



An investigation into the professional identities of occupational therapists in higher education.

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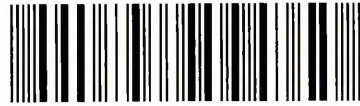
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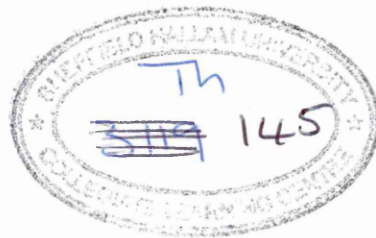
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**An Investigation into the Professional Identities of Occupational Therapists in
Higher Education**

Ruth Wright

A thesis submitted in partial fulfilment of the requirements of
Sheffield Hallam University
for the degree of Doctor of Philosophy



January 2007

Acknowledgements

This thesis is my own work but it would not have been completed without the support and patience of my husband Mike Wright and my children Hannah, George and Kate and I am very grateful to them for their help and encouragement.

I would also like to thank my friend Leonie Sugarman without whom I would never have begun to be interested in either life course theory or research.

I have been helped very much in practical ways by Ellie Bradshaw, Amanda Green, Hannah Lamb, Janet McLarney and George Wright and their work has been invaluable.

My supervisors Sue Clegg and Kath Aspinwall have supported, guided and encouraged me throughout this study and made the experience much more enjoyable than it might have been.

This study has only been possible because of the generosity and honesty of the people who gave their time to participate in it. I am sincerely grateful and hope that they feel that they have been given their say.

An Investigation into the Professional Identities of Occupational Therapists in Higher Education

Abstract

This investigation was designed to explore how occupational therapists working in higher education perceived their professional identities, and how they described their experience of the change in those identities when they moved from clinical practice to employment in higher education. The study is small scale and qualitative. The data was collected by individual career narratives, participant-led focus groups and individual interviews. There were sixteen participants all of whom offered career narratives; two of these gave individual interviews but did not participate in the focus group. There were two focus groups one of six participants and one of eight. One person from the larger focus group did not undertake an individual interview; all the others did so there were fifteen individual interviews in all. This data collection was supported by member and colleague commentary, field notes and a research diary. The commentary of colleagues expanded the number of participants to forty one whose comments were all considered and formed a part of the data base and triangulation. Analysis was by researcher immersion in the data, by continual checking, rechecking, and reconsideration until key themes emerged which were felt to be authentic by researcher and participants. The findings were presented and discussed in three broad areas: professional identity, personal journey and belonging and becoming, supported by participant quotations which were seen as the central voice of the study. The investigation suggested that the power and meaning of professional identity as an occupational therapist cannot be underestimated. Participants described a challenging, and sometimes painful, personal journey in their changed professional role, which was located in the central dilemma of the thesis: the transition from expert to novice. Contrasting workplace cultures were noted as causing some confusion in expectations. The need to belong to a suitable community of practice was seen as important, and support for the notion of several overlapping belongs was indicated. An acknowledgement of the meaning and experience of the transition from expert in one

area to novice in another needs to be more fully understood, acknowledged and managed to support the best interests of individuals and communities of practice.

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Appendix 1 Correspondence and Information to participants

Consent Form

Career Narrative Request and Schedule

Focus Group Initial Request

Focus Group Schedule

Individual Interview Request

CONSENT FORM

Title of Project: An investigation into the Professional Identities of Occupational Therapists in Higher Education

Please initial box

1. I confirm that I have read and understand the information sheet 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 may be withdrawn at any time from any part of the study ☐
3. I agree to take part in the above study. ☐

Name of Participant

Date

Signature

Researcher

Date

Signature

Research Interview on Professional Identity

Thank you so much for agreeing to take part in this research. I do genuinely appreciate how much you have to do and how precious your time is and I do value your contribution very much. I am also really looking forward to hearing what you have to say.

Aim of the Project:

'It has long been acknowledged that occupational therapists tend to develop a strong professional identity (Nystrom, 1983) as therapists working in health and social care with professional socialisation as a strong developmental theme both pre and post qualification (Benner 1984). Those who move into higher education as occupational therapy educators undergo a professional transition at the very least in terms of work culture and purpose and probably in terms of self definition (Erikson 1980, Hopson and Scally 1988, Gromm1996).

The purpose of this study is to explore the course and meaning of this transition and to locate it in the career narrative of research participants. The objectives are to focus on two main areas, one being perceived in changes professional identity and the other the impact of life course issues on definition and change within the occupational therapy career'.

(Ruth Wright, research proposal 2003)

In short: I want to explore whether OT's who go into higher education experience a change of professional identity, if so what is the nature of this and what are the key influences (I'm especially interested in life course issues). I also want to know how this change if it happens fits into individual career narratives. If a change in professional identity doesn't happen why is this and how does that fit in to the individual's career narrative?

Alongside this I would ask you to talk into a tape for 15 minutes on your own or so giving the actual narrative of your career so that I can set the group discussions in context. This text would also be transcribed and returned for checking by you. If you prefer not to talk into a tape you could write your narrative and send it to me – whatever is most comfortable for you.

Also before we meet for the taped discussion it would be helpful if you could look at, and give some thought to, the questions overleaf

Topics for discussion:

- What do you think a professional identity is?
Do you have one?
Is it important to you?
Why?
- Has your professional identity/ies (if you have one/some) changed over time?
Why?
How?
When?
- What factors have influenced changes in your professional identity?
- Have you tried to change/maintain your professional identity/ies?
Why?
How?
- What changes (if you made any) been helpful in your work life? Or in your life as a whole?
- Do/does your professional identity/ies relate to your other identities and what is the balance between professional and other identities?
- What has the change in your professional identity/ies meant to you?
- What do you think the impact of your life stage has been on your career story?

Again many many thanks, do get in touch if there is anything at all you want to discuss.

Ruth Wright

Contact details

- Ruth Wright.
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St Martins College,
Lancaster,
LA1 3JD.
- tel. 01524 384634
- mobile : 07803 033269
- email: r.wright@ucsm.ac.uk

I have enclosed

- a blank tape for talking your narrative into if that is what you choose to do
- a stamped addresses envelope if you want to send a hard copy of your narrative
– if you prefer email my address is r.wright@ucsm.ac.uk
- some chocolate which you truly deserve for participating in this!

Directorate of Occupational Therapy and Rehabilitation.

19th September 2003.

Dear

It was good to see you at last term's confederation meeting though it seems ages ago now!

The purpose of this letter is to follow up my request to you made when we last met. As I mentioned I am doing a PhD looking at how occupational therapists coming into higher education narrate the change in professional identity which they experience (if indeed they do! why does doing a PHD seem to mean that you can never say anything with certainty?). The method I want to use is a variation of the 'talking aloud' method developed in career psychology where by the participants discuss set issues in a group without the researcher present but the conversation is taped and transcribed for analysis by the researcher. There may (probably will) be a follow up focus group and/or individual interview. What I'm looking for are 3 or 4 women volunteers from your staff group, including you if you are interested, to help me out. The only criteria (other than being women!) for participants is that I'd like people to be in HE full time rather than lecturer/practitioners to keep the data a bit tighter. I'd like to run the groups in January 2004 if that suits everyone and of course I'd be in touch before hand with information, to make arrangements for the group discussions, to answer any queries and so on. Do you think this is possible? I very much want to use xxxx and xxxx as examples of a pre and post 1992 establishment and both in the xxxx.

I am attaching some copies of my proposal to this letter for information and if anybody is interested perhaps you or they could email me so we can make arrangements to meet up. I'll also send this electronically in case it's more convenient for you

I do hope the start of a new academic year is feeling positive rather than overwhelming for you and I look forward to hearing from you soon.

Thank you so much for your help,

Ruth

Ruth Wright, Director of Studies, Occupational Therapy and Rehabilitation.

'Talking Aloud' Focus Group Schedules

Thank you so much for agreeing to take part in this research. I do genuinely appreciate how much you all have to do and how precious your time is and I do value your contribution very much. I am also really looking forward to hearing what you have to say.

Aim of the Project:

'It has long been acknowledged that occupational therapists tend to develop a strong professional identity (Nystrom, 1983) as therapists working in health and social care with professional socialisation as a strong developmental theme both pre and post qualification (Benner 1984). Those who move into higher education as occupational therapy educators undergo a professional transition at the very least in terms of work culture and purpose and probably in terms of self definition (Erikson 1980, Hopson and Scally 1988, Gromm1996).

The purpose of this study is to explore the course and meaning of this transition and to locate it in the career narrative of research participants. The objectives are to focus on two main areas, one being perceived in changes professional identity and the other the impact of life course issues on definition and change within the occupational therapy career'.

(Ruth Wright, research proposal 2003)

In short: I want to explore whether OT's who go into higher education experience a change of professional identity, if so what is the nature of this and what are the key influences (I'm especially interested in life course issues). I also want to know how this change if it happens fits into individual career narratives. If a change in professional identity doesn't happen why is this and how does that fit in to the individual's career narrative.

Method:

I am using a method from career psychology called 'talking aloud'. A group of people get together to discuss a given subject, the discussion is taped and the researcher transcribes and analyses the data. A further meeting of the group and/or individual follow up interviews with the researcher present are then arranged to explore and clarify issues raised. Data is again taped, transcribed and analysed.

At the transcription stage data is returned to members for member checking and participants are free to change anything they wish.

I would like to follow this method exactly – confidentiality and anonymity will be paramount and of course any of you can drop out at anytime.

Before the group meets for the taped discussion it would be helpful if you could look at, and give some thought to, the questions below:

Topics for group discussion

- Briefly how would you describe your career as a whole?

- What do you think a professional identity is?
Do you have one?
Is it important to you?
Why?

- Has your professional identity (if you have one) changed over time?
Why?
How?
When?

- Has the meaning of your professional identity changed over time?
Why?
How?
When?
Was it sudden or gradual?

- Have you tried to change your professional identity?
Why?
How?
- Has the change (if you made it) been helpful in your work life? Or in your life as a whole?
- What factors have influenced the change in your professional identity (for example career progression? change of employer? view of self? employing institution? change in circumstances outside work? shift in personal goals or values?)
- What has the change in your professional identity meant to you?
- What do you think the impact of your life stage has been on your career story?

When it comes to the actual day of the focus group meeting I will set the group up and then leave you to your discussion of the topics you have considered in advance (this should take about an hour). I will then get the taped transcribed and send you all transcripts as soon as I can.

Again many many thanks,

Ruth Wright.

Division of Rehabilitation and Public Health,
11th January 2005.

Occupational Therapy
.....University

Dear.....,

Happy New Year! You have probably despaired of ever hearing any more from me after you kindly took part in my 'professional identities' focus group, time seems to run away from me all too easily I'm afraid. At last I am enclosing the transcript of the session and I'd be very glad if you could have a look at it and alter or annotate as you think fit. This will help me to be sure that I'm really getting your views.

As part of getting your views you may remember that I asked if you could manage an individual interview with me where we could talk on a one to one basis about the ideas that came up in the focus group. The interview would last about 45 minutes would be taped, transcribed and sent back to you for confirmation. Of course everything would be confidential and you are quite free to change your mind about participating at any time.

I could come to xxxxx

- 24th Jan anytime from 1.30pm.
- 27th January anytime from 2.00pm
- 9th February anytime from 10.30 am
- 17th February anytime from 10.30am
- 24th February anytime from 10.30am
- 11th March anytime from 10.30am

Would any of these suit you? Of course from my point of view it would be best if I could interview two or three of you on the same day and it would be very kind if you could work with one another to see if this might be possible. Focus Group Members are, as you know, areHowever I'm more than happy to fit in with anything you are personally able to manage.

I look forward to hearing from you (via the reply slip enclosed) and hope you have a good term.

Thank you again for all your help, I really value it,

Best wishes

Ruth Wright

Contact details

- Ruth Wright.
Head of Division Rehabilitation and Public Health.
St Martins College,
Lancaster,
LAI 3JD.
- tel. 01524 384634
- mobile : 07803 033269
- email: r.wright@ucsm.ac.uk

REPLY SLIP

Follow up interviews for Ruth Wright PHD studies

'Professional Identity'

Possible times, please choose an hour on any of the days below, if there is more than 1 possibility then that would be very helpful

- 24th Jan anytime from 1.30pm.
- 27th January anytime from 2.00pm
- 9th February anytime from 10.30 am
- 17th February anytime from 10.30am
- 24th February anytime from 10.30am
- 11th March anytime from 10.30am

Name:

Preferred time:

Alternative times (if possible):

Contact Number:

Email address:

Appendix 2: Professional Identity Data Logs

Continuity of Occupational Therapy Professional Identity

Fit of Personality and Occupational Therapy Philosophy

Increase in Occupational Therapy Professional Identity

Being in Higher Education as a Temporary State

Identity Development in Higher Education – general


Being in HE as a Temporary State

Decrease in Identification as an Occupational Therapy

Workplace Culture

Health and Social Care Workplace Culture

Higher Education Workplace Culture


SOURCES 	Continuity of Occupational Therapy Professional Identity 1.1a
Narrative	
Focus groups	<p>S2</p> <p>I'm still an OT of course (E)</p> <p>Professional identity – Occupational Therapist (E)</p> <p>I only want to be an OT (E)</p> <p>I'm an OT that's what I know and who I am (N)</p> <p>But there's another thing though, I think about being an OT. Because I am an OT, still an OT, I'm really and educator, but I'm still and OT. Because being a structural engineer you can look at buildings in a certain way, but being an OT I look at people in a certain way. And that does go beyond the job, when I'm sitting talking to someone at home, I sometimes slip into the problems solving role, or I slip into 'oh you're having a problem with that . . .', or even if I don't verbalise it I'm thinking it. (N)</p> <p>. . . when you get a cluster of OTs together, they form a very strong group identity. (E)</p>
Individual interviews	<p>S3</p> <p>I am still an OT, I've just changed where I work not who I am (E)</p> <p>One thing I find odd is that my partner still sees me as a health person, an OT, I think we both do, it is hard to say you're an OT though because no one knows what it is, If you say you work at a hospital, or with patients though people respond really positively – as if it makes you a nice person. Maybe that's why he likes to say I am an OT, though actually people think university lecturer is much better – really intelligent and rich. (E)</p> <p>I'm an OT, I could go back into practice easily, I might too (N)</p> <p>My confidence comes from my skills. (N)</p> <p>Because we were comfortable in what we shared and what we didn't share. (N)</p> <p>I'd say I'm an OT. (N)</p> <p>I do work in the evenings, but the things I select to do in the evenings are nearly always things that would help me in a clinical career, because that's the things that motivate me. (N)</p>

	<p>I've just come back from six months maternity leave and my identity went when you're a mother, that's not a professional identity and I found myself wanting to say I do have a brain, I am an occupational therapist, I do have a professional being and I lost that when I was on maternity leave. (N)</p> <p>Well that's right but it's nice coming back into work and debating professional issues and going to see students on placement and being able to say to them yes as an occupational therapist, I would expect this from you or we would expect this to happen. (N)</p> <p>I don't want to lose touch with the clinical work or the contact that I used to have as an occupational therapist because I can see myself coming obviously more into the academic. (N)</p> <p>When people ask me what I do I do say I'm an occupational therapist I actually don't tell them I'm a lecturer at the moment. (N)</p> <p>Last week we visited students and so – and they're constantly using my OT skills there and I may not have direct contact with the patients but I am indirectly through the students and I see their clinical setting and I am constantly refreshing what it's like to be an OT there you know when I'm saying to the students. (N)</p> <p>... you are a professional in your own right. And you have a code of conduct and you have a – you have to make professional decisions in your own right ... (N)</p> <p>I think OT's are a breed of people, a unique breed of people in our own right. (N)</p> <p>... we are people not diagnosis people. (N)</p> <p>And it really brought it home to me having being off for six months thinking I don't know who I am anymore (N)</p>
Member commentary	
Colleague commentary	<p>S5</p> <p>Being an OT is quite hard in this context (N)</p>
Opportunistic conversations/ quotations	<p>S6</p> <p>I've always been an OT I won't change now (E)</p>
Field Notes	
Idea checking	<p>One thing is that I still feel like an OT really very much but I do know now that lecturers work hard which I didn't realise before and that the work we do matters a lot – it doesn't change being an OT but it has made a difference to how I see lecturers</p>


	(N)
Continued Member checking	
Research journal	

SOURCES ↓	Fit of Personality and Occupational Therapy Philosophy 1.1b
Narrative	
Focus groups	<p>S2</p> <p>We're OT's aren't we? – it affects everything we do, how we are with people, it's part of our personality. (E)</p> <p>As an OT I think your personality greatly impacts your professional identity, so it spills over a bit, (E)</p> <p>... elements of your personality from your professional identity, one attracted you to the other and they work together. (E)</p> <p>... is it about the personality that attracts you to training and certainly for me it was. (N)</p> <p>The thing that Ruth said right at the very beginning when she was saying about no longer feeling like she has the O.T. skills. I don't feel that, I actually feel like I do have O.T. skills, and yes I would feel anxious when I first go back, if I go back into practice, but I don't feel that it would take me that long to get back into it again. It's almost like the kind of anxiety you get just changing a job, you know having to learn the new policies and procedures, and where everything is, you've got that anxiety.....but you're an O.T. you've got the skills so you know it'll be okay' (E)</p>
Individual interviews	<p>S3</p> <p>It suits my personality. (E)</p> <p>I can't imagine doing anything else, I don't do it anyway, I just am like it [<i>sic</i>]. (N)</p> <p>I feel completely comfortable with OT, not the ways it's done maybe but what it should be. (N)</p> <p>I remember very clearly being on my training thinking this helps me make sense of me, this is me. I think there was something naturally within me that lead me to want to enjoy being an occupational therapist. (N)</p> <p>And we've had discussions before here about is there a certain occupational therapist characteristic you know that either leads you to it in the first place or means that you are successful through it in your training and you know and sometimes in my private life people would say stop trying to be a therapist you know and I don't do therapy I am, that's who I am. (N)</p> <p>I don't do occupational therapy I am an occupational therapist . . . (N)</p>

	<p>...affects everything I do, think say – the whole way I am with people, when we have visitors and we're talking about stuff and they bring a situation up I just see it in that way about occupation and role and that stuff. I'm always problem solving. My husband says' for God's sake this isn't therapy now, you aren't at work' but it isn't that it just is totally how I am. (E)</p>
Member commentary	
Colleague commentary	<p>S5</p> <p>The actual basics of OT, the philosophy behind it fit me and I can use it, be an OT anywhere. (E)</p> <p>'I can't imagine why anyone does anything else really' (E)</p> <p>'This isn't me as much, I have to come to work and be the job here, with OT I went and was me without having to think about being anything I wasn't' (N)</p>
Opportunistic conversations/quotations	<p>S6</p> <p>My auntie is an OT even now, she's 80 and she's still is an OT you can just see it in everything she does, always trying to make sure people are doing activities that help them get the most out of things, extend themselves. I'll be like that. (N)</p>
Field Notes	
Idea checking	<p>S8</p> <p>I believe in OT, the actual idea and meaning of it, it is part of my values and beliefs really. Did I choose OT because I'm like that or have I got [to] like it because I chose OT? A bit of both perhaps. (E)</p>
Continued Member checking	
Research journal	


SOURCES 	Increase in occupational therapy professional identity 1.1c
Narrative	<p>S1</p> <p>I have more in depth, greater understanding of occupational therapy philosophy, principals and processes than perhaps I did when working in the single district general hospital back in the 1970s. (E)</p>
Focus groups	<p>S2</p> <p>I'm much more of an OT that I was in practice because now I understand the theory and what it's all about so much better, sometimes I lost that in practice, all the stuff around was so distracting, the politics and frustrations and pressure. Now I really know it properly. (E)</p> <p>I can articulate the philosophy and reason for OT since I came here much better than I could; it's made me more committed to it. I'm prouder of it now, of belonging to OT. (N)</p> <p>I think of my professional identity, and the way that I've got it in my head is much stronger for having come to work here, because I'm working with lots of different people whereas I think . . . I think I had a strong professional identity when I was working in a multi-disciplinary team and I was working with lots of other different professions, but it feels much stronger, it feels much more confirmed by working with different OTs in this team. (N)</p> <p>I think part of our role is to help develop it in students, so if you don't have it yourself, you're going to struggle aren't you? It's part of your passion for your job, about understanding your own profession and wanting to help other people. (E)</p> <p>I think for me coming here has helped underpin what I was doing. (N)</p> <p>. . . it's really opened my eyes that this is OT, so that's why it's strengthened my professional identity I think. (N)</p> <p>The other thing that I thought about working in education and being an occupational therapist and professional identity is because all the time we're having to shape new occupational therapists, and that is done by role modelling as well, but I think also not a week goes by that each of us doesn't in some way question our professional being, because you think to yourself 'why am I teaching a student this? Or how will I teach this? Or how can I criticise that student's behaviour? What is it I'm criticising? Where am I going to bring them back into line?' So all the time you're doing that you're reaffirming your own . . . (N)</p> <p>I think if I went back into practice now, I'd be better . . . (E)</p> <p>I think anyone who's been in education for a while who went back to practice as an</p>

	<p>OT would be formidable. I wouldn't like to manage me if I went back! (E)</p> <p>If I went back to clinical work now having been an educator it hasn't changed my sense of professional identity, what it has done is changed my focus, and how I would train students in a clinical field now in terms of models and clinical reasoning. (E)</p>
Individual interviews	<p>S3</p> <p>Teaching it makes you really think about it and what it is and isn't and what it's made of so you get really sure of it. I never thought much about it when I was working – I just got on – now I know so much about it, it's much more clear and part of me. (N)</p> <p>I think I've grown in practice skills too because I've transferred them from clients to students and I have to articulate them in teaching. (E)</p> <p>I've kept up clinical practice I work every summer, I've got both sides now – theory and practice. (E)</p> <p>I'm developing my ability . . . (N)</p> <p>As an academic I am able to sit and think actually as occupational therapists what-how- what should we be doing, what is occupational therapy, and why is not working out there in the real world, and can I help influence our future practitioners to be able to do that. (N)</p> <p>Being an academic is that I feel that I now have the chance to think to go back and really research and find out what the underpinning and theory of the profession is . . . (N)</p>
Member commentary	
Colleague commentary	
Opportunistic conversations/ quotations	<p>S6</p> <p>I think working with students is really part of OT bringing the profession on, the more I do that and the more I understand why it's so good, what it really is about. I feel like OT's Billy Graham. (N)</p>
Field Notes	
Idea checking	
Continued Member checking	
Research journal	


SOURCES 	Being in HE as a Temporary State 1.1d
Narrative	<p>S1</p> <p>I think this will help with my career overall but I don't think this is permanent. (N)</p> <p>When I took up the student tutor post, my intention was to teach for five years and then move back into a clinical post. (E)</p> <p>. . . dreaming up new and innovative ways of being clinical again. (N)</p>
Focus groups	
Individual interviews	<p>S3</p> <p>I'm not really leaving clinical work, just doing this for a little while – career development while it suits us. (N)</p> <p>Yeah I think I do feel like that, I think my long term ambition, I'd really like to see myself in a consultant therapist post, so what I'm really trying to do is prepare myself for that if I'm really honest. (N)</p> <p>Back to clinical? Without a doubt. (N)</p>
Member commentary	<p>S4</p> <p>I will go back to practice before too long, this is just for a while. (E)</p>
Colleague commentary	
Opportunistic conversations/ quotations	
Field Notes	
Idea checking	<p>S8</p> <p>Of course I'm only here for a bit, it fits in now but I'll be going back to real OT. (N)</p>
Continued Member checking	
Research journal	

SOURCES ↓	Identity development in HE – general 1.2
Narrative	S1 I find the research really interesting; that is what I'm interested in now, I have changed a lot. (N)
Focus groups	S2 I feel more confident now, I think the PGCTL helped. (N) Now it's mainly research I think of myself as, not an OT really, as an academic though I find it a bit scary to say so. (E)
Individual interviews	S3 It's OK I'm getting used to it now and feel quite settled. (N) Developing sense of skill – makes a difference, feels like a real job I can do. (N)
Member commentary	S4 Not really sure about research, not what I came for really, it doesn't appeal to me though I do worry about my academic credibility I actually came to teach occupational therapy but I've got involved in academic issues now QAA and the strategic side of widening participation. Hard to say what my professional identity is now. (E)
Colleague commentary	
Opportunistic conversations/ quotations	S6 It takes so long to feel comfortable here to feel part of it – whatever 'it' is! (E)
Field Notes	
Idea checking	
Continued Member checking	
Research journal	


SOURCES ↓	Being in HE as a Temporary State 1.2a
Narrative	S1 I think this will help with my career overall but I don't think this is permanent. (N)
Focus groups	
Individual interviews	S3 I'm not really leaving clinical work, just doing this for a little while – career development while it suits us [<i>sic</i>]. (N)
Member commentary	S4 I will go back to practice before too long, this is just for a while. (E)
Colleague commentary	
Opportunistic conversations/ quotations	
Field Notes	
Idea checking	S8 Of course I'm only here for a bit, it fits in now but I'll be going back to real OT. (N)
Continued Member checking	
Research journal	

SOURCES 	Decrease in identification as an OT 1.2b
Narrative	<p>S1</p> <p>I have a much broader remit now and I've been here for so long, I'm more relaxed about not having a single group to refer to, perhaps it's my age as well. I think now I'm older I am a lot happy with shades of grey, not so black and white and not having everything defined seems interesting which suits well here – I get a lot from all my different groups and I can flit between them. (E)</p>
Focus groups	<p>S2</p> <p>I'm cornered off more and more as an academic now, and I think that's because I'm shifting a bit towards research, I've been here since 1990, and I think that I was an occupational therapist for about seven years, and then I defined myself as a lecturer when I filled in forms. (E)</p>
Individual interviews	<p>S3</p> <p>Actually, now that I have this role I do see myself as part of the institution more. I think in terms of the faculty and not as OT – I see my group as not the OT's really, other people here with roles like mine more. (E)</p> <p>Perhaps I saw students as a bit like my patients. I don't have as much to do with students now and so I don't see myself as using patient OT skills as much. The OT thing doesn't seem as important. (E)</p> <p>My team isn't OT anymore, I use a lot of OT skills, I like the OTs and I wouldn't dream of saying this to them but I don't think OT is my main reference point or concern now. (E)</p> <p>I don't quite know who I am anymore. It was also clear at work I had a specific role and I was doing what I did and what I was, here it's all more vague, so I feel less sure of about me really. (N)</p>
Member commentary	
Colleague commentary	
Opportunistic conversations/ quotations	
Field Notes	<p>S7</p> <p>I could just be old enough to be myself without needing a black and white label – I feel like a sum of my loads of parts which includes OT but also being an educator. Also a quality person, I don't have much to do with students which makes a difference. (E)</p>


Idea checking	
Continued Member checking	
Research journal	<p>S10</p> <p>Actually I wonder if the current NHS climate is threatening OT anyway and away from it people can just pretend it is how they would have liked or see it through rose tinted spectacles. Do I even need a professional identity now? Finally maybe not, not sure that being here (in HE) is clear enough for one. I've been here a long time, I don't think I'll be going anywhere. (E)</p>

SOURCES 	Workplace Culture 1.3
Narrative	<p>S1</p> <p>Everything, absolutely everything is totally different here (in HE). It's like there's some big secret no one will tell you and then you're an idiot when you don't know. (N)</p> <p>At least at my old work everyone knew what was what, I didn't like it but I knew the ropes. Guessing is very horrible and tiring. (N)</p> <p>If you don't know what's expected, what's normal, it is very uncomfortable and it's very hard to ask. (N)</p>
Focus groups	<p>S2</p> <p>I think anyone who's been in education for a while who went back to practice as an OT would be formidable. I wouldn't like to manage me if I went back! (E)</p> <p>I wouldn't like to manage any of us, I think we'd be buggers and I think that in teaching you've become such an autonomous individual . . . (E)</p> <p>That's the pressure of this job, is that it has to be done when it has to be done, whereas in practice there usually is some slippage, to some extent, not with client care, but with more administrative tasks or being able to make a waiting list' . (N)</p>
Individual interviews	<p>S3</p> <p>there was a big difference and I found it a shock – I knew all abouthow everyone worked what we all did, it was very clear, most things were written down anyway and the induction really told you concrete things. You had to get to know the actual people of course but that the same everywhere but how things worked, what the priorities were you got told. Here it's much freer and people said 'do what you like which ought' to be great but that's hard when you aren't really sure what that means and actually there are things you have to do and also be quite flexible about like working very long hours at marking times which was different. In the NHS it was 8.30 – 4.30 and that was it. (N)</p> <p>It was quite strange managing your own workload so much, it was very much your responsibility. Also I'd have to say I don't think I had a clue what long hours lecturers worked. I thought they more or less taught and visited and not much else. (N)</p> <p>I do wonder if I look back at the workload in my previous job with rose tinted spectacles and I certainly hear some people here saying that clinicians have no idea what long hours are – maybe grass is always greener and everyone thinks they work harder than everyone else! One thing is though that everyone here has been a clinician at some point but hardly any clinicians have been lecturers. so really they can't know like we do. (E)</p>

	<p>Whereas from a clinical point of view you have to provide a service that has to be fairly stable, so you can have a bit of that going on, but if everyone is going off at their own tangent you wouldn't have any teamwork at all, it would just be chaotic! Overall you can probably afford a bit more in high education. (N)</p> <p>One of the first things I found when I came into this job is that I found it very hard to sit and read, I found it very hard to go onto the internet and search and to – because I thought somebody would come and tell me off! (N)</p> <p>I keep on about my age but I feel ready to be myself in different situations now, I don't want to be so defined by my group as being one on the OTs – I do really value them but I'm me now and I want to branch out and be something different, I want to be an OT academic or maybe an academic (E)</p>
Member commentary	
Colleague commentary	
Opportunistic conversations/ quotations	
Field Notes	
Idea checking	<p>S8</p> <p>You get it right, or you get it wrong. But that's life it isn't a disaster here. (E)</p>
Continued Member checking	<p>S9</p> <p>I just know now – you can't define it but I feel comfortable and I know where I am, what's happening, how people are. (E)</p>
Research journal	

SOURCES 	Health and Social Care workplace Culture 1.3a
Narrative	<p>S1</p> <p>You knew who was who and where they stood, certain professions were higher up no matter how useless the person was as you know, it was very frustrating for me. (N)</p> <p>I really liked being part of such a strong team. (E)</p> <p>Actually there was a lot of doing; people were quite negative about more academic stuff. They'd say 'I'm a practical person' as if being an intellectual was a bit dodgy – made you useless. I felt a bit of like I'd let the side down when I applied for a lecturing post, maybe a bit snobby too. (N)</p> <p>Our main aim was to try and reduce the amount of hospital admissions . . . (N)</p> <p>As an occupational therapist this is a great job to be in, to enable people to live independently, and to stay at home and develop coping strategies as much as possible, and to see hospital admissions only as a last resort. (N)</p>
Focus groups	
Individual interviews	<p>S3</p> <p>Yeah, and it's less 9-5, you know if you want to work in the evening rather than the afternoon, then there's more flexibility to do that. (N)</p> <p>. . . very much about top down management . . . (N)</p>
Member commentary	<p>S4</p> <p>The team was great, we worked well and spent lots of time together – we went out a lot. (E)</p>
Colleague commentary	<p>S5</p> <p>Very clear hierarchy, very based on traditional lines, nothing seemed to have any effect on it. (N)</p> <p>Like it or not it was a club which majored on clarity. (N)</p>
Opportunistic conversations/ quotations	
Field Notes	
Idea checking	
Continued Member	

checking	
Research journal	

SOURCES 	Higher Education Workplace Culture 1.3b
Narrative	
Focus groups	<p>S2</p> <p>And I think I never worked at home when I worked on the NHS, and now I do, at night and whatever. (N)</p> <p>But you have more control over it, so say you know you've got loads of work to do in the evening and you think, 'right four o'clock, right I need to clear my head, I'm going to do something completely different, but then sit down at eight o'clock and I'm going to work really hard.' But you can't do that in clinical. (N)</p> <p>It's the flexibility isn't it? That's what is so different, you can be flexible here as long as you do the work but in the health services you had to do the hours when they were set and there was very little room for manoeuvre. (E)</p> <p>But I think there's no end to it that's the thing, I think the problem with this job is there's no end to it and that's official, that's in your contract. (E)</p>
Individual interviews	<p>S3</p> <p>There aren't really single teams here – you're part of lots of teams or just on your own, <i>(so it is difficult to develop a sense of belonging unless you make you own group which I think OT's have)</i> (N)</p> <p>It is very dog eat dog, everyone for themselves, though no one says so. (N)</p> <p>Actually I think it is very hierarchical probably like the NHS but it just isn't obvious at first and it still isn't to me, not that clear about what the really important things are – research? Management? Bringing in money? Having been here for a long time? (E)</p> <p>There are top dogs but not easy to spot til you know. (E)</p> <p>the thing which is really hard is that there just is no clear map to follow here – it's a conspiracy of silence and self importance. Why? (N)</p> <p>If they'd tell it like is you could all get on with it instead of wasting half you time in a bloody anxiety state trying to find out. (N)</p> <p>Yeah, and it's less 9-5, you know if you want to work in the evening rather than the afternoon, then there's more flexibility to do that. (N)</p> <p>Yes, you probably are less checked up on. (N)</p> <p>Oh much more un-controlling. (N)</p>

	... you're a grown up you can do the work whenever you want and that – (N)
Member commentary	<p>S4</p> <p>It's very much a develop your own thing type of work which is very different now I'm used to it it suits me. (E)</p> <p>People are wanting to be allowed to act as individuals, they don't want to be managed so clear rules, even guidelines aren't around – they are resented but it would be really useful especially for new people. People are very busy guarding their old freedoms. (E)</p> <p>Actually although in some ways I miss the socialising we did I couldn't do it now – different stage I suppose with the kids and so we don't have as much time or money, this job has more older people here – my age really -who aren't as free to go out anyway so it isn't as appropriate. I think we all live further apart too. I need my non work time for the family and close friends from home really.(N)</p>
Colleague commentary	
Opportunistic conversations/ quotations	
Field Notes	
Idea checking	<p>S8</p> <p>You do feel trusted to get on. (N)</p>
Continued Member checking	<p>S9</p> <p>There is a massive amount of change and confusion and people are really worried about losing their individuality and work practice. They have a problem though in all being individuals instead of a group – a lot of wasted energy and not being able to prioritise. Doesn't seem much sense of responsibility. (E)</p>
Research journal	<p>S10</p> <p>Actually you do get a chance to a [sic] manage your work here yourself like an adult which is great. (N)</p>

Appendix 3: Personal Journey Data Logs

Personal Journey- general

Losses - overview

Recovery

Unfamiliar Territory

Confusion

Lack of Support and Guidance

Self Doubt

Lack of Status

Lack of a Reference Group

Lack of Avenues of Expression

Fear of failure/getting things wrong

Feelings of Disloyalty

Table 2




SOURCES 	Personal Journey- general 2
Narrative	<p>S1</p> <p>I've travelled a long way and it hasn't been easy. (E)</p> <p>I feel I'm developing my career journey. (N)</p> <p>This is my path. (N)</p>
Focus groups	
Individual interviews	<p>S3</p> <p>I have changed my professional identity in that I've moved towards being an educator, though I'll always be an O.T., I've become much more confident and I've become more mature. (E)</p> <p>Do you know actually the biggest thing that's changed was changing from that clinical job to this job, I have separated . . . I'm not sure that I would be pregnant if I was still in that job. So it changed my whole perspective on life, because I don't feel as passionate about this job, as I've ever done about a clinical job. (N)</p>
Member commentary	
Colleague commentary	
Opportunistic conversations/ quotations	<p>It is really helpful to know that I other new people feel like me – I feel a lot better knowing it isn't only me and also that I'm normal and this will get better as I move on. (N)</p>
Field Notes	
Idea checking	
Continued Member checking	
Research journal	

Table 2

SOURCES 	Losses 2.1a
Narrative	<p>S1</p> <p>The other change was that from being the senior manager of a service I became a novice again, and was a junior member of staff. I was on the bottom rung of the career ladder in OT education in other words. (E)</p>
Focus groups	<p>S2</p> <p>I developed the OT role within the renal unit and that was great because I knew exactly what I wanted to do . . . (E)</p> <p>But it is about professional language as well isn't it. (E)</p>
Individual interviews	<p>S3</p> <p>I don't feel I even know what skills I need never mind have them. (N)</p> <p>I was really respected, now I'm no one and I don't know how to be. (N)</p> <p>I loved that sense of being a professional – belonging to a specific profession, now it's gone and there's nothing similar to take its place. (N)</p> <p>My professional group isn't anything here, or the skills. (E)</p> <p>It felt like home. (E)</p> <p>I knew everything so well, coming here was a real shock. (E)</p> <p>It was so exciting to work there! I love it! I miss it so much. (N)</p> <p>I find the term lecturer harder than occupational therapist. I'm still an honorary member of the Specialist Interest group in . . . and the way they've done this is that they've juggled it, so that I can be an honorary member and it said 'honorary membership for non-therapists' and I thought, 'Well I'm still a therapist! What do you mean non-therapist!' What they were actually trying to do was encompass a few other people in that as well. I was quite mortified that I'd become a non-therapist! (N)</p> <p>But I fear losing the clinical aspects, and staying in it too long. (N)</p> <p>I can't see past this post, I've no desire to stay! (N)</p> <p>Looking back I can't think why I was so surprised by feeling that I'd lost such a lot by leaving practice – also why I don't remember that that is what new people probably are going through (E)</p> <p>But it is about professional language as well isn't it? It is part of belonging to a profession speaking the same language. I knew things were quite bad for outsiders in</p>

	<p>the health service , and I'd have to admit that it did make you feel a bit part of the in crowd to use the jargon, higher education is even worse -there are more acronyms and strange words and titles than I could possibly have believed. It really is very hard to get in. and hard to speak. (E)</p>
Member commentary	<p>S4</p> <p>This role is too multi task to be clear, I miss the focus and purpose. (N)</p>
Colleague commentary	
Opportunistic conversations/ quotations	<p>S6</p> <p>I feel really awful. Completely deskilled and I'm not used to it, I knew exactly what I was doing before and I was known as an expert. (N)</p> <p>I felt useless at everything here. (E)</p> <p>I thought I'd be working with OT's – I was looking forward to it, I'd been the only OT in the team before and I wanted to be with other OTs but it isn't like that at all. (N)</p> <p>We did loads together – going out and things, that doesn't happen here really. (E)</p>
Field Notes	
Idea checking	
Continued Member checking	<p>S9</p> <p>I knew what my role was, what it meant, I miss that a lot. (N)</p> <p>Everything was obvious, not like this – it was easy to manage. (N)</p>
Research journal	

Table 2

SOURCES 	Recovery 2.1b
Narrative	
Focus groups	<p>S2</p> <p>One of the things I put down about the change in professional identity from being a therapist to being an academic, I actually think there's a status change as well. My professional identity now I think is esteemed higher by the general public and possibly within occupational therapy, than when I was an occupational therapist. (E)</p> <p>Carrying on we talk about having a professional identity as an OT, and specific skills that we use as an OT, but do we now have educator skills on top of all that. I remember having a row with Rob once and he said to me 'stop talking to me like a teacher', and I said 'but I am a teacher'. (N)</p>
Individual interviews	<p>S3</p> <p>I have become very much part of (<i>this institution</i>) I like the people. I like the freedom, I like being able to be more me really and o [sic] have more choices about how to develop. (E)</p> <p>I like being more responsible for my own work now, I found it hard at first but now I like it. (E)</p> <p>I like the roles I've got, of course you don't have those things to start with which is a bit of shame because then you don't have anything but things like year tutor, admissions whatever does give you something specific which is good. (E)</p> <p>I do feel now as though there are places to go for my professional development in HE. (E)</p> <p>I really like being able to focus on research and develop that, I feel skilled in that too, quite pleased with myself. (E)</p>
Member commentary	<p>S4</p> <p>I feel OK about it, more alone though, more of a sense of self? (E)</p> <p>I've got to know people better. (N)</p> <p>I understand the system now – as much as anyone else at least! (N)</p>
Colleague commentary	<p>S5</p> <p>I've been here 13 years and this is my place now and I feel very loyal to it and I like it. (E)</p>
Opportunistic conversations/quotations	

Field Notes	<p>S7</p> <p>I've developed some real teaching and learning skills which has helped hugely in giving me a sense of competence so I feel good about my ability. (N)</p> <p>Doing the PGC was excellent. (N)</p>
Idea checking	
Continued Member checking	
Research journal	

Table 2

SOURCES ↓	Unfamiliar Territory 2.2
Narrative	S1 It was completely foreign in just about every way. (N)
Focus groups	
Individual interviews	S3 I might as well have been in the middle of nowhere. (E)
Member commentary	S4 For the first year I felt as if I'd go [got?] on the bus for (<i>the next town</i>) and been taken to Planet Zog, and it was a single! (N)
Colleague commentary	
Opportunistic conversations/ quotations	
Field Notes	
Idea checking	
Continued Member checking	
Research journal	

Table 2

SOURCES ↓	Confusion 2.2a
Narrative	S1 I had be [been?] fortunate to be asked to do some part time teaching at the University, which I thought gave me some flavour of what it would be like to be a lecturer, although little did I know what it would really be like! (N)
Focus groups	S2 It seemed a huge place with no idea who was who or what was what. (E) But it is about professional language as well isn't it? (E)
Individual interviews	S3 I couldn't seem to grasp anything about how the day worked, or even the hour really. (N) No sense of structures. (E) Like the little mermaid – 'a whole new world', I'd be combing my hair with a fork any minute now. God it was awful. (E) ... and that's quite unlike me, normally I'd like to know what the next person up the line is doing! But it just sounds too much to even take on board for me, I'm just like 'no' ... (N) I'd lost to a certain extent my professionalism I don't think it had gone, but I don't use it I'm not using it. (N) One of the first things I found when I came into this job is that I found it very hard to sit and read, I found it very hard to go onto the internet and search and to – because I thought somebody would come and tell me off! (N)
Member commentary	S4 No idea what the priorities were – I'd thought it would be teaching students but no. (N)
Colleague commentary	
Opportunistic conversations/ quotations	S6 I didn't understand half of what was being said, I thought health service jargon was bad but this is something else. (N) It was like being in a foreign country, you didn't speak the language, you hadn't got a map and it was pissing with rain. (N)
Field Notes	
Idea checking	
Continued	

Member checking	
Research journal	

Table 2

SOURCES ↓	Lack of Support and Guidance 2.2b
Narrative	
Focus groups	
Individual interviews	<p>S3</p> <p>There was no way of finding out. (N)</p> <p>No information, nothing clear. (E)</p> <p>Kept getting different answers. (N)</p> <p>Not sure who my group was, who to ask, if it was OK to ask. (N)</p> <p>People were very kind, the OTs were good but I still just didn't get it – I didn't think I ever would, I felt really stupid (N)</p>
Member commentary	<p>S4</p> <p>I wanted something written down and definite but I got the feeling that I'd asked for something on the same level as hard core pornography. (N)</p> <p>The thing that kept me going was the other people in my teaching team who really were good about taking me for coffee and things, I found it very hard because they seemed to be doing something I didn't know about properly so I don't think I felt I belonged to them but they were kind and they did support me through the day and I could have asked them things if I was desperate. I remember wondering if I'd ever have friends here. (E)</p>
Colleague commentary	
Opportunistic conversations/ quotations	
Field Notes	
Idea checking	<p>S8</p> <p>There just wasn't anything so I just stuck with the OTs. (E)</p> <p>Stick tight and wait for osmosis. (E)</p>
Continued Member	<p>S9</p> <p>Induction was useless, it was talking heads but I didn't know who they were I never really saw them again and they were all vague hellos rather than concrete stuff about</p>

checking	my daily life and what I needed to know about right now like how to get on the IT system or book leave or photocopy.. (N)
Research journal	

Table 2

SOURCES ↓	Self Doubt 2.3
Narrative	
Focus groups	
Individual interviews	<p>S3</p> <p>I'd made an awful mistake. (E)</p> <p>I was useless. (N)</p> <p>I didn't have any abilities. (N)</p>
Member commentary	
Colleague commentary	
Opportunistic conversations/ quotations	<p>S6</p> <p>I wasn't nearly as good as I'd thought I was. (N)</p>
Field Notes	
Idea checking	
Continued Member checking	<p>S9</p> <p>I felt quite ashamed and humiliated. (E)</p>
Research journal	

Table 2

SOURCES ↓	Lack of Status 2.3a
Narrative	
Focus groups	
Individual interviews	<p>S3</p> <p>People don't think of OT as academic so we hardly count. (N)</p> <p>It was a worm feeling. (N)</p> <p>I think the students just think that I'm standing up there whittering and I've never seen a client in my life! And I find that really very hard, it's something that I find quite demoralising. (N)</p> <p>Is it loss? I don't know. Frustration is how I'd describe it more than anything. I just want to say 'do you not know that I was a good therapist?!', you know. (N)</p>
Member commentary	
Colleague commentary	<p>S5</p> <p>Health (except medicine) of course is very low status in HE. (E)</p>
Opportunistic conversations/quotations	<p>S6</p> <p>I felt a real beginner. (E)</p> <p>Nothing I'd done before seemed to count, I was at the bottom of the heap. (N)</p>
Field Notes	
Idea checking	<p>S8</p> <p>All my expert status was gone. (N)</p> <p>It was like I was a total novice with nothing to offer. (N)</p>
Continued Member checking	
Research journal	


Table 2

SOURCES ↓	Lack of a Reference Group 2.3b
Narrative	
Focus groups	
Individual interviews	<p>S3</p> <p>I didn't know what my profession was, who my colleagues were, if I had friends. (N)</p> <p>Who was I supposed to be like? I wanted a group, a role model. (N)</p> <p>Which was my group? (N)</p> <p>I needed to find people like me, I relied [a?] lot on that and was struggling, it wasn't clear and it was a long time before I found it through individual contacts. To start with I turned to the other OTs, <i>nostalgie de la boue</i> but it was very reassuring and familiar. (E)</p>
Member commentary	
Colleague commentary	
Opportunistic conversations/ quotations	
Field Notes	
Idea checking	
Continued Member checking	<p>S9</p> <p>I couldn't work the groupings out so I felt very uncertain. (E)</p>
Research journal	

Table 2

SOURCES ↓	Lack of Avenues of Expression 2.3c
Narrative	
Focus groups	
Individual interviews	S3 I didn't know who to talk to. (N)
Member commentary	S4 I didn't feel I could confide in anyone, I felt I had to pretend it was fine. (N) I don't think expression of feelings is really part of the culture, especially any feelings that might undermine the basic concept of academic life being very important. (E)
Colleague commentary	
Opportunistic conversations/ quotations	
Field Notes	
Idea checking	S8 I didn't really know how to say what I felt and be acceptable. (N)
Continued Member checking	S9 The general lack of structure and signposting makes it very hard to raise concerns. (N)
Research journal	

Table 2

SOURCES 	Fear of failure/getting things wrong 2.3d
Narrative	
Focus groups	
Individual interviews	<p>S3</p> <p>I was really worried about getting things wrong, I don't worry now – obviously I know much more about how things work. Maybe I've got the confidence to know that getting things wrong is OK, age or comfort or both. (N and E?)</p> <p>I was in a real anxiety stat about making a mistake or showing my ignorance or saying something wrong. (N)</p> <p>I felt as if I was a failure – I wasn't a skilled person any more. (N)</p> <p>I was always thinking I can't do this, I've failed and if I have to go back to my old job everyone will know. (N)</p> <p>Every lecture was like a test, I felt I could easily fail. Actually I had no idea what I was doing or what I was supposed to do. (E)</p> <p>I still find lecturing really quite nerve-racking, very, very hard work, something I don't feel hugely comfortable doing. (N)</p> <p>One of the first things I found when I came into this job is that I found it very hard to sit and read, I found it very hard to go onto the internet and search and to – because I thought somebody would come and tell me off! (N)</p>
Member commentary	
Colleague commentary	
Opportunistic conversations/ quotations	<p>S6</p> <p>I felt I'd just avoided doing something dreadful by luck but I might be found out. (E)</p>
Field Notes	
Idea checking	
Continued Member checking	<p>S9</p> <p>I had a sort of fear that everything I did might be wrong. (N)</p>

	I just could not manage the workload, it is still a problem. (N)
Research journal	

Table 2

SOURCES ↓	Feelings of Disloyalty 2.3e
Narrative	
Focus groups	
Individual interviews	<p>S3</p> <p>I felt as if I'd abandoned my patients. (N)</p> <p>I think I had to work hard to feel OK about deserting my patients, I justified it by saying I was producing more OTs but I felt bad. (E)</p> <p>When I stopped doing much teaching I felt that I had abandoned the students, I'd felt like that about my clients when I came into HE which is an interesting one now I think about it. (E)</p> <p>I feel disloyal really but it's OK because I will be going back and I'll be better at it then. (E)</p>
Member commentary	
Colleague commentary	
Opportunistic conversations/ quotations	
Field Notes	
Idea checking	
Continued Member checking	<p>S9</p> <p>I felt as though I'd abandoned the team coming here. (N)</p>
Research journal	

Appendix 4 Reasons for Moving from Clinical Practice to Higher Education.

