195-209.

Dasari, Bhoomiah. 2006. "Education: Reflection and Reasoning." Presented at the 14th International Congress of the World Federation of Occupational Therapists, July 28, Sydney, Australia.

Davis, Janis L. 2004. "In Search of an Identity: Occupational Therapy Students' Images of Practice." Ph.D. dissertation, Department of Teaching and Leadership, University of Kansas, KS.

Duquette, Lenore M. 2004. "Effects of Nursing Education on the Formation of Professional Values." Ed.D. dissertation ("thesis"), Department of Theory and Policy Studies in Education, Ontario Institute for Studies in Education, University of Toronto, Canada.

du Toit, Denise. 1995. "A sociological analysis of the extent and influence of professional socialization on the development of a nursing identity among nursing students at two universities in Brisbane, Australia." *Journal of Advanced Nursing* 21:164-171.

Foote, Nelson N. 1951. "Identification as the Basis for a Theory of Motivation." *American Sociological Review* 16(1):14-21.

Frankford, David M. 1997. "Institutions of reflective Practice." *Journal of Health Politics, Policy and Law* 22(5):1295-1308.

Gecas, Viktor. 1982. "The Self-Concept." *Annual Review of Sociology* 8:1-33.

Goffman, Erving. 1959. *The Presentation of Self in Everyday Life*. Garden City, NY: Doubleday Anchor Books.

Grace, Sherry L. and Kenneth L. Cramer. 2003. "The Elusive Nature of Self-Measurement: The Self-Construal Scale Versus the Twenty Statements Test." *The Journal of Social Psychology* 143(5):649-668.

Gray, Morag, and Lorraine N. Smith. 1999. "The professional socialization of diploma of higher education in nursing students (Project 2000): a longitudinal qualitative study." *Journal of Advanced Nursing* 29(3):639-647.

Griswold, Lou Ann Sooy. 1995. "Professionalization of Occupational Therapists: A Study of Emergent Identities." Ph.D. dissertation, Department of Sociology, University of Michigan, Ann Arbor, MI.

Hanson, Julie. 1994. "The Differences in Role Conception among Students upon Exit from an Associate Degree Nursing Program." M.S. thesis, Department of Nursing, South Dakota State University, Brookings, SD.

Harrington, JH. 1996. "Socialization into the professional role as experienced by the RN/BSN." *Pennsylvania Nurse* 51(11):18.

Hartung, Paul J. 2002. "Cultural Context in Career Theory and Practice: Role Salience and Values." *Career Development Quarterly* 51(1):12-25.

Hewitt, John P. 2003. *Self and Society: A Symbolic Interactionist Social Psychology, Ninth Edition*. Boston: Allyn and Bacon.

Hitlin, Steven. 2003. "Values as the core of personal identity: Drawing links between two theories of self." *Social Psychology Quarterly* 66(2):118.

Hoelter, Jon W. 1983. "The effects of Role Evaluation and Commitment on Identity Salience." *Social Psychology Quarterly* 46(2):140-147.

Hogg, Michael A., Deborah J. Terry, and Katherine M. White. 1995. "A Tale of Two Theories: A Critical Comparison of Identity Theory with Social Identity Theory." *Social Psychology Quarterly* 58(4):255-269.

Jackson, Susan E. 1981. "Measurement of Commitment to Role Identities." *Journal of Personality and Social Psychology* 40(1):138-146.

Kuhn, Manford H. and Thomas S. McPartland. 1954. "An Empirical Investigation of Self-Attitudes." *American Sociological Review* 19(1):68-76.

Kyril, Marya Barey. 1988. "Toward the emergence of professional identity." *Journal of Counseling and Development* 67:121.

Ledet, Lana, Christina Kaufman Esparza, and Suzanne M. Peloquin. 2005. "The Conceptualization, Formative Evaluation, and Design of a Process for Student Professional Development." *American Journal of Occupational Therapy* 59(4):457-466.

Lee, Lichang, Jane Allyn Piliavin, and Vaughn R.A. Call. 1999. "Giving Time, Money, and Blood: Similarities and Differences." *Social Psychology Quarterly* 62(3):276-290.

Lempp, Heidi. 2005. "Qualitative research in understanding the transformation from medical student to doctor." *Education for Primary Care* 16:648-654.

