

**RESEARCH CAPACITY IN OCCUPATIONAL THERAPY PRACTICE:
UNDERSTANDING THE LIVED EXPERIENCE OF EARLY CAREER FIRST CLASS
(HONOURS) OCCUPATIONAL THERAPISTS**

Thesis submitted in accordance with the requirements of
the University of Liverpool for the degree of Doctor of
Education by Michaela Higginson

October 2019

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Abstract

**Title: RESEARCH CAPACITY IN OCCUPATIONAL THERAPY PRACTICE:
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Background

There is a continued need to build research capacity within the allied health professions (Council for Allied Health Professions Research, 2016). As one of the larger allied health professions, this is also the case for occupational therapy. Each year there are approximately 1,000 graduate occupational therapists entering the health and social care workforce, joining what is a current UK community of 38,183 qualified occupational therapists (HCPC, 2018). One requirement of being a professional occupational therapist is adherence to professional standards, including a commitment to advancement of the evidence base through engagement with research activity (COT, 2015). This study provides in-depth understanding of the research capacity experiences of early career occupational therapists. The study aims to contribute to the UK Occupational Therapy profession's knowledge about research capacity in practice and to use the research findings to inform the development of local Occupational Therapy undergraduate programme provision.

Design and Methods

This study used Interpretive Phenomenological Analysis as the discrete research approach. Through purposive homogenous sampling, eight early career first class (Hons) occupational therapists who graduated from one UK University, participated in this study. Data were collected using semi-structured interviews and a 'participant profile', and analysed using the interpretative phenomenological analysis step guide (Smith, Flowers and Larkin, 2009).

Findings and Discussion

Findings suggest that the early career occupational therapists in this study face professional challenges that have an impact on their current and future contribution to research capacity. These challenges are discussed using three topic areas:- professional identity of early career occupational therapists, professional socialisation of early career occupational therapists, and research capacity and how it is defined.

Conclusions

Contributing to research capacity is not fully integrated into the professional identity of early career first class (Honours) occupational therapists.

Professional socialisation within the workplace appears to have an impact on the research capacity contribution of early career occupational therapists.

Occupational therapy undergraduate students should be better prepared for research utilisation and research production during their undergraduate learning. Strategies to further embed research capacity contribution within the occupational therapy curriculum are identified. This study suggests that acknowledging a continuum of research activities would be helpful to promote a more inclusive perspective on research capacity contribution.

Acknowledgements

Firstly, I would like to thank the eight early career occupational therapists who participated in this study. Thank you for sharing your experiences with me; I feel very privileged.

Secondly, I would like to thank my primary research supervisor, Dr Janis Davidson, for her ongoing guidance and support throughout this research journey. My thanks also to my second supervisor, Dr Julie Regan. I am particularly grateful to Julie for her support during the viva voce experience.

Thirdly, my thanks to my informal third supervisor, who is my colleague and good friend Dr Kathryn Jarvis. 'Thank you' does not sum up my appreciation for your advice, kindness and tireless support throughout all of my doctoral studies. My thanks also to the occupational therapy team with whom I work and to my other great colleagues in the School of Health Sciences. I would also like to acknowledge my friends who supported me by understanding that, at times, I had to prioritise my studies.

Finally, last but not least to my family. Special thanks to my husband Colin and daughter Jessica. I know you have had to accommodate me being 'absent' or 'not fully present' for many periods over the past few years. Also to my mum, Freda, who is just amazing. I am eternally grateful for all she does to help support me in my studies and career. I am so grateful to you all for being there for me and hope my achievement has done you proud!

Chapter 1 Introduction

Within this opening chapter, I provide the background to the study, define the key terms used, and outline the context of this research. The context of this research includes the environment in which this research was located, and the context of me, the researcher. By the end of the chapter, it is intended that the reader will have a clear understanding of the origins of the study, and knows something about me, the researcher, including my particular context and interest in this topic. The focus and aims that this study sought to address will be made clear.

1.1 Study Background / Professional focus of the study

This study has evolved out of my seventeen years working as a lecturer in the professional discipline of occupational therapy within higher education. In my role I have the privileged position of having a connection to the environments in which occupational therapy is practiced, including health and social care environments within the National Health Service (NHS) and other statutory and private providers. In this context, I describe myself as having an outsider-insider role, alongside my insider role within a higher education environment. This multiplicity of perspectives is a key aspect of my job, as I teach primarily on an undergraduate BSc (Hons) programme, located within an education context. However, I have a dual role in equipping students with the skills and knowledge to be eligible for registration as an occupational therapist, thus enabling them to practice as occupational therapists. For the majority of graduates from the programme this means practicing occupational therapy within the NHS and Social Care environments within the United Kingdom (UK). This is why I need to have a dual perspective; so that I can assist undergraduate students in preparing to be, occupational therapists.

At the outset of this study, one of my main roles within the undergraduate programme was to prepare the students for the transition from student to

qualified occupational therapist. For nine years I was the module leader of a final year module that had this broad aim. Over that time I built up an expert knowledge base on the literature related to this topic, and used the literature to prepare students for the opportunities and challenges of being early career occupational therapists. My interest in furthering my understanding of being an early career occupational therapist, in order to help the students to prepare for this, progressed over the course of this study. Much has been written about the transition from student to occupational therapist, and one specific focus of the literature from the United Kingdom (UK) relates to preceptorship. Preceptorship is a structured framework to support newly registered healthcare practitioners (including occupational therapists) (Department of Health, 2010). I was therefore conscious that the focus for my study needed to generate new knowledge as required for doctoral level study, but that it could build on and therefore contribute to existing knowledge about being an early career occupational therapist.

The broad topic interest of transition into practice stayed with me during the module phase of my doctoral studies, which ultimately allowed this 'seed' to be examined from a number of perspectives or lenses (Slaughter, 2001). The final topic was arrived at following completion of a module in which the theme of research capacity within higher education was explored. This exploration introduced me to the topic of research capacity. I read the research capacity literature from two perspectives:- firstly as an individual occupational therapy lecturer, doing doctoral level study that would contribute to my own research capacity development and secondly as an educator, contributing to the next generation of occupational therapists and nurturing their contribution to research capacity. This was the starting point of my understanding of research capacity from the perspective of early career occupational therapists. An initial scoping study, using the search terms 'early career occupational therapist', 'newly qualified occupational therapist', 'junior occupational therapist', and 'research capacity', 'research' and 'research engagement' indicated that this topic had not been explored in the occupational therapy literature.

1.2 Research Capacity Defined

This study is interested in the research experiences of early career occupational therapists within the work place since qualification. It is interested in understanding their experiences of utilisation of research within their practice, their experiences of contributing to new knowledge production, and their experiences of contributing to research capacity building, through sharing their research knowledge and skills within their workplace. From reviewing research capacity literature it appears that Trostle's (1992) definition is readily accepted as the general definition of research capacity within occupational therapy and other related health literature (Ilott & Bury, 2002; Cooke, 2005; Reid, 2007; Pighills, Plummer, Harvey, & Pain, 2013), and in the wider National Health Service (NHS) context within the UK (Luckson, Duncan, Rajai, & Haigh, 2018).

Trostle (1992) defines research capacity as “a combination of individual and corporate goals leading to higher levels of skills and greater ability to perform useful research” (Trostle, 1992, p.1321). According to Trostle (1992), there are four main components of research capacity: individual researcher competence, quality of institutional infrastructure, presence of research focusing on country-specific policy formation and action, and ability to contribute to global research and policy priorities. Ilott and Bury (2002) propose a further competency, which is a “culture that embraces the expectation that everyday health and social care should be based on the best available knowledge of research findings rather than custom and practice” (p.195). Ilott and Bury's (2002) additional competency makes reference to practice within health and social care that routinely uses research, and to the fact that this is an accepted part of the culture. Trostle's definition includes consideration of the quality of the institutional infrastructure; however the incorporation of a focus on culture afforded by including Ilott and Bury's additional competency allows for a wider perspective on research capacity. Culture may include the consideration of the work environment in which the participants' are practicing, but could also embrace professional norms and expectations. Furthermore it could be argued that Ilott and Bury's additional

competency embraces research utilization within research capacity, thus widening the scope of Trostle's definition which is focused on doing research. For this study I therefore chose to include Iltis and Bury's (2002) additional competency within the definition of research capacity. The definition of research capacity for this study reads as:

A combination of individual and corporate goals leading to higher levels of skills and greater ability to perform useful research within a research culture which embraces the expectation that everyday health and social care should be based on the best available knowledge of research findings rather than custom and practice.

As stated above Trostle's definition is widely accepted within the UK's occupational therapy professional literature. However does it stand as a robust underpinning definition for the purpose of this study? As an occupational therapist I am required to make a professional judgement about the quality of evidence I use to inform my practice. Within occupational therapy in the UK, the accepted term for this is evidence-based practice (EBP). The essence of evidence-based practice is combining the utilisation of best available evidence, with the experience of the practitioner to make an informed decision (Taylor, 2007). Trostle's definition has its origins in international health research in developing countries (Trostle, 1992; Trostle & Simon, 1992). However, the focus on the process for developing research is the generalizable concept that has been taken from Trostle's work and applied to a health context, both within occupational therapy and other health contexts. Though it has been in use for more than thirty years it continues to have relevance within more current research capacity literature (Luckson, Duncan, Rajai, & Haigh, 2018; Pighills, Plummer, Harvey, & Pain, 2013). I therefore propose that for this study Trostle's definition appears to be the best available to articulate what is a complex construct. Utilising this broad definition of research capacity means that the individual research capabilities of occupational therapists to engage in research, meaning the knowledge and

skills to engage in research activities, or the doing of research, as well as the environment in which research activities are undertaken are considered.

A full review of research capacity literature is found in Chapter 2.

1.3 Building Research Capacity: Allied Health Professions within the UK

Within the UK context, the Council for Allied Health Professions Research (CAHPR) was formed in July 2014, with the aim of bringing together a group of stakeholders with a shared need to strengthen, research capacity.

CAHPR's mission is "to develop AHP research, strengthen evidence of the professions' value and impact for enhancing service user and community care, and enable the professions to speak with one voice on research issues, thereby raising their profile and increasing their influence" (CAHPR, 2016).

CAHPR issued a position statement about research capacity in November 2016. Within this statement, it was recognised that Allied Health Professions (AHP), of which Occupational Therapy is one, have made progress with research capacity building. However there is still a need to develop research capacity and capability further (CAHPR, 2016). The position statement identifies some 'imperatives' for AHP pre-registration students, including the need to gain the knowledge, skills, and confidence such that on qualification they are able to do the following:

- Be research- and evidence-aware in their practice
- Review and critique existing evidence
- Apply appropriate research evidence in their practice
- Engage in routine data collection relevant audit and service evaluation activities to inform clinical practice and research questions
- Participate in methodologically robust research, based on well-informed research questions
- Pursue postgraduate research programmes and career options in research.

CAHPR (2016, p1)

CAHPR's position statement combines both the doing of research and the utilisation of research, within research capacity.

Building research capacity is a priority for the profession of Occupational Therapy (RCOT, 2017). At the time of writing up this study the Royal College of Occupational Therapists was leading a professional engagement exercise with members of the professional body to inform a revised Research and Development Strategy for the profession. This suggests that the topic of research capacity building in the UK is a current priority for the profession of occupational therapy within the UK.

1.4 Context of this research

The following content is intended to provide a non-occupational therapy reader with an insight into the profession of occupational therapy within the UK and so aid understanding of the context in which this study is located.

1.4.1 Occupational Therapy Practice and Education

The World Federation of Occupational Therapists define occupational therapy as:

“ a client-centred profession concerned with promoting health and well-being through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by working with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do, or by modifying the occupation or the environment to better support their occupational engagement.” (WFOT, 2017, p.4).

Occupational therapy is practised within a wide range of settings, including a person's own home, primary and secondary health care environments, such as hospitals and health centres, and schools, prisons and workplaces.

Whatever the environment, the focus of occupational therapy is on enabling change in order to enhance occupational participation (WFOT, 2017). The majority of countries in which this global profession is practised require specific university level education (WFOT, 2017). As the context of this research is UK-based, the following explanation of occupational therapy education and registration requirements relates to occupational therapy within the UK only.

To practice within the UK, an occupational therapist needs to be registered with the Health and Care Professions Council (HCPC). This is the regulatory body for a group of sixteen health and social care professions within the UK (HCPC, 2018). Achievement of a BSc (Honours) Occupational Therapy is one of the essential entry requirements to register with the HCPC. The HCPC has two major responsibilities that have an impact on occupational therapy education and practice. The first is that it sets the standards of education and training (SET) for the providers of the education programme to adhere to (HCPC, 2013; HCPC, 2018). These standards are set at a minimum threshold, “a minimum level of safe and effective practice” (HCPC, 2013, p.4.). The HCPC acknowledges that other key stakeholders, including any professional bodies, “may develop the learning and curriculum frameworks for their profession” (HCPC, 2013, p.4.). This allows scope for the sixteen HCPC regulated professions to develop additional requirements. Within occupational therapy, the professional body in the UK is the Royal College of Occupational Therapists (RCOT), until 2017 known as the College of Occupational Therapists (COT). The RCOT has specific pre-registration standards for pre-registration education (COT, 2015; RCOT, 2017). For occupational therapy education programmes within the UK, HCPC approval is mandatory. RCOT is optional. However, in higher education practice in the UK, it is usual to be approved by both the HCPC and the RCOT.

A further key responsibility for the HCPC as the regulator is to set standards of proficiency for the professions for which it has responsibility; for

occupational therapists, these are set out in the standards of proficiency (SOP) (HCPC, 2013). In order to achieve HCPC approval, an occupational therapy education programme has to demonstrate that the programme of study adequately prepares the student practitioner to meet the SOPs. (HCPC, 2013). As with the SETs, the SOPs are set at a minimum threshold to ensure public safety, and again the HCPC acknowledges that specific professions may well have additional requirements (HCPC, 2013). As the professional body, the RCOT has its own standards for members of the profession.

Examples relevant to this study include professional standards for practice (COT, 2011; RCOT 2017), a code of ethics and professional behaviour (COT, 2015) and a code of continuing professional development (COT, 2010b).

Central to all of the HCPC standards is a lifelong learning and development approach to being a healthcare professional within the UK. This lifelong learning approach is embedded within the HCPC registration process, in that every two years each HCPC registrant has to declare that they are eligible to remain on the HCPC register. This biennial declaration along with a random audit of HCPC registrants (HCPC, n.d.) is part of the HCPC's processes to check that their standards are being met.

The occupational therapy profession within the UK became an all degree entry-level profession by 1996 (Alsop, 2006). Until then, entry into the profession was via a Diploma in Occupational Therapy. The reasons for this change from a Diploma to a BSc (Honours) degree included the need for the profession to develop a more scientific base, and for the profession to be more critical and questioning (Alsop, 2006), in order to contribute to the then emerging evidence-based health care culture within the UK and across the globe.

Occupational therapy education in the UK continues to evolve. One of the reasons for this is a need to address research capacity. The development of a pre-registration Masters degree (MSc) in Occupational Therapy within the UK is an example of a specific approach to addressing research capacity.

This route of study enables graduates with other degrees to study occupational therapy for a shorter period of time, usually over two years. The academic content of an MSc pre-registration programme, for example, is delivered at Masters level however the students still have to participate in clinical practice in the same way as students who take the BSc route. This is similar to the approach taken in the USA. Since 2007, the entry-level award criterion in the USA, has been a Masters degree (Coppard & Dickerson, 2007, p.674). Scrutinising key documents such as the AOTA's 'Blueprint for Entry-level Education' document (AOTA, 2009), I have found there is a clear focus on research skills and capabilities for early career, mid-career and senior career allied health professionals who wish to be registered to practice in the USA. This appears to have influenced the change to Masters degree entry-level criteria, and again illustrates how education is being used to address research capacity development in occupational therapy.

However, in the UK, the BSc route (as relevant for this study) remains the most common route for achieving eligibility to register with the HCPC and then practice as an occupational therapist. Table (1) below shows data provided by the COT to me as a member. This shows the variety of pre-registration routes for occupational therapy within the UK and the awards achieved between the years 2012 and 2015. (COT, 2016, unpublished data). It also shows that the BSc (Honours) route remains the most common education route for occupational therapists to enter the profession. Of relevance for research capacity building it shows that between 2012 and 2015, 220 early career occupational therapists have a higher degree in occupational therapy, i.e. achieved an academic award above that of a BSc (Honours), for example a Masters-level qualification. For those undertaking the BSc route, it appears that the most common award is an upper second class (Honours) degree. There were fewer achieving a first class (Honours) degree: however, this is to be expected, and follows a normal distribution curve.

**Table 1: Pre-registration routes and awards for occupational therapy
2012-2015**

Total BSc Hons	1st	2.1	2.2	3	Total PgDip	Distinction	Merit	Pass	Total MSc (pre-reg)	Distinction	Merit	Pass
1546	339	698	457	52	84	16	34	34	220	26	55	139
%	22	45	30	3	%	19	40.5	40.5	%	12	25	63

1.4.2 The UK OT Profession's Approach to Developing Research Capacity

The Royal College of Occupational Therapists (RCOT), formerly the College of Occupational Therapists (COT), takes the lead on education and professional development for occupational therapy in the UK. In 1996, the COT published its first research and development strategy (White & Creek, 2007). This strategy outlined the responsibilities of occupational therapists as research consumers, as participants in research and as proactive researchers. This strategy started to embed the notion of research activity being the responsibility of all within the profession.

White and Creek (2007) reported on the progress of the actions identified in the initial strategy and its subsequent revisions and development in 2001. Their 2001 report showed how the COT had used its position as the professional body to influence changes in occupational therapy practice. These changes included ensuring research activity is part of an individual occupational therapist's responsibilities as stated in the COT's Code of Ethics and Professional Conduct (2005; 2010; 2015), introducing a half a day per month standard for dedicated continuing professional development activity focused on research/quality enhancement activity (White & Creek, 2007) and

developing a national database of therapy researchers so that members active in research are readily identifiable.

Another strategy introduced by the COT in the UK was the post qualification framework (COT, 2006). The purpose of this strategy was to provide national standards of identified capabilities that all sectors of the occupational therapy workforce could relate to and aim for within practice, management, education and research (COT, 2006). However, there are some limitations in applying the framework to current practice. For example, it refers to Year 1 of practice and then specialist roles, implying that it is the norm after one year to move into a specialist role. In my experience, based on my formal and informal contact with early career occupational therapists, as part of my professional network, it is becoming more common for early career occupational therapists to remain in the initial qualification banding (Band 5) for more than one year. This suggests that the practice environment has altered since 2006, thus possibly indicating a need for this document to be reviewed and updated to ensure that it is current. To my knowledge, the post qualification framework has not been reviewed.

However, in 2017, the RCOT developed and published a Career Development Framework entitled 'The Career Development Framework: guiding principles for occupational therapy' (RCOT, 2017). This is a new framework document applicable to all occupational therapy personnel (RCOT, 2017). RCOT states that this framework "offers a structured process to guide careers, learning and development within our profession" (RCOT, 2017, p1). It is intended to be a self-evaluative professional development tool (RCOT, 2017).

The framework is based on four pillars of practice. The four pillars of practice are not specific to occupational therapy, but have been utilised by the RCOT for the purpose of guiding the professional development of occupational therapists. The Career Development Framework has been influenced by other established frameworks. These include a skills framework developed by

Skills for Health (Skills for Health, 2016) and the Post Registration Career Development Framework (NHS for Scotland, 2016). The RCOT acknowledges these existing frameworks and how they have been used to develop the RCOT Career Development Framework (RCOT, 2017). The concept of pillars is evident in the Scottish Career Development Framework, (NHS for Scotland, 2016). Indeed, the pillars used by the RCOT are exactly the same as the pillars in the Scottish framework. The four pillars in both the Scottish framework (2016) and the RCOT framework (2017) are Leadership, Professional Practice, Evidence, Research and Development and Facilitation of Learning. Tracing the origins of the four pillars, it can be seen that the idea of acknowledging different aspects of practice is not a new approach, and that some of the concepts originate from developing advanced practice within the nursing profession. The foundations of this can be found in the development of a conceptual framework for advanced practice nursing proposed following a three year action research project (Manley, 1997). In this good quality study, different functions of nursing practice, and the role of the specific context, were identified. This contributed to the development of a conceptual framework for advanced nursing practice. This work was utilised in 2008 within the nursing profession to develop the concept of spheres of practice, which included education, research, management/leadership and clinical (CNO Directorate, Scottish Government, 2008). The main difference from the original concept is that the RCOT framework has been developed for use as a framework across an occupational therapist's entire career instead of focusing solely on advanced practice. There are also some differences in the terminology of the pillars within the framework developed by the RCOT. For the purposes of this study, RCOT's framework (2017) has the title of Evidence, Research and Development, rather than just Research. This suggests the RCOT are taking a broader perspective on research in order to aid practitioners capture engagement in a range research activities at different stages of their career.

Of relevance to this study is the pillar entitled Evidence, Research and Development. According to the RCOT framework (2017), an occupational

therapist with a BSc (Honours) degree in occupational therapy can expect to identify themselves at 'level 5' with this pillar. This means having the skill to: -

- Undertake systematic information searches, select relevant information, critically read, recruit research participants, analyse basic research/ service evaluation data and record routine research/service evaluation data in line with guidance.
- Disseminate evidence including effective writing for a range of situations (e.g. emails, audit reports, conference abstracts, research papers, presentations, study events) with more experienced colleagues.
- Identify evidence gaps and contribute to the formulation of critical question(s) that warrant further research, audit or service evaluation, considering policy drivers and future research priorities.
- Contribute to grant applications and awards with support from more experienced colleagues. (RCOT, 2017, p.43)

The RCOT (2017) framework was the outcome of a RCOT-led project. The project adhered to an action research approach. It therefore does have some credibility. It has been rolled out as a professional tool and based on my own professional knowledge, I understand that it is being used within practice. The framework does, however, require future interrogation in order to evaluate its quality as a tool for career development.

1.4.3 The context of the researcher

I qualified as an occupational therapist in 1991. I have a varied career history that encompasses practice within the specialist field of mental health initially as a novice through to senior practitioner and then a service manager. I also worked for three years as a national policy officer working for the College of Occupational Therapists (COT). For the past seventeen years, I have worked as an educator within the professional discipline of occupational therapy.

I have worked within my current higher institution, as a lecturer, for fourteen years. In that time I have contributed to the undergraduate education of approximately 700 occupational therapists (based on the assumption of approximately 50 students graduating per year). The design and content of the BSc (Honours) Occupational Therapy programme has changed over this time in response to the ever-changing health and social care environments in which occupational therapy is practiced. However, the programme changes are always in keeping with the standards set out by the HCPC, World Federation of Occupational Therapists (WFOT), RCOT, Quality Assurance Agency (QAA) and the University in which the BSc programme is located.

As an educator of occupational therapy students, I like other OT undergraduate educators, have a bridging role between education and practice. Over the duration of the study, the multiplicity of my perspectives became apparent, and indeed my three identities of an educationalist, occupational therapist and researcher all contributed to this study. It is my proposition that this multiplicity of perspectives offers richness to the study.

As an educator and a member of the occupational therapy profession, I am interested in students' current and future potential. Of particular relevance to this study is current and future potential once students make the transition to qualified occupational therapist. Knowing about my students' early years in practice will inform my understanding of how to prepare students for professional life as qualified occupational therapists.

1.4.4 The BSc (Honours) graduate in my practice setting

As a provider of pre-registration occupational therapy education within the UK, as outlined above, the BSc (Honours) Occupational Therapy programme has to demonstrate adherence to both the HCPC and RCOT standards as well as other key stakeholders. This leads to a content-rich and challenging curriculum for the undergraduates who complete the programme. To achieve

a BSc (Honours) degree in occupational therapy, a student must successfully complete both academic assignments and practice-based clinical experience. To pass final year modules, students must demonstrate critical thinking, and reflection and utilise evidence and literature. Students must be able to search for evidence, locate, and critique evidence and literature and show application to their own ideas. As per the HCPC standards and COT pre-registration standards, all students have to demonstrate knowledge and understanding of research methodologies (COT, 2011; HCPC, 2013). According to the HCPC standards of proficiency for occupational therapists, occupational therapists must be able to assure the quality of their practice (HCPC, 2013, p11). This standard encompasses engagement in evidence-based practice, engaging in primary research, and audits. Research is also referred to in standard 14: “be able to draw on appropriate knowledge and skills to inform practice” (HCPC, 2013, p.13). Occupational therapists must demonstrate “recognition of the value of research to the critical evaluation of practice” (HCPC, 2013, p.15), be aware of a range of research methodologies, and be able to evaluate research and other evidence to inform practice” (HCPC, 2013, p.15). Thus, graduates from the programme leave university with individual research skills that are intended to contribute to individual research competence.

1.5 Study rationale

The rationale for this study was to add to the UK occupational therapy profession’s knowledge about research capacity. It aimed to specifically provide insight into early career first class BSc (Honours) occupational therapists’ experiences of research capacity within the practice environments that they have experienced since qualification. This will develop understanding of the culture surrounding research capacity development as stated in Ilott and Bury’s (2002) definition of research capacity, and contribute to the wider professional conversation and review about research and development for the profession of occupational therapy within the UK.

One intended purpose of a professional doctorate is research to inform practice. I therefore also intended to use the knowledge gained to inform my practice as a lecturer and now a programme leader in occupational therapy within a higher education context. I took on this role in January 2018. As a programme leader, I need to ensure that the programme is fit for contemporary occupational therapy practice in accordance with HCPC, RCOT and WFOT standards. Examining research capacity from the perspective of early career first class honours occupational therapists would help me to identify any changes for my programme that might contribute to research capacity building amongst early career occupational therapists. It would also provide me with an understanding about higher education's role in developing early career occupational therapists' research capacity. This is of relevance to my practice as a leader within a higher education environment.

Before outlining the aims, objectives and questions that this research aimed to address, I would like to add a note about the credibility of this research. Throughout this study I recorded my reflections within a research diary (Boud, 2001). At the very outset of this study I recorded in my reflective diary my intention to produce a piece of credible research that will contribute, as outlined above, to my personal professional practice and to practice within the wider occupational therapy profession. The following is an extract from my diary dated 26th November 2014:-

“Reading Koch (1994) prompted me to think about how I will establish ‘trustworthiness within my research. Decided I will use Guba and Lincoln’s (Lincoln & Guba, 1985) original criteria for credibility, transferability, dependability and confirmability. These criteria appear to have stood the test of time; they are still cited and used within qualitative research practice today. I will apply them in the following way:-

Credibility - *I am keeping a research diary (journal), which is where I am recording my decisions about my research*

Transferability - Need to ensure I describe the context for the research in detail

Dependability - Ensure that the processes I use could be audited so need to be transparent (ensure that another researcher could follow my decision trail)

Confirmability - Ensure I show how my interpretations have been arrived at (Koch, 1994 p.92). Koch (1994) states that for Guba and Lincoln, confirmability is confirmed when credibility, transferability and dependability have been demonstrated”.

A detailed reflection on this intention is provided in the discussion within Chapter 5. This is part of my commitment to ensuring this study is credible.

1.6 Research Aim, Objectives & Questions

The study aimed to explore what it is like being an early career occupational therapist and specifically to understand, from the perspective of an early career occupational therapist, their experiences of research capacity in their workplace. In addition to this one overarching aim, two specific objectives were identified:

Objectives:

1. To contribute to the UK Occupational Therapy profession’s knowledge about research capacity in practice
2. To use the research findings to inform the development of local Occupational Therapy undergraduate programme provision

Questions:

This study sought to address the following two research questions:

1. What are early career occupational therapists’ experiences of contributing

to research capacity in the practice environment?

2. When utilising their experience to consider future contribution to research capacity, what do early career occupational therapists envisage?

The following chapter provides an in-depth review of relevant literature and demonstrates the need for this study to address a gap in knowledge about research capacity and early career occupational therapists.

Chapter 2 Literature Review

In this chapter, I review key literature relating to the topic for this study. This includes literature pertaining to research capacity and the population, which is occupational therapists, specifically early career occupational therapists. Literature related to the topic of evidence-based practice has also been reviewed and included where relevant as there is a connection between the topic of research capacity and evidence based practice. Within the UK, Taylor's seminal text, first published in 2000, laid the foundation of what was to become the UK's professionally accepted approach that research is an integral part of evidence-based practice (Taylor, 2007). There is, therefore, an intertwined connection between these two topics. However, an attempt has been made to ensure that the focus on research capacity is maintained for this review, as research capacity is the focus for this study.

The strategy for conducting the literature search for this study was influenced by Hart (1998). Hart's (1998) ideas about questions that my literature review needed to address provided a helpful starting point to develop the search strategy. Examples of questions included what are the origins and definitions of the topic? What are the key theories concepts and ideas? What are the main questions and problems that have been addressed to date? (Hart, 1998, p14).

Working within the framework outlined by Hart (1998) I then identified the topics pertaining to the study question. These initially included research capacity, early career occupational therapists, and early career occupational therapists and research capacity. My initial scoping of literature within the proposal stage of this study had already indicated that there was little evidence-based literature pertaining to the main topic of research capacity and early career occupational therapists. I therefore decided to break down the topics into the three distinct topic areas as stated above.

An example of my search strategy to answer the question ‘what are the main questions and problems researched to date about research capacity?’ is as follows:-

- I set the parameters of my search as studies published in academic journals within the past ten years. I did this as my strategy was to include current evidence only.
- As I was interested in research capacity research within the profession of occupational therapy my strategy was to include studies undertaken worldwide. The only limitation was that the study had to be published in English.
- I considered the key terms and any associate terms i.e. research capacity and research activity.
- Given the topic, I decided to use databases commonly used in health science and education research, including Scopus, Medline, Web of Science and Discover.
- An additional method used was to review the reference lists generated within the studies obtained via the database, searching for other potentially relevant literature.

For policies and reports I utilised online resources published by for example the Royal College of Occupational Therapists and the Department of Health. To locate policies and reports that I read about in the literature I used Google Scholar. I adhered to this snowball approach to my literature search throughout the duration of the study.

In order to provide a comprehensive review, policy documents, practice-based literature and research literature were included, and relevant findings are discussed and critiqued here. My critical perspective is informed by my knowledge of the concept of rigor, as described by Yardley (2000). Furthermore during the writing of the literature review, I was teaching an undergraduate research methods module entitled Critical Appraisal. This

module utilises the critical appraisal tools originally developed by the McMaster Occupational Therapy Evidence-based Practice group in 1998 and recently revised by Letts et al, (2007a; 2007b) at McMasters University. The tools were developed to assist critical appraisal of both quantitative and qualitative research articles. They were initially devised for occupational therapy personnel in order to develop the evidence base for occupational therapy interventions. However, they have wider applications. These tools are commonly used within occupational therapy to appraise the quality of research. Teaching this module at the same time as writing the literature review meant that these appraisal tools were in my everyday thinking and practice. Having the tools at the forefront of my teaching practice meant that they contributed to my critique of the quality of the literature utilised within this study. I automatically used the tools to guide my appraisal of the quality and usefulness of literature when reading papers that I had identified as having potential relevance for inclusion in my study.

This chapter concludes with a summary of what is known about research capacity and early career occupational therapists, and what is not known. The gaps identified inform the questions that were to be addressed in this study. These are stated at the end of this chapter.

2.1 Research Capacity

The topic of research capacity is not an overly researched area within the professional discipline of occupational therapy. There are a few lead authors within this field. One such leader is Professor Jo Cooke who though now based within the UK was based in Australia for many years. From appraising the literature it seems that a lot of the research capacity literature is set within the context of occupational therapy practice in Australia, and specifically the primary health care environment. A main focus of the literature is how to evaluate research capacity building within health care environments, (Cooke, 2005; Holden, Pager, Golenko, & Ware, 2012; Holden, Pager, Golenko, Ware & Weare, 2012). Within the UK context much of the research

capacity literature is connected to Irene Ilott and Elizabeth White. From my professional knowledge from working within the discipline of occupational therapy, I know that both Ilott and White have a long-standing track record within the UK's occupational therapy profession. Both worked as policy officers at the College of Occupational Therapists in roles intended to address research capacity within the UK's occupational therapy profession.