Reasons for career change

Dissatisfaction with Practice

Dissatisfaction with Health and Social Care Provision

Career Fit


Table 2

SOURCES ↓	Reasons for career change 4
Narrative	<p>S1</p> <p>I wanted to do some thinking and learning for a change. (N)</p> <p>I wanted to pass on real OT, which I couldn't (in the job I had in the NHS). (N)</p> <p>I was ready for a new direction. (E)</p> <p>I wanted something new, a challenge. (N)</p> <p>I wanted to develop new skills and I liked working with students. (E)</p>
Focus groups	
Individual interviews	<p>S3</p> <p>... what will satisfy my thirst for having patient contact is just a week of assessing loads of people just reminding myself of the kind of issues and problems that are out there, and then come back in and say thank God I don't have to do that you know. (N)</p>
Member commentary	
Colleague commentary	
Opportunistic conversations/ quotations	
Field Notes	
Idea checking	
Continued Member checking	
Research journal	

Table 2


SOURCES ↓	Dissatisfaction with Practice 4.1
Narrative	<p>S1</p> <p>I wasn't able to put OT philosophy into practice. (E)</p> <p>My skills were being undermined. (N)</p>
Focus groups	
Individual interviews	<p>S3</p> <p>I was completely fed up with being forced to do things badly. (N)</p> <p>We were discharge machines. (N)</p> <p>There was no opportunity to develop skills or even practice properly. (N)</p> <p>But when I was a clinician, I always had that sense that I didn't really fully understand in enough depth what I was doing. (N)</p> <p>There isn't time to reflect or to actually do any staff development in the clinical world . . . (N)</p> <p>You don't have time to do that in the clinical world although you should. (N)</p>
Member commentary	
Colleague commentary	
Opportunistic conversations/ quotations	
Field Notes	
Idea checking	
Continued Member checking	
Research journal	

Table 2

SOURCES 	Dissatisfaction with Health and Social Care Provision 4.2
Narrative	<p>S1</p> <p>I wanted to do something thinking [sic], and some learning for a change. (N)</p> <p>I wanted to pass on real OT, which I couldn't. (N)</p> <p>I returned to the teams in early . . . I found that the politics were still the same, I was still fed up of that, and actually I found that the patients weren't sparking my interest as much as they had done before. (N)</p>
Focus groups	<p>S2</p> <p>You can't change anything – you don't have any power. (N)</p> <p>That's why I left the health service, I was head three, I'd done a stretch at a head two, and I didn't like being a middle manager. I came into education, and then you start at the bottom of the heap again, you work your way up to the top. (E)</p>
Individual interviews	<p>S3</p> <p>The NHS is hierarchical and hidebound. (N)</p> <p>There are no resources for development, training budgets, staff, it's all more, more, more for less, less, less. (N)</p> <p>I got really fed up with people never thinking, always wanting to do things like it had been done, always on about the good old days. (E)</p> <p>No resources, managing the budget was everything. (N)</p> <p>Management was a nightmare, doing it and having it done to me. (E)</p> <p>I got bogged down with the politics and I got sick to death about hearing about politics . . . (N)</p>
Member commentary	
Colleague commentary	
Opportunistic conversations/ quotations	<p>S6</p> <p>Social services is about paper work and covering backs. (N)</p> <p>I spent the whole time defending our corner, I wasn't even sure it was worth defending. (E)</p>
Field Notes	
Idea checking	

Continued Member checking	S9 Quite a blame culture really, so no one does anything, tries anything. (N) Soul destroying grindstone of no resources and no power but always available for the flack. (E)
Research journal	

Table 2

SOURCES 	Career Fit 4.3
Narrative	<p>S1</p> <p>My husband was moving to a job in the area. (E)</p> <p>I needed to move home, near my parents. (E)</p> <p>Despite not having an OT position to come to I moved to Manchester in late ... (N)</p>
Focus groups	
Individual interviews	<p>S3</p> <p>It fitted in with the family. (E)</p> <p>I thought it would be more flexible with the children. (N)</p> <p>I moved with my husband. (N)</p> <p>It was always something I thought I want to do even in college. (N)</p> <p>I'd often thought of it. (E)</p> <p>My husband moved up here. (N)</p> <p>... in fact I'd say the vast majority have come into higher education as a career change. (N)</p> <p>This was the only job, on paper, that was there ready to go. (N)</p> <p>'I just don't want to do a lecturing post', but the more I thought about it the more I thought 'not that's got things that could be useful to me, might help me along my route to being a therapist'. (N)</p> <p>I think as being a woman there are the other issues about career, having a family, what is it that I want to do and I could have gone along with my career but then you have a biological drive to produce and then you suddenly think oh my God am I going to produce or have a carer? And think I know, I'll have both ... (N)</p> <p>... issue about me having a child because I think at a couple of stages in my career I've thought I do know what I am, I am an occupational therapist with core skills and if that means that I want to go part time and I can't do it in my current job then I'm happy to take a senior two part time post ... (N)</p> <p>I always felt that confidence there was always something that I could do and it would</p>

	<p>fit in my family life and my profession allows that I think. (N)</p> <p>Your life is the university there is no hours or anything, you do it when and where. But if I'd gone part time in the NHS I would have had to be there nine to five no questions asked I have to be there three days a week. What happens if one of the children is sick on that day? I then have to start rearranging and changing things you know people that's really hard to do. And say if one of those days I worked a baby clinic and I want to take one of them to the clinic you then have to start saying and justifying why you want to do that whereas here I don't have to do that. If I want to at 2 o'clock because I've got a baby clinic at 3 that's fine because I'll be doing the work at 9 o'clock that night. (N)</p> <p>. . . as a woman and as a mother this job works really well for me in that way because it means I can marry the two together erm and erm that 's about the academic side of it rather than being an occupational therapist. (N)</p>
Member commentary	
Colleague commentary	
Opportunistic conversations/ quotations	
Field Notes	
Idea checking	
Continued Member checking	
Research journal	


Appendix 5, Becoming and Belonging

Becoming and Belonging

Becoming and Belonging as an Occupational Therapist


Becoming and Belonging as an Academic

Table 2

SOURCES 	Becoming and Belonging 3
Narrative	<p>S1 I want to develop fully as a professional. (N)</p>
Focus groups	<p>S2 I want to belong to a group. (N)</p> <p>I want to be what I am professionally, my work is part of me. (N)</p> <p>... it offers you a flexibility of identity doesn't it so that depending on the people that you're talking to you could say 'I'm a teacher' could say 'I'm a chameleon!' sometimes I say 'I'm an occupational therapist' sometimes I say 'I'm a health care lecturer'. (E)</p> <p>Carrying on we talk about having a professional identity as an OT, and specific skills that we use as an OT, but do we now have educator skills on top of all that. I remember having a row with Rob once and he said to me 'stop talking to me like a teacher', and I said 'but I am a teacher'. (N)</p>
Individual interviews	<p>S3 I want to know what I am and others to know – to be able to articulate it. (N)</p> <p>It has been a long time coming but I've arrived. There might be enough to keep me here as well, I won't forget my OT bit though – I'll keep writing home. (E)</p> <p>I get a bigger buzz a lot of time from being here and being part of a group of people who have similar views to me they understand things we can debate things we get that you know what I mean. (N)</p> <p>... you're a grown up you can do the work whenever you want and that – (N)</p> <p>Well you'd miss that professional debate you know and just because I teach mainly on the mental health doesn't mean that I will always teach on that, and could have a discussion about what is occupational therapy, and what is occupation and what is occupation science and I need to be part of that and keep myself up to date with it all. (N)</p>
Member commentary	
Colleague commentary	
Opportunistic conversations/ quotations	


Field Notes	
Idea checking	<p>S8</p> <p>I want to be part of a professional community, we don't all need to be the same, I wouldn't like that, but we'd all need to belong. (E)</p>
Continued Member checking	<p>S9</p> <p>I can have a foot in both camps which is great. (E)</p>
Research journal	

Table 2

SOURCES 	Becoming and belonging as an OT 2.3.1
Narrative	
Focus groups	<p>S2</p> <p>I really am an OT. (E)</p> <p>I work with them, I know what they're about, what OT is about, what it should be, I've grown up in it. (N)</p> <p>I think there is something about the way you see things, how you behave, what you believe in which just is how you are. (E)</p> <p>I can always recognise another OT and there's always something between us even if we don't like each other. We [we're?] part of a group. (N)</p>
Individual interviews	<p>S3</p> <p>I knew where I started from and where I'd got, they were like my people. (N)</p> <p>I won't let that sense of what I am go. (N)</p> <p>Actually I think I've grown past it, it isn't me anymore, or not all of me, in work terms but in personal ways I have become an OT I can't change that – I don't want to. (E)</p> <p>So I was able to shape things more, and I was happy that I had more professional identity. (N)</p> <p>... because you'd think then that as it was more collaborative you'd have more overlap and less professional identity, but in reality because we talked more, we were happy about each others roles and I think that gave us a stronger professional identity. (N)</p> <p>'I just don't want to do a lecturing post', but the more I thought about it the more I thought 'not that's got things that could be useful to me, might help me along my route to being a therapist'. (N)</p> <p>I do work in the evenings, but the things I select to do in the evenings are nearly always things that would help me in a clinical career, because that's the things that motivate me. (N)</p>
Member commentary	
Colleague commentary	
Opportunistic	

conversations/ quotations	
Field Notes	
Idea checking	
Continued Member checking	
Research journal	

Table 2

SOURCES 	Becoming and belonging as an Academic 2.3.2
Narrative	<p>S1</p> <p>As stated earlier my intention had been to move back into a clinical post after five years, but this didn't work out for two reasons. One reason was that I wanted to be involved in pioneering degree education in occupational therapy. The second reason was that my original intention was rather naïve. I had thought that five years would be sufficient time to become a competent educator, this wasn't in fact true. Five years in education means that an individual only sees one cohort of students start and complete their training programme. In reality I was only just starting to have an influence on designing the curriculum that reflected the changes that were occurring, not only in practice, but also those that were occurring in pedagogy or probably more accurately in andogogy. (E)</p> <p>This was a stimulating and dynamic time to be involved in OT education. So the time wasn't right for me to move back into a clinical post. (E)</p> <p>. . . which left me with the desire to be involved in further research. (E)</p> <p>The post of head of department of occupational therapy was advertised, and I was encouraged to apply, and surprisingly I was offered the post. This was a significant milestone in my career. (E)</p> <p>It soon became evident to me as a manager and head of department, that if we, as occupational therapy lecturers, wished to be accepted legitimately as academics we would need to be actively involved in research, in addition we would require staff with doctoral qualifications. (E)</p> <p>I had become more actively interested in strategies for teaching students. So, on reflection, I could see that this was actually quite a key time, and I began to question whether I was an occupational therapist with an interest in education or I was an educator in occupational therapy. (E)</p> <p>One of the modules of the doctoral programme entitled 'In Practice, Learning and Development' required me to produce several reflective commentaries on my development in the post of head of the occupational therapy department, and as an educator, and it was through some of these commentaries that I slowly began to realise and accept that my perceptions of my professional identity were changing. With students, colleagues and practitioners I had always insisted I was an occupational therapist, but increasingly I began to openly acknowledge that I described myself, particularly to first year students on their induction programme, as an OT educator. (E)</p> <p>And today I think of myself as an educator in healthcare as well as specifically OT. (E)</p>

Focus groups	
Individual interviews	<p>S3</p> <p>I've become an academic I think, I feel more autonomous, more free, strange because I work much longer hours. (E)</p> <p>Being an academic is more about being as a whole because I don't really distinguish work and other things like I used to, there's more of a whole generally. The workload in terms of marking and admin is massive though, too much but I don't somehow see that as my real work really. (E)</p> <p>I feel as if I belong here now and that it suits me – I've had to work a lot out for myself and that has been good for me personally, I don't feel part of a group in the same way though. I might miss that: I don't know. I won't really think much about it now I've got to this point – I don't want to spoil it with regrets, or actually with being embarrassed about what I was. (E)</p> <p>I think I get a lot from being in an academic community. (N)</p> <p>It has been a long time coming but I've arrived. There might be enough to keep me here as well, I won't forget my OT bit though – I'll keep writing home. (E)</p> <p>I kind of do see myself as being a lecturer, it's not that I completely dismiss the whole concept, you know I do admit to being a lecturer! (N)</p>
Member commentary	
Colleague commentary	
Opportunistic conversations/ quotations	
Field Notes	
Idea checking	<p>S8</p> <p>I think you can do a bit of good as an academic so that's a relief I feel more comfortable with the idea of it. (N)</p>
Continued Member checking	<p>S9</p> <p>I really am an OT but I am an academic too, I can be both. (E)</p> <p>Actually I belong to this community and I value it. (N)</p> <p>I can have a foot in both camps which is great. (E)</p>
Research	

1. From Expert to Novice: an investigation into professional identities of occupational therapists who move from clinical practice to occupational therapy in higher education

Rationale and Introduction to Study

As an occupational therapist whose personal career was important to her I am always interested in observing the career pathways of friends and colleagues. Over years I have noted with interest that the personality of the player was inevitably a key factor – those things which were and were not salient to her were strong predictors; the social and familial norms and commitments also seemed to be essential ingredients in the mix; finally a commitment to the profession itself was a noticeable trait.

In the late 1990s, now an occupational therapy educator, I was asked to undertake a study for a region wishing to investigate issues affecting recruitment and retention in occupational therapy. Data was collected using semi-structured interviews undertaken with basic grade practitioners and senior 1 practitioners who had been working for more than five years, all of whom were white women. Following analysis some interesting themes emerged. Broadly, the basic grade occupational therapists drew attention to wanting to consolidate skills and feel confident in their role as occupational therapists rather than having career goals. Indeed, they did not perceive occupational therapy to have a career structure or clear route through, and there was some indication that most did not necessarily think they would remain in occupational therapy in the medium to long term. Clinical supervision was deemed of high value, whilst CPD opportunities were valued where they were specifically related to the area of work.

Senior occupational therapists described the most influential factors in career decisions as:

- The need to be flexible and relevant to lifespan issues (Collin, A., 1997)
- Feelings about shared values with the profession (Holland, J. L., 1996)
- Feelings about shared values with the organisation (Schein, E. H., 1993)
- Feelings of having internalised the values of the profession (Holland, J. L., 1996)

Participants did not perceive a clear career structure after senior 1 grade and anyway frequently saw their careers as a result of happenstance, and rarely as a result of

planning. However, they valued opportunities to promote the profession to which they now indicated a strong sense of belonging. They also emphasized the need to be able to manage change and have supportive mechanisms in place to maintain their identity as occupational therapists in the face of change.

Two things in particular stood out: first that the change in terms of the development of professional identity was very significant between the two groups and, second, the idea of moving into occupational therapy education had not been mentioned by any of the participants even though having students on practice placement featured strongly as a motivator and many of the participants had, or were, undertaking higher degrees. Was the notion of this simply a bridge too far, or was the career path chosen by the interviewer an inhibitor in the discussion perhaps?

I had also been very much struck by the fact that the most powerful theme for seniors was that of a sense of 'becoming and belonging' as an occupational therapist, *'what I am is an OT I suppose'*, (senior 1 occupational therapist). I frequently reflected on this and on other phrases, for example, *'I've got so that I can hardly understand how anyone doesn't see that it (OT) is the whole point'* (senior 1 occupational therapist), *'It just suits what I believe'* (senior 1 occupational therapist). *'I feel like an OT, I couldn't move now – that's why I've stayed in this team'*, (senior 1 occupational therapist), used by those seniors who had contributed as research participants.

An interesting finding from this study was that developing a sense of mastery and identity was considered important by basic grade occupational therapists. One participant expressed herself thus: *'I want to be really sure about being an OT now I'm really doing it. I want to know that I am doing it, this is what I am I'm not just pretending like on placement.'* (basic grade occupational therapist). This finding serves as an unwitting predictor for the data offered by the senior staff interviewed.

I became very interested in the issue of professional identities and began to examine some of the relevant literature. My attention began to focus on change in professional identity through the life course and, in particular, on how this change occurred in those colleagues who went into occupational therapy education in higher education settings.

In order to pursue this interest I began to look at some of the literature which considered factors affecting career development, and some of the themes in the evolution of the professional identity (Skovholt, T. M. and Ronnestad, M. H., 1995; Skovholt, T. M., 2001; Benner, R. N., 1989; Wenger, E., 1999).

Clearly, the notion of personal niche (Kahn, R. L. and Antonucci, T. C., 1980), an individual fit with the career together with how the career occupies its part of the life space, is likely to have a strong influence on the salience of the career and its accompanying sense of professional identity (Schein, E. H., 1997; Fagermoen, M. S., 1997). These might be seen as the sense of belonging to a community of practice (Benton D. and Mitchell J., 2004), to a group with shared values, to a professional body operating under the same ethical code and with mastery of shared core skills. Professional identity is not a static thing but changes and develops over time. Skovholt (2001), writing principally about counsellors (there are, of course, many philosophical and practice similarities between the counsellor and the occupational therapist, making transferability across selected themes appropriate), makes points generalisable to all professions, emphasising themes which are apparent in becoming a member of a profession and in belonging to it. Three of particular interest are:

- as the professional matures, continuous professional reflection becomes the central developmental process
- personal life is a central component of professional functioning
- external support is more important at the beginning of one's career and at transition points

Skovholt (2001) also draws out the importance of '*sustaining the professional self*', (Skovholt, T. M., 2001, p. 124). Furthermore, most relevant to this enquiry, he notes that being a novice in a profession makes doing the job very much more stressful. Skovholt (2001) suggests that entry into new territory as a novice is akin to plunging into uncharted rapids. This is bad enough, but what is actually happening for the group upon whom interest is focussing in this study is more than this. This person has been an expert in her clinical field. In order to gain appointment in higher education considerable experience in practice is required, and evidence of further study (usually a masters' degree) is also expected. Within occupational therapy this is unusual and would denote

an expert practitioner highly committed to her work. She is an expert indeed, but when she comes into higher education that expertise is not specifically relevant or even regarded. Furthermore, she is a novice in terms of her new practice and workplace. She has moved from a position of expertise to one of being a novice. What issues confront the person who moves from expert to novice, rather than the more typical novice to expert? It is that person [who] is the focus of this study.

A personal niche may also shift in shape and its components take on differing emphases during the life course, and issues of the life course will always affect how a career is chosen or developed (Alsop, A., 1997; Peiperl, M., *et al.*, 2000).

In the notion of life course, the journey from birth to death, which includes all aspects whether they are seen as individual incident or as an integrated whole, is indicated by the term 'life course'. The use of life course theory to help elucidate complicated concepts, links across concepts, and exploration of more discreet areas, provides a robust framework underpinned by a raft of respected and important literature. (Reese, H. W. and Symer, M. A., 1983; Pickin, C. and St Leger, S., 1993; Hendry, L. B. and Kleop, M., 2002). Career journey and developing professional identity are part of the life story (Super, D. E., 1990; McAdams, D. P., 1994; Sugarman, L., 2001). It is therefore not surprising that one of Skovholt's (2001) themes suggests the importance of the influence of life stage and life events on the professional development and career of the individual.

The roles which an individual assumes change according to the position and preferences of that person and these roles will be at least in part related to her life stage. Creek (2002) supports this notion from the perspective of occupational therapy literature. She suggests that roles and occupations shift in balance throughout the life course and that this balance is important in maintaining health and wellbeing.

Creek's (2002) work supports earlier work by Robert Havighurst (1972), who suggested that a framework of developmental tasks is an appropriate way to consider the journey through the life course. He defines a developmental task as,

a task which arises at or about a certain period in the life of the individual, successful achievement of which leads to ... happiness and to success with later tasks, while failure leads to unhappiness in the individual, disapproval by the society, and difficulty with later tasks. (Havighurst, R., 1972, p. 2).

Havighurst's (1972) idea is echoed, both implicitly and explicitly, in the work of many subsequent theorists of change and development across the life course. Specifically, Havighurst (1972) suggested that a developmental task arises out of a need felt by an individual and a demand made by the society in which the individual operates. This assumes that the individual and the social environment are active and interacting with each other (Havighurst, R., 1972). The interaction between society and the individual mean that the individual is provided with a culturally specific and appropriate notion of what is acceptable as a framework for the life course (Reinert, G., 1980; Neugaten, B. L., 1977). These normative developmental tasks can give people individual personal goals and so support decision making as individuals manage their progress through the life course. However, structures which help to create order and reflect expectations can also restrict freedom and make any non-normative choices more difficult (Bee, H. and Boyd, D., 2005; Sugarman, L., 2001). The development and maintenance of a salient professional identity is a significant developmental task for many, and so work in this area is important in this study. A point to note early on is that within these frameworks the trajectory is usually described as novice to expert, the reverse move may be construed as one of Neugaten's (1977) off time events, and thus is stressful (Bee, H. and Boyd, D., 2005).

Continuity in the life course is just as marked as change, and these continuities may be highly salient in the course of a career. In the context of professional identity and in the context of change of professional arena, the possibility that change may be managed in part by maintaining certain continuities opens up rich ideas for exploration. Work on stability zones (Toffler, A., 1975; Pedler, M., *et al.*, 2001) offers considerable insight into this area as they suggest the importance of maintaining particular areas of continuity which hold particular significance for the individual concerned, these salient areas may take the form of people, ideas, places, things and organisations.

The interpersonal, social and cultural context in which people live their lives profoundly influences how a life is lived and who the person within their context is and becomes. The concept of life space indicates the individual together with the aspects of the social, cultural, and material environment with which she interacts. Donald Super (1990) has suggested, which describes various strands making up the main roles in a persons life. He suggests taking a slice across the individual's rainbow as a way of investigating the

life space occupied by that individual at any given moment. (Super, D., 1990). He furthermore suggests that the personal meaning of the elements in the rainbow is even more important than the content of it, and that the same is true of the content of the life space (Sugarman, L., 2002). An individual's life space contains all those meanings (of people, experiences, objects, relationships, events, and so on, and, of course, career) that have been accumulated in life so far. Personal stability zones (Toffler, A., 1975; Pedler, M., *et al.*, 2001) are also important elements in the life space. There are clear resonances and connections with notions of transition in roles, career paths and of professional identity.

Work on stability zones (Toffler, A., 1975; Pedler, M., *et al.*, 2001) have strong links with Skovholt's (2001) work on professional development themes.

Having looked at continuity, and recognised its strong thread through life, there is little doubt that for twenty-first century western employees change is unavoidable, even the norm. The notion of change as part of the life course is not new. Levinson (1978, 1986, 1990, 1996) contends that the whole life course is predicated on structure changing and structure building phases, and that these orderly phases are a normal rhythm of life.

Clearly one possibility for occupational therapists, in the pursuance of career, is to move into occupational therapy education in the academic setting of higher education (HE), rather than in the clinical setting. It was interesting that this did not feature as a consideration in the early collection of data, and reasons for this might prove another avenue to explore. Nonetheless, occupational therapists do take this path, and it represents a challenge in change of working environment, culture and identity that should surely prove a rich seam in understanding the continuity, change and power of selected professional identity, and, of course, it had personal resonance for me.

The negotiating of transitions is highly personal and often brings personal change and development to multiple areas of someone's life (Miller, M. A. and Rahe, R. H., 1997; Sugarman, L., 2001). In the context of the current areas of interest this is particularly pertinent as it may be considered that a transition may result in the move from clinical practice to occupational therapy higher education practice, and this in itself is a major transition. Urie Bronfenbrenner's (2005) concept of the individual as embedded in a

nested hierarchy of environments, and Antonucci's (1991) notion of the individual travelling through the life course at the centre of a social support convoy, are both important in considering the journey along the career path. Change, decision making and development in career are certain to be influenced by the individuals' social, cultural and material environment.

The notion of life change is crucial, and there is a multiplicity of definitions emphasising different features of life change (Ruble, D. N. and Seidman, E., 1996). Some definitions emphasise a change in status (for example, from single to married, from student to practitioner), others the magnitude of the change or its consequences. This enquiry is essentially participant centred, so a more person-centred definition of change is useful. Wethington *et al.*'s (1995) suggestion of a turning point, considered alongside Schlossberg *et al.*'s (1995) concept of a transition, is useful as it gives a fuller account of the salient characteristics of change for the individual, and demonstrates clear links with some of the areas under investigation in this study. Wethington (1995) suggests that a turning point consists of a period or point in time when an individual undergoes a major transformation in views of self, commitments to important relationships, or involvement in significant life roles. This may also involve a significant transformation in the meaning, purpose, or direction of the person's life.

The management and experience of change can have a marked effect on the perception of self. How transition (for example, from clinician to educator) is negotiated will undoubtedly affect the outcome of personal perception of self in the new and old situations. Furthermore, the change from one employment milieu to another is a significant transition, and the response to that change has significant consequences for the employee, their friends, family and colleagues. This, in turn, affects the personal niche and social convoy; everywhere sands are shifting, and continuities and the supports to negotiate change become highlighted in importance.

The key notion developed through an overview of the literature related to this study seemed to be that of becoming and belonging, in other words the fundamental need for a professional identity and community of practice that is explicit and supportive and yet can develop and change. The central dilemma to be explored in the study is that the

transition from expert to novice. This is a common experience into which little enquiry has hitherto taken place and which has major significance for confidence in professional identity and in belonging to a community of practice.

This seemed such a powerful notion that the full review of literature is organised around the framework of becoming and belonging. It follows the line of looking at becoming and belonging in terms of professional identity as it relates to occupational therapists in higher education, drawing on literature from a variety of salient perspectives. Broadly, these perspectives are professional identity, personal journey and becoming and belonging in context.

A grounding in the literature which informs these areas must form the platform for this enquiry. The first area of literature reviewed is concerned with professional identity. The work of Skovholt and Ronnestad (1995) on professional development gives a relevant structure to this aspect of the enquiry, together with literature on life course (Levinson, D. J., 1990, 1996; Havighurst, R. J., 1972; Erikson, E. H., 1994; Sugarman, L., 2001). A review in relation to professional identity suggests the importance of professional socialisation into occupational therapy (Thompson, M. and Ryan, A., 1996) which is much less overt in higher education. The cultural differences between the two workplaces are also explored (Henkel, M., 2000) as relevant.

The notion of the personal journey in career and professional development is supported through an exploration of the literature on transition (Wethington, E., *et al.*, 1995; Bridges, W., 2003; Schlossberg, N. K., *et al.*, 1995). This addresses aspects of the personal experience of change (Murray Parkes, C., 1971; Hopson, B. and Adams, J., 1976; Bridges, W., 2003) and also of the various ways people are able to manage change, focussing, in particular, on some of the strategies suggested by Schlossberg *et al.* (1995).

The overarching theme of becoming and belonging allows the work of Wenger (1999) and Benner (1989) to be considered as well as some more profession-specific literature, and it is suggested that the endeavour of becoming and belonging is a human need and it's pursuit in the arena professional life is no exception.

Having established that the notion of this enquiry is justified within current literature, the next chapter addresses the issues of how to pursue the enquiry effectively. A broad

scope of methodological stances is made with an emphasis on qualitative paradigms. An eclectic person-centred methodology designed to support participant voice and allow a data led enquiry is suggested. Issues of researcher place and role in the enquiry is discussed. The ethical considerations are addressed, and a method using individual narrative, talking aloud model (Herriot, P., 1992), focus groups and individual interview is proposed. This data collection is supported by member checking, member and colleague commentary, field notes and a research journal. Analysis was by researcher immersion in the data, by continual checking, rechecking, and reconsideration until key themes emerged which were felt to be authentic by researcher and participants. Some attention is then paid in a brief chapter to how the findings and discussion are to be written up. Here, some of the difficulties of the enquiry, particularly regarding presenting the participant voice appropriately and researcher transparency, are addressed, and the decision is made to move to a more personal style of writing within the discussion chapters. The researcher's own personal narrative and statement is included here.

The findings as they relate to professional identity are discussed in the next chapter. In this, the power of the professional identity of occupational therapists, and the fact that this is maintained and in some cases even enhanced after the move has been made to higher education, is revealed in the voices of the participants. The development of identity as an academic is slow to form and tends to be related to engagement with other agendas than occupational therapy teaching, which provides new communities of practice which are cross institutional. The contrasting expectations of behaviour in the two workplaces are also noted as significant.

The next chapter gives the participants expression of their personal journey through their career transition, focussing, in particular, on their experiences of loss of community, familiarity and expertise. In this participants share significant feelings of grief, of self doubt, of loneliness and confusion. There are frequent references to unfamiliar territory and feelings of inhabiting foreign lands in this chapter. The move from expert to novice stands out strongly. There is also a discussion of how recovery was staged by participants and how a new expertise was acquired, a new sense of becoming and belonging and a new community was achieved.

The aspect of becoming and belonging forms the final chapter discussing the findings. The need to develop professionally and to belong to a group is noted by participants. The role of reflection in understanding this aspect of their journeys is acknowledged. They also suggest a maturity in considering that membership of more than one group is possible, and can support a personal integration of self and career as well as professional possibility.

Following the discussion of the findings the study is critiqued and the challenges associated with iterative study, data-led enquiry and data proliferation are all discussed. Recommendations for further study include further enquiry into the expert to novice trajectory and how this may be supported. Investigation into the formation and maintenance of professional communities, and how connections and mutuality may best be supported, is also recommended. Further work into how professional socialisation may be embedded into the broad aspects of the curriculum to support professional development in a way which encourages interprofessional connections, rather than professional exclusivity, is suggested as a possibility for further study.

Recommendations are also made for some practical strategies to support the management of change from occupational therapy practitioner to occupational therapy academic. The most obvious is that an understanding and appreciation of the meaning of the expert to novice move needs to be developed and used to support those undergoing this transition, and then time and resources to do this need to be given. The use of practical strategies including formal induction, the setting up of support groups of new staff across the institution, the use of mentors, the development of skills via postgraduate teaching and learning programmes, the availability of clear, documented information, are all cited. The acknowledgement that transition takes time, and that carefully staged opportunities to grow into the new professional identity need to be available, is also suggested as a useful possibility. The recognition of expertise already held, and its value within and outside the new arena, would go some way to make the transition less painful and give newcomers a greater efficacy in their new work. Alongside this, support from both arenas to membership of more than one community of practice as a way of supporting transition and enriching both communities is highly recommended.

In conclusion, the central findings emerging from this study concern transition from expert to novice; significant insight has been gained into this familiar experience where so little enquiry appears to have taken place. The experience of this involves the perceived loss of personal efficacy, deskilling and confusion during this transition, and the lack of a clear map and identified support through the process has been so strongly identified. Some participants suggested that the occupational therapy identity is clung to with ever greater fervour and a changed identity not easily internalised. The journey of becoming and belonging in terms of professional identity and community of practice has been found to be of huge significance in terms of personal salience and in developing professional feelings of wellbeing and confidence.

There is a real need to support those who move from clinical practice in occupational therapy to occupational therapy education in overt and concrete ways through using induction, and mentorship, providing clarity about higher education systems and practice, and active support for joining new communities of practice. It seems likely that this is true not only of occupational therapists but of many other professional groups moving from expert practitioner to novice academic. It has also become apparent that the tension between having more than one community of practice, more than one professional identity – a 'dual nationality' to use the metaphor frequently used throughout the study by participants – needs to be acknowledged and allowed. This tension could become creative and fruitful, offering much to both communities of practice, and to the development of the individual.

2. Review of the Literature: Belonging and Becoming, Professional Identity in the Personal Journey

2.1 Introduction

This literature search was undertaken both electronically and manually, using as search terms: professional identity, occupational therapy, academia, academic higher education, workplace culture, professional socialisation, NHS, transition, loss, managing transition, and life course. These terms generated additional terms to search for, and articles read included new references to follow. Additionally suggestions from colleagues also provided rich seams to pursue. A certain amount of unpublished literature was also considered in the form of PhD theses housed in libraries at Sheffield Hallam University and Lancaster University, together with some articles in press or forthcoming as publications. An attempt was made to use seminal works together with current literature to get an appropriate academic rigour and balance. As far as possible literature which was UK based was used though work from Europe and the USA also formed a significant and relevant part of the informing literature reviewed; care was taken to establish that the methodology and context were both appropriate to the current area of enquiry. Clearly a critique of the literature forms part of any review and academic rigour depends upon a proper consideration of the merit of research used to contribute to the study. One of the strengths of this chapter is the range and rigour of the literature used and the fact that it was all carefully critiqued before inclusion. The critique was undertaken focusing on rigour of methodology and method, appropriateness of sample selection and sample size, and also upon the influence which the work has had in the field in terms of how it has been used and reviewed by other academics and practitioners working in the subject area. No literature has been included without being fully examined for credibility of research technique and evidence of legitimate influence in its field. At the start of this section I would wish to offer a justification of some the key literature used in the chapter to demonstrate to the reader the kind of criteria used in critique in order to provide a sense of the rigour applied to the literature critique. This is presented at the beginning of the chapter rather than breaking up the flow of the review as it is presented to the reader.

In terms of life course theory Daniel Levinson's work, which has spanned over thirty years, has particular rigour and generalisability in that he conceived his theories working with a multi-disciplinary team, using significant numbers of participants, and via a wide range of data collection techniques including questionnaires, inventories, interviews, as well as conceptual analysis. A further strength of Levinson's work is that his meta-analysis and continued research led him to develop his ideas as time progressed. His recognition of the change in life stage norms over the period of his work, and his developing thinking on gender considerations, are of particular merit. Another key figure in life course theory is Robert Havighurst, whose work on developmental tasks has provided a foundation for much thinking on human development. Havighurst's theories were developed following research in which he considered a large data sample, which is one strength of his work, a further and perhaps more salient strength is his own continuing refinement and revision of the developmental tasks he considered to be significant. Havighurst also expected and encouraged others to refine his work as he was quite clear and overt in his recognition that his work was necessarily cohort specific. Such personal critique offers the reader considerable reassurance. Donald Super's notion of a rainbow of roles, representing salient aspects of the individual life course which wax and wane in both meaning and time demand throughout the life course, is particularly relevant to this study as it combines a view of the total life course in which the career path may be identified. It can be noted as a single strand in and of itself and also in relation to the individual's other roles. Super's concepts was developed by collecting data using both interview and questionnaire, caution however must be exercised in that his sample group – as he acknowledges – was made up of middle class males, and the reader must bear this in mind. Erik Erikson, a Freudian psychoanalyst, differed from Freud in that he believed firstly that sexuality was not the only driver in human development, and secondly, and in this enquiry most significantly, that human development continued beyond the early years. It is in this regard that Erikson's work is of significance as he was one of the first theorists to propose this view. It should be noted that his concepts were developed via his clinical work, his observations of life generally, and reflection on his own life and not on logical and structured research findings; however, his reflection seems to have been rigorous and thorough, undoubtedly they have had significant influence on the thinking of subsequent theorists.

Additionally his conceptual analysis was supported by interest in narratives of lives – notably he wrote a biography of Gandhi – and this also has resonance with this study. The theorists cited are not concentrated in work on one area of theory to the exclusion of all others. Bernice Neugaten, for example, worked with Robert Havighurst in particular, considering those factors influencing the older adult. Her theories and ideas are the result of concept analysis over many years and of change and development over time. Her writing presents a thorough explanation and justification of her conclusions, particularly those relating to managing transition. Similarly Nancy Schlossberg similarly worked with adults and used meta-analysis to draw her conclusions and present her notions of the influences which affect the experience of transition in adults. Alvin Toffler worked principally as a futurist during the 1960s and 1970s in which he proposed the existence of stability zones. Futures studies takes as one of its important epistemological starting points the on-going effort to analyse images of the future. This effort includes collecting quantitative and qualitative data about the possibility, probability, and desirability of change. Toffler also included analysis of some of the factors affecting how individuals negotiated transition, and his work has been taken up and developed by writers such as Mike Pedler and others using concept analysis in management settings as their main tool.

Development of career as a key concept in the review includes consideration of work by John Holland, amongst others, who collected a vast amount of qualitative data using career inventories and very well described and rigorous data analysis, and whose work has informed others significantly because of its academic rigor. Other career theorists, such as Edgar Schein, also relied upon very extensive data collection and multiple methods of data collection to bring credibility to their work, and their influence has been significant.

The development of career generally forms within this review a platform for looking at the development of career much more specifically. The use of Benner's qualitative and closely argued study on the novice to expert trajectory in nursing, and of Skovholt's discussion of development amongst counselors, has particular significance not only because of the strength of the investigations themselves but also because of the professional resonance between nursing, counseling and occupational therapy. Wenger's rigorous work is also considered in this context, though his approach is a meta-analysis

and reflection on learning theory pursuing a systematic exploration of community social practice meaning and identity compellingly argued and presented.

Most specifically, the studies using qualitative methods of interview and questionnaire, such as those carried out by Henkel and Clegg investigating higher education and Thompson and Ryan, Rugg and Sutton and Griffin in occupational therapy, have all been peer reviewed and all use overt criteria which lend credibility to their findings and conclusions which allows their work to be used with confidence.

The notion that over a life course any individual is undertaking a personal journey has been well rehearsed (Levinson, D. J., 1990; Bee, H. and Boyd, D., 2005). The idea that there are many components, strands or pathways in the life course is similarly well described and scholars rightly remind readers that these strands cross over, intermingle, block or support one another and the mix and effect changes along the life course (Hopson, B. and Scally, M., 1999; Super, D. E., 1990). The thrust or intention of the personal journey may be highly individualised but there are certain commonalities at least within same cultural groupings and every life course contains some similar strands (child for example or citizen) (Super, D. E., 1990). One possible universal is the notion of belonging and becoming across a variety of areas, or even generally, in terms of reaching an integration of self with which one is comfortable and having a sense of belonging to a group within which one is comfortable.

One strand of life which has considerable salience for those undertaking it is that of career (Collin, A. and Watts, A. G., 1996; Super, D. E., 1980; Schein, E. H., 1997). It is the personal journey of becoming and belonging to a community of practice (Skovholt, T. M., 2001; Wenger, E., 1999, 2000) and the development of a professional identity which is the concern of this literature review. To gain the best understanding of the issues under discussion, the concept of professional identity and how it developed in occupational therapy and in academia is considered. The context of these professions in terms of work place culture is also discussed. The personal journey as it is undertaken at the turning point of career change is highlighted and life course aspects relevant to becoming and belonging individually and in context.

This chapter takes the shape of discussing professional identity firstly focussing on occupational therapy, then on academia, and including comparison of workplace

cultures. Literature on the negotiation of transition is then considered including the experience of loss and the various strategies available for making successful transition. The idea of moving through the life course in stages and of the importance of continuity as well as change as the individual works towards becoming and belonging as suggested in the literature is discussed setting the scene for the project in the context of the experience of the transition from expert to novice.

2.2 Professional Identity

The whole notion of professional identity is one that offers a wealth of interpretation in that it supposes a clear understanding of profession as well as a clear understanding of the concept of identity and some sensible union of the two.

We may take it that profession implies the idea of an occupation that requires some advanced learning or practice skills, that it is something undertaken for payment rather than as a hobby or pastime. In considering a profession one may also assume that there may also be a professional group to which the professional belongs there may be mores, codes of conduct and practice, ethical or philosophical codes to which the members of the profession subscribe. That group may be more or less defined and also more or less powerful both as an internal and external force. It is here that one aspect of identity reveals itself, which is identification with the group. This can be very powerful indeed and lend itself to a set of norms in the group and assumptions on the part of individuals that are very resistant to change. (Wenger, E., 2000)

Belonging to such a group may also bring significant social status and be highly self reinforcing. Another aspect of identity thus also becomes overt – that is the personal and individual identity with the profession, that which prompts the deeply held notion that ‘I am a doctor/engineer/lawyer ...’ rather than ‘working as a doctor/engineer/lawyer... is my job’. There is thus in the notion of professional identity a significant element of both becoming in some internalised sense the professional and belonging to the profession (Wenger, E., 2000). No doubt this varies from profession to profession depending upon the culture of that profession and the socialisation into it but the basic principal remains. Those in a particular profession will share at least some of

Wenger's (1999) conditions for being viewed as communities of practice such as common historical roots, shared endeavour, commitment to a cause or philosophy, common membership, common tools and skills, common symbols, common language and discourse. The presentation of self in society is frequently supported by the image that the individual internalises of themselves in their professional group (Goffman, E., 1959). Responses to others are also influenced by perceptions surrounding their professional identity, or to put it another way, the social frame (Goffman, E., 1974) in which the observer views them. These dual activities constantly reinforce professional identities and indeed even serves to stereotype them.

The consideration of development as a professional and a part of the professional group is a key component of the undergraduate education in occupational therapy which is, of course, the group under consideration in this study. Practice placement is a compulsory part of programmes leading to registration and this deliberately and necessarily provides opportunity for professional socialisation. Professional socialisation is described as the development of a complexity of linked perceptions, values, skills and interactions out of which a professional identity emerges which is credible both to the individual professional and to others (Higgs, J., 1992; Thompson, M. and Ryan, A., 1996). This process begins at undergraduate level and continues over professional life (Benner, R. N. 1989; Skovholt, T. M. and Ronnestad, M. H., 1995; Thompson, M. and Ryan, A., 1996). A key period is during education which is designed to lead to socialisation since the education programme itself is used to,

Identify and screen individuals who are prospective deviants from the professional culture...[and] provides test situations through initial and graduated exposures of the novice to the professional culture (Greenwood, E., 1966, p.52).

Many of the test situations occur in the practice place setting where the student confronts the realities of their chosen profession.

This view is supported by Skovholt and Ronnestad's 1995 work on the concerns of the developing practitioner during the early period as seen in the table overleaf. The table

given here shows the years from studenthood to basic grade practitioner since this is the period at which professional socialisation is in its formative and most overt period, Skovholt and Ronnestad (1995) in their work show the full period of professional life from the decision to embark on training to retirement.

Table 1 – The Influences on the Development of the Student Practitioner and Basic Grade in Professional Development

STAGES →	Transition to professional training	Imitation of experts	Conditional autonomy
Definitions and time period of stage →	First year of college	Later years of college	Basic grade professional
Categories ↓			
<i>Central task</i>	Assimilate information from many sources and apply it in practice	Maintain openness at the meta level while imitating experts at the practical level	Function as a professional
<i>Predominant affect</i>	Enthusiasm and insecurity	Bewilderment, then later calm and temporary security	Variable confidence
<i>Predominant</i>	Sense of being	Multiple, including:	As previous box.

<i>sources of influence</i>	overwhelmed because of many interacting new and old data bases	supervisors, clients, theory/research, peers, personal life, social-cultural environment	
<i>Conceptual ideas</i>	Urgency in learning conceptual ideas and techniques	Intense searching for conceptual ideas and techniques	Refined mastery of conceptual ideas and techniques
<i>Learning process</i>	Cognitive processing and introspection	Imitation, introspection and cognitive processing	Continual imitation with alterations, introspection, cognitive processing

Taken from: Skovholt T. M. and Ronnestad M. H. (1995), *The Evolving Professional Self: Stages and Themes in Therapist and Counsellor Development*. Wiley.