Lingard, L., R. Resnick, I. DeVito, and S. Espin. 2002. "Forming professional identities on the health care team: discursive construction of the 'other' in the operating room." *Medical Education* 36:728-734.

Madson, Laura and David Trafimow. 2001. "Gender Comparisons in the Private, Collective, and Allocentric Selves." *The Journal of Social Psychology* 141(4):551-559.

Mayer-Sommer, Alan P. and Stephen E. Loeb. 1981. "Fostering More Successful Professional Socialization Among Accounting Students." *The Accounting Review* 56(1):125-136.

Mead, George Herbert. 1934. *Mind, Self, and Society*. Chicago: University of Chicago Press.

Merdinger, Joan M. 1982. "Socialization into a Profession: The Case of Undergraduate Social Work Students." *Journal of Education for Social Work* 18(2):12-19.

Merton, Robert K. 1968. *Social Theory and Social Structure*. New York: The Free Press.

Merton, Robert K., G. Reader and P.L. Kendall. 1957. *The Student Physician*. Cambridge, MA: Harvard University Press.

Oleson, Virginia L. and Elvi W. Whittaker. 1968. *The Silent Dialogue. A Study in the Social Psychology of Professional Socialization*. San Francisco, CA: Jossey-Bass, Inc.

Pease, John. 1967. "Faculty Influence and Professional Participation of Doctoral Students." *Sociological Inquiry* 37:63-70.

Pitkala, K.H. and T. Mantyranta. 2003. "Professional socialization revised: medical students' own conceptions related to adoption of the future physician's role – a qualitative study." *Medical Teacher* 25(2):155-160.

Poock, Michael C. 2001. "A model for integrating professional development in graduate education." *College Student Journal* 35(3):345-353.

Richardson, Barbara, Ingrid Lindquist, Margareta Engardt, and Cathrin Aitman. 2002. "Professional socialization: students' expectations of being a physiotherapist." *Medical Teacher* 24(6):622-627.

Ryan, Jeffrey J. and Marijke Breuning. 1994. "Twisting Arms and Holding Hands: M.A. Students and Conference Participation." *Political Science & Politics* 27(2):256-260.

Shapiro, Martin. 1978. *Getting Doctored. Critical reflections on becoming a physician*. Kitchener, Ontario, Canada: Between the Lines.

Sherlock, Basil J. and Richard T. Morris. 1967. "The Evolution of the Professional: A Paradigm." *Sociological Inquiry* 37:27-46.

Simpson, Ida Harper. 1967. "Patterns of Socialization into Professions: The Case of Student Nurses." *Sociological Inquiry* 37:47-54.

Sommer, Robert. 1960. "Professionalization and Occupational Therapy." *The American Journal of Occupational Therapy* 14(6):285-287.

Stets, Jan E., and Peter J. Burke. 1996. "Gender, Control, and Interaction." *Social Psychology Quarterly* 59(3):193-220.

-----, 2000. "Identity Theory and Social Identity Theory." *Social Psychology Quarterly* 63(3):224-237.

Stiller, C. 2000. "Value Negotiation as the Basis for Professional Socialization in Physical Therapy." *Physical Therapy* 80(5):S40.

Stryker, Sheldon. 1968. "Identity Salience and Role Performance: The Relevance of Symbolic Interaction Theory for Family Research." *Journal of Marriage and Family* 30(4):558-564.

-----, 1980. *Symbolic Interactionism*. Caldwell, NJ: Blackburn Press.

-----, 2002. *Symbolic Interactionism*. Caldwell, NJ: Blackburn Press.

Stryker, Sheldon and Peter J. Burke. 2000. "The Past, Present, and Future of an Identity Theory." *Social Psychology Quarterly* 63(4):284-297.

Stryker, Sheldon and Richard T. Serpe. 1994. "Identity Salience and Psychological Centrality: Equivalent, Overlapping, or Complementary Concepts?" *Social Psychology Quarterly* 57(1):16-35.

Turner, Ralph H. 1956. "Role-Taking, Role Standpoint, and Reference-Group Behavior." *The American Journal of Sociology* 61(4):316-328.