Reviewing the literature, it can be seen that across the global community of occupational therapy, one of the main strategies for developing research capacity within the profession of occupational therapy has been to develop research capacity at policy level. An example of policy level activity is the College of Occupational Therapist's research and development strategy (Eakin *et al*, 1997). This first strategy set the tone for a profession-wide policy in relation to research and development. The strategy was subsequently reviewed, and a revised version published in 2001 (Ilott & White, 2001). In 2007, White & Creek reported on a 5-year review of the 2001 policy (White & Creek, 2007). They acknowledged that they had not comprehensively ascertained the level of impact from the strategy on individual members' contributions to research capacity development. They suggested, however, that the actions taken by the College led to positive developments within research capacity development (White & Creek, 2007), for example the inclusion of 'research and service development' within the College of Occupational Therapist's Code of Ethics and Professional Conduct. This was initially included in the 2005 version and has since been included in all subsequent versions (2005, 2010, 2015).

Other examples of policy level activity, again developed by the professional body, include a Register of Therapy Researchers to promote the profile of occupational therapy researchers, and the Research Ethics Guidelines in 2003 (White & Creek, 2007). One impact upon which they do report, is the impact of protected time for Continuing Professional Development (CPD) targets, as set in the 2001 research and development strategy (Ilott & White,

2001). Based on an audit of occupational therapists, undertaken by White in 2005, 60% (729 participants) reported that they have “some level of protected time for CPD activity ... used for individual study, group activities, service development and gaining additional qualifications” (White & Creek, 2007, p123). This suggests that the policy level change had some impact on workplace policies and activities and individual actions, in relation to time to engage in continuing professional development activities. Although it is not known if having protected time had a direct impact on research capacity contribution, it did at least indicate that occupational therapists had some protected time to engage in CPD activities.

Occupational therapists work in a wide variety of workplaces including health care and social care providers, such as NHS Trusts and Social Services, and private health, social care, education and prison services. The policy level activities outlined in the above paragraph have no legal power in individual work places, as they are only enforceable at an individual level, for example, an individual occupational therapist complying with the RCOT code of professional conduct (COT, 2015). Policy strategies developed by professional bodies, specifically for this study the RCOT, can therefore only be viewed as policy documents to influence behaviour within the workplace. There is some literature that helps to understand research capacity and the workplace.

Humphris, Littlejohns, Victor, O'Halloran & Peacock (2000) argue that individual workplaces have a responsibility for research capacity. They acknowledge that the development of evidence-based practice, which for this study is viewed as an individual component within the definition of research capacity and considered as utilisation of research, “cannot be a clinician only issue but must be a concern for the whole organisation” (Humphris *et al*, 2000, p.517). Their study investigating the use of research evidence in practice included occupational therapists working for seven different acute NHS hospitals in one region within the UK. This was a mixed methods study

using both qualitative and quantitative methods of data collection. The postal questionnaire used within the quantitative data collection phase of the study included a sample of 85 occupational therapists employed in the region this equated to a 78% response, which is a very good response rate for a postal questionnaire. The findings indicate that there is some workplace support for research capacity building (Humphris *et al*, 2000). Examples of support included having a manager that supports their use of research; having a clinical team which supports the use of research and having a library in their place of work from where they can access current journals, along with a librarian. However, what was less commonly known was the Trust's perspective on research. For example over half of the participants did not know whether the Trust had a research and development strategy, and 73% did not know whether there was a Trust-wide research committee (Humphris *et al*, 2000). They concluded that the "the immediate challenge for occupational therapists, managers and Trust boards alike is to create organisational conditions that support the achievement of these policy demands, and in doing so, to recognize that all NHS organisations can aspire to become world-class users of knowledge" (Humphris *et al*, 2000, p.521). Though this study does provide a useful insight into the under-researched area of research capacity there are limitations to be considered. The questionnaire design was informed by the findings from the qualitative phase of the study. However, little is reported, including, importantly, a description of the research design. Only the final themes from this phase are reported. This therefore has an impact on the overall rigour of this research, as there are limitations in the credibility, transferability, dependability and confirmability of the qualitative phase of the research. Therefore, this study is useful for providing background context for understanding research capacity however, the overall quality of the study means that the findings should be used with caution.

The findings from McCluskey's (2003) study of occupational therapists engagement in evidence-based practice in New South Wales, Australia, supports the finding from Humphris *et al*, (2000) that occupational therapists

have access to resources to support their engagement in research within their workplace. However, although resources such as the Internet are available in the workplace, 43.6% of the respondents in this study reported that they had not utilised the Internet to support their work in the past month (McCluskey, 2003). It is difficult to draw conclusions from this finding, except that at a workplace level, resources to support research activity such as access to a computer and the Internet are available, but not used.

At an anecdotal level I know that one workplace in my local area is taking an organisational approach to promote research capacity within the allied health professions. They are using policy documents and strategies developed by a range of AHP professional bodies to do this. My knowledge of this is based on my recent involvement in the development of an AHP strategy for this local North West NHS Trust. The AHP strategy developed by this NHS Trust includes seven Trust-wide statements of intention (objectives); one of these is an objective for all AHP staff to be involved in research. Objective 7 in the strategy is “Research”. The objective is:

“To raise the profile of research in the allied health professions by increasing AHP research capacity, capability and opportunity, in order to improve patient outcomes by informing and influencing policy and practice”.

(RLBUHT AHP Strategy, 2016, p.10)

The strategy document includes statements outlining how the institution will achieve each of the objectives. The methods by which this Trust will achieve the research objectives are displayed in Table 2 below. The specific objectives indicate that, for this Trust, research capacity contribution encompasses both the utilisation of research to inform practice, and engagement in doing research.

Table 2: Methods for achieving objective 7

HOW ARE WE GOING TO ACHIEVE THIS?
1. Establish formal links between the Trust's R & D department and the AHP's to ensure there is support to:- <ul style="list-style-type: none">▪ identify and develop research ideas and opportunities▪ knowledge of the grant/funding application process and support to progress a research grant application▪ sign-post to research courses and opportunities for funding▪ support in publishing research▪ facilitate AHP participation in existing and proposed research within the wider Trust
2. Establish an AHP research lead in each department who will be the link to the R & D department and the Trusts executive lead for research.
3. Create opportunities to share AHP research findings to promote evidence-based practice from our own research outputs.
4. To create a central database to record AHP research activity.
5. Develop links to facilitate collaboration with local higher educational institutions.
6. Ensure that each profession has an active involvement in research.

(RLBUHT AHP Strategy, 2016, p.10)

The above strategy was launched in December 2016, and to date the impact of this has not yet been measured. For the purpose of this study, it is included to provide a current practice example of a workplace approach to research capacity.

The literature review undertaken also considered the effectiveness of the activities to promote research capacity. Reid (2007) reports on the outcome of a study to ascertain the number of occupational therapists with a research degree including an MPhil, PhD, EdD, DPhil or Professional Doctorate. The findings from Reid's (2007) study indicated that there were a growing number of occupational therapists with a research degree. Specifically, 194 of the 26,031 occupational therapists registered with the Health and Professions Council in 2006 (Reid, 2007), compared to 84 as reported by Illot and Bury (2002). This increase could suggest that the focus on research capacity development as outlined in the COT's initial Research and Development Strategy in 1997 (Eakin *et al*, 1997), and then latterly in the 'Research and development strategic vision and action plan' (White & Creek, 2007), was having some small impact. Findings from Sainty's (2013) evaluation of the impact of the Occupational Therapy Research Foundation, indicates that

occupational therapy research capacity continues to grow. However, Sainty's research also identifies that none of the researchers awarded grants by the COT had gone on to secure external research grants of over £50,000 Sainty (2013). This finding indicates that whilst activities to promote research capacity in occupational therapy have had some impact within the profession, occupational therapy research capacity is still evolving.

As stated above, there is a lack of literature relating to understanding the impact of workplace activities on research capacity. Pighills, Plummer, Harvey & Pain (2013) offer some insight into why. They suggest that the measures developed, and typically used, to evaluate research capacity are designed to capture research activity at what they term "the research end of the continuum" (Pighills *et al*, 2013, p242), for example obtaining data about research grants secured, and number of publications of peer-reviewed journal articles. They suggest that this means that activity at the other end of the continuum in which practitioners are using research skills in their everyday practice is not captured, thus preventing a fuller understanding of research capacity (Pighills *et al*, 2013). Their questioning of the research capacity measures used leads them to question whether the reported low level of research skill base as reported in the literature, by for example White (2003), Illott (2004), Reynolds (2010) and Morrison and Robertson (2011) is an accurate reflection of the profession's research skill base.

In an attempt to obtain a fuller understanding of research capacity of occupational therapists in one geographical area of Australia Pighills *et al*, (2011) designed a study using a survey. The survey design was influenced by a questionnaire for assessing research experience called the research spider (Smith, Wright, Morgan, & Dunleavy, 2002), as well as questions aimed at eliciting understanding of experiences of research. Of interest to the future design of my study is that they chose to differentiate between what they termed 'process components' this included research interest, experience, support needs, barriers and anxiety levels and 'outcome measures', meaning

formal research outputs, for example grant awards obtained. This written survey, in which 86 occupational therapists from across all grades of the profession participated, found that though a high percentage of occupational therapists were interested in engaging in research in the future, only a few had experience of research; many needed support; participants had perceived barriers to engaging in research; there was anxiety about doing research, and only a few had published or applied for research grants (Pighills *et al*, 2013). A recommendation from this study is that the outcome measures used to evaluate research capacity should focus more on the process components, and that to develop research capacity there should be a focus on support to individuals to improve their process components. Pighills *et al*, (2013) study identifies a specific point of support, which is writing a literature review. They suggest that this is the critical point between consumers and producers of research (Pighills *et al*, 2013).

Reviewing the research capacity literature provides some insight into the barriers for research capacity development. In White and Creek's (2007) review of COT's research strategy, they conclude that there continue to be barriers for research capacity development in the occupational therapy profession within the UK. One such barrier they identified relates to the opportunities for graduating occupational therapists (White & Creek, 2007). White and Creek (2007) identified that further action is required to increase opportunities for graduating students to access research opportunities. In particular, they refer to high calibre graduates and the lack of PhD route opportunities within UK universities. This statement is made in the context of understanding that a lot of research capacity development activity centres on Universities, as indicated by Reid's measurement of research capacity development of engagement in a research degree (Reid, 2007). White and Creek (2007) state that, "a significant proportion of occupational therapy PhD population [within the UK] work within the higher education system" (p127). A criticism of this literature is that the research is over ten years old. However, anecdotal evidence based on my own knowledge of the profession suggests that though there has been some change, this remains the case within

occupational therapy, i.e. it is still the norm that a significant proportion of the PhD population work within the higher education system. White and Creek's (2007) report is relevant to this research as it acknowledges that there is a gap in opportunities for graduating occupational therapy students to progress to an advanced research degree status indeed, within my work place, there is currently no specific occupational therapy post graduate research degree route for undergraduates to progress to. Further understanding of barriers for occupational therapists engagement with research is provided by Birken, Couch and Morley's (2017) study. They conducted an on-line study that included 144 occupational therapists working in mental health trusts within the South-East of England, in the UK. The findings from this study indicate that for occupational therapists working within a mental health environment the main barriers for engagement with research are time, demands arising from having a dual role within mental health (care-coordinator and occupational therapist), and a lack of confidence in their research knowledge and skills (p.571). Of specific relevance for my study is that 21% of the participants within Birken *et al*'s, (2017) study are qualified for 0-2 years, thus providing some potential insight into the research experiences of early career occupational therapists within the UK. However it is not possible to discern from Birken *et al*'s, (2017) study the specific experiences of the early career occupational therapists as the study findings are reported for the population of occupational therapists working in mental health, and not by a specific grade, or stage within their occupational therapy career.

Research from Australia provides some insight into barriers to research capacity within the global community of occupational therapy. Pager, Holden & Golenko's (2012) research findings from their survey of 85 AHPs from across Queensland in Australia suggest that lack of time and having other work priorities are the two most commonly identified barriers to engaging in research (Pager *et al*, 2012). Other barriers include personal issues such as skills for research; lack of knowledge about research; having no interest in research, and a desire for work/life balance (Pager *et al*, 2012). There are also other barriers, which could be classed as external or environmental

issues, including lack of backfill, limited exposure to research, and lack of access to expertise, for example the lack of a library or the internet (Pager *et al*, 2012). Having a lack of funds for research was also identified as a barrier (Pager *et al*, 2012). Pager *et al*'s, (2012) study is focused on AHPs, hence is of relevance to this study. However, only fifteen of the participants are occupational therapists, and it is research from within an Australian context. The findings from this study therefore need to be used cautiously, acknowledging that generalizability is limited. However, Pighills *et al*'s, (2013) findings do specifically relate to occupational therapists. They report on a survey in which 86 occupational therapists from across Queensland, participated. This study was part of a larger study focused on research capacity across all Health Practitioners in the Queensland Health Department (Pighills *et al*, 2013). The findings from this research suggest that a lack of time and staff shortages were perceived as specific barriers. This study also identified research anxiety as an issue for occupational therapists, particularly in relation to undertaking quantitative research (Pighills *et al*, 2013). More recently, a finding of a literature review conducted by Upton, Stephens, Williams and Scurlock-Evans (2014) is that while occupational therapists have a positive attitude towards research, workload and time pressures are barriers to their becoming actively involved in research. (Upton *et al*, 2014)

The findings from Pighills *et al*, (2013) and Pager *et al*, (2012) add to a growing body of knowledge from a variety of research findings drawn from occupational therapists working in different geographical locations (Du Toit, Wilkinson, & Adam, 2010; Humphris, Littlejohns, Victor, O'Halloran & Peacock, 2000; Upton & Upton, 2006). Though there are worldwide professional standards for occupational therapists, as already established, the environment in which occupational therapy is practiced differs. This means that the findings of the studies reported here, though of background interest, do not specifically aid understanding of research capacity within the UK context. This gap in knowledge will be addressed within this study.

2.2 Being an early career occupational therapist

In terms of the UK's occupational therapy literature base over the past ten years relating to the practice experiences of early career occupational therapists, the transition into practice from student to qualified practitioner is well-explored (Hummell & Koelmeyer, 1999; Toal-Sullivan, 2006; Robertson & Griffiths, 2009; Tryssenaar, 1999; Tryssenaar & Perkins, 2001). Also of relevance to a study focused on early career occupational therapists is the topic of preceptorship. The preceptorship framework, introduced by the Department of Health (2004), was intended to address some of the challenges newly qualified healthcare practitioners report when moving into the practice environment. For occupational therapy in the UK, the role of preceptorship in the transition is well understood (COT, 2009; Morley, 2007a; Morley, 2007b; Morley, Rugg & Drew, 2007; Morley, 2009a; Morley, 2009b; Morley, 2012). From my experience as a lecturer with responsibility for preparation of this transitional process, preceptorship or an equivalent framework has become an accepted framework within health and social care organizations. However, from examining the preceptorship framework that is promoted within the UK's occupational therapy profession, as developed by the Department of Health in 2004 (Department of Health, 2004) and updated in 2010 (Department of Health, 2010), it appears that research is not a core dimension. Neither the doing of research nor the utilisation of research is referred to within any of the core dimensions.

Literature already in existence relating to early career occupational therapists' transition into practice within a UK context identifies the identity challenges that moving from student to newly-qualified therapist brings and the shock of this experience (Morley, 2006). However, there is little specific research about the identity of early career occupational therapists. Turner (2011), who is an accepted leader within occupational therapy in the UK, described the occupational therapy's profession as being in an adolescent stage of identity, and that as a profession there is work to do develop identity. Turner (2011) makes the case that the profession needs to have a more mature identity so that it can hold its place alongside other healthcare professions such as

medicine. She illustrates this when describing the professions childhood stage of identity development as "keeping the profession's relationship with medicine as that of a dependent child" (Turner, 2011, p.317). Turner makes the point that this was when the profession had a very minimal evidence-base to justify practice. In framing her case for identity development, Turner (2011) makes links with research capacity development. In the final summation she states "if our practice is not driven at all times by the theories and evidence of occupation's impact on health, we will truly lose what identity we have." (Turner, 2011, p.321). This is suggesting that for the profession to reach a mature identity, research capacity development is vital. Turner (2011) was commenting on her observations and experiences as an occupational therapy educator; she was not drawing on primary research. The fact that she was not able to draw on research at that time is an indicator that this is an aspect of research that had not been fully explored within the profession. Clarke, Martin, de Visser & Sadlo's (2015) study does begin to add to this knowledge gap. Clarke *et al*, (2015) were interested in understanding graduates' perception of their preparation for practice, following a 'role-emerging placement' during their formal education programme (Clarke *et al*, 2015). A finding that is of specific relevance to this study is that the ability to sustain the professional identity that the graduates previously had in a student placement was significantly affected by their practice setting (Clarke *et al*, 2015). Like previous studies (Toal-Sullivan, 2006; Trysennar & Perkins, 2001), this gives further insight into the role the environment plays in the experience of early career occupational therapists.

Ideas offered by Fortune, Ryan and Adamson (2013) in Australia, which utilise knowledge from the global community of occupational therapy, are of relevance to this study in understanding the preparation for practice for being an early career occupational therapist. Fortune *et al*, (2013) opened a dialogue based on curiosity, to understand whether newly-qualified occupational therapists are prepared for working in what was originally described by Barnett (2000) as a complex or supercomplex world of professional practice. Within their dialogue, Fortune *et al*, (2013) promote the

idea of early career occupational therapists needing to be agentic professionals, for which they draw on the work of Billet (2009). Billet (2009) undertook a series of research projects within Australia aimed at exploring strategies to assist students in becoming agentic learners. This was on the premise that this would contribute to a successful transition from student to practitioner (Billet, 2009). Within his work, Billet (2009) defines agentic learners as, learners who are “pro-active and engaged in making meaning and developing capacities in ways that are intentional, effortful and are actively critical in constructing their knowledge” (Billet, 2009, p.v). Although Billet’s (2009) research project did not include occupational therapists, it did include other allied health professions who are similar in profile to occupational therapists. Billet’s (2009) work is of value to this study for two reasons. First, the findings from the five intervention studies that he conducted appear to suggest a need to acknowledge the roles of the distinct environments in which healthcare students learn. This includes the higher education environment and the practice environments, both of which have something to offer the learner. Billet (2009) makes the point that it is the learner who is the crossover between these two environments and who seeks to make meaning between the two learning environments. Second, the interventions explored in Billet’s work are of interest for this study. The interventions are focused on the three areas of preparing for a practice experience, support during the experience and reflection post-experience (Billet, 2009). The specific interventions are aimed at helping the learner to be agentic so that they have the skills to make sense of both environments (Billet, 2009). The findings from Billet’s (2009) project suggest that the interventions used assisted the students in being agentic to make sense of and critically construct their knowledge. Billet (2009) proposed that this would be of future use to the participants when they became qualified healthcare practitioners.

Billet (2009) and Fortune *et al*, (2013) are not commenting specifically on early career occupational therapists, or on preparation for contributing to research capacity. However, reading about the idea of developing agentic

practitioners prompted reflection on my practice and the extent to which the students undertaking the BSc (Hons) degree programme are prepared to be agentic practitioners - for this study, agentic practitioners who can contribute to research capacity development. The early career occupational therapists in this study experienced learning within the academic and practice world environments during their undergraduate education. Some of the interventions suggested by Billet (2009) and outlined in the above discussion were used within their degree programme experience. This included pre-placement preparation, encouragement to reflect during the placement experience, and formal opportunities for post placement reflection. These were all aimed at helping the students make sense of the practice learning experience. Students also completed modules in which they participated in an introduction to research module and a journal club, aimed at development of critical review evidence skills and completed a systematic review on a topic of their choosing. These modules are university-based learning. These specific modules incorporated research activities that required students to construct their own knowledge and make sense of research, and what it means for occupational therapy practice. From my reflection, I concluded that there might be a need to review the learning opportunities to ensure that there are meaning-making opportunities in relation to their research capacity across all of the years of the programme, and importantly in both the academic and practice placement environments.

2.3 Research capacity and early career occupational therapists

Standard 12 of the HCPC standards of proficiency for occupational therapists states that occupational therapists must be able to assure the quality of their practice (HCPC, 2013). This standard encompasses engagement in evidence-based practice, engaging in primary research, and audits. Research is also referred to in standard 14 in that practitioners must “be able to draw on appropriate knowledge and skills to inform practice” (HCPC, 2013). This is based on an understanding that evidence based practice is integral to research capacity. According to Standard 14, occupational therapists must

also demonstrate “recognition of the value of research to the critical evaluation of practice” (HCPC, 2013, p.15), be aware of a range of research methodologies and be able to evaluate research and other evidence to inform practice” (HCPC, 2013, p.15). These standards suggest that utilising some research skills should be an integral part of practice for all qualified occupational therapists. In terms of the occupational therapy literature focused on the UK practice environment, there is only one study that refers to early career occupational therapists. In 2000, Barnitt and Salmond reported on the outcomes of a Department of Health research project focused on occupational therapy and physiotherapy graduates. Within their conclusions, they stated that there is a need for “recognition of new graduates’ skills in evidence based and reflective practice” (Barnitt & Salmond, 2000, p.44). Barnitt and Salmond’s findings are relevant to this study as they are referring to the skill of utilising evidence for use in everyday practice. This fits with the definition of research capacity for this study, as outlined above in section 1.2, and illustrated in Figure 1. The data used for this study are likely to be twenty years old, therefore, it could be argued that they are out-dated and therefore not relevant. However, the data have been included in this review because there is no current literature or evidence about early career occupational therapists and research capacity, which therefore illustrates a knowledge gap that this study sought to address.

Engagement in research within the UK’s National Health Service (NHS) is a priority, and as such, this research aims to make a contribution to this growing area of interest. Hanney, Boaz and Soper (2013) published a report on the outcome of research undertaken to review the evidence that research engagement improves health-care performance (Hanney *et al*, 2013). In their report, they acknowledge the shifting culture within the healthcare environment, which they conclude has been led by government policies aimed at improving quality of healthcare within the UK. Through this empirical study, Hanney *et al*, (2013) concluded that: -

- when clinicians and healthcare organisations engage in research there is the likelihood of a positive impact on healthcare performance but this is

more likely to be on improved health-care processes than improved patient outcomes

- mechanisms through which research engagement might improve performance overlap and rarely act in isolation and that their effectiveness depends on the context in which they operate
- organisations that have deliberately integrated the research function into organisation structures demonstrate how research engagement can, amongst other factors, contribute to improved health-care performance.

(Hanney *et al*, 2013, p.83)

The conclusions from Hanney *et al*, (2013) indicate a link between the workplace and the individuals who work there with both needing to contribute in order for research capacity to have an impact on healthcare performance.

As most of the graduates from the undergraduate degree programme I work on move into the healthcare environment post-qualification, this report and its findings are of relevance to my research topic. Though I am not seeking to test the impact of engagement in research on their performance as occupational therapists, my research will contribute to understanding more about this group of occupational therapists' engagement in research from their unique individual perspective.

2.4 Possible selves

In this study, I sought to explore the current and future potential of early career occupational therapists in relation to research capacity, from their unique and individual perspective. The word 'potential' is meaningful within the occupational therapy profession in terms of how a therapist works with a patient ¹ as well as for their own development. It is commonly used within the

¹ I acknowledge that OTs in different contexts may use a variety of terms for the people they work with but for the purposes of this study I am using the term 'patient' as a generic term for all OT contexts.

profession when discussing goals for patients or individual therapists. Goals may be identified by the patients with whom we work, or by the therapist, who has with the patient, identified an area of change to be addressed as part of the occupational therapy. Individual goals may also be set by therapists for themselves or be set for them, by managers or senior colleagues, as part of their CPD. An occupational therapist is therefore often future-focused and goal-orientated.

Occupational therapy is underpinned by a broad theoretical base; some of this is drawn from other fields of study for example sociology and psychology. For this study, the field of psychology and specifically the theory of possible-selves (Markus & Nurius, 1986) has been utilised. This is because possible-selves is relevant to understanding the individual and their goals. Possible-selves is an aspect of self-concept (Cameron, 1999). Possible-selves focuses on how individuals think about themselves and about their potential and future, specifically “what would we could become, what we would like to become and what we are afraid of becoming” (Markus & Nurius, 1986, p.954). Possible-selves theory is interested in understanding identity, and there is a growing body of research in which possible-selves theory is used to understand identity and the impact identity has on behaviour (Dabback, 2018; Dufault, 2016; Hamman, Gosselin, Romano & Bunuan (2010), Kumazawa, 2013; Perras, Strachan & Fortier).

Occupational therapy is concerned with an individual's potential to engage in occupations. When exploring this with a patient as an occupational therapist I am seeking to understand what strengths and barriers an individual might encounter when attempting to achieve their potential. The exploration of a person's strengths and barriers will take into account anatomical, physiological, sociological, environmental and psychological factors, including an individual's perception of self. This could include their perception of both their current and future-focused self.

Central to possible-selves theory are ideas relating to being future-focused and goal-orientated and having specific strategies in place to achieve the possible self, and that the idea that “the possible- self is malleable and shifts in response to feedback” (Oyserman, Bybee, Terry & Hart-Johnson, 2004, p132). Oyserman *et al*, (2004) describe possible-selves as providing a road map for individuals. Their study of adolescents sought to elicit if academic outcomes could be improved in adolescents if possible-self could be used as a self-regulator. The findings from this mixed methods study of 168 randomly-sampled adolescent students suggest that if there is an achievement focus evident within the individual’s self-concept, this provides some impetus for an impact on behaviour and outcome changes (Oyserman *et al*, 2014). This relationship of self-concept to behaviour and choices, was also addressed by Leondari (2007), who suggests that how people perceive themselves will influence behaviour and choices (Leondari, 2007).

In the absence of research using possible-selves theory within the professional discipline of occupational therapy, I reviewed literature from other professional backgrounds. Of particular relevance to this study is literature from the teaching profession, specifically focused on new teachers, who - like the participants in this study - are starting their careers in their chosen profession. Hamman *et al*, (2010) make the point that they are in a “transition period in their lives” (Hamman *et al*, 2010, p.1349). Hamman *et al*, (2010) suggest that research using possible-selves theory is seeking to understand social and personal factors that contribute to the construction of possible-selves, as well as how possible-selves influences behaviour, with the ultimate aim of improving and influencing the experience of being a new teacher (Hamman *et al*, 2010, p.1349). Other recent research into the transition of teachers into their new roles has been undertaken by Dabback (2018) and Kumazawa (2013). Findings from Dabback (2018) and Kumazawa’s (2013) studies identify the important role of the environment in the construction of the new teacher’s self-concept. Kumazawa (2013) identifies that the new teacher’s “self-concept is a very dynamic entity that is negotiated and constructed through interacting with the environment” (Kumazawa, 2013,

p.53). Dabback (2018) describes the classroom environment as “the laboratories in which teachers learned how to build relationships with their students, tested and reshaped emerging identities, and based actions and evaluation on their possible selves” (Dabback, 2018, p.64).

The research from the professional discipline of teaching and possible-selves theory provides some ideas about ways to improve the transitional experience of new teachers. For example, a study undertaken by Gaudelli and Ousley (2009) with final year teachers in preparation for the transition to full-time teacher used a pedagogical approach in which the theme of identity was the focus. This phenomenological study involving ten final year teacher students stemmed from the researchers’ observations that new teachers, when obtaining first posts in practice, were “quickly socialized by work-a-day contexts” (Gaudelli & Ousley, 2009, p.933). They noticed that these contexts “relied heavily on teacher-centered lessons taken directly from teacher kits, were consumed by minutiae of content areas in order to cover curriculum, and were saddled with a heavy-handed classroom management agenda that created hostile classrooms” (Gaudelli & Ousley, 2009, p.933). From their observation, they concluded that what they had been taught in their formal university education had become “quickly irrelevant” (Gaudelli & Ousley, 2009 p.933). The seminar programme they designed spanned the formal university education into the early year of employment as new teachers. Gaudelli & Ousley (2009) report on the outcome of the programme. Of relevance to my study is that holding the seminars in the context of the new teachers, i.e. within a community school location, appeared to change the content of the conversations within the seminars from being “stilted and uninspired frequently deteriorating into gripe sessions, to more reflective conversations about sensitive experiences, in which emotions were discussed and there was challenge of one another’s ideas” (Gaudelli & Ousley, 2009, p.933). Gaudelli & Ousley (2009) concluded that “field-based, reflexive, and situational discourse space has merit as a part of the larger teacher education curriculum” (Gaudelli & Ousley, 2009, p.938). They also concluded that this is one approach to helping new teachers construct their teacher identity, so that-

new teachers can think about who they are and how they fit within their new role as a new teacher, and “how that teaching self is enacted in particular schools” (Gaudelli & Ousley, 2009, p.938).

Dabback’s (2018) study also concluded that there is a need for a bridge between the student teacher and the new teacher to help identity development. Dabback’s (2018) recommended approach for this is having mentors embedded within the new environments. Dabback (2018) acknowledges that mentorship schemes for new teachers are already in place but comments that these can be inconsistent. Dabback’s (2018) conclusion is that these early career mentors should receive specific university training to equip them to assist new practitioners to focus on the transition from student to new teacher.

This literature review of possible-selves literature has explored what appears to be a growing body of literature. Of relevance for this study is the literature focused on possible-selves, identity development and the transition from student to new practitioner, much of which appears to be located within the professional discipline of teaching. From the literature reviewed, it can be concluded that there are some similarities between the identity formation and the transition experience of new teachers and the experience of early career occupational therapists. The environment in which the specific practitioner is located appears to be influential. The teaching literature specifically relates environment to identity formation. This influence is not specifically stated in the occupational therapy literature, as the topic of identity and early career occupational therapists does not appear to have been explored. There are therefore some gaps in knowledge about identity formation, and the influence that this has on the behaviour of early career occupational therapists. This research is focused on the research capacity of early career occupational therapists, so exploring identity and impact on behaviour related to research capacity is of relevance.

The literature review has also demonstrated that attempts have been made within the professional areas of occupational therapy and teaching to bridge the gap between the university learning and the practice environment so as to support the transition of early career practitioners. Exploring possible-selves research within the teaching profession provides ideas that are different to approaches used within the occupational therapy programmes I am familiar with, and so may be of relevance to my role as a university lecturer and to any recommendations arising following the outcomes of this study.

2.5 Conclusion

To conclude, the literature review has illustrated that there is a body of research focused on early career occupational therapists that primarily focuses on understanding the experiences of newly qualified therapist's transition into practice. Within the UK context, research that seeks to understand how preceptorship has specifically contributed to this transition is specifically evident. I reviewed possible-selves theory literature to explore the concept of potential. There is little literature focused on the identity of occupational therapists and specifically within that on the identity of the early career occupational therapist. Literature from the teaching profession, specifically focused on possible-selves theory and early career teachers, has been used to understand identity formation as an early career teacher and the experience of transition into practice. The literature reviewed demonstrates that there are gaps in the occupational therapy profession's knowledge about the experiences of early career occupational therapists. This study therefore will add to the existing knowledge about the experiences of this specific population of occupational therapists.