This work relates to the developing counsellor rather than the occupational therapist but there are enough resonances between the professions and the training and initiating of novices for the work to be highly relevant. It indicates the power of the desire to be part of the profession to be brought into it, socialised into it in fact by those perceived to be in the magic circle.

2.3 Professional Socialisation

A study undertaken by Thompson and Ryan in 1996 identified four major themes in the professional socialisation of the student occupational therapist. These were: developing a concept of professionalism; learning the language of the profession; developing a concept of occupational therapy and, finally, the shifting focus of different levels of placement. The study clearly indicates the key elements of learning and internalising and the continued upward shift in sophistication of internalising and of integration that takes place in the course of this early but powerful socialisation.

Two aspects are of particular interest. One is that much of the thrust of occupational therapy education is towards professional socialisation which is specifically and overtly designed to create a particular professional identity. The other is that practice placement is seen as the essential vehicle for this development. This is true of other professions with similar training and socialisation pathways to occupational therapy and is perceived to meet with success. In 1992 Higgs suggested of physiotherapy students that it was on practice placement that students learned and appreciated their roles and responsibilities and that in these settings they were able to become ready to practice autonomously as physiotherapists. What emerges from these studies is that a sense of professional identity develops in practice settings and is then assimilated in those settings.

Students on placement need to begin to understand a number of boundaries – those that define their role and identity and allow them to become responsible and independent. Thompson and Ryan (1996) note that student occupational therapists point to the value of explaining and justifying occupational therapy to clients. Students also value the experience of multi disciplinary teams in articulating and understanding professional boundaries – within any concept the boundaries are as strong a marker as that which is within the concept, professional identity is no exception (Thompson, M. and Ryan, A., 1996). Students, whilst recognising the difficulties of still being in the process of becoming an independent professional, saw the challenge and merit of belonging to the profession and having opportunities to represent it whilst in practice settings (Thompson, M. and Ryan, A., 1996). As students became more independent in their work, as they moved up the levels of practice they began to perceive that independence was related not to what they carried out alone but to the degree of responsibility they were given (Thompson, M. and Ryan, A., 1996). This indicates that a more sophisticated understanding of the profession and its role and culture developed through the levels of practice placement surely contributing to the internalising of professional standards and shared culture.

Paulo Freire has radically emphasised the significance of language in the giving and denying of power (Freire, P., 1970), Wenger (1999) suggests that a community of

practice has a shared language which gives a sense of belonging to that community. The need to share in the language of your community and the need to use and understand the language which holds sway cannot be estimated. Students in Thompson and Ryan's 1996 study reported the feelings of incompetence and lack of belonging which are suggested by Wenger's (1999) and Freire's (1970) work as a result of their lack of familiarity with practice terminology and professional coding. Indeed it has been suggested that this essential process for students on placement is like learning a foreign language (Thompson, M., and Ryan, A., 1996). This language is learnt primarily on placement and is a core component of professional identity.

The role of practice placement is critical to the discussion of the development of occupational therapy professional education and critical to this discussion is a sense of the relationship between theory and practice and over the years a variety of suggestions have been made about this.

Historically the relationship between theory and practice is conceived as one where theory underpins and drives practice – though how exactly was not entirely clear - (Usher, R. S. and Bryant, I., 1987). The theory/practice divide which was acknowledged as existing was traditionally explained on the one hand in terms of practitioners being ignorant of or resistant to theory and on the other as theory being inappropriate to practice.

Moving forward Thornquist in 1994 argued that theory and practice are two separate entities which coexist. Practice may be seen as having two components – treatment based on theory and communication based on life experience. The theory/practice divide occurs because knowledge is not transferred from one component to another (Thornquist, E., 1994). Schon's 1983 and 1995 work also emphasises the role of reflection in and on practice in the development of expert practice and in integrating theory and practice, the impact of his work on reflective practice has been significant. Nevertheless perhaps here is the place to indicate a growing disquiet on this front in terms of the theory (academic, thinking) and the practice (doing) divide; skills based in life experience command little respect in academic and professional institutions (Mishler, E. G., 1984). Already we see indications of a feeling of suspicion and separation

developing between higher education and practice occupational therapy. The notion exists that practice is separate from theory and different. Practice does not contain or give rise to theory, more knowledge only improves theorising and it is practice that improves practice as demonstrated by the apprenticeship model (Gaipman, B. and Anthony, 1989).

Steward's 1996 work built on Ryle's early work in 1949 and suggested that theory and practice cannot in fact be distinguished and any divide occurs because of the need of the educational institution to construct curricula and of professionals to identify core knowledge and competencies (we come again to Wenger's 1999 suggestions for components of a community of practice). The heart of the matter suggests Steward (1996) being that 'knowing how' is a great deal harder to quantify than 'knowing that'.

To give a context to occupational therapy education, and indeed to add in one of Wenger's 1999 community of practice components the professional body of occupational therapy for the UK – the College of Occupational Therapists (COT) needs to be considered. COT has had oversight of the programmes offered leading to registration for practice and the joint validation procedures have ensured that the needs of the profession are met by these programmes. COT is largely staffed by occupational therapists, few of whom are primarily concerned with occupational therapy education and all of whom are concerned with practice from some perspective. This is, of course, perfectly appropriate. Their task is to ensure that the profession flourishes and that standards of practice are maintained and enhanced principally in relation to patient care and the contribution of occupational therapy as a profession to the delivery of health and social care within the parameters of the agenda pursued by the government of the day. Education programmes thus have two drivers: the academic institution and the professional body. The professional body offers the opportunity for registration to be licensed to practice occupational therapy and part of the education must comprise 1,000 hours of practice placement (as designated by the World Federation of Occupational Therapists (WFOT)). Students on practice placement must be supervised by a state registered occupational therapist who is registered under WFOT guidelines. The upshot of this is that there is a great deal of time and opportunity for students to be socialised into the profession – and here we may refer back to Skovholt and Ronnestad's 1995

work in which they identified the importance of interpersonal encounters, the need for external support and the significance of senior members of the profession and professional mentors and role models in meeting the novices needs for development. We can scarcely be surprised that the development of professional identity within occupational therapy is strong indeed.

For the sake of accuracy it needs to be noted that since 2004 the method of registration for those in the allied health professions has altered. Up to this point the registering body was the Council for Professions Supplementary to Medicine (CPSM) and candidates were recommended by the professional bodies. The power of the professional bodies was considerable in as far as all education programmes were dependent upon them to present students to the CPSM for registration. Without registration by the CPSM the graduate could not practice as an occupational therapist no matter how worthy her degree. Thus the COT could demand involvement in validation and monitoring of educational programmes leading to registration. It should be clearly understood that the people whose experiences and perceptions are the subject of this study all became occupational therapists under the auspices of COT and have had the vast majority of their experience of employment in higher education institutions under that same system.

An interesting hypothesis thus begins to manifest itself – novice occupational therapists may be subliminally socialised into regarding academia with suspicion, as irrelevant, even as damaging. This, if it happens, may be because of an emphasis on doing rather than thinking in the culture of professional practice by some senior members of the profession. This emphasis may be underpinned by an underlying, probably unacknowledged, mistrust of thinking and more specifically thinkers – the role of seniors in professional socialisation (Skovholt and Ronnestad 1995) is significant and it could be argued is likely to effect the attitudes of novices. A very rough and lonely pathway is thus being revealed for those who chose to move into occupational therapy education. Additionally those who enter occupational therapy clearly do so because they wish to practice as occupational therapists. The college of occupational therapists (COT, 2002, 2003) has undertaken some work to establish what causes people to enter the profession. They also confirm some of Holland's 1973 work establishing the link between personality type and career choice. They have concluded that personal contact with

an occupational therapist, frequently knowing an OT or being related to one, or having had experience of occupational therapy in practice as a patient or an assistant practitioner are causes. Indeed there are many schemes funded by the Strategic Health Authorities around the UK to help assistant practitioners to undertake part time study and become qualified occupational therapists. This group, of course, is already in the professional group and is involved in the workplace culture of an occupational therapy setting and they bring this to any pre-registration programme in which they participate. It is therefore quite reasonable to argue that the socialisation process has begun, at least at some level, even before entry to the educational programme.

Thus research studies such as those conducted for The College of Occupational Therapist's as well as intuitive reasoning indicate that those who come to do a degree in occupational therapy do so because they want to be occupational therapists and not primarily because they want a degree. The motivation is the work as a state registered occupational therapist and a degree is the means and not the end. The desire is to take up the profession to belong to it and to achieve recognition and identity as an occupational therapist. It can therefore be extrapolated that the student, or novice practitioner is highly motivated to be socialised into the profession to achieve acceptance and belonging and will therefore be ripe for any opportunity to move towards this goal. This will place the experience of being a student occupational therapist in a more salient position than being a student in higher education generally. Again as with the work of Mishler (1984) and Gaipman and Anthony (1989) we begin to see a socialising towards occupational therapy as a practice which starts to lead away from socialisation into higher education. The ground is beginning to be set in such a way that this group are almost inevitably going to have a considerable mountain to climb should they decide to pursue a further identity as an academic in a future period of their career. A common trap which ensnares those considering the theories surrounding the human life course and its component parts is to forget that whilst the focus of theory is frequently change continuity is in fact at least as marked as change (Bee, H. and Boyd, D., 2005). Therefore in considering professional identity changes throughout a working life it is important to begin at the beginning and look at initial career choice and the power of the motivation and socialisation towards it. The person who is the focus of this study has made at some stage in life whether on leaving school at 18 or at some

other point on the life path (and 50% of those entering pre-registration occupational therapy degree programmes are mature students) to become an occupational therapist. This initial decision is likely to continue to have resonance in the narrative and perception of the life story (Holland, J. L., 1996).

2.4 Professional Development

Professional identity is not a static thing but changes and develops over time. This is very much part of the thesis of Wenger's (1998, 1999) as well as Skovholt's (2001) work in his consideration of both becoming a member of a community of practice and also belonging to it. This notion, as well as Benner's (1989) notions of the movement from novice to expert, is one to which will frequently have resonance in this project. Skovholt (2001) writing principally about counsellors (there are, as previously suggested, many philosophical and practice similarities between the counsellor and the occupational therapist making transferability across selected themes appropriate) makes points probably generalisable to all professions and certainly to occupational therapy, emphasising themes which are apparent in becoming a member of a profession and in belonging to it.

Some of the themes from Skovholt and Ronnestad's 1995 and 2001 work are well worth consideration in this context Skovholt (2001) suggests that '*professional development is growth towards professional individuation*', (Skovholt, T. M. and Ronnestad, M. H., 1995, p. 100)

Skovholt and Ronnestad (1995) strongly contend that in a profession , perhaps much as a child growing up and away from the parental nest, as the professional develops they also become more individual in their mode of practice and have a stronger view of themselves and their practice within the profession. In line with this it is also suggested that,

an external, rigid orientation in role, working style and conceptualising issues increases throughout training then declines continuously. (Skovholt, T. M. and Ronnestad, M. H., 1995, p. 101)

Emphasising the idea that as a professional progresses they are able to throw off the trammels of professional rigidity and practice in a much more integrated way which fits with their personality and beliefs, their preferred way of working and relating to others. This fit also develops in relation to an internalised sense of the profession itself and its parameters and mores (Holland, J. L., 1996; Collin, A., 1997). The professional becomes confident and development becomes significantly based on reflection rather than information seeking and training.

As the professional matures, continuous professional reflection becomes the central developmental process. (Skovholt, T. M. and Ronnestad, M. H., 1995, p. 105)

or again

beginning practitioners rely on external expertise; senior practitioners rely on internal expertise. (Skovholt, T. M. and Ronnestad, M. H., 1995, p. 107)

However the reader should be aware here that there may be a double bind - Parker (2004) suggests that as the acting of a part (Goffman, E., 1959, reprint, 1990) becomes so deeply entrenched it becomes almost impossible for the individual to step back and be truly reflective. This suggests socialisation on such a deep level that the profession and identification with it is inseparable from the concept of self.

This notion of change in terms of how the professional develops and sustains the professional self which is Skovolt's (2001) concern is still further considered and Skovholt and Ronnestad (1995) suggests that,

conceptual system and role working style become increasingly congruent with one's personality and cognitive schema. (Skovholt, T. M. and Ronnestad, M. H., 1995, p. 109)

This suggests something more fundamental than becoming an expert professionally (Benner, R. N., 1989) but rather personal becoming in terms of a particular profession,

the implication is that the person has not only become an expert in occupational therapy (in the case of this thesis, or counsellor in Skovholt and Ronnestad's area of work) but has actually in some sense become an occupational therapist or indeed counsellor as an integral part of their being. This must have a profound effect on the experience of moving to another community of practice with a different professional identity and different codes of practice.

Skovholt (2001) also suggests that a level of professional confidence emerges in that increased numbers of sources are able to be used for professional development. Thus experience from many incidents or areas of life as well as those overtly connected to career or profession can be seen as having relevance to professional development and as something which can be used to enhance reflection on practice even though they are not directly related to it. Following on from this there is confidence that these insights can be experiences both in ways common to the group or uniquely to the individual and still have value. This seems to indicate a growing professional confidence and identification of self and profession. Another indicator of professional confidence and maturity is the recognition that the development of the professional is not a steady rise but that optimal professional development is a long slow and erratic process (Skovholt, T. M., 2001; Sugarman, L., 2001). This may relate to any number of factors. One variable might be the time taken to assimilate or internalise or fully understand a new skill or insight or role. The salience of the career and career development at any given time and related to this the availability of time to attend to aspects of professional development will also be relevant factors in the variations in professional development (Super, D. E., 1990; Sugarman, L., 2001). Related to this Skovholt (2001) is clear that personal life and professional functioning cannot be separated – personal life profoundly affects professional functioning and is a central component within it. This notion is supported in a great deal of work undertaken in attempting to understand the human life course, Kahn and Antonucci's (1980) work on personal niche suggest that fit of employment and other aspects of life has a significant effect, Collin (1997) echoes the same view, Super (1990) recognised the interplay of various roles at various times in the life course necessarily mean that some role take more or less of a back seat at some points throughout the life course and assume greater prominence at others. For

example, illness or difficult circumstance may be overwhelming at some points, conversely professional life may at times take on an all consuming importance. One thing is certain however – the path of professional development will never be steady, however it can be constant. Skovholt (2001) suggests that it is the experience of interactions with others, in particular those who are senior in the profession which are especially influential in professional development. In itself impersonal material is unlikely to have a similarly powerful effect on development or on the confidence of belonging. Role models especially early in the career are particularly powerful, here we see a possible dilemma – practice placement seems to provide strong role models for professional development, even aspirational targets. It seems that it is very much less common for university tutors to do so. In part of course this may be because the novice occupational therapist is very much orientated towards the clinical role. This is hardly surprising as this is the profession chosen by the student and it is for reasons of pursuing a career in occupational therapy – a clinical career, working with patients, a career orientated towards health care that is the stated object of the person undertaking an occupational therapy degree. Added to this the role of the university tutor is to encourage and build up that orientation and to help the student towards the stated career goal. In doing this there may even be some subliminal undermining of her own role, the portrayal of clinical roles as more important, as in some sense 'real' occupational therapy rather than the less hands on side stream into which the university tutor has slipped for who knows what more or less dubious reason. It is anecdotally true that students frequently comment on the benefit of having visiting lecturers to talk to them during periods of time in college rejoicing in the input of 'a real OT'. Another reason for the influence of practice educators is that notwithstanding the role of personal academic tutors at most higher education institutions university tutors are unlikely to spend very much time with individual students or very small groups. The role of practice educators is quite otherwise. The usual pattern of practice education is that a student works closely with a designated practice educator who is mentor, teacher, guide and also assessor (Alsop, A., and Ryan, S., 1996). This of course gives very significant power to the relationship between novice and expert in the training and professional socialisation context. Small wonder that Skovholt and Ronnestad (1995) takes up the

theme that '*newer members of the field view professional elders . . . with strong affective reactions*' (Skovholt, T. M. and Ronnestad, M. H., 1995, p. 119)

This is overt and a subject for discussion amongst the community of occupational therapist worldwide as attested by the work of the following authors: Chickerella and Lutz (1981); Hummell and Koelmeyer (1999); Kasar and Muscari (2000); Rugg (2003); Sutton and Griffin (2000); Tryssenaar (1999); Tryssenaar and Perkins (2001) and Wright (2001). The need to consolidate this socialisation and reinforce and develop professional identity is acknowledged and supported much in line with recommendations that Skovholt (2001) would probably have made had he been consulted. Preceptorship is mandatory within the NHS for newly registered occupational therapists during their first year of practice, this is seen as a mechanism for providing both support and the opportunities for stimulation and challenge which help students to consolidate their professional identities and also navigate the transition from student to independent practitioner (Morley, M., 2006).

The student occupational therapist is therefore very largely socialised by those members of the profession who have remained in the clinical world. The consequent professional identity and the sense of belonging are extremely strong and is set in the health and social care context. Growth as a professional post registration continues to be in this context of a clear and robust work culture with an identified group to belong to – in the case of working in the National Health Service in a physical hospital the group is even identifiable visually by virtue of the traditional green and white uniform almost unchanged in appearance for over half a century. Knowing to whom you belong, of what you are a part, who you are poses few difficulties in such a setting. Alongside this there is, even in less blatant contexts, a growth of professional confidence. As the professional develops there is a decline of anxiety which is a pervasive feature of the novice and student (Skovholt, T. M., 2001). Anxiety whilst it can inhibit learning (Burley, R., *et al.*, 1999) can be a very powerful motivator and the motivation to belong (Wenger, E., 2000), to be acceptable and to be one of the group (Bee, H. and Boyd, D., 2005) is bound to aid the headlong rush to assimilate the norms and culture of the chosen professional group. The fact of its clarity is helpful. Clarity of work culture is cited as

highly desirable by occupational therapists (Moore, K., *et al.*, 2006). They expected to be managed by a senior professional and clearly identified a need for transparent clear fair management by an expert in their own professional field. There does not seem for the most part to be any particular dislike of hierarchical management as long as this includes clarity and transparency and other conditions such as professional development are also met (Moore, K., *et al.*, 2006). The main requisite for development is seen as being in clinical skills – the desire for mastery in a given profession is well attested (Benner, R. N., 1989; Benton, D. and Mitchell, J., 2004) and occupational therapy is no exception. The emphasis on the development of ever more skilled clinicians, supported publicly and in national trend and developments by the growth of consultant therapist's posts across the UK is a unifying principle through the occupational therapy community and one that is shared throughout the allied health professions. The clarity of the health and social care workplace culture can be seen as a significant aid to professional socialisation.

Another help is also at hand – Allert Wilcock (1998) has ably pointed out that the whole notion of occupation and its centrality to human well being is the core of the foundation and philosophy of occupational therapy. Part of this comprises the sense of worth and the sense of belonging that comes from having an occupation and from engaging in meaningful occupation. It is not over emphatic to say that this sense of well being derived from occupation is in fact a fundamental human need upon which the whole edifice of occupational therapy is based (Hagedorn, R. 1995). This singles the occupational therapist out as someone who is likely to value the community of practice strongly and to have a conscious sense of becoming an occupational therapist, internalising the identity and prizing it highly as a source of personal well being and security. The anxiety felt by all developing professionals (Skovholt, T. M., 2001) may therefore be more strongly felt by this group and its decline may be experienced with greater relief as development becomes more secure. This forms the background for occupational therapists which has to be factored in to the norm in all professional development which is that at the beginning of a career as a professional there is a greater need for external support (Skovholt, T. M., 2001). This is also true at time of transition (Skovholt, T. M., 2001; Sugarman, L., 2001). These last points will have

significant resonance later when we come to consider the personal experience of those who take the road out of clinical work and into academia.

Furthermore Skovholt draws out the importance of '*sustaining the professional self*' (Skovholt, T. M., 2001, p. 124). How is this to be done at time of transition from one context to another? Furthermore, most relevant to this enquiry, Skovholt notes that being a novice in a profession makes doing the job very much more stressful: '*the novice enters practice as a new canoeist enters white waters – with anxiety, some instruction, a crude map and some previous life experience*' (Skovholt, T. M., 2001, p. 56). What issues then confront the person who moves from expert to novice rather than the more typical novice to expert? It is that person is the focus of this study but who features little in the literature in any overt form.

Clearly the power of socialisation into a profession and the assumption of that profession's identity may be more or less powerful and more or less articulated, in occupational therapy that power and articulation is significant. Having looked at the power of socialisation into and assumption of the professional identity of the occupational therapist in considering the literature relevant to this study, the professional identity of the academic must next come under the spotlight and higher education may well present a different picture.

A clear difference between an academic and an occupational therapist is the initial choice of entry to career. It is not generally all that common for a child or young person to say to themselves '*I want to be an occupational therapist when I grow up*', it is, after all, a small and not well publicised profession (COT, 2002, 2003). I would suggest that it is even rarer to hear '*I want to be an lecturer when I grow up*' from the lips of the younger generation. More likely entry to a profession in higher education occurs because an individual has become part of a community of learned members of their discipline and for that reason entered into higher education, primarily motivated by research, or by a desire to grow that community through a commitment to students (Henkel, M., 2000). Of course the commonplace, particularly for women, (but for the individual highly salient) factor of happenstance, or fit, (Collin, A., 1997; Khan, R. L. and Antonucci, T. C.,

1980) may be as active a factor in coming into higher education as it is in any other career. Super (1980) suggested that careers go through stages - growth, exploration, maintenance and decline, these have resonances with Skovholt's 2001 thesis but when considering entry into academia from occupational therapy practice Bejian and Salomone (1995) suggest a sixth stage to add to Super's (1980) trajectory which is that of career change as part of a culture of career change now observed in today's workers. However it is the community into which the novice arrives that has a particular bearing on the development of professional identity, and the milieu of higher education is very different from that of occupational therapy.

2.5 Differences in Professional Socialisation between Occupational Therapy Contexts and Higher Education

The whole notion of socialising a newcomer into a profession, a stated aim of occupational therapy world wide, (Chickerella, B. and Lutz, W., 1981; Hummell, J. and Koelmeyer, L., 1999; Kasar, J. and Muscari, M. E., 2000; Rugg, S. 2003; Sutton, G. and Griffin, M. A., 2000; Tryssenaar, J., 1999; Tryssenaar, J. and Perkins, J., 2001; Wright, R., 2001), is not an overt concern of the higher education arena. In part this is because there is an entirely different view of identity which to some extent militates against the type of conformity so clear in the health and social care setting. Clarke's 1983 study is emphatic about this in that he clearly links identity to the discipline of the academic and his view is that the discipline sets the culture and identity. He proposes that values, beliefs, enquiries and methodologies, the life blood of academic work, are shared by discipline rather than in the community as a whole. He also suggests that these disciplinary identities are enormously powerful and self-generating of activity and reward. This may be the case to such an extent that it may be that the disciplinary identity taken on by the individual becomes the most powerful of all those they hold, and the academic community of that discipline have more salience than any other community to which the individual belongs. Clarke (1983) does not consider the ebb and flow of roles and interests in the life course (Levinson, D. J., 1986, 1996) but perhaps he considers the disciplinary identity of an academic so powerful and all consuming that it is not subject to change. Of note here is that the discipline of the individual with whom

this study is concerned is occupational therapy and we have already noted the powerful socialisation into that community which takes place.

Immediately we see a conundrum – if someone is so powerfully socialised into a discipline as occupational therapists are, and then they enter an academic culture where the power of the community of the discipline (in this case occupational therapy) reigns supreme, how is the novice in the university ever to become an expert practitioner in that setting or to be in any way at all an integrated part of the community as a whole? The rub here is that membership of the community formed around a disciplinary group is in no way guaranteed to equip the novice with the skills required for practice, especially if that person is considered to be an expert in the discipline. However discipline is not, it seems, all, and Henkel (2000) suggests that the 'enterprise' or higher education institution is also a very important community around which academics develop and form their identities and upon which their self esteem may at least in part be founded. There are possibly two arenas for the novice to be socialised into and these may not always be congruent; recent changes in higher education may have highlighted some of the difficulties and discomforts (Henkel, M., 2000; Clegg, S., 2006). Indeed they may be pulling in different directions – the discipline may pull away from reference to, and conformity with, the institution, whereas new policies and challenges in higher education may require a much more corporate stance from a group of people who are unlikely to identify with the institution as the first port of call. There are, of course, parallels here with life in the health and social care setting. The loyalty to professional colleagues is likely to be very much stronger than that towards an NHS trust or Social Services division; the institution is often a scapegoat in times of stress and this may be a strategy for building the team and thus providing a way of supporting colleagues at stressful times (Bee, H. and Boyd, D., 2005). This can also be seen in academic life (Henkel, M., 2000). It should be noted, however, that this can be difficult for the individual as shared values with the organisation are one of the factors in sustaining career satisfaction (Schein, E. H., 1993). However, in terms of facilitating the change from being an expert in one community of practice to being a novice in another, and then building up a set of skills with which to practice this particular common ground is hardly helpful.

The philosophy and values of an occupational therapist, the definition, as it were, is easy to articulate. It is stated clearly, and readily available, on the NHS careers website as seen in the box below:

Occupational Therapy is the assessment and treatment of physical and psychiatric conditions using specific, purposeful activity to prevent disability and promote independent function in all aspects of daily life.

Occupational Therapists work in hospital and various community settings. They may visit clients and their carers at home to monitor their progress. When a course of therapy is completed, the therapist will analyse how effective it has been.

WHERE DO OCCUPATIONAL THERAPISTS WORK?

Occupational Therapists work with young children, Adolescents, adults and older people

In these areas:

- *Physical Rehabilitation*
- *Mental Health Services*
- *Learning Disability*
- *Primary Care*
- *Paediatrics*
- *Environmental Adaptation*
- *Care Management*
- *Equipment for Daily Living*
- *Research Posts*

In these places:

- *Community centres*
- *Education establishments*
- *GP Practices/Primary Care*
- *Hospitals*

- *Housing associations*
- *Clients homes*
- *Industrial and Commercial organisations*
- *Prisons*
- *Residential and Nursing homes*
- *Social Services and Council Departments*
- *Schools*
- *Charities and Voluntary agencies*

They work with people of all ages to help them overcome the effects of disability caused by physical or psychological illness, ageing or accident. The profession offers enormous opportunities for career development and endless variety.

Being a registered occupational therapist takes patience, ingenuity, determination, common sense, a sound knowledge base and enthusiasm. Most of all, it requires an interest in working closely with people to enable them to lead full and satisfying lives as independently as possible. (www.nhscareers.nhs.uk)

No such handy guide is available for the budding academic. This makes the pathway of the novice very much more difficult and frequently more anxiety provoking (Skovholt, T. M., 2001). To know where one is heading helps a great deal in both finding and following the map. Academic identities are highly complex. Henkel's (2000) work has already hinted at this and she goes on to note a number of academic identities which are certainly not mutually exclusive. Thus an individual may hold a number of salient identities in tension.

2.6 Academic Identities

Henkel (2000) suggests that one key area is research identity, where reputation on the national and international stage is key to esteem, 'publish or perish' the much vaunted battle cry. This is, of course, reinforced by the system of the Research Assessment Exercise (RAE) (Henkel, M., 2000). Clegg (2006) points to the very real and not always positive effect this has on academics as they build up a personal identity which has an

appropriate fit with their work and personal values. There is, of course, no equivalent audit in the arenas in which occupational therapist practitioners ply their trade, and whilst they are all too familiar with inspection and audit there is nothing so publicly and individually exposing to contend with. The culture which is built up in this climate is highly individually competitive, and the system of anonymous peer review for material acceptable to count towards any institution's submission to the RAE no doubt compounds this. The RAE itself is, of course, related to the institution, but within that institution it is largely individual work that counts and contributions are a matter of public knowledge. This can be highly motivating, but equally, of course, it can be very anxiety provoking. It also produces a very real hierarchy of respect which is not always immediately obvious, or at least the reason for which is not always immediately obvious to the outsider, and a novice who has arrived from the health and social care forum is very much, in this situation, still an outsider. In this context Henkel (2000) clearly argues that the gaining of reputation is necessarily a matter of establishing and increasingly building up a public identity, which in turn builds up professional identity and self esteem; this may become a very strongly linked pair for the successful academic. Again we see a level of individual endeavour, of competition, and also a degree of insecurity which is highly unusual in health and social care settings. This is likely to be almost entirely alien to the occupational therapist who is so intensely orientated to the needs of the client and of the team, just as some of the mores and practices of that profession will be to the academic. Perhaps then it needs to be noted that whilst it would be unfair to suggest that all occupational therapists are research novices it is the research identity that is likely to be a difficult one for the novice who arrives from occupational therapy practice.

Henkel (2000) also identifies other identities that the academic takes on: the identity of teacher is important and often the one most prominent for the occupational therapist entering academia (Wright, R., 2001). The reason for this may be posited to be that a student may, for the occupational therapist, in some ways replace the client as someone to work with and develop to independence. The socialising into a profession whose central philosophy concerns '*working closely with people to enable them to lead full and satisfying lives as independently as possible.*' (www.nhscareers.nhs.uk) is likely,

therefore, to be significantly less challenged where the focus is on the student-centred aspects of university life. For the academic, however, things may not be so simple, many are expert and committed teachers. Henkel (2000) contends that this commitment to teaching may be a key source of the identity of a group within a discipline. However, few consider this the primary aspect of their job and still fewer the only aspect. Henkel (2000) suggests that for many academics identity is a conjoining of researcher and teacher identity evidencing in her research the view that '*basic commitment is to the value of the relationship between teaching and research*' (Henkel, M., 2000, p.185). Research is seen as informing teaching and therefore essential to it. It also gives the academic the interest and commitment to the subject and to passing this knowledge down the generations (Barnett, R., 2005). In this, of course, we see a sharing of motivation between the academic *per se* and the occupational therapy educator in that both are keen to pass on, and to take forward, knowledge and understanding of their discipline. However there is a difference in this context as well as a similarity. Those academics whose area is in pure academic subjects, whose students are working towards a degree in a discipline for that discipline's sake, enjoy a single focus. The situation of academics whose students are not only studying for a degree, but also for the right to practice a profession, are in a different position; they are also in a training role teaching, or at least facilitating and auditing the teaching of, practice skills and professional development. The teaching role may therefore be educational, concerned with deep learning and reflection (Eraut, M., 1994; Schon, D. A., 1995; Kolb, D., 1984) on the one hand, but also, on the other hand, a mechanical and precise training. The bringing together of theory and practice is possibly the greatest challenge of occupational therapy education and one which many academics do not face.

A third identity which is newly emerging in academic life is that of the academic manager (Henkel, M., 2000). There seems to be considerable ambivalence about this role and Henkel (2000) suggests that for academics who have been primarily researchers and have become, for example, heads of department, then there is a strong sense of loss, a sense of not doing '*the real work*' (Henkel, M., 2000, p. 242). More than this there is a view that becoming a manager was in some way an abandonment of principles and values, that the work centred on finance and was therefore somehow

dirty even anti-academic. Parker, (2004) albeit lightly, rather admits to demonising the word 'management' and being '*usually against management*' (Parker, M., 2004, p. 46). However as ever in the consideration of the academic identity nothing is simple and Parker (2004) confesses that becoming a manager gave him '*self esteem and self loathing in equal measure*' (Parker, M., 2004, p. 46). The very complex nature of academic self-examination and the understanding of the professional identity is becoming evident as the literature is considered. Evidence from an array of sources, including Henkel (2000), Clegg (2006) and Kogan and Hanney (2000), reveal that identity is highly individualised and currently having to contend with massive change, largely driven by government policy (Kogan, M. and Hanney, S., 2000) to the whole edifice of higher education nationally.

Higher education in the past 10 to 15 years has changed dramatically. Old polytechnics and colleges of higher education have become the new universities. Institutions across the sector are now asked to justify themselves by social contribution. There has been a huge increase in student numbers with students coming from a much wider range of socio-economic backgrounds and with very different expectations and demands than formerly. All these things have led to a wider diversity amongst academics themselves and a greater spread of reasons for being in the academic community. Policy change has resulted in mass higher education (the stated government target is 50% of the population (Department of Education, 2006) and has therefore placed new and different demands upon academics and led to a change in academic cultures (Henkel, M., 2000, p.233). This has led in part to a growing sense of collectivism amongst academics, but Henkel (2000) suggests it has also led to considerable discomfort – a new set of masters, including parents and employers as well government, are making extrinsic demands with far reaching effects, in particular, changed curricula, quality management and enhancement, externally audited, and commercial viability are playing a high-profile role in university life. It is in this changed and changing situation that the professional identity must be developed and sustained (Skovholt, T. M., 2001). These changes, of course, have been more significant, more disrupting to some institutions than others. It might be argued that the differences between the elite institutions and some of the more modest new institutions are so wide that the situation of a general notion of

professional identity for academics is hardly realistic. In any case Perkin (1987) and Halsey (1992) both note that in the UK the difficulty of creating a strongly defined academic profession is significant because its origins militate against this, rooted as they are in a gentlemanly and amateur tradition, gaining its status and influence largely from the elite, frequently aristocratic, background of its key players. Added to this collectivism (as with any kind of team development) is not assisted by the tradition of individualism begun when universities developed out of religious communities in which members kept to their individual cells and where personal relationships were largely discouraged. Beard *et al.* (2006) also suggest that the mainly male-centred culture has done little to recognise the significance of affective elements of working life in higher education. If this is so, and it certainly is evidenced by Beard *et al.* (2006) then support and team building which may assist the development of a professional identity (Skovholt, T. M., 2001) and certainly help professional socialisation (Skovholt, T. M. 2001; Mischler, E. G., 1984; Gaipman, B., and Anthony, 1989) is, it seems, lacking in higher education settings in sharp and marked contrast to the traditional practice arenas of occupational therapy.

2.7 Differences in Higher Education and Health and Social Care Work Cultures

What we see here, then, is a marked difference in the clarity and overt nature of the professional identities which our individual is required to move between. In occupational therapy, professional identity is to some considerable extent defined externally, and senior members of the professional group maintain and seek to enhance a pathway into the profession by a supported and systematic professional socialisation. The key driver comes from government agenda around the delivery of health and social care, in turn driven by the economics of workforce need and the costs of healthcare. Traditionally healthcare has been delivered by the NHS, and the highly hierarchical and somewhat authoritarian culture (Moore, K., *et al.*, 2006) that exists within this has impacted on all professions which fall within it. Occupational therapy education is funded through the strategic health authorities and so at source the organisation and culture is profoundly embedded. In contrast, the identity of the academic is traditionally much more individually defined (Halsey, A. H., 1992) and much less concerned with an overt socialisation of the group members; no specific training into the group culture is

required – the skills are all, the rest appears to be acquired by some sort of osmosis, as if learning a new language, simply by living with those who speak no other. Importantly research skills have traditionally been those needed (Henkel, 2000) and the training ground for them an individually navigated pathway – frequently via the route of studying for a doctorate where a supervisor is allocated and frequently becomes a very significant person in the student's life, but where a cohort is much less readily available. Whilst in the NHS conformity and group cohesion is valued, academic life traditionally celebrates the maverick. It is the individuality of the eccentric academic which stands out as opposed to the reliability and team spiritedness of the theatre nurse, for example. This is hardly surprising as the roles require entirely different behaviours, but the values and understandings that are embedded within the identities, received as givens even, must necessarily make a move from one to the other a difficult gulf to cross. How much more difficult is this when a move from occupational therapy to academia is from a workplace culture that is clear and overt to one that is misty and individual? When experience of how to become a functioning professional is very much through a defined and imposed route in occupational therapy, but in academia no such training has traditionally been offered? It should however it should be acknowledged that the development of the Higher Education Academy professional standards for those entering teaching has meant that this is changing (Higher Education Academy website 2007). Nevertheless the novice taking this particular expert to novice plunge into Skovholt's 2001 '*white waters*' (Skovholt, T. M., 2001, p. 56) has only days before been an expert in her field, how then is the experience of being a novice in a new environment to be managed?

2.8 Changes in Higher Education and Health and Social Care Work workplaces

There is some comfort to be had – there is common ground, our new novice has some experience to hand - both the health and social care delivery organisations, in particular the NHS, and all higher education institutions, are in a state of massive upheaval and change. Sennett (2006) clearly and insightfully draws attention to the trend for re organising traditional huge corporate organisations and the effect and consequences on corporate culture of diversified and accountable new models. This is uncomfortable; traditional practices are challenged, in some cases considered outmoded and even redundant, new skills and new ways of thinking are demanded, the seat of power is

being altered towards the consumer, a much more commercial rationale (distasteful to many from these areas of work) for activity is required, role changes and role justification through 'agenda for change' and 'higher education role analysis' has impacted upon teams and securities. However it is familiar and the basic feelings change engenders will be recognised and perhaps more interestingly it has brought two very different worlds somewhat closer together. '*Big bureaucracy can bind as well as oppress*' (Sennett, R., 2006, p. 179) and certainly this means that changes to this traditional colossus can represent significant losses and herald insecurity for employees. Those used to delivering health and social care through the NHS and social services must look to a much more diverse and less cohesive working environment – one that includes the voluntary sector, private practice, schools and colleges, industry, prisons and young offenders units. They must also seek to justify their work through overt use of evidence-based practice, thus thinking and research must have value as well as doing. Indeed research is being pushed hard as a dimension of occupational therapy work in the clinical setting (Forsyth, K., *et al.*, in press). At the same time academics are now required to take account of government social agenda, the drive for higher education for 50% of the population, (Department of Education, 2006) for life-long learning for all, for employability as a key outcome of academic programmes. Skills are now required that can be measured outside the RAE as well as within it, many institutions require a qualification in learning and teaching to be undertaken by all new entrants to academia (HEA). The need for management is acknowledged (Henkel, M., 2000; Parker, M., 2004) and conformity to systems and processes required. Both higher education and health and social care delivery organisations are inspected and audited and measured in the brave new world of transparent quality assurance – CHI, Institutional Audit, QAA and Ofsted are now familiar terms to practitioners from these sectors. Dealing with change, it seems, may at least be one skill that can be transferred across the environments.

Dealing with changes to one's environment can be very demanding and have a marked effect on personal senses of security and self esteem. The person we consider also has to deal with another significant and personally threatening change: the change from being a professional expert and from being an experienced and usually senior member of a profession, to being a novice and on probation in a new and different world. We

come here to the experience of change and managing change, and also, more profoundly, to inevitable experience of loss and grief.

2.9 Negotiating Transitions

The negotiating of transitions is highly individualised and often brings personal change and development to multiple areas of someone's life (Miller, M. A. and Rahe, R. H., 1997; Sugarman, L., 2001). The change from one employment milieu to another is a significant transition, and the response to that change has significant consequences for the employee and their friends, family and colleagues. It is worth examining the theory of transition at this stage.

Two concepts to bear in mind when considering individual change are Urie Bronfenbrenner's (1979, 1994) view of the person as embedded in a nested hierarchy of environments, and Khan and Antonucci's (1980) depiction of the person travelling through the life course at the centre of a social support convoy. They are important because making career change and developing career are profoundly influenced by the personal environment and in turn profoundly influence it. Cusick (2001) in a qualitative study of the change experience of occupational therapists moving from clinical to clinical/ researcher posts found that participants used the development of skills and knowledge and networks of people as their chief strategies. Cusick's 2001 finding that relationships are critical to career change echoes Lalande's 2000 findings. The Career Transitions Inventory stress this notion of support as crucial together with readiness for change, level of confidence, personal control and independence (Heppner, M. J., 1998), all these dimensions are revisited later in the chapter and particularly with relation to Schlossburg's 1995 work.

To turn then to transition theory, a transition can be said to occur when,

'an event or non-event results in a change in assumptions about oneself and the world and thus requires a corresponding change in one's behaviour and relationships'
(Schlossberg, N. K., *et al.* 1995, p. 5).

Examples might be getting a job you applied for or not getting a job you applied for. The definition given by Schlossberg *et al.* (1995) is only one of several possible definitions and, indeed, the whole area represents a definitional quagmire. However difficult it is to define transition there is no doubt that notion of life change is crucial to any consideration of life events, and career change is without doubt a life event. There is a multiplicity of definitions emphasising different features of life change (Ruble, D. N. and Seidman, E., 1996). Some definitions emphasise a change in status (for example, from single to married, from student to practitioner), others the magnitude of the change or its consequences. In this study, and in keeping with the participant-centred emphasis of this study, a more subjective rather than objective definition is appropriate. Wethington *et al.*'s (1995) definition of what they term a turning point rather than a transition is valuable as it includes a more comprehensive checklist of significant characteristics and has clear resonances with the current area of interest.

Wethington suggests that a turning point (Wethington, E. *et al.*, 1997) is a period or point in time when a person undergoes a major transformation in views about the self, commitments to important relationships, or involvement in significant life roles. A turning point also involves a fundamental shift in the meaning, purpose, or direction of a person's life. Wethington (1997) also suggests, and this is a strength of the discourse in the context of the current study, that a turning point also includes a self-reflective awareness of, or insight into, the significance of the change. The cause of a change may be brought about by major life events (such as changing professional arena or professions themselves), chronic difficulties, normative life-transitions, minor events, and internal, subjective changes (such as self realizations or reinterpretations of past experiences – this reinterpretation may come to have particular significance for this study). It hardly needs to be added as it is by Wethington (1997) that a turning point can be either positive or negative in character.

Classic views of the process of going through a transition, suggested by Murray Parkes, (1971) and by Hopson and Adams (1976) indicate that in general, following a major event, or indeed a non-event, a fairly standard pattern of responses occurs. These have

been well rehearsed and Hopson and Adam's (1976) classic rollercoaster of feelings model is still considered to be an excellent foundation for understanding the affective experience of change. These patterns are recognised as generalisable to most people's experience today (Bee, H. and Boyd, D., 2005) and need to be seen as a part of the experience of those undertaking career change, there may be particularly salient areas in professions such as occupational therapy where the personal identification with the professional values and assumptions is considerable (Mischler, E. G., 1984; Schein, E. H., 1997; Skovholt, T. M., 2001). It is also worth saying, especially having cited Murray Parkes (1971) original work, that all changes include some elements of loss and grieving.

Hopson's and Adam's (1976) work, originating primarily in the study of people's reactions to loss or crisis, has resulted in a body of research that indicates that disruptions (whether or not we have chosen, or desired these disruptions) to our accustomed way of life trigger a relatively predictable cycle of reactions and feelings. Clearly there are significant individual differences, however the cycle is sufficiently generalisable for most individuals to recognize it in their own experience in relation to at least some significant life events, and for continuing research to attest the veracity of Hopson's 1976 work. The transition cycle is a general pattern rather than a rigid sequence, though it loosely follows a predictable pattern. First, the individual undergoing change experiences *immobilization* (Hopson, B. and Adams, J., 1976) which is characterized by a sense of disbelief, of being overwhelmed, of being in shock. Recall, if you will, your own first day at a new place of work. Following this experience of being frozen in shock a *reaction* (Hopson, B. and Adams, J., 1976), is experienced. This may take the form of either *elation* or *despair* - after a greater or lesser time the sense of shock gives way to a sharp swing of mood, the direction of which depends on the nature and circumstances of the transition and to some extent the personality of the individual concerned. Much of Schlossberg *et al.*'s (1995) work indicates the impact of what the person brings to the change influences the experiences of it but, nevertheless, Hopson's patterns obtain at root. The mood swing, which may be said to maximise the experience in the individual's feelings, is followed by a further swing, this time of *minimization*, (Hopson, B. and Adams, J., 1976) where the initial post-shock reaction will almost

always be followed by some form of minimization, which falls short of denial but which may be an attempt to play down the impact of the change. Inevitably this effort at rationalisation will be followed by some degree of *self doubt* (Hopson, B. and Adams, J., 1976). This dip in mood is associated with the growing realization of the reality of the changes in one's life-space. Here we may begin to see the change as not isolated but, in fact, impacting on the whole tapestry of the individual's life (Hendry, L. B. and Kleop, M., 2002). Finally, the individual begins to *accept reality and let go* (Hopson, B. and Adams, J., 1976).

Until this point the individual has to a greater or lesser extent still been attached to the past in a way that inhibits him or her from beginning actively to cope with the new situation. At some point these attachments, or affectional bonds (Parkes, M., 1971), must be broken and reformed if the individual is to continue to develop and grow. This point is particularly germane to the study of how experts with particularly strong professional internalisation cope when they are in situations where they are novices and where their previous professional reinforcers are lost. The reality of the change must be accepted. The hold on the past must be loosened, but not necessarily totally relinquished, it can form a part of the narrative and indeed help to form a necessary cohesion of the life story. In allowing the story to be incorporated the end point drives and reinterprets the narrative, (Broderick, W., 2006) which is very helpful in setting cohesion and satisfaction and in coming to terms with difficult events through means of context. A caveat is, of course, that not everyone successfully negotiates the process and may become stuck at a particular point in it. (Sugarman, L., 2001)

Letting go inevitably involves a plunge into the unknown. To use the analogy suggested by Levinson and his colleagues (1978), it is a phase during which we have cast ourselves adrift from the past but cannot yet see the land of the future. This is what Bridges (2003) calls the neutral zone - a time of fertile emptiness. However in the case under scrutiny here the emptiness is filled with business, with glimpses of the (often none to inviting) shore, and so the notion of the time being fertile may not be helpful. Indeed as we return to the notion of being a novice at this stage a reminder of Skovholt's description of the novice as one who *'enters practice as a new canoeist*

enters white waters – with anxiety, some instruction, a crude map and some previous life experience' (Skovholt, T. M., 2001, p. 56), it may be fair to say that emptiness is not the key experience except in one crucial sense which is that of loneliness and loss. Hopson and Adams (1976) suggests that following acceptance and letting go there is a period of *testing*. At this stage, once the hold on the past has been more or less relinquished, the individual can begin to explore the new terrain. New choices may now be tentatively considered and alternative ways of behaving can be tried out. As the testing continues a *search for meaning* (Hopson, B. and Adams, J., 1976) begins, it should be stressed that 'putting the past behind one' does not imply a pretence that the disruption or change never happened. Rather, this phase in the transition cycle is characterized by a conscious striving to learn from the experience. It is a cognitive phase during which people seek to understand the meaning of the change in their life. Again here we emphasise the need to see the change, the profession, the career itself, as a part of life and in the context of the whole (McAdams, D. P., 1994). Finally Hopson and Adams (1976) offers us *integration*. Arguably, the transition process can be said to be complete when the individual feels 'at home' in the new, post-transition reality. The transition has become integrated into the life space and no longer dominates it. There has been, in Bridges' (1980) words, '*a reintegration of the new identity and elements of the old*' (Bridges, W., 1980, p. 149).