-----, 1978. "The Role and the Person." *The American Journal of Sociology* 84(1):1-23.

Varley, Barbara K. 1963. "Socialization in Social Work Education." *Social Work* 8(3):102-109.

Ventimiglia, J.C. 1978. "Significant Others in the Professional Socialization of Catholic Seminarians." *Journal for the Scientific Study of Religion* 17(1):43-52.

Weidman, John C., Darla J. Twale, and Elizabeth Leahy Stein. 2001. *Socialization of Graduate and Professional Students in Higher Education. A Perilous Passage?* San Francisco, CA: Jossey-Bass.

**Appendix A: Demographic Questionnaire For Students and Faculty
Twenty Statements Test**

General Information:

For Students:

Year in the occupational therapy program (e.g., first-year) _____

For Faculty:

Number of years in occupational therapy _____

Age _____ Gender _____

Marital status _____ Children (#/ages) _____

Undergraduate degree _____

Undergraduate school _____

Other degrees _____

Hometown _____

Twenty Statements Test:

Please complete the following statements:

I am _____.

I am _____.

I am _____.

I am _____.

I am _____.

I am _____.

I am _____.

I am _____.

I am _____.

I am _____.

I am _____.

I am _____.

I am _____.

I am _____.

I am _____.

I am _____.

I am _____.

I am _____.

I am _____.

I am _____.

Appendix B: Interview Guide for Focus Groups

Additional questions for clarification may be added:

1. How did you happen to choose occupational therapy?
2. What does occupational therapy mean to you? When someone asks you about what occupational therapy is, how do you answer them?
3. Would you say that occupational therapy is a job or a career? What is the difference? What does it mean to be a profession?
4. What does it mean to be a professional? Do you feel like a professional? Explain.
5. Do you have any friends, relatives, or whatever who practice occupational therapy? What influence have they had on you?
6. Is there any person on the faculty here who is the kind of occupational therapist you would like to be? In what way?
7. As you look at your occupational therapy faculty and the clinicians that you have observed, what would you say are the most important qualities that an occupational therapist needs to have?
8. Describe what it is about you that helps you believe you can be an occupational therapist.
9. When do you think you will start to feel like an occupational therapist? Tell me more about the time and the experiences that helped this process. Can you identify the point when you started to feel like an occupational therapist? Explain.
10. Do you think your training will be good enough for you to be able to handle everything you should when you are practicing as an occupational therapist? Explain.
11. How will/did you know when you are/were ready to go out and practice occupational therapy on your own? Explain.
12. Tell me about situations outside of the classroom/clinic when you use words and phrases that are the language of occupational therapy.
13. Some of the indicators that I can list that show someone has taken on the role identity as an occupational therapist are: they behave like an occupational therapist, they take on the values of the profession of occupational therapy, they speak the language of occupational therapy, they identify themselves as an occupational therapist, they are

identified by others as an occupational therapist, they read occupational therapy literature, and they belong to occupational therapy organizations. Do you think those are accurate? How do you see yourself in relationship to those?

14. How do you think your role identity will change by the time you finish school and your fieldwork?

15. Can you picture yourself (please describe):

... practicing as an OT?

... calling yourself an OT?

... being called an OT?

16. If you had to leave occupational therapy school, how would it make a difference in your view (feelings, plans, ideas) of yourself?

17. In connection with occupational therapy, what do the following words/phrases mean to you?

- a. Function
- b. Occupations
- c. Ethics
- d. Purposeful Activity
- e. ADL
- f. Arts and Crafts

18. Do you belong to any professional OT organizations? If yes, which ones and why? What do you expect from professional organizations? What do you get? Give?

19. Aside from assigned coursework, have you read any OT literature within the past month? If yes, what topic(s)?

20. Tell me what you think is/has been the biggest influence on your role identity development as an occupational therapist?