This review has also demonstrated that research capacity is of key importance to the occupational therapy profession and that studies focused on understanding this from an occupational therapy perspective have mainly been undertaken outside of the UK, predominantly in Australia. It has also shown that none of the studies have specifically focused on the early career

occupational therapist. The UK is, however, making strides to address research capacity building, and the efforts of the professional body, have been recorded. In 2000, Barnitt and Salmond identified a knowledge gap in relation to research skills in the profession of occupational therapy, including early career occupational therapists' (Barnitt & Salmond, 2000). This study sought to add to the body of knowledge to further understand individual early career occupational therapist's research capacity from a present and future perspective. The study explores personal perspectives of research knowledge, skills and capabilities based on their university learning and experience from working as occupational therapists. This knowledge will aid understanding of the pre-registration learning, and preparedness for contributing to research in practice. It also contributes to knowledge about the practice environment and the influence this has on research capacity. Knowledge about the practice environment will add to the current understanding of the culture surrounding research capacity development as stated in Ilott and Bury's (2002) definition of research capacity and included in the definition of research capacity for this study.

The knowledge gained from undertaking this study will be useful to the wider profession of occupational therapy, and will also be of specific value to higher education to inform pre-registration continuing professional development activities. This research is therefore of importance to occupational therapy practice and occupational therapy education.

2.6 Questions to be addressed by this research

The selection of participants will be justified in the following chapter, but in order to give a clearer view of the research questions presented here, participants in this study are all UK trained, early career occupational therapists who graduated with a first class honours degree from the same institution in the North West of England. As stated in section 1.6, this study seeks to address the following two research questions:

1. What are early career occupational therapists experiences of contributing to research capacity in the practice environment?
2. When utilising their experience to consider future contribution to research capacity, what do early career occupational therapists envisage?

Chapter 3 Methodology

In this chapter, I outline the philosophical underpinnings of the study, in which Interpretive Phenomenological Analysis (IPA) is justified as an appropriate theoretical approach for the work. I have provided a rationale for the study design and described in detail the processes undertaken which are firmly embedded in IPA. As I established in the previous chapter the research questions this study addresses are:-

1. What are early career occupational therapists experiences of contributing to research capacity in the practice environment?
2. When utilising their experience to consider future contribution to research capacity, what do early career occupational therapists envisage?

These research questions underpinned the study design. I will demonstrate how they informed the design within this chapter.

3.1 Philosophical stance

To understand the philosophical stance for this research I firstly considered my personal paradigm. A paradigm refers to the worldview that a person holds that influences the holders place within the world and the relationships they have (Guba & Lincoln, 2008). This is influenced by both the way in which a person understands reality, their ontological position, and also by how they perceive knowledge is constructed, their epistemological position (Burton *et al*, 2008). For research, this is relevant because the worldview can influence the perspective the holder has on the role of knowledge and how knowledge is obtained and verified (Guba & Lincoln, 2008). My world-view is that reality is multi-dimensional and dependent on perspective (my ontological view) and that we are social beings, and that the environments in which we live, work, and interact influence our values, behaviours, attitudes and beliefs. Of specific relevance to illustrate my epistemological perspective, I believe

that knowledge is constructed, and that the construction of knowledge is formed by the multiple perspectives of people being social beings (Burton *et al*, 2008). I arrived at this understanding about my worldview from thinking about my paradigm at the onset of this study. It became clear to me that my epistemological position, is influenced, as suggested by Becher and Trowler (2001), by the philosophical underpinnings within my professional discipline, occupational therapy. For example at the core of occupational therapy is a set of values based on person-centred practice, in which each individual is viewed as unique, and that a person's engagement in occupations is influenced by the social world in which they function. Interaction with the environment, including for example human relationships, physical resources, and cultural and political environments, is a dynamic process. These values are reflected in occupation focused theoretical perspectives, for example, the Model of Human Occupation (MOHO) (Kielhofner, 1985), Person, Environment and Occupation Model (PEO) (Law *et al*, 1996). These values are also embedded within the code of conduct that guides an occupational therapists' practice, for example, within the UK context, the Code of Conduct and Professional Practice (COT, 2015). My personal paradigm is embedded in my everyday practice as an occupational therapy educator. In my practice as a programme leader, I aim to develop a culture within the programme in which the relationship between the student and the university is a dynamic partnership. For example, I take time to get to know the students, so as to understand their individual context and any barriers for their learning. This is achievable as there are relatively small cohorts of students - 45-50 each year, within the programme - so, as a university lecturer, I am able to get to know the students on the programme.

Moses and Knutsen (2007) suggest that we have a natural perspective, one that is based within our worldview or natural paradigm. They suggest that this is influenced by personal ontology and epistemology. To address my ontological position, I considered the question of 'what is reality'. I subscribe to Moses and Knutsen's (2007) description of the world being shaped, and meaning being interpreted by, the people who exist in it. I do not believe that

there is an ultimate truth that is determined externally to the people who are part of it. My epistemological position, meanwhile, is underpinned by my belief that we are social beings and as such our knowledge and learning will be influenced by others. My perspective therefore means that as a researcher I am naturally more interested in understanding meaning, as opposed to establishing an absolute or “singular truth” (Moses & Knutsen, 2007, p193).

Furthermore as a researcher, I believe that people will be affected by the process of being studied, and that there is an interactive relationship between the researcher and those being studied (Depoy & Gitlin, 2016; Ritchie & Lewis, 2003). As a researcher within the field of social phenomena, my belief was that it is not possible for the researcher to be objective, and that therefore the findings produced provided what Snape and Spencer termed a “privileged account” (Ritchie & Lewis, 2004, p.13). I therefore recognised that my epistemological position aligns with the description of interpretivist paradigm provided by Finlay and Ballinger (2006). They describe interpretivism as a paradigm that takes “a naturalistic stance recognising that there are multiple meanings and subjective realities” (Finlay & Ballinger, 2006, p.17). In her attempt to explain research paradigms for teaching research in education, Lather (2006) states that interpretivism is research that seeks to understand. Lather also makes reference to there being no one single truth within an interpretive paradigm, and reality being “subjective and constructed” (Lather, 2006, p.38). These two definitions of interpretivism capture what, to me, is the essence of interpretivism. Interpretivism is the acknowledgement of the personal nature of experience and of the fact that experiences will have different meanings for, and potentially be perceived differently by individuals.

The focus of this study was early career occupational therapists, with a first class (Honours) degree in occupational therapy, and their experience of research capacity. As a human experience, this would have a unique reality and meaning for each individual. This reality would be influenced by their unique context that would in turn influence their personal interpretation. In

approaching this study from an interpretivist paradigm, I accepted that each participant's reality was shaped by the meaning they make. This meaning would be influenced by their individual experiences of research within their professional practice to date. An interpretivist study explores detailed person-specific data that are sensitive to an individual's context. In taking this approach I believed that rich data would be obtained that would address the research questions, contribute to the profession's knowledge about research capacity, and inform the development of occupational therapy education provision.

3.2 Theoretical perspective

As I concluded in the literature review, to date the research capacity of early career occupational therapists has not been addressed. In order to answer the research questions, and to ensure that the theoretical perspective was in congruence with my world-view, and my ontological and epistemological perspectives, it was important that the research approach selected was appropriate. It needed to be sensitive to exploring the complexity and interconnectivity between the personal/individual challenges, the context/environments in which the early career occupational therapists practice, and their contribution to research capacity. I therefore determined that a qualitative research approach would be appropriate and identified interpretive phenomenological analysis (IPA) as the specific approach.

IPA is described as a qualitative approach that allows for an in-depth examination of how people make sense of life experiences (Smith, Flowers & Larkin, 2009). It does this through a focus on understanding what that experience is like for the individual and what sense the person makes of the experience (Smith *et al*, 2009). IPA provides an opportunity to examine something that we may take for granted in our everyday lives, by making the something the explicit focus. IPA is emerging as an approach that is suited to occupational therapy research (Clarke, 2009). Occupational therapy practice is focused on 'everyday living', working with individuals to address personal

challenges, caused by for example ill-health, which are having an impact on a person's occupational performance. The literature review in Chapter 2 established that there are challenges for early career occupational therapists within the practice environment. Using an IPA approach means that the 'something' for this study is research capacity contribution. This was made the explicit focus.

For this study, and in line with the perspective outlined by Smith *et al*, (2009), IPA is utilised as a discrete research approach. IPA has three distinct theoretical foundations:- hermeneutics, phenomenology and idiography. In the next section, I explain these and consider their relevance to this study.

3.2.1 Interpretive Phenomenological Analysis

IPA and Phenomenology

Cohen and Manion (1994) described phenomenology as a "theoretical point of view that advocates the study of direct experience taken at face value" (Cohen & Manion, 1994, p.29). Central to this is enquiry that seeks to understand the lived experience from each individual's unique perspective (Robson, 2002). The aim of phenomenological research is to provide a "rich textured description of lived experience" (Finlay & Ballinger, 2006, p.262), to understand a specific phenomenon from the perspective of individuals who have experienced that phenomenon. Taking a phenomenological perspective for this study enabled a detailed understanding of the lived experience of research capacity contribution from the perspective of being an early career, first class (Honours) occupational therapist.

The origins of phenomenology can be linked to four philosophers, Husserl, Heidegger, Merleau-Ponty and Sartre (Smith *et al*, 2009). Each has made different contributions to phenomenology and had different influences on the theoretical foundations of IPA. Of particular relevance to this study are the ideas of Heidegger. According to Smith *et al*, (2009), Heidegger believed that

humans have a presence in the world, and as such, the world will have an influence on human's actions and existence; and that human consciousness is not separate from the world of human existence. Smith *et al*, (2009) write about Heidegger's view of the person as a person in context, central to which is the concept of intersubjectivity. Intersubjectivity, according to Heidegger's view of phenomenology refers to the relatedness of the person to the world and the shared and overlapping nature of this engagement, suggesting that this engagement with the world is part of "a human being's constitution" (Smith *et al*, 2009, p.17). The concept of intersubjectivity is of particular relevance to this study. As already demonstrated in the literature review in Chapter 2, the context in which early career occupational therapists practice is related to the formation of their practice. For example, the experience of transition from student to newly qualified occupational therapist does seem to be dependent on related factors including the specific context in which one works, the personal knowledge and experiences that each early career occupational therapist brings to their practice, and the influence of those around the early career therapists in shaping the experience. This therefore illustrates the complexity of human experience and how, in aligning its theoretical foundation with Heidegger's view of phenomenology, the IPA approach accepts that complexity and interconnectedness, and intersubjectivity, of human experience.

Understanding the theoretical contribution of Merleau-Ponty is also relevant to this study. According to Smith *et al*, (2009), Merleau-Ponty wished for a more contextual understanding of our being in the world, describing this as the "embodied nature of our relationship to the world" (Smith *et al*, 2009, p.18). Merleau-Ponty believed that all knowledge, including scientific knowledge, is gained from one's own particular point of view, influenced by experience of the world (Smith *et al*, 2009). Merleau-Ponty's focus is on the influence of personal perception and how this shapes our understanding of the world and the knowledge that we hold as individuals. As a foundation for IPA, this is of fundamental importance. Acknowledging the influence of personal perception accepts that the world in which we live, and, in the context of this study work,

will have an influence on how it is interpreted by each individual. This is also why for this study it was important that the unique context of each of the individual participants was fully explored and acknowledged within the study, to help inform understanding of each individual's unique interpretation.

Also of relevance to the formation of IPA are the ideas of Jean-Paul Sartre, another French philosopher. According to Smith *et al*, (2009) Sartre's unique contribution to IPA theory development is his emphasis on the context of personal and social relationships. This is described as, "we are better able to conceive of our experiences as contingent on the presence of others" (Smith *et al*, 2009, p19-20). Also that others presence within, or absence from, experiences, will have an, impact on our perception of that experience (Smith *et al*, 2009). Therefore, within this study, understanding the context will encompass understanding personal and social relationships within the specific context of each of the individual participants.

IPA and Hermeneutics

Put simply hermeneutics is "the theory of interpretation" (Smith *et al*, 2009, p.21). McAuley (2004) suggests that intuition, interpretation, understanding and, the relationships between the researcher, the subject of the research and the reader all lie at the heart of hermeneutics. Again, the ideas of the German philosopher Heidegger are viewed as a major influence on the development of hermeneutics, and hermeneutics is an integral part of IPA (Smith *et al*, 2009).

Of specific interest to IPA, and therefore this study, is the researcher's role in making sense of an experience, and the view that in making sense of it the researcher or reader will bring their own experiences and knowledge to that interpretation. Heidegger's term for this is fore-conception (Smith *et al*, 2009). This is the essence of difference between the hermeneutic philosophers and the purist phenomenological philosophers such as Husserl. Husserl advocates that when examining an experience the researcher suspends or

brackets all preconceptions or suppositions, meaning that they suspend all beliefs that are present in everyday life and thinking that they might have about that object/experience, and then examine it without these preconceptions or suppositions (McLaughlin Gray, 1997). In contrast, Heidegger believes that an interpretation can never be free from suppositions, as prior experiences, assumptions and preconceptions will always be present. Though Heidegger also advocates a form of bracketing, 'fore-conception', he views this as a more dynamic process than bracketing. Fore-conception occurs as a cyclical process through the examination of the experience being examined; it may not always be known which suppositions are relevant to the experience being examined. It is only when the researcher comes to examine them that they become alert to their own suppositions (Smith *et al*, 2009). This is why Heidegger believes that it is a dynamic process and that bracketing can only be partially achieved (Smith *et al*, 2009).

Bracketing was therefore not used in this study. Instead, Heidegger's more cyclical process as outlined in Smith *et al*, (2009) was applied throughout the stages of the research process. A research diary was kept throughout the duration of the study, in which observations, thoughts, and ideas from reading, from the data collection and from post interview reflections were recorded. For me the research diary provided a sounding board from which ideas, observations, beliefs and values were then examined, it was an integral part of the fore-conception process.

Another core concept within hermeneutics is the idea of the hermeneutic cycle. The essence of the hermeneutic cycle is that the examination of an experience is not a one-off isolated examination. Instead an experience needs to be examined from a number of perspectives, including the perspective of the person having the experience, and within that, thinking about their specific context in relation to the experience, and the perspective of the researcher, and their specific context. This forms part of the iterative process involved in the hermeneutic cycle (McAuley, 2004; Smith *et al*, 2009). This then leads to

the idea of double-hermeneutic that is present within IPA. Within the double-hermeneutic cycle the researcher is making sense of the participant, who in turn is making sense of the experience or phenomenon being examined (Smith *et al*, 2009). The double-hermeneutic cycle is what makes IPA unique. It fundamentally accepts that through sifting through an experience using IPA, the interpretation of that experience will be gleaned from the participant. However, it also accepts that through sifting through and making sense of the participant's experience, the researcher will be making interpretations. The researcher's interpretations will, like the participants' interpretations, be influenced by their context. This is why for an IPA study such as this, it was important that I provided details of my professional context, as in the introduction, as well as examples of interpretations from case analysis (provided later in this chapter).

IPA and Idiography

The third theoretical foundation of IPA is idiography. Idiography is the "detailed examination of the particular" (Smith *et al*, 2009, p29). Although IPA is concerned with understanding the particular meaning of an experience for an individual, Smith *et al*, (2009), point out that the particular does not mean only focusing on an individual. The study of individuals is complex, as they have a context within that specific experience or phenomenon, and a context within the wider social world in which they operate. In this sense, the person is offering a "personally unique perspective on their relationship to, or involvement in, various phenomena of interest" (Smith *et al*, 2009, p.29); this needs to be considered from their unique context. It is this focus on the detailed examination of the particular, and the particular often being something that we may take for granted as part of our everyday lives, that resonates with the values of occupational therapy, and therefore makes IPA suitable for occupational therapy related research.

3.2.2 IPA and this study

There is a growing interest in IPA within the field of occupational therapy research. Examples of this include Clarke (2009), and Cronin-Davis, Butler and Mayers (2009). Cronin-Davis *et al*, (2009), reviewed and reported on seven studies that have used IPA, all of which are relevant to occupational therapy. A more recent illustration of IPA being used as an approach in occupational therapy research is Luck and Began (2015). They conducted a study using IPA to explore what ceasing smoking may imply for everyday and meaningful occupations for seven women in Canada (Luck & Began, 2015). I found Luck and Began's (2015) study particularly useful in aiding my understanding of the hermeneutic process. They refer to drawing on their own professional knowledge and reasoning to arrive at interpretations of the participants' experiences. This was helpful for me as a novice IPA researcher to conceptualise the hermeneutic process within my practice.

IPA typically is used to study phenomena that are of importance. Smith *et al*, (2009) described this as being "committed to the examination of how people make sense of their major life experiences" (Smith *et al*, 2009, p.1). Literature already in existence relating to early career occupational therapists' transition into practice within a UK context described the shock of this experience (Morley, 2006), and identified the identity challenges which moving from student to newly qualified therapist brings. For this study I viewed being an early career occupational therapist considering their transition into the practice environment as a major life experience.

To conclude, this study aimed to give a voice to members of the occupational therapy profession who had not previously been heard on the topic of research capacity. IPA provides the ideal approach to examine research capacity within the specific context of being an early career occupational therapist. Using an approach that was sensitive to individual meaning, the role of personal and social relationships, and the unique context of the individual participants, was not only congruent with my philosophical beliefs, but also

congruent with values that are inherent with my profession. Using an IPA approach enabled the research questions to be addressed.

3.3 Design Process

3.3.1 Ethical considerations

For this study, ethical approval was required from the Online Virtual Education Ethics Committee of the awarding institution. Ethical approval was granted in January 2015. See Appendix 1 for a copy of the ethical approval letter.

All research undertaken that involves human participants must prove that it has satisfied moral and legal obligations towards the research participants before a study commences. Ballinger and Wiles (2006) suggest that the position of the researcher within qualitative research, like mine for this study, presents additional ethical challenges for consideration.

Given that this study potentially extended into the NHS, NHS ethical approval requirements needed to be considered. National Research Ethics Committee (NREC) approval was not needed for this study, as the NHS employees in the sample were not interviewed on NHS premises or in NHS/employers' time. R & D approval did not need to be sought, as the participants were not interviewed on NHS premises or in work time. No unforeseen ethical issues arose in undertaking this study.

Sample

In order to address the research questions, the population for this study was early career occupational therapists that graduated with a first class BSc (Honours) degree in Occupational Therapy, from a University in the North West of England, UK.

Sampling strategy

The sampling strategy used was purposive sampling. This is a non-probability type of sampling (Cohen, Manion & Morrison, 2011). Purposive sampling is appropriate within a qualitative research framework, and is recommended with the IPA method (Smith & Osborn, 2008). One recognised purposive sampling strategy is homogeneous sampling (Miles & Huberman, 1994). Using a purposive homogenous sampling strategy meant that samples were selected that could offer insight into distinct experiences (Smith *et al*, 2009). The rationale for using this sampling strategy for this study was that the group of people shared some characteristics. The homogenous sample was selected for its ability to provide their perspective on the specific phenomenon of being a first class BSc (Honours) degree early career occupational therapist and their contribution to research capacity. It was decided to refine the homogeneity of the sample to only include graduates who had obtained a first class (Honours) degree. The rationale for this decision comes from a number of related influences including an identified gap in the profession's knowledge, the research design and the scope of the study. The literature to date groups early career occupational therapists into one homogenous group. The originality of this study is that it focuses on one discreet group. I view this study as the first of a number of studies to explore this topic, therefore I opted to start with a population that have in their undergraduate education demonstrated a proven track record of utilising research knowledge and skills within their academic assessments, as evidenced by sustaining an average mark of 70% or above in order to achieve a first classification degree with honours. Based on my knowledge of the occupational therapy programme design and my knowledge of the required standards to achieve this outcome, I deemed that they had all demonstrated comprehensive understanding and application of research knowledge and skills during their undergraduate learning experience.

I therefore made the judgement that this specific sample had entered professional practice with a similar academic profile, based on similar education experiences. Also I concluded that as they had a first class

(Honours) degree, they had all therefore entered the workplace as occupational therapists with comprehensive research knowledge and skills.

As stated above, the research approach was selected to encourage each individual participant to provide a unique perspective on research capacity. Taking a qualitative research approach, such as IPA, it is accepted that the aim is to generate findings that could be transferable rather than a claim of generalisability (Yardley, 2000). The sample strategy outlined in the above paragraph indicates that consideration was given to selecting a sample that could meaningfully contribute, and that the strategy could be transferred to other contexts. This approach aimed to address transparency and coherence of the research process, as outlined by Yardley (2000). Table (3) below outlines the inclusion and exclusion criteria.

Table (3): Inclusion and Exclusion Criteria

Inclusion Criteria (Purposive Sample)	Exclusion Criteria
<ul style="list-style-type: none"> ▪ Occupational Therapists with a 1st class (Hons) degree awarded from a University in the North West of England between 2011 and 2014 ▪ HCPC registered ▪ Occupational Therapists who are employed/have experience of working within a practice environment 	<ul style="list-style-type: none"> ▪ Not HCPC registered ▪ Have not yet worked within an occupational therapy practice environment

Sample size

Cohen *et al*, (2011) stated that there is no one correct sample size, but that this will depend on, for example, “the purpose of the research, the nature of the study population, the level of accuracy required, and if the study is

quantitative or qualitative” (Cohen *et al*, 2011, p.144). However, they also stated that what is essential is that the sample is “representative of the population from which it is drawn” (Cohen *et al*, 2011, p.149). The size of the sample for this study was also influenced by the phenomenon being studied, which for this study is research capacity contribution as an early career occupational therapist, and the methodology for this study is grounded in interpretive phenomenological analysis (IPA). For this study the guidance provided by Smith *et al*, (2009) was followed. They state that there is no definitive number for an IPA study as the focus is on individual, detailed accounts of experiences (Smith *et al*, 2009). However Smith *et al*, (2009), offer a guide of between four and ten participants for a study being undertaken within the context of a professional doctorate.

To help with the decision about the sample size, I ascertained that between 2011 and 2014, 42 people graduated from the BSc (Hons) programme with a first class (Honours) degree in Occupational Therapy. The programme of study the individuals had undertaken guided the date parameter. A revised programme was introduced in September 2013; therefore, all the individuals in this study had completed the ‘old’ programme. This is relevant as the programme of study is part of the individual’s context, which - as already established - is important within IPA. I took the decision, based on a homogenous sampling strategy approach, to try to recruit graduates from different year groups from the same ‘old’ programme. This approach was intended to ensure that a representative sample, a sample that can represent the perspective of a graduate completing in a specific year rather than representing the opinion of the cohort population, could be drawn from each cohort. It also meant that the participants would have different lengths of experience in practice. This was important in understanding length of time in practice and contribution to research capacity. All of the 42 people who met the inclusion criteria were female; gender representation was therefore not a required consideration with this sample. The majority female profile reflects the wider profile of the occupational therapy profession.

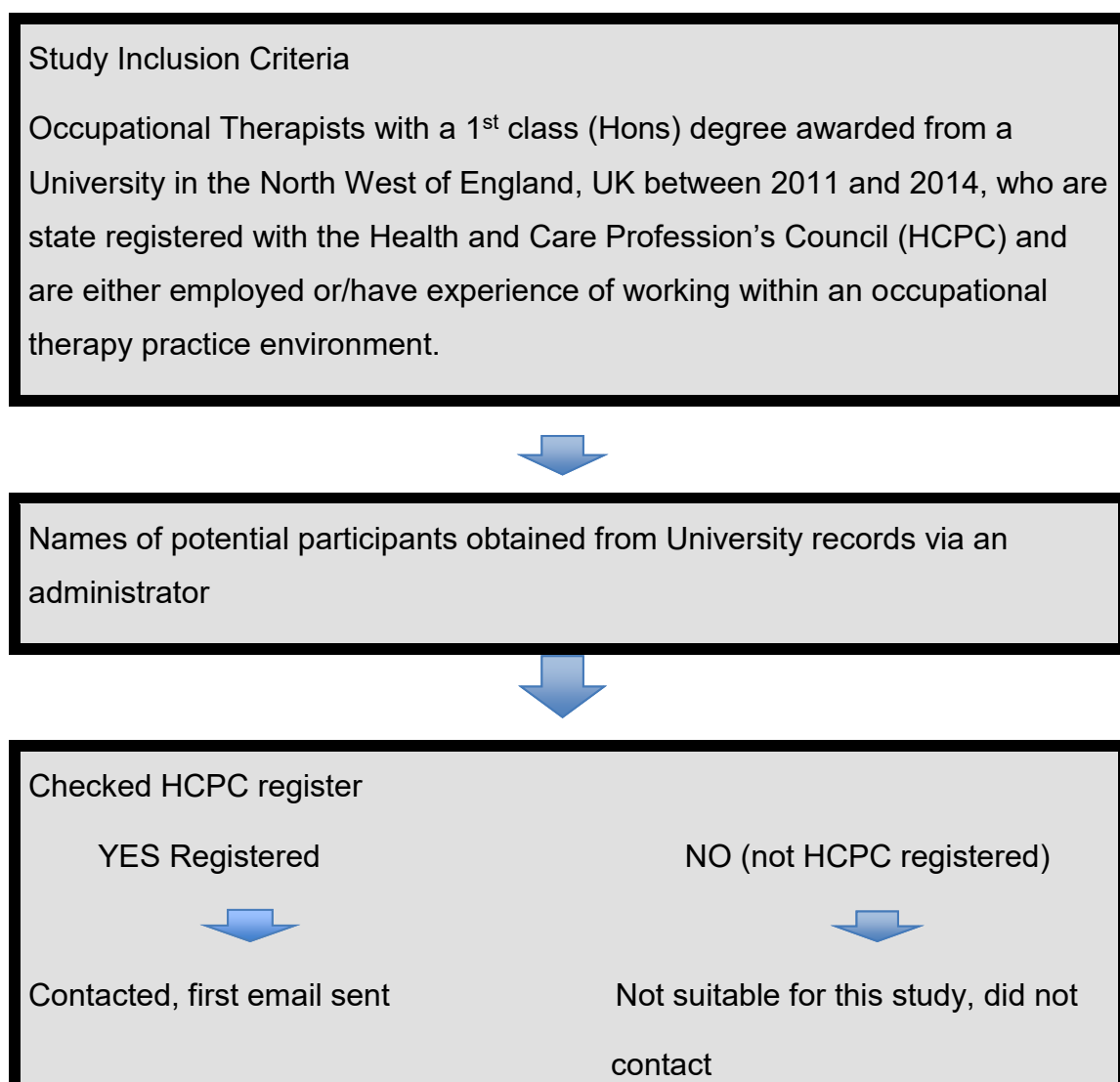
3.3.2 Access to participants

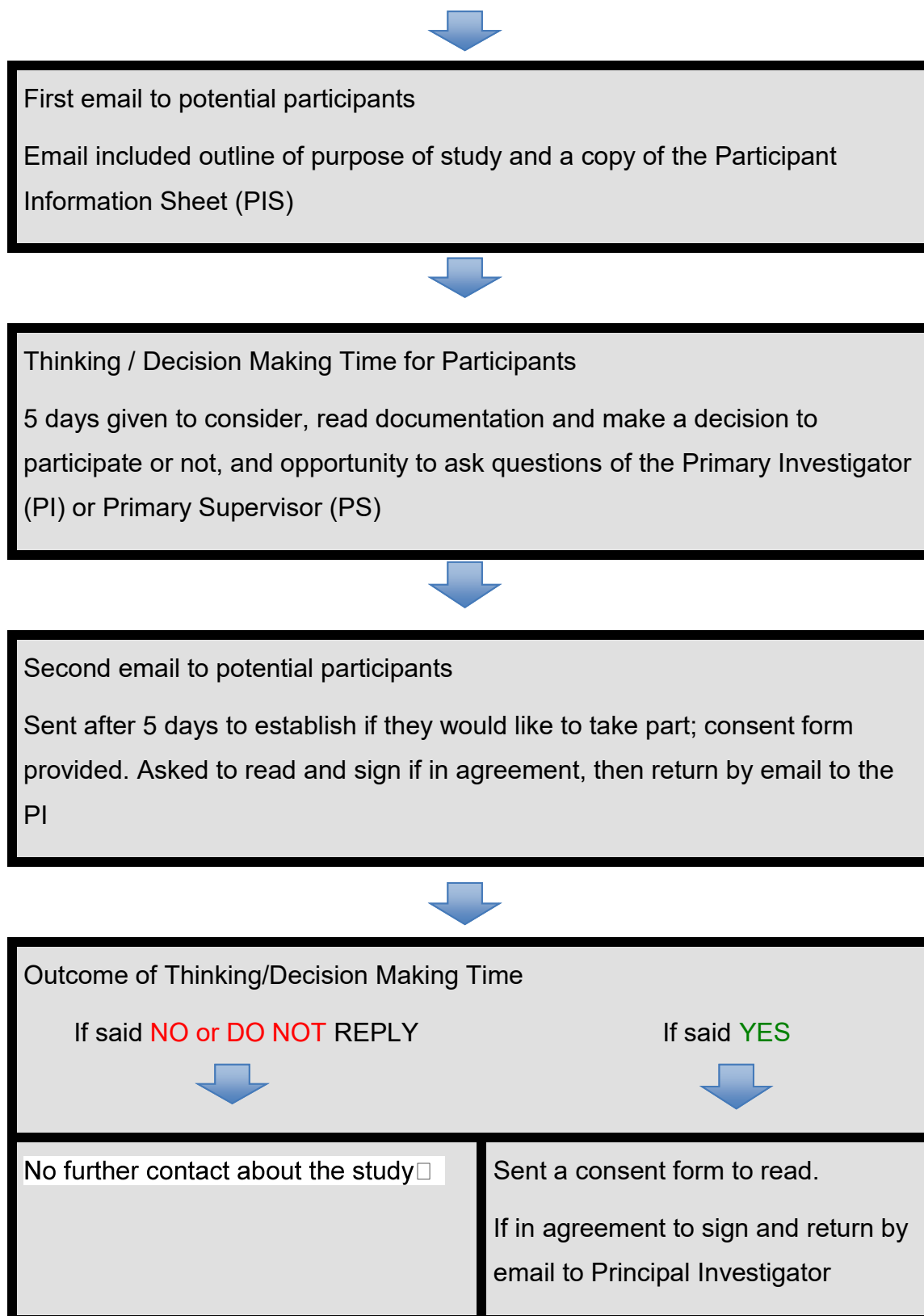
As a member of the BSc (Honours) Occupational Therapy programme I had access to a university-held database of ex-graduates' contact details. Graduates voluntarily give these contact details on graduation from the programme. Some then contact us post-graduation, for example, about a job reference, at which time the contact list would be reviewed and updated as necessary. I sought approval from the Occupational Therapy Directorate, Programme Head to use this list to access the potential participants. Upon receiving approval, I was provided with the list by the programme secretary.

3.3.3 The Recruitment Process

An overview of the recruitment process is provided below in Figure 1.

Figure 1: The Recruitment Process





The potential participants were contacted in small batches. The strategy used was to identify a potential participant from each of the cohort year groups, and

send them an invitation email. A secondary consideration was the geographical location of the participants in relation to my geographical base. I opted to contact potential participants who were in a fairly close geographical location to me so as to reduce costs for this study, which were travel and venue costs. I continued with this batching approach throughout the recruitment process. The decision to send initial emails in batches was taken for two reasons.

First, practically to facilitate management of the project I conducted the major part of this research in my own time in addition to working full-time. I therefore deemed it sensible to manage the project in this way to ensure that I had time to engage in the required communication with the participants. I thought this might be challenging if all 42 were contacted at the same time.

Second, I had to consider that if everyone replied to say they wanted to be involved, not only would this cause challenging workload management issues, it would also be difficult to say no to potential volunteers. Having a staged approach help to manage this.

The first participant was fully recruited on the 26th May 2015. Seven of the potential participants contacted did not participate in the research. The reasons for this varied from either not replying to the email sent or not returning the consent form to refusing an invitation. Eight agreed to participate. A further two potential participants also agreed to participate. However, they were put on hold as I decided that in keeping with IPA, (Smith *et al*, 2009), enough participants had been recruited. These two respondents were sent an email explaining this, and gave their consent to be contacted again in the future, if their participation was deemed necessary. For this study, this meant if more participants were needed because I had not recruited enough participants.