The management and experience of change can have a marked effect on the perception of self, Bridges (2003) suggested that transitions actually begin with an ending:

We have to let go of the old thing before we can pick up the new - not just outwardly, but inwardly, where we keep our connections to the people and places that act as definitions of who we are (Bridges, W., 2003, p. 11).

However, as the current literature as already shown, this may be a difficult task for the expert becoming a novice, moving from occupational therapy practice to occupational therapy education in higher education. Some attention to Bridges (2003) work is useful as it complements that of Hopson and Adams (1976) and adds to it in giving a different perspective of the starting point of change. In this study we look at conscious change where a person may largely be presumed to have exercised an act of will in applying for

a post in higher education – thus the notion of ending which is conscious has meaning and salience. Bridges (2003) distinguished three stages in the transition process: an ending, followed by a period of confusion and distress, leading to a new beginning: *'Endings and beginnings, with emptiness and germination in between'*. (Bridges, W., 2003, p. 150). From this perspective, 'letting go' is the first part of a transition rather than the mid-point. It is also useful to consider that the new beginning from a personal perspective does not occur on the first day in the new environment but at the point where a degree of comfort begins to appear and, therefore it can be intuited, reflection, integration and the planning of a meaningful endeavour can occur.

The various factors in each of the categories identified by Schlossberg *et al.* (1995) can either help or hinder the process of coping with a transition, such that each individual can be thought of as possessing a set of 'assets and liabilities' in each of the domains of situation, self, support and strategies (not surprisingly this is frequently known as the **4S** system). It is worth examining these in a little more detail as they relate strongly to the experience of individuals as they move from one employment milieu to another.

Situation, the first **S**, (Schlossberg *et al.* 1995) variables relate to the type of transitions that the individual in question is going through. From the large number of potential variables that could be used to describe transitions, eight are identified as likely to have a particular impact on a person's ability to cope with change. Specifically these are: trigger, timing, controllability, role changes, duration, previous experience, concurrent stress, and self assessment of the situation. It is clear that some of these are more relevant to the dilemma faced by those occupational therapists whose professional identity is challenged by a move into employment in higher education.

With regard to the trigger for the situation this clearly varies from individual to individual and depends on what the motivation for the move has been. Where this has been a positive choice to move the experience will be different from where the choice is made more negatively, because of dissatisfaction with current employment, or differently again, because of reasons not associated with work at all, for example to fit in with family demands (Sugarman L, 2001). A positive choice will probably bring with it a degree of confidence and optimism lacking in other situations and may also incorporate

some degree of preparation, at least psychologically. The fact that it is likely to fit more closely the individual's perceived and desired life narrative (McAdams, D. P., 1994; Sugarman, L., 2001) is also advantageous to the perception of the experience.

The timing of the event, in this case the change of employment, can also be significant and, as with trigger, may vary from case to case. One aspect of timing is the issue of how this fits in with the rest of the individual's life, that is, is the timing convenient and does it allow appropriate space for the move to be addressed and attended to? This not only can be critical in how the move is perceived, but also in how it is effected. Another timing issue relevant here is more specific to higher education, that is, at what point in the academic year does the move occur. Intuitively joining a year part-way through and out of kilter with traditional patterns of university life must make the experience of the newcomer more difficult and probably confusing. As well as the timing of the change the controllability is also an influencing factor in the experience, we may assume that in career change there is a significant degree of controllability in terms of making the change, but very much less in how that change is managed. The very nature of present-day academic life is such that time demands are considerable and the pace of work relentless (Henkle, M., 2000) such that the opportunities for the newcomer to take control of the change are likely to be minimal. It is also likely that she will not have, or not perceive herself to have, the skills to do so. A change as Schlossberg *et al.* (1995) indicates which includes role change is likely to be more stressful and harder to manage than one which does not, the change from working as a clinical occupational therapist to working as an academic is by its very nature role change. Of course the professional role is not the only role in life (Super, D. E., 1971, 1980, 1990) but for somebody working at this level, in a professional career and having made a specific and risky move, it is likely to be a significant one. At the period of role transition the attention demanded by the change, in terms of loss of the old role and the development of the new, is likely to be disproportionately absorbing and extremely time consuming so that other roles, relationships and activities may have to take a back seat. This, of course, places even greater emphasis on the new and lost roles and the feelings of loss confusion and doubt may be almost overwhelming at times.

Schlossberg *et al.* (1995) also urges the place of duration of the period of change as a factor in its manageability, suggesting that a long period of significant change can be difficult to cope with. How long the change from occupational therapist to academic takes is a moot point – in a sense, in terms of technicality, it takes from the time of acceptance of the offer of an academic post to the moment of leaving the clinical post for the last time, which is likely to be a matter of a few months. However, in affective terms it may take years to develop a sense of belonging to the new community of practice to a point where it equals the one lost (Benton, D. and Mitchell, J., 2004; Benner, R. N., 1989; Wenger, E., 1999). There is little in the literature to suggest how this situation may be ameliorated. One possibility, however, is previous experience and Schlossberg *et al.* (1995) and her colleagues cite this as an important tool to bring to a transition, the growth in lecturer practitioner posts across UK higher education institutions also suggests that the wisdom of this is not lost. Clearly previous experience of a positive nature is very helpful in the attitude to transition and in the management of the practicalities, the reverse is also true and it should be noted that experience as a student occupational therapist or as a postgraduate student are the commonest types of higher education experience for occupation therapists. Here the link is noted with the idea previously expressed that occupational therapy students may have assimilated some ambivalence towards academia. Two further factors indicated by Schlossberg *et al.* (1995) need a little unpacking. First, concurrent stress is a factor in the perception and management of any change, and whilst usually outside the control of employers and colleagues, it does need to be noticed. Career is not all and other things do happen and have meaning. Second, the assessment which the newcomer makes of the situation as a whole is very influential – if she perceives it to be positive, worthwhile, and/or a normal experience, then it is likely to be handled better. Also if she assesses herself to have the skills and tools to negotiate the change, and the environment to be friendly, then again the change is likely to be managed better, this has significant implications for induction and mentoring.

Schlossberg *et al.*'s (1995) second variable, the next **S**, is Self, and refers to the personal, demographic and psychological characteristics a person brings to the situation. Personality implies the patterns of a person's behaviour, feelings and attitudes that are relatively enduring and predictable in a given situation. The question of just how enduring personality is has been a topic of much debate (Sugarman, L., 2001). Nonetheless, a cluster of somewhat overlapping personality characteristics has been linked with a more effective ability to cope with change, these include: self-esteem, self-efficacy, mastery, internal locus of control, self-confidence, and flexibility (Sugarman, L., 2001). A thread running through many of these constructs is the extent to which the individuals regard their life experiences as being under their own control; here we may refer back to the discussion of the impact of situation variables in undertaking change. At a higher level of generality, concepts such as optimism and hardiness also invoke this theme of personal control (Elliot, J. G., 1997). Heppner's (1998) work emphasises the significance of these variables on career change

The significance of a particular life event or transition will be influenced by its relationship to values, priorities and commitments, and Schlossberg *et al.* (1995) suggest that a value system that contributes to the management of transitions characteristic of one life stage may be dysfunctional at another. Schein (1993) also suggests that value systems have a profound influence on fit with the organisations within which an individual works these concepts, and thus provides interesting links in the present area of interest. As, over time, our values and preoccupations change, so too do our responses to, and ability to manage, particular life events and transitions. A seven-category value typology developed by Fiske and Chiriboga (1990) reinforces this suggestion. Thus the life stage at which a person makes a significant career move or professional choice may be influential in the perception of its negotiability and success.

Schlossberg *et al.*'s (1995) third **S** is Support, or more properly Social Support. Heppner (1998) emphasises the importance of relationships in career change. Social support may be defined as '*interpersonal transactions that include one or more of the following key elements: affect, affirmation, and aid*' (Kahn, R. L. and Antonucci, T. C., 1980, p. 267). These transactions may be further delineated as:

- *Affective* transactions involve expressions of liking, admiration, respect or love;

- Transactions involving *affirmation* confirm the appropriateness or rightness of some action or statement; whilst,
- Transactions expressing *aid* may offer any number of material and cognitive forms of assistance, including things, money, time, advice, guidance and entitlements.

It is worth pausing here to note that points made earlier, with reference to the work of Henkel (2000) and Clegg (2000), that communities of practice in higher education generally tend towards individualism and have a low expression of affect, so affective and affirmation transactions may be not as obvious as the newcomer may have been used to; this could present some difficulties and precipitate some misperceptions, and in turn reduce the confidence of the new academic practitioner. Whilst it is the benefits of social networks that is normally emphasised in the literature, it is also the case that such relationships can have negative (Antonucci, T. C. and Depner, C. E., 1982) or stressful (Gottlieb, B. H., 1988) effects as well (Thoits, P. A., 1995). By their mere existence social networks have a social-integration effect (Antonucci, T. C. and Depner, C. E., 1982) – we obtain a niche in society with concomitant norms, expectations and obligations, these are of particular interest in this project as a transition between working environments with different norms is under the spotlight. These may be appreciated as a source of security, or spurned as an unwelcome and unpalatable restriction. On entering a new workplace some linkages may be welcomed, others not. The workplace network may comprise both stress-assuaging and stress-producing relationships. In sum, interpersonal networks '*can scapegoat and intimidate as well as support, can reinforce dysfunctional behaviours and can isolate individuals from other constructive and normalizing influences*' (Mechanic, D., 1999, p. 71).

The final component in negotiating change considered by Schlossberg *et al.* (1995) is Strategies, the last **S**. Everyone has a range of strategies or coping responses to bring to bear on transition experiences. Whereas the 'self' variable refers to what individuals bring to transitions by virtue of who they are, and the 'support' variable relates to the interpersonal resources they have available to them, strategies refers to what people

actually do - their coping responses as opposed to their coping resources (Pearlin, L. I. and Schooler, C., 1978).

The question of the relative effectiveness of different coping strategies is important, but not easy to answer. Most, if not all, strategies have their time and place, and, indeed, *'effective coping means flexible utilization of a range of strategies as each situation demands'* (Schlossberg *et al.*, 1995, p. 74). Problem-focused strategies will be most appropriate, and tend to be most used, when the situation is one that can be changed, whilst emotion-focussed strategies can be more effective when the situation must be adapted to rather than altered (Lazarus, R. S. and Folkman, S., 1984). Motivation and self-perception are linked to successful coping (McAdams, D. J., 1994, Heppner 1998). The strategy that the expert occupational therapist brings to the new situation in which she finds herself is likely to be one that has worked for her before at moments of change, however this is a new transition and a new milieu. It is reasonable to expect that it may be some time before she hits upon the right strategy for her situation, and it may also be some time before the diagnosis of the situation – of the main components of what she is adapting to – become sufficiently clear for a positive choice of strategies to be made. We may also consider that there is a dilemma to be faced – the experience of being an expert may give rise to strong self-perception and self-esteem likely to be a real strength in handling change (McAdams, D. J., 1994)., however the loss of this expertise may present something akin to a crisis in which motivation and self-perception are dramatically reduced or gradually eroded so that change becomes difficult to manage (Schlossberg *et al.*, 1995). A realistic solution for some may, in fact, be to reject the notion of a new identity and instead cling to the old and valued professional identity and transfer it to the new workplace. This has the advantage of staving off loss, or at any rate remaining in the denial phase so eloquently charted by Kubler-Ross (1999) and Murray Parkes (1971). Here reference to Bridge's (2000) idea that we have to end before we can begin to let go of the old, before we can assume the new has a particular resonance. What if the newcomer does not wish to cast off her old professional identity, and we have seen why this might be so, can she still become a belonging member of a new community of practice and how might this negotiation be effected? If assimilation of a new professional identity is what is desired, a further complication for our

expert/novice practitioner in occupational therapy higher education is that it may well be that practitioners now working in higher education (having so strongly internalised the values and identity of the profession, (Wright, R., 2001; Holland, J. L., 1996)) do not, in fact, see themselves as academics but have retained the old occupational therapy identification. This may be particularly true where the academic was educated (or perhaps, more accurately, trained) as an occupational therapist in the days before there was significant partnership between academic occupational therapists and those working clinically. The fact that higher education is necessarily a later career move for occupational therapist – the building up of expertise and reputation in the field being a prerequisite of academic employment – means that the occupational therapist typically in higher education has been educated before the notion of academic/practice partnerships were as well regarded as they are now. However, there is a welcome shift in thinking, and the need to align theory and practice and also to utilise evidence-based practice (Bennett, S. *et al.* 2003; COT 2002; Scottish Executive, 2002; Health Professions Council, 2003; COT, 2003) has been a significant motivator amongst occupational therapists in clinical practice. Serious work is being done in the community of practice to facilitate and engage with the need to use an evidence base and thus to participate in audit and research (Humphris, D., *et al.*, 2000; Forsyth, K., *et al.*, in press; Hammel, J., *et al.*, 2002) Academic partnership is seen as very helpful in some cases, such as reflective supervision groups (Wimpenny, K., *et al.*, 2006) and in working towards evidence-based practice, (Forsyth, K., *et al.*, in press)

Notwithstanding the points about developing partnerships made in the last paragraph research carried out investigating the experiences of nurses (Mcneil, M., 1997) and occupational therapists (Crist, P., 1998) have suggested that the move from clinician to academic are to be regarded as a move out of the original career chosen. There is recognition that these are different worlds.

One additional, and optimistic, point should be made about transition with regard to occupational therapists, which is that occupational therapists are well-versed in the theory of transition because of their education in this area and also they are well-practiced in facilitating transition because of their professional role (McDonagh, J. E. and

Hackett, J., 2006). Indeed they have been cited as the most appropriate professionals to take on the role of transition lead, or transition champion, for those working in health and social care (McDonagh, J. E. and Hackett, J., 2006). Additionally they are skilled in reflecting on practice (Schon, D. A., 1983; Boud, D., *et al.*, 1985; Boniface, G., 2002), in particular they are able to use the process to continue to develop professionally and through this finding solutions to problems including problematic journeys and the stress of the novice situation (Leonard, C. and Corr, S., 1998).

The idea of belonging and becoming is strongly linked to that of personal niche. The notion of personal niche is presented by Kahn and Antonucci, (1980) and implies the environment, physical, social and psychological in which the person operates. Alternatively Bronfenbrenner's (1994) ecological approach to understanding the person identifies four layers of environmental influence, ranging from very intimate and narrow to very general and broad, and builds on much the same concepts. Clearly the personal niche (Kahn, R. L. and Antonucci, T. C., 1980) in terms of an individual fit with the career, together with how the career occupies its part of the life space, is likely to have a strong influence on the salience of the career and its accompanying sense of professional identity (Holland, J. L., 1996; Schein, E. H., 1997; Fagermoen, M. S., 1997). Personal continuity – that is, a continuous sense of who we are – is achieved by applying familiar strategies in familiar arenas of life. The continuity that is under discussion in the current context is dynamic rather than static. Whereas static continuity implies being unchanging, dynamic continuity enshrines the idea of a basic structure which persists over time, but which allows for a variety of changes to occur within the context provided by that structure. The structures that persist over time can be both within the external environment, and within the internal disposition of the person, enabling distinguishing between external and internal continuity (Atchley, R. C., 1989; Sugarman, L., 2001). External continuity is achieved by being in familiar environments, undertaking familiar activities and skills, and interacting with familiar people. Internal continuity involves maintaining a consistent sense of who we are – of self and identity. It involves awareness of the persistence of our personal qualities such as temperament, affect, values, preferences, and skills (Sugarman, L., 2001).

Both external and internal continuities are susceptible to threat, and, of the two, it is external continuities that are the more vulnerable. External continuities may be disrupted by such factors as role changes, geographic relocation, depletion of social support networks, and changes in health status. Clearly change of employment to a very different environment will fall into this category of disrupted external continuity as work environments frequently contribute to the individual's sense of external continuity. Part of personal context might be the sense of self as a professional incorporating the sense of belonging to a community of practice (Wenger, E., 1999; Benton, D. and Mitchell, J., 2004), to a group with shared values, to a professional body operating under the same ethical code and with mastery of core skills. A personal niche may shift in shape and its components take on differing emphases during the life course and the issues of the life course will always affect how a career is chosen or developed (Collin, A., 1997; Alsop, A., 1997; Peiperl, M. *et al.*, 2000). Career change is no exception.

A further point to be made comes from the work done by Neugarten and Hagestad (1976) and Neugarten (1996) in which she refers to the notion of a social clock. She contends that every society and culture, and indeed to some extent cohorts within cultures, have expectations of when events should occur; some of these such as the 'right' age to start school are enshrined in law, others are a matter of social perception and expectation – the 'right' age to marry, to bear children, to be a student, for example. Clearly as a society there has been a move away from rigid norms and expectations but, in spite of a much wider variety of actual behaviours, the power of these expectations of self and others internalised from childhood retains considerable power (Sugarman, L., 2001). Neugarten (1964, 1973, 1977, 1996) asserts that to do something at the time set by the social clock brings much less stress than to do something 'off time'. It might be said that becoming a novice practitioner in a new field of enterprise when one is expected by society, by one's cohorts and by oneself, to be an expert is 'off time' and therefore the change concomitantly more stressful. Helen Bee (1997) goes as far as to suggest that there are three key predictors of life satisfaction – adequate social support, adequate financial resources and lack of unplanned or off time events. The point for the expert to novice academic is not lost as the bumpy road of the life course is trodden.

2.10 Life Course Theory

The term life course indicates the journey through life from start to finish including all changes and stages integrated and discreet. Life course theory provides a robust framework in that it helps divide complicated concepts into smaller, logically related and more manageable chunks (Reese, H. W. and Symer, M. A., 1983; Pickin, C. and St Leger, S., 1993; Hendry, L. B. and Kleop, M., 2002). The theme identified by Skovholt's 2001 work, in which he suggests that personal life is a central component of professional functioning, emphasises the importance of the life course and life events as the individual works from beginner to senior practitioner, and indeed from senior practitioner to beginner.

An individual's roles wax and wane across the life course, at least in part dependent on life stage. Donald Super (1980; 1990), introducing the idea of the life-career rainbow, identified nine roles that together are able to account for most of the roles occupied by most people most of the time: child, parent, homemaker, spouse, worker, citizen, leisurite, student, pensioner. The roles are enacted in four main arenas: home, community, education, work. The life-career rainbow indicates more than mere role *occupancy*, it also communicates the *salience* of a role. This varies as the role waxes and wanes in significance. These roles may in some significant part be seen as some of the most significant threads or strands of the individual life journey to which frequent referral has already been made. This, even more than the occupancy or not of particular roles, can be highly individual and idiosyncratic. Ideally, of course, those roles represented by a wide band (that is time consuming ones) should have a reasonable degree of colour density (indicating salience). In terms of an individual's career the band may be at different widths and different colour intensities during different parts of the life course depending on the nature and competing demands of the other roles occupied at any given time (Collin, A., 1997; Sugarman, L., 2001).

Occupations and roles exist in a balance that normally changes throughout the life cycle. A healthy balance is one that allows most of the individual's needs to be satisfied without causing him to be rejected by society (Creek, J., 2002, p. 101)

Creek's (2002) point is strongly reminiscent of Havighurst's (1972) definition of a developmental task. The term developmental tasks was coined in the 1940s by Robert Havighurst and is an idea echoed both implicitly and explicitly in the work of many subsequent theorists of change and development across the life course (Sugarman, L., 2001).

Most theorists attempt to divide the life course into stages of some sort, and the notion of life divided into stages is commonplace across all societies - at the very least there is a differentiation between infant and adult. In our own culture Havighurst (1972), Erikson (1993; 1994) and Levinson (1986) all suggest life stage's as an appropriate frame for considering human development (Sugarman, L., 2001). An underpinning idea of all staged life course theory is that of development, of becoming who you are, of achieving a sense of mastery and of acceptance and belonging. In this the whole theory has tremendous resonance for the enquiry into the career narrative of the occupational therapist who moves from health and social care to higher education. The stage into which the expert to novice occupational therapy academic is likely to fall is very roughly indeed the 30–50 age group, allowing time to become a clinical expert and then to develop an academic career. Havighurst (1940, 1972) saw this as spanning two stages. Firstly young adulthood (22-40 years) where the key preoccupations were: exploring intimate relationships, childbearing, work, lifestyle, and definition of self in terms of roles occupied. Following this he describes middle adulthood (40-60 years) where life centres around management of career, launching children and managing the 'empty nest', nurturing the couple relationship, expanding caring relationships, management of the household, adjusting to the physical changes of mid-life. For Erikson (1993; 1994) looking at the period encountered aged 35-65 this is a time of generativity – the creation of a lasting contribution that will extend beyond one's own lifetime. Eriksson's work has been criticised and built upon, for example, by Jacobs (1998) who takes a more sophisticated, if less benign, view and suggests a spiral rather than a linear model of progression, but there is no doubt that Eriksson's work is of tremendous importance and has had a lasting impact (Jacobs, M., 1998). Levinson suggests in work spanning over thirty years, and in which he has shifted his gender perspective significantly in

recognition of the different lived experience of men and women, a life structure in which transitions and consolidations occur in a sequence throughout the passage of various age stages (Levinson, D. J., 1986, 1996, 1978).

Levinson (1978, 1986, 1996) views the early part of the (very loose) age stage which has been suggested as most relevant to this study as a time of transition in which there is reassessing and improving early life structure. This transition may be smooth or painful. It is followed by a period of culminating life structure and settling down including building a second adult life structure; establishing occupational goals and plans for achieving them; becoming one's own person (achieving greater independence and self-sufficiency). About the middle of this period (very approximately and loosely about 40 years old) Levinson suggests a mid-life transition which centres on completing early adulthood and preparing for middle adulthood, including: reappraising past progress toward achieving the Dream; revising the Dream and changing lifestyle around the themes of a new life structure; and mid-life individuation through better resolving of polarities of young/old, destruction/creation, masculine/feminine, attachment/separateness. Levinson (1986, 1996) goes on to suggest that the next phase of life or middle adult era concerns entering that phase and acceptance of the new phase, including making and the committing one's self to new choices and building a life structure around them. This middle phase of life is then concerned with modifying and improving the structure as entered into at the start of the phase. The work of all three theorists mentioned here form an overview of traditional thinking around the life course (Sugarman, L., 2001). From the perspective of the consideration of the occupational therapist making the choice for academia we see that the phases she is likely to be in have resonances with the decision to make a change – Havighurst (1972) suggests strongly the key importance of career in the middle years of life. Levinson also emphasises some elements of reappraisal and applying oneself to one's life's work and Eriksson stress the need experienced to achieve something of value, at this stage, frequently these key preoccupations centre around work and for the professional career (McAdams, D. P., 1994; Collin, A., 1997)

The notion that the life course may be seen as a series of developmental tasks is helpful, emphasising as it does the work that goes into moving through the life course and meeting the internal and external demands encountered. There is also a sense of purpose, that of both becoming who you are and of belonging to a community which is implied in the notion of the developmental task as well as in the depiction of the life course as a staged journey. The personal journey can be seen as a series of transitions and encounters around key life tasks. The developmental task theory of life stages can be summarised in six key ideas presented initially by Havighurst (1972).

Thus a developmental task can be defined as:

A task which arises at or about a certain period in the life of the individual, successful achievement of which leads to ... happiness and to success with later tasks, while failure leads to unhappiness in the individual, disapproval by the society, and difficulty with later tasks (Havighurst, R., 1972, p. 2).

Additionally,

A developmental task is midway between 'an individual need and a societal demand ... (and) assumes an active learner interacting with an active social environment (Havighurst, R., 1972, p. 2).

Havighurst (1972) also suggests that developmental tasks are the outcome of biological maturation, cultural pressures, and individual desires, aspirations and values. Some tasks will arise primarily from one source, although most arise from the combination of these factors acting together. This supports Neugaten's (1996) thesis about the social clock but also gives a clear indicator of the complexity of factors that influence the choices made and the endeavours undertaken as an individual proceeds through the life course.

As a caveat Havighurst (1972) rightly stressed that because of the involvement of individual aspirations and cultural and social norms (all of which, of course, vary across

people, place and/or time) in the establishment of developmental tasks, the tasks associated with different life stages will vary across individuals, cultures and epochs. However because of the involvement of biological and psychological processes that are universal across people time and place, there will be some commonality of developmental tasks even for widely different individuals, families and communities.

Finally Havighurst (1972) suggested that the developmental tasks associated with different life stages operate as a type of culturally specific guidance system and in this he was supported by Reinert (1980). By providing a ready-made set of personal goals, normative developmental tasks can help people make decisions about how to order and manage their lives. By the same token, however, they can also constrain a person's freedom of choice and inhibit people's ability to develop alternative, non-normative lifestyles (Bee H. and Boyd, D., 2005; Sugarman, L., 2001). Perhaps going against the dictates of Neugaten's (1996) social clock has some spirit of freedom or of the maverick attached to it. Referring to some previous references to the maverick individual as an academic perhaps the occupational therapist who chooses to join the ranks of the academic has some personal congruity with her new niche, or conversely fits less well into the conformities of the health and social care environment. The development, nurturing and maintenance of a salient professional identity can be seen as a developmental task for many and as such this area of theory is of interest.

As Super (1980) suggests, professional identity is embedded in career as a developing strand and a constant, woven into the life course as more or less salient but nevertheless an integral part of the threads of life course. The idea of change as normal within the life course is almost unchallenged. Daniel Levinson (1990) contends that the whole life course is predicated on structure changing and structure building (Levinson, D. J., 1970) phases which occur in sequence and are a normal pattern throughout life.

In Levinson's (1970; 1990) theory, the life structure is not seen as static, nor does it change capriciously. Rather, it goes through a sequence of alternating *structure changing*, or transitional, periods, and *structure building*, or stable, periods. The structure changing periods generally last between three and five years; the structure

building periods five to seven years. This, proposes Levinson, (1970; 1990) is a natural rhythm of the human life course, if this is so it affects the rhythm of career. Structure changing periods will involve the ending of the current structure and initiation of the next. Structure building periods involve building of a life structure around certain crucial choices.

Notwithstanding the normative nature of change, and indeed the idea of a life without change and growth is truly stultifying, continuity in the life course is just as marked as change (Sugarman L., 2001) and these continuities may be highly salient in the course of a career. It may be that a whole life's endeavour may be mapped around the desire to maintain a particular thing, whether that thing be concrete (person, place) or abstract (belief, personal interest, relationship), as far as is possible or desirable for the individual. Work on stability zones (Toffler, A., 1975; Pedler, M. *et al.*, 2001) offers considerable insight into this area.

2.11 Life Space

It is clear that life is lived in a shared space that is not the individuals alone to change. The interpersonal, social and cultural context in which lives are lived cannot be ignored. The life space may be considered as the person and the parts of the social, cultural, and material environment with which she interacts. (Kahn, R. L. and Antonnuci, T. C., 1980) The life space can be explored through the process of mapping – taking, in effect, a cross-sectional slice through the life-career rainbow (Super, D. E., 1990). As with the life-career rainbow, it is not merely the content of the life space that is important, of even greater significance is the personal meaning of its elements. A person's life space contains all those meanings (of people, experiences, objects, relationships, events, for example, and, of course, career) that have been accumulated in life so far. Some clear components of a person's life space are their personal stability zones (Toffler, A., 1975; Pedler, M. *et al.*, 2001). Interestingly it is apparent that there are clear links between work on stability zones and some of Skovholt's 2001 work on professional development themes where we can note that anchors wax and wane in their meaning and influence for developing practitioners.

Life space mapping serves to highlight the areas of personal significance and value. Most people will have suffered some trauma that has more or less severely disrupted the stability and tranquillity of their life space leaving sense of identity, feelings of self-esteem and security disturbed (Crossley, M., 2000). In this situation, elements within the life space that have not been lost or turned upside down assume enhanced significance. A change may not be strictly a trauma, it may indeed be a positive choice which taken as part of the whole narrative is seen as good and enhancing; but the process of going through change always represents at the least some uncertainty even if this falls short of wholesale trauma. In difficult and changing times of whatever level these areas of personal significance and value operate as anchors, or stability zones (Toffler, A., 1975; Open University, 1992; Pedler, M. *et al.*, 2001) that we depend on when all else is confused, uncertain and frightening. They are frequently associated with people, activities, ideas/values and beliefs, places, things, and organizations.

People stability zones are sources of social support. (Toffler, A., 1975; Open University, 1992; Pedler, M. *et al.*, 2001, Heppener, 1998). They represent values and enduring relationships with others, for example, family, long-standing friends and colleagues. They are likely, of course, to be represented in many areas of life and it would be highly unlikely for all to be lost at any one time. However, the significance of individuals and groups varies from time to time and for a person whose career is important enough to be making significant decisions within it, and who has put enough effort in to reach a position where expertise has been gained and where academic life might be considered, colleagues and those within the professional community are likely to be significant. The loss of a set of colleagues and the need to establish a new group may be perceived by the person making the clinical to academia move as a key necessity in feeling comfortable and effective in the new arena.

Toffler (1975) as well as Pedler *et al.* (2001) also contend that activities may give social support, meaning and purpose to lives; they may take the form of sport, creative activities, civic activities or intellectual pursuits. These are less likely to be lost to the expert to novice new academic practitioner, though they may be undermined if they have been attached to the old workplace either physically or because they were

activities of a group attached to the workplace. It is also the case that the attention needing to be paid to the new and challenging situation (Sugarman, L., 2001) is sufficiently great to drive out the possibility of engaging in the usual activities and these may need to be reprioritised to fit in with the new life demands.

Ideas, values and beliefs that are stability zones (Toffler, A., 1975; Open University, 1992; Pedler, M. *et al.*, 2001) may take the form of a deeply felt religious belief or a strong personal and/or professional commitment to a philosophy, political ideology or cause. It is this arena which may be threatened as many beliefs are held so deeply as to be almost unconscious and the discomfort experienced when challenges occur may not even be immediately recognised. The novice academic, used to a different set of underlying ideas with which to underpin her working life, may have difficulties unless there is a forum for discussion and reflection available.

Places of varying scale can comprise stability zones (Toffler, A., 1975; Open University, 1992; Pedler, M. *et al.*, 2001). They might be large scale (like a country) or small scale (for example, a street or a particular room). 'Home' is often a stability zone, a place with a comforting familiarity about it, perhaps where one grew up or has spent considerable time. Whether or not this is lost in a change of employer is an individual matter but the loss of the physical workplace which may represent an anchor for some will certainly be a factor, at the very least lack of familiarity will be an issue for almost everyone.

Toffler (1975) and Pedler *et al.* (2001) suggest 'Things' as stability zones indicating that take the form of favourite, familiar, comforting possessions. They might range from family heirlooms, through particular objects to favourite items of clothes. It is likely that these, being more transportable may be less easily lost in the kind of transition investigated here.

'Organizations' however as stability zones, which may be the employing organization, a professional body, a club, or any other organization to which one belongs and with which one identifies (Toffler, A., 1975; Open University, 1992; Pedler, M. *et al.*, 2001) are likely to be at the forefront of some of the more challenging personal negotiations

(Schein, E. H., 1993). Of course for some there will be relief, even a sense of freedom, in leaving the previous organisation, but for many a sense of pride, camaraderie, and cohort – in short belonging, will be a significant loss.

Stability zones may overlap – ‘home’ has elements of place, people, and things, for example; ‘books’ have elements of things and ideas; and ‘the workplace’ may have elements of all stability zones. This of course has the benefit that stability zones can remain accessible even in the face of change or damage to one of them. Conversely an area such as the workplace, where many elements may reside, if threatened can cause difficulty.

Stability zones vary with time as things, situations and roles change. Objects wear out, activities (such as sport) may become more difficult, houses become too big or too small, children grow up and leave home, organizations and places change, other people have their own lives to follow, ideas are sometimes found wanting or deficient (Miller, M. A. and Rahe, R. H., 1997). Similarly, a person’s requirements of his or her stability zones will also change and evolve over time. Communities of practice may form stability zones in themselves or they may contain elements of them, the disruption of a career change threatens these so that people may cling to past communities and professional identities for reasons of emotional security as well as for a sense of self. Stability zones may need, therefore, regular clarification and nurturing; this may not be a priority task for someone new in a job but perhaps it behoves those managing the newcomer’s transition with her to allow space and attention for this. What is in place to assist transition? Induction to the new workplace perhaps? Preparation for a new community or a perceived continuity of community of practice? What happens when expertise as a stability zone is lost? These are provocative questions.

A sense of belonging and of development or becoming as part of a stability zone cannot be underestimated. In the same way these form part of the goals of the journey through the life course and especially along the career path. The effect on the individual if a transition is not well managed, and on the life narrative for the professional if the need for belonging to a community of practice and becoming a professional with satisfactory

identity and mastery, may be considerable in terms of loss grieving and reduced self perception (Schlossberg, N. K., *et al.*, 1995; Skovholt, T. M., 2001; Wenger, E., 1998).

2.12 Conclusion

The literature suggests that the gulf between the professional life of a occupational therapist in clinical practice and that of an occupational therapy academic is significant. There is a significant transition to be negotiated, and the experience of negotiation will to some extent depend on individual circumstances and available support. It will also have elements of the experience of change common to everyone and these are to be expected. The central dilemma emerging from the literature is that the transition from expert to novice, a common experience into which little enquiry has apparently hitherto taken place though the literature cited, suggests many avenues to explore. The more focused example of this dilemma is the occupational therapist who moves to work in higher education and is therefore of interest. How the professional identity of the occupational therapist who undertakes this step as a part of her career is perceived and managed in the professional journey of becoming and belonging thus provides a challenging question worthy of further investigation.

3. Methodology, Data Collection and Data Analysis

3.1 Introduction

In this chapter I look first at the question of how we might discover truth, if that is indeed possible, in doing this I explore issues of culture and objectivity. I continue to consider both objectivity and culture in the pursuit of knowledge, focusing on the differences between qualitative and quantitative paradigms and traditions and looking at research traditions in various cultures. I then take an overview of grounded theory, ethnography, particularly highlighting issues of insider research, and phenomenology and during these discussions I suggest that many of these traditions overlap and an eclectic mix may provide the richest result. I also suggest that none of these traditions are culture free. I then turn in the section entitled 'From Methodology to Method' to the development of an appropriate method to use for this particular study and give details of how the project was undertaken.

In the attempt to answer a question or to investigate an area of interest there is a need to step back and consider how best the researcher should proceed,

'The phenomenon of human knowledge is no doubt the greatest miracle in our universe. It constitutes a problem that will not soon be solved'. (Popper, K., 1979, preface) A researcher may be said to be making an attempt to do something to solve the problem of the phenomenon of human knowledge by shedding a little more light upon a particular area of interest.

3.2 Research Traditions; truth, objectivity and culture

Research into almost any area can legitimately come out of any number of traditions, paradigms and perspectives. In the last quarter of a century a qualitative approach has become more widely used and the positivist traditions which did so much to give credibility to the social sciences in the 1950s and 60s have been robustly challenged. The positivist and scientific claim to deal in knowable, external truth, in objective reality, has been seen by researchers from certain paradigms to be limited, limiting and even oppressive. Two particular challenges are worthy of exploration here.

One is the question of whether objectivity is possible in human enquiry given that a human always sets the question and that that human will bring a personal and cultural agenda to that setting and to the process of enquiry. The question under consideration here is a particular case in point. The interpreter both must and should start from the view point of their own culture and tradition, and reach some kind of integrity with the area under investigation, thereby enriching the initial understanding. It is not that objectivity is difficult to achieve, so much as that it is impossible, indeed it has been suggested that there is, in fact, no unequivocal culture-free reality to be sought (Ashworth, P., 1997)

The second, and more esoteric, question concerns the nature of truth and in what terms it might be measured, if indeed in any single measure that is meaningful, or by what means it might otherwise be arrived at.

To consider, rather frivolously, this second point, take the example of the length of a road. It can simply be measured in terms of yards or metres but what does this tell you about the 'truth' of the road? Is it steep or flat, wide or narrow, straight or full of bends? What type of bends? Can you predict journey length along it? Furthermore and, it could be argued, most relevant, what do users feel about the length of the road under investigation (let alone other aspects of the road!)?

Miles or kilometres mean nothing. You have to use a complicated equation based on time not space to plan any trip on foot in these hills, along with other variables: height of sun, quantity of shade on chosen route, and steepness of ditto; wind speed, muscle tone, how much you have eaten and drunk recently. Distances multiply or shrink exponentially depending on these factors (Hawes, A., 2001, p. 69).

So much for 'simple' measurement. The truth, as lived, seems to be far from confined to one measure and in this case at least something of a moveable feast. It is certainly not within the scope or intention of this enquiry to reveal absolute truth, what is sought is understandings of a perceived reality, a lived truth from the perspective of participants from the community studied.

The debate about truth, including issues of objectivity, subjectivity and culture is concerned with the ontological and epistemological position of the researcher. Ontology may be defined as concerned with the nature of being and existence, the nature of knowledge. It is an inventory of kinds of being and their relations – that is phenomena. In research terms it is the explicit identification of the objects being investigated. The ontological position of a researcher, that is what they define as the phenomena which are there, will affect what they investigate and how they carry out research and which paradigms they subscribe to. Out of ontology comes epistemology and methodology.

If ontology is concerned with what we know, then epistemology is concerned with how we know what we know – it is concerned with finding a well-grounded basis for knowledge, or latterly, amongst post-structuralists, with the argument that any such theory is unnecessary since there is no sure reality. It is clear, then, that the way that a researcher explores their world will be embedded in their position on these key understandings. The researcher's view of truth - is it an unchanging absolute, an individual perspective, of greater or lesser importance, a relevant concept of any kind? - must necessarily be a key influence in any investigation.

Similarly the culture from which the researcher comes will profoundly influence their view of truth:

Man is an animal suspended in webs of significance he himself has spun. I take culture to be these webs and the analysis of it to be not an experimental science in search of law but an interpretative one in search of meaning. (Greetz, C., 1973, p18).

This view reflects the subjective assumption that people are active participants in the creation of culture and not merely ciphers assuming a culture imposed upon them; that is people enact their own realities and this is done primarily through their interactions with others. In the case of this investigation that is a significant consideration since the researcher shares a culture with the participants in the study and has lived experience of the issue under investigation.

Culture may be said to be that learnt behaviour which is socially constructed and transmitted. It includes family and local patterns, peer group and cohort effects, spiritual, religious, moral and political beliefs, expectations, standards, issues of race and nation (Sugarman L., 2001) relevant to this enquiry; it also includes work place culture. It derives from the broadest political hegemony in which the individual is placed. The power of this hegemony has been cogently argued by Freire since the 1960s, (Freire, P., 1993). The life experience of any individual takes place in the total context of that person's culture, and in the shared communication system. The communication system includes language as well as gestures, facial expressions and cultural artefacts. Every member of the culture recognises these and understands their meaning. Within a larger culture there will be subcultures, for example a family will have its own culture but also be part of a wider group culture, for example that of their own local area. Some family members may also be part of other cultural groups not participated in by other family members, for example a workplace culture. No person is ever untouched by their cultural background (Cole, M., 1992). The beliefs and assumptions (acknowledged or otherwise) each individual has about the world will determine their view of how it works, and following from that the most appropriate ways of exploring and understanding it. Indeed a researcher may find a genuine fit with a particular approach either personally or professionally (Wright, R., 1998). Certain professions may have philosophies or trainings or areas of investigation that are particularly resonant with one tradition - a physicist with quantitative methods or an occupational therapist with qualitative paradigms (Wright, R., 1998). Immediately culture is a part of the research process. Thus are notions of objectivity and subjectivity brought under the spotlight, and issues concerning insider research are apparent. The relationship between the researcher and their context and the context and individuals being explored, in particular the understanding that each perceives themselves to have of the other, is highly significant.

The fundamental difference between quantitative and qualitative research may be seen as, on the one hand, the aim of verification (in natural science approaches) and on the other (in humanistic approaches) the aim of discovery. The quantitative method of hard science is traditionally deductive, seeking to test hypotheses and make predictions. The qualitative method of humanistic enquiry seeks to discover and describe.

Following from this a key difference between the quantitative and qualitative paradigms has been identified as the way that they view the social world, and to some large extent it is the social world which forms the backdrop of the present enquiry. Within the scientific tradition the assumption is that truth and knowledge are fixed and generally singular entities. This has influenced both the choice of methods of enquiry and the choice of things to enquire into. Social reality, in the scientific paradigm, has been investigated through counting and measuring occurrences, usually in large-scale studies. In the last forty years more humanistic paradigms, concerned more with discovery than with verification, with description rather than prediction, have emerged and these have had a different view of appropriate ways of investigating of social reality. The belief in these paradigms is that social reality to be the product of social interaction as perceived and engaged in by actors and not by researchers. Researchers are concerned with individuals as well as groups, studies may be small, lacking breadth, but having depth. The tools of their enquiries are participant observation and interviewing in an attempt to understand and capture the definitions, descriptions, thoughts and meanings of the individual actors. Burns (2000) argues that because of these differing understandings of social reality:

the qualitative researcher is not concerned with objective truth but rather with the truth as the informant perceives it (Burns, R. B., 2000, p. 388).

It seems likely that this is an over-generalisation - no doubt there are many qualitative researchers who would see themselves as concerned with objective truth. Conversely, of course, for some there are almost certainly those who question whether there is any truth at all that lasts for more than the actual instant of telling, however, the general point is not lost. Guba and Lincoln (1985) have seen the debate about objectivity as demonstrating that there is no single social reality or truth but that, in fact, there are 'multiple realities' and their arguments are well rehearsed.

Achieving objectivity in research has traditionally been regarded as a sign of rigour; it implies that the researcher has not allowed their own values to impinge on the enquiry

and in particular in the scientific world this has been a key goal. Subjectivity is frequently seen as other side of objectivity's coin and qualitative enquiry aims to identify and comprehend the subjective perspectives of the actors. Qualitative researchers frequently regard subjectivity, most apparent in insider research, as a resource as it is seen as sensitising the researcher to the events and people they are studying. Any dangers in this are countered by the acknowledgement that researchers bring the assumptions of their own cultures, personalities, life experience and values to any study and therefore they need to be reflexive about this. Reflexivity about the researchers own values and an explicit description of the researchers own culture, experience and beliefs is the tool for objectivity in the sense of objectivity meaning carrying out enquiry without distorting what is seen or heard, being open to alternative explanations and disregarding the researcher's own wishes or desired outcomes. Far from being feared subjectivity can then become a research tool built into the enquiry and helping the researcher to understand and build up relationships with the people being studied. Insider research may thus be seen as bringing a further dimension and understanding to the interpretation of perspectives.

To test this argument, which is key to the carrying out of this study, it seems expedient to explore some of the major research traditions with a view to gaining an overview of their position regarding objectivity, subjectivity and cultural contexts and influences. From this a position from which the method to undertake the proposed investigation may be achieved. However it hardly needs to be said, in the context of this exploration at least, that an exploration, a view, rather than an assertion of objective reality, still less universal truth, is what is sought. The discussion will take a broad overview, considering paradigms, the scientific approach as well as qualitative approaches in particular grounded theory, ethnography and phenomenology, and move into the choice and application method. Many more areas could usefully be touched upon, for example feminist and Marxist paradigms. Some areas such as life story and narrative perspectives have only been mentioned in passing and could have had much more attention paid to them. However the scope of this chapter is necessarily limited and the areas presented have been chosen because through them certain points can usefully be made. Guba and Lincoln (1998) suggest that:

a paradigm may be viewed as a set of basic believes (or metaphysics) that deals with ultimates of first principals. It represents a worldview that defines for its holder, the nature of the 'world', the individual's place in it, and the range of possible relationships to that world and its parts, as, for example, cosmologies and theologies do. (Guba, E. and Lincoln, Y. S., 1998, p. 200)

Oakley (1999) suggests that the common usage of this term stems from the work of Thomas Kuhn (1970). Kuhn (1970) argued that paradigms are more than specific techniques or methods which can be used to investigate the world. He suggested instead that they represented sets of interrelated assumptions about the way in which society works and thus provide philosophical and conceptual frameworks within which investigations can take place. That is to say paradigms not only allow a discipline to make sense of different kinds of phenomena but, in fact, provide a framework within which these phenomena can be identified in the first place. Whatever Kuhn's intention the implication is that phenomena, far from culture-free, are indeed explicitly culture-based.

Oakley (1999) in considering paradigms suggests that they are useful to their subscribers in guiding them through the real world by simplifying it; they are in fact 'normative' (Oakley, A., 1999, p. 155). Indeed she goes on to say that:

paradigms are essentially intellectual cultures, and as such they are fundamentally embedded in the socialization of their adherents: a way of life rather than simply a set of technical and procedural differences (Oakley, A., 1999, p.155).

Kuhn (1970) may seem to place too much emphasis on compartmentalisation of paradigms - looking at them in their purest forms each paradigm offers a different view of social reality and, at the extreme point, the paradigms are contradictory. However, commenting on Kuhn's work a decade later, Blacker and Brown (1983) suggest that it was never Kuhn's intention to '*encourage the proliferation of classification schemes*' (Blacker, F. M. and Brown, C., 1983, p. 359), but to highlight the difference between

them and to make a strong case for consistency of approach. This consistency works towards transparency for the research audience and thus is an essential ethic of researcher behaviour.

3.3 Qualitative paradigms

Qualitative research paradigms have, to a greater or lesser extent, been used autonomously throughout the history of their use but they have in common the explicit acknowledgement of the researcher culture and subjectivity.