21. Briefly describe your expectations for yourself as an OT in the next ten years.

Appendix C: Questionnaire for Occupational Therapy Students in Fieldwork

1. How did you happen to choose occupational therapy?
2. Would you say that occupational therapy is a job or a career? What is the difference?
3. Are there any faculty or fieldwork people who are the kind of occupational therapist you would like to be? Without giving names, in what way?
4. What would you say are the most important qualities that an occupational therapist needs to have?
5. Describe what it is about you that helps you believe you can be an occupational therapist.
6. Can you describe the point when you started to feel like an occupational therapist?
7. How will/did you know when you are/were ready to go out and practice occupational therapy on your own? Explain.
8. Tell me about situations outside of the classroom/clinic when you use words and phrases that are the language of occupational therapy.
9. Describe what you think are the rewards of being an occupational therapist.
10. Can you picture yourself (please describe):
 - ... practicing as an OT?
 - ... calling yourself an OT?
 - ... being called an OT?

11. In connection with occupational therapy, what do the following words/phrases mean to you?

- a. Function
- b. Occupations
- c. Ethics
- d. Purposeful Activity
- e. ADL
- f. Arts and Crafts

12. Do you belong to any professional OT organizations? If yes, which ones and why? What do you expect from professional organizations? What do you get? Give?

13. Aside from assigned coursework, have you read any OT literature within the past month? If yes, what topic(s)?

14. Tell me what you think is/has been the biggest influence on your role identity development as an occupational therapist?

15. Some of the indicators that I can list that show someone has taken on the role identity as an occupational therapist are: they behave like an occupational therapist, they take on the values of the profession of occupational therapy, they speak the language of occupational therapy, they identify themselves as an occupational therapist, they are identified by others as an occupational therapist, they read occupational therapy literature, and they belong to occupational therapy organizations. Do you think those are accurate? How do you see yourself in relationship to those?

Appendix D: Questionnaire for Occupational Therapy Faculty

1. How did you happen to choose occupational therapy?
2. When do you think you felt like an occupational therapist? Explain.
3. Tell me what you think has been the biggest influence(s) on your role identity development as an occupational therapist?
4. Is (are) there an occupational therapist(s) that you consider to be a mentor(s)? Without giving names, describe how that relationship impacted you.
5. Describe how you think faculty influence their students' professional socialization into occupational therapy.
6. Some of the indicators that I can list that show someone has taken on the role identity as an occupational therapist are: they behave like an occupational therapist, they take on the values of the profession of occupational therapy, they speak the language of occupational therapy, they identify themselves as an occupational therapist, they are identified by others as an occupational therapist, they read occupational therapy literature, and they belong to occupational therapy organizations. Do you think those are accurate? How do you see yourself in relationship to those?
7. Please make any additional comments that you would like to contribute.

Appendix E: Sample Informed Consent Letter

Note: This letter was modified for use with fieldwork students and faculty.

Dear Occupational Therapy Student:

I am conducting a study entitled "Role Identity Formation of Occupational Therapy Students" as part of a dissertation at South Dakota State University. The purpose of the study is to determine how students develop their identity as an occupational therapist.

You, as an occupational therapy student, are invited to participate in the study by completing the attached questionnaire and participating in a focus group of fellow students. I realize that your time is valuable and have attempted to keep the requested information as brief and concise as possible. It will take approximately 110 minutes of your time (20 minutes for the survey and 90 minutes for the focus group). Please meet me in the occupational therapy classroom to take part in this study. There will be audiotaping of the group discussion. Your participation in this project is voluntary. Your participation will not make any difference to your continuation in the program or to your grades.

There are no known risks to your participation in this study. The benefits to you are that you can be better prepared for potential roles in your career in clinical and/or academic education and to assist in closing the gap in research and literature regarding the development of an occupational therapist role identity.

Your responses are strictly confidential. When the data are presented in a written report, you will not be linked to the data by your name, title or any other identifying item. The audiotapes and any written information will only be used for this study and will be destroyed after five years.

Please assist me in my research and return the completed survey.

Your consent is implied by the return of the completed questionnaire. Please keep this letter for your information. If you have any questions, now or later, you may contact me at the number below. If you have any questions regarding this study, you may contact Dr. XXXXXXXXXX, Chairperson of the Sociology Department at XXX-XXX-XXXX, or Dr. XXXXXXXXXX, Chairperson of the Human Subjects Committee at XXX-XXX-XXXX.

Thank you very much for your time and assistance.

Sincerely,

Denise Rotert, MA, OTR/L

XXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXX

Email: XXXXXXXXXXXXX

Phone: XXX-XXX-XXXX