3.3.4 Data Collection Methods

In accordance with IPA, the selected primary method for data collection was individual in-depth semi-structured interviews. With permission from the participants, the interviews were audio taped, and the tape was transcribed verbatim by an external professional transcriber. In addition to the 1:1 interviews the early career occupational therapist participants were asked to complete a 'participant profile'. The participant profile was a written proforma consisting of questions aimed at understanding the participant's career history since qualification as an occupational therapist. Appendix 2 contains a blank copy of the participant profile.

3.3.5 The Participant Profile

The participant profile was developed to provide data that could be used by the interviewer to provide an individualised focus for the 1:1 semi-structured interview, and contribute to understanding the unique context of each of the early career occupational therapists that participated in this study in keeping with the idiographic underpinnings of IPA. The profile (see Appendix 2) was included in the ethical approval documentation, and no changes were required from the ethical approval scrutiny.

Once each potential participant had signed and returned the consent form, and a date had been set for the 1:1 interview, I emailed a participant profile to them. Each participant was asked to complete and return the participant profile in advance of the interview; all participants did this. The data from each participant profile were then used to provide an individualised focus to the interview. For example, I often began the interview with the phrase "I see from your profile that you have worked in two different organisations since you qualified" ... This would lead into the opening question of the interview.

3.3.6 The interview schedule

The questions asked in the interview were developed using key sources including background literature about research capacity, underpinning theoretical influences (specifically from possible-selves theory and IPA) and the research questions. The type of questions I opted to ask in the interview was influenced by Ritchie and Lewis (2003), and the various styles that they advocate for qualitative interviews.

The research interview was divided into broad themes. Each theme began with a ground-mapping question; these are questions that are intended to introduce and open up the topic of discussion (Ritchie & Lewis, 2003). An example of this is the first topic for discussion – “tell me about your career as a first class (Honours) graduate within occupational therapy since you qualified”. Each ground-mapping question was usually followed with a content mining question; this is a question that is used as an exploratory probe (Ritchie & Lewis, 2003), and is intended to seek out more-in-depth understanding of the participant’s perspective. Examples of this type of question include “tell me about any opportunities you have had to contribute to research capacity within your practice environment”.

In addition, a part of an IPA study the questions needed to enable me to achieve two aims, which were to try to understand the participants’ worlds, and to then be able to describe ‘what it is like’ (Larkin, Watts & Clifton, 2006). Therefore the questions needed to facilitate this. An example of this is the following ground-mapping question: “I’m interested to hear your perceptions of yourself as a graduate with a 1st class (Honours) degree and your research skills”. Within an IPA study, the concern is the individual experience therefore it was important to design the questions so as to elicit specific information of relevance for that individual. Hence many of the follow-up questions were about obtaining specific information about situations, perceptions, events and individual context.

Question content

As stated above the questions to be asked in the interview were developed using key sources. Table 4 below serves to give an example of some questions and the theoretical influences behind the questions.

Table (4): Questions and underpinning theory influence

Topic area	Main Question	Theoretical influences
1	Tell me about your career as a first class (Honours) graduate within occupational therapy since you qualified	<p>This question was intended to give me some insight into their career pathway, career decisions, and being an early career occupational therapists:</p> <p>Possible-selves theory (Oyserman <i>et al</i>, 2004), specifically understanding if the participants have an identified career goal that they are following</p> <p>IPA (Smith <i>et al</i>, 2009), this question also seeks to provide specific context data in keeping with the idiographic nature of this study.</p>
2	I'd be interested to hear your perceptions of yourself as a graduate with a 1st class (Honours) degree and your research skills – tell me about the research skills that you view yourself as having	Research capacity (Ilott & Bury, 2002; Trostle, 1992). This question focuses on eliciting an understanding of their individual research skills and experiences
3	Do you view yourself as being an early career researcher? If so how does it feel and how do you put this into action this aspect of your practice?	<p>Research Capacity (Ilott & Bury, 2002; Trostle, 1992); Possible-selves theory</p> <p>This question focuses on eliciting an understanding of their individual identity and if research features in their identity</p>
4	Tell me about the infrastructure within your work environment to support research capacity.	Research Capacity (Ilott & Bury, 2002; Trostle, 1992) and IPA (Smith <i>et al</i> , 2009). This question seeks to understand the specific context in which the participant is located and the support for research capacity and engagement in research within that

		environment.
5	What actual and potential contributions do you think you can make as a first class graduate to research capacity?	<p>This question was intended to give me some insight into their career pathway, career decisions, and being an early career occupational therapists and what they hope to become.</p> <p>Possible-selves theory (Markus & Nurius, 1986; Oyserman <i>et al</i>, 2004;), specifically understanding if the participants have research goals and gain an insight into their future ambitions</p>
6	Your first class (Honours) degree suggests you came out of your undergraduate university experience with the individual research competency skills that are required to engage in research capacity on entry into the profession – what do you think?	<p>Research Capacity (Ilott & Bury, 2002; Trostle, 1992) and IPA (Smith <i>et al</i>, 2009) - This question aimed to explore how prepared they felt for engagement in research on entering the profession. It was designed to provide specific context data in keeping with the idiographic nature of this study, as well as to explore personal research capacity.</p>

A draft research schedule was developed and discussed with my supervisor prior to the ethical approval submission. Table (5) contains an extract of the summary noted in my thesis research diary following a discussion in supervision on the 2nd December 2015.

Table (5): Extract from a discussion in thesis supervision

“Some discussion that the current questions are not going to facilitate a narrative approach and that I need to demonstrate this within the schedule. Also need to think about how I phrase the questions as they are currently written as closed questions, however I know that I will probably phrase them differently (try to replicate this in my writing).

Also the questions to the newly qualified therapists are not currently creating an opportunity for hearing about the lived experience of being a 1st class (Hons) early career occupational therapist within the context of the research capacity focus. How

they are currently phrased is also not promoting the exploration of perceptions and feelings; again this is not in keeping with the research approach. Discussed possible other ways of phrasing the questions.

Possible opening question:-

- Tell me about your career as a first class (honours) graduate within occupational therapy since you qualified
- Tell me what it's like being a first class graduate within practice

Mid-point question:-

- Also exploring what it means to be an early career researcher – do you view yourself as being early an career researcher, and if so, how does it feel; have you been in work environments in which you have been able to express or indeed carry out research if you wanted to?

Mid to closing stages question:-

- What actual and potential contributions do you think you can make as a first class graduate to research capacity? Tell me any barriers that you can see to you achieving your potential as an early career researcher.

A draft interview schedule was submitted with the ethical approval documentation on the 15th January 2015. No revisions to the interview schedule were required from the ethical approval scrutiny, so this was adopted for the study. The interview schedule used for the first interview (interview number 1 on the 28.05.15) is in Appendix 5. Following the first interview a revision was made to the interview schedule as I had omitted to include a question in the framework about resources available in the work environment, and this was discussed in the first interview. As it was a semi-structured interview, I was aware that discussion could vary between the participants. However, I decided to include this area of exploration within the main schedule, as I believed it to be an important part of understanding each participant's context. The schedule was therefore amended for interview 2. The interview schedule had no further amendments for all of the subsequent interviews.

3.3.7 Planning for the interviews

In conjunction with planning for the content of the interview, planning and preparation was also undertaken for the overall conduct of the interview. For the purpose of this discussion, this is summed up as the interview environment and includes decisions ranging from the setting for each interview, the seating arrangements in the interview room, the tone of voice adopted by the interviewer, and the body language of the interviewer. A further important consideration was that each of the participants was known to me before this research study, as they have all been students on the BSc (Honours) programme that I teach on. I gave this a lot of thought before arranging the setting for the interviews, specifically those held on the university campus, as I did not want to re-assume the role of their lecturer. Though there were some inevitable power relationship issues, arising from the past relationship between them as students and me as a lecturer, I hoped that being in a 'neutral' environment, an environment that the participants did not readily associate me with in my role as a lecturer, would help to establish a new relationship – that of research participant and researcher. Each of the university campus interviews was therefore conducted in private rooms that to my knowledge the participants would not have typically used during their undergraduate student experience. I also made this decision to try to limit the influence the interview environment had on the actual interview experience. I did not want the participants to be distracted by any positive or negative experiences that being back on the university campus could potentially trigger.

I knew in advance that the rooms were private, but did not know the layout of all of the rooms before I used them. I therefore planned to arrive early for each interview to allow time to set up. The set-up of the room needed to facilitate the audio tape recorder being in a position to clearly record the content of the interview and allow for the interviewer and interviewee to be sitting close enough to generate and engage in a conversation. For each

interview, the audio recorder was placed on a table between the interviewer and the interviewees.

A further consideration in the planning for the interview was consideration about my tone of voice and body language. I considered these important as I was aiming to create an interview environment in which the participants would feel at ease, and valued, and listened to. Yardley (2000) identified the care and attention towards the participants when evaluating the commitment to rigour within qualitative research (Yardley, 2000). I am aware from my role as an occupational therapist that I will have an influence on the creation of this environment. In occupational therapy, this is commonly referred to as the 'therapeutic use of self' in which it is acknowledged that the therapist brings a set of skills and knowledge to the therapeutic interaction (Punwar & Peloquin, 2000). Though I acknowledge that for this research project I am not a therapist, there are many parallels between the skills required to be a good interviewer for a research project and conducting an interview within a therapeutic context. In both situations I am aiming to elicit personal and specific detailed information; this requires good listening skills, good non-verbal communication skills, and effective verbal communication skills.

3.4 Data Collection Process

Eight interviews were conducted over a period of ten months at a location agreed with the participants. With the exception of one, all were held in neutral locations. Six of the eight interviews were conducted in private rooms on the University Campus and one was conducted in a room in a community resource centre. The other took place in the participant's home. Most of the interviews were held in the early evening, to minimise disruption to the participants' working day. All were conducted in private rooms, and all were audiotaped. The interviews lasted between fifty-eight to eighty-five minutes. Table (6) provides an over-view of the interview process for each participant.

Table 6: Overview of Interview Process

Interview Number	Participant's Name* *pseudonym given by the PI	Date of Interview	Location of Interview	Duration of Interview	Audiotaped
1.	Anne	28.05.15	University Campus	74 mins	✓
2.	Barbara	03.06.15	University Campus	75 mins	✓
3.	Carol	09.06.15	University Campus	75 mins	✓
4.	Debbie	17.06.15	Participants Home	60 mins	✓
5.	Emily	09.07.15	University Campus	58 mins	✓ (the final 10 minutes of the interview did not record)
6.	Fiona	14.08.15	University Campus	85 mins	✓
7.	Gail	15.02.16	University Campus	77 mins	✓
8.	Hope	23.02.16	Room in a community resource centre	78 mins	✓

Each interview began with a brief explanation about the interview that followed a standard format as below: -

- The interview should last no more than an hour
- I reminded the participants that I was interested in hearing about them, their story, their experiences – no right or wrong answers

- I explained that I might say very little, outside of asking the questions, but that's because I was most interested in hearing what they had to say
- I explained to the participants that it was OK to take their time to think before responding
- I explained that I had a schedule – I was likely to use it as a guide and I would be flexible about its use

Also, in preparation for the interviews I developed a diagrammatical overview of the definition of research capacity being used in this study. This is shown in Appendix 6. I decided to do this in case the participants needed a reminder of the focus of the research topic. I printed this out as an aide memoire and laid it out on the table in front of the participants. I referred to this aide memoire at the beginning of each interview.

3.5 Data Analysis

The data from the interviews were analysed using interpretative phenomenological analysis, specifically using the step guide as outlined in Smith *et al*, (2009).

My methodological knowledge and skills about IPA have developed throughout the duration of this study, through attendance at IPA training events - including an Introduction to IPA workshop in December 2015 and an Advanced IPA workshop in March 2016 – as well as regular attendance at a North West IPA network meeting and membership of a Yahoo IPA network group. Extensive reading around the topic of IPA has also been ongoing throughout the study. An overview of the data analysis process is shown in Figure 2 below.

Figure (2): Overview of Data Analysis Process: Implementing IPA

Interpretive Phenomenological Analysis (IPA) using Smith *et al*, (2009)



In accordance with Step 1 – ‘Reading and re-reading’

First transcript read. I then listened to the voice recording whilst reading the transcript again.



I then made notes in my reflective diary about own initial thoughts, observations about the interview itself – useful to do this to “bracket them off for a while” (Smith *et al*, 2009). This forms part of the ongoing process of fore-understanding (Smith *et al*, 2009)



Transcript read again and again. This is part of the process of “slowing down our natural propensity for ‘quick and dirty reduction and synopsis” (Smith *et al*, 2009, p.82)



I then wrote a summary of the participant’s story



In accordance with Step 2 – ‘Initial Noting’

In this stage Smith *et al*, (2009) advise that “it is important to engage in analytic dialogue with each line of the transcript’ asking questions of what the word, phrase, sentence means to you and attempting to check what it means to the participant” (p.82)



Exploratory Commenting

Notes made in the left hand margin, summarizing and highlighting significant points (Parcsi & Curtin, 2013). This forms the phenomenological analysis – noting what is important to the participant (Smith *et al*, 2009)



In accordance with Step 3 – Developing emergent themes

Themes identified and listed in the right hand margin

Notes made in the right hand margin, summarizing and highlighting significant points (Parcsi & Curtin, 2013, p.254). This forms the interpretive analysis.

In accordance with Step 4 – Searching for connections across emergent themes

Themes reviewed for connections and overlap. This was achieved through the development of a table of initial themes for each individual. The themes were noted, and relevant quotations and line numbers were included in the table to provide points of reference.



Identifying super-ordinate themes and sub-themes

“Themes referenced back to the verbatim script to make sense of what the participant had said” (Parcsi & Curtin, 2013, p.254)

This was achieved by printing the initial theme table. Each possible theme was placed onto a flipchart; then I grouped the initial themes into superordinate themes.



In accordance with Step 5: Moving to the next transcript

The above process was repeated for each individual transcript. This resulted in eight sets of super-ordinate themes being identified (one per participant)



In accordance with Step 6: Looking for patterns across transcripts
This resulted in super-ordinate themes for the 'whole' being identified.



Step 7: Looking for differences across transcripts
I identified stand out differences.

Data analysis commenced in January 2016, following the completion of six interviews. The decision to begin analysing before the full data set was complete was taken for two reasons. Firstly, I had attended an IPA workshop at Aston University in December 2015, and wanted to begin the analysis whilst the training I had received at the workshop was still relatively fresh in my mind. Secondly, I was granted a research sabbatical from my work, lasting from 1st January 2016 to 30th April 2016. I wanted to make full use of this to progress with the study. I had some insight from attending the IPA workshop and also from being part of an online IPA network that the data analysis phase was going to be time consuming and require immersion into each data set; having a sabbatical from work provided time and thinking space to do this.

The analysis of interviews 7 & 8 took place in March 2016. Steps 1- 5 outlined in Figure (2) above took on average 5 days to complete for each individual interview. The tables are on average 20 pages long per participant. To illustrate data analysis, table (7) below provides an extract from IPA, (steps 2-3), for one participant, Hope.

Table (7): Extract from the IPA for Hope

Phenomenological Analysis				Interpretive Analysis
Possible Theme	Sub-theme	Line number	Indicative quotes	Interpretations and notes for follow-up
First post and identity	Identity conflict	810 - 820	<p>Um, I actually...I did actually experience a little bit of role identity.....while I was in it. I wasn't quite...I saw myself, I guess...I saw the role as a research post...but I'd just qualified as an OT. So I was itching to be an OT.</p> <p>So when I was based at a hospital which actually for the first few months didn't have an OT, which made it even worse, watching and seeing that, I...yes, I was a...I was there as a research post but I probably got even...like, managed...I mean, they were gonna be involved the service users, because in the focus groups we needed them to feed into it, but sort of did spend even more time and actually I did start to...when it came to the pilot stage, I implemented some of it as well myself, and not just having the staff. Because I was missing that kind of, like, interaction and ability to be an OT and actually to sort of work with the service users and see...to see their skills progressing, that's why I experienced a bit of difficulty with my role identity when I was doing it because I guess I saw myself...I saw myself...I saw it as a research post but always kind of thinking as an OT and itching to be an OT in practice.</p>	<p>Insight here into the identity conflict that Hope experienced in her first post – recognized that the role required her to be a researcher, therefore defining her as a researcher but she was to be an OT. This implies that she sees a difference between being an OT and a researcher – not an OT is not doing OT in practice (identity of an OT comes from doing the job of a traditional OT not from learning theory of OT and then using that in a variety of ways in practice ...???)</p> <p>Hope describes how she found ways of interacting with clients within her role as a researcher.</p> <p>Language – itching to be an OT (wanting to do something very much)</p> <p>Insight her into what Hope values – working with service users to effect change.</p>

				What does the literature say about why people want to become OTs?
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The above extract from Hope's IPA gives insight into the IPA process, a process that involves overt layers of analysis, the first layer capturing the description of the phenomenon, the second the interpretation. This is when the double hermeneutic aspect of IPA became an overt part of the analysis in that I was making sense of the participant who in turn is making sense of the experience or phenomenon being examined (Smith *et al*, 2009). I did this through re-reading the data, asking myself why, and identifying any questions. For the example provided above, in Table 7, my interpretation of Hope's experience is that she sees a difference between being an occupational therapist (OT) and being a researcher, and that she is not an OT because she is not 'doing' occupational therapy in her daily practice. This led me to think about the identity of an occupational therapist and question if this is formed by the doing of occupational therapy, rather than being an occupational therapist. I identified a question in the notes about the identity of an OT – *"comes from doing the job of a traditional OT not from learning theory of OT and then using that in a variety of ways in practice ...???"*

Steps 6 and 7 occurred using a more iterative approach. Initial pattern identification occurred in April 2016. In keeping with IPA in this stage of analysis I was looking for what the similarities are across the eight experiences (Step 6) and then what was different in the experiences (Step 7). Given that this is an IPA study it was imperative that I did not simply identify themes but interpret the data so as to understand 'why' the behaviours or actions, or equally non-actions discussed in the interviews might be occurring. The double-hermeneutic process of interpretation continued after April 2016 and into 2017 within the writing up stage.

3.6 Limitations

3.6.1 Sample

It is recognised that by selecting only the first (Honours) classification students there is potential for missing out on valuable data from other occupational therapists. As discussed previously in this chapter, for this study homogenous sampling was used, and graduates who had obtained a first class (Honours) degree were selected because they had a similar high level of achievement in their academic profile, including their research knowledge and skills. I acknowledge that I made the judgement that this specific sample had entered professional practice as occupational therapists with comprehensive research knowledge and skills. This is based on my professional knowledge from knowing the content and design of the specific programme of study and the knowledge, skills and attainment required to achieve a first class (Honours) degree. For the programme of study relevant to this sample, this meant that all Year 2 & 3 modules had to be passed at a 2:1 classification or above for a first class (Honours) degree to be achievable. Further research could be undertaken to include a different sample so as to widen the scope of understanding from the perspective of other early career occupational therapists.

Given that a homogenous sampling approach was taken, it would not have been appropriate to widen inclusion criteria to other early career occupational therapists that had obtained a first class (Honours) degree in occupational therapy from a different UK university. It is hoped that this study will be transferable to other education establishments within the UK. Research could therefore be undertaken with a different sample in the future.

The all-female sample could be deemed as a limitation within the sample. However as outlined above the 42 potential participants were all female. Further research could be undertaken to understand the gender profile of first class (Honours) occupational therapy graduates within the UK to understand if

this sample profile reflects a wider national trend within the UK occupational therapy profession. In my experience as an occupational therapy educator the majority female profile within this study is the norm within my workplace and also on the programmes for which I have external examiner responsibilities. Given that gender profile of the profession, this may not be a surprise. However further research to understand if there is a gender issue within the classification achievements would be useful to help identify if gender is a sample limitation within this study.

3.6.2 Methodological design

A limitation of this study could be the selected research approach. As justified above IPA was selected because it allows for the aim to be addressed. However IPA has its criticisms. From a systematic review of 52 published IPA studies, Brocki and Wearden (2006) conclude that a legitimate criticism of IPA is the interpretive aspect of the approach, and specifically the way in which the interpretive aspects of studies are reported within published papers (p.101) meaning that the analytical process is not always clear, thus having an impact on the transparency, and therefore compromising the quality, of the research. Burke Draucker (1999) identified this issue within the context of nursing research, concluding, “nursing scholars should describe their research activities to reflect the dynamic, fluid process of hermeneutics” (p.371). As concluded from Brocki and Wearden’s (2006) systematic review, including verbatim extracts from participants and reflexive content will aid transparency of the analytical process. I am confident that I have addressed this criticism within this thesis document through the transparency of the study, detailed analysis and rigour in adhering to IPA.

The interpretive aspect within the analysis process can be deemed a cause for concern for those who are critical of an interpretive perspective. Incorporating the theoretical underpinnings that inherently influence the interpretations that I as the researcher arrive at from the participants’ stories is an acknowledged part of the hermeneutic process. I acknowledge that other

IPA researchers might arrive at different interpretations from analysing the data. However, for any qualitative research study rigour should be judged against the transparency of the methodology that is identified as the most appropriate for the study and as presented. For this study the quality of the study should be judged against it being an IPA study. Given this, the interpretive aspect is an imperative and not a limitation.

In the completion of this study, stringent efforts have been taken to ensure that this study remains true to the methodological design of interpretive phenomenological analysis (IPA). This included constant referencing to IPA texts, and attendance at IPA training events in order to enhance my confidence in its application to this study. I also joined an IPA online network that provides a platform for immediate checking of ideas; furthermore, I joined a North West IPA network group and attended monthly network meetings. I formally presented my analysis process to this group, as well as presenting an informal update on the progress of this study at each meeting. In addition to the transparency of this account the other strategy to capture these descriptions, was my reflective diary. My commitment to rigor within this study is demonstrated in the extract from my research diary, in which I critique my study design using Yardley's principles (Yardley, 2010). This can be seen in Appendix 7.

3.7 Alternative research perspectives

An intended outcome of the research study was to develop the occupational therapy profession's knowledge about the topic of research capacity, with a specific focus on the contributions of early career occupational therapists. I acknowledge that this topic could have been explored from a different research perspective. For example, a positivist perspective (Robson, 2002) might have been appropriate if the aim of the research was to know about the number of research outputs newly qualified occupational therapists have produced within the UK in the past four years. However the aim of this study was to understand the experiences of early career occupational therapists,

therefore a qualitative research design was the most appropriate. At the outset of the study I identified phenomenology as the most appropriate approach to address the aim. I had prior knowledge and experience of thematic analysis so initially considered this as the method for data analysis. During early conversations with my research supervisors we discussed alternative approaches to phenomenology, specifically using a case study approach, as this would have fitted within an interpretivist perspective. Central to Yin's (2018) and Punch's (2005) definition of case study research is that the research is undertaken with participants in real life contexts and using multiple sources of evidence. I concluded that a case study approach was not appropriate in my study as the participants were not being investigated within their work environments and I was not using multiple sources of evidence. Another alternative approach worthy of consideration was grounded theory, developed by Glaser and Strauss. Given the circular relationship between the data analysis and existing literature, it is suggested that grounded theory fits within an interpretive paradigm (Burton, Brundrett & Jones, 2008). Though this approach fits with the philosophical paradigm influencing this studies' design, it was deemed not to be an appropriate approach because the study was not aiming to generate theory. It would not therefore enable the aim to be addressed. From my reading about potential research approaches I 'discovered' IPA. I concluded that this approach would be appropriate to address the aims of this research.

3.8 Conclusion

This research study intended to address two research questions:

1. What are early career occupational therapists' experiences of contributing to research capacity in the practice environment?
2. When utilising their experience to consider future contribution to research capacity, what do early career occupational therapists envisage?

To address these questions a rigorous study was designed and implemented. This chapter has outlined the philosophical underpinnings of the study, justifying IPA as an appropriate theoretical approach for the work. It has provided a rationale for the study design and described in detail the processes undertaken to carry out the research, which are firmly embedded in IPA. The chapter concluded with consideration of the limitations of the study design and consideration of alternative approaches that could have been used to address the research questions. The following chapters demonstrate that the rich data gathered by adhering to IPA have enabled me to address the research questions. This has provided valuable insight into the experiences of early career occupational therapists, and their current and potential contribution to research capacity in the practice environment.

Chapter 4 Findings

In this chapter, I provide details of the findings of this study from using IPA analysis. In keeping with the idiographic nature of IPA, I have illuminated the phenomenon of research capacity for each of the participants in this study. The aim was to provide the reader with an understanding of both the shared and unique experiences of the participants. The chapter begins with a brief introduction to the participant's career and work contexts, reported here from the analysis of the profile information. This is followed by an introduction to each of the unique individuals within this study; this is intended to ensure the reader becomes familiar with each of the participants. This is followed by a report on the findings from undertaking steps 4, 5, 6 & 7 of the IPA analysis as outlined in Smith *et al*, (2009) and described in Chapter 3.

4.1 An overview of the participants occupational therapy careers and individual work contexts

Eight early career occupational therapists participated in this study. In line with ethical approval, a pseudonym chosen by the researcher was given to each participant. The participants are: - Anne, Barbara, Carol, Debbie, Emily, Fiona, Gail, and Hope. All of the eight participants graduated between July 2012 and July 2014. Table 8 below provides a summary of the career history, employment grading and status of each of the participants.

Table (8): Context of each participant by grade/banding & number of posts since qualification

Band /Grade	Participant (pseudonym)	Year of qualification	Number of posts since qualification (including bank/agency posts)
5 or Scale 8 = Band 5	Barbara	2012	Two - Worked as a healthcare assistant for 1 year post qualification, now in first post as a qualified OT.

equivalent	Fiona	2012	Three – Worked as a Band 5 Locum following qualification, then in a permanent OT post with the same Trust. Left to move to current post in an area of occupational therapy practice that was a personal ambition to work within.
	Anne	2013	One. Since qualification, been working in the same environment. Initially employed as an assistant, then when HCPC registration completed became a permanent Band 5
	Carol	2013	One. Been in current post as a Band 5 since qualification, initially on a fixed term contract, then made permanent.
	Debbie	2013	Two. First post as a qualified OT was a fixed-term contract for maternity cover. Now in a post “in preferred area of practice”
	Emily	2014	Two. Was initially employed as a Band 4, made permanent following confirmation of HCPC registration. Current post is in her preferred area of practice.
	Gail	2014	One. Been in current post as a permanent Band 5 since qualification.
Band 6	Hope	2012	Four. First post was a fixed term post. Second post was in a permanent Band 5 position, left to relocate. Third post employed on a fixed term contract, left this for current post in a permanent band 6 position.

At the time of data collection, all of the eight participants were working in permanent occupational therapy posts. The participants have varying length of time in practice, from Emily and Gail with one year of practice, to Barbara and Fiona who have approximately three and a half years' worth of practice experience. There is no link between the length of time in the profession and

the number of posts a participant has held since graduation. For example, Carol and Anne who graduated in 2013, and who have two years' experience in practice, have each been with the same employer for that length of time. Hope and Fiona spoke in the interviews about their perspective from working with three different employers since graduation. Carol, who has since qualification only had one employer, has nonetheless experienced different work contexts due to being employed in a Band 5 rotational post, as she has moved into a different specialism every six months.

One participant, Barbara, has experience of both static and rotational occupational therapy posts. Five others - Hope, Gail, Debbie, Anne and Fiona - provided their perspectives from working only in static occupational therapy posts. Emily and Carol are providing their perspective from being employed in a Band 5 rotational post. The three participants who have experience of rotational posts, Barbara, Emily and Carol, have experience of working in two different specialisms as part of the rotation.

Four of the participants - Anne, Fiona, Hope and Debbie - have experience of working in new or relatively new occupational therapy services in which they are based within a small OT team of 1-3 maximum occupational therapists. Barbara, Carol and Emily have experience of working within established occupational therapy teams that are part of a large occupational therapy service. Gail is a lone occupational therapist working in a multi professional team.

Compiling graduation data for the past few years as part of my practice as a programme leader, I would suggest that the work contexts of some of the participants in this study are typical areas of occupational therapy practice for early career occupational therapists. Examples of typical first posts for newly qualified occupational therapists from the programme I work in include acute general and specialist care settings based within acute NHS Hospital Trusts, and specialist NHS mental health services, both in-patient and community.

Fiona, Anne and Hope's work contexts as newly qualified occupational therapists are less common areas of practice following graduation from my University. Fiona shares her experience from the perspective of working within social care. Anne, who is working within a typical occupational therapy specialism (mental health), is employed within the private sector. Hope, meanwhile, was employed as a researcher for her first post. Although this study is small in scale, the specific individual work contexts of the participants reflect a range of professional experiences and work environments post-qualification.

4.2 Introducing the Participants

In accordance with the IPA process, Steps 4 and 5 (Smith *et al*, 2009), each individual's data were thoroughly examined to identify superordinate themes and sub themes for each individual, before moving on to Step 6 which involves examining all of the eight participant's data as a whole. This process seeks to ensure that the idiographic nature that is integral to IPA is transparent. To aid this transparency, below is a brief introduction to each of the participants, including content about their unique context, and concluding with a summary of each individual participant's superordinate themes that I identified. For the purpose of illustrating the IPA process I have included examples of my interpretations within each of the steps.

4.2.1 Anne

Anne graduated with a first class honours degree in occupational therapy in July 2013. Since graduating, she has worked for one employer, initially as an OT assistant; following successful HCPC registration, her employment status was automatically changed to a Band 5 Occupational Therapist. Anne works outside of the NHS for a private healthcare provider, within the specialism of mental health, in what she describes as a “*relatively new occupational therapy setting*”. Within the interview, Anne talks about working within a small occupational therapy team, with two other occupational therapists, who

together with Anne make up the new occupational therapy service. Towards the end of the interview she describes herself as “*being up in the air*” and that “*she might be leaving*” her current post. Anne talks about her experiences from the perspective of her one practice area, which is a residential mental health service.

Following the interview I noted the following in my reflective diary:-

Anne took the first post offered to her as an assistant despite knowing she was over qualified for this (interesting decision given that Anne is an occupational therapy graduate with a first class honours degree). Anne planned to stay a short while in her first post, but didn't. She is still in this post. Anne's view of occupational therapy from her experiences is that the profession of occupational therapy values practical skills rather than cognitive ability, and therefore research is not important to her current professional practice.

In adherence with the IPA process steps 1-4 a table of emergent themes was developed. In keeping with the iterative process inherent within qualitative research design, I then paused to note the juxtapositions within Anne's story. I noted the following in my research diary:-

Anne recognises shared skills between what she phrases her “practice” and “research skills” but research is to her a distinct and separate part of being an occupational therapist. During the interview Anne recognised that as an early career occupational therapist she has contributions to research capacity but she believes that age, confidence and ability are the pre-requisites to make a contribution to research capacity (and that she does not currently match these pre-requisites).

Following further review of the themes, I identified the following superordinate themes for Anne.

1. Research not part of Anne's core identity as an occupational therapist

I selected this as the first theme for Anne because it stood out to me as a powerful message from Anne throughout the interview. Her description of herself as an occupational therapist and her articulation of her practice to date reinforced this. Even towards the end of the interview when Anne had spoken about possible future research capacity contribution, she stated the following *"I want to put all of my time and effort into being a good occupational therapist"*. This was said in the context of her being a good practitioner, showing herself to be a 'good' occupational therapist to others through the skills that are observable to others. Anne spoke about her initial practice when newly qualified and new to this setting and indicated that she then utilised evidence to inform her practice. However due to her lessening motivation caused by a lack of interest in occupational therapy within her work environment, utilising research to inform her practice is no longer a standard part of her practice.