Much research includes dealing with organisational culture - an area that has been under the spotlight of investigation for some three decades. This culture profoundly influences research which generally both comes from it and returns to it. Alvesson (1993) reviews the literature to the early 1990s and moves towards his own approach which makes the point that cultures are complex; cultures move within cultures, each actor brings different sets of influences to the whole, but that this opens up possibilities of understanding,

. . . organisations can be understood as shaping local versions of broader societal and locally developed cultural manifestations in a multitude of ways. Organisational cultures are then understandable or as unitary wholes or as a stable set of subcultures but as a mixture of cultural manifestations of different levels and kinds. People are connected to different degrees with organisation, sub organisational unit, profession, gender, class, ethnic group, nation etc; cultures overlap in an organisational setting and are rarely manifested in a 'pure' form . . . It is especially important to keep in mind cultural traffic - that organisations are not cultural islands but are affected by the societal culture . . . Cultural configurations vary according to the issue and the ideology in question. The idea of multi-cultural configurations takes ambiguity seriously without placing it at the centre of the analysis, and opens up the possibility of explaining much uncertainty, confusion and contradiction. (Alvesson, M., 1993, p. 1180)

It thus seems almost too obvious to reiterate that culture must inform every human activity, and research in whatever tradition, quantitative or qualitative, is no exception.

Perhaps the question of whether research is objective is less important than the question of whether subjectivity is acknowledged and explicit. The practice of systematic and rigorous enquiry becomes then the test of good practice.

Historically educational research followed the traditional scientific approach using quantitative methods to test hypotheses and establish general principals. This is of interest because the enquiry to be undertaken in this study takes place within the culture of education and the participants are educators. The concepts of generalisability, reliability, objectivity and reductionism were key components of the positivist research model. This approach took the view, derived from the hard science culture, that there is a social reality which is measurable, generalisable, external to the individual and objective. It is worth noting again that already we have a situation where objectivity - held dear by the scientific community - is already compromised by the cultural assumptions of the approach.

A particular assumption of this paradigm in its traditional form was that the alternative to it was dependence on folklore, assumption, prejudice and subjective bias. The reforming socialist quest of the positivists regarded these culturally-based and unchallenged bases for belief as deeply oppressive. This may go some way to explain the esteem in which positivism was held by social scientists who were in many cases, particularly in the period after the Second World War, equally eager to challenge social assumptions and make possible a brave new world of meritocracy. It was, and it may be argued still is, the case that the power of scientific discourse was extremely strong (Margolin, F. A. and Margolin, S., 1992; Guba, E. and Lincoln, Y. S., 1998). Becoming part of this discourse seemed a clear way of gaining power for the social sciences. Furthermore it should not be forgotten that positivism was a progressive socialist movement in the 1930s and was viewed without the taint of oppression with which it can be seen today. In keeping with the scientific research tradition, bred in the physical sciences, objectivity was seen as being achieved through a factual view of reality with causes clearly defined and truth a fixed point.

The hard 'data' versus the soft 'capta' (Miles, M. B. and Huberman, M., 1984) debate becomes at times somewhat polarised along machismo and gender lines as illustrated by the delightful, but tongue in cheek, title of one paper on the subject 'Real Men don't collect Soft Data' by Turner and Gheriardi (1998). This argument has been powerfully rehearsed and developed by feminist researchers who overtly come from their own base. This does not make their work less valuable, and the explicit reflexivity of much work within this paradigm brings sharply into focus that culture base, objectivity and subjectivity need not be the critical criteria in judging the value of a piece of research, rather transparency, reflexivity and honesty have more to offer.

Whilst it is not unreasonable to consider certain physical or mathematical truths as fixed - $1+1=2$ - and for many people the acceptance of certain moral and spiritual truths - God is good - is absolute, the case for an absolutely fixed and generalisable social truth is much more difficult to pinpoint.

3.4 Scientific Approaches

Truth, however, is not objectivity, though assumptions about the truth will affect hypotheses. Scientific methodology, which uses systematic investigation and rigorous data analysis, is based on the testing of hypotheses and therefore may have difficulty in maintaining a claim to absolute objectivity. Burns (2000) puts this clearly and succinctly:

it is worth noting that a scientific approach cannot be totally objective since subjectively it is involved in the very choice of a problem as worthy of investigation and in the interpretation of results (Burns, R. B., 2000, p. 10).

Burns (2000) identifies four chief characteristics of the scientific approach: hypothesis testing, operational definition, replication and control.

- Hypothesis testing is at the heart of scientific methodology. It refers to the controlled and systematic testing of an idea to the point where it is proven or rejected. Absolute definition of what is to be observed and what constitutes the subject of observation is given and checks are put in place. Empirical testing may be

carried out in the field or in the laboratory but the point is that it is systematic, empirical and is designed to test the hypothesis exactly.

- Operational definition states that the terms of the study must be defined by the operations (procedures) used to measure them. Thus all meaning and communication are made clear as all parties have access to the same definition and procedures and meanings remain constant and definite.

Replication means that the study must be achieve the same result if it is repeated, that is, that it is reliable.

- Control allows the researcher to identify the causes of observations made. Variables are eliminated so that the cause of the particular effect is isolated; it is only this essential process of eliminating variables which can give an unequivocal answer to the cause and effect question.

One of the claims and strengths of science is the openness of its methods - it is transparent and anyone who wishes to can follow the same procedures and achieve the same results. It holds that private opinion based on personal observation lacks the strict rules of observation (control, operational definition and replication) that are need for satisfactory hypothesis testing.

This positivist view particularly emphasised the role of logic. In the 1950s Karl Popper, concerned to guard against of lack of scientific rigour wrote,

Since Descartes, Hobbes, Locke and their school . . . the theory of human knowledge has been largely subjectivist: knowledge has been regarded as a specially secure kind of belief, and scientific knowledge as a specially secure kind of human knowledge (Popper, K., 1979, preface)

The logical positivists (Popper, K., 1959, 1963, 1979,) were absolutely committed to the notion of objectivity, seen through outsider observation, through logic and system through the quantitative and measurable. It is beyond doubt the scientific approach has strengths, control through sampling and design and precise quantitative measurement,

but as suggested one of its weakness may be unacknowledged cultural subjectivity at the very least in terms of what is studied and where funding for study is directed.

3.5 Qualitative Research Methods

Qualitative research methods are based on the assumption that every situation is filled with multiple meanings and the social world is dynamic, shifting, and constantly negotiated by people within it. The approach is committed to understanding social phenomena from the actor's own perspective and reflects a fundamental view of the world as the shared creation of the people within it. This necessarily includes the researcher. The key to insider research is that this must be acknowledged openly. Interpretations can be more meaningful, and more acute, because of shared understandings; the challenge is to make these explicit for an audience who does not share the specific culture and to have enough insight into the culture involved to recognise its impact. The key issue in this type of research thus becomes the authenticity and exploration of the data in context.

Thus the subjective experience of individuals, including the researcher, is the primary focus of qualitative research. Rather than attempting to disregard the researcher's subjectivity, qualitative methods move towards the conscious inclusion of the experiences of the researcher as another individual participating in the social meaning of the world being explored. The researcher frequently becomes the main research tool (Cohen, *et al.*, 2000) and the subjective qualitative approach views this not only as unavoidable but as a very important contributing factor in the research process. However the 'objective' (positivist) school tends to regard this as a basis for criticism since their aim is to achieve as much 'neutrality' as possible. To counter these criticisms researchers from the subjective paradigm point to the systematic and logical methods employed. Grounded theory (Glaser, B. G. and Strauss, A. L., 1967) was introduced as a way of maintaining the subjective perspective but also introducing a systematic and logical method of handling and analysing data.

3.6 Grounded Theory

One of the main premises of grounded theory is that the different stages of research should be seen as a holistic activity, that is, the processes of data collection and

analysis, concept development; theory formation should take place in no particular order and be seen as ongoing. The researcher should move back and forth through and between different concepts and stages in the research. The research should be continued until no new information is being added, that is the data saturates the categories.

Each stage reached should prompt further investigation into other stages and provide new links and new ideas. Thus the theory is generated from and grounded in the data (Glaser, B. G. and Strauss, A. L., 1967), there is no question here of lack of cultural subjectivity in the research ideation. Indeed the researcher and their (culturally based) enquiry are at the heart of the research process, their interactions with other actors are part of the data itself.

The researcher begins with a 'general' problematic and/or interesting area for enquiry rather than a predetermined theoretical framework along deductionist lines. The aim is to capture theory from the setting or data which throws light on the issue under investigation. The research is in itself an iterative process.

In a grounded theory model the need to develop as many concepts and linkages as possible at an early stage is emphasized, rather than attempting to narrow the problem down in the way a reductionist approach would. Again here there is no emphasis on objectivity; rather it is on creativity and transparency.

Thus the building of theory is seen as an ever-developing activity, not a perfected end result. In short it is inductionist rather than deductionist. Glaser and Strauss (1967, p. 46) suggest that the researcher should be 'theoretically sensitive' so that they can conceptualise and formulate a theory as it emerges from the data – thus the fit between theory and data is made explicit. The logic behind this is also stated to be that theory based directly on data cannot be refuted.

This also allows, even encourages, collection of data by many mutually supporting methods, individual interview, focus groups, observation, field notes, all have their place (Reason, P., 1995; Robson, C., 2002; Edwards, T. and Talbot, R., 1999; Seale, J. and

Bernard, S., 1998). The data collection needs to be transparent and rigorous, researcher 'lead' must be reduced to a minimum and here Herriot (1992) formed an interesting data collection method known as 'talking aloud' in which focus groups may be undertaken in which the topic is given but the researcher is not present to guide or lead the participants. Attention in all data collection must be paid not only to the ethical aspects of ensuring that the participants willing voices are heard but also that they are content with interpretations and that the views they are said to be expressing are indeed those they are happy to have in the public domain (Robson, C., 2002; Edwards, T., and Talbot, R., 1999; Seale, J. and Bernard, S., 1998). Thus extensive and rigorous use of member checking is vital (Robson, C., 2002).

It is freely acknowledged that since the researcher's conclusions are interpretations of other people's interpretations these conclusions are not the only ones possible – indeed any other individual is likely to bring at least some small changes to the conclusions, member checking notwithstanding for the researcher is an acknowledged part of the team. The charge of subjectivity is not defended, rather it is incorporated as part of the philosophy of qualitative research that social reality is internal rather than external and that the researcher is part of the social reality under investigation. The thrust is towards discovery and not verification, the validity is obtained through systematic and rigorous methodical research processes and through the centrality of the participants. Through the Grounded Theory approach of building up classes of data the interpretation becomes 'at least plausible' (Glaser, B. G. and Strauss, A. L., 1967, p. 5) because the pertinent cognitive problems are addressed by making them overt and explicit. The conversion of data into different classes and concepts not only makes them overt but also makes the data easier to handle. Thus the researcher can adopt a conscious strategy for analysis rather than a purely intuitive and covert one and this helps to deal with some of the charges of subjectivity (Miles, M. B. and Huberman, M., 1994). This is not to say that inductive methods do not have an element of subjectivity but that it is acknowledged and transparent and taken as part of the condition of every type of research. Indeed the formulation of this experiential approach to research allows the researcher to use their feelings and ideas in a systematic, positive and confident way.

The watershed marked by Glaser and Strauss (1967) in advocating, not imposing, a theory at the start of fieldwork was an attempt to break free of some of the grand theories of sociology. There has been the criticism levelled that simply by sorting the data into classes from the initial stages the researcher is in fact imposing a theory. Of course this is to some extent true. Even Popper himself was in no doubt that everybody has their own beliefs and expectations (Miller, D., 1987). These could not realistically be discarded 'in toto'. Furthermore, without some sort of rough working mental drawing the exploration would be likely to become directionless and the observations unwieldy and meaningless (Cohen, L. *et al.*, 2000). However the point which Glaser and Strauss (1967) are in fact highlighting is that the researcher should expect the framework to change and develop as the enquiry proceeds.

In short a grounded theory study aims to:

generate or discover a theory, an abstract analytical schema of a phenomenon that relates to a particular situation. This situation is one in which individuals interact, take actions, or engage in a process in response to phenomenon. (Cresswell, J., 1998, p. 56.)

The clearly expressed intent does not claim objectivity but nor is it entirely subjective as the researcher attempts to be as open-minded as possible and allow the theory to come from the ground of the data. This of course presents a considerable challenge to the researcher, and honesty about personal position is a necessary starting condition to allow analytic theory to arise.

One of the strengths of grounded theory is the systematic approach which includes specific processes of data analysis using three coding types done in particular order as follows:

- In **open coding** the researcher puts information into categories, within each category sub-categories (also referred to as properties or themes) are identified. In particular the researcher tries to identify data which shows the extreme ends of the properties. This is referred to as dimensionalising.
- Secondly **axial coding** takes place in which data is assembled in new ways. The task of the researcher is to identify a central category about the phenomenon,

know as central phenomenon and explore what influences those phenomena. The researcher then proceeds to look at the actions and interactions that result from the central phenomena and look at the conditions which influence these actions and interactions, or strategies as they are known. Finally the researcher looks at the outcomes of strategies and identifies consequences. The axial coding findings are presented using a coding paradigm or logic diagram.

- Thirdly **selective coding** takes place, it is at this stage that hypotheses, conditional propositions are elicited and presented as the researcher identifies a 'story line' (Cresswell, J., 1998, p. 57) and within the story synthesises the categories which emerged through axial coding.
- Occasionally as a final stage some researchers may choose to present a visual conditional matrix which illustrates conditions of society, of history and of economics which affect the central phenomena.

The primary outcome of a grounded theory study is a theory which has as its components the prescribed categories of the theory, that is, a central phenomenon, causal conditions, strategies, conditions and context and consequences.

Transparency and integrity in using these delineated steps adds much to counter the charge that qualitative researchers are inclined towards an 'anything goes' approach.

A further challenge faced by the researcher is to know when the categories are saturated (this echoes the positivist question of when a theory is in fact tested to destruction) and when a theory is adequately explored. If this is not adequately done then not only does the charge of sloppy and lazy research apply but it is difficult to refute the charge that the work has been closed at a point which fitted with the researchers own position.

Grounded theory is not, of course, the only paradigm in qualitative research and each has its own challenge and each its own perspectives on culture-free objectivity.

3.7 Ethnography

A qualitative research paradigm particularly relevant to exploring notions of culture is ethnography, and within this the challenges of insider research is worthy of consideration. This is, of course, a key issue in this study as the researcher is nothing if not insider.

Ethnography is the research method used in anthropology and is the description and interpretation of a culture or subculture. Ethnography is the oldest form of qualitative research and has been seen in the writings of the ancient Greeks and Romans in describing cultures encountered in their travels and military campaigns. Indeed ethnography derives from the Greek meaning literally 'a description of cultures'. Until and including the early part of last century anthropologists such as Malinowski (1922), Boas (1928) and Mead (1935) explored non-western cultures. The natural sciences supplied the model for their research but the critical difference was that they undertook firsthand collection of data, living with the people they were studying and making field notes. In the 1930s sociologists began to use the ethnographic methodology to study their own cultural groups, or at least those with some culture related to their own, and so ethnography began to encompass much wider fields and contexts of study.

Broadly ethnography can be broken down into two basic types (Thomas, J., 1993) which are descriptive ethnography and critical ethnography. Descriptive ethnography focuses on the description of cultures and groups and analysis attempts to reveal patterns, typologies and categories. Critical ethnography looks at macro social factors such as power and examines commonsense assumptions and hidden agendas; Thomas (1993) suggests that this type of ethnographic study has a more overt political resonance. However, approaches to ethnography have proliferated in the last two decades and now include such sub-sets as structural functionalism, symbolic interactionism, cultural and cognitive anthropology, feminism, Marxism, ethnomethodology, critical theory, cultural studies and postmodernism (Atkinson, P., and Hammersley, M., 1994). This means that authors need to be explicit about their own approach so that the research process and researcher assumptions are explicitly overt. It also clearly implies the assumption that ethnography acknowledges a culture-bound rather than a culture-free base.

In basic terms the ethnographer conducts their study by observing people in interaction in ordinary settings and attempts to discern patterns, for example, in lifecycle, events and cultural themes (Wolcott, H. F., 1994). Culture is attributed to the group by the researcher and inferred from the 'behaviours', 'language' and 'artifacts' (Spradley, J. P., 1980 cited in Cresswell, J., 1998). Structure, that is the social configuration of the group (for example political structure or kinship) and function, that is the pattern of social relationships in the group which help regulate behaviour, tend to be key themes for the ethnographer.

These patterns of function, structure and culture are established by gathering information in the field. The researcher immerses themselves in the culture sharing group, gaining access through people who are able to provide an entrée – known as gatekeepers – to the group. Key informants within the group are used to guide the researcher to useful contacts and to give information and insights. The aim is to gain as thorough as possible an understanding of what is going on in the group, Wolcott (1995) suggests that this understanding should, if possible, be so complete that armed with the information gained a stranger would be able to participate in the life of the researched group in a way that was meaningful.

The research process involves the following:

- Detailed description, that is 'Thick Description' (Greetz, C., 1973, after Ryle, G., 1949) of the culture sharing group or individual,
- An analysis of the culture sharing group or individual by themes and perspectives
- Interpretation of the culture sharing group or individual in terms of social interaction

(after Wolcott, H. F., 1994)

Depending on the study and the views of the researcher the stress laid upon each component part of the procedure may differ but the end product is a:

Holistic cultural portrait of the social group that incorporates both the views of the actors in the group (**emic**) and the researcher's interpretation of views about human social life in a social science perspective (**etic**) (Cresswell, J., 1998, p. 60)

A challenge that has resulted in some ways in the distrust of qualitative analysis by those of a more positivist persuasion, is that ethnographies tend to be presented in a narrative style that does not sit easily within the traditional natural science culture. This seems a nice point when considering 'culture-free reality' (Ashworth, P., 1997). However, there is a whole tradition based upon just such a narrative style which has much to recommend it in the exploration and understanding of cultures and the individuals who comprise them (Cresswell, J., 2003; Denzin, N. K., 1989, 2003). In considering the concept of objectivity, a difficulty discussed by Miles and Huberman (1984, p. 230) is that of 'going native'. This denotes that the researcher ceases to be an observer but submerges themselves in the culture they are researching, and indeed becomes part of it. The issue of going native for the insider researcher is clearly a challenge since it may well be considered that the researcher risks not so much going native as being native. Certainly this is the case in this study. In this it is suggested that researchers lose their identity as researchers and adopt the attitudes, values and beliefs of the actors. In other words they lose their objectivity. However, distance is not objectivity and subjectivity acknowledged may change the nature of description but it does not invalidate its worth as data as other traditions, such as life histories and action research, (Checkland, P. and Scholes, J., 1992) testify. The important point, surely, is that when findings are presented the audience is made aware of their basis so that their worth for that audience may be considered in the light of what they indeed represent.

There is also the issue of whether going native means that a researcher might not be able to maintain a critical stance towards the issues being explored. I would suggest that there are examples of people, Benner (1984) on reflection in practice, who has provided invaluable insights and directions for instance and who have made extremely well-argued analysis and critiques of cultures of which they themselves are part. This is, of course, insider research, but it has strong resonances with concerns about going

native. Notwithstanding the view taken on going native, immersion in the culture being explored is arguably important for the researcher to maximise understandings, and to lessen reactivity (that is the effect the researcher has on the behaviour of the group being studied) and going native may be a risk worth taking. A greater risk to the honesty of a piece of research may be the researcher being unaware of where they are on the stranger/native continuum and when the crucial line has been crossed. This again raises the point that personal insight is an important quality for any researcher.

3.8 Insider Research

Since this study will be insider research it is important to consider further some of the issues of insider research, that is, those who research a culture of which they are part. These arguments have indeed been well-rehearsed in various research contexts (for example, Fetterman, D. M., 1989; Butler, J. A., 2003). The case for insider research is not new and was powerfully made by Giddens in 1976:

the production of society is a skilled performance, sustained and made to happen by human beings . . . a grasp of the resources used by members of society to generate social interaction is a condition of the social scientist's understanding of their conduct I just the same way as it is for the members themselves (Giddens, A., 1976, p. 15-16).

And again in 1984:

To be able to describe a form of life correctly, including tensions and ambiguities, the social analyst has to learn what it is to 'go on' in the activities which constitute that form of life (Giddens, A., 1984, p. 75).

Giddens (1976) suggests that access to 'mutual knowledge' is a central feature of the researcher endeavour; mutual knowledge being the 'taken for granted' knowledge that two interacting actors assume the other possess if they are seen as competent members of the group. This stresses the importance of insider research – participant observation in ethnography – in the exploration of social contexts. However, the debate about

whether this is an acceptable way forward is still continuing, and the following caveats are expressed by Hammersley (1993):

- Social actors find it difficult to see issues which affect them in the wider context and thus insider researchers are similarly restrained. They may even unwittingly subscribe to, and thus fail to describe, beliefs and systems that are powerful and oppressive.
- Participant respondents will see the picture from their own standpoint and so may not see the whole picture, particularly if they are not adequately insightful about their personal standpoint and agenda. This concern is not, however, confined to insider researchers, though it may present a greater challenge in this situation.
- Hammersley (1993) finally expresses the concern that insider researchers may be more subject to control by managers or other interest groups and so have access to some phenomena denied them. They may also be more likely to go native.

These points are valid, but the problems are not insurmountable, and it has been argued that being an insider researcher may give almost limitless possibilities (Cohen, L. *et al.*, 2000). Indeed, insider researchers are potentially at least as able as outside researchers to move from the micro to the macro level, and, additionally, may be able to link the two levels much more organically precisely because of the mutual knowledge they share with the participants in their research and the depth of understanding this gives them.

With regard to having a more participant than researcher perspective, it may be that at various times during the research process it is actively helpful to be more one than the other (Checkland, P. and Scholes, J., 1993). Thus the truly skilled researcher will have a clear view of their own position, but at appropriate times be able to move between positions as the needs of the study demand, for example, at some points during data collection it may be more useful to take a position nearer to the participant and less so during analytic phases. It is also worth noting, when considering interpretation, that social research of this kind is, in fact, subject to a double interpretation – that of the participant as they share their views on a variety of phenomena and then that of the

researcher. This highlights the fact that the issues of how to manage participant objectivity are overwhelmingly complex.

3.9 Phenomenology

A paradigm in qualitative research, which gives further insights into some of debates around objectivity and subjectivity, is phenomenology. A phenomenologist seeks to make discoveries about the lived experience of people regarding a particular phenomenon, or concept. Polkinghorn (1989) explains that in a phenomenological study the structures of consciousness in human experiences are explored. The roots of this tradition lie with the writings of Edmund Husserl (1859-1938) in which he suggested that phenomenological researchers look for the central underlying meaning (the essence) of the experience, and emphasised those experiences which have both the outward manifestation and the inward consciousness based on memory image and meaning. Data analysis comprises of reduction, analysis of specific statements and themes, and a search for all possible meanings. It is here that the challenges surrounding objectivity are faced. Husserl (1931) insisted that there should be a return to the natural science approach in as far as the researcher must put aside all prejudgement about what is real until it can be founded on a more certain basis. This suspension of the 'natural attitude' is termed *epoche* (Husserl, E., 1931). Here we recognise a clear resonance with a positivist ontology and again come up against the difficulty of trying to suspend all personal cultural experience and learning. This offers particular challenges to the insider researcher, and so to this study, but some solutions within the phenomenological framework are offered. The strategy offered in *bracketing*, as it is termed, is that the researchers explore their own assumptions and preconceptions in order that they may be able to set them aside rather than conceal them. The thesis is that because the researcher is self-critical, explicit and conscious of their own subjectivity it is neither a limitation nor a constraint. Reason and Heron (1995) have termed this *critical subjectivity*. The question might also be raised that even if this were possible, would it add to the understandings gained? One might even ask would understanding be possible at all in a state of *epoche*? It seems reasonable to suggest that every new learning or interpretation must take place within some internal context at

the very least. Nevertheless, the emphasis on critical subjectivity is important, supporting as it does the need for critical and clear insight on the part of the researcher.

3.10 Subjectivity

In considering some of the paradigms of different research traditions, it is clear that whilst each tradition has its own challenges with regard to objectivity and subjectivity, none can be truly culture-free. Burns (2000) reminds us that:

Abercrombie (1988) argues that social science research can never be objective because of the subjective perceptions of those involved, both informant and researcher: because all propositions are limited in their meaning to a particular language context and particular social groups; because all researchers impose unwittingly their own value judgements and because all observations are theory laden. (Burns, R. B., 2000, p.73)

Many researcher models not only recognise this, but do not regard as this as a limiting factor. Indeed, the concept of *verstehen* - understanding the point of view, the subjective meaning, of the other person - described by Weber (1968) embraces it. Weber's concept, though not originally linked to research methodologies, is now used and reviewed by many in the qualitative field. The scientific emphasis on rigor, on validity, on systematic enquiry, is vital in good research practice; the qualitative search for discovery, for description – 'telling it like it is' – is another essential element. Barone (1992), well over a decade ago, suggested to readers that the debate about objectivity and subjectivity is now dead, that there is always interaction between the objective world, existing independent of the observer, and the subjective interpretation of the observer. Barone (1992) is probably right, however the researcher's audience, and the participants, are always badly let down where there is not total researcher transparency about their own position ontologically and personally. It is perhaps this transparency that may allow subjectivity to add to, rather than detract from, research practice, and to replace the debate on objectivity in research with a more meaningful one concerned with the challenges of rigour and authenticity. Researcher experience and knowledge thus viewed can be a source of interpretive strength.

3.11 Eclectic approaches to pursuing research projects

Of course, distinctive as these qualitative traditions are, they are not necessarily always mutually exclusive, and an eclectic mix of tradition and method may garner the richest data. It has, pertinent to this study, been suggested that such an eclectic mix is well suited to occupational therapy research as it reflects the eclectic and holistic philosophical base of that profession (Wright, R., 1998). The issues discussed in this chapter point to a suitable way forward for the pursuance of the investigation proposed in the previous chapter. In order to understand the change in professional identities of occupational therapists who move from clinical practice to occupational therapy in higher education, what is required is to hear the participant voice. Rich deep data is needed to give insight into the lived experience of the feelings and self-perception of those who have made this career move. For their voices to be heard, a qualitative approach is the clear choice (Robson, C., 2002; Edwards, T. and Talbot, R., 1999; Seale, J. and Bernard, S., 1998). Grounded Theory offers the encouragement to be open-minded and explore the territory without an explicit theory constructed, to allow the data to drive the theorising and the discovery; it also insists upon systematic and rigorous handling of data. The ethnographic tradition supports the notion of observation and field notes, and has links with the mode of action research, suggested by Checkland and Scholes (1992), in which participation in the culture of the participants is central. Phenomenological traditions remind the researcher of the need to be highly self-aware. It is perhaps the biographic approach as a qualitative research methodology, which draws upon an eclectic mix of traditions and takes no purist form, which may have most resonances with both occupational therapy (Wright, R., 1998) and with the parameters of this study. This type of enquiry, described by Denzin (1989), sets out to study an individual either through recorded evidence or through what is told to the researcher. Biographical forms of research include autobiography, life history and oral history, and the focus is on gathering stories. A central part of the methodology is that the researcher uses an interpretative approach and has to bring themselves into the narrative, and acknowledge their own standpoint. (Cresswell, J., 2003). This is highly relevant to the current project as it is precisely the type of approach that is possible within the framework of the study, and that which is likely to elicit the richest data. It also allows

the participants the power of being able to tell their own stories, and thus provides some balance of power that is essential to the ethical conducting of research studies. We return to this all important issue of research ethics at the end of this chapter and it is integral to the next chapter on writing up.

3.12 From Methodology to Method

Consideration of methodology should result in the decision of the best method with which to proceed with the investigation in hand. The key question of this investigation is of how the professional identity of the occupational therapist, who undertakes the move from clinical practice to higher education as a part of her career, is perceived and managed in the professional journey of becoming and belonging. What is required to explore this is rich full data, which allows the participants to describe their experience in their own way, and allows the researcher to interpret, to check, to modify, to explore further and recheck and so on, until participants and researcher are confident of the validity and authenticity of the data. In short, the method of collection and of interpretation is in itself an iterative process (Harvey-Jordans, S. and Longs, S., 2001) which works towards conclusions which are felt to be authentic by both participants and researcher. This project was to be insider research using an eclectic mix of traditions, the researcher being just such an occupational therapist interested in the question for personal and professional reasons. This is seen as strength rather than a weakness in the research process for reasons already rehearsed in the previous section.

Data is needed to be gathered in a number of ways in order to offer additional validity and more opportunities for views to be expressed and insights gained. It is clear that different collection methods may elicit different data (Fontana and Frey, 1994), the use of a variety of collection methods would thus logically allow for more perceptions to be collected and thus greater authenticity of conclusion. However, before data can be collected, there needs to be people to collect data from – attention is thus turned to selection and recruitment of participants.

The researcher herself works in a post-1992 institution in the northwest of England. She is Head of School, Rehabilitation and Public Health. She decided that to ask staff in her

own directorate to participate would be unethical and confusing, as she is their line manager. Therefore participants would need to be sought from other higher education institutions which offered pre-registration occupational therapy programmes. However, staff in her own division might legitimately be invited to participate in a pilot study. On consideration it was decided to limit variables by limiting the variables amongst participants, so the participants were to be people who worked full-time on permanent contracts in higher education institutions delivering occupational therapy pre-registration programmes. It was also decided that participants would be drawn only from white women, as this is the population from which the vast majority of occupational therapists derive. Issues of gender and the recognition of whiteness may well be part of the narratives of participants, and if so, would be explored in this context. Participants would thus be white women who worked full-time on permanent contracts in higher education institutions delivering occupational therapy pre-registration programmes. In order to attempt to keep the amount of data manageable, it was decided that participants should be limited to two other higher institutions, and to get a cross sector view one would be from the pre-1992 group and one from the post-1992 group. This was because there might legitimately be considered to be differences in work culture between the two, which might give rise to different experiences and perceptions by participants which could add to the richness of the data. Contact was made by email with appropriate staff at the chosen institutions, outlining the project and asking whether, in principal, they would be generous enough to give their time to the study. A group of suitable participants was thus established.

Having considered the literature on research methodologies and practice, three methods of data collection were decided upon – collection of individual career narratives (Denzin, N. K., 1989; Robson, C., 2002), focus groups (Brown, J., 1999) and individual interviews. Individual narrative was chosen because this would allow the individual expression of the participants own stories without hindrance from anyone else, furthermore it allowed participants to reflect on their career stories and their feelings about them. The intention was not only to provide raw data for the study, but also to orientate the participants towards the exploration and begin to encourage the process of thinking deeply about their careers, particularly in terms of professional identity. The

notion of the focus group without the researcher present (Herriot, P., 1992) was that the participants were able to create the data, albeit within certain parameters, that they believed had most resonance for them, without the steer of a researcher to lead the direction of discussion. Focus groups are well established as a means of collecting data in social science research (Seale, J. and Bernard, S., 1998), Robson (2002) suggests that focus groups act as an interviewing process that facilitates an open-ended group discussion. The discussion is around a specific topic and may follow a predetermined agenda or aim to answer questions posed by the researcher (French, S., *et al.*, 2001). It has been suggested that the optimum size for a focus group is between eight and twelve participants, although smaller groups have been utilised successfully in the past (Robson, C., 2002; Seale, J. and Bernard, S., 1998). This broadly fits within the parameters of numbers of participants in the enquiry being undertaken. Brown (1999) suggests that the homogenous group will promote a good level of communication skills, ensure a thorough exchange of experiences and ideas whilst ensuring that group members feel comfortable when confronting issues that may be of concern or lead to conflict. However, there is the risk that when members of the group are homogenous they may fail to challenge ideas expressed, resulting in a similarity of views and positions. It is acknowledged that this is a late developmental stage in group behaviour which usually occurs in stable and cohesive groups that have been functioning over a period of time (Tuckmann, B., 1965). This phenomenon is thus unlikely to have an effect upon the focus group procedure or results in this study, since the groups brought together are not likely to be longstanding or especially stable. Brown (1999) balances these concerns by suggesting that whilst heterogeneous groups can provide greater stimulus material from their diversity, that may enhance the levels of discussion and may encourage group members to take a different view. It is acknowledged that with this enhancement comes an element of risk where the opinions expressed by some group members may be treated with contempt, and there may also be power struggles leading to an imbalance and a lack of stability within the group (Robson, C., 2002; Brown, J., 1999). The need for member safety as an ethical issue for the researcher, since she was not to be present, was important, but accepting the wisdom of Brown (1999) and Robson (2002) she felt confident of members being treated with respect. In

any case, clear instructions and guidelines were discussed with, and given in writing to, the group before the group meeting took place.

The final method, individual interview, is also well used in social science research (Robson, C., 2002; Brown, J., 1999). This would allow the researcher to explore data derived from narratives and focus groups with individuals, at this stage the inclusion of the researcher to participate in the research process, to check understanding and to investigate ideas raised. These interviews would also facilitate a personal and individual narrative which included prompts and probes missing in the initial individual narrative. It would, of course, be important to interview as skilfully as possible. Fontana and Frey (1994) rightly emphasise that the responses a researcher gets from interviews are dependant not only upon which questions are raised, but also upon the skill with which they are asked. Arrangements for comfortable, confidential circumstances in which to conduct the meeting must to be put in place. A relationship with the participant, established through contact at the time of the focus group and by telephone, written, and email contact, as well as clear and overt emphasis on the ethical aspects of carrying out the study including confidentiality, anonymity and the right of the participant to withdraw at any time, was to be seen as crucial in establishing trust. Anzul (1991) emphasises that trust is an essential ingredient in the interviewing process. Notwithstanding that the interview is taped, effective active listening is also essential both to understanding what the participant is really saying, and in order to hear what it is that is important for the participant and therefore needs to be probed. The work of Gerard Egan (1998) is particularly helpful in ensuring active listening. The data elicited from the individual interviews would thus add a further dimension, richness and completeness to the overall data pool.

Having decided on the primary collection methods a pilot study was then carried out within the researchers own institution in order to refine data collection methods (Edwards, T. and Talbot, R., 1999; Robson, C., 2002).

A group of four staff who fell into the appropriate category were asked to form the pilot group and they agreed. Career narratives were to fall within the biographic approach (Denzin, N. K., 1989; Robson, C., 2002) and participants were asked to either record on

cassette tape, or type up their career narrative. It was stressed that the length and detail was entirely up to them, but about 10-15 minutes speech or 1,500 words were given as guidelines. Cassette tapes were supplied along with a note explaining the project and thanking the participants, reminding them that their role was as a pilot study, a consent form (see appendix) and contact details for returning the tapes or written report. Once the material was returned the tapes were transcribed and the transcriptions returned to the participant for member checking in acknowledgement that extensive and rigorous use of member checking is vital (Robson, C., 2002). To further this, written narratives were also returned to members at the same time to allow them equal opportunity with peers for making changes.

The next stage was the focus group. It was decided that researcher lead was to be guarded against by using Herriot's 1992 'talking allowed' method. This meant that the focus group met and, using a set of questions given to them by the researcher, they would discuss these without the researcher present. The group would be recorded on cassette using conference-style recorders to get better sound quality, and then the discussion would be transcribed. Scripts would then be returned to members individually for member checking. The researcher met and explained the method and the reasons for choosing it to the participants. She had drawn up a schedule of questions to guide the discussion, based on her questions arising from her consideration of current literature, and gave these to participants in advance to allow them to consider them before the group if they wished (Cohen, L. *et al.*, 2000). Topics for group discussion were identified thus:

- What do you feel your professional identity is?
- What factors have influenced changes in your professional identity?
- Have you tried to change your professional identity?
- What changes (if you made any) have been helpful in your work life? Or in your life as a whole?

- Does your professional identity relate to your other identities? and what is the balance between professional and other identities?
- What do you think the impact of your life stage has been on your career story?

A time was arranged for the focus group – it was to be of about 45 minute's duration – a room and equipment was booked. On the day of the group meeting the researcher met the group and set up the room and the discussion in which the focus group took place. The recording was transcribed, sent back for checking, and any changes required by participants were noted together with the code of the participant who made the change. Members were informed that changes had been made and sent copies of the final transcript. They were invited to contribute any further comments either face to face or electronically at any time they wished during the data collection period.

Individual interviews, to last about an hour, were the next stage of the process. Again interview schedules, based now on areas developed from a consideration of the literature and the pilot focus group, allowing data to drive enquiry (Harvey-Jordans, S. and Longs, S., 2001; Cresswell, J., 2003), were given to participants in advance; an interview time was set up and a place (a neutral room rather than the researcher's or the participant's office) and recording equipment was arranged. The interview was conducted, recordings transcribed and transcripts sent back for member checking, changes were made as requested. As with the focus groups, members were informed that changes had been made and sent copies of the final transcript. Members were invited to contribute any further comments either face to face or electronically at any time they wished during the data collection period.

Following the pilot study some changes were made to the focus group schedule of questions as follows:

- What do you think a professional identity is?
Do you have one?
Is it important to you?

Why?

- Has your professional identity/ies (if you have one/some) changed over time?

Why?

How?

When?

- What factors have influenced changes in your professional identity?
- Have you tried to change/maintain your professional identity/ies?
Why?
How?
- What changes (if you made any) been helpful in your work life? Or in your life as a whole?
- Do/does your professional identity/ies relate to your other identities and what is the balance between professional and other identities?
- What has the change in your professional identity/ies meant to you?
- What do you think the impact of your life stage has been on your career story?

The data collected and data gained through discussion has been used to both inform the research and as data in its own right with the permission of the participants.

Those who had volunteered as participants were contacted by email, followed with a letter, explaining the project and thanking the participants, reminding them that anonymity and confidentiality would be the primary concern of the researcher and that they were free to withdraw from the project at any time they wished. Eight participants fitting the criteria were recruited at one institution and six at another. A consent form (see appendix 1) which they were asked to return was also enclosed. When agreement

had been given by the participants, cassette tapes were supplied along with contact details for returning the tapes or written report. From this point on the collection of data followed exactly the same process as that detailed in the pilot study. Alongside this, and continuing throughout the research process, further data was collected using action research and ethnographic traditions as a rationale. The purpose was to add richness to the data, to provide authenticity by increasing sources and opportunities, and to provide opportunity for further discussion and insight from the wider community of practice. It also allowed for further iterations of interpretation to occur aligned with the principal of letting the data drive the enquiry (Harvey-Jordans, S. and Longs, S., 2001; Cresswell, J., 2003). A significant amount of additional data collection was available because the researcher is a member of the community of practice of occupational therapist in higher education; this is a relatively small community with a number of opportunities to meet together in which the researcher, as a senior member of the community, is often involved. Members were encouraged to provide member commentary face to face, by telephone or electronically at any time during the lifetime of the project. Their comments were noted and member checking occurred. Colleague commentary and idea checking was similarly sought, primarily to check views on evolving researcher ideas, and then written up and returned for checking. Field notes were kept relating to interviews and other conversations resulting in data collection. A research journal was also kept. Significant use was made of research supervisors to check ideas and to manage data collected. The data collection and analysis occurred side by side, as data was gathered reflection upon it began and member checking and colleague commentary involved the discussion and checking of themes and ideas that seemed to be emerging. Thus the data drove the study and an iterative process which involved participants in analysis and review took place. The recording of the data in tables relating member to theme and source also provided a useful tool in determining which type of data and which perceptions were most readily expressed through which type of data collection method. This added an additional key to interpretation and thus to the final picture presented.

3.13 Research Ethics

There are some major challenges to be faced in all research methods and the most important is that of ethics. Consideration of ethics is the researcher's prime duty (Josselson, R., 1996). To pursue an ethical study there must be absolute honesty between researcher and participant. The ethnographer, for example, must make their presence known to the group in order that no deception occurs, and there should be a degree of reciprocity between the researcher and subjects so that something is gained by the group being studied in exchange for their participation. All members of the study were volunteers. All members, whether participants in focus groups in individual interviews, part of the community of practice who made valuable (and recordable) comments, those whose opinion was sought or those who were approached opportunistically, were asked for permission to use their comments. The project was explained, written information was given and the member asked to sign a slip to say that they were happy for their data to be used and that they understood that they could withdraw their permission at any time. These slips were held by the researcher and a copy given to the participant. All data was recorded and shown to members for their checking and approval. In this way all members of the project were 'consenting members'. The decision not to undertake the more formal parts of the research in the participant's own institution was in order to avoid people feeling obliged to participate (Wicks, A. C. and Freeman, R., 1998).

Consent is easier to manage than guarantees of anonymity and confidentiality. Occupational therapy is a small world, occupational therapists in higher education even smaller, it is difficult to ensure that no one will recognise any of the member's voices. Every effort was, of course, made by coding, by taking out all tell-tale references to place, person or practice, but it was clearly explained to participants that whilst the researcher integrity in guarding her sources and members would be absolute, in the world in which occupational therapists operate an absolute guarantee would be dishonest. Members fully understood this and could make their decision about participation accordingly.

The researcher felt that a clear ethical responsibility was the collection of accurate, authentic and valid data. Issues surrounding this have been rehearsed in part of this

chapter relating to methodology, and will be discussed in relation to the current enquiry in the final chapters. The key tool for authenticity was the constant member checking and the sharing of ideas, themes and conclusions with members (Guba, E. and Lincoln, Y., 1985). Their views were considered, valued and incorporated, so that the final outcomes may be seen as the work of a community of researchers with a common confidence in the raw data, the process of analysis and ultimately the outcomes.

Part of ethical research is concerned with data recording, and this was undertaken with this in mind (Robson, C., 2002). Raw data recording was undertaken in the following way. Focus groups and interviews were transcribed and rewritten as necessary after member checking. Notes of conversations and comments were made and checked with members before formal recording and also checked after recording by members. Field notes were kept and written up. A research journal was completed. Tape cassettes and transcriptions of interviews and focus groups were kept. All data was coded for anonymity and confidentiality purposes and kept in a locked cabinet.

Analysis of the data is, of course, the crucible of the research process, and this was undertaken through immersion in the data and constant reflection and checking. To facilitate this, data was read, listened to, checked, reflected upon and discussed with members. In the course of this ideas and themes began to emerge and they were recorded, using a system based upon open coding and ultimately geared towards the presentation of the voice of the participants concerning their experience (Cresswell 1998). These were also discussed with members and reflected upon. The process was iterative and changes led to changes. Recording of data can form part of analysis as well as contributing to ethical practice of carrying out of a research project. In this enquiry, during analysis, data was recorded linked initially to individuals, and then as themes and understandings evolved, to type of participant (either novice or experienced in relation to higher education, using the category of novice as those who had been in higher education less than 5 years and experts as those who had been in higher education more than 5 years in line with Levinson's (1990) structure changing and structure building model). Initial recording also included differentiation between the two institutions – the post and pre 1992 institution – but was dropped as there were no

differences to be found relating to that criterion. It was also recorded linked to sources and linked to theme in tables. The table below shows how data recording finally took place.

Table 3.1: Data Recording Process

SOURCES ↓	THEME
Narrative	Quotations coded to novice or expert
Focus groups	Quotations coded to novice or expert
Individual interviews	Quotations coded to novice or expert
Member commentary	Quotations coded to novice or expert
Colleague commentary	Quotations coded to novice or expert
Opportunistic conversations/ quotations	Quotations coded to novice or expert
Field Notes	Quotations coded to novice or expert
Idea checking	Quotations coded to novice or expert
Continued Member checking	Quotations coded to novice or expert
Research journal	Quotations coded to novice or expert

Examples of these final versions of recording are detailed in appendices 2-5. As analysis continued, the information generated by layering the data in this way (see tables in appendices 2-5) was considered and reflected upon. At the point where new ideas and themes were no longer occurring, and where there was a sense of integrity and authenticity about findings which seemed to be shared by the researcher and the participant community, findings were recorded (Glaser, B. G. and Strauss, A. L., 1967; Wolcott, H. F., 1994; Reason, P., 1995) and are presented in chapters 5, 6 and 7.

4. Writing up the Project: Realist or Confessional?

All that has been said about insider research in the previous chapter has indicated that the researcher herself is used as an integral part of interpretation within the analysis and understanding of the data. Denzin and Lincoln (1998), among others, emphasise the point that how authors represent themselves is very important in terms of the trustworthiness and the quality of a qualitative research project. The use of reflection by the researcher, both in and on action (Schon, D. A., 1987), is a way of enhancing rigour and authenticity (Denzin, N. K. and Lincoln, Y. S., 1998; Rolfe, G., *et al.*, 2001). Indeed Rolfe *et al.* (2001) contends that reflexive research is a method (perhaps the method) that both embraces and enhances the subjectivity of the researcher. This builds upon the idea that reflexivity means a shift in the understanding of the data and its gathering, and that the shift is achieved through constant internal scrutiny and dialogue during which, amongst other things, the power relationships and political dimensions of the research need to be examined (Hertz, R., 1997).

The writing up of a piece of qualitative research may be seen as part of the discovery and analysis in keeping with the iterative framework of the genre itself. Indeed Richardson (2000) suggests that new insights into the topic under scrutiny are to be gained by writing up in a variety of different styles and this seems likely to be the case. The question of how visible is the researcher to be in the final write up is therefore an important one.

Smith *et al.* (1995) suggests that illumination of the self during the process, and in the finished product, adds reality, and Sparkes (2002) tends to support this view and goes on to examine the realist and the confessional approaches in writing up. The realist approach tends to emphasise the researcher's role as an impersonal (if this is possible) source of information, dwelling on the need for lack of personal bias or moral judgement. It has already been strongly argued that even if this was desirable it is hardly likely to be wholly achievable, and the attempt to bring criteria developed for a scientific enquiry framework to a qualitative arena does nothing for either approach. However, what the realist tale does do is emphasis the voice of the participant and this is important – too much researcher voice can overshadow the project so that the participant voice becomes a tool for researcher self analysis. The confessional tale is designed to emphasis the journey of the researcher; it intends to demonstrate how work came into being, to reveal process, tensions and learnings. The journey is stressed

rather than the findings, which are central to the realist tale. The transformational nature of undertaking a research project, of learning from the participants and the process (Gorelick, S., 1991), is noted as a key component of the confessional tale. Sparks (2002) suggests that whilst confessional tales are usually regarded as an adjunct to realist tales, and so are regarded as not 'real data' (though who would be brave enough to say what that is?), he feels that this is not appropriate and that the two should stand beside one another as equal partners emphasising different richnesses and strengths.