2. The value of an external push

This was selected because Anne's interview suggests that she does not yet trust her own judgement about her skills and abilities and because of this she requires an external push to motivate her into taking actions. Receiving an initial letter from a tutor about progressing her final year systematic review to publication standard was what she described as *"a good push"* but she then cites reasons including lack of time due to work commitments and personal self-doubt as to why she did not take the offer from the tutor further. There is no one to push Anne within her current work context. My interpretation is that the negative work environment that she describes is having a negative impact on Anne's practice. The theme of external push therefore encompasses both the need for Anne to have an external motivator and the fact that she is in need of professional support from outside of her work context due to the negative work environment in which she is working. This environment is

having an impact on her occupational therapy practice and, importantly for this study, her research capacity.

3. Anne is currently not ready to do research “*but will be in time*”

I selected this as a theme, as ideas relating to time were evident throughout Anne's story. Anne appears to have some strongly held beliefs that the longer the time that you are in the profession then the better you will become and more likely it will be that you will engage in research. For her the 'not ready' aspect of this theme is connected to the time she has been in the profession as a qualified occupational therapist, combined with her age and confidence. She perceives herself as looking young, and describes herself as “*small, quiet and don't put myself out there*”. In time, she appears to believe, getting older will help her to change this perception of herself, resulting in her having confidence to contribute to research capacity.

4. Others' perception and understanding of what an OT does is a barrier

This theme was identified as others' views and perceptions appear to be very important to Anne, so important that this has an impact on her self-perception about her identity and her actions as an occupational therapist. A comment from Anne that articulates this in the context of her research capacity is:

“I think if I was sort of sat on a computer or I was doing research, I think they [work colleagues] might view that I am not doing my job, which is to be there with the residents. So I think there would beprobably would be resentment there”.

For Anne therefore her colleagues within her current work context and what she believes to be their perceptions are a barrier to her research capacity. Anne does not know if these perceptions are true as she has not tested them out; she has not done this because this is a strongly held belief of hers based on her experience of working in this context.

4.2.2 Barbara

Barbara achieved a first class honours degree in Occupational Therapy in July 2012. At the time of her interview, Barbara had been working in practice for three years, for one year as a healthcare assistant and then as a Band 5 occupational therapist. Barbara indicated that she found it difficult to get an OT job straightaway because she thinks she “*didn’t come across very well*”. She used the first year post-graduation working as a support worker within the specialism of mental health, and this addressed a skills gap that she recognized. She moved into a Band 5 OT role, working in an acute NHS hospital environment, initially via a temporary ‘bank’ contract. She has been employed as a permanent Band 5 within the same NHS hospital in which she was employed on a temporary basis for the 7 months prior to participating in this study. She describes the post as a “*permanent rotational post*”. She talks in the interview about her experiences of being a Band 5 occupational therapist within two specialisms, the first being an older people’s services setting and the second within “neuro” (neurology). At the time of interview she had been working in neuro for five weeks, and though she was nervous about changing she is enjoying working in this new area of practice “*I was quite nervous about moving into a new role, but, it’s been really good*”. Barbara’s interview responses were based on her experiences within two NHS practice contexts, older people and neurology.

Following the IPA process steps 1-4 a table of emergent themes was developed. I then selected the following as superordinate themes for Barbara:-

1. Barbara’s moral compass drives her practice and career decisions

This theme was identified for Barbara because she spoke a number of times in the interview about her sense of what is right in practice. Barbara spoke about what she had noticed in her practice as a newly qualified occupational therapist, in particular about the injustice in how resources are allocated. I recorded the following in my initial post interview notes:-

Barbara appears to have been affected by injustices in service provisions that she has noticed between EMI and Neuro services – she would like to do research to improve services particularly for people with dementia.

Barbara's moral compass has already contributed to her practice and career decisions as she volunteered to participate in a service audit when working in the EMI service as she recognised that this would be a way of gaining powerful data. I interpreted this to mean data that could be used to improve the service for the benefit of the service users. Barbara did some of the work for the audit in her own time, and she did this because improving services is important to her. When discussing future contribution the idea of using research to address inequalities within healthcare delivery, to make a difference to the service users experiences, appears an important motivator for Barbara's contribution to research capacity.

2. Barbara is not research ready – not got the headspace for it

Barbara appears to perceive that there is a link between her having more experience as an occupational therapist and research. This is because her research contribution will be driven by the needs of the service. Barbara believes that when she is more experienced she will not be thinking so much about daily routine occupational therapy practice activities; she describes this as a time when she will have "*more headspace*" to think about and engage in research. To help make sense of this I drew on my professional knowledge of clinical reasoning within occupational therapy practice, informed by Matingly and Fleming (1994) and also my professional knowledge of Benner's novice to expert practitioner (1982). From this, my interpretation of Barbara's description of not having the headspace is that as a novice practitioner, Barbara's clinical reasoning is still in development, she is not yet able to reason in a tacit way, and her reasoning is not yet automatic. Barbara's belief is that with more experience, i.e. moving from a novice to a more proficient practitioner, then she will require less deliberate thinking time to process her reasoning to inform her practice. This means that her practice

will become more tacit or automatic thus leaving her with space for thinking about other aspects of her practice such as research.

3. There is a research theory practice gap for Barbara

This theme was identified as it appears to be an important barrier for Barbara's engagement in research capacity contribution. Influencing this theme is Barbara's view that research has two meanings, searching for information and the doing of research. Within her practice experience Barbara provided examples of utilising evidence to inform her practice. However her experience is that research - i.e. the doing of - is for senior occupational therapists, not for her as a novice practitioner. Importantly for Barbara she believes that she has a gap in her research theory that would be a barrier for her practice. This is because she has not been required to 'do' any research since she left university; again this reflects the two different meanings of research in which Barbara believes. Barbara has not worked with any role models who are doing any research within the clinical environments she has worked in to date, so has not had opportunities to learn from others in practice. Thus Barbara's belief that she has a research theory practice gap will present a barrier to her future contribution to research capacity.

4.2.3 Carol

Carol graduated with a first class honours degree in occupational therapy in July 2013. Carol works in an acute NHS hospital setting, having worked for the same Trust since she qualified. Carol is twelve months into her second rotation, within the specialism of 'stroke'; her first rotation was in surgery. Carol talks positively about having a research objective set with her annual personal development plan within her second rotation, and she has actualized this through engagement in an audit. Carol identified that having an objective set and seeing the benefit of doing an audit from the patient's perspective is a motivator for her. *"I can see a point of doing it ... for the patients, and I was set the objective of doing it".*

To illustrate Step 1 of the IPA process the following I wrote the following in my reflective diary on the 6th June 2016:-

“On the subject of research capacity, Carol’s initial comments early in the interview suggest that she did not view engagement in audit as being research. Later in the interview when she started to think about it as an example of her engaging in research within her practice (changed her thinking because of the nature of the discussion in the interview??), she then distinguished between big and small research projects – hers being an example of small. She is enjoying the challenge from leading the audit in her workplace; she likes it because she can see that it might make an impact on her practice.

Having an objective set that included the audit was important for it (research contribution) being actualised. Being stated in an objective means that it is an accepted part of her overall workload (after patients are seen); also, others know about it and are supporting her to do it. Despite this Carol is still progressing this work at home in the evenings, partly because of the barriers in the day, but also because she is motivated to do the audit to the best of her ability. Carol views herself as an OT doing an audit not as an OT doing research. She thinks this might change over time, and views being in a static post as a factor that will influence this. This is because she thinks she will then have more knowledge about what needs to be researched and increased clinical skills and knowledge, and also because she views research engagement as a requirement for career progression. The external motivator of having an organisational research objective is important, as Carol acknowledges that she might not make progress with a research goal if she did not have this.

Carol appears to be working in a well-supported environment, in which all Band 5s have a research/audit objective that they have to complete at some point during their Band 5 rotation post. The speciality Carol is working in now

(Stroke) utilises evidence-based practice to underpin and inform service delivery; the outcome of Carol's audit contributes to that (Carol knows this and this is important to her). Carol will present her findings to the team. She has not considered publishing the project, and does not perceive this as being big enough research for the OT community. This was the same for her undergraduate systematic review project. She was encouraged by her University to try for publication but she did not because she did not think it would be of value to the wider occupational therapy community.

Carol is utilising some of her University learnt research knowledge and skills within her current post, though she is doing this without recognising that they are research knowledge and skills! She is motivated to develop her clinical knowledge and skills and would like to engage in research that's linked to her clinical practice in the future. Her current thinking is very much in her team environment, and then at an organisational level; she has no thoughts about sharing her knowledge and skills with the wider OT community because she does not think her research is of value to others (not big research). She thinks her research skills are rusty and that she would have to revise and develop them to do 'bigger' research in the future. She had not considered university as somewhere she could go back to; she compared this to high school, "when you're finished, you're finished". Carol's view is that her connection with University is in the past".

From this I noted several points of reflection including that for Carol there appeared to be an embarrassment about talking or identifying herself as a researcher. This led me to note two questions that the IPA analysis might answer - *'is this seeming embarrassment/reticence to view herself as being a researcher going to have an impact on her future contribution to research capacity? Is this how it is for early career occupational therapists?*

The completion of Step 2 -5 resulted in the identification of the following superordinate themes for Carol:-

1. The 'big R' and 'small R'

I identified this as a theme for Carol because of the use of language such as 'big', 'little', 'small'; these were used as adjectives to describe research activities by Carol. This was reoccurring language for Carol throughout the interview. The language appeared to provide a framework for Carol to articulate her understanding of research. For Carol there appear to be two distinct interpretations: the 'big R' which in Carol's view is primary research and the 'small r' research, an example of which for Carol, is an audit. Carol currently identifies with and is contributing to the small 'r'. Contributing to big R is something that may be in her future, but that she is not yet ready for.

*"It's probably just my perception of it, because of the research I think of as like all the journals and things like that, not the **little** pieces of research. So I would think of that, I'd have to go externally to go and do some **big** bit of research, not just something **little**."*

Carol's description of the meaning of research indicates that, for her, 'small r' research is embedded in her current daily practice. However, importantly for Carol's research capacity this perception of her research being 'small' means that she does not think it is worthy of sharing with anyone outside of her immediate work team. She articulates this as:

"I don't think it is of value to others' because it is not big research".

To participate in 'big' research, Carol thinks she will have to undergo further training. This is because she thinks that her research skills are already 'rusty', Carol's future engagement in research is potentially going to be hampered by her lack of perceived skills, despite her current engagement in research activities such as literature searching, reviewing evidence and audit; all of which she undertakes within her current practice, but believes are 'only'

examples of ‘small R’ activities. She is therefore unlikely to put herself forward to contribute to ‘big R’ research.

2. Engagement in research is linked to seniority in practice

I identified this as a theme for Carol as it resonated with me as being significant in Carol’s exploration of her engagement in research activities within her practice. I also identified it as significant because, in her description of her workplace, when initially listening to the interview, I interpreted it as positive that Carol’s workplace expected all band 5 and 6’s to contribute to audit, and to me this is contributing to research. However, as Carol’s perception of audit is ‘little r’ activity, and not therefore ‘big’ research, it is less meaningful as research. A powerful message from Carol’s interview is that others’ don’t expect Band 5s to be involved in ‘big R’ research. There therefore appear to be mixed messages within the practice environment for Carol – a push to engage in audit but no expectation for junior occupational therapists to engage in other research activities beyond that. This is likely to be a barrier for Carol’s research capacity development because without the workplace providing opportunities for junior staff like Carol to be involved in a variety of research activities that span what Carol describes as the “big R” and “small R”, it is unlikely that junior staff, like Carol, will develop their research knowledge and skills, and their confidence in using these, to contribute to research capacity development within their workplace and also for the benefit of the occupational therapy profession.

3. Making a difference to the service

I selected this as a theme because this appears to act as a motivator for Carol to engage in research activities. She spoke at length during the interview about her contribution to an audit, and when she spoke about it she became animated; she sounded proud about this experience.

As a Band 5 she has been set a research objective as part of her annual personal development planning. Interesting as identified in theme 1, Carol did not perceive her engagement with an audit as a research activity:-

“I hadn’t really considered it [audit] as sort of research”.

Carol explained that it is a requirement for all Band 5s within her workplace to contribute to an audit, though she also said that to her knowledge not every Band 5 actually did this. When she was set the objective she described that she thought it was quite a challenge however, she liked having a challenge. It was interesting to hear that despite it being an objective, Carol explained that it was something that she did “in addition to her normal role”. She spoke about the effort it required, and that it was “quite time consuming”. When exploring this further with Carol, her commitment to seeing the project through, was in part linked to it being an objective. However, it was the benefit to the service user that appeared to really motivate Carol which was why she was happy to undertake some of the work in her own time. The below quote illustrates Carol’s motivation for engagement in an audit:-

“I can see that it is worthwhile doing, because the outliers on some of the wards aren’t getting their recommended minutes of therapy each day, the therapists haven’t got access to the resources. So it’s not fair on the patients because they’re not getting the best therapy. So I can see a point of doing it”.

Carol understands that audit can provide data that could be used to make a difference to the experience of the service users. She spoke of how she intends to use the outcome of the audit to make a change:-

“And then hopefully I could take it to the managers to say they’re not receiving [the therapy time they should be] ... hopefully then we could either put something in place, more training or better access to resources”.

Carol appears to be making a commitment to engagement in audit to identify service gaps that need addressing and also offers ideas to address the gaps; when doing this she places herself as having a role in doing the audit and contributing to the interventions to address the gaps. Placing the service users as central to her engagement in audit appears to have a positive impact on Carol's current engagement in research.

4.2.4 Debbie

Debbie graduated with a first class honours degree in occupational therapy in July 2013. Her first post was a fixed-term maternity cover contract; she is now working in her '*preferred area of practice*' in a community mental health setting. She describes being the lone OT in the team, in what is a "*developing service*". Debbie receives supervision from a colleague who is not an OT, and she has peer support from OT colleagues who work in the same Trust as her but who are not part of her immediate team. Though Debbie has an interest in participating in primary research she has yet to have this opportunity.

Following the interview I noted the following in my reflective diary:-

Debbie's appears to be a story of research ambition – not actualised as yet, but she has clear research goals and strategies to fulfil her personal ambition to do some research. Debbie's story also appears to be one of frustration at the blocks she faces getting into research. She appears to have realised that she might not actualise her research ambitions within her current work environments, so she has started to develop external professional networks – professional (OT) and research (AHP hub). She is prepared to progress research in her own time. She believes she has the skill and knowledge to contribute to research but cannot access the research world. For her it's a hidden world that only becomes transparent once research is published!

Following the IPA process, I selected the following as superordinate themes for Debbie:-

1. I am an occupational therapist with a strong interest in actively participating in research

I selected this as a theme for Debbie as it was a statement that Debbie made at both the beginning of the interview and again at the end. Her interest, drive and motivation to engage in research within her everyday practice was evident throughout the interview. Debbie views engagement in research as being part of her core identity as an occupational therapist. Within the interview Debbie expressed her frustration at not being able to fully actualise her research capacity within her current work environment. The lack of opportunity to engage in research, and the potential for having an opportunity in another work setting is a factor in her career decision making:-

“I don’t think research would be my reason for going for a different job but it might be a ...like the opportunity might open up in a different role”.

Debbie presented as having confidence in her research knowledge and skills, she attributed this to always having an interest in research, and that she really enjoyed developing her knowledge and skills during her undergraduate degree. Her confidence in her research skills was conveyed when she spoke about her next career move and her hopes for being able to utilise her research capacity within her practice:-

“Now I’m at a point where I think I can approach them (prospective employers) and say, well, I have these skills and this experience, would you be interested in sort of hearing my view of what I could offer you. I would not have done ... I wouldn’t have done that when I first qualified, even though really my skill set’s probably the same on the whole, and my sort of enthusiasm is the same ... I wouldn’t have done that then, Because I’d have just kind of thought, like, who am I (laugh)”.

Debbie now appears to have a clear understanding of her professional identity, and her professional duty to contribute to research is part of that. Her interview indicates that though she has been clear about this, she has not had opportunities to actualise her research capacity in her current role as a Band 5 early career occupational therapist. Her language also suggests that she believes she now has the confidence to articulate her research capacity contribution to others.

2. Research is part of Debbie's future identity – it just requires her to 'find a way in'

I selected this as a theme because for Debbie the word 'find' is important. The word find indicates locating something, something that is lost and/or hidden. My interpretation of this is that Debbie has a belief that research engagement is not open to her as an early career occupational. My understanding of this was influenced by a comment Debbie made towards the end of the interview when she described research opportunities as "hidden'. She supported this comment with the example that it is not until the findings from a research study is disseminated that she 'hears' about the research. Debbie spoke about this happening within her workplace and that as a Band 5 who is interested in research she finds this frustrating. Debbie's sense of frustration appears to be mounting because she has not been able to find a way into research within her workplace despite her efforts. Debbie provided examples of how she has so far tried to actualise her research capacity. For example:-

"I've taken it (research ideas) to supervision and I've taken it to management where I am. I approached my work and said this had just come out they want areas here ... I'm an OT I'm delivering this brand new ... Can I do it? And there was like a, oh yes, that's very interesting, we'll have to have a think about it (laugh). But then there was no pick up on that".

Debbie's frustration with her workplace have led her to look for, in order to 'find', research opportunities outside of her workplace, for example through professional networks such as her membership with the British Association of Occupational Therapists (BAOT) and attending local research conferences, such as a conference organised by the North West AHP network. However, this has not resulted in her being able to 'find a way in' to contribute to a research study as yet.

However, not to be deterred from '*finding a way in*' Debbie spoke about her plan to re-enter higher education. She has registered on a Masters level module at a local University. It is one of the goals that she set within her last personal development review. She is, however, funding it herself because it is not seen as being core to her role as a Band 5 occupational therapist. Debbie hopes that this will help her to actualise her research capacity within her current workplace and help her with her future career. Debbie's perception of the value of doing a Masters is that it will validate her engagement in research, because she could then link any research activity to education; she believes that being lined to defined purpose that others can understand, such as it contributing to a qualification might help others' to accept her engagement in research.

From Debbie's experience within her current workplace her belief is that her colleagues need to be able to rationalise why she wants to engage in research in order for them to give what she perceives as their permission for her to be engaged in research as an early career occupational therapist. This suggests that within this environment Debbie's motivation to engage in research is not viewed as the 'norm' for junior members of staff.

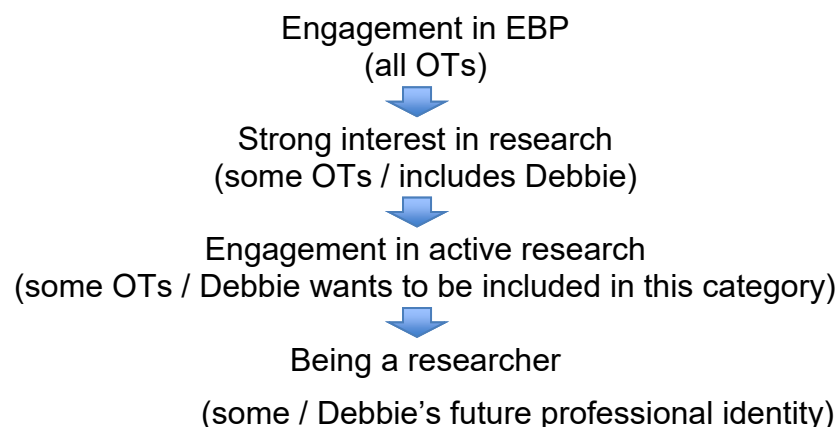
3. Research as a current and future possible-self

I selected this as Debbie clearly has research as being embedded within her future 'possible self'. Over the course of the interview, Debbie's identity as a

future researcher became clear. Debbie's career ambitions are summed up in the below quote:-

"...but it [research] is in my plan at some point.....I'd like to have that opportunity. And I feel that, that is something I'd love to run with, if I was given the opportunity to. I think I see my career in, like, the long term going more down the research side. Um, probably still with clinical input.....but that, at the moment, is where I sort of see my interest lying in perhaps having a bigger role in research than the clinical side, rather than...so the research will be the main role."

Understanding this career goal helped me to make sense of Debbie's determination and her use of her personal agency in order to find a way into doing some research. Her determination was fuelled by her long-term future research self-ambition. Debbie appears to have a career pathway planned out for herself that for her will result in her 'being a researcher'. What was interesting from listening to Debbie's interview is that she appears to acknowledge that that her chosen career path is not necessarily the path that all occupational therapists will follow. I noted the below in my interpretive comments for Debbie's interview as a way of illustrating from what Debbie had articulated for her, and how research might be articulated within a career pathway for occupational therapists.



Both Debbie's current and future-self includes research. Her experiences of research engagement opportunities to date suggest to Debbie that for her as a Band 5 early career occupational therapist, she is only able to utilise her research capacity through adherence to evidence-based practice.

Opportunities for her to further her research capacity have not been 'found' in her current workplace. Despite this current barrier, Debbie's future-self is clearly wedded to research. This future-self ambition is showing itself in her current career and professional development decisions.

4.2.5 Emily

Emily graduated with a first class honours degree in occupational therapy in July 2014. At the time of interview, she had just moved into a new permanent Band 5 neuro rotation post in a new organisation for her. Emily was therefore working in a new specialism and a new organisation. Emily had worked for her previous employer for six years, in various roles. This included four years as a therapy assistant (prior to and then part-time throughout the duration of her undergraduate education), a Band 4 occupational therapist whilst waiting HCPC registration, and then for one year as a Band 5 occupational therapist once HCPC registered. Within the interview Emily utilises her experience of working in a specialism and environment that she is very familiar with due to working there for a substantial period of time, pre- and post- qualification, and then compares this experience to her brief experiences within in a new specialism, in a new team, within a new organisation.

Following the IPA process, I selected the following as superordinate themes for Emily:-

1. I'm a newbie ...

I selected this as a theme for Emily because this is a significant part of Emily's current identity. At the time of the interview she had recently moved into a new work place and is also working in a new clinical area so this identification

with being a 'newbie' reflects this change in her role and practice area. However, this was interesting because before completing the undergraduate degree, Emily had quite a lot of experience within the occupational therapy profession, as an assistant practitioner, which her newbie description does not acknowledge. As a newbie, Emily described being exhausted, spending her evenings doing essential reading for her practice, and then *"trying to not be like a rabbit in the headlights"* within her daily practice.

Emily's description of herself as a newbie and how her newbie status makes her feel is summed up in the following quote:-

"... because I'm at such an early stage on the ward and in that environment and I feel so inadequate that everything they do [her experienced occupational therapy colleagues] I want to read more about, so I can just get a real good grasp of why they are doing something".

2. Not ready for "big scary research"

I selected this as a theme because it provides an insight into Emily's understanding of what research means and also gives an indication about how she perceives research, both of which have an impact on Emily's current, and potentially also her future research capacity contribution. Emily articulates two different meanings for research as illustrated in the quote below:-

"...its' one of two things isn't it. I suppose it would either be looking at the evidence that's already out there from, like from my own research, from my own practice. Or, like the big scary research which is going and finding out new things that people don't know about".

My interpretation of this quote is that Emily is embracing research undertaken by others to use within her every day practice, in line with evidence-based

practice, and that she is comfortable with this meaning. She has also contributed to audits within her work environment, though this is not something that she sees as proper research or what she terms '*official research*' meaning research that is funded or a study to be published. This is more in some way low level research to evaluate if changes to occupational therapy practice have been effective. The second part of the above quote provides an indication that there is more advanced research, research that is aiming to discover new knowledge, and that this is potentially outside of the comfort of her own practice area. For Emily this is "big scary research".

Emily provides a further indication that she is not yet ready for doing her own research later in the interview and that this is linked to her feeling 'comfortable' when she states:-

"I wouldn't feel comfortable about going out and doing my own research project".

This idea of 'being comfortable' appears to link to Emily's confidence in herself and knowledge and skills as a qualified occupational therapist. She stated that her priority is to focus on her clinical skills and to be confident in what she does in her practice; for her this means being confident in her clinical reasoning to underpin her practice decisions. Emily appears to not yet have reached a point of feeling confident in her occupational therapy practice as she still doubts her clinical reasoning. This reflects Emily being a novice practitioner. From analysing Emily's interview, it appears she recognises that she has knowledge and skills to contribute to research capacity within her workplace; however she is lacking in self-belief and confidence to do this. For these reasons she is not ready and research feels scary.

3. Emily's self is shaped by how other people view her

I selected this as a theme for Emily because people's view of her occurred as a topic a number of times during the interview, and importantly appears to have shaped her rather negative view of herself. This could have implications for not only her current self but also her future self. Emily appears to find it difficult to appreciate her achievements. When speaking at the beginning of the interview about her first class honours degree award Emily stated:-

"I just hate the feeling of thinking other people are thinking, well, I don't know, she doesn't deserve that [1st class Hons degree}, or she ... I don't know why she got that and I didn't."

This concern about what others might be thinking has left Emily with a sense of embarrassment about her achieving a first class honours degree award, a disbelief that she achieved it, and a belief that she was not worthy of the award. She does not therefore appear proud of this achievement and does not believe it will have any meaning in her career as an occupational therapist, with the exception of it being useful to obtain entry to a Masters programme; this is something she might want to do in the future. When analysing Emily's interview, there is a pattern of comparing herself to others; this includes family members, student colleagues when at university and now colleagues within practice. It is clear that Emily's sense of self has been shaped by the perceptions of others. For research capacity contribution Emily has a clear sense that every occupational therapist has a duty to contribute to the low level research. What I viewed as a positive facilitator for her personal research capacity is that she is working in an environment in which there is a lot of audit activity, so Emily will have a lot of opportunities to contribute to this type of research activity. However, Emily's contribution may depend on others inviting her to contribute or it being required of her to contribute, because as Emily indicates she is not yet ready to put herself forward due to her current personal self-doubt about her occupational therapy skills and knowledge.

4.2.6 Fiona

Fiona also graduated in July 2012 with a first class honours degree in occupational therapy. Since graduating she has had three different posts within two different organisations, the first being within the NHS and the later, her current employer, being local government. She was initially employed as a Band 5 on a temporary 'locum' basis, then moved into a permanent Band 5 OT post within the same NHS Trust. She describes that an influencing factor for her changing employer was that *"I've never been a massive fan of hospital settings ... I like the community really. I like to see people in their own environment"*. Her current post, working in a community setting, is something that she says *"she always wanted to do, more or less"*, an area of occupational therapy practice that was a personal ambition to work in. She appears to be very satisfied within her work. Within the interview Fiona talks about her experiences from the perspective of her current context within a social care environment, and also working within an NHS setting, within the specialism of burns and plastics.

Following the initial analysis I noted the following in my research diary:-

Fiona does not currently view herself as an early career researcher but she does believe that all OTs have a professional responsibility to engage in and contribute to research capacity building within the profession. She nearly had an opportunity to participate in a research study with a physiotherapy colleague when in her first post; however, that did not progress due to workload pressures, being new to practice, and then moving out of the specialism into her next rotation. She has an ambition to engage in research in the future.

Following the IPA process, I selected the following as superordinate themes for Fiona:-

- 1. As an early career OT you become consumed with the learning of your profession**

I selected this as it appears to encapsulate the essence of being new to the profession for Fiona. Fiona has moved work environment a number of times within her career to date, and Fiona's interview provided an insight into the challenge this presented for her. This is summed up in the following quotes:-

"When I move to a new speciality ... that kind of consumes my time really when I move somewhere and don't feel at that point that I have the mental capacity to look at doing anything else".

"I think as an early career OT, you do become consumed with the learning of your profession, that's my experiences anyway that you just become consumed by it that maybe you just don't turn your mind to anything else at that point".

These quotes provide an insight into the experience of being new and focus on being an employed qualified occupational therapist. The use of the words 'consumed', 'mental capacity', 'not being able to turn your mind to anything else' provide a vivid picture of this experience. Drawing on my knowledge of clinical reasoning and being a novice practitioner, Fiona's experiences indicate that it is a time that demands focused thinking and deliberate attention in order to practice. As her practice is not yet automatic this therefore does not leave her with any energy or thinking space to do anything beyond what is required of her within her work role. As research activity is not required Fiona has not prioritised it.

2. Fiona's values and beliefs influence her professional decisions and actions

This was selected as a theme for Fiona as it became clear that Fiona's personal values and beliefs are incredibly important to her, to the point that they influence her professional decisions and actions. In the context of research capacity contribution, I interpreted this a potential positive facilitator

to her future contribution in research as she has a goal to contribute to research in the future. When speaking about her achievement of a 1st class honours degree, Fiona attributed this to having it as an ambition, and working hard and being thorough. This links to her value of giving 100% to everything she does, which she spoke about a number of times in the interview. When speaking about moving into her current role, Fiona made the following comment that provides an insight into her personal motivation and drive and how this has an impact on her practice decisions and actions:-

“It’s been an incredibly steep learning curve ...but keeping up to date with that [specific knowledge for new practice area] and developing those skills has been down to determination and will power”.

However Fiona’s values and beliefs may also be a barrier for her engagement in research. Fiona used the word ‘thorough’ many times within the interview to describe herself and her approach to her work and wider life, one of the comments she made that sums up this belief is:-

“if you are going to do something you do it properly and you do it thoroughly”.

Fiona described herself as a perfectionist, so although being ‘thorough’ could be viewed as a commendable belief, in the context of her experiences so far, it appears Fiona’s belief in being thorough could be hampering her contribution to research.

3. The environment influences research engagement: OT not always noticed

I selected this as a theme for Fiona as it was giving a voice to her experiences as an early career occupational therapist who has worked in a number of different settings within both health and social care, and as such provides a

unique perspective to this study. Fiona's experiences have led her to conclude that the environment in which occupational therapists practice has an impact on occupational therapists research capacity. Fiona summed this up as:-

“research is more culturally acceptable and possible within an in-patient healthcare environment”.

When working in an in-patient acute healthcare environment Fiona had personal experience of participating in two audits, and she did observe other senior colleagues engaging in research activities. This is different to her current work context in her experience, occupational therapists do not engage in research activities within the workplace. Fiona's experiences lead her to the view that research is more 'noticeable' in the health care setting culture. Being based with and *“surrounded by [occupational] therapists”* then, occupational therapists are more likely to be exposed to a positive research culture, but also their contribution to research will be sought. This idea of occupational therapy being either noticed or not noticed again linked to the environment. In the health setting Fiona's experience is that occupational therapy was noticed, i.e. it was valued and respected as having a contribution to research, however within the social care environment it is not so readily noticed therefore limiting opportunity to contribute to research.

4.2.7 Gail

Gail graduated with a first class honours degree in occupational therapy in July 2014. She is employed as a Band 5 occupational therapist in a permanent post; she has been in this post since qualification. The post is within mental health services, within the specialism of forensic mental health, in what is a new occupational therapy service. Gail describes how, with a Band 6 colleague, they *“basically went in as the service started and set up the OT service there”*. Gail describes how she utilised university learning to help

her establish the new service; *“it had sort of been the area that I excelled in whilst I was doing the course [BSc Honours degree]. So that helped me a lot, I think.”* Gail is ready for a move to a Band 6 occupational therapy post.

Following the interview I recorded the following in my reflective diary:-

Gail’s story is one of being uber motivated to identify and promote occupational therapy within her chosen specialism. For Gail, research needs to be linked to practice, be used to enhance practice and be part of the wider profile promotion of occupational therapy. Gail has research skills but thinks they may be rusty now. She is interested in research and engaging in research but has not managed to find a project to be part of within her work place. She hopes to progress this in the future, possibly through further study e.g. doing a Masters degree. Gail appears to be very resourceful. She utilises professional networks to assist her in her practice, and she is very positive and motivated to promote occupational therapy.

Following the IPA process, I selected the following as superordinate themes for Gail:-

1. A growing occupational therapy identity

I selected this as a theme for Gail as her developing identity as an occupational therapist was evident from the interview. Gail appeared to use the interview to reflect on her knowledge, skills and experiences to date, almost like she was preparing for an interview. It was towards the end of the interview when she spoke about her intention to begin applying for promotion posts.

Gail appears to be in another period of transition. She describes this as “being on the cusp”. My understanding of this is that she is on the cusp of moving away from her identity as an early career occupational therapist.

Although she said she is ready for promotion and is seeking promotion opportunities there is still some identity confusion for Gail:-

“I wouldn’t go to someone oh I’m a newly qualified OT, which is what I did do when I first graduated ... Um, so I wouldn’t sort of put my, you know promote the fact, but in me, I still feel quite newly qualified.”

Gail’s interview indicates that there may be many stages of identity development for an occupational therapist. Drawing on my knowledge as an educator who is familiar with the literature on transition from student to qualified occupational therapist, I can see that transition may well be a continuum. For Gail she no longer defines herself to others as an early career occupational therapists; however she has still not let go of this label completely.

Engagement in research is for Gail a core part of occupational therapy practice, and is for her an integral part of her identity. However Gail provides an insight into how research can become a forgotten aspect of practice as an early career occupational therapist:-

“I think once you qualify and you get into the area of work, that it [research] is like a distant forgotten element of OT”.

However she also recognises that research is very necessary for the profession’s development. She attaches importance to this by stating that she thinks the lack of research is why occupational therapy is overlooked.

2. Research is an activity for senior staff, not for the little people

This theme was selected as it represents what for Gail is a barrier to her engagement in research within her current work environment. Gail describes

a work environment in which there is evidence of research capacity. Gail is aware of colleagues being involved with research and was able to describe the research support services within her workplace. However within this description, the hierarchical nature of research contribution became evident:-

"I know that the service itself does have the ethical approval stuff, um, as a service, to carry out research and to do that sort of thing. Um, but that seems very top heavy in terms of it's the people right at the top that are doing that. And there's very little involvement from the people that are on the ground".

For Gail this top down approach to research feels like she is being excluded from contributing to research. She attributes this to the fact that she is an occupational therapist, and others do not view it as being an integral part of her role as an occupational therapist ... *"it wasn't the role that I'd been assigned to in work"*. Gail gives some insight into her determination to engage in research when she speaks about taking a specific idea to supervision that she identified in order to address and develop the evidence in relation to her area of practice. This is an example of Gail trying to actualise her own research capacity contribution. Gail appears to have reached a point of acceptance that within her current workplace, engagement in research, beyond using evidence to inform her practice, is not something for *"juniors like me"*. Her status as a little person is a main barrier for her.

4.2.8 Hope

Hope is in her fourth post since qualifying with a first class honours degree in occupational therapy in July 2012. She is a Band 6 occupational therapist working within the NHS within the specialism of forensic mental health. Hope is the only participant in this study who is employed as a Band 6. Within the interview she recalls her experiences as a newly-qualified occupational therapist whose first post was in a research post, and then within two Band 5 posts, one working for a private healthcare provider and then as a locum

within an NHS mental health setting. She did not set out to go directly into a research post; she says *“I didn’t expect that to be my first post but I only ever intended to go into mental health and I was having quite a bit of difficulty getting into a mental health post ... So I saw it as, um, hopefully, like a way to get into mental health”*. Hope’s role in this post was to develop and pilot an intervention programme aimed at people with severe and enduring mental health problems. She developed the programme and a training package, which she rolled out within the service. This led to an opportunity for her next post, which was a clinical post within mental health, working as “an independent OT in the private sector” within one of the sites she had worked in her research post. Hope describes there being *“no service, so I set up the service there”*. She left this post to geographically relocate, for ‘personal reasons’. She then secured a one year fixed term Band 5 post in an acute NHS mental health setting. This was her first post working in the NHS, and working as part of an established occupational therapy service, with occupational therapy colleagues and an occupational therapy manager. Though she thought she would enjoy the team aspect of this NHS post, Hope recalls that she *“really realised just how much I enjoyed all the extra responsibility in the private sector. Because I felt, like, a lot of my autonomy was taken away when I went into that post”*. One year later, she applied for and was appointed to her current post as a band 6 occupational therapist within forensic mental health. Hope describes being ‘fulfilled’ in this post, saying that she has ‘autonomy and responsibility back again’ and believes she has a clear understanding of her role within the multi-disciplinary team and of being an occupational therapist.

Following the IPA process, I selected the following as superordinate themes for Hope:-

1. The first class degree: a positive domino effect

The term domino effect appears to describe the positive implications that have followed on from her achieving a first class (Honours) degree. This includes

obtaining a first post as a researcher, and presenting her work externally to others, something that she appears proud of. She articulates this as follows:-

“Having got that [the first class Honours degree] and then doing that {research} post has then just had that domino effect of doing all these experiences that I’m not sure that I would ... I never dreamed that I would have presented in conference within my first year of graduating”.

Also, when reflecting on the value of ‘researching’ for her (meaning looking into a topic in depth), I discerned that - researching a topic leads to deeper knowledge which leads to increased confidence in implementation, which leads to her improved confidence in her practice, which leads to role clarity. The domino-effect is again illustrated here:-

“I think it’s definitely helped me to be more confident in my role as an OT to really push forward my views and opinions, not let them be, like shot down. Um, so I would say it’s definitely helped my confidence.”

2. Hope is prepared to take career risks

This was selected as a theme because it was an important contributory factor that led to Hope’s research capacity utilisation within her first post. Hope talks about how, not being able to secure a first post within her preferred specialist area so she made a decision to apply for a post that was related to mental health, but was a research post. Hope recognised that there was potential to get research experience that she did not think she would get in mainstream practice. However I am suggesting that it was a risk because she did not know if this post would lead her to the career she ultimately wanted. Being ‘fresh’ from her university undergraduate experience made a positive difference to her confidence to take on this first post:-

“I’d come out and it was all still there. I was used to, like you know, my searching had got better I was used to, like, narrowing that down and finding the information that I needed about it, taking like a long time. Used to reading through articles, you know, how to critique them. Um, I had all those skills”.

3. Research is not core OT activity

I selected this as a theme as it summarises Hope’s current perspective on research. Hope has had experience of being employed as a researcher. However, when in this post she describes that she was “itching to be an OT”. Hope describes the impact that this had on her professional identity formation:-

“I experienced a bit of difficulty with my role identity when I was doing it because I guess I saw myself ... I say myself ... I saw it as a research post but always kind of thinking as an OT and itching to be an OT in practice”.

Reflecting on her experiences of research when working in a more mainstream occupational therapy setting, Hope provides us with some insight into her occupational therapy identity development, and it coming from doing what she describes as the traditional job of an OT. She describes the guilt that she experiences when engaging in activities that are not perceived by others as being core occupational therapy practice:-

“I do have this sense of like, um, ... a real sense of guilt that if I’m not like, um, having a strong enough presence on the ward and doing things with clients, I feel that this is observed by other staff members and that they ... and that might be down to the fact that I ... er the stuff that you don’t always think people fully understand your role”. “I do have this guilt and paranoia that maybe people are thinking, where’s the OT, they should be on the ward, they should be engaging someone, they should be doing activity. When actually it’s a lot more than that.”

This final sentence indicates that Hope knows that an occupational therapist's practice is more than what is seen by others; however, her overriding guilt and need to be a good clinician means that she no longer engages with research activities within work time. For Hope being a good clinician is about doing occupational therapy. Despite knowing that other aspects such as research/reading feed into her practice, Hope believes that she should not be doing these activities in work time and that, they are a home activity:-

*“I always think I’ll do that at home, I’m here at work, I need to be doing all this”
[this meaning activities that involved patient contact].*

Engaging in research activities at home was also highlighted when Hope reflected on the differences she had noticed in her various work environments, specifically between working in an OT team within the acute sector and being a lone OT in an MDT:-

“Whether that because we’re a team and maybe it’s just working and independently and it’s come more from myself. Um as a team we were encouraged to utilise time in our week um to you know look through literature if we were looking at doing new groups and evaluating groups” “that might be just personal to me and I feel that I can’t do it at work, um, because I always think there’s other things that, um, I should be doing instead”.

4. Hope’s future self: left the ‘detailed’ research behind

I selected this for two reasons. One because this theme summarises Hope’s idea that there are different types of research. This is indicated by the phrase “detailed research”. By this she means research like she did when working in a specific research, leading a full-time research project, and that for her, she believes that this is not something that she will do again, it is something that she has left behind. She makes a distinction between this and research activities such as reviewing evidence to underpin practice. This also provides

an insight into Hope's current and future ambitions for research. Her current focus is reflected below:-

"I've kind of left that real, like detailed research a little bit behind, so I could focus on the clinical career, and will just dip into it in bits; engagement is generated by if there's been anything at work in particular, sort of something on the ward that I was thinking of doing that I would need to, like review the evidence on ... I really just want to focus on my clinical skills, um, but obviously still maintaining evidence based practice and doing the research required for that, but not to the same level as in the project".

Hope gives some indication that she plans to contribute to research capacity in the future. However a concern for her is that her research skills might be "rusty" because she has not used her "detailed" research knowledge and skills since her first post. For Hope this would be a potential barrier for her future engagement in the more detailed research.

4.3 The superordinate themes – what is common to all

In keeping with Step 7 of the IPA process as outlined by Smith *et al*, (2009), I examined the superordinate themes from the individual transcripts to identify common themes. These are themes that are evident across all of the data, not just specific to one individual's experience. A summary of the superordinate themes for each individual and for the study as a whole can be seen in Table 9 below. This is followed by detailed exploration of each of the superordinate themes for the study. Quotes from the participants are provided to ensure that the findings are connected to the participant's. The quotes are taken from the transcripts. The participants name and the line number(s) from the transcript are included to promote traceability.

4.3.1 Superordinate Theme 1: Identity - I am an OT (not a researcher)

When asked about their experience of research in their practice as qualified occupational therapists, the participants appeared to make sense of this by providing some description of themselves as occupational therapists. Each of their descriptions provided an insight into their current identity and their personal perception of the role of research within their core practice as occupational therapists. Below are illustrative quotations from the interview transcripts.

“I just consider myself as an OT rather than being a researcher because I feel like I am doing a role within the hospital rather than researching” (Carol 559-561).

“I class myself as an occupational therapist with a strong interest in actively participating in research” (Debbie 830-832)

“I wouldn’t describe myself as newly qualified. I wouldn’t go to someone, oh, I’m a newly qualified OT, which is what I did do when I first graduated. Um, so I wouldn’t sort of put my, you know promote the fact, but in me I still feel quite newly qualified” (Gail 2092 – 2098)

The superordinate theme of ‘Identity - I am an OT (not a researcher)’, contains three sub-themes. Each sub-theme is presented below, accompanied by illustrative quotations from the interview transcripts.

Sub-theme: ‘Doing’ occupational therapy is ‘being’ an occupational therapist, doing research is not essential for this

When sharing their experience of research in practice the participants moved between descriptions of what they ‘do’ as occupational therapists and what

they do that could be described as research activities within their practice. The descriptions of themselves suggest that their identity as an occupational therapist is shaped by what they do in their everyday practice, what they perceive as occupational therapy. This appears to be tasks related to treating their patients. The participants appeared to make a distinction between what they perceive as occupational therapy and research practice. This gives an insight into their personal perception of the role of research as something that is separate to their core practice as occupational therapists.

“I don’t consider what I am doing, apart from, like, doing the audit, just my daily job, I don’t ... that’s not research what I’m doing then. So I do think it’s separate.” (Carol 910-913)

For Hope who for her first post was employed as a researcher, she reflects on what she did in this role, and the identity challenges that came from being an occupational therapist in a research role:-

“I experienced a bit of difficulty with my role identity when I was doing it [research] because I guess I saw myself ... I saw myself ... I saw it as a research post but always kind of thinking as an OT ... and itching to be an OT in practice.” (Hope 815-820)

Hope makes a further classification of her identity when describing her second post as a “*clinical career*” (Hope 197). Using this term appears to help Hope distinguish between being an OT in a research post and being an OT in practice.

Barbara also uses the term ‘clinical’ to describe her current occupational therapy practice:-

"I'm still trying to work out just the clinical side of things and how to assess patients and things like that. I've not felt that I'll be ready for doing too much with regards to research. So yeah, I don't suppose I feel, I don't feel like I've done a lot to contribute to research so far". (Barbara 775-780).

Sub-theme: Being a junior in the profession

Participants described themselves using different terms, many of which implied being junior members of the profession. Debbie specifically used the term junior to describe herself, and for Debbie and other participants this has specific connotations in relation to research capacity:-

"So as a band five, I am particular junior member of the team. Um, and I do think there is that sort of ... that bit of status and a bit of well, I'm ... we're higher up than you, and why should you get that opportunity type thing. I think there is a bit of, um, expectation of role and that as a Band five, you're at the bottom of the heap type thing." (Debbie 1568-1591)

The idea that the more senior you become in the profession then the more likely you are to engage in a wider variety of research activities is also illustrated by Barbara's statement that:-

"I don't think I would be allocated time within my working day to do much research, um. Because it tends to get ... that type of thing would tend to be given to the band sixes or sevens, or even the ... or a lot I think a lot of it actually more sevens and eights tend to do research and things, especially like service development and things like that. Or, um, to evidence the need for more staff I think a lot of the time." (Barbara 795-806)

Emily who had just moved into a new post, described herself using the phrase “*being a newbie*”. She added that:-

“I feel a bit like a student again. It’s not a nice feeling. Um, but I am really enjoying the challenge”. (Emily 101-107)

For Fiona being an early career occupational therapist is an acknowledgement that there is a lot of learning to do about the profession. This was summed up by Fiona as:-

“I think as an early career OT, you do become consumed with the learning of your profession, that’s my experience anyway that you just become so consumed by it that maybe you don’t turn your mind to anything else at that point” (Fiona 2056-2060)

Sub-theme: The role of others in shaping individual identity and practice

In discussing their work contexts, the participants provide some insight into the role others play in shaping identity for, and the practice of, early career occupational therapists.

Anne works in a private sector context, in which there are a total of two occupational therapists. In this environment, she is working closely with other professionals including social workers, nurses and healthcare assistants. Anne’s perception is that others’ have a view about the roles and responsibilities of an occupational therapist, and for Anne this has an impact on her enactment of her roles and responsibilities. For Anne this has a negative impact for research, as she cites this as a barrier for not engaging in research:-

“If I did research within work, I think would probably would look at it a bit like, oh what she doing ... I think if I was sort of sat on a computer or if I was doing research, I think they might view it that I’m not doing my job, which is to be there with the residents. So I think there would ... there probably would be resentment there.” (Anne 770-794)

Anne also gives an insight into the lack of research culture within her work environment. Research is not discussed; there are no visual displays to signify evidence of research activity, for example, poster displays, and she has no research role models in her workplace. She describes an environment that is,

“really short staffed ... Um, and it’s sort of affecting the working atmosphere as well” (Anne 412 – 420)

Carol’s experience as an early career occupational therapist is also shaped by others but has a different impact on her research capacity. Carol works in an NHS Trust, in a Band 5 rotational post and in an environment that she perceives as having a positive research culture. Carol talks about having a research goal set with her annual personal development plan. Having this goal appears to act as an external motivator for Carol to be engaged in research capacity within her workplace, however, it did not appear that this contributes to Carol’s occupational therapy identity. She views engagement in research as an add-on to her role.

“It’s [audit] a task, that like, I’ve been doing, so I consider it as my audit ... I suppose you have it’s almost – not that it’s a priority- but it’s something that needs to be done as well as everything else. It’s quite time consuming because obviously it’s in addition to my normal role”. (Carol 971-975)

To conclude, the findings indicate that the occupational therapy identity for these early career occupational therapists is being formed by their 'practice' as occupational therapists which does not incorporate 'doing research' and is very much informed by what others' perceive as occupational therapy. In turn this has an impact on what an early career occupational therapists would 'do' in their overt daily routines at work.

For some of the participants in this study self-confidence in their research skills and knowledge is an issue; the idea of knowledge and skills being time bound, at risk of losing if not used, is apparent. Furthermore, the participants spoke about what they are noticing in their practice world. For example, not enough services, not enough resources, and the fact that this is guiding their daily practice to 'give the best service that they can, by being the best occupational therapist that they can be. Being the best links to being 'present' within their teams, 'doing occupational therapy'. Hope articulated this as *"having guilt and paranoia that maybe people are thinking where's the OT, they should be on the ward, they should be engaging someone, they should be doing activity"*. This links with identity formation, again suggesting the important role others' play in shaping identity. Within this study the participants spoke about a wide range of colleagues with whom they work on a daily basis and who shape and influence practice. Some of the colleagues are occupational therapists, but for the participants working within multi-disciplinary environments - Anne, Gail, Fiona and Hope - these colleagues are from other professional backgrounds, for example nursing or social work. Finally, the common themes indicate that for these individuals research capacity building is not yet an embedded 'professional obligation' within their core practice as an occupational therapist.

4.3.2 Superordinate Theme 2: Time

The research questions for this study have a temporal element as they are seeking to understand the current and potential impact of early career occupational therapists on research. I was not therefore too surprised that the

theme of time features within the participants' experiences. The three sub themes I selected however provide a variety of interpretations of the superordinate theme of 'time', all of which have implications for research capacity.

Sub-theme: No time for research

The participants spoke about their work contexts and in doing this provided rich descriptions of environments that, for different reasons have an impact on what they perceive as additional time needed for research. Having no additional time, means that they have a perception that they have 'no time for research'. The environments that are described by some present some 'time' challenges. An example of this can be seen in Barbara's description of her first rotational post experience in which she described herself as being "very stressed and overworked".

"in medical elderly, so I was in ... on a ward on my own, um, pretty much from the start. And I had a caseload of, say, it varied between 15 and 20 patients. Um, a lot of them needing therapy, and I'm not even able to give them the therapy that they needed, and just keeping up with all the paperwork and things like that. And by the time I got home, say, like by eight o'clock, I was just wanting to go to sleep". (Barbara 920-923)

"I wouldn't have been able to, I wouldn't have felt that I wanted to it [research] in my own time, um. And I definitely didn't have the time to do it in work time because it was so busy." (Barbara, 956-958)

Anne contributes to this sub theme with a similar experience of fatigue and being over worked as outlined by Barbara. Similar to Barbara she says:-

"I suppose I'm just so tired when I get in from work. And when I'm in work, there's not really much time to stop and think in a research capacity. Um, so it probably is just er, a thing of timing" (Anne 481-485)

A further message from the participants is that being an early career occupational therapist is a continuation of learning and that doing this takes up a lot of mental energy. Barbara described this mental energy for learning about being an OT as "*head space*" and for her she only has enough headspace for learning about being an OT, and not anything else. Engaging in research for her is perceived as extra, which would require more "*head space*" than she currently has. Based on her experiences to date of being an early career occupational therapist Fiona offers the following summation:-

"I think as an early career OT, you do become consumed with the learning of your profession, that's my experience anyway that you just become so consumed by it that you just don't turn your mind to anything else at that point" (Fiona 2055-2050)

There is however some contradiction in the participant's accounts. Despite having no time for research, Anne, Barbara and Fiona all describe engagement in activities that, it could be argued required them to use research skills. When in the elderly service rotation Barbara collects data for a service audit and uses literature searching to utilise evidence to inform her practice. For Barbara in her workplace as a Band 5, in a rotational post, she is expected to contribute to the audit and expected to lead an in-service training event to her peers. These expectations were documented in her development plan. Anne provided examples of using evidence to underpin her practice, as did Fiona. Therefore, for some of these early career occupational therapists there are time barrier issues, but in reality, this has not prevented them from contributing to research capacity in their workplace. These early career occupational therapists do not categorise these activities as research and so for them, they do not perceive this as research capacity contribution.

Sub-theme: It's not the right time to do research

The participants provided some indication that they perceived that now is not the right time for them to be doing research. They provided various reasons for it not being the right time. For example, Anne describes herself as “*still finding her feet*”.

With the exception of one participant, all have changed their work context at least once, during their early years in practice. The theme of ‘*not the right time*’ is closely connected to the early career occupational therapists being in a state of flux, as illustrated in the quote below:-

“I think, um, for me, when I move to a new speciality and obviously that’s what I’ve been doing, so, you know, from intermediate care to, um, burns ... so intermediate care in the community, then in inpatient setting, then um burns and plastics which are very different, then to social service, they’re quite distinct settings. So it ... again, that kind of consumes my time really when I move somewhere and don’t feel at that point that I have the mental capacity to look at doing anything else.” (Fiona 561-569)

When speaking about their undergraduate experiences of doing a systematic review some of the participants spoke regretfully about not following up the opportunity provided to write up their review for possible publication. Not being the right time was one of the reasons given for not doing this.

The participants however do provide some ideas of their possible future selves in relation to research.

“in terms of research I’ve really not thought about developing those skills. But, um, probably thinking about it, it might be something maybe in a couple of

years when I feel that I've found my feet even career-wise that I might ... I might look into, yeah" (Anne 471 -476)

"Um, you know, for me, maybe in another year or something like that and I might think, oh, I've you know, been in this speciality for a little bit now, I could think about what I want to do ... do I want to expand what I know and what I do." (Fiona 2066-2069)

Sub-theme: Time gaps – adding to the theory practice divide

As reported above, at the time of interview, all of the participants had been in practice for between one and three years, the newest members of the profession being Emily and Gail. For them their undergraduate education was only one year in the past. With the exception of Hope, who for her first post was employed as a researcher, all of the participants identified themselves having current research skills gaps. For Hope she did acknowledge that her research skills maybe "rusty" due to the length of time since she fully utilised them. For some they articulated this gap as a lack of confidence to put their undergraduate research knowledge and skills into practice and identified that they might need to go back to their previous learning.

"I think I'm a little daunted now at the thought of how would I go about it and what would I do, and I'd probably have to go back to basics, and get you know, a research for dummies kind of. Um, look back at my training and er, you know, actually [the University] gave me a very good basis for ... I felt there were good parts, er, concentrating on research. Um, and that's probably contributed to me considering it very important now." (Fiona 1719 – 1726)

To conclude, for all of the participants in this study the theme of 'time' is apparent - not the right time (personal), and there is an idea that being in the profession for a period of time will automatically lead to research capacity

building opportunities. They also recognised the juxtaposition of this idea. On the one hand there was a commonly held belief that you are more likely to have opportunities to engage in research as a senior member of the profession rather than a junior member, even if you have the skills as a junior. However the further in time you move from your university undergraduate experience when you are regularly and competently utilising skills that would contribute to research capacity building then the less confident you get about your research skills. This means being less likely to seek out opportunities to be involved in research because you don't feel like you are good enough/have skills that would be of benefit.

4.3.3 Superordinate Theme 3: The meaning of research

The two research questions being addressed in this study are focused on the participant's experiences and perceptions of research capacity. As outlined in Chapter 3 each of the participants was provided with a definition of research capacity within the participant information sheet and again at the start of each interview to encourage clarity about the meaning of this term. What became apparent, when discussing experiences and perceptions of their own research capacity in the interviews, is that each of the participants has their own internalised understanding of what the word research means. How they interpret the word research appears to influence their experience of research capacity, and may well have implications for their potential research capacity. This led to the creation of the sub theme '*Language and terminology interpretation – what does research mean?*' The second interpretation of meaning comes from the participants talking about their current and future research practice. In exploring this it became clear that these early career occupational therapists are grounded in their current every day clinical world. As shown earlier, for them, being an occupational therapist is providing occupational therapy to patients. The meaning of research therefore in sub theme 2 is the participants giving a reason for engaging in research as an

early career occupational therapist; *Engagement in research only meaningful if directly related to their current clinical work.*

Sub-theme: Language and terminology interpretation – what does research mean?

Using IPA means that the nuance of language is given close attention. For this study what emerged from the analysis was that the language used by the participants suggests that they have different interpretations of the word research. To distinguish what they meant by research, the participants added rich descriptions. An example of this is Carol's descriptions in which she used language related to size as a way of differentiating between what she is routinely doing in her practice now, and something that others are doing.

*"I suppose what I consider as research would be like in the journals and things like that, as like **bigger** pieces of research and like what you are doing now" (Carol 516-518)*

*"...the research I think of as like all journals and things like that, not the **little** pieces of research" (Carol 852-857)*

*"like a **small** audit" (Carol 522)*

Carol's description does not indicate that she views herself as contributing to research capacity as her contribution is on too small a scale. Carol's language also indicates that she classifies activities that have an external output as 'research', for example, contributing to journals and that engaging in research activity at an institutional level is not evidence of doing 'research'. Carol sums this up as *"I consider research as like the external thing"* (Carol, 1783). Illustrating meaning using an external output example was also

evident in Anne's language. Anne gave the example of doing research for publication", rather using research skills in daily practice.

Carol's description gives an indication that she is not confident in her research capacity yet.

*"I don't think I feel confident maybe as a band five to do **something bigger** and go to ... like, submit it to a like conference. I think I'd stick with just, like, the organisational level."* (Carol 1973-1976)

Likewise Emily also uses language related to size to articulate her understanding of what research means:-

"It's one or two things isn't it. I suppose it would either be looking at the evidence that's already out there from, like my own research, from my own practice. Or like the big scary research which is going and finding out new thing that people don't know about." (Emily, 923-926)

Like Carol's description, Emily's language provides some insight into how she feels about contributing to research capacity. "But the *big R*, that's the scary one" (Emily 1494); this description also gives an indication of someone who is not yet confident in her individual research capacity.

From the participants' stories and the descriptions of the activities that they engage in within their practice, what was heartening to learn is that the participants all use evidence to underpin their practice and that this appears to be an accepted norm within their practice as early career occupational therapists.

Sub-theme: Engagement in research only meaningful if directly related to their current clinical work

For some this sounded like a justification for why they would want to do research; linking it to their practice legitimises research as a core part of occupational therapy.

“They [research and practice] are quite separate. Um, I think there’s a lot of sort of transferable skills in the fact that um, in Research Score the Anxiety management programme, I am obviously using those research skills. But I think that because I’m using that in my practice, I view it as very separate to doing research, that’s um, to be published, that maybe I wouldn’t do it in my day to day practice with residents” (Anne 1716-1724)

For these early career occupational therapists to engage in primary research, it would need to be research that is directly linked to their current clinical work and that they perceive has direct benefit to their patients. For them, this is an important motivator for contributing to research capacity.

4.4 The unique themes – what is different

Step 7 within IPA requires the researcher to look for differences across the individual data (transcripts). These themes were selected as stand out unique themes as they pulled me back to review them several times; they stood out as being meaningful. Smith (2011) defines this as a “gem” (p. 6). A gem can be something short; what it ultimately offers is a strong insight into the experience for an individual and into the understanding of the phenomenon (Smith, 2011, p6).

4.4.1 A clear future research self

On detailed examination a stand out difference across the individual participants is the personal construction of identity and the impact of the different environments on research capacity.

In the case for one participant, Debbie, I left the interview with a very clear sense of meeting somebody whose future self would include research. I recorded in my IPA noting “*fairly early in the interview we hear about Debbie’s research engagement ambitions*”. Debbie articulated this as:

“I think I see my career, in, like, the long term going more down the research side. Um, probably still with clinical input But that, at the moment, is where I sort of see my interest lying in perhaps having a bigger role in research than in the clinical side, rather than ... so the research will be the main role.”

(Debbie, 1352- 1365)

Exploring this with Debbie, I found that this interest in research was triggered by her undergraduate occupational therapy experience. She reflected on the projects she undertook at university as being the assignments in which she scored the highest marks. She also spoke about her motivation to add to the profession’s evidence-base.

“It’s come from the uni work ...and um, projects we did, and then realizing the impact that research can have, and particularly within OT where there isn’t a lot of research for what we do. So the need to it and wanting to share evidence and work with other people as well, so you can sort of spread good practice”. (Debbie 452-456)

Debbie’s interview contained examples of how she has tried to actualize her research ambitions within her current practice, including finding others in her

workplace with a shared research interest and recently registering for a post graduate module with a local university. Debbie's interview led to further understanding about the challenges early career occupational therapists face to gain entry into what is not, for her, a transparent world of research.

"It does tend to be that people are very, once they've taken on research, it seems to ... until they've sort of, got some ... the end product of it, it's not much publicized ... really so ... that my perception of it anyway. Because I don't tend to hear about it until it's done and it's out there." (Debbie 1960-1973)

Debbie provides suggestions about how to make the research world more transparent within the profession including more publicity in journals and professional magazines and sharing ideas and calls for collaboration in research projects. This suggests that Debbie recognises the challenge for her to individually progress her research ambitions, and hopes that taking a more collaborative approach, might help her to achieve her future self-ambition.

4.4.2 A first class (Honours) degree: impact on career and research capacity

Despite the sample for this study being drawn from graduates with a 1st class honours degree, the majority of the participants did not consider that the first class honours degree they achieved had any impact on their current research capacity. The exception to this is Hope. Earlier in this chapter when introducing Hope, I summarised her employment history. Unique to Hope is that she is the only participant in the study who has been employed in a specific research post, and so has already had an opportunity to actualize her research capacity. Hope described the "*domino effect*" for her of having a first class honours degree. For her the first class honours degree served as an

initial catalyst for subsequent experiences, which from her description can be viewed as positive experiences.

“Having got that [the first class honours degree] and then doing that [research] post has then just had the domino effect of doing all these experiences that I’m not sure that I would ... I never dreamed that I would have presented in conference within my first year of graduation” (Hope 712-716)

Hope attributes obtaining a first class honours degree as the reason for obtaining this post.

“I don’t think I would have got that job maybe if I hadn’t got the first I think” (Hope 703-704)

Hope also acknowledged that this was a different first post and that she had the confidence to do it because of her university learning. She spoke about liking research in Year 3 of the course, and that she was the recipient of an academic prize for her research project in her final year, which gave her “*extra confidence*”.

“I really like, enjoyed my modules on research. I really found my feet in it and I did a really good piece of work, and I did get the research prize in the third year”. (Hope, 362-365)

Working in a research post was an opportunity to practice and develop her research skills, which she does not think she will get an opportunity to do in ‘practice’.

“I did think, well, this is gonna give me, like, opportunity to develop these skills [research skills] further. Um, skills that probably I’m not gonna get to develop in practice to that level, because time, you know, you just don’t and those opportunity don’t come up” (Hope 369-373)

Hope’s experience of being in a research post as her first post gives some insight into what it’s like when an early career occupational therapist has an opportunity to practice university learning when qualified. When reporting above on the sub theme of ‘Time gaps – adding to the theory practice divide’ it appeared that for other participants not being able to put their research knowledge and skills into practice in their early careers had an impact on perception of their current research capacity. Furthermore, time, context and personal issues such as identity and confidence are barriers for them actualising their potential contribution to research capacity. However, Hope’s experience of actualising her research capacity in her first post meant that she had an opportunity of putting her individual research knowledge and skills into practice in a timely way. Hope’s experience indicates that using skills and knowledge that are “fresh” helped her to actualize her research capacity. Her reflection suggests that this was the case.

“I’d come out and it was all still there. I was used to, like you know, my searching and got better I was used to, like narrowing that down and finding the information that I needed about it, taking like a long time. Used to reading through articles, you know, how to critique them. Um, I had all of those skills” (Hope 458-463)

A further example of the domino effect is provided later in Hope’s interview. Although Hope is no longer working in a specific research post, she reflects on her first research post and the longer term benefit and impact of that on her as an occupational therapist

“Because I’d done a lot of research, so I felt really confident in what I was saying and can really take, um ownership for that. When kind um, needing to draw on that, I think it’s definitely helped me to really push forward my views and opinions, not let them be, like, shot down. Um, so I would say it’s definitely helped my confidence” (Hope 771-777).

4.5 Summary of Findings

There is no link between the length of time in the profession and the number of posts a participant has held since graduation, however of relevance for research capacity is that the moving about between posts, because of being in a rotation post, means that it is difficult for some early career occupational therapists to contribute to research capacity, beyond utilising research to inform practice.