One particular issue highlighted in considering the realist and the confessional approaches to writing up, which is pertinent ethically as well as in terms of the data gathered, is that of whether relationships between researcher and participants are based in power hierarchies or reciprocity. Clearly there are power balance issues between the researcher and the researched, and these need highlighting. One power issue, of course, and one that has already been alluded to, is the relationship of the researcher to the participant outside the research context. This cannot be ignored and the possibility of the participant feeling obliged to participate because of the power relationship between herself and the researcher needs to be carefully examined. Furthermore this is the balance which exists and comes to exist, where one person in a relationship reveals more than the other and thus becomes in some sense exposed (Smith, S., 2006). The interview process in particular, highlights this - the researcher will, for reasons of efficacy, try to help the interviewee to relax, and empathetic questions may be used, but any attempt at real reciprocity is likely to be doomed to failure. Indeed Sparkes (2002) suggests that any true reciprocal relationship in qualitative research is simply not achievable. However, there can be some redress, one means of which is researcher honesty in revealing their own position; in particular, this should form a part of the final thesis so that the participants are not the only people who stand revealed. Another means of redressing the balance is by ensuring that the participant's voice is clearly heard and put at the heart of the project. It is the realist tale that does this as a part of its rationale. Nevertheless, it is the role of the confessional tale which may be more likely to give equality of exposure, and it too, therefore, has its proponents.

The confessional tale has another merit in its emphasis on the journey as part of the research process and, in so doing, highlights the fact that the findings are a port of call rather than an end in the process of developing understanding of a topic. Certainly in relation to the question of how the professional identity of occupational therapists who move into higher education changes, if indeed it does, any understanding gained through this investigation will inevitably lead to more questions, and to possibilities for further enquiry. Also the experiences of the group will change over time, and so new investigations will be required. This notion of journey, therefore, merits attention. The journey is also important in as far as both the researcher and the participants are likely to be changed, or at least influenced, by participation in the process (Smith, S., 2006). How then to proceed in writing up this project? Which of all the available advice gives best fit and will do most to emphasise the key points of the project, give life to the participants, and allow the reader the clearest view to gain their insights into the enquiry? In line with occupational therapy research traditions an eclectic mix seems appropriate (Wright, C. R., 1998). Therefore, in the realist tradition a focus on participant voice and on themes revealed by analysis of the data gathered and given will form the structure of the discussion. In order to make clear that the researcher was intimately involved with the relationships in the project, was an insider and so was part of the community of practice, the first person will be used and reflections on findings and process will be made and related to the researcher's own perspectives and experience. In keeping with good practice, and to support the reader in approaching the following chapters, a personal statement of my own follows shortly. The temptation for me is to write a very factual, self-protecting account of my life focussed on my career. I will focus mainly on my career but, as I am so aware of the honesty and self-revelation offered by the participants, I believe that I must offer a similar account of myself.

I am a white woman in her early fifties, married for thirty years to an academic whom I have been with since my school days; we have three children, two in their early twenties and one of 17 who is still living at home with us. We have lived in the same town since we moved here for my husband's job in 1985. We have become embedded in our local community, have many friends and as a practicing Christian I am very involved in our local church. We have a large extended family, with whom we are much involved,

mainly in the North West of England, Wales and the Oxford area. Many, indeed most, of our family members on both sides are academics and school teachers. My own parents were an academic and a social worker; I was the eldest of their five children. As a family we are all active people very much engaged in our professional lives who put a lot of emphasis on work. I am no exception to this but I also like a busy social and family life. I myself went to university upon leaving school, married immediately after finishing my degree and followed my husband to his new job as an operational researcher with British Rail in York, but with no real idea of what I myself would do.

I found this lack of anything to do very difficult. I knew literally no one in our new town and it was the first time I had not lived in my home town, so it was a difficult period. A suggestion from a friend led me to introduce myself to the Head of School for Occupational Therapy in York, which had that very year moved into a higher education institution, having previously been an Independent School of Occupational Therapy. She had a place and offered it too me that same day. In those days (1977) it was almost unheard of for graduates to go into occupational therapy, and those very few that did were generally men looking for a career change. As an Oxford graduate I was probably unique in the profession. At age 22 I was classed as a 'mature student' and was also unusual in that and in being married.

I really knew very, very little of occupational therapy or what practice would mean, I happened upon it as a port in the storm without any of the normal preparations or desires, and this almost certainly effected my view and engagement with the training and the profession. The head occupational therapist and supervisor on my first placement were wonderful practitioners and really made me feel that what I was doing was worthwhile and important. I also had some college tutors who provided role models for me who were influential.

I qualified in 1980 and at the same time my husband was relocated to London, and so we moved. I worked in social services for a year and then moved into the NHS where I worked in mental health, and was very happy enjoying working with my team and with what I was doing very much.

In 1982 our first daughter was born and it was suggested to me that there might be an opportunity of moving into occupational therapy education. I was anxious to return to work but did not want to leave my baby for the inflexibility of the NHS, so this seemed a

good compromise as my experience of occupational therapy education was that it was very much term time only. People with degrees were a rarity in occupational therapy and this would help my cause. In spite of my lack of experience in either occupational therapy or education I was offered the job and took it believing it would suit me – I had always been attracted to teaching, I had had important role models in my own training – and it would fit in well with my family commitments.

It was not a happy time, mainly, I think, due to the fact that I had far too little experience or confidence in occupational therapy and none at all in education. I felt entirely without skills and did not feel part of, what seemed to me, an established and experienced group of women who were mostly rather older than me and at a different stage than I was. The only real plus was that my teaching area was psychology where I felt slightly less incompetent than I would have done in a practice area. This may have had the effect of me moving away from occupational therapy somewhat. It was also a time of significant change in occupational therapy as education programmes were moving towards 'Diploma 82', working towards degree level entry, meeting the challenge of moving into higher education institutions and losing autonomy as independent institutions, so there was a general feeling of change and uncertainty. At a different stage, I think, this could have been exciting and challenging, at the time, however, it made the bad seem worse for me and I really didn't know what was going on, frankly neither did I care much. Much of this was because I was a first time mother, always a significant experience charged with highs and lows. I also felt guilty about leaving my little daughter. My confidence dropped significantly and I was very unhappy and felt totally deskilled. In 1984 our son was born. I decided to drop to half time work, stayed long enough to be entitled to my maternity pay and then left again unsure of how to pursue my career. I thought a return to practice might be possible, but I did not relish it, however I did not want to stay at home full time for too long. We had also decided that we no longer wanted to stay in London. The following year my husband was offered a job at a university in North West England, with a sigh of relief we moved lock, stock and barrel, delighted to get out of London with our little family and full of optimism.

Within a month or two I longed to return to work and rather wanted to go back to occupational therapy education as I was unsure of how I would manage in practice

given my lack of experience. However I had no desire to travel far (the nearest occupational therapy education institution was some distance away). I decided I would have to look for an opportunity to work clinically as an occupational therapist. At the end of 1985 I got a half time job working in the community team in the NHS in our town; I was to put a paediatric service in place. I knew nothing about paediatrics but the District Occupational Therapist glibly said – 'oh you've got your own children, you're clever, you'll manage'. I was less certain about this but actually too shocked and unsure of myself to argue. It went OK, I wouldn't put it more strongly than that to start with, but it did get better as time went on. During the next eight years I continued to work in this area, building up my hours from eighteen to thirty and becoming head of a new paediatric service. CPD was in the paediatric area but also and increasingly in management. It was a mixed experience and I had some definite reservations about my personal fit with NHS culture, but I did enjoy the management, the strategy and the planning. During this time I also did some part time teaching at a higher education establishment in the occupational therapy department which I very much enjoyed, and some equally enjoyable teaching at a local college teaching on a special educational needs programmes. Our second daughter was born in 1989. I continued to work thirty hours a week, but this seemed to be more or less manageable.

In 1993 I had the opportunity to return to occupational therapy education in a higher education institution and I jumped at the chance. I was thoroughly fed up with the NHS. I was one of a total of three staff members in the department, all full time. I immediately felt very much at home, after all, academic environments were my home territory. I also felt that my skills and qualifications were respected and had fit with the job and the new community I was in. I can genuinely say that from that day forward I have thoroughly enjoyed my work and been happy in my workplace.

My main role was that of practice placement organiser, so I was very involved in the practice/theory link. However, I would have to say that from the start my interest was largely taken with the theoretical and the strategic. I completed a Master's degree in Health Research in 1996. In 1998 I became course leader of the occupational therapy programme, which had by now expanded considerably. In 2002 I became Head of the newly formed School of Rehabilitation and Public Health which incorporated occupational therapy and, for the first time, physiotherapy and public health, and was also for the

first time based across two campuses. The job was different now, much bigger, essentially managerial and focussed towards the faculty and college – I was (and still am) on the faculty and college management team, was on key committees and became Chair of the Faculty Learning, Teaching and Assessment committee. I was heavily involved in QAA major review, then in TDAP, and currently in the move to university status which is planned for August 2007.

A significant move had taken place in my working life. I had become an academic manager, much of my work was in managing staff, my teaching role was negligible. I was no longer involved in occupational therapy as a prime concern – indeed, I need now to be equally a champion for physiotherapy and public health and for corporate agenda. The thing that has remained is a general liking for working with people and a clear interest in this. I note that management – working with colleagues and being involved in strategy and development – has been, and remains, a constant pleasure and motivator in my working life. On the theory side, my interest is mainly in psychology and, in particular, in life course theory (adult rather than child), and with that how people maintain and support their personal well-being through life's various adult stages. Change was not confined to my working life; my husband's career had also developed and is very time-consuming, his father and my mother had died leaving us with more responsibility for our remaining parents. Significantly, the death of parents has also served to move us up a generation, we are seniors at work and in our families and community, two of our children have been through university, left home and have their own lives and professions, even our 'baby' will leave for university in less than a year. We can take a longer view, in terms of reflection at least. I find this surprising – perhaps I always expected to be novice rather than expert, the new person, the person with potential. I feel a sense of loss in that I fear my days of being someone with potential are behind me and are going to have to be replaced by solid experience and actual product which is rather scary. The feeling of having to demonstrate expertise is alarming; certainly I would find my current expertise and professionalism very difficult to articulate. I rather miss the feeling of having potential and the possibilities that go along that. The suspicion of being judged, perhaps of judging myself, on what has been rather than on what might be, is slightly uncomfortable, but of course it may not last. I have become profoundly interested in how people tell their stories, how they negotiate the

changes and events in life and how their experiences link together and interrelate. No doubt this is in part a reflection of my interest and concerns about my own life as it is at this moment. No doubt this will shape some of the emphases drawn from the project I have chosen to undertake. It is self evident that it has shaped the choice of project. In sum there are three things that the reader probably needs to bear in mind when reading this project.

The first is that that my familiarity is with academic life and its mores and expectations in quite an embedded way, and, in fact, more so than with occupational therapy. I believe in the transforming power of education and feel very happy to be working within its community. Notwithstanding this I have a deep understanding of and commitment to occupational therapy both philosophically and professionally, and entirely subscribed to the belief in the absolute need for meaningful occupation in human life.

The second is that while that is the case, I am not entirely enamoured of some of the behaviours that are, in my experience, commonplace amongst a certain type of academic – point scoring through intellectual boasting seems to me particularly distasteful and disappointingly common, excessive competitiveness in intellectual terms, a valuing of criticism (in pursuance, no doubt, of intellectual truth) over kindness and high intellect over social skills – and so there are aspects of the community which I find difficult. In honesty I should say that this behaviour is comparatively rare in my institution, and almost non-existent in my own school. I would also want to say that my husband has not taken up any of these unpleasant behaviours over his more than a quarter of a century as an academic.

Thirdly, I am myself very much a team player, essentially corporate, and value this highly in myself and others. As part of this I am intolerant of laziness, dishonesty and letting others down. I tend to over work. I want to do my job very well – the potential that the knowledge gained from this study might have to help me to do a better job as an academic manager was a clear motivator for me. I think management suits me. If I have to choose between process and product then within the confines of ethical behaviour I would probably choose product, though I am not so naïve that I do not recognise that process almost always influences, and is often a critical part of, product and that of the two process is more likely to be transforming.

I think I should also say something of the experience for me of undertaking a PhD. My undertaking of doctoral study was motivated partly out of interest and partly by a belief that senior managerial staff in higher education institutions should have academic credibility and be embedded in the underpinning enterprise of the institution. It certainly did not spring from academic confidence or research experience. In this my experience was an expert to novice transition – I was professionally an expert in academic management and more than competent in teaching, learning and assessment but in doctoral studies terms I was a complete novice. It is the nature of PhD supervision that students work with supervisors in a very non hierarchical way, this was good in that it facilitated interesting and fruitful discussion and valuable (and pleasurable) relationships. The down side was that I was actually very unsure of what I was meant to be doing and producing and I found it difficult to ask - I felt somehow that I ought to know what a PhD looked like, what the procedures and protocols were, whether my work was on the right level and so on. My expertise in other areas no doubt led my supervisors to think and believe that I knew what I was doing – I think we resolved this and we have indeed now discussed it, but there were some tricky moments for me and some very anxious times. In short, the process of doing a PhD has in some measure mirrored the very experience that I have been investigating. I hope that this has given an extra sensitivity to my interpretation of the data.

So much for me, a more important issue is how to represent the participants in the study. This has been difficult. I am very clear that this enquiry depends on the authenticity of the data. The voices of the participants must be heard loud and clear above all else, their generosity and honesty in what they gave and shared must be acknowledged and protected. As I hope is clear, the understanding that I have come to through the study have been arrived at through an iterative process of data collection and contact with a group members of the community of occupational therapy subject specialists now employed in higher education. The data collection has been designed to allow as free a possibility for those who participated to have their say within a broad framework of narrative and reflection. I have considered very carefully how to present the findings drawn from the data and in the end not settled on my initial expectation which was that I would use an approach embedded in narrative and allow the women's

stories to unfold and make the points. Two things changed my mind about this approach.

One was that the central dilemma experienced by the women concerned seemed highly focussed around the issue of moving from the common, but little addressed, transfer from expert to novice, and I badly wanted to emphasise this theme on their behalf.

Alongside this there were clear themes that emerged as common, and I felt that these were really more pronounced than the sense of narrative in the data. I began to feel that themes were going to be the most appropriate way of allowing the participants to express their meanings. I wanted to use their very telling, often witty and always insightful comments to illuminate and bring life to the enquiry, as well as being the chief source of information. I also wanted to be able to use comments made from the wider community and from member reflections outside planned data collection which were very valuable but fell outside the formal structured collection.

The second thing was that occupational therapy, and especially occupational therapy education, is a very small community. Confidentiality could be assured, but I knew I could not guarantee anonymity; however, I wanted to do my very best. The use of illustrative comments is less likely to be recognisable than whole narratives. I have used one longer narrative mainly because I wanted to have the coherence offered in it and because the narrative concerned was the reflection of the long view. The participant has been happy for her story to be used in this way. For the rest, I felt more confident of illuminating the findings and keeping participants anonymous by using their voices to illustrate emergent themes. The exception to this is the chapter on becoming and belonging where I have chosen to use a narrative as this seemed the best way to illustrate the journey made here. It also seems good that different ways of presenting the participants in this study have been used as it reflects the richness and diversity of the data and of the participant's experience.

Another dilemma in this type of study writing up concerns how the participants are organised and named. Again my original intention, which would have worked well, I think, if I had chosen to use the narrative rather than the themed route, was that I would ask each participant to choose a pseudonym and then use that. I felt that this would increase participant choice about how they were presented in the final study.

However, this seemed much less relevant, and perhaps even distracting, if theme were to be the focus. It should be stressed that part of the reason for raising this here is to make the point that what is being offered are themes arising from the data in this small qualitative study, and not from a generalisable large study. The emphasis on the emergent themes, rather than the narratives, is because these appeared so strongly and associated with significant affective content, which I felt was significant enough for these to be regarded as the really authentic data which should be presented clearly and honestly. Thus, I decided not to name or otherwise code the participants in the presentation of this study. I should stress that the data from all the participants was used for the study.

However, the data in terms of the participants did need some differentiation. The data indicated that the participants fell overwhelmingly into two groups – novice and expert. Of course, the time it takes to move between these two states is very much individual, and in any case, it can be a journey of stops and starts, of one step forwards and two steps back, but essentially these were the groups I wanted to put the participants into. I decided to test the groups against the Levinson criterion of structure building and structure changing, in which he posits an approximately five to seven year cycle. Very broadly testing the data against this criterion seemed to argue for a five year period of being a novice. I therefore coded the participants as either novice or expert depending on how long they had been employed in higher education, novice deemed to be under 5 years and expert 5 years or more. This coding is specifically shown in the data logs in appendices 2-5 where each quotation has a (n) meaning novice or an (e) meaning expert beside it to indicate the group the participant came from. What is not shown in the coding - and therefore in the data logs - is whether the participants came from a pre or post 1992 institution, the reason for this is simply because there was no discernable difference at all between these groups. This is loose and imperfect but it seems to be a way forward in the handling of the data that does not detract from the authenticity of the participant voice, and it helps to make sense of what was offered in acknowledging the central dilemma of expert to novice. The one caveat that has to be given is that there is a danger that this way of dividing the participants into two groups might give the flavour of a comparative study. The reader needs to be absolutely aware that this is in no way intended. The quotations are designed to illuminate the discussion,

to let the individual participants be heard in the context of the emergent themes. Frequently quotations contribute to more than one category; participants do not talk in themes but simply express and explore their experiences. Not all the data is presented, though all of it was considered with gratitude and respect and has influenced my thinking. The findings as presented include consideration of all data. Although the presentation of them aligns to the data logs in the appendices sometimes themes are discussed as a whole rather than in the subsets given in the data logs (for example workplace culture is discussed as a whole rather than breaking it down into the three areas in the logs). Most particularly I have included a set of data (appendix 4) which seemed important in explaining why participants chose to move from working in the NHS to employment in higher education. The data has been considered within other themes, in particular that of recovery, as this seemed the most coherent way of using that particular data, but it helped me to keep it logged separately and I hope it will also help the reader. Writing the discussion was part of the enquiry process and new insights and ideas occurred during the writing and are included. In no sense is this project an end point in the journey of making an enquiry into the expert to novice transition generally, or the occupational therapist professional identity in higher education practice in particular, it is simply a stopping off point to gather some reflections so far; these are recorded in the following chapters under the categories of professional identity, personal journey and belonging and becoming.

5. Presentation and Discussion of the Findings; Professional Identity

The findings from the study fell into three categories; professional identity, personal journey and becoming and belonging. This chapter concerns professional identity. The themes that emerged in this category are:

- Continuity of Occupational Therapy Professional Identity
- Fit of Personality and Occupational Therapy Philosophy
- Increase in Occupational Therapy Professional Identity
- Being in Higher Education as a Temporary State
- Decrease in Identification as an Occupational Therapist
- Identity Development in Higher Education
- Differences in Workplace Culture and Work Practice

The data logs which show participant quotations on these themes together with the data source and whether the participant is a novice or an expert are located in appendix 2. Within the data logs there are some extra themes which are presented and discussed together in the chapter in order to give coherence and clarity to the participant voice and the findings (for example, as indicated in the last chapter, workplace culture is discussed as a whole rather than breaking it down into the three areas in the logs, the feeling of being in a temporary situation in higher education is discussed as a whole rather than twice). The chapter is structured around the themes above and I will discuss them in the order given above, although of course some overlap and reoccur. In order to guide the reader I used the seven themes as sub-headings.

Professional identity is at the heart of my investigation. It was the concept which I initially set out to explore, it formed the first specific questions in the focus groups and all participants were made aware that this was the area of interest. It is this area with which the discussion begins.

5.1 Continuity of Occupational Therapy Professional Identity

The most striking finding was that for almost all participants occupational therapy was where their professional identity lay, so much so that as I listened to the transcription of the first focus group I seriously considered whether the data collection method had been

a huge error of judgement on my part since it seemed that no consideration of anything else as a profession had even entered the minds of those in the group – how I longed to prompt! The first seconds of the group consisted of one of the group deciding that someone would read my question schedule and then topics would be discussed question by question.

Professional identity – what is it?

began the reader.

And without hesitation,

Professional identity – Occupational Therapist,

said another participant.

A chorus of agreement followed and the scene was set, my own expectations that professional identity would have changed with a new employment, workplace and work purpose were shaken.

The continuity of professional identity as a key theme came up very strongly indeed in all forms of data collection, and this was to be expected considering the literature.

Wenger (1999, 2000) suggests this, Toffler (1975) and Schlossberg *et al.* (1995) both make the point that the continuity of strongly held ideas and beliefs supports change, and more generally Bee (1997) reminds her readers that continuity across the life course is actually rather more marked than change. In line with this, the clear and determined insistence that,

I'm still an OT of course,

was a powerful motif throughout the data. Perhaps this speaks of the professional socialisation that is so strong in occupational therapy (Thompson, M. and Ryan, A., 1996). This comes both by training and by the nature of health and social care delivery in which professional groups frequently work together forming a community of practice that is almost tribal in its nature. The relationships between people of different professions are very often secondary to those between members of the same profession. The desire to be with members of their own profession is very strong. Skovholt (2001) suggests that this is, in fact, one way in which professional development is supported and reinforced; one participant, talking of her NHS experience of working in a team in which she was the only OT, said she was offered the opportunity to be officially employed and supervised in the team she actually worked in. She said,

of course I didn't want that, I wanted to be managed by the OT's they're my team and I need to be with them, I don't want to be lost.

In fact, of course, they weren't her team in practice terms, but she clearly felt that they were where her belonging lay. We can also note here the very interesting change of tense, although she is referring to the past the feeling is still very much in the present – '*I need to be with them, I don't want to be lost*'. This actually echoes a great deal of the literature which suggests that professional identity is something which is living and needs to be sustained (Gaipman, B. and Anthony, 1989; Skovholt, T. M., 2001; Wenger, E., 1999, 2000). Participants frequently talked of the ways in which they maintained this identity: by clinical updating, by keeping up contact with their colleagues and by talking together and discussing occupational therapy issues, or by work for the professional body for example; all these are examples which might be recognised from Skovholt's (2001) work and from the professional body's (College of Occupational Therapists – COT, 1999) own suggestions to its members. This might imply that professional identity is susceptible to change but, in fact, although participants recognised that they were changing in terms of professional development and growth the continuity of their occupational therapy identity was overtly stated:

I only want to be an OT,

is a fairly representative example of many views expressed, and perhaps the interesting thing here is that there seems to be something of volition in the maintenance of the identity; 'this is what I want' seems to imply that being, and continuing to be, an occupational therapist is a highly desirable state. Schlossberg *et al.* (1995) and Pedler *et al.* (2001) would recognise the high priority placed upon this maintenance as a useful strategy in coping with significant change in workplace environment – though, of course, that is not the whole picture. The added insight gained by hearing what was said, and seeing the intensity of the speaker, gave the very real impression that this identity had a strong emotional bond attached to it and was fiercely defended.

I've always been an OT I won't change now,

was not only a statement of fact but also of intent and conviction. I had the impression confirmed through a great deal of data that this identity was internalised and in some very significant way perceived to be a part of the persona of many participants. Wenger's (1999, 2000) work supports this view. In many ways this all seems plain and

simple – here were a group who are so heavily socialised into their profession (Thompson, M. and Ryan, A., 1995), so committed to it, so enmeshed with it, that they remained absolutely identified in it regardless of their context. This is beautifully summed up by one person like this:

*I am still an OT, I've changed where I work not **who I am**.* (my emphasis)

This sense of self was evident in focus groups and individual interviews as people discussed whether they were OT's because of their personalities in the first place or because being an OT,

affects everything I do, think say – the whole way I am with people, when we have visitors and we're talking about stuff and they bring a situation up I just see it in that way about occupation and role and that stuff. I'm always problem solving. My husband says 'for God's sake this isn't therapy now, you aren't at work' but it isn't that it just is totally how I am.

An interesting aside in this extract is that the participant's husband clearly still regards his wife as someone who does therapy in spite of the fact that she had been in education for over ten years. Is this because that is how she sees herself? And how she refers to herself? – it seems a possibility at the very least. Perhaps both the participant and her husband feel that the description 'occupational therapist' fits her better than 'academic'. Holland (1997) and Collin (1997) both emphasise the importance of personal fit within the career, as does Edgar Schein (1993) who strongly stresses the importance of shared values with the organisation and thus the actual endeavour of the work. Another participant, entirely independently, brought up a similar theme, though nested in terms of discussing the personality/occupational therapy fit with other academic occupational therapy colleagues:

And we've had discussions before here about is there a certain occupational therapist characteristic you know that either leads you to it in the first place or means that you are successful through it in your training and you know and sometimes in my private life people would say stop trying to be a therapist you know and I don't do therapy I am, that's who I am.

The first part of the sentence rehearses the notion that there is a deep-seated characteristic fit between occupational therapy and practitioner, and the second part echoes the notion that this is not something that can be cast aside, but that being an

occupational therapist and doing occupational therapy are enmeshed and absolutely internalised in such a way that to ask someone not to behave as an occupational therapist would be to ask them to be someone different from who they were.

I don't do occupational therapy I am an occupational therapist.

Again this is well supported by findings in the literature (Holland, J. L., 1997; Collin, A., 1997; Schein, E., 1993; Thompson, M. and Ryan, A., 1995; Wenger, E., 1999, 2000). Of course, no one is or does things in isolation from other people as the participant quotations show. This brings into consideration the fact that a change in role not only affects the role holder and her self perception but also the perceptions of those around the person (Bee, H. and Boyd, D., 2005; Bronfenbrenner, U., 2005; Kahn, R. L. and Antonucci, T. C., 1980). Relationships and social environments based around a health and social care professional may be different from those based around an academic professional. This is brought out by this participant,

One thing I find odd is that my partner still sees me as a health person, an OT, I think we both do, it is hard to say you're an OT though because no one knows what it is, If you say you work at a hospital, or with patients though people respond really positively – as if it makes you a nice person. Maybe that's why he likes to say I am an OT, though actually people think university lecturer is much better – really intelligent and rich.

She suggested that she felt that being an academic had a different status and implication to that of being an occupational therapist. Other participant felt that they shared this view; they felt that although people were frequently unclear what occupational therapy was, being a health professional was generally understood and positively regarded. People tended to feel that they worked hard, did useful things and were kind, nice, valuable – perhaps something of the 'angel factor' that attaches itself to the perception of nursing. They felt that being an academic carried more social status, people thought they were clever, intellectual and perhaps even well off; however, they did not attract the same kindly approval, being more likely to experience a sense that people believed they 'thought' rather than 'did' and that they did not have to work very hard. Hardly surprisingly this latter perception was rather resented. One participant said,

One thing is that I still feel like an OT really very much but I do know now that lecturers work hard which I didn't realise before and that the work we do matters a lot – it doesn't change being an OT but it has made a difference to how I see lecturers.

We see here that there is recognition that the perception of lecturers by clinical practitioners is not necessarily very positive and that the move from one milieu to the other challenged that view but not the core identity of this novice practitioner in higher education. One thing that is noteworthy is that the social environment built around being an occupational therapist may be one in which the role of health professional is valued and this may not, for everyone, prove to be an environment in which being an academic is valued as much (Steward, B., 1996). It is clear that this was the experience of some participants and, of course, this is unlikely to support a smooth and easy change to academia from practicing occupational therapy. For those people this may add to the strong desire to maintain the occupational therapy professional identity and, in particular the articulation of it (Goffman, E., 1959). This, of course, is not true for all participants, and some felt that moving to higher education was very highly regarded by friends and family and carried a higher social status. They themselves regarded the move to higher education as an upwards move and were proud and pleased with their achievement in being offered an academic post. One person who was leaving higher education to return to occupational therapy practice, having decided after a year in academia that it was not for her, commented,

I'm dreading telling my Dad – he'll be so disappointed, he was made up when I got this job.

Her father clearly felt that being a lecturer was higher status than being an occupational therapist and something to be really proud of, the participant felt that she was having to take a brave step in admitting that she did not want to pursue her career in higher education but she was determined to return to where she felt greatest authenticity.

5.2 Fit of Personality and Occupational Therapy Philosophy

In discussing her return to practice, she made the interesting point that she felt she was not doing what suited her in terms of her skills in working in higher education nor in terms of what she believed in and what she felt fitted her personally. Holland (1997) suggests that this fit is important.

This isn't me as much, I have to come to work and be the job here, with OT I went and was me without having to think about being anything I wasn't.

In saying this, this novice participant was expressing something about the authenticity for her of her work as a practicing occupational therapist, she felt that in the practice arena she could be herself and that the work she undertook allowed her to be exactly who she felt she was as a person. This authenticity, or personal fit, was not there in higher education – she felt that working with students, rather than patients, that being involved in teaching and learning rather than rehabilitation, was only possible for her if she in some way pretended to be something, or more accurately someone she was not. In fact I suspect that this is part of the lot of the novice, that we grow into a role and in permitting circumstances both we and the role change to accommodate one another. However in this case the participant expresses the notion that the level of fit between herself and occupational therapy was such that this growing together had, in fact, been an instant bonding which was utterly authentic. She missed this and felt uncomfortable in a new role and environment. This feeling, I think, has strong resonance with the quotation seen previously on page 117 and which I believe sums up a significant truth for many of the participants:

I don't do occupational therapy I am an occupational therapist.

No wonder then that moving into new territories presents some difficulties.

The idea that occupational therapy had some specific and personal fit came up again and again throughout the course of the data collection and was absolutely marked, and in the focus groups the consensus was such that discussion centred around the chicken and egg question of which comes first, having the personality for occupational therapy and therefore being drawn to it, or whether being an occupational therapist effects, changes and shapes personality. There was recognition that professional identity as an occupational therapist and personality were very strongly connected, for example,

. . . elements of your personality form your professional identity, one attracted you to the other and they work together.

Or,

. . . is it about the personality that attracts you to training and certainly for me it was.

And again,

As an OT I think your personality greatly impacts your professional identity, so it spills over a bit.

One group member questioned the others – even challenged them - thus:

We're OT's aren't we? – it affects everything we do, how we are with people, it's part of our personality.

Actually, this last comment interested me in a new way, as I got the impression that it was challenging and that in the group it might have been very difficult for someone to say that they did not consider themselves an occupational therapist and that they were now comfortable with being an academic. I was surprised by this especially because, at the start of the session, I had talked to the group and said that I no longer considered myself to be an occupational therapist as I felt I no longer had the skills to return to practice; in fact, I did very little teaching at all and was head of a school which included more than occupational therapy. In short I now considered myself an academic and I had expected that this would be echoed by others in the group. This was only a small part of the pre-focus group conversation we had, but it was significantly and quite strongly picked up on in the focus group discussion.

The thing that Ruth said right at the very beginning when she was saying about no longer feeling like she has the O.T. skills. I don't feel that, I actually feel like I do have O.T. skills, and yes I would feel anxious when I first go back, if I go back into practice, but I don't feel that it would take me that long to get back into it again. It's almost like the kind of anxiety you get just changing a job, you know having to learn the new policies and procedures, and where everything is, you've got that anxiety...but you're an O.T. you've got the skills so you know it'll be okay.

There was no getting away from the fit of personality and profession, but I had an impression that there was a distinct pressure to focus on continuing as an occupational therapist rather than moving away from it to incorporate other values and professional instincts.

Individual interviews yielded many similar insights though with some slightly different slants. A clear and very comfortable statement, echoed by a number of participants in all forms of data collection and in the literature (Holland, J. L., 1997; Collin, A., 1997; Schein, E., 1993), is summed up like this:

It suits my personality.

One thing that occurs in considering all the data given by the participants, was that there seemed to be a suggestion that personality is unchanging and that what suited the personality at one stage will still suit it at another. Clearly participants were well aware

that circumstances changed and that new career opportunities might be taken up to fit with various aspects of life (nearly always domestic issues for this group as Collin's (1997) work might lead us to expect), but the thing that they seemed to perceive as a constant was basic personality. There was also a strong theme that doing and understanding occupational therapy somehow tended to reveal this character and helped to make sense of the inner self. For example,

I remember very clearly being on my training thinking this helps me make sense of me, this is me. I think there was something naturally within me that lead me to want to enjoy being an occupational therapist.

The overt articulation of this level of fit between profession and professional must surely give enormous value to the professional identity as an internalised part of the inner self, and will undoubtedly make the occupational therapist who leaves practice for another area, such as academia, keen to maintain the identity as forcefully as possible. One person in individual interview asserted,

I can't imagine doing anything else, I don't do it anyway, I just am like it.

I can't help but feel that against this backdrop the fear of not being or doing occupational therapy must be very unsettling indeed. Another interesting point is that the sense of fit between personality and profession embraces the idea of **being** an occupational therapist and also of **doing** occupational therapy; Toffler (1975), Sugarman (2001) and work by Pedler *et al.* (2001) would support this. This seems to be seen as a way of being and to continue outside actual paid employment as an occupational therapist, even in the field of academia where one might be supposed to be actually doing something else – teaching, assessment, research, scholarly activity, preparation, or administration for example. Perhaps this is part of the reason that accounts for the feeling that this continues throughout life and is relatively unchanging, almost as if you are born a chrysalis occupational therapist and after training emerge as an occupational therapy butterfly and remain as one no matter where you fly or where you gather your sustenance. In an entirely opportunistic conversation concerned with the needs of our elderly relatives with all their various foibles a colleague said,

My auntie is an OT even now, she's 80 and she's still is an OT you can just see it in everything she does, always trying to make sure people are doing activities that help them get the most out of things, extend themselves. I'll be like that.

I found this fascinating, as entirely without any prompt, or even any notion of thinking about this project, a colleague casually referred to the fact that occupational therapy identity, including a way of being and doing, once taken on was never lost. The final sentence '*I'll be like that*,' had the feel of the inevitable, neither desired nor resisted but simply an indisputable fact. It actually felt as if this gave this colleague a sense of comfort and security, and also gave certainty and acceptability which would weather storms. There was also a sense of pride in the characteristics and values revealed by this aunt as representing a profession with worthwhile values.

The participants in the study, without exception, were very enthusiastic about the underlying philosophy and values of occupational therapy. Some cited the fact that the constraints of current health and social care delivery militated against actually putting these philosophies into practice, and this had contributed to their decision to leave practice and come into higher education in order to pass on the values and philosophy to the next generation of occupational therapists. Essentially the value placed on occupational therapy was not questioned or challenged at any point.

I can't imagine why anyone does anything else really,

though there was realistic acknowledgement that it sometimes lost something in translation to practice:

I feel completely comfortable with OT, not the ways it's done maybe but what it should be.

The fit of that philosophy to the individual was constantly referred to as internal, unchanging and defining. Bee and Boyd (2005) suggest that constants in personality and self-perception are important to well being. One woman said,

The actual basics of OT, the philosophy behind it fit me and I can use it, be an OT anywhere.

This aspect of occupational therapy identity is surely crucial in the discussion and consideration of the entire project. McAdams' (1994) work supports the vital importance of this notion. There is an articulated sense of being that is based in philosophical and ethical values which are echoed in occupational therapy, there is also, therefore, a sense of continuity of professional identity in occupational therapy regardless of workplace.

5.3 Increase in Occupational Therapy professional identity

This sense of continuity in the profession, because it was about continuity of self in total and far more than just self in the job role, was enormously marked. I did have, however, a sense of unease, of 'protesting too much', and this sense grew as the theme of actually increasing identity as an occupational therapist whilst in the higher education workplace came into focus. I had a sense of being with a group of ex-patriots, taking tea at three in the afternoon and being more British than the British as they clung to an idealised view of a culture that had never really been. There also seemed to be an element of denial of moving on or away from the mainstream context of OT. For some, of course, it was indeed the case that research and scholarly activity time allocated at their various institutions was used to return to practice and work with patients to keep clinical skills updated. However, I would have to say that my perception is that the numbers of occupational therapists in higher education who actually do this are relatively few, and even fewer continue to do this after they have been out of clinical practice for any length of time. It would also have to be said that working as an OT for a health and social care provider on a permanent basis is very different from being there for a brief and finite time of your own volition rather than to attract your salary (Bee, H. and Boyd, D., 2005; Sugarman, L., 2001; Goffman, E., 1959; Sennett, R., 2006). One participant who had been in an academic institution for over 10 years said,

I'm an OT – I could go back into practice easily, I might too.

Later in commentary she considered that this sounded like, or perhaps was, a case of whistling in the wind rather than a reality, but something that she felt unable to let go as she very much did want to be an occupational therapist. Another participant stated quite bluntly that,

Being an OT is quite hard in this context (HE).

Nevertheless she wanted to do it.

There was no doubting the sincerity and internalisation of the identity or the fit of personality and philosophy, but the notion of how the occupational therapy identity increased away from practice in the academic world was certainly worth exploring within the data.

A very clear idea expressed was that of being able to articulate the meaning and philosophy of occupational therapy in a very clear and thorough way. This, of course,

has been demonstrated in the literature as one of the ways that novices find their feet in their chosen professional world, and occupational therapists are very clearly taught to do this (Skovholt, T. M. and Ronnestad, M. H., 1995; Gaipman, B. and Anthony, 1989; Higgs, J., 1992). Where a problem might arise in the health and social care culture, however, is that there is such a lot of 'doing' that thinking and articulation may not get much of a look in (Steward, B., 1996). This was expressed very clearly by one of the women when she said,

I'm much more of an OT than I was in practice because now I understand the theory and what it's all about so much better, sometimes I lost that in practice, all the stuff around was so distracting, the politics and frustrations and pressure. Now I really know it properly.

What is being suggested here is that the culture of thinking and reflection on underpinning theory, rather than the focus on doing practice, supports the knowledge and also the personal fit of occupational therapy and the occupational therapist. This came through loudly, clearly and confidently – a real commitment to the profession, not so much as it was practiced but at its philosophical base, could flourish in the world of higher education.

I can articulate the philosophy and reason for OT since I came here much better than I could; it's made me more committed to it. I'm prouder of it now, of belonging to OT.

Interestingly, increased knowledge, rather than increased practice in these cases, seems to have increased confidence and a feeling of mastery which Wenger (1999) Benner (1989) and Benton and Mitchell (2004) all recognise as essential, delivering a stronger identity and feeling of expertise as demonstrated here:

I'm an OT that's what I know and who I am.

To unpack this further we may note here a mastery of the subject and also a real sense of self-embedment in the profession as a subject, a philosophy and a way of looking at and dealing with the world. As we have seen the notion of 'knowing' is very important and it does seem that the opportunity for that particular form of knowing was considered by a significant number of participants to be greater in an academic context. The commitment to occupational therapy, and the pride taken in it, seems to have developed significantly during the period spent out of practice working in higher education. This growth in commitment and understanding within the academic context

is easy to understand – the very work required by it allows for reflection upon the subject in some depth. Schon (1995) attests to the essential part played by reflection in developing practice and, in particular, learning. The act of teaching and encouraging students requires an absolute focus on the underpinnings of the profession and the linking of them to the theory and to the development of skills. In doing this, participants acknowledged that they became almost evangelistic about the profession.

I think working with students is really part of OT bringing the profession on, the more I do that and the more I understand why it's so good, what it really is about. I feel like

OT's Billy Graham. (Christian Evangelical Preacher)

The work, in preparing a new generation of practitioners, also helped participants to feel that they were still working within the profession as part the occupational therapy community in a very real and valuable way, and this tended to take the place of a need to join a new community of practice. The occupational therapy staff group could see themselves as a well-defined group of practitioners in branch of occupational therapy. This is supported by the professional body in the design of their policies, procedures and structures (COT, 1999). They felt that working with different occupational therapists from different areas of the profession in the academic enterprise had given a fuller, better developed and clearer feel of the profession. In turn this had increased professional identity and the sense of an immediate community of practice.

I think of my professional identity, and the way that I've got it in my head is much stronger for having come to work here, because I'm working with lots of different people whereas I think . . . I think I had a strong professional identity when I was working in a multi-disciplinary team and I was working with lots of other different professions, but it feels much stronger, it feels much more confirmed by working with different OTs in this team.

Some participants expressed a considerable increase in confidence in themselves as occupational therapists, which I felt to be expressed with buoyancy and optimism that was really refreshing because it was also coupled with a sense of what they would change and improve. This aligns with what is predicted by Schon's (1995) work on reflection. The enterprise among the participants to improve practice and to grow the profession of which they expressed themselves to be a part, was infectious, uplifting and full of confidence.

I think if I went back into practice now, I'd be better . . .

This was further expressed as people spoke of what they would be like in practice, and in this they reflected a sense of maturing outside practice, of having gained confidence and a sense of their own worth.

I think anyone who's been in education for a while who went back to practice as an OT would be formidable. I wouldn't like to manage me if I went back!

There is here an absolutely clear statement that coming into higher education has been very valuable in continuing professional development, and that in no sense is the contribution a practitioner could make lessened by a time in higher education and away from practice in the view of this participant at least. The notion that adding new strands to life experience is a way of increasing confidence and skill is certainly supported by Sugarman (2001) and Levinson (1990). In fact this view was held by several participants as well. The idea that a return to practice would be the start of a very different way of working was suggested by several participants in a variety of ways and contexts. This was not expressed in a general sense necessarily – some women clearly knew what they would change in the event of returning to practice, although interestingly, and not surprisingly, it tended to relate to their current activity. One person talked, for example, of how she would change the way she worked with students on practice placement.

If I went back to clinical work now having been an educator it hasn't changed my sense of professional identity, what it has done is changed my focus, and how I would train students in a clinical field now in terms of models and clinical reasoning.

Another colleague said, when talking about the link between her own work and service delivery,

As an academic I am able to sit and think actually as occupational therapists what- how- what should we be doing? What is occupational therapy? And why it's not working out there in the real world, and can I help influence our future practitioners to be able to do that?

This had the feel of a careful and considered opinion from someone fairly new to higher education who wanted to make a difference to her community of practice, and was trying to see a way to achieve that in a new context. It is very clear that her work in higher education has raised the status of the theoretical underpinning of the profession,

it has given a much more equal balance to the relationship of theory and practice. Steward (1996) has suggested that this is much needed in the profession. This was further brought into focus when another participant said,

I think for me coming here has helped underpin what I was doing.

This, she quite clearly stated, had built up her professional confidence and made her feel very clear about what her profession was and meant. She was very happy with a sense of continuity and feeling of personal clarity about the values and ethics she espoused professionally, and felt they reflected her personal stance. Bee (1997) would attest to the importance of continuity, whilst Collin (1997) Holland (1997) and Schein (1993) would recognise the significance of her personal fit with her profession. She did suggest, however, that in being away from the pressures of practice and the challenges of service delivery in the health and social care arena, she was able to formulate and articulate her view about the profession and reflect on her place within it as both Schon (1995) and Eraut (1994) suggest every practitioner should. She was then able to reflect and perhaps reframe what she had been doing. She acknowledged this in saying,

. . . it's really opened my eyes that this is OT, so that's why it's strengthened my professional identity I think.

This was perhaps taken further and reflects some of the observations of those who recognized that they would be different, better in fact, than they had been in the event of their returning to service deliver. It also allowed an acknowledgement that occupational therapy was a brilliant concept which has yet to find a way of demonstrating its potential.

The theoretical underpinning of occupational therapy was not the only thing that increased confidence and articulation of professional identity as an occupational therapist. One participant quite clearly expressed her view that her occupational therapy skills had also developed:

I think I've grown in practice skills too because I've transferred them from clients to students and I have to articulate them in teaching.

Some of the participants clearly felt that their new area of work required them to demonstrate a credible identity as an occupational therapist in order to work effectively with students. There also seemed to be some feeling from some participants that students in some way substituted for patients in terms of people that occupational

therapy skills could be usefully employed with. This begs some difficult questions about recognising role boundaries between being a therapist and being an educator which are outside the scope of this project but which, nevertheless, I want to acknowledge. What was made clear, and is far less contentious, is that the women in the study believed that part of student education for occupational therapy involved role modelling.

The other thing that I thought about working in education and being an occupational therapist and professional identity is because all the time we're having to shape new occupational therapists, and that is done by role modelling as well, but I think also not a week goes by that each of us doesn't in some way question our professional being, because you think to yourself 'why am I teaching a student this? Or how will I teach this? Or how can I criticise that student's behaviour? What is it I'm criticising? Where am I going to bring them back into line?' So all the time you're doing that you're reaffirming your own . . .

This very clear endeavour to bring on new occupational therapists fit for practice and socialised into the profession very much influenced the feelings of the tutor concerned and she expresses her role and her work in these terms – she does not, on the other hand, mention wishing to develop students academically except in relation to their becoming occupational therapy practitioners. Gaipman and Anthony, (1989) Benner (1989), and Skovholt and Ronnestad (1995), as well as many others, draw attention to the vital importance of role models in professional development. The literature and the participants also recognise the need for role modelling in the profession in terms of behaviour and beliefs exhibited by staff in the education as well as in the practice forum. Here we see the continued commitment to professional socialisation to which the literature has attested (Chickerella, B. and Lutz, W., 1981). Quite clearly reflecting on developing the students' own professional identity and confidence the other said,

I think part of our role is to help develop it in students, so if you don't have it yourself, you're going to struggle aren't you? It's part of your passion for your job, about understanding your own profession and wanting to help other people.

This was overtly located in her own professional commitment which she so much wanted to share, she also was very clear that articulation of the profession fuelled her passion and commitment, she said,

Teaching it makes you really think about it and what it is and isn't and what it's made of so you get really sure of it. I never thought much about it when I was working – I just got on – now I know so much about it, it's much more clear and part of me.