Despite some of the participants having a belief that research engagement is influenced either positively or negatively, by the specialism in which you work, this was not indicated in this research. All of the participants had current experience of utilising their research capacity. However this varied from utilising research to inform practice for example through literature searching to underpin clinical practice - all of the participants made reference to this; to participating in audit ‘Barbara, Fiona and Carol provided examples of audit experience. Only one participant, Hope, has experience of developing new knowledge through research. Hope’s experience of this was in her first post-qualification post, when she was employed to specifically lead a research project.

For a number of the participants engaging in audit or research activity is seen as worthwhile because it contributes to service development. The idea of research activity having value as it could lead to services being improved for the service users appears to be an important motivator for engagement in research for early career occupational therapists.

For the early career occupational therapists in this study their experiences suggest that engagement in research is an additional activity, not core to being an early career, Band 5 occupational therapist. For early career occupational therapists becoming good clinicians is their priority. It appears that for some early career occupational therapists, becoming a good clinician is 'all consuming', meaning they have little time or energy to engage in anything other than what is viewed as the priority for them, which is 'doing occupational therapy'. By this they appear to mean being seen to be spending time with patients. One of the participants, Carol, spoke about having 'an audit objective' set within her annual appraisal; it appears this strategy is useful as a motivator for engagement in research. However, despite this being a requirement for her to complete, it appears that it is still an 'add-on' to core work requirements. For Carol, and a number of other participants, their research activities were undertaken outside of work, within their own time, thus indicating that engagement in research activities for early career occupational therapist is not viewed as a priority within the workplace.

Considering future engagement in research, it appears that a number of the participants are not ready to progress their individual research capacity beyond the utilisation of others' research to inform their practice. It appears that a reason for this is that they have lost their confidence in their research knowledge and skills. All of these participants had achieved a first class (Honours) degree, however, for most of the participants, even after a relatively short time from completing their undergraduate studies, they appear to have lost their confidence; lack of opportunity to fully utilise their research knowledge and skills within the practice environment appears to have contributed to this. Indeed most identified a need for some further research skills training if they are to engage in research in the future.

It appears that having a future research-self is the exception for early career occupational therapists. As relatively new members of the profession, it should not be a surprise that professional identity development is linked to

what could be termed as the clinical domain of practice. Though this appears to be the aspiration of most of the participants some also have research aspirations. This research provides some insight into the experience of being an early career occupational therapist, and that for some, this early stage of their career might be a time of some frustration. This is because they have not as yet 'found' opportunities to actualise their research ambitions, and therefore not as yet fully utilising their individual research capacity potential.

This summary has provided an overview of some of the main findings from this research. Further detailed consideration of these findings in relation to the questions addressed by this study, will be considered next, in Chapter 5.

Chapter 5 Discussion

In this chapter I return to the research questions and discuss the findings with reference to the questions that this study sought to answer.

5.1 Addressing the research questions

The two research questions for this study were: 'what are early career occupational therapists' experiences of contributing to research capacity in the practice environment?' and 'when utilising their experience to consider future contribution to research capacity, what do early career occupational therapists envisage?' Following an IPA approach led me to identify that the early career occupational therapists in this study face professional challenges and that these challenges have an impact on their current and future contribution to research capacity. These challenges will be discussed using three topic areas:- professional identity of early career occupational therapists, professional socialisation of early career occupational therapists, and research capacity and how it is defined. Consideration of the current contribution of early career occupational therapists is integrated into these discussion areas. Future contributions are then discussed. The recommendations from this study are considered in the conclusion.

5.1.1 Current contribution

The findings from this study suggest that early career occupational therapists that enter the profession with a first class honours degree in occupational therapy have not yet made a contribution to research capacity in the workplace. A main reason for this is that the research capacity of early career occupational therapists is influenced by their individual occupational therapy identity.

Professional identity is described as the recognition of beliefs, attitudes, values, knowledge, skills and understanding of one's role within the context of

the professional group to which you belong (Adams, Hean, Stugis & Macleod Clark, 2006). The development of professional identity begins in the early stages of learning about the specific profession. According to Trede, Macklin and Bridges, (2011), this is during the pre-registration phase. In terms of post-registration, it is suggested by Ashby, Adler and Herbert (2016) that having a clear professional identity aids a successful transition into practice (Ashby *et al*, 2016). In 2011, Turner (2011) suggested that for the UK's occupational therapy profession to move beyond adolescence, it needed to have a clear occupational therapy identity. For Turner (2011) there is a clear link between identity development and research; the profession needs to advance its research capacity to achieve a mature identity (Turner, 2011). For higher education this has meant that 'occupation' needs to be central to occupational therapy curricula (Ashby *et al*, 2016). Indeed occupational therapy programmes within the UK are required to demonstrate that the programme is 'occupation' focused (COT, 2011; WFOT, 2016) so that students graduate with a clear understanding of both the theory and practice of occupational therapy.

As a profession, research knowledge and skills are integral to being an occupational therapist (HCPC, 2013b; COT, 2011), it could therefore be argued that this is part of an occupational therapist's identity. However, the findings from this study suggest that the identity of an early career occupational therapist does not include research. A way of exploring this is to consider engagement in research as an 'occupation'. There are a variety of definitions for the term 'occupation'. In occupational therapy 'occupation' commonly encompasses engagement in tasks or activities that are of significance, or meaningful, to an individual (RCOT, n.d.).

Considering engagement in research capacity activities from the perspective of it being a meaningful occupation for the early career occupational therapist in this study provides some understanding as to why research capacity activities are not embedded into the identity of early career occupational

therapists. Research being of 'occupational' significance was not considered at all in my reflections within the foreunderstanding process of IPA. Although I was interested in exploring understanding of research capacity, I did not expect that research, as an occupation, would become such an integral part of this study. Understanding the nature of humans' engagement with occupations is of concern to occupational therapists, and is an underpinning theoretical foundation within current occupational therapy education. As this is the context in which I work, it does follow that this lens will be influential in my interpretations. The hermeneutic process within IPA involves the participants making sense of their context, and the researcher making sense of the story told by the participants. This is achieved by arriving at interpretations based on the participant's story combined with the researcher's knowledge that they bring to the study. This double hermeneutic process is part of what makes IPA so unique. Applying IPA led me to conclude that undertaking research is not a meaningful occupation for the early career occupational therapists in this study. This could therefore explain why research capacity contribution was not embedded in early career occupational therapists' identities.

The finding that research is not a meaningful occupation for early career occupational therapists, and not part of an early career occupational therapist's identity, is somewhat surprising given that engagement in research activities is a major part of their undergraduate occupational therapy education. To understand this further requires some consideration and reflection on the undergraduate learning experience. The occupational therapy undergraduate curriculum is delivered within the higher education environment and also within clinical practice. Within the UK, pre-registration occupational therapy students have to undertake at least 1,000 hours in clinical practice (WFOT, 2016). Professional identity development is therefore the responsibility of both the university-based educators and the practice-based educators. Gat and Ratzon (2014) suggest that the learning from the practice-based education is an important part of identity development, as practice education "provides an essential bridge between the classroom and

the service setting” (p.47). The influence of practice education on identity can be seen in the findings from Towns and Ashby’s (2014) study. Their phenomenological study focused on understanding the influence of practice educators on students’ use of theoretical knowledge in practice. They concluded that a practice educator’s attitude could both positively and negatively shape students’ attitudes. Understanding the influence of practice educators on identity development provides insight into the challenge of the curricula in shaping the identity of student occupational therapists.

Like that of student occupational therapists, the identity of early career occupational therapists appears to be influenced by the beliefs, values and working practices of the people with whom they are working on a daily basis. If research is not valued within their daily environments, then research capacity contribution is perceived as difficult to achieve. In addition to a lack of research capacity stimuli within their work environments, none of the early career occupational therapists in this study made any reference to other external networks that could support their research capacity contribution. For example there is a North West Allied Health Professions online network, and there is an active CAHPR local group in Cheshire and Merseyside. This suggests that there is a lack of knowledge about these professional development networks within the practice environment. For the early career occupational therapists in this study, this could possibly be because these networks are not routinely used within their work environments. Social psychology proposes that perceptions of others influences an individual’s actions and behaviours (Hogg & Vaughan, 2014). Within this study both the actual and implied presence of colleagues resulted in the early career occupational therapists not doing research activities within their work place. This was because research did not appear to fit with others’ perceptions of what occupational therapy is, and what others perceive as the roles and responsibilities of early career occupational therapists.

In understanding the impact of professional identity on the research capacity contribution of the early career occupational therapist, it can be seen that there is a connection between identity and professional socialisation. This is emphasised by Hunter, Laursen and Seymour (2006). They state that “Identity development and professional socialization are framed as a process of negotiated meaning making within a community of practice” (Hunter *et al*, 2006, p.67). For occupational therapists the process of professional socialisation begins as soon as an individual assumes the role of a student occupational therapist. Adams *et al*, (2006) suggest that professional socialisation occurs through critical experiences. These critical experiences “trigger the construction of a professional identity” (Adams *et al*, 2006, p.57). This construction of professional identity is not just for students but also for novice professionals, who are reconciling the idealised professional identity that they may have developed as a student, and reconstructing it within the realities of the practice environment they are working in as a novice. Narasimha (2018) emphasises that socialisation is a learning process, and that this learning occurs when a new graduate makes the transition to work. It is also suggested that the professional socialisation process is influenced by the presence of role models “to help the novice find the appropriate identity” (Adams *et al*, 2006, p.57). The findings from this study suggest that it is not the norm to have occupational therapy role models within the practice environment, for whom research capacity is an embedded part of their occupational therapy identity.

Also, for the early career occupational therapist, viewing their professional identity via membership of a specific in-group provides a narrow lens. Working from a narrow lens can lead to individuals becoming a prototype, in that they are displaying behaviours, norms and values as expected by those in the specific in-group (Hogg & Vaughan, 2014). This narrow lens afforded by wanting to be accepted within their specific work teams or in-group could account for why early career occupational therapists do not appear to value doing research or recognise the use of evidence based practice as contributing to research capacity.

Professional socialisation is important for early career occupational therapists, and of importance for research capacity contribution. All of the participants in this study left university between two and four years ago, and though not all of them have been employed as occupational therapists since graduation, they have all been working in healthcare associated posts. This includes Hope, who was initially employed as a research assistant for one-year post-qualification; this was a practice focused research project, requiring her to be directly involved in healthcare services and located in healthcare environments. As an occupational therapist this led me to think about how the environments in which early career occupational therapists work, and inherent to this the ones in which the professional socialisation process occurs, contribute to the meaning making for research. It would appear that the environment in which early career occupational therapists practice influences their research capacity.

Occupational therapy has an established literature base underlying the relationship between the environment and engagement in occupations (Christensen & Baum, 2005; Law *et al*, 1996). This study indicates that there is a dynamic relationship between the individual, the environment in which they practice occupational therapy, and their research capacity. From this study, it appears that the early career occupational therapists with a first class honours degree are not fully utilising their research capacity within their work environment. There appear to be various reasons underpinning this. The environments do not appear to place value on the research skills and knowledge that the early career occupational therapists have. Research capacity appears to be linked to seniority within the profession. Early career occupational therapists maybe junior therapists but viewing them as such, might mean that the research skills and knowledge that they do bring to their practice as early career occupational therapists is not utilised.

Professional socialisation is described as involving both overt and hidden learning that is internalised (Hunter & Cook, 2018). The hidden learning or

hidden curriculum relates to the workplace culture, learning about the values, expectations and norms within a workplace (Hunter & Cook, 2018). As discussed above, the workplace is known to influence identity, and research capacity contribution. This study suggests that the hidden curriculum for early career occupational therapists is leading them to conclude that research capacity contribution is not something that is expected of them as early career occupational therapists. Opportunities for early career occupational therapists to reconstruct their research knowledge and skills within the practice setting do therefore appear to be limited. In line with findings from previous research, (Pager *et al*, 2012; Pighills *et al*, 2013; Upton, Stephens, Williams & Scurlock-Evans, 2014) reasons for this include not having enough time, having competing priorities, and anxiety about research knowledge and skills. The findings from this study indicate that abiding by unstated professional rules of behaviour for a junior member of the profession is a further reason.

This study provides some insight into what can make a make a difference to an early career occupational therapist's current research capacity. Having opportunities to engage in activities in which they can utilise the research skills learned at university - for example audit, as illustrated by Barbara and Carol - and having a specific research goal set within a personal development review process, as was Carol's experience, appear to make a difference. For Carol they provided her with a belief that her workplace values research, thus that she is working in a research positive culture. These examples illustrate that having an external motivator, such as set goals, can be helpful. Having research goals set for early career occupational therapist might then also contribute to addressing the perception held by early career occupational therapists that engaging in research is related to being a senior member of the profession; it is therefore not for them as 'junior' members.

One of the surprising findings from this study is that early career occupational therapists are not static in their career; they have all experienced changes in their work contexts. There is no published research about the career pathway

of early career occupational therapists. From my experience in occupational therapy practice and higher education, I understood previously that early career occupational therapists remained in the initial qualification banding (Band 5) for a substantial period of time, usually one to three years. What is interesting is that it appears that even if an early career occupational therapist remains within the same band and with the same employer for a substantial period of time, then there is likely to be regular change, due to rotation posts. Being in a state of change might mean that it is difficult to commit to a research project that will take longer than the time they have within the specific post. There is also limited time to develop relationships that might lead to research capacity opportunities. As research opportunities are often not visible, this presents a further challenge for early career occupational therapists who may want to seek out research capacity opportunities. Being in post for a limited time presents a barrier not only to current research capacity but also to potential research capacity.

In attempting to understand current and future contribution to research capacity, it appears that there is a lack of clarity about the meaning of research capacity. The findings from the study indicate that early career occupational therapists who enter the profession with a first class honours degree in occupational therapy, are not clear about the scope of their practice and what activities would be deemed a contribution to research capacity. Significantly for this study, there is confusion about whether research capacity is doing research and/or utilising research.

The literature review indicated that the professional body, the RCOT, is intending research capacity to encompass both. This is indicated by the content within the recent Career Framework (RCOT, 2017), in which there is reference to both the doing of and utilisation of research within practice. The findings from my study indicate uncertainty amongst the early career occupational therapists in this study about what constitutes research capacity contribution. I am advocating that it is both the doing and the utilisation of

research. I propose that there is a need to reframe the conversation within the occupational therapy profession about research capacity, to reflect a continuum of activities, so as to widen the scope of research capacity contribution across the profession, and prevent it from being seen as something for just the senior members of the profession.

5.1.2 Future contribution

The question of future contribution to research capacity in the practice environment is now considered. The early career occupational therapists in this study indicated that their focus was on their current practice. If they are to engage in research they want it to be focused on their current practice and to be patient focused, as this is what they value. Having direct patient contact is what the early career occupational therapists value. This contributes to the formation of their professional identity and reinforces the worth associated with their career choice. They are also conforming to the expected behaviours within their specific professional environment. This suggests that for them, the current demands of their occupational therapy roles take precedence over concerns about potential future issues. The immediate present appears to be more of a concern than future self-thinking and actions.

Possible-selves theory focuses on how individuals think about themselves and about their potential and future, specifically “what we could become, what we would like to become and what we are afraid of becoming” (Markus & Nurius, 1986, p.954). The findings from this study suggest that first class (Honours) early career occupational therapists locate themselves within the present, that their practice and actions are mainly present focused. Two of the participants expressed a readiness for career advancement, meaning to the next grade, but only one spoke about future self in relation to her contribution to research. This raises some issues for research capacity development. Research such as investigation leading to the creation of new knowledge is by virtue a future-focused activity. The act of researching takes place in the present. However, understanding the findings and knowing the

impact of the research are not possible at the outset of the research and therefore could be placed in the future.

Early career first class honours occupational therapists have skills and knowledge to carry out research and some have a vision of their future possible-self that includes research capacity contribution. Though being focused in the present is a common feature, there are indications that for some early career occupational therapists, the future is a consideration. For those who do consider future contribution to research capacity, this is linked to career advancement. Contributing to research capacity appears to be expected from a more senior occupational therapist. In this study, there is almost an acceptance by the early career occupational therapists that this is something that they will do when they are more senior. The scope of this study does not extend to exploring whether this is the case in practice. This study does show that for early career first class honours occupational therapists there are a variety of reasons why research capacity contribution, in the future as well as the present, may also be a challenge. Possible-selves theory exposes the fears, or barriers, in reaching the future self. Engaging in conversations with early career occupational therapists about their future engagement in research indicates there are personal barriers, the main one being a lack of confidence in having the skills required to do research. This adds to the knowledge generated by Pighills *et al*, (2013), who identified anxiety about undertaking qualitative research as a specific issue for occupational therapists. Pighills *et al*, (2013) and Upton *et al*, (2014) identified environmental issues including lack of time. The findings from this study, suggest that this is also a perceived barrier for UK early career occupational therapists to actualise their research self in the future.

Osyerman *et al*, (2004) discuss the use of possible-selves theory as a road map, in that it can provide a framework for identifying future ambitions and objectives. Some of the early career occupational therapists in this study did talk about future goals, for example promotion to Band 6. When discussing

promotion some made reference to research capacity contribution in relation to their promotion prospects. What was interesting from these conversations is that all of the participants concluded the meeting with a closing comment about how much they had enjoyed talking about the topic, and that engaging in a conversation about their current and future research capacity had given them an opportunity to think about research again. Possible-selves theory suggests that how people perceive themselves influences behaviour and choices (Leondari, 2007). It appears that participating in this research provided an opportunity for a research possible-self to be considered. As discussed in Chapter 3, the ideas of Heidegger have influenced phenomenology and IPA (Smith *et al*, 2009). Heidegger's idea of temporality suggests that as human beings we think about and act in the past, the current, and the future, rather than time being linear (Guignon, 1993). Using this idea of time not being linear might also be useful to aid reflection on research capacity contribution. One of the perceived benefits identified in the Participant Information Sheet (see Appendix 4) was "the opportunity to reflect on your experiences, individual learning, skills and development relating to research capacity". Having an opportunity to engage in conversations about past, current, and future research capacity contribution appears to be a rare experience for early career occupational therapists and one that prompted reflection on possible future-selves.

5.1.3 Going forward

To summarise, this discussion has highlighted the dynamic relationship between the individual, the environment in which they practice occupational therapy and their research capacity. Taking an occupational perspective this dynamic relationship is viewed as 'transactional'. A transactional relationship is an interdependence of the person and their environment, rather than an interactive approach in which the person and characteristics of the environment exist independently of one another (Law *et al*, 1996). This dynamic relationship between early career occupational therapists and their work environment has already been discussed within occupational therapy

literature. For example, in seeking to understand the challenges experienced by occupational therapists within their practice, Murray, Turpin, Edwards and Jones' (2015) qualitative meta-analysis study, synthesises their findings using the three themes of challenges in context, personal challenges, and social and cultural challenges. Murray *et al*, (2015) show that there is overlap between the individual and the workplace context, reinforcing this transactional relationship. This study adds to existing knowledge about the transactional relationship between the person, their workplace context, and engagement in occupation. Importantly, it provides new knowledge about the impact of the overlap on the research capacity contribution of early career occupational therapists.

5.1.4 A reflection on the trustworthiness and quality of this research

As stated in Chapter 1 my intention was to produce a study that could be deemed trustworthy. My criteria for achieving this were guided by Guba and Lincoln's criteria for credibility, transferability, dependability and confirmability (Guba & Lincoln, 2008), and also by Yardley's 4 principles for assessing the quality of qualitative research (Yardley, 2000).

I diligently used a research diary throughout the whole of the research study. I found the engagement with the diary to be a comfort; it almost became another companion, in what was sometimes a very lonely journey. This was particularly important during the data analysis phase of the study, when I was on a sabbatical from work, and alone working at home on the study for seven hours a day. Using the diary to note down my thinking and my interpretations and testing out my ideas for themes in preparation for supervision sessions was highly valuable. It has also been invaluable during the writing up of the thesis.

This thesis provides detailed descriptions of my context as a researcher, the context of the participants and the overall context of the study. This detailed

description is important as it will allow the reader to make a judgement about the transferability of the findings to their own context.

I am satisfied that the write-up of this study provides evidence of dependability. Adhering to the IPA process outlined by Smith, Flowers and Larkin (2009) provided a framework that was invaluable to me as a novice IPA researcher. It provided me with a credible method of data analysis that ultimately helped me manage what was a huge volume of data, to arrive at findings that answer the research questions, and to achieve the aims of the research. I acknowledge that me being a novice IPA researcher could be deemed as a limitation of this study. However, as a novice I was diligent and thorough within the data analysis phase of the study. I did not have any previous IPA study experience to draw on so my approach could be deemed purist, meaning it stayed in line with Smith *et al's*, (2009) guidance. Being a novice and taking a purist approach meant that data analysis was very time consuming; however, it resulted in a deep understanding of research capacity and early career occupational therapists.

To demonstrate confirmability within my study, in addition to the examples provided above of credibility transferability and dependability, I was conscious during the writing up phase that I needed to show the reader how I arrived at the interpretations. (Koch, 1994). Though word count presented some challenges for this, I am satisfied that the details provided in Chapter 4 provide evidence of this.

A description of Yardley's principles is contained within Appendix 7. This content is taken from my research diary. I also had a copy of this on my wall next to my computer. I used it to guide my decisions at all phases and also as a reference point to identify any issues that could potentially have an impact on the overall quality of the study. It served as a constant reminder to me of the actions that I needed to take to produce good quality research. I believe I have achieved this.

Chapter 6 Conclusion and Recommendations

In this final chapter I return to the aims of the study and consider the implications of the findings from this study for each of the aims. An integral part of this content is consideration of the impact of the study findings on my practice. The chapter culminates with some recommendations as a way forward for addressing current and future research capacity contribution of early career first class (Honours) occupational therapists.

6.1 Addressing the specific objectives

6.1.1 Contributing to the UK Occupational Therapy profession's knowledge about research capacity in practice

As mentioned in the introduction, at the time of writing up this study the Royal College of Occupational Therapists was leading a professional engagement exercise with members of the professional body to inform a revised Research and Development Strategy for the profession. As an active and engaged professional body member with an interest in research and development within the profession, I attended one of the engagement workshops. At this workshop, I provided my ideas about some of the areas for the profession to focus on. One of the points I made specifically, based on this study, was that there needs to be a further conversation within the profession to ensure clarity about the language and terminology that is readily used to ensure that the meaning of 'research' and its place within evidence-based practice is promoted.

I had a further opportunity to utilise the findings from this research and contribute to the profession's knowledge when I was invited to give a presentation on my findings to two personnel from RCOT, one of who was leading the RCOT research engagement exercise. This presentation was

conducted via teleconference in May 2018. The slides that I prepared and presented are located in Appendix 8.

The RCOT (2017) Career Framework provides a list of the knowledge and skill expectations within the four identified pillars of practice. For the Evidence, Research and Development Pillar, the skills outlined above at Level 5 indicate that there are specific skills that all members of the profession who have a BSc (Honours) degree are expected to have; early career occupational therapists fall under this category. This is a new document. Therefore, we do not know the impact that it will have on the profession. However, for this study what is useful is the explicit naming of the research skills required for all 'qualified' HCPC registered occupational therapists.

This includes: -

- Undertake systematic information searches, select relevant information, critically read, recruit research participants, analyse basic research/ service evaluation data and record routine research/service evaluation data in line with guidance.
- Disseminate evidence including effective writing for a range of situations (e.g. emails, audit reports, conference abstracts, research papers, presentations, study events) with more experienced colleagues.
- Identify evidence gaps and contribute to the formulation of critical question(s) that warrant further research, audit, or service evaluation, considering policy drivers and future research priorities.
- Contribute to grant applications and awards with support from more experienced colleagues. (RCOT, 2017, p43)

The RCOT's current focus on research capacity within the UK has opened up the conversation about research and what it means in practice. The findings from this research indicate that it would be useful to have some consistent widespread understanding about what research means in its application to practice. This study has identified that as a need for early occupational

therapists specifically. Further research is needed in order to thoroughly understand if this is a gap for the wider profession. This wider understanding is currently being explored in the research capacity project being led by the RCOT. This study will therefore add to the findings from the RCOT's project.

This study drew on the widely accepted definition of research capacity to inform this study. Within Trostle's definition, there is reference to individual competence. It is this area of individual competence that would benefit from further attention. Pighills *et al*, (2013), refer to a continuum of research skills. Participants in this study did not readily identify themselves as having individual competence in research. Shifting the language that we use in the profession so that the word research is associated with a range of skills and knowledge, might address recognition of an individual's research skills and competence.

6.1.2 Informing the development of local Occupational Therapy undergraduate programme provision

All of the early career first class (Honours) occupational therapists in this study obtained posts as occupational therapists following their undergraduate degree. Despite them all participating in a degree programme in which they were exposed to research, for example learning about research generated by others in journals, and developing their own research skills by designing and undertaking a systematic review, research does not appear to be an integral part of their occupational therapy identity. As an occupational therapy educator, and specifically in my role as a leader of an undergraduate programme, this research can inform the development of the programme provision in the institution in which I am located.

I am currently leading a review of the programme, and have used the findings from this study to influence the design of the undergraduate occupational

therapy curriculum. The aim is to embed research capacity contribution within the identity of occupational therapy undergraduate students. The intended outcome is that occupational therapy graduates will enter the workplace with a clear occupational therapy identity, in which research capacity contribution is an accepted integral component. To achieve this, in my role as a programme leader, I plan on making some changes to the overall programme pattern to ensure that occupational therapy students participate in research modules in each year of the programme. Appendix 9 contains the proposed programme pattern. The research focus is contained in the evidence for practice modules, which are located in each year of the programme. One change that I have already progressed and which is currently being implemented is the introduction of a new profession-specific research module in the first semester of the first year of the undergraduate occupational therapy programme. I worked with a small group of colleagues to design this new module. The findings from this study influenced the learning outcomes for the module; the learning outcomes address both the utilisation of research and the doing of research. Appendix 10 contains a copy of the module specification for this new module. It was approved by the University in August 2018, and is being delivered for the first time during the 2018-19 academic year.

As well as the programme design changing, as the Head of Programme, I intend to ensure that the occupational therapy programme teaching team adopt a language of research that embraces both the utilisation of research and the doing of research. In doing this I hope to achieve a cultural change within the programme. The teaching team members are role models for the students. I will continue to encourage the team members to share examples of both utilisation and doing research so that it becomes part of the norm for the students when in University to hear about occupational therapists' research practice, not just in the research modules, but also in any modules when relevant to the teaching. In addition, I also plan to enhance extra-curricular opportunities for students to be engaged in doing research. This is something that the programme team have started to think about, and again will be an aspect of engagement in research that I plan to foster as the Head

of Programme. As part of my University's strategy, Strategy 2026, the learning experience needs to provide research-connected teaching (UoL, n.d.), so achieving the above changes to the curricula, culture, and practice within my workplace change will help my programme to demonstrate achievement of this specific University wide objective.

Student occupational therapists spend at least 1,000 hours in clinical practice with practicing occupational therapists. The professional socialisation of students within the placement environment requires further consideration. The findings from this study will therefore also be used to inform education events with the practice educators who provide placements to the students from the undergraduate programme that I lead. I plan on sharing the findings of my research with local occupational therapy educators. The aim is to ensure that practice educators have an understanding of their role in both the socialisation process and the identity development of occupational therapy students, and encourage them to make research capacity contribution an overt part of their practice when educating student occupational therapists. What I can influence from a programme curricula perspective is to build research activities into practice placements. For example as the module leader for a Year 1/Level 4 module that spans the first year of the programme and is delivered in University and in practice placement settings, I can develop learning tasks to be undertaken on placement. As the students are Year 1 these tasks would be aimed at developing their understanding about research in occupational therapy practice, so recording examples of research activities that they observe when on placement. Being required to discuss this as a learning need with the practice educator may help the topic of research to be a focus for the student and practice placement colleagues, thus helping to raise the profile of all research activities. It might also contribute to bridging the theory-practice gap between university and the practice environment.

6.2 Way forward: recommendations from this study

Occupational therapy has an established literature base underlying the relationship between the environment and engagement in occupations (Christensen & Baum, 2005; Law *et al*, 1996). For this study understanding the context in which the participants are working was vital to fully understand the complexity of the challenges that they are facing as early career occupational therapists and the challenges for research capacity building. This study concludes that there is a dynamic relationship between the individual early career occupational therapist, the context/environments in which they practice and their engagement in research capacity building. The following recommendations are aimed at a variety of key stakeholders outside of higher education who also have a role in addressing research capacity contribution of early career occupational therapists.

6.2.1 For employers of early career occupational therapists

One recommendation that arises from this study is that employers of early career occupational therapists could initiate conversations with the early career occupational therapists about their potential research capacity contribution. Employers could find out what knowledge and skills early career occupational therapists bring to their work place with a view to utilising the full range of their knowledge and skills within their occupational therapy practice. This might for example include them sharing their research knowledge and skills with others to contribute to research capacity building in their organisation through development of individual skills and knowledge. A further recommendation from the findings from within this study is to include a research related goal within the Band 5's personal development plan. The findings from this study indicate that engaging in audit activity is one example of how contribution to research capacity could be demonstrated as an early career occupational therapist. The role of strong leadership is identified as a facilitator for research engagement by Birken *et al*, (2017); this could be one way in which senior occupational therapists that lead the development of junior staff can influence research capacity development within the practice

environment. I plan to include these recommendations in any dissemination, for example if an abstract is accepted, at the RCOT annual conference in June 2019.

6.2.2 For the profession of occupational therapy

Research is a component of evidence-based practice (Taylor, 2007), which is commonly accepted within the UK occupational therapy profession. Situating research capacity within the evidence-based practice framework makes sense as it acknowledges the role research plays in underpinning the rationale for practice decisions. However, the findings from this study indicate that there may be a need to develop the profession's understanding about research capacity, in order for it to be more inclusive across the spectrum of occupational therapy practitioners. If we are to develop research capacity within the profession, and utilise the knowledge and skills of all occupational therapists including the early career members of the profession, then we have some work to do on reframing research so that it is a meaningful occupation for all occupational therapists. The ideas of Pighills *et al*, (2013) may be of use to help with this. They frame research capacity as a continuum (Pighills, Plummer, Harvey & Pain 2013). The continuum encompasses the consumption of research produced by others; in the UK this is more commonly referred to as evidence-based practice (EBP), to having the ability to produce research (Pighills *et al*, 2013). The significance of language has shown itself to be important in this study. Having a research capacity framework based on a continuum such as that outlined by Pighills *et al*, (2013) could broaden our perspective about what research capacity includes, so that it becomes something that the majority of members can readily identify as being able to contribute to.

6.2.3 For my practice

What was common to all the participants is that each appeared to value the opportunity to reflect on their future possible selves. I have to date used the

findings from this study to develop and deliver two continuing professional development workshops for qualified occupational therapists. Appendix 10 contains the programme for a workshop I delivered with a colleague. This was attended by 15 local occupational therapists. Appendix 11 is the abstract for a workshop that a colleague and I delivered at the RCOT annual conference in Birmingham, UK in July 2017. Over 30 participants attended this workshop. These workshops provided an opportunity for me to begin to disseminate the findings from this study. Dissemination continued via a poster presentation at the RCOT annual conference in July 2019. I intend to further progress dissemination through submission of papers for publication.

6.2.4 Further research

Undertaking this study from an interpretivist paradigm, has provided the occupational therapy profession with some understanding about the unique experiences of eight early career first class (Honours) occupational therapists and their perspective on their current and future contribution to research capacity.

To understand the phenomenon of research capacity contribution from the perspective of the early career occupational therapists, further research could be undertaken with a different sample, for example, early career occupational therapists with a different classification award, or early career occupational therapists who graduated from a different UK higher education institution. This would add to the knowledge developed from this study.