This is a very important concept in terms of exploring and understanding the continuity, and for many the articulated increase, of professional identity as an occupational therapist experienced by those working outside practice and in higher education. The duties of work do not consist only in educating students, but also in providing continuing professional education for practitioners (one of the ways of keeping up links with practice colleagues), and in undertaking research and scholarly activity. In all these areas engagement with occupational therapy as a subject and as a profession occurs, and identity is reinforced and underpinned alongside the sense of belonging to the community of practice (Wenger, E., 1999, 2000).

The demands of practice placement education within the pre-registration curriculum also means that contact with the clinical field is kept up, this is important as a way of clinical updating and of maintaining contact with the clinical community. Talking about this one woman said,

Last week we visited students and so – and they're constantly using my OT skills there and I may not have direct contact with the patients but I am indirectly through the students and I see their clinical setting and I am constantly refreshing what it's like to be an OT there you know when I'm saying to the students.

This was very much valued in supporting the work of occupational therapists in education as we see here:

Well that's right but it's nice coming back into work and debating professional issues and going to see students on placement and being able to say to them yes as an occupational therapist, I would expect this from you or we would expect this to happen.

This participant clearly values her dual identity as an occupational therapist and as an occupational therapy educator, she expresses feelings about being in work (that is in her higher education institution) warmly but what I notice especially in what she says, is the fact that what she really was emphasizing, 'as an occupational therapist', was that this identity was salient for her and she wanted it acknowledged.

It is, of course, also the case, as previously suggested, that some members of higher education teams do, in fact, keep up practice skills as part of their scholarly activity and

updating, and those who do express this as important as a part of developing their own professional occupational therapy identities.

I've kept up clinical practice I work every summer, I've got both sides now – theory and practice.

Higher education in general terms would struggle to set up anything to rival this ongoing commitment to subject, practice and community. In any case, given the value of the community of disciplines which form the overall higher education community (Henkel, M., 2000) it would hardly be desirable to break down subject communities. A better way might be to raise an overarching umbrella of higher education practice skills, which could loosely encompass higher education practitioners in a community which was both flexible and yet defined enough to be acceptable.

So far, in terms of professional identity, a clear picture is emerging of a strong identification with occupational therapy (Chickerella, B. and Lutz, W., 1981) and its various activities. Participants, on the whole, were able to link their higher education work back to practice and maintain, even increase, their professional identities as occupational therapists.

5.4 Being in Higher Education as a Temporary State

Interestingly for some, this led to a sense of impermanence in being in higher education. This may well link to some of the ways in which people might attempt to manage the inevitable loss and grief of significant change (Hopson, B. and Adams, J., 1976; Kubler-Ross, E., 1999; Murray Parkes, C., 1971; Sugarman, L., 2001) and which will be discussed in later chapters. It does, however, also relate to how the maintenance of professional identity can occur when the usual arenas of practice have been lost. The view that being in higher education was a temporary state was expressed by a number of participants, nearly all of whom were novice practitioners in higher education terms, though it did include one or two who had been in higher education for more than a decade. The view that,

I will go back to practice before too long; this is just for a while,

was expressed on more than one occasion. What was noticeable was that this view seemed to have a number of functions. One was that it helped to maintain psychological links with the occupational therapy community of practice and, in fact, there was some

slightly poignant expression of feeling by one participant at least, who was now out of the mainstream of the profession, who said,

Of course I'm only here for a bit, it fits in now but I'll be going back to real OT.

There seemed to be a sense of loss here, even exile, to bring in the foreigner abroad analogy again. One participant brought this up quite strongly, saying that when she felt that the job in hand was too difficult she spent time,

. . . dreaming up new and innovative ways of being clinical again.

Another function of the view that time working in occupational therapy was only temporary, seemed to be that this attachment and narrative of continuity, which both Schlossberg *et al.* (1995) and McAdams (1994) suggests is so vital, seemed to help to maintain a clearly valued stability zone at a time of change and adjustment to a new career role and work environment. There is also the important aspect of aligning oneself to a profession where one had status and, in particular, expertise (Benner, R. N., 1989).

I'm not really leaving clinical work, just doing this for a little while – career development while it suits us.

There is something of this in what is said by the participant above, almost a denial of the significance of the move, describing it in terms of the functional with relation to other areas of life. In this case the need was to fit in with family commitments, young children in particular. In fact, the need for career to be fitted to domestic needs was repeated in various ways by almost all participants, for example one said,

I think as being a woman there are the other issues about career, having a family, what is it that I want to do and I could have gone along with my career but then you have a biological drive to produce and then you suddenly think oh my God am I going to produce or have a career? And think I know, I'll have both.

The gender fit was emphasised again by another participant:

. . . as a woman and as a mother this job works really well for me in that way because it means I can marry the two together [erm and erm] that 's about the academic side of it rather than being an occupational therapist.

And again here fit with other concerns is brought up as important:

I always felt that confidence there was always something that I could do and it would fit in my family life and my profession allows that I think.

This will come up again as other themes are discussed; this is a feature of looking at women's career paths, and so since the participants in this project are all women, this simply fits with the current state of understanding (Collin, A., 1997; Heppner, M. J., 1998). It also seemed that the acceptability of family fit somehow made up for a sense of unease, perhaps best described as disloyalty, which participants somehow felt and which was mitigated by an absolute insistence that they would return to practice.

Back to clinical? Without a doubt,

was the astonished response of one person in an individual interview to the suggestion that she might, or might not, return to clinical work.

Interestingly, the notion that time in higher education was temporary was also quite consciously described as a career move – part of a considered and conscious plan, witnessed thus for instance:

I think this will help with my career overall but I don't think this is permanent.

This was offered as quite consistent with the explanation of family fit, which demonstrates not so much that the women who offered insights were inconsistent or confused, but that nothing is simple and that convenience or even necessity can be reframed to their advantage. It is also true that Bejian and Salomone's (1995) work suggests that the modern career includes changes. It is normal to move on and therefore need therefore not be thought of as irrevocable. This can bring significant advantage not only to dealing with change (Schlossberg, N. K., *et al.*, 1995; Heppner, M. J., 1998), but also to engagement with the new tasks. The ability to view events as part of a narrative, where the player has control over the outcome, is well attested to as very positive. One person who, during an individual interview, was discussing whether she felt that practice was where she would really like to be, said,

Yeah I think I do feel like that, I think my long term ambition, I'd really like to see myself in a consultant therapist post, so what I'm really trying to do is prepare myself for that if I'm really honest.

She expressed the views of many in as far as she saw her time in higher education as a part of her career as a whole, and she believed that her career would be primarily located in the clinical field. It is also worth drawing attention to the fact that she did have definite ambitions in wanting to be a consultant therapist. In this she was very much in tune with colleagues, very nearly all of whom were clearly ambitious in career

terms, notwithstanding the fact that most of those who participated described times along the career path when they had put career ambitions aside to meet the immediate necessity of domestic demands.

It is not surprising that, on the whole, those with the longest time spent in higher education were least likely to express the desire to return to practice or the view that this was a real possibility, though they acknowledged that this desire was common for those who had recently arrived from clinical practice. One who had been in higher education for twenty years admitted that,

When I took up the student tutor post, my intention was to teach for five years and then move back into a clinical post.

There was no sense that she regretted remaining in any way, she seemed to look back with tolerance, even amusement, at her younger and less experienced self as if this was an expected and natural phase one had to go through. In fact, this brings us to another possibility for the function of the framing of the move to higher education as temporary (and of course it should be said that for some it is), which is that to reject the idea of going back to clinical work at the point of entry to higher education could have the effect of devaluing the work and the expertise achieved up to that point. Benner (1989) has made readers well aware of the importance of expertise in self-perception. The new entrant to employment in higher education will have been an expert in her clinical field; she is a novice in higher education. This is a frightening situation and one which involves significant loss of self-esteem and personal efficacy (Benner, R. N., 1989; Wenger, E., 1999; Sugarman, L., 2001). We will return to the theme of loss and grieving in the next chapter but suffice it to note here that this, in itself, would make it eminently sensible for the new practitioner in higher education to remain firm in determination to return to clinical practice with its familiarity and where she is an expert practitioner, and, moreover, to overtly express her continued loyalty to her community of practice in occupational therapy.

If this all seems fairly straightforward in terms of the maintenance, and even development, of professional identity as an occupational therapist, then in many ways this is a fair assessment. It came through loud and clear that, for most participants, occupational therapy was where their identity and loyalty lay. In particular, for those who had not been in higher education as long, there was a sense of separateness from

the rest of the institution and of their own occupational therapy team having strong cohesiveness and clear boundaries, within which support and friendships flourished. However, the actual findings were really more subtle than this, and some participants did talk of their change in professional identity. These references to changed professional identity tended to be slightly oblique and to feature more strongly outside the focus groups. They fell into two broad categories: one being a decrease in occupational therapy, and the other being an increase in identity as an academic.

5.5 Decrease in Identification as an Occupational Therapist

To come first to the decrease in occupational therapy identification, one novice academic summed up her feelings by saying,

I don't quite know who I am anymore. It was also clear at work I had a specific role and I was doing what I did and what I was, here it's all more vague, so I feel less sure of about me really.

This sounds rather frightening, but in the interview during which this remark was made there was also a sense of possibilities opening up which somewhat assuaged the loss. This echoes Bridges (2003) contention that a period of confusion, or a feeling of not having a firm foothold in the new situation, is necessary and normal between the ending of one role and the taking on of a new enterprise.

The issue of changed professional identities, however, was not widely addressed by new practitioners, who for reasons already rehearsed generally clung fiercely to occupational therapy identity. Expert academics had more to say on the subject of not being occupational therapists any longer (or at least not exclusively so), and one in her career narrative gave a relaxed lead on this locating it in multiple factors:

I have a much broader remit now and I've been here for so long, I'm more relaxed about not having a single group to refer to, perhaps it's my age as well. I think now I'm older I am a lot happy with shades of grey, not so black and white and not having everything defined seems interesting which suits well here – I get a lot from all my different groups and I can flit between them.

In unpicking this, I perceive that this colleague notes that she has other reference points now for the remit of her work and for a community of practice, she is well within her area of comfort in her institution because she is so used to it, perhaps it has become a

stability zone for her (Toffler, A., 1975; Pedler, M., *et al.*, 2001), and interestingly she also relates it to her age. This woman was in her fifties, and so might be expected to have gained in confidence and maturity in terms of her self-perception since her arrival in higher education (recognising, of course, that there may have been individual life events which undermine this). The notion that life stage might be influential is strongly advanced in the literature (Levinson, D. J., 1990; Hopson, B., 1981; Sugarman, L., 2001; McAdams, D. P., 1994), it is additionally important because, of course, all aspects of life are intermingled and influence each other.

The change of perception, in terms of feeling that the professional identity has decreased in occupational therapy, seems to have to do with a number of factors described by participants. One important factor seems to be to do with the perception of having a remit and community of practice outside occupational therapy. This is also moved on by a focus towards the institution, or at least a wider part of the institution than the immediate occupational therapy community. This is well expressed again by the participant just quoted on page 134 who starts to point to the importance of being part of a different group with shared goals and roles:

Actually, now that I have this role I do see myself as part of the institution more. I think in terms of the faculty and not as OT – I see my group as not the OT's really, other people here with roles like mine more.

We are here considering someone who has a specific role outside occupational therapy which she sees as an opportunity for career development and progression. She is also conscious of developing a level of expertise (Benner, R. N., 1989) recognised in her higher education institution. She has made an active choice to widen her community of practice and move towards a different professional identity, and feels that her experience (and thus security) within the institution and her life stage support this.

I keep on about my age but I feel ready to be myself in different situations now, I don't want to be so defined by my group as being one on the OTs – I do really value them but I'm me now and I want to branch out and be something different, I want to be an OT academic or maybe an academic.

Another participant related the diminishing of her occupational therapy identity to lack of using her occupational therapy skills, and reflects rather ruefully on her initial perceptions of students and how she worked with them:

Perhaps I saw students as a bit like my patients. I don't have as much to do with students now and so I don't see myself as using patient OT skills as much. The OT thing doesn't seem as important.

She suggests that occupational therapy identity is no longer a significant stability zone (Toffler, A., 1975) for her. This frees her to explore and take on other areas. It seems that she may have come to the new shores of experience that Bridges (2003) describes. Another echoed this process of moving away, but actually also noted a continuity of practice in suggesting that she did indeed use OT skills, but, nevertheless, no longer felt that she belonged to the occupational therapy team.

My team isn't OT anymore, I use a lot of OT skills, I like the OTs and I wouldn't dream of saying this to them but I don't think OT is my main reference point or concern now.

She clearly felt that her professional identity was elsewhere – as *an academic* in fact to use her words - and within that definition in particular, as having some quality assurance remit across a wider range of subject areas. What is interesting is that she feels that she would not want to admit this to her occupational therapy colleagues, there is a sense that this would be unacceptable and perhaps also hurtful. She likes the team of occupational therapists but she does not want to appear to be disrespectful of what is dear to them; also she clearly feels that they might not be willing to view her as part of their community if she confessed to not having occupational therapy at the top of her agenda and professional concern. She wants to remain within that community at least in part. The idea that the occupational therapy team in higher education, possibly unconsciously, might make those whose professional identity moves away from occupational therapy feel uncomfortable, or even rejected, is slightly worrying, and has echoes of the tribal workplace culture more usually associated with the NHS (Moore, K., *et al.*, 2006). However, it was noticeable in considering the data that there was only one comment made openly about developing a professional identity as an academic in either focus group:

I'm cornered off more and more as an academic now, and I think that's because I'm shifting a bit towards research, I've been here since 1990, and I think that I was an occupational therapist for about seven years, and then I defined myself as a lecturer when I filled in forms.

Even this statement sounds apologetic, as though it had been forced upon the person rather than it being an active choice made by her. It was not taken up within the group other than to affirm that the research was occupational therapy based, and thus needed doing.

The role of research in developing an identity as an academic was brought up by participants and is suggested in the literature as a key area of academic work and identity (Henkel, M., 2000). One person said quite clearly,

I find the research really interesting; that is what I'm interested in now, I have changed a lot.

She was enthusiastic and highly motivated by this part of her work, and was clearly seeing herself as a researcher and essentially an academic. However, she did also see herself as having her roots in occupational therapy and was keen to centre her research on occupational therapy practice areas. This development and interlinking of her life strands is a healthy way to develop, as suggested by Hopson and Scally (1999). There was a certain sense of anxiety in leaving the community of practice in spite of the recognition of personal change which had taken her towards a new sense of her professional self, which she expressed thus:

Now it's mainly research I think of myself as, not an OT really, as an academic though I find it a bit scary to say so.

This feels like someone at the start of a new career progression, but one that is the result of building on expertise rather than losing it – a very different experience as Skovholt (2001) and Benner (1989) both imply.

Of course not everyone who has been in academia wants to follow the research pathway, and Henkel (2000) as well as Parker (2004), Kogan and Hanney (2000) are clear that there are other opportunities. In line with this, one highly experienced educator said,

Not really sure about research, not what I came for really, it doesn't appeal to me though I do worry about my academic credibility I actually came to teach occupational therapy but I've got involved in academic issues now QAA and the strategic side of widening participation. Hard to say what my professional identity is now.

She did, however, very much see herself as an academic, but involved in quality management and strategic development, though she did express a lot of anxiety that it

might not be possible to have a really confident academic identity without a research profile. As she had also moved away from an occupational therapy professional identity, this participant felt left in a something of a no mans land. I suspect that this has to do with the nature of the culture and climate of higher education at the present time, and Henkel (2000), Barnett (2005), Beard *et al.* (2006), and Parker (2004), Kogan and Hanney (2000), all support the contention that higher education is a confusing and fluctuating environment where it may be difficult to find one's feet. The fact that she clearly had a large number of highly-developed skills did not seem to be helping her to locate herself in either, or perhaps better still both, professional areas with any confidence.

Others, however, especially women new to higher education, tended to focus on the importance of mastery of skills in their new world as part of becoming attuned to their new communities, as work by Eraut (1994) would suggest. One woman said in this context,

Developing sense of skill – makes a difference, feels like a real job I can do.

Staff development, in terms of skill development, was also highly valued as expressed here when talking about doing a post graduate certificate in teaching and learning (PGCTL):

I feel more confident now, I think the PGCTL helped.

Part of the value of this was because it developed a community within the new institution that cut across subject areas. The group also had a common purpose and was sharing the experience of being new to the institution, and usually new to higher education employment of any kind. The necessary conditions for Wenger's (1999) community of practice were thus fulfilled in some substantial part.

Making a change is, of course, always challenging (Schlossberg, N. K., *et al.*, 1995), and being in a new situation is part of that discomfort. Two participants expressed the mundane, but generally representative, view that the passage of time is very important for the newcomer to enable them to get used to the new culture and settle in. One participant, who had been in the institution for just over two years, said,

It's OK I'm getting used to it now and feel quite settled.

Another more experienced participant, reflecting on developing her professional identity within the academic workplace culture offered this insight:

It takes so long to feel comfortable here to feel part of it – whatever 'it' is.

There is no doubt that in making changes time must be allowed for acceptance and efficacy in the new situation to develop Kubler-Ross (1999), Schlossberg *et al.* (1995), Hendry and Kleop (2002).

5.6 Differences in Workplace Cultures and Work Practice

The question of what 'it' might be is one that participants did spend some time talking about. Of course, they were clear about the teaching, learning and assessment agenda, and also comfortable with the notion of research as an enterprise, even if, personally, not all of them wished to engage with it. The aspect which did engender reflection and seemed important was the context in which they carried out their professional enterprise, the marked contrast between the different workplace cultures: One participant described this very clearly:

there was a big difference and I found it a shock – I knew all abouthow everyone worked what we all did, it was very clear, most things were written down anyway and the induction really told you concrete things. You had to get to know the actual people of course but that the same everywhere but how things worked, what the priorities were you got told. Here it's much freer and people said 'do what you like' which ought to be great but that's hard when you aren't really sure what that means and actually there are things you have to do and also be quite flexible about like working very long hours at marking times which was different. In the NHS it was 8.30 – 4.30 and that was it.

This was experienced as difficult to unpick and to manage. The clarity and familiarity of the health and social care delivery context (Moore, K., *et al.*, 2006), particularly the NHS from which most of the participants had come, offered a real security (even where it was disliked), which was replaced by a much less overt set of norms in higher education which was quite anxiety provoking for newcomers to the field. It needs to be noted that work on the culture of higher education suggest that there is a sense of cultural confusion (Clegg, S. J. and Tan *et al.*, 2002; Henkel, M., 2000; Clegg, S., 2006; Parker, M., 2004; Kogan, M. and Hanney, S., 2000) partly brought about by recent rapid change. It may be that the perception of newcomers to the area, that they are confused for some reason that pertains to them, is only part of the picture. Confusion may also arise because the culture is indeed confused and in flux. The whole context of the two

workplaces was brought up in every type of data, and sometimes with significant emotional overlay particularly from those who were new in higher education. The greatest distress was apparent where participants expressed, with considerable pain, the feeling that they felt as if they could not work out what was expected of them or what the norms were. This was entirely different from what they were used to both in terms of the culture itself, and in terms of the lack of clear direction and expectations. It also has strong resonances with the work of Skovholt and Ronnestad (1995) and Skovholt (2001), about the experience of being a novice in a new community; everything seems somewhat difficult, overwhelming and unclear. The following three statements, all from novices, express very clearly the discomfort they felt. I felt that the fact that each of these statements occurred in tape-recorded career narratives, and so were clearly very strong memories, lends particular emphasis to the fact that the change of employing institution had been a very difficult and undermining experience. Participants said:

Everything, absolutely everything is totally different here (in HE). It's like there's some big secret no one will tell you and then you're an idiot when you don't know.

At least at my old work everyone knew what was what, I didn't like it but I knew the ropes. Guessing is very horrible and tiring.

If you don't know what's expected, what's normal, it is very uncomfortable and it's very hard to ask.

Something which seems worth noting is the feeling of helplessness, of the lack of someone to ask, of a place to find things out, and we note that what the participants are trying to find out is somewhat oblique and unlike that with which they have been familiar. The participants are, in fact, looking for something which probably isn't available – clarity, directive management and overt ground rules common to the whole institution. Whilst this may not be available, what could be offered is support to undertake the change and to acknowledge the hurdles faced by the new practitioner. It would surely have been possible to offer something tangible the new colleague, who said,

I didn't know what my profession was, who my colleagues were, if I had friends.

It seems surprising and rather shaming to those of us who are senior practitioners in higher education that as professional seniors we have not provided novices with guides and mentors – there is no shortage of literature to support this as good practice (Skovholt, T. M., 2001; Eraut, M., 1994; Benner, R. N., 1989; Wenger, E., 1999). It is particularly disappointing in an occupational therapy context where it seems that many academics have endured a difficult transition to higher education, and where as a profession we are well-versed in the skills of professional socialisation and the theory and practice of role change management (Hagedorn, R., 2002).

In fact, new practitioners are able to identify many of the differences between the two contexts in which they have worked, and some of the reasons for these differences. In particular they were able to see the differences which occurred because of the different service delivery in the two enterprises of higher education and the NHS. One articulated this as follows when she talked about her experience of pressure in higher education in terms of delivering teaching and marking:

That's the pressure of this job, is that it has to be done when it has to be done, whereas in practice there usually is some slippage, to some extent, not with client care, but with more administrative tasks or being able to make a waiting list.

Not being able to turn to a manager to assist with deadlines and know that your manager will be probably be able to help, is sometimes quite a shock to new practitioners.

It was quite strange managing your own workload so much, it was very much your responsibility. Also I'd have to say I don't think I had a clue what long hours lecturers worked. I thought they more or less taught and visited and not much else.

As this participant implied this may also be because many clinical practitioners perceive that academics live a flexible life cushioned by long holidays and few demands outside the actual delivery of the curriculum. The hours and pressures experienced by academics is therefore relatively unexpected and so may be difficult (Heppner, M. J., 1998). This participant noted that the situation is not simple however

I do wonder if I look back at the workload in my previous job with rose tinted spectacles and I certainly hear some people here saying that clinicians have no idea what long hours are – maybe grass is always greener and everyone thinks they work harder than

everyone else! One thing is though that everyone here has been a clinician at some point but hardly any clinicians have been lecturers. so really they can't know like we do. She suggests that some experienced academic practitioners had begun to forget what was life was like at the sharp end of client care, or acknowledge that the health and social care contexts had changed and are now more unstable and more demanding of staff than they have ever been. However, they had at some time at least, worked in client care, which is, of course, not the case the other way round. A greater understanding of one another's work practice might go some way to alleviate this situation.

There are other factors which are very different and which require adjustment, one of which is the considerable autonomy in working allowed in higher education (Kogan, M. and Hanney, S., 2000). One participant explained the difference thus:

Whereas from a clinical point of view you have to provide a service that has to be fairly stable, so you can have a bit of that going on, but if everyone is going off at their own tangent you wouldn't have any teamwork at all, it would just be chaotic! Overall you can probably afford a bit more in high education.

One thing that she obliquely expressed here is the relative emphases on teamwork which is so important in clinical work and which supports the development and maintenance of a single articulated professional identity (Fagermoen, M. S., 1997). Referring again to autonomy, a participant who had been in higher education for about two years said of her first weeks in higher education:

One of the first things I found when I came into this job is that I found it very hard to sit and read, I found it very hard to go onto the internet and search and to ... because I thought somebody would come and tell me off.

This reference to robust hands-on management has resonances of the practitioner who, when talking of how she had changed over her many years in higher education, said '*I think anyone who's been in education for a while who went back to practice as an OT would be formidable. I wouldn't like to manage me if I went back!*' She refers here to her adaptation to the management practice of higher education, which is much less direct and overt than that used in the NHS in particular. Another experienced academic said,

I wouldn't like to manage any of us, I think we'd be buggers and I think that in teaching you've become such an autonomous individual.

There was a sense of freedom in this, though it should be noted that this particular participant was not an academic manager, if she had been there might have been a somewhat more weary tone employed (Parker, M., 2004)! What was noticeable was that there was a level of anxiety expressed by the new participants regarding how to go on in the academic culture that was entirely missing in those who had more experience, one saying relaxedly,

You get it right, or you get it wrong. But that's life, it isn't a disaster here.

Another saying,

I just know now – you can't define it but I feel comfortable and I know where I am, what's happening, how people are.

In fact many of the participants had quite well-developed views and opinions on the workplace culture in their higher education institutions, and these were consistent, on the whole, across institutions. As with other areas of discussion those newer to higher education expressed a greater level of distress and resentment, those who were old hands were much more accepting and, indeed, positive. This is not in any way surprising – it is consistent with change literature and with life stage concepts generally (Sugarman, L., 2001; McAdams, D. P., 1994; Hopson, B. and Scally, M., 1999; Super, D. E., 1990). Furthermore, presumably those who were really unhappy in higher education might, in many cases, leave before they became eligible to be in the 'more than five years experience' group from whom data was collected in this study, and so those most disaffected by the culture might be absent from these narratives.

Having said that, and demonstrating the individuality of the participants, the lack of clear and transparent organisational enterprise still rankled with this experienced lecturer:

Actually I think it is very hierarchical probably like the NHS but it just isn't obvious at first and it still isn't to me, not that clear about what the really important things are – research? Management? Bringing in money? Having been here for a long time?

What seems to be the case here is that there is a feeling that there is a great deal left unsaid and some dissatisfaction with not knowing what the corporate agendas are. This participant now simply accepts this, and observes from a distance, whilst continuing to

undertake her work in the occupational therapy context of the institution. It has significance that this particular person has not developed her role outside the subject area, and continues to express her professional identity as exclusively occupational therapist. Nevertheless, she has found a *modus vivendi* in higher education and is far from unhappy there – perhaps we need not all make the leap out of our professional stability zone.

Not all participants are so relaxed about this lack of clarity, and many of the newcomers to academia feel very wrong-footed by their experience of being new:

If they'd tell it like is you could all get on with it instead of wasting half your time in a bloody anxiety state trying to find out,

was one participant's heartfelt expression of her feelings. There was a sense from her of unease, that, in fact, this knowledge was located somewhere if only she could find it or someone was willing to share it. There is also a sense that she could have been helped but wasn't, the lack of a supportive community was felt acutely (Pickin, C. and St Ledger, S., 1993; Wenger, E., 1999; Sennet, R., 2006). Another participant said this more forcefully:

the thing which is really hard is that there just is no clear map to follow here – it's a conspiracy of silence and self importance. Why?

making clear her feeling of being a victim of the system, and her growing suspicion that this was almost deliberate – an initiation rite perhaps, or just a lack of acknowledgement of the importance of the affective. (Beard, C. *et al.*, 2006)? She also suggests that some of this centres on some sort of maintaining or establishing of status. She is not clear what gives this status, but she knows it is there. This is echoed by a much more experienced colleague, although with much less rancour or emotional overlay:

There are top dogs but not easy to spot til you know.

However, the main area that was highlighted by participants in their comments on the workplace culture in higher education was that of flexibility and self-management, succinctly put by one experienced participant:

It's the flexibility isn't it? That's what is so different, you can be flexible here as long as you do the work but in the health service you had to do the hours when they were set and there was very little room for manoeuvre.

And by newcomer to higher education:

Yes, you probably are less checked up on.

Flexibility and self-management were generally positively regarded, one person interestingly, framed this as being acknowledged this as an adult:

. . . you're a grown up you can do the work whenever you want and that.

Later she added that,

You do feel trusted to get on.

Any contrast with the NHS culture did not emerge from the data in this context, but it begs a question about parental and, more specifically, paternalistic cultures. However, the greater sense of personal control offered in higher education was noted by a participant who had recently arrived in higher education:

But you have more control over it, so say you know you've got loads of work to do in the evening and you think, 'right four o'clock, right I need to clear my head, I'm going to do something completely different, but then sit down at eight o'clock and I'm going to work really hard.' But you can't do that in clinical.

She found it very exciting, and very much enjoyed being able to work in this way. The sense of personal control was empowering (Bejian, D. V. and Salomone, P. R., 1995; Hendry, L. B. and Kleop, M., 2002). Others also commented in a similar fashion, and with similar appreciation:

And I think I never worked at home when I worked on the NHS, and now I do, at night and whatever.

and again:

Oh much more un-controlling.

One effect of this which I observed is that there exists a certain view expressed, particularly by the novice participants, that complaints by higher education colleagues of long-standing about their working conditions and pressures placed upon them are misplaced. Their expectations of controlling management developed in the health and social care arena made the culture of self-management in higher education seem very freeing, and thus complaints were sometimes regarded with a little scorn. However, in parallel to this attitude, as we have noted, the lack of overt expectations and a clear hierarchy caused some stress amongst novice higher education practitioners. Also it should be noted that participants recognized that there is another side to flexibility and self-management, and this has already been touched upon when participants

commented that managers were unable to help with workload management. One participant explained the problem thus:

But I think there's no end to it that's the thing, I think the problem with this job is there's no end to it and that's official, that's in your contract.

On balance, however, the following comment seems to reflect expert participants' views on the culture of work in higher education, and I will return to this fit of workplace culture and personality (Schein, E., 1993) when we come to consider reasons expressed for changing from clinical work to occupational therapy education in the chapter on personal journey.

It's very much a develop your own thing type of work which is very different now I'm used to it, it suits me.

It doesn't suit everyone, of course, and a sense of longing for professional certainty was expressed by one newcomer to higher education when she bemoaned what for her was a loss; she spoke of her feeling of expertise and of being respected, which she felt was supported by the code of conduct and structures in which she had worked.

you are a professional in your own right. And you have a code of conduct and you have a – you have to make professional decisions in your own right.

Another aspect of higher education workplace culture, which emerged as a theme from the data gathered from participants in the project, is the culture of individualism. Halsey (1992) and Clegg (2006) both support this. This is in direct contrast to the occupational therapist experience of teamwork into which they are socialized from an early stage.

One woman expressed the notion thus:

There aren't really single teams here – you're part of lots of teams or just on your own, so it is difficult to develop a sense of belonging unless you make you own group which I think OT's have.

In this comment she has not only identified the lack of teams generally but also her opinion that the occupational therapists have, in fact, created a team for themselves. Presumably this is to meet their own needs for the things that a team can offer – one of which is likely to be familiarity of working practice and another may well be the maintenance of a community of practice and a professional identity in occupational therapy. One participant expresses the nature of the individualism she perceives in

higher education quite negatively, and she also refers back to the theme of a lack of transparency of culture.

It is very dog eat dog, everyone for themselves, though no one says so.

The theme of workplace cultures expressed by participants was not confined to reflections on higher education; sharp contrasts were drawn with workplace culture in health and social care services. The most positive attribute seems to have been experienced as the strength and companionship of the team. This emerged through a number of sources; one participant expressed it very positively saying that,

I really liked being part of such a strong team.

Another said that,

The team was great, we worked well and spent lots of time together – we went out a lot.

The aspect of socializing together was frequently remarked upon as a positive in the NHS, and it is well attested to in the support, development and commitment of teams (Pedler, M., *et al.*, 2001; Bee, H. and Boyd, D., 2005). One experienced participant said that she missed the socialising in her NHS workplace but went on to qualify the situation:

Actually although in some ways I miss the socialising we did I couldn't do it now – different stage I suppose with the kids and so we don't have as much time or money, this job has more older people here – my age really -who aren't as free to go out anyway so it isn't as appropriate. I think we all live further apart too. I need my non work time for the family and close friends from home really.

It is indeed the case that socializing, particularly evenings out, are expensive and do not always fit in with every life stage (Hendry, L. B. and Kleop, M., 2002). Is it possible that those in higher education, being on average a slightly older group, may not find such social occasions so convenient or desirable. This idea may be supported if one considers that one of the reasons given for moving into higher education was a greater need for flexibility, usually to fit in with family life and often involving children (Collin, A., 1997; Holland, J. L., 1997; Schein, E., 1993; Hopson, B. and Scally, M., 1999). The flexibility offered tends to mean that more work is done in the evenings; this, with less flexible deadlines, and, for some, family commitments, might militate against evening socializing with a new group of colleagues. Social time will be precious and may be needed to

preserve valued relationships which form important stability zones and continuities. It is also probably true that it is simply not so much a part of higher education culture, which, as we have noted, tends to be essentially individualistic.

One thing that emerged strongly, and without contention about the NHS, was expressed neatly like this:

Like it or not it was a club which majored on clarity.

This really telling comment includes references to clarity, to the feeling of belonging to a club, and also to the lack of power of the individuals. Another participant similarly drew clear attention to the immovable force which was the machinery of health and social care, describing it as having a,

Very clear hierarchy, very based on traditional lines, nothing seemed to have any effect on it.

She also suggested that the culture of decision making was,

very much about top down management.

Another participant also overtly expressed the notion of the importance of hierarchy and of the lack of individual power. Her own experience of this was that it was very frustrating, and that she would have preferred a system more attuned to meritocracy and creativity. Undoubtedly there was clarity, but this did not, for her, compensate for the frustration.

You knew who was who and where they stood, certain professions were higher up no matter how useless the person was as you know, it was very frustrating for me.

In other areas of the culture, however, clarity, as I have already suggested, was regarded positively, most particularly in terms of understanding the professional enterprises.

Our main aim was to try and reduce the amount of hospital admissions . . .

Another participant described her time at one NHS unit in glowing terms.

As an occupational therapist this is a great job to be in, to enable people to live independently, and to stay at home and develop coping strategies as much as possible, and to see hospital admissions only as a last resort.

This enthusiasm was underpinned by a really clear purpose in her work and a real belief in the value of what she was doing. The literature certainly suggests the importance of

this in terms of personal satisfaction (McAdams, D. P., 1994; Heppner, M. J., 1998; Hopson, B. and Scally, M., 1999). However, this pleasure in her clarity of understanding and in her undertaking did leave room for some reservations about the culture of her work context. She said later on,

Actually there was a lot of doing; people were quite negative about more academic stuff. They'd say 'I'm a practical person' as if being an intellectual was a bit dodgy – made you useless. I felt a bit of like I'd let the side down when I applied for a lecturing post, maybe a bit snobby too.

Richardson and Rugg's (2006) suggestion that going into academic life from occupational therapy is a change of career rather than a move within the community of practice probably goes some way to explain the feeling of desertion from some members of the practice community and some of the self-doubt by the person making the move. This participant's interview, like so many others, showed me clearly, yet again, that nothing is simple, certainly not the development and maintenance of professional identity. Clear themes have emerged, in particular professional socialisation fit of personality and career, the person's individual life stage and life demands, the place of a group as against the need for individuality, and the place of managers and professional seniors. One thing is clear that professional identity, and the changes and development within it, are located in the individuals' personal journey, and it is this theme that the next chapter explores in the context of the data.

6. Presentation and Discussion of the Findings; The Personal Journey

The second category to emerge from the data is that of the personal journey, the themes within this category are

- Personal Journey - general overview
- Losses
- Unfamiliar Territory
- Confusion
- Lack of Support and Guidance
- Self Doubt
- Lack of Status
- Fear of failure/getting things wrong
- Feelings of Disloyalty
- Lack of Avenues of Expression
- Recovery

These themes will be presented and discussed in the order given above and I will put in subtitles to help guide the reader through my discussion of the data. The initial section, as the subheading suggests, is an overview and following this I will return to look at the themes in more detail. A word of warning is that as the themes overlap some things will necessarily come up more than once and feature in more than one section, however I hope that the participants expression of the journey they have made and are making comes across, albeit one step forwards and two steps back at times. In relation to the data logs in the appendices, the data in this chapter is taken from logs in Appendix 3 the Personal Journey and Appendix 4 Reasons for Moving from Clinical Practice to Education, the data in Appendix 4 forms part of the discussion on the theme of recovery.

6.1 Personal Journey – General Overview

Growth, development and change all form a part of an individual's personal life journey (Levinson, D. J., 1990; Bee, H. and Boyd, D., 2005). Changes in professional identity, moving from one employment milieu to another, the development of professional mastery are all part of this personal journey (Wenger, E., 1999). These are aspects

which are embedded in the life course as a whole and take on a greater or lesser salience at various times in life. As the individual makes their way on the journey each strand influences and is influenced by the others (Super, D. E., 1990; Bee, H. and Boyd, D., 2005). Many participants articulated the notion of a journey or a pathway mirroring the analogies used in much of the literature. Much as the comments were made in general terms, nevertheless some of the key ideas that have framed this chapter are well illustrated by the voices of the women who joined in this project,

I feel I'm developing my career journey.

This expressed strongly the sense of journey and moving on in career terms but also it lends support to the sense of career being one journey of many which make up the life course. The comment from another participant:

This is my path.

locates the route firmly as one trodden by the individual and the path itself individual in and of itself.

Another participant emphasises the way that life choices in one area affects events and possibilities:

Do you know actually the biggest thing that's changed was changing from that clinical job to this job, I have separated . . . I'm not sure that I would be pregnant if I was still in that job. So it changed my whole perspective on life, because I don't feel as passionate about this job, as I've ever done about a clinical job.

What I like about this colleague's comment is that what she expresses is that in her case having made a career move which allows her the emotional space for other things in her life has changed her life for the better. This attunes strongly with the literature (Collin, A., 1990; Richardson, J. and Rugg, S., 2006) Career is something, it may be a very important something but it is not everything and in regard to parenthood, particularly for women perhaps, it frequently takes a lower priority at least for a time. There are, of course, many people upon whom the notion of career does not impinge at all. However in this project the participants are all women with professional jobs and all at a high level in the profession, so it can reasonably be assumed that working life has some salience for them. It is an easy trap for professionals to fall into to believe that the more engaging career or professional life is better, but in fact some variety and balance in life

is essential not only to health and well being but to the grounded construction of a career with professional identity embedded into the self as a whole.

The theme of travel and journeying which recurs throughout this project was taken up by another participant when she said:

I've travelled a long way and it hasn't been easy.

Here she recognizes that the demands of pursuing a professional pathway are considerable when a distance from novice to expert is covered, echoing the judgments of Benner (1989). It seems likely that making significant changes in the location of practice is likely to add to some of the challenges, but the general point she made was that just travelling the professional career path is full of challenges and not always easy ones to face. She also acknowledged that the journey has an effect on the person taking it – it certainly did on her, as she said:

I have changed my professional identity in that I've moved towards being an educator, though I'll always be an O.T., I've become much more confident and I've become more mature.

In considering the personal journey which the participants in this project made, each one in their own individual way, then these generalities noted by the women in the study need to be born in mind.

The literature (Hopson, B. and Scally, M., 2000; Hendry, L. B. and Kleop, M., 2002; Kubler-Ross, E., 1999) also reminds us that change which is the focus point of this investigation; in as far as we are looking both at change of professional identities and of work place, tends to follow a particular pattern.

6.2 Losses - overview

Participants speaking of their experience of change spoke eloquently of the sense of loss they had experienced when they had moved away from the familiar territory. This is not surprising, of course, when the situation is considered, what is perhaps more disappointing is that this relatively common occurrence in the personal journey seems to have such little attention paid to it, either by the individual in terms planning and adopting appropriate strategies to minimise the difficulties, or by institutions in terms of supporting the change.

Looking back I can't think why I was so surprised by feeling that I'd lost such a lot by leaving practice – also why I don't remember that that is what new people probably are going through

The sense of loss was referred to by the participants in many ways, in keeping with all the data the most emotional overlay tended to come across in individual interview and opportunistic comments. In fact, when I told people about the project, quite a number of colleagues seemed very keen to share their experiences and seemed relieved to have the genuine pain they had experienced acknowledged and listened to, and so there is a significant amount of data from opportunistic comments and colleague commentary.

It is really helpful to know that I other new people feel like me – I feel a lot better knowing it isn't only me and also that I'm normal and this will get better as I move on.

There was also a sense that participants were supported by the knowledge, which became clearer as the project unfolded, that their personal experiences were far from unique – they were, in fact, part of a group with a common experiences that could potentially be shared and managed. This was of course especially true for newcomers to academic life.

In this section I want to look first at some of the general losses which members identified as particularly difficult I will then address the specific themes of loss which emerged and which are in part drawn down from those ideas which follow now.

One really significant loss which emerged very quickly was the loss of the expert role, in many ways this lies at the heart of this project and yet is only referred to very obliquely in the literature. Indeed it is so overwhelming that the change of work practice and location is assessed by Crist (1998) to be such a change of direction on the career path that it is a move out of the profession (Smith, S., 2006). In her career narrative someone said that when she changed from therapist to educator there was another change:

The other change was that from being the senior manager of a service I became a novice again, and was a junior member of staff. I was on the bottom rung of the career ladder in OT education in other words.

This participant is clearly aware that she had lost her status as an expert and was now a novice. She had been high on the career ladder and had now moved down right to the bottom. There is a sense in which this seems to have been unexpected; this may be

because in occupational therapy generally occupational therapist academic educators, notwithstanding some misgivings already rehearsed felt about academics, are regarded as high status. This is probably because in order to become an academic considerable clinical experience and expertise is necessary. However, being highly regarded by those outside the new world is small comfort to feeling at the bottom of the heap within it. In fact it may be that the sense of being an expert and professionally respected as an occupational therapist is especially important as it is often very hard won. Richardson and Rugg's 2006 findings, in their exploration of the experience of occupational therapists changing practice specialty, imply that occupational therapists have to work hard to become valued experts in the NHS in particular; this is partly, perhaps, a function of the power of medical discourse within health and social care, occupational therapy is in essence a holistic endeavour routed in the social model (Hagedorn, R., 2002; Creek, J., 2002).

One difficulty which compounds the problems of the newcomer was noted in a focus group when a participant suggested,

But it is about professional language as well isn't it? It is part of belonging to a profession speaking the same language. I knew things were quite bad for outsiders in the health service , and I'd have to admit that it did make you feel a bit part of the in crowd to use the jargon, higher education is even worse -there are more acronyms and strange words and titles than I could possibly have believed. It really is very hard to get in and hard to speak.

The loss of a shared language is immensely disempowering (Friere, P., 1993) as is the loss of access to the language of power (Freire, P., 1993), and it also quite simply makes it very difficult to pick up the norms and expectations of the new situation, so that confidence is undermined in the ability to perform in the new arena. Not speaking the language is also very excluding.

Participants expressed a real nostalgia for their former employment for all sorts of reasons – a sense of purpose, of knowing what they wanted to achieve and being able to achieve it was one example expressed by this participant:

I developed the OT role within the renal unit and that was great because I knew exactly what I wanted to do . . .

Importantly there is not only the skill that is cited as empowering but also the occupational therapy role, the sense of self as part of an expert and well understood community of practice (Wenger, E., 1999; Skovholt, T. M., 2001).

The loss of skill was also significant, and the literature attests strongly to the need for mastery in human satisfaction (Bee, H. and Boyd, D., 2005). The genuine unhappiness expressed by these participants is very moving. One newcomer said,

I feel really awful. Completely deskilled and I'm not used to it, I knew exactly what I was doing before and I was known as an expert.

And an experienced academic reflected that when she arrived in the institution from clinical work:

I felt useless at everything here.

Corresponding to this was a total lack of confidence that new skills could be built up or even identified, this is not unusual as the literature reminds us (Hopson, B. and Scally, M., 1991; Kubler-Ross, E., 1999)

I don't feel I even know what skills I need never mind have them,

bemoaned one desperate newcomer.

Those new to academia had, as has been identified, been used to a degree of professional status and respect and this had been lost to them at a stroke. This was experienced as undermining and bewildering:

I was really respected, now I'm no one and I don't know how to be

was how one person expressed their feelings, another said,

I loved that sense of being a professional – belonging to a specific profession, now it's gone and there's nothing similar to take its place.

And here she also alludes to the fact that this is a new world with a new view of professions. Another is more specific about this, saying that professional groups such as occupational therapy are not valued in the academic environment. Henkel (2000) amongst others concurs with the view that there is a hierarchy of subject areas in terms of their perceived academic value within the academic worlds.

My professional group isn't anything here, or the skills.

This was unexpected and demoralizing, small wonder that nostalgia for the previous workplace was to be heard from a number of novice academics, such as in this case:

It was so exciting to work there! I love it! I miss it so much.

There was a perceived lack of a sense of purpose and direction in the new workplace as expressed by another novice academic:

This role is too multi task to be clear, I miss the focus and purpose.

Indeed the whole loss of clarity which, as suggested in the last chapter, was a key feature of work in the health and social care services was very difficult for newcomers to higher education employment. Clarity of purpose and overt structures and hierarchies are embedded in the health and social care arena (at least for professional staff) and they were very familiar.

It felt like home,

said one participant very simply expressing the feelings evinced by many. This difference between the clarity of one place and the confusion of another is interesting indeed, and the literature suggests that the reality is that overt clear structures, purpose and priorities in every part of the health and social care delivery service (Richardson, J. and Rugg, S., 2006) suggest that those who change occupational therapy practice area find that lack of role definition hinders the experience. This suggests that there is a variety of circumstances pertaining in practice and when one considers the multiplicity of arenas of practice it would be surprising if this was not so. Perhaps the point to draw at this stage is that familiarity and clear information are very helpful in job change. Another participant echoed this but also refers to the fact that either she had not realized this at the time or that she had not expected to feel so unfamiliar in her new environment:

I knew everything so well, coming here was a real shock.

In fact the loss of expectations was something that came up as one of the losses which were keenly felt by novice academics; the loss of an occupational therapy team in the sense in which she had sought it was identified by one participant thus:

I thought I'd be working with OT's – I was looking forward to it, I'd been the only OT in the team before and I wanted to be with other OTs but it isn't like that at all.

Another participant also regretted the loss of the team she had been in, this time in social terms, there was a sense of significant loneliness when she said,

We did loads together – going out and things, that doesn't happen here really.

Not surprisingly then one reaction to the loss experienced and expressed by many participants was that they wanted to return to clinical work. This participant expresses this clearly, locating her desire to leave in the lack of direction or purpose she feels:

I can't see past this post, I've no desire to stay!

Some in fact did, though remarkably few, but many held on to this as a possible escape route. This led to an expression of anxiety about potential loss which was very real to those who were not yet ready, for whatever reason, to abandon the idea of returning to practice. This need to hold on to previous skills may very likely have been that these formed a significant stability zone which provided some security at the time of change (Pedler, M., *et al.*, 2001) this anxiety was articulated specifically by one participant:

But I fear losing the clinical aspects, and staying in it too long.