Also the theory of possible-selves was utilised within this study. In order to progress the understanding of this theory and to evaluate the transferability of the ideas reported within other disciplines such as teaching (Dabback, 2018 and Gaudelli & Ousley, 2009) I could undertake research into this. This type of study in which I am aiming to bring about change in my practice would be suited to an action research project (Burton, et al, 2008).

6.3 A closing reflection

On starting the thesis I believed all occupational therapists should be contributing to research capacity building. This 'should' was built on the professional obligations within the occupational therapy Code of Ethics and Professional Conduct (COT, 2015). As an occupational educator I am fully conversant with these and embed them within my teaching. Professional obligation and responsibilities are therefore high on my level of consciousness. However, the early career occupational therapy participants in this study identified real challenges for an early career occupational therapist to contribute to research capacity in practice. What this study shows is what those challenges are. Most importantly, through taking an IPA approach, the findings from this study provide a rich understanding of the complexity and interconnectivity between the personal/individual challenges, the context/environments in which early career first class (Honours) occupational therapists practice, and their engagement in research capacity building.

In writing up this study I have examined, considered and reflected on my thinking and perceptions as an occupational therapist with nearly 30 years in the profession. What I have learned is that my thinking and values, which are very much influenced by my role as an educator of professional practice, are very different to what is valued by first class (Honours) early career occupational therapists. This has led me to what I hope is a more empathetic understanding of what it's like to be an early career occupational therapist. It has also importantly for an occupational therapy educator, aided my understanding of professional identity formation and the role of professional socialisation in shaping research capacity contribution.

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Chapter 8 Appendices

Appendix 1: Ethics approval letter

Appendix 2: Participant Profile

Appendix 3: Consent form

Appendix 4: Participant Information Sheet

Appendix 5: Interview Schedule (1st Interview 28th May 2015)

Appendix 6: Research capacity definition used in the interviews

Appendix 7: Extract from research diary: Applying Yardley's 4 principles to my
research

Appendix 8: Presentation to RCOT May 2018

Appendix 9: BSc (Hons) Occupational Therapy 2009, Programme overview

Appendix 10: Extract Module specification: Year 1, Evidence for Practice 1

Appendix 11: Engaging research workshop: March 2017

Appendix 12: Engaging research workshop: Abstract for RCOT Conference
July 2017

8.1 Appendix 1: Ethics approval letter

Dear Michaela

I am pleased to inform you that the EdD. Virtual Programme Research Ethics Committee (VPREC) has approved your application for ethical approval for your study. Details and conditions of the approval can be found below.

Sub-Committee:	EdD. Virtual Programme Research Ethics Committee (VPREC)
Review type:	Expedited
PI:	
School:	Lifelong Learning
Title:	
First Reviewer:	Dr. Peter Kahn
Second Reviewer:	Dr. Lucilla Crosta
Other members of the Committee	Dr. Baaska Anderson; Dr. Marco Ferreira; Dr. Viola Manokore; Dr. Carol Ray Philips

Date of Approval: 2nd March 2015

The application was APPROVED subject to the following conditions:

Conditions

1	Mandatory	M: All serious adverse events must be reported to the VPREC within 24 hours of their occurrence, via the EdD Thesis Primary Supervisor.
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This approval applies for the duration of the research. If it is proposed to extend the duration of the study as specified in the application form, the Sub-Committee should be notified. If it is proposed to make an amendment to the research, you should notify the Sub-Committee by following the Notice of Amendment procedure outlined at <http://www.liv.ac.uk/media/livacuk/researchethics/notice%20of%20amendment.doc>.

Where your research includes elements that are not conducted in the UK, approval to proceed is further conditional upon a thorough risk assessment of the site and local permission to carry out the research, including, where such a body exists, local research ethics committee approval. No documentation of local permission is required (a) if the researcher will simply be asking organizations to distribute research invitations on the researcher's behalf, or (b) if the researcher is using only public means to identify/contact participants. When medical, educational, or business records are analysed or used to identify potential research participants, the site needs to explicitly approve access to data for research purposes (even if the researcher normally has access to that data to perform his or her job).

Please note that the approval to proceed depends also on research proposal approval. Research proposal approval was completed for you in January 2015.

Kind regards,

Peter Kahn

Chair, EdD. VPREC

8.2 Appendix 2: Participant Profile

Participant Profile - Early Career Occupational Therapists

I would be grateful if you could answer the following questions and then return the completed profile via email to myself at Michaela.higginson@online.liverpool.ac.uk before your 1:1 interview.

The answers will provide me with individual context data to help me prepare for your interview and will also provide an understanding of your career employment experience to date, which will add to the discussion about the findings from this study. For the purpose of this study I am interested only in posts in which you have been employed as a qualified Occupational Therapist i.e. posts for which you are required to be HCPC registered.

Name: **Date of graduation** (month and year):

HCPC Registered: Please indicate YES or NO

Current Employment

Title of current post: Grade:

Employer:

Date Commenced:

Type of contract (please circle): Permanent / Fixed-term / Locum via an agency /

Temporary bank / Other (please specify)

Is this your first post within Occupational Therapy? **YES / NO** (please circle)

If NO please complete the below career history, starting with the most recent post first.

Previous Employment (1)

Title of current post: Grade:

Employer:

Date Commenced: Date Left:

Type of contract (please circle): Permanent / Fixed-term / Locum via an agency /

Temporary bank / Other (please specify)

Reason for leaving:

Previous Employment (2)

Title of current post: Grade:

Employer:

Date Commenced: Date Left:

Type of contract (please circle): Permanent / Fixed-term / Locum via an agency /

Temporary bank / Other (please specify)

Reason for leaving:

Previous Employment (3)

Title of current post: Grade:

Employer:

Date Commenced: Date Left:

Type of contract (please circle): Permanent / Fixed-term / Locum via an agency /

Temporary bank / Other (please specify)

Reason for leaving:

OTHER additional employment (beyond 3): – Please include brief details below:

Signed:



Date: 18th May 2015

Thank you for taking the time to complete this form. Please return it to

Michaela.higginson@online.liverpool.ac.uk

8.3 Appendix 3: Consent form

PARTICIPANT CONSENT FORM

Title of Research Project: “An exploration of 1st class (Hons) early career occupational therapists and their current and future potential contribution to research capacity development in the UK occupational therapy practice environment”

Researcher(s): Michaela Higginson

**Please
Tick**

1. I confirm that I have read and have understood the information sheet [dated 20 February 2015] for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my rights being affected. In addition, should I not wish to answer any particular question or questions, I am free to decline.
3. I understand that, under the Data Protection Act, I can at any time ask for access to the information I provide and I can also request the destruction of that information if I wish.
4. I understand that all efforts will be made to maintain my confidentiality and anonymity in any publications.
5. I agree for the data collected from me to be used in future research and understand that any such use of identifiable data would be reviewed and approved by a research ethics committee.



☐☐☐☐☐

6. I understand and agree that my participation will be audio recorded and I am aware of and consent to your use of these recordings for data analysis purposes.

☐

7. I agree to take part in the above study.

☐

Participant Name	Date	Signature
Michaela Higginson	06.05.15	
Name of Person taking consent	Date	Signature
Michaela Higginson	06.05.15	
Researcher	Date	Signature

Researcher:

Name: Michaela Higginson

Work Address: Directorate of Occupational Therapy, University of Liverpool,
Thompson Yates Build, Brownlow Hill L69 3GB, Liverpool, UK

Work Telephone: 0151 794 5717

Work Email: michaela.higginson@online.liverpool.ac.uk

8.4 Appendix 4: Participant Information Sheet

Participant Information Sheet – ‘Early Career Occupational Therapists’

Research Project Working Title:

Exploring current and potential contribution to research capacity development by early career 1st class (Hons) occupational therapists

Invitation

You are being invited to participate in a research study that is being undertaken in part-fulfillment of a Doctorate in Higher Education at the University of Liverpool. Before you decide whether to participate, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and feel free to ask me if you would like more information or if there is anything that you do not understand. I would like to stress that you do not have to accept this invitation and should only agree to take part if you want to.

Thank you for reading this.

Purpose

This study seeks to explore the current and potential contribution early career occupational therapists who graduated with a 1st class (Hons) degree in occupational therapy, can make to research capacity development within the UK occupational therapy practice environment. This study is being conducted for the thesis component of a Doctorate (EdD) in Higher Education and I am being supervised by two experienced researchers. My involvement in this study is in my role as a student undertaking a Doctorate in Higher Education, and not in my role as a lecturer in Occupational Therapy at the University of Liverpool.

Rationale for your participation

You have been invited to take part in this study because you are an early career occupational therapist who completed the BSc (Hons) Occupational Therapy (2008) programme at a University in the North West of England and graduated with a first class (Hons) degree.

Do I have to take part?

NO. Taking part in this project is totally voluntary. You are free to withdraw anytime without explanation or penalty. If you choose to withdraw you can request that data, related to you or your work, collected until the point of it being anonymized, will not be used or reported in the research study.

What will happen if I take part?

If you choose to take part you are agreeing to participate in one individual semi-structured interview, lasting for no more than one hour, in a mutually agreed location and at a mutually convenient time. The location will be private i.e. not overlooked, somewhere where we will not be overheard and not be disturbed. Prior to the interview you will also be asked to complete and return a 'participant profile' this will be emailed to you in advance of the interview. It should take you maximum of 30 minutes to complete and you will be asked to return this form by email to the researcher, prior to the 1:1 interview. If you decide to take part a researcher will contact you to discuss the process for you to give your informed written consent.

With your permission, the interview will be audio recorded so that I can remember what was discussed and also to use a transcript of the recordings to aid analysis of the information you provide and for future dissemination. The recording of the interview will be kept in a file secured with a computer password; the transcripts will only be shared with my two supervisors. You will be given a pseudonym to ensure that your identity is anonymous from the point of transcription.

Risks and Expenses

It is not anticipated that you will experience any risks, harm or expenses from participation in this study. I have experience of conducting 1:1 interviews for research purposes and I am being supervised by two experienced researchers. However should you experience any distress during the interview the researcher will provide appropriate support, including the option to pause or stop the interview. If appropriate access to counselling services at your NHS Trust would be discussed. If you experience any discomfort as a result of your participation, post interview, please inform myself, the principal researcher immediately (contact information below) or my primary research supervisor, Dr Janis McIntyre, at Janis.mcintyre@online.liverpool.ac.uk.

Benefits

A possible potential benefit of participating in this study is the opportunity to reflect on your experiences, individual learning, skills and development relating to research capacity development since graduating with a 1st class (Hons) degree in occupational therapy. You will also be making a contribution towards generating knowledge that will be used to further understanding about research capacity development within the occupational therapy practice environment.

What if I have a problem/complaint?

If you are unhappy, or if there is a problem, please feel free to let me know by contacting me, Michaela Higginson, michaela.higginson@online.liverpool.ac.uk and I will try to help. If you remain unhappy or have a complaint which you feel you cannot come to me with then you should either contact my primary research supervisor, Dr Janis McIntyre, at Janis.mcintyre@online.liverpool.ac.uk or contact the Research Governance Officer at ethics@liv.ac.uk. When contacting the Research Governance Officer, please provide details of the name or description of the study (so that it can be identified), the researcher(s) involved, and the details of the complaint you wish to make.

Will my participation be kept confidential?

I will not disclose to any third party that you participated in this study. Any data you generate will be kept anonymous. In accordance with the University Ethics Committee guidance, data generated from participants in this study will be stored securely for 5 years post completion of this thesis. All data generated will be kept anonymous; codes will be allocated at the point of transcribing to each participant in order to protect their identity. All participants' identity will remain anonymous; a pseudonym will be given and any identifying features will be removed to preserve anonymity within the written thesis and any publications. Any other identifiable data e.g. details such as place of work will not be included in a written documents.

What will happen to the results of the study?

This study is being undertaken for part-fulfillment of an EdD in Higher Education. Anonymous results will be compiled and reported within the University of Liverpool to fulfill the course requirements. Participant data will be unidentifiable and demographic information will also be stripped from any shared data and publications.

What happens if I want to stop taking part?

You may withdraw at anytime up until the publication of the findings without explanation or incurring any negative consequences. If you choose to withdraw you can request that data related to you or your work that was collected will not be used or reported in the research study.

Who can I contact if I have further questions?

Michaela Higginson (Principal Investigator): Telephone number 0151 794 5717 or email michaela.higginson@online.liverpool.ac.uk

Dr Janis McIntyre (Primary Supervisor): Email Janis.mcintyre@online.liverpool.ac.uk

Research Participant Advocate: Email liverpoolethics@ohecampus.com

Please keep/print a copy of the Participant Information Sheet for your reference. Please contact me and/or the Research Participant Advocate at the University of Liverpool with any question or concerns you may have.

Michaela Higginson (Principal Researcher)

Signature:

Date: 30th April 2015

A handwritten signature in black ink, appearing to read 'MH Higginson', written in a cursive style.

8.5 Appendix 5: Interview Schedule (1st Interview 28th May 2015)

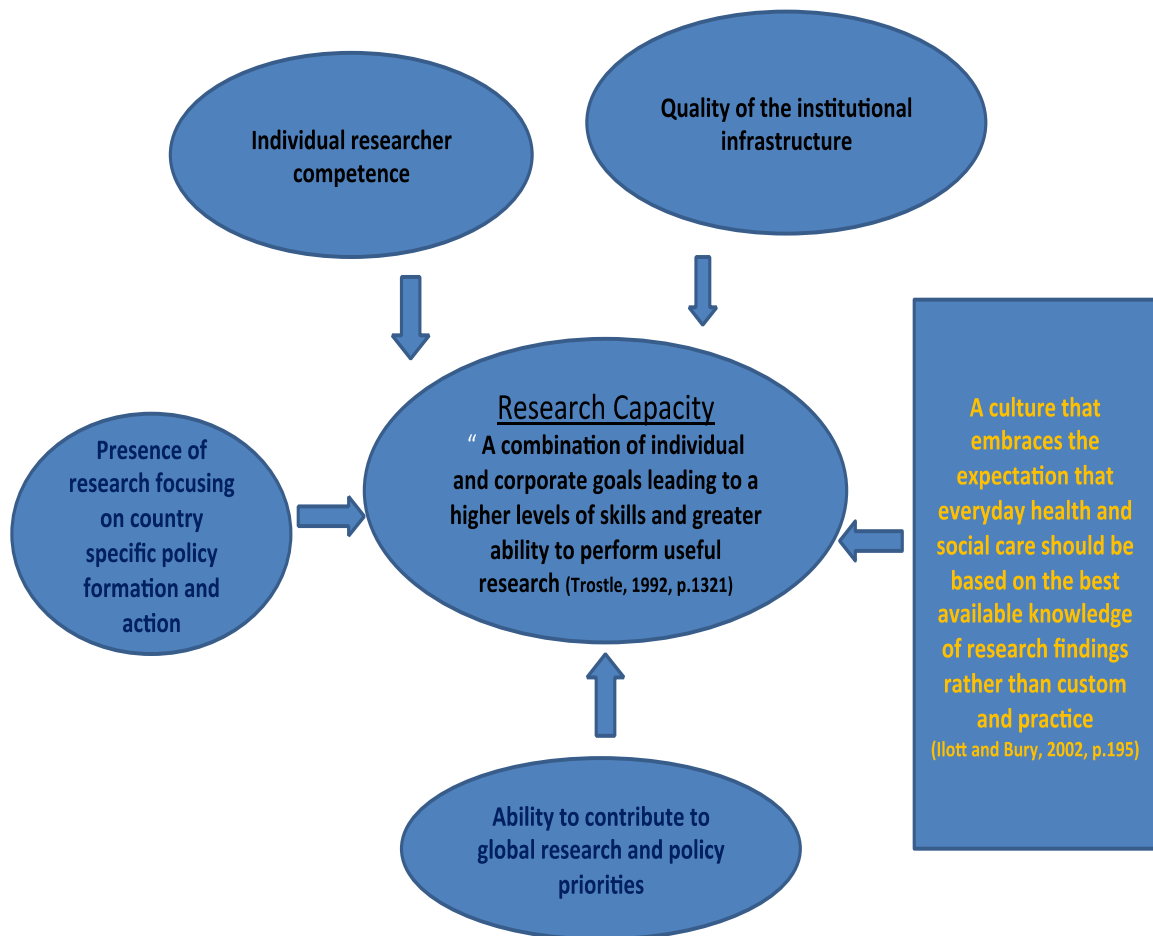
Study Title: “An exploration of 1st class (Hons) early career occupational therapists and their current and potential contribution to research capacity development in the UK occupational therapy practice environment”

	Main questions	Notes in the interview	Possible follow-up questions	Notes in the interview
1	Tell me about your career as a first class (Honours) graduate within occupational therapy since you qualified		<p>Tell me what it's like being a first class graduate within practice</p> <p>Has anyone ever come to you to ask you to do something because you have a 1st class honours degree?</p>	
2	I'd be interested to hear your perceptions of yourself as a graduate with a 1 st class (Honours) degree and your research skills – tell me about the research skills that you view yourself as having		<p>Tell me about any opportunities you have had to contribute to research capacity within your practice environment.</p> <p>Did you initiate your engagement with these activities?</p> <p>If 'yes' what prompted you to do that?</p> <p>If 'no' who asked you, what was your response?</p> <p>Have you ever set any goals relating to research activity?</p>	

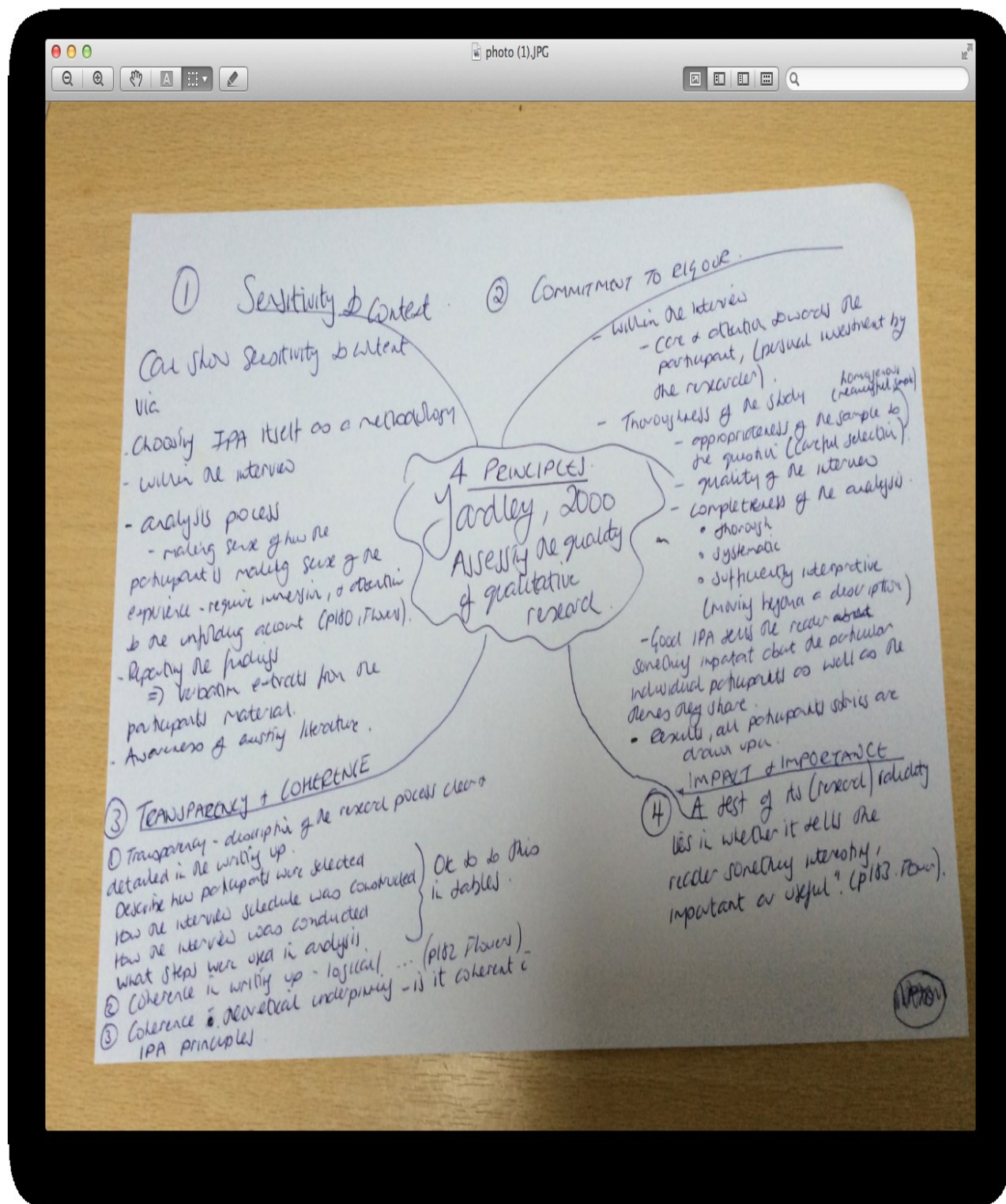
3	Do you view yourself as being an early career researcher if so how does it feel and how do you action this aspect of your practice?		<p>If this is not a view that you have of yourself can you explain your reasoning for this view</p> <p>Follow this questions with further content mining questions e.g. Could university have done anything differently to help prepare you for being an early career researcher;</p> <p>Could your employer do anything to develop this??</p> <p>Have you ever discussed this with someone – if so who, what was the response?</p>	
4	Tell me about the infrastructure within your work environment to support research capacity?		<p>Can you give me some examples of how research capacity is nurtured and supported?</p> <p>Follow this questions with further content mining questions e.g. Who is responsible for developing the research infrastructure?</p> <p>Have you ever discussed this with someone – if so who, what was the response?</p>	

5	What actual and potential contributions do you think you can make as a first class graduate to research capacity?		Tell me about any opportunities and also any barriers that you can see to you achieving your potential as an early career researcher.	
6	Your first class (Honours) degree suggests you came out of your undergraduate university experience with the individual research competency skills that are required to engage in research capacity on entry into the profession – what do you think?		<p>Follow this question with further content mining questions – please expand on; explain</p> <p>Do you think you have any Post graduate education needs specifically in relation to research skills</p> <p>What are your thoughts about research skills and if you need them for career progression?</p>	
7	<p>Anything you would like to go over or add to before we end?</p> <p>Close with thanking them for their time and contributions.</p>			

8.6 Appendix 6: Research capacity definition used in the interviews



8.7 Appendix 7: Extract from research diary: Applying Yardley's 4 Principles to my research



8.8 Appendix 8: Presentation to RCOT May 2018

Appendix 7: Presentation to RCOT for R & D review, 12th April 2018 02/10/2018

Research capacity in practice: the lived experience of early career occupational therapists

Michaela Higginson
In part fulfillment of an EdD Higher Education

Methods

- **Data Collection Tools**
 - Participant profile
 - Individual semi-structured interviews (Punch, 2005; Robson, 2002).
- **Sample**
 - Early career occupational therapists who graduate with a 1st class honours degree from one University in the North West of England
- **Sampling strategy**
 - Purposive sampling (Cohen et al., 2011)
- **Sample Size**
 - 8
- **Data Analysis**
 - Interpretive phenomenological analysis (IPA) (Smith & Osburn, 2008)
- **Data Collection Period**
 - 7 months (commenced May 2015 to February 2016)

Research Aims

What conversation is this research contributing to...?

1. To add to the UK's Occupational Therapy profession's knowledge about research capacity within practice.
2. To inform the design and content of one BSc (Hons) Occupational Therapy programme
3. To inform the development of post-graduate education for one Occupational Therapy programme team

Findings 1: Understanding their unique contexts

Findings from the profile data:-

- All 8 working in permanent occupational therapy posts Varying length of time in practice – from 1 year of practice (Emily), to Barbara and Fiona who 3 1/2 years
- No link between length of time in the profession and number of posts held since graduation.
- Work context's of the participants' are typical areas of occupational therapy practice for early career occupational therapists *
- There was also some less 'common' work contexts *

(*Based on the local programme's first post destination data)

Study Design

- ☐ **Philosophical Position**
 - Interpretivist Paradigm (Moses & Knutson, 2007)
- ☐ **Theoretical Perspective**
 - Phenomenology, specifically Interpretive phenomenological analysis (Smith, Flowers & Larkin, 2009)
 - Possible Selves Theory (Markus and Nurius, 1986)

Findings from IPA

Superordinate theme 1: Identity - I am an OT (not a researcher)

Sub themes:

1. Doing OT equals being an occupational therapist, doing research not essential for this
2. Being a person
3. The role of others in shaping individual identity and practice

Superordinate theme 2: Time

Sub themes:

1. Not time for research
2. Not ready for research
3. Time given – adding to the theory/practice divide practice

Superordinate theme 3: Meaning making

Sub themes:

1. Learning and continuing interpretation - big scary research, big 6 skills & understanding 'research' within research conditions
2. When the research begins to the service users will determine its value, prominence and therefore engagement within their daily practice

8.9 Appendix 9: BSc (Honours) Occupational Therapy Programme 2019:

Week	Date	Year 1	Year 2	Year 3
0.	18.09.17	WELCOME WEEK	TRANSITION WEEK	TEACHING BLOCK
1.		TEACHING BLOCK		(3wks)
2.		12 WEEKS (Including PP1)	PRACTICE PLACEMENT 3 (Professional Identity 2)	Professional Identity 3; Evidence for Practice 3 ; SWB 3; :- Core concepts 3
3.			5 WEEKS	
4.	25.09.17	Content:- Core concepts of OT 1		PRACTICE PLACEMENT
5.	to	Foundation Sciences for Occupation		5
6.	15.12.17	Professional Identity 1	TEACHING BLOCK 7 WEEKS	(Professional Identity 3)
7.		Evidence for Practice 1	Content:- Core concepts of OT 2	7 WEEKS
8.			Professional Identity 2	
9.			Foundation Skills for Occupation	TEACHING BLOCK
10.			Society and occupational well-being 2	(3wks)
11.				As above
12.				
13.	18.12.17	VACATION (3 weeks)		
14.	to			
15.	05.01.18			
15.	08.01.17	ASSESSMENT PERIOD (3 weeks)	ASSESSMENT PERIOD (3 weeks)	ASSESSMENT PERIOD (3 weeks)
16.	to			
17.	26.01.18			
18.	29.01.18	TEACHING BLOCK (3wks)	PRACTICE PLACEMENT 4 (Professional Identity 2)	TEACHING BLOCK 7 WEEKS
19.	to	Content:- Core concepts of OT1; Professional Identity 1; Society and occ well- being 1	7 WEEKS	Content:- Evidence for Practice 3 ; SWB 3; Professional Identity 4
20.	16.03.18			
21.		PRACTICE PLACEMENT 2 (Professional Identity 1)		
22.		4 WEEKS		
23.				
24.				
25.	19.03.18	VACATION (2 weeks)	VACATION (2 weeks)	VACATION (2 weeks)
26.	to			
27.	30.03.18			
27.	02.04.18	TEACHING BLOCK 6 WEEKS	7 WEEKS Content:- Core concepts of OT 2 Professional Identity 2 Evidence for Practice 2 Society and occupational well-being 2	ASSESSMENT PERIOD (1 week)
28.	To			
29.	11.05.18			PRACTICE PLACEMENT 6 (Professional Identity 4)
30.				8 WEEKS
31.				
32.				
33.	14.05.18	ASSESSMENT PERIOD (3 weeks)	ASSESSMENT PERIOD (2 weeks)	
34.	to			
35.	01.06.18			
	TBC	COMPLETION WEEK	COMPLETION WEEK	COMPLETION WEEK

Programme as from 2019 (based on 2017/18 term dates)

8.10 Appendix 10: Extract from Module Specification – Year 1, Evidence

Module Aims	The module will aim to inspire students to seek evidence to inform occupational therapy practice and engage with the research literature
Module Learning outcomes	<p>Explain how evidence informs occupational therapy practice</p> <p>Describe a basic strategy to gather evidence to underpin an area of occupational therapy practice</p> <p>Describe ontology, epistemology and axiology and identify how they influence research decisions within occupational therapy</p> <p>Define core terminology as used in qualitative and quantitative health care research</p>

15 credit, Year 1 module, delivered in Semester 1 of the BSc (Hons) occupational therapy programme. This module is being delivered for the first time in the 2018-19 academic year.

8.11 Appendix 11: Engaging research workshop: March 2017

Time	Activity
4-4.20pm	1. Welcome and introductions and we why we are here (both)
	2. Why are you/we here? (MH and KJ)
<i>Intro</i>	3. Overview of session-what and how? Content and AL approach (slide KJ)
4.20-4.50pm	4. Definition of research capacity- slide MH
	5. Examples of OTs who have engaged in research (opening participants thinking)- show motivational videos
<i>Thinking trigger</i>	
4.50 - 5.10pm	6. Small groups “what skills, knowledge and experience do already have?”
	7. Group discussion
<i>Action</i>	
5.10-5.30pm	8. “What gets in the way of you engaging in research?”
	9. Action learning in action. Work in small groups to generate ideas/possible ideas (may not be fully formed) for increasing research skills, knowledge and experience. Post-it notes
<i>Action</i>	10. Discuss post-its (Slide with opportunities-KJ)
5.30-5.50pm	11. Action plan in small groups -“What’s in your action plan?” “What is your priority?” “What actions are you going to take?”
<i>Action</i>	12. Summary
5.50-6pm	13. Evaluation and close

8.12 Appendix 12: Engaging in research workshop: Abstract for RCOT Conference July 2017

COT/2017/ABS00083

Category: Practice Development Function: Workshop

Engaging in research: a practical workshop for practitioners

Higginson M University of Liverpool, Jarvis K University of Liverpool

Context: There is a professional and regulatory requirement that occupational therapists will engage with research (Health and Care Professions Council 2013, College of Occupational Therapists 2016). Some new graduates abandon reading, reflective writing and evidence-based practice, particularly at the start of their careers (Barnitt & Salmond 2000); research is not seen as a priority for early career occupational therapists (Barnitt & Salmond 2000). Recent evidence indicates that environmental barriers prevent engagement in research (Higginson 2016).

This workshop aims to provide participants opportunity to explore their own research capacity within their unique context and to develop an individual research plan.

Value to profession Research encompasses a range of activities including the undertaking of primary research to generate new knowledge, the use of critical appraisal to ensure practice is evidence based and the use of research skills to develop practice through audit and evaluation. This workshop will contribute to occupational therapy research capacity development by facilitating active engagement in research.

Practice development This workshop is aimed at practising occupational therapists who have an appetite for engaging in research activities, and who want to explore ways to achieve this. Participants will have the opportunity to use an approach based on action learning, to identify personal research barriers and opportunities, to develop an individual research plan.

Impact It is anticipated that this workshop will provide an opportunity for occupational therapist participants to reflect on their personal research context and capacity in order to develop an individualised research plan that can be actioned in their place of work.

References

Barnitt. R. Salmond R. 2000. Fitness for Purpose of Occupational Therapy Graduates: Two Different Perspectives.

British Journal of Occupational Therapy. 63(9), 443-448 College of Occupational Therapists. 2016. Entry level occupational therapy core knowledge and practice skills. London. College of Occupational Therapists

Health and Care Professions Council. 2013. Standards of Proficiency: Occupational Therapy. London. Health and Care Professions Council.

Higginson. M. 2016. An exploration of 1st Class (Hons) degree early career occupational therapists and their current and potential contribution to research capacity development in the UK occupational therapy practice environment. Harrogate. College of Occupational Therapists Annual Conference

Keywords

Occupational Therapy

Contact Email Address

mjhigg@liverpool.ac.uk, k.jarvis@liverpool.ac.uk

Learning Outcomes

Participants will achieve the following learning outcomes:

- Be able to articulate the barriers to, and opportunities for, engaging in research in their own work setting
- Develop an individual plan for engaging in research