On this same theme one participant described a situation which had occurred and demonstrated to her that she was no longer a practicing part of the clinical community – she clearly states her sense of loss and her desire to continue belonging to her old community of practice:

I find the term lecturer harder than occupational therapist. I'm still an honorary member of the Specialist Interest group in . . . and the way they've done this is that they've juggled it, so that I can be an honorary member and it said 'honorary membership for non-therapists' and I thought, 'Well I'm still a therapist! What do you mean non-therapist!' What they were actually trying to do was encompass a few other people in that as well. I was quite mortified that I'd become a non-therapist!

As we have seen participants clearly articulated a sense of loss. These losses were identified specifically in various ways – loss of expert status, skills, professional status, clarity, familiarity, an occupational therapy team and a known community of practice and clinical currency were all emphasised. These may all have been stability zones and their disappearance would thus be difficult to manage. (Pedler, M. *et al.*, 2001)

These strands of loss and of grieving as part of the personal journey during a time of change emerged too strongly not to be considered further as individual themes as presented at the start of this chapter. This is no surprise given the wealth of literature which indicates that this will be so. (Hopson, B. and Scally, M., 2000; Hendry, L. B. and Kleop, M., 2002; Kubler-Ross, E., 1999) I therefore intend to discuss the data as it articulates particular areas where loss and grieving were most keenly felt but first I want to return to the participants articulation of their transition as a journey into a new place which of course also implies losses in itself.

6.3 Unfamiliar Territory

One theme that seems to run through the whole project is that of journeying, and thus of familiar and unfamiliar territory. There seems no doubt that each and every participant had felt as if they had entered a new and unfamiliar world when they first arrived in academia and I think the feelings of everyone are summed up in the three quotations from the data that are given here:

It was completely foreign in just about every way.

and

I might as well have been in the middle of nowhere.

And again

For the first year I felt as if I'd got on the bus for (the next town) and been 'taken to Planet Zog, and it was a single'.

However much humour is used to reduce the affective discomfort here there is no doubt that this was a very uncomfortable experience, and the loss of familiarity, a homeland even, was significant as has been demonstrated by examples given in the overview section, such as saying of the NHS workplace *'It felt like home'*. Those who had had part time work or undertaken collaborative ventures were no exception as pointed out by this participant:

I had been fortunate to be asked to do some part time teaching at the University, which I thought gave me some flavour of what it would be like to be a lecturer, although little did I know what it would really be like!

It seems that the new world was so different that a brief visit was not enough preparation for living in it.

6.4 Confusion

A significant part of lack of familiarity is a sense of confusion, and, of course, this can lead to a feeling that at any moment a mistake may be made. This was wonderfully put by a very experienced academic when reflecting on her first term in academia when she said she had felt,

Like the little mermaid – 'a whole new world', I'd be combing my hair with a fork any minute now. God it was awful.

Participants particularly identified the confusion they felt with the difficulty experienced in understanding the structures in the new environment. This may be exacerbated by the perceived lack of an obvious cohesive coherent team to form a small and manageable group to act as a reference point for the newcomer as suggested by Pedler *et al.*, (2001) and Schlossberg *et al.* (1995). One participant suggested this in saying:

It seemed a huge place with no idea who was who or what was what.

The feeling expressed that the newcomer did not have access to a clear idea of the structures has significant authenticity in the expressions of participants one admitting to,

No sense of structures.

This of course is very bewildering and was an alien experience to those who had recently come from a place they almost certainly understood very well – recall the participant who reminded us that she felt that where the NHS was concerned *'like it or not it's a club that majors on clarity'*. Their level of expertise may for some also have meant that they were an integral part of some of those structures. This is hinted at by one participant who had been in higher education for a very short time when she said, *I'd lost to a certain extent my professionalism I don't think it had gone, but I don't use it*

I'm not using it.

Anxiety is about not understanding what is going on, but it is also compounded by a fear of losing something that is a valuable part of her personal repertoire that is her professionalism. There is also a sense that she is unclear about when or whether she will resume this part of her identity. Another person echoed this feeling of lack of efficacy as being a contributing factor in her confusion as a newcomer in saying:

I couldn't seem to grasp anything about how the day worked, or even the hour really.

Another participant said that one of her strategies for coping was simply not even to try to understand the way the place worked. She explained that she simply focused on the smallest part of the work she had to deliver in order to try to get hold of something that she could feel she had control and understanding of, however although this worked for her she felt that she was not using her full self and was to some extent acting out of character which felt uncomfortable.

. . . and that's quite unlike me, normally I'd like to know what the next person up the line is doing! But it just sounds too much to even take on board for me, I'm just like 'no'

. . .

What is being displayed here, whilst it supports the consensus feeling of confusion, is that people were able to draw on personal qualities to find strategies that supported their delivery of the work required of them. This ability to find suitable strategies is critical in making adjustments (Schlossberg, N. K., *et al.*, 1995). The discomfort here is located in the perception of the participant that she was not able to behave in a way which she felt was consistent with her preferred way of operating if she was to be able to cope. In the event she chose to prioritise delivery of work and said that though the confusion was difficult, and it was even more difficult not to address this, at least her decision was in keeping with her personal ethical position. Each path is indeed an individual one.

Being able to prioritise is a very positive way of dealing with a set of confusing, conflicting and unclear demands and unfortunately for some newcomers to academia this strategy was very difficult to access. One person said she had,

No idea what the priorities were – I'd thought it would be teaching students but no.

There was a clear sense here that this participant felt almost deceived by having been, she implied, allowed to believe that the job was something which she was no longer clear that it actually was. She felt very much alone in her new world.

One aspect of feeling alone and confused without access to a means of understanding the new environment has already been referred to by the participant who said as we saw earlier, '*it is about professional language as well isn't it*'. Indeed it is, and much work has been done on this in arenas far bigger and more powerful than higher education or health service institutions (Freire, P., 1993). I refer again to this aspect of the participants expressed feelings because here it is specifically related to confusion and unfamiliarity and certainly adds to the sense of confusion, as one participant said quite clearly:

I didn't understand half of what was being said, I thought health service jargon was bad but this is something else.

Another person also referred both to language and to unfamiliar territory in reflecting on arrival in higher education saying,

It was like being in a foreign country, you didn't speak the language, you hadn't got a map and it was pissing with rain.

The loss of the metaphorical map, and a map which was so familiar as to be internalised, was experienced as undermining to the novice community adding to their sense of loss and confusion and also feeling without means of help.

6.5 Lack of Support and Guidance

The issue of lack of support and guidance is articulated by participants as a feature of the poor experience of change, the feeling that what was offered was not what was needed was perfectly clear:

Induction was useless, it was talking heads but I didn't know who they were I never really saw them again and they were all vague hellos rather than concrete stuff about my daily life and what I needed to know about right now like how to get on the IT system or book leave or photocopy,

was one participants blunt opinion. The induction to which she referred was a series of corporate events during which the senior members of the institution had introduced themselves and welcomed new staff together with some workshops on validation, teaching, learning and assessment. These events took place in the first week of the academic year and were clearly overwhelming in terms of information and underwhelming in terms of relevance for this participant at least. Considering the poor experience which most participants described of being a novice in academic life it then certainly seems to be the case that formal induction was not meeting needs for other members of the community either.

Of course different ways of learning suit different people (Bee, H. and Boyd, D., 2005) as do different methods of induction and support. However one thing that people clearly did value was the personal support of colleagues,

The thing that kept me going was the other people in my teaching team who really were good about taking me for coffee and things, I found it very hard because they seemed to be doing something I didn't know about properly so I don't think I felt I belonged to them but they were kind and they did support me through the day and I could have asked them things if I was desperate. I remember wondering if I'd ever have friends here.

though this did not make up for the very real loss of the community of practice and social community that many of them felt that they had lost forever. Skovholt's (2001)

work on professional models and Wenger's (1999, 2000) on communities of practice is highly relevant here. In fact, neither did the kindness experienced in the new situation help with feeling confident. One participant said,

People were very kind, the OTs were good but I still just didn't get it - I didn't think I ever would I felt really stupid.

What we can hear in this comment is the beginning of the feeling by newcomers that they were not, in fact, going to be able to make sense of the new world and that somehow the fault was located within them personally. What was required was personal reassurance, but this did not seem to be found forthcoming in an overt way. This was suggested by the participant who said that she was,

Not sure who my group was, who to ask, if it was actually OK to ask.

Not only was she not sure who to ask, she began to doubt that it was acceptable to ask for information. This was located in two perceptions, one was that people were very busy and, whilst kindly, did not really have time or remit to induct newcomers; this meant that there was an apparent lack of personal support. The other perception was that there was a culture of not really wanting clarity because this was in some way regarded as a threat to personal academic practice freedom. Of course there is literature to support the view that robust management and inflexible systems, which are routine in health and social care services, are not positively regarded by academics (Henkle, M., 2000; Clegg, S., 2006; Parker, M., 2004). One participant reflected this in her comment about what would have helped her:

I wanted something written down and definite but I got the feeling that I'd asked for something on the same level as hard core pornography.

Extreme as this sounds, other participants expressed similar views regarding lack of clarity:

No information, nothing clear,

was one experienced academics reflection on her first year in the job, and the this added significantly to the sense of confusion. I would pause here to consider that the sense of confusion and lack of clarity which was very much felt as exclusion and a function of newness was also related to something rather different. The last three decades at the very least have been a time of ever increasing and rapid change in higher education, and there is, therefore, indeed a lack of clarity and sense of shifting

sand for academics in posts (Henkle, M., 2000; Clegg, S., 2006; Parker, M., 2004) as well as for newcomers. Perhaps the confusion which newcomers experience is not only related to being new in a strange world but to the fact that the new world actually is in a state of confusion, and this is being experienced and thus shared by many if not all of its inhabitants. This is certain to have a significant influence on the experience of the newcomer and on the type of support they can be offered at a personal level.

Confusion is not only about lack of information, it is also about consistency. Lack of consistency tends to create anxiety (Bee, H., and Boyd, D., 2005), anxiety militates against learning and what the novice practitioner needs above all is to have permitting circumstances in which to learn. Personal support and guidance is extremely helpful in negotiating confusion and anxiety. One participant specifically points to the lack of consistency located in not being able to find suitable personal guidance saying that she,

kept getting different answers.

In the face of this another person simply decided that,

There was no way of finding out.

So how then did people manage the situation in which they found themselves? In general they used the strategy of waiting for the fog to clear and meanwhile sticking as closely as they could to people they identified as colleagues. Perhaps to counter the sense of loss of community most participants focused on the occupational therapy group, of course this sticking with the occupational therapy group has also been identified as something into which occupational therapists are well socialised (Thompson, M. and Ryan, A., 1996). It is also true that, as Skovholt (2001) suggests, senior practitioners are important figures for the novice practitioner – occupational therapists have developed expertise in the clinical setting using the support and guidance of mentors and senior members of the community, this strategy has probably proved very successful for them in the past. It is therefore likely that they will try to use it again however it seems that this strategy is not as readily transferable to developing professional identity in higher education. One experienced practitioner recalling her early months in higher education said that in terms of formal support:

There just wasn't anything so I just stuck with the OTs,

and that her strategy was to,

Stick tight and wait for osmosis.

This was said with a sense of resignation about what had happened, though in this she was unusual – many participants still had considerable emotional overlay to their reflections. This particular participant said that actually waiting for time to pass and for understanding to develop was a strategy that she had used in other areas of life, and Bridges (2003) supports her approach. Literature (Schlossberg, N. K., *et al.*, 1995) also suggests that the transfer of appropriate and tested strategies from one situation to another is a very successful way of managing change. The difficulty arises when there is no tested and appropriate personal strategy available or when the confusion reaches the point where the selecting of a useful strategy, never mind putting it into practice, is no longer within the grasp of the novice academic. Here, though, the importance of personal support and guidance cannot be underestimated in supporting the change from occupational therapy clinical practice to higher education.

6.6 Self Doubt

One of the consequences of confusion and lack of support which is already apparent and very much part of the loss and grieving process is self doubt (Hopson, B. and Scally, M., 2000; Kubler-Ross, E., 1999). This emerged strongly as part of the experience of moving from a well understood environment to the quagmire of uncertainty of a very different workplace culture. The expression of self doubt emerged in individual interviews as very painful and were added to in member checking and opportunistic conversations. An experienced educator expressed the well remembered feeling that:

I'd made an awful mistake.

And went on to say that:

I felt quite ashamed and humiliated.

She perceived that she had made what she hoped and expected would be career and status-enhancing decision which had gone horribly wrong. She doubted her ability to achieve mastery in her new situation but felt too humiliated to admit her mistake and return to clinical work. She remembered a real loss of confidence which began to leak out into parts of her life which were not professional areas. This recalls the enmeshed nature of the strands of the life course as emphasised by Sugarman (2001). This, in fact, was beneficial for this particular participant, and she said that support and

encouragement from family and friends was one of the things that helped her to manage the change in her working life in time.

Her expression of her situation is effected by her seeing her transition as part of a longer narrative where the outcome affects the perception of events and the telling of the tale. Novice practitioners do not have such a long view and echoed her feelings with significant and live passion. Two expressed the self doubt they had experienced and with the following comments during individual interviews:

I was useless.

and

I didn't have any abilities.

What is apparent here is that the self doubt, whilst it centred on loss of skills, was generalized to other areas and contributed to a feeling of lack of personal efficacy; whilst Kubler-Ross (1999) and Sugarman (2001) both remind us to expect this, knowledge of the theory does not always assuage the pain. Someone who is in this stage of loss and grief is unlikely to be able to find the necessary skills and strategies to manage a smooth transition and the process is likely to be painful. Part of the pain also seemed to focus on a sense of humiliation, rather than locating the difficulties in the challenge of change to an unfamiliar environment and to the quite normal functioning levels of any novice practitioner anywhere it was located in the feeling that there had been a gross misjudgement of personal ability.

I wasn't nearly as good as I'd thought I was,

said one newcomer to the higher education workplace. What is especially important about this is what it suggests about the plunge from expert to novice. The person concerned, in common with fellow participants, had been an expert in her field and now she was a novice – her feelings about this were that this was something she had not expected. She did not perceive that she was in a new and different area of work where her skills, knowledge and expertise were to be enormously useful as a platform for her new enterprise; she perceived instead that her old expert status was in fact of little value and that she herself had misjudged her worth. This is part of the self doubt described in the literature (Kubler-Ross, E., 1999; Sugarman, L., 2001) but it seems to have a particular focus in this experience. The effect of the move from expert to novice was not only to experience the anxieties of the novice so well documented by Skovholt,

(2001) but also to undermine the value of the expertise which had previously been so confidently held.

6.7 Loss of Status

This change from novice to expert was very much experienced as a loss of status, and as this theme emerges it is noticeable that participants actually began to refer to expertise and expert status and also to being novices. Since participants are likely to be well-versed in Benner's (1989) work this is not entirely surprising, but it emphasises the importance of this theme which has emerged at so many points in this study. This was expressed in two distinct domains – as a personal feeling of losing status as an expert and as a function of perceiving that occupational therapy was of low status in the academic hierarchy. I wonder if this, in some painful way, echoed feelings experienced in the health and social care arena as respect and recognition was struggled for and was ultimately grudgingly given. Whatever the reason it was certainly not a good feeling, in fact one participant said:

It was a worm feeling.

The loss of expertise was difficult and seems to have been slightly unexpected – perhaps we should be more overt about this comparatively common career path experience in order to develop strategies to deal with it and to allow people opportunity to prepare for it. There was a real sense of having been surprised when one expert academic practitioner recalled,

I felt a real beginner.

One particular comment from another participant gives something of a clue to some of the mixture of emotions to be teased out:

It was like I was a total novice with nothing to offer.

A number of things are evident here, the participant recognizes that she is experiencing the feeling of being a novice but in fact it was 'like' being a novice, she did not perceive herself as actually a novice. What she did perceive was that she had nothing to offer; interestingly she also thinks this is part of the novice state. In fact it may be suggested that actually she was indeed a novice in her new community of practice but she undoubtedly had plenty to offer. This participant's perceptions highlight the

confused feelings of self doubt that are common when facing change at the phase when loss and grief are being experienced.

The loss of salience of what has gone before in terms of expertise and thus of status is well attested by participants; one participant expressed her feelings like this:

Nothing I'd done before seemed to count, I was at the bottom of the heap.

This sense of the suddenness of the loss of status, the shock of it in fact, also forms a part of the process of grief as described by Kubler-Ross (1999) and Hopson and Scally (2000). The feeling of powerlessness comes through the words and echoes the loss of status which is experienced. It is the status as an expert which is clearly cited by this participant:

All my expert status was gone.

The loss of expert status as a clinician is particularly difficult and for many newcomers may serve to underline their separation from their previous community of practice.

Where this seems to be felt most keenly is where students are concerned. Perhaps this is because newcomers who still feel very much part of the clinical community, and not in any way a part of the academic community, are aware of the fact that students see them as very much the other way about:

I think the students just think that I'm standing up there whittering and I've never seen a client in my life! And I find that really very hard; it's something that I find quite demoralising,

was one participant's expression of the situation confronting her. She clearly felt resentful of students' views and felt her past had been dismissed.

Another participant, in considering how this is experienced, described her feelings thus:

Is it loss? I don't know. Frustration is how I'd describe it more than anything. I just want to say 'do you not know that I was a good therapist?! you know'.

There is a feeling by the participant that she is talking in another language, unable to communicate effectively, of not being heard which is highly charged.

Another aspect of the loss of status is the sense that occupational therapy does not have high academic status and this sets practitioners at a disadvantage in some sectors of the academic world, in particular in the areas of research. Henkel's (2000) work suggests that the status of research is high so we may extrapolate that this may be a difficulty for comparatively new subject areas such as occupational therapy. This

seemed to underscore the feeling of loss of status and lead to further fears of being of no count in the new world and the worst fear of that situation not being susceptible to change.

One experienced practitioner said that she felt,

Health (except medicine) of course is very low status in HE.

She finds this irritating and feels that it puts her subject group at a disadvantage, but she does not feel that there is anything she can do, nor does she believe the situation will readily change. It was also noted and expressed by a novice academic thus:

People don't think of OT as academic so we hardly count.

This, of course, only adds to the feeling of loss of status and loss perhaps of hope of status. In some ways I found this expression by participants surprising since, as already suggested by Richardson and Rugg (2006), occupational therapy in health and social care services is not especially high status. However, expert practitioners from any discipline in clinical fields do carry status and respect, based upon their expertise. Perhaps the loss of expert status is doubly difficult, therefore, since it has been replaced by novice status in a comparatively low-status group which seems to have little hope of challenging the established hierarchy of high status areas.

6.8 Fear of Failure

A feature of self doubt is a feeling of lack of efficacy and with it fear of failure, to which Sugarman (2001) attests. Participants vividly expressed their lack of confidence in their skills, Skovholt (2001) accepts this as part of the lot of the novice and as is obvious here the reality of the experience is very painful:

I felt as if I was a failure – I wasn't a skilled person any more.

This perception of lack of skills had the effect of making people feel that they had failed in some way. Worse still for some was the anxiety caused by this:

I was in a real anxiety state about making a mistake or showing my ignorance or saying something wrong.

This loss of confidence was another loss in itself for those who had left their skill area of occupational therapy practice and it formed a part of the personal journey they were undertaking. One aspect of the sense of not having the necessary skills for the job was the anxiety about being found to have failed in some way. For this participant the

anxiety was exacerbated by feeling that she didn't really have a clear idea of what was expected of her:

Every lecture was like a test, I felt I could easily fail. Actually I had no idea what I was doing or what I was supposed to do.

This sort of fear became generalized to a high anxiety level across a number of areas and a general feeling of lack of efficacy which was clearly expressed by one participant:

I had a sort of fear that everything I did might be wrong.

Again we see the interaction of the strands of the life course described by Levinson, (1990) Super (1990) and Sugarman (2001). One effect of this was that because people felt they were being weighed in the balance and might be found wanting and because they became unclear about what expectations were they became fearful of asking for help, guidance or reassurance. We have here a situation which is spiral in nature. Newcomers felt they lacked support and guidance, they were unclear about what they needed to do or where to acquire skills and information and equally important they did not know to whom they could turn. This is well documented by Schlossberg *et al.* (1995) as making the negotiation of change particularly difficult. Since they did not perceive that there were people to support or guide, although they needed personal help from their new community they were unable to ask for it for fear of being seen as failing. What they did perceive was that there were people who might condemn them. The difficulties presented by being new in the culture of low expression of emotion will be one we revisit, at this point the notion of feeling isolated in loss of efficacy needs only to be acknowledged as a very real feeling expressed by participants as fear of failure.

I felt I'd just avoided doing something dreadful by luck, but I might be found out.

This was a feeling recalled vividly by an experienced participant. The anxiety caused by the feeling that work was not of a high enough standard in part crystallised into a fear of being found out, expressed by one person like this:

I was always thinking I can't do this, I've failed and if I have to go back to my old job everyone will know.

This says something important about the sense of isolation from the community of practice, a loss of that community as a place of support and comfort seems to be implied. It may also be that having left the original community there is a loss of

confidence in a welcome back, and possibly a loss of confidence in the skills to return and function at the previous level.

Of course every individual finds some parts of their job more difficult than others, for example one participant said,

I still find lecturing really quite nerve-racking, very, very hard work, something I don't feel hugely comfortable doing.

Another said, and she was not alone in citing workload management as a problem,

I just could not manage the workload, it is still a problem.

The difficulty for a novice is that many, even all, aspects of the job are difficult, unfamiliar and time consuming, and which areas will get better is far from clear. Thus there is a particularly difficult period until confidence can grow and differentiate between the various aspects of the job which is well described by Skovholt and Ronnestad (1995). An experienced academic described her early feelings:

I was really worried about getting things wrong, I don't worry now – obviously I know much more about how things work. Maybe I've got the confidence to know that getting things wrong is OK, age or comfort or both.

Her insights into what helped move her towards recovery of confidence and equilibrium are interesting and are well supported in the literature on change and on life stage. She clearly expresses the view that understanding the expectations, systems and culture she was in was hugely helpful – the territory had become comfortable and familiar. She expresses herself as being personally confident now, and because of this personal confidence she is not afraid of making a mistake occasionally – her expectations of her own performance are kind and reasonable. This is partly located in a feeling of expertise as an occupational therapy academic which brings personal confidence and confidence in and of her community of practice. Benner, (1989) Wenger (1999, 2000) and Skovholt (2001) would all have expected this. It is, she feels, also partly located in her life stage - she feels that her age is a factor in her developed confidence and comfort with herself, there is literature to support this as Levinson, (1990) Bee and Boyd (2005) and Sugarman (2001), amongst others, all suggest.

One aspect of the personal journey which is common in someone experiencing loss is loss of self esteem. It has already been suggested that self esteem is negatively affected by the sense of loss of skills, expertise and status, by fear of failure and loss of

belonging in the participants in this study. They also felt further undermined by feeling that they have been disloyal to their previous practice

6.9 Feelings of Disloyalty

This move from the clinical community to the academic one is a serious matter; it is experienced as loss because of the ending of one belonging before being able to begin to become a part of another. Bridges (2003) suggests that this is part of change in his work on new beginnings; he does not deny the affective impact. The move to academic life whatever the reason for it is a personal choice, and the leaving of a community of practice and the work done is part of that choice. A high value is rightly placed on the work done, particularly with clients, and some participants expressed feelings of disloyalty or having abandoned clients which clearly they felt guilty about.

One person said,

I felt as though I'd abandoned the team coming here.

Another said,

I felt as if I'd abandoned my patients.

A sense of guilt is a common feature in the experience of loss and grief. This sense of having behaved badly reduced self esteem and this undermined the confidence of participants in feeling an effective part of the new community. Participants suggested various ways in which they tried to use intellectual strategies, Schlossberg *et al.*, (1995) and Pedler *et al.* (2001) would have predicted this given the participant group, to assuage their guilt and justify their decisions, for example one person said,

I think I had to work hard to feel OK about deserting my patients, I justified it by saying I was producing more OTs but I felt bad.

Another returned to the theme of the time in higher education being temporary and a means of improving occupational therapy practice:

I feel disloyal really but it's OK because I will be going back and I'll be better at it then.

Interestingly, what no one said they did was talk to others about these feelings; this seems a shame as the feelings seem part of a shared experience and acknowledgement of this might have been helpful.

6.10 Lack of Avenues of Expression

The lack of avenues of expression was something of an emergent theme in the participant narratives. One aspect of this linked strongly to the feelings of lack of support but also and perhaps more significantly to the loss of a familiar community. Wenger's (1999) work reminds us of the difficulties which surround this area. This was that participants did not feel they had anyone to talk to, as suggested here:

I didn't know who to talk to.

This was accentuated by a feeling, probably linked to fear of failure and to the sense of being in unfamiliar territory that they might not be acceptable if they confided any worries. This compounded the feeling that they had to pretend that everything was going well. This was related to the way that fear of failure was managed, it was a lonely experience which was seen as shameful and left undisclosed. Part of the reason for this was expressed by this participant:

I didn't feel I could confide in anyone, I felt I had to pretend it was fine.

Another person suggested that she was worried that she might not be acceptable if she expressed her feelings. With the clear evidence of the need to belong to the group, and recognition also of how fragile this belonging is for the novice practitioner already made clear by participants, it is hardly surprising that acceptability shows itself to be a key concern, and this is only to be expected according to Wenger, (1999) Benner (1989) and Skovholt and Ronnestad (1995).

I didn't really know how to say what I felt and be acceptable,

is one way in which this is captured by a novice practitioner talking of her first year in higher education.

A participant, who had had many years of experience in higher education, reflected on the culture generally when she was considering the essentially individual nature of academic life and also the resistance to change and modernizing in her institution. She speaks of her own institution, but the literature suggests (Clegg, S., 2006; Henkel, M., 2000) that this lack of expressed emotion is a feature of university culture generally:

I don't think expression of feelings is really part of the culture, especially any feelings that might undermine the basic concept of academic life being very important.

Another newcomer felt that raising concerns was not easy because the higher education institutions had not put in place appropriate routes for doing this, avenues for expression were difficult to find both formally and informally:

The general lack of structure and signposting makes it very hard to raise concerns.

It might be suggested that this lack of structure is a feature of an individualistic work culture where discourse tends to be intellectual rather than personal and where the management of change is, to some extent, connected to averting challenge to the traditional intellectual life (Clegg, S., 2006; Sennett, R., 2006; Henkel, M., 2000). The whole experience of change is experienced by the participants in this enquiry individually and corporately, we are chiefly concerned here with individual change but we cannot ignore the fact that the participants are facing this in the context of corporate change. Context counts as Antonucci (1991) and Bronfenbrenner (2005) both testify.

An experienced educator highlighted the fact that changes often incorporate negative feelings as part of loss – in the case she speaks of stopping teaching students – however she seems able to accept that this happens and the feeling will pass but as there is no suggestion of sharing the experience,

When I stopped doing much teaching I felt that I had abandoned the students, I'd felt like that about my clients when I came into HE which is an interesting one now I think about it.

6.11 Recovery

One aspect of this last statement is that there is recovery over time, and this was highlighted by many of the experienced members of the community. It is, of course, echoed in the literature (Kubler-Ross, E., 1999; Hopson, B. and Scally, M., 2000; Sugarman, L., 2001). Recovery, happily, is the usual outcome of the process of grieving. The personal journey incorporates the grieving and recovery process related to various strands of the life course with some frequency (Sugarman, L., 2001).

In the focus groups conversation was generally quite positive and this may be related to the low expression of emotion in the higher education culture. One consequence of this was that some of the experience of recovery from the loss and grieving process was highlighted through this data source in particular. This was, of course, then followed up in individual interviews, but it would have been difficult to bring the subject up given the

emotional salience of the painful recollections and experience of loss had the much more gentle process of recovery not emerged in the group discussions.

It should be acknowledged that the recovery is supported by the fact that the change from one work arena to another has been an active choice by these participants. Of course, there is clear acknowledgement that in some cases the change has been made for personal rather than professional reasons as Collin (1990) suggests. This was supported and referred to many times over by participants, and what follows are some of their expressions of this aspect of their personal journey. These first participants express the fact that it was largely a need to fit with other people's current needs that precipitated the change. One said,

It fitted in with the family.

Another explained her arrival by saying,

My husband moved up here.

She then added that in the area to which they had moved on account of his need:

This was the only job, on paper, that was there ready to go.

Others suggested that there was a significant element of the change which, for them, was gender related. Something experienced significantly by women is the need to weave their careers, as well as other aspects of their life, together in such a way that it supports not only children in particular, but also other family members (Holland, J. L., 1997; Collin, A., 1990; Sugarman, L., 2001). Three participants described their feelings clearly in this context. One linked this to her perception that for women it is not a foregone conclusion that having a family and a career necessarily lie easily together, some choices and significant management are required.

I think as being a woman there are the other issues about career, having a family, what is it that I want to do and I could have gone along with my career but then you have a biological drive to produce and then you suddenly think oh my God am I going to produce or have a career? And think I know, I'll have both.

A second woman emphasises the need for flexibility which she experiences as offered by life in higher education in managing her family activity:

Your life is the university there is no hours or anything, you do it when and where. But if I'd gone part time in the NHS I would have had to be there nine to five no questions asked, I have to be there three days a week. What happens if one of the children is sick

on that day? I have to start rearranging and changing things.... you know with people that's really hard to do. And say if one of those days I worked [there was] a baby clinic and I want to take one of them to the clinic you then have to start saying and justifying why you want to do that whereas here I don't have to do that. If I want to at 2 o'clock because I've got a baby clinic at 3 that's fine because I'll be doing the work at 9 o'clock that night.

This vignette of the dilemmas of life as a working mother is vivid and is very recognizable and it also offers a very realistic and understandable reason for making a change from practice to higher education for this participant at least. The relief of pressure in one area of life, and the recognition of the reason for it, is highly likely to give a positive spin on the newly chosen area and this sense of choice, identified by Schlossberg *et al.* (1995) as controllability, is one of the factors that makes the personal journey associated with change more manageable. Another participant expresses the same thing emphasising, with Super (1980, 1990) and Sugarman (2001) the need to weave threads of life together:

. . . as a woman and as a mother this job works really well for me in that way because it means I can marry the two together [erm and erm] that 's about the academic side of it rather than being an occupational therapist.

Not all the women in the survey related their choice in changing career to gender issues; some clearly located it in their possible life plan, however vague that might be. One said of the idea of working in occupational therapy education,

It was always something I thought I want to do even in college.

Another referred to it as something that frequently recurred:

I'd often thought of it.

It is no surprise, given all that we have heard from participants about their intention to return to practice, that at least one person moved into higher education as a potential support to practice. She said that she felt,

'I just don't want to do a lecturing post', but the more I thought about it the more I thought 'now that's got things that could be useful to me, might help me along my route to being a therapist'.

The fact that these were deliberate and usually positive choices was a platform from which the personal journey could be negotiated and managed and against which it could be tested.

Others expressed a desire for a change as a reason for moving career arena; this is in tune with Levinson's structure building and structure changing idea.

This was clearly expressed:

I was ready for a new direction,

said one. Another asserted:

I wanted something new, a challenge,

and somebody else expressed one reason for her decision thus:

I wanted to develop new skills and I liked working with students.

This indicates a sense of readiness for change which again Schlossberg *et al.* (1995) identifies as helpful in its management. Of course the decision to make a change out of practice rather than into another practice area indicates more than a simple desire for change. Richardson and Rugg (2006) perceive the making of a change within practice as very positive in retention of senior occupational therapy staff; it is interesting that they see moving to higher education as a total career change. Perhaps they are right to do so and if this was the expectation of those making the change perhaps some at least of the sense of shock might be avoided. Participants who made this move clearly expressed the desire to leave the health and social care delivery services for a variety of reasons, and one theme that emerged strongly was dissatisfaction with the reality of practice:

I was completely fed up with being forced to do things badly,

said one novice practitioner, explaining why she had been willing to give up her community of practice and chosen career. Another expressed a similar dissatisfaction saying,

There isn't time to reflect or to actually do any staff development in the clinical world . .

Other women who participated in the study were more generally disenchanted with the organisations in which they worked. This dissatisfaction with health and social care provision encompassed a variety of areas. There is a general sense that the culture in Health and Social Care provision is not facilitating to development and progress, nor does it allow good practice. One expressed her view that,

The NHS is hierarchical and hidebound.

She clearly felt that she could not influence the structures and was powerless to influence the vast machinery of health and social delivery, and she was not alone in this feeling.

You can't change anything – you don't have any power,

was the way another participant expressed her views. Interestingly, this feeling of powerless was also located in the feeling that there was a general attitude abroad that people were resistant to change and also specifically resistant to the sort of reflection that might bring about change and improved practice as suggested by Schon (1995).

I got really fed up with people never thinking, always wanting to do things like it had been done, always on about the good old days.

Perhaps our participants are beginning to show themselves as people who desire development and excellence and this is a motivating factor in undertaking change. This sheds light on both the painful experience of feeling undermined as an expert but also on the determination to make the change and to use what strategies are to hand to recover and grow. There is also a feeling being expressed of a search for a conducive community of practice which Wenger (1999, 2000) has emphasized as critical in professional well being.

The desire to put expertise into actual delivery of care was also threatened by the lack of resources available, and this was cited as a major concern.

There are no resources for development, training budgets, staff, it's all more, more, more for less, less, less,

was how one participant expressed her experience, and continued to explain that she found this exhausting as well as frustrating. Another person suggested that the constant emphasis on budget restraint distracted from what she perceived to be her real and meaningful work. She said there were,

'No resources, managing the budget was everything.

A view also emerged that the systems and processes which emphasised paperwork distracted from the real work and that, in particular, the need for self-protection or protection of colleagues when a risk might have been worth taking was distasteful:

Social services is about paper work and covering backs,

said one novice practitioner in academia. She was expressing the view that whilst things were very difficult, even painful as a newcomer to higher education, she was able to recognise that she made the choice for change for reasons which were, and remained, salient for her. Another person made a similar point and her disillusionment comes across very clearly when she spoke her role as a manager in the NHS:

I spent the whole time defending our corner, I wasn't even sure it was worth defending.

This participant was quite clear that the service had been so eroded that she was no longer able to be sure of her own integrity. That difficulty at least was one with which she was not contending in her new role.

On the issue of roles one thing that was made clear was that having clear and definite roles was perceived as very helpful in taking the journey forward:

I like the roles I've got, of course you don't have those things to start with which is a bit of shame because then you don't have anything but things like year tutor, admissions whatever does give you something specific which is good.

The development of roles and skills was clearly very healing, the need for mastery and efficacy is well attested (Benner, R. N., 1989; Skovholt, T. M., 2001; Wenger, E., 1999; Sugarman, L., 2001). Interestingly Richardson and Rugg (2006) also found this to be the case for those changing area of practice in occupational therapy.

The increase in confidence gained by the acquisition of skills had a marked effect on participants' experience of their personal journey into higher education practice, fitting well with work by Skovholt (2001), Benner (1989) and by Wenger (1999). It was put by one participant like this:

I've developed some real teaching and learning skills which has helped hugely in giving me a sense of competence so I feel good about my ability.

Another person specifically cited staff development as important. The Post Graduate Certificate in Teaching and Learning is offered in many higher education institutions for new starters who do not have a teaching qualification.

Doing the PGC was excellent,

was the verdict of one participant – she explained this by saying that not only had she gained skills and confidence through the programme but that it also provided other very important opportunities. One of these was a reference group of people doing the course who were all sharing the experience of being new to higher education teaching. The fact

that they did not share subject specialties emphasised the teaching and learning aspects of their work, and thus there emerged the beginning of a new community of practice. Another opportunity was that time was taken out from daily work to reflect and develop skills. This opportunity to step back and reflect on both practice and the journey which they were on was felt to have been very valuable, as Schon (1995) would have expected. On top of the skills acquisition the opportunities provided were highly regarded, though, of course, the assessments did cause stress. A final point that emerged was the uncomplaining way in which colleagues supported those on the PGCE, by undertaking teaching for them and generally freeing them up to undertake the programme as well as supporting them in their assignments, had the effect of making the newcomers feel more accepted and supported.

One participant suggested, during the focus group, that the realization of her increase in skills had also helped her to feel a new professional identity:

. . . we talk about having a professional identity as an OT, and specific skills that we use as an OT, but do we now have educator skills on top of all that. I remember having a row with [my husband] once and he said to me 'stop talking to me like a teacher', and I said 'but I am a teacher'.

What I think is very important here is that this participant is expressing the fact that she has not so much lost her occupational therapist as gained a new set of skills and an additional identity. For some this identity was perceived as having higher status than the previous one.

One of the things I put down about the change in professional identity from being a therapist to being an academic, I actually think there's a status change as well. My professional identity now I think is esteemed higher by the general public and possibly within occupational therapy, than when I was an occupational therapist.

This is interesting because the notion that being an academic is of higher status than being an occupational therapist was something that emerged at a number of points in the data – one of which was the feeling at the start of the personal journey into academia that this perception was a misjudgement. Perhaps we are seeing here a reflection of a gain in personal confidence and self esteem which overflows to feelings about personal and professional context.

The context, of course, is also described in familiar and fond terms by time-served academics:

I've been here 13 years and this is my place now and I feel very loyal to it and I like it.

This participant is quite clear about her place and her people, Toffler (1975) and Pedler *et al.* (2001) have already suggested the salience of this. It has become a familiar environment which can perhaps now become a new stability zone and support a sense of security and community, the sense of confusion has been replaced with some understanding:

I understand the system now – as much as anyone else at least!

What this participant also suggests is that she feels that her level of understanding, whilst not necessarily perfect, and I have already suggested that this is the reality of the situation in higher education, is as much as other peoples'. She feels part of the group in her understanding, despite some remaining confusion, she no longer feels excluded by lack of understanding.

Another participant, echoing the theme, also returns to something which has already been suggested – that is that there is more room for self-management which is much enjoyed in her new role:

I have become very much part of (this institution) I like the people. I like the freedom; I like being able to be more me really and to have more choices about how to develop.

A novice expressing the early steps on the journey of recovery says,

I've got to know people better.

Another also valued this and recognized a that personal change had occurred in her feelings about her work:

I like being more responsible for my own work now, I found it hard at first but now I like it.

This sense of personal change, perhaps of maturity linked to other areas of life as well as the professional, seems to be endorsed by this participant who suggested that the self-management, the looseness of the team, had somehow supported a sense of personal development and personal boundaries when she says,

I feel OK about it, more alone though, more of a sense of self?

There is also a definite positive feeling that the journey is not over – a huge step has been made. Levinson's (1990) structure changing phase is over together with the

rollercoaster of feelings accompanying change (Hopson, B., 1981; Hopson, B. and Scally, M., 2000). A period of consolidation, or as Levinson would have it structure building, is now in progress. Professional identity, the building up of expertise and mastery, is in full swing. Skovholt's (2001) '*white waters*' (p. 56) are replaced with something much more navigable. This is expressed when expert academics talked of their continuing professional development within the academic setting:

I do feel now as though there are places to go for my professional development in HE.

One participant expressed this more specifically in terms of research:

*I really like being able to focus on research and develop that, I feel skilled in that too,
quite pleased with myself.*

This is an interesting and very positive note on which to move on from the discussion on personal journey. The participant here is citing research as her particular professional pleasure and indicates her own sense of achievement in becoming a skilled researcher, research as has been noted has high value in the academic world. We see here in this participant at least someone who has become valued as an expert and secure in her own expertise in her new community.

7. Presentation of findings and discussion; Belonging and Becoming, the Search for Identity and Community

The final category is that of becoming and belonging and the themes here link very much to one another, I have identified them as:

- Becoming and Belonging
- Becoming and Belonging as an occupational therapist
- Becoming and Belonging as an academic

The data logs can be found in appendix 5. This chapter differs from the preceding two in that I have chosen to illustrate the category largely through a single narrative, and also in that the category shows much more coherence in itself and therefore much less in the way of clearly defined themes and so I have decided not to use sub-headings here. I hope this will add to the clarity of the participant voice in expressing the findings in this category.

We come now to what I believe is the underpinning enterprise for the participants in this study which is that of becoming and belonging, and in this the work of Wenger, (1999, 2000) of Skovholt and Ronnestad (1995) and of Levinson (1990) are central. This enterprise is that of becoming and belonging. 'Becoming' speaks of growth and development, of changing rather than remaining static and, in particular in this study, of gaining expertise and confidence. Much of the discussion in the first chapter centred upon becoming an occupational therapist and then later an academic. The chapter also indicated the vital importance of belonging to a group, the sense of a shared identity which gave rise to a shared community. The need to belong to a group (Bee, H. and Boyd, D., 2005; Sugarman, L., 2001; Sennet, R., 2006) is felt by almost all people at a very deep level and this need extends to the professional arena (Wenger, E., 1999). The enormity of the endeavour of leaving a place of belonging and moving to another where the whole work of becoming and then belonging has to begin again, as the women in this study plunged from expert to novice, has been movingly described by many of them.

The previous chapter has focused on the personal journey made by the occupational therapist who leaves the clinical field and moves into the field of occupational therapy education. In undertaking this journey the occupational therapist leaves behind her a

community of practice which she knew well, in which she had been well supported and for which she had been well prepared, and enters into something new. She perhaps expects that she will be working with other occupational therapists with the thrust of her enterprise being the production new occupational therapists. Something that strikes me in particular is that she is working towards bringing on new members of the clinical community, which is recognised (rightly) as the central location of her professional practice. Occupational therapy is justified and has its existence because of its place and efficacy in patient care, however interesting the occupational science-based notions of the place of occupation and activity in human existence and well being, and however much resonance the ideologies of holistic practice located in partnership working may have, my contention is that occupational therapy is about working with clients through clinical work. Leaving clinical care therefore requires some confidence and some courage. I would also suggest that this is not often articulated or even considered by those who take this step. This means that people are probably relatively unprepared for some of the aspects of the personal journey with which they are to be confronted. We have already noted a participant saying *'I thought I'd be working with OT's'*, and going on to say that she had been disappointed and indeed wrong-footed by the fact that *'it wasn't like that at all'*. One at least of Nancy Schlossberg *et al.*'s (1995) strategies is not utilised – that of preparation and planning. It also means that the work they do is about preparing others for a community to which they no longer wholly belong; at the very least they have left it for a time, and for some, at the other extreme, they have actively rejected it. I think that this means that letting go as one of the phases on the road to recovery from loss is not really possible. How are the individuals in our enquiry to find a homeland? How can they find a community of practice to belong to? And what are they to become? One woman expressed the desire for becoming and belonging when she said in interview,

I want to know what I am and others to know – to be able to articulate it.

She further reflected on what becoming and belonging meant for her in her narrative and in the focus group. She explained that part of her reason for coming into occupational therapy education was,

I want to develop fully as a professional.

She clearly felt personally that the academic and education area of occupational therapy was a legitimate part of the profession which would add depth to her professional self. This is, of course, entirely reasonable, though it is not especially common. She also said in a focus group,

I want to be what I am professionally, my work is part of me.

In this way professional becoming and belonging is located in a much more complete sense of personal becoming, and I think there is much that is representative of what has emerged throughout the data in this statement. There is a clear sense that occupational therapy is not just a profession, still less a job, but a central part of the person's identity; as an example recall this from a participant which I used to illustrate a point in the chapter on professional identity, '*I don't do occupational therapy I am an occupational therapist*'. This desire to be in some sense what one does amongst this group does not go away because the arena of professional life has changed. Something that has been clear in the data as well as in the literature (Wenger, E., 1999, 2000; Skovholt, T. M. and Ronnestad, M. H., 1995) is that professional identity is maintained at its best and most compelling within a group. The need to belong in a professional sense, for support and development, is well rehearsed and indeed one woman put this exactly when she said, describing her professional needs in her career narrative,

I want to belong to a group.

A sense of belonging is a human essential (Bee, H. and Boyd, D., 2005; Sugarman, L., 2001) and when the profession is so very much integrated into the sense of self then a professional group assumes a real significance. What is perhaps very interesting is that within the data there is much that underpins the notion of becoming and belonging as an occupational therapist and of the maintenance of that in the new community. I think there are two strands to this. One strand, which these women very clearly articulate, is the sense of belonging and continuing to belong as an occupational therapist. An expert academic, perfectly comfortable in her academic role, said quite clearly,

I really am an OT. (my emphasis from field notes)

By this she had no intention of undermining herself in her current role but of stating a simple and, for her, clear truth about where she felt her deepest belonging was. Explanations for this were suggested:

I work with them, I know what they're about, what OT is about, what it should be, I've grown up in it.

In this the sense of becoming in terms of 'growing up' is articulated, and I believe that this forms a significant strand which is not only deeply embedded but is also valued and desired. This novice participant expressed it in this way:

I won't let that sense of what I am go.

To some extent this woman shows us her need to have a community to belong to and her determination to preserve her feeling of belonging to it, but she also shows something else in speaking of her 'sense of what I am'. Her belonging is profoundly internalised. She feels that to lose that sense of belonging to this community would be to become less herself – to lose something vital and profound about herself. Many participants noted the philosophical fit between themselves and the philosophical purposes of occupational therapy, for example, one woman who had been in education for a long time explained,

The actual basics of OT, the philosophy behind it fit me and I can use it, be an OT anywhere.

Reflecting on this she said,

I can't imagine why anyone does anything else really.

It does not take any particular leap of imagination to understand the importance of remaining within that area of belonging for those who have known it and become members. Speaking about the occupational therapy group one participant said,

I can always recognise another OT and there's always something between us even if we don't like each other. We [we're?] part of a group.

One might easily be listening to someone talking of their family, indeed someone suggested that,

I knew where I started from and where I'd got, they were like my people.

There is no sense that they could be entirely cast off, there is something shared too deeply to be completely obliterated. The sense that remaining an occupational therapist was not really even a personal choice was suggested by one participant, who said,

I think there is something about the way you see things, how you behave, what you believe in which just is how you are.

However there is the definite idea that, within the occupational therapy family, whilst there is, it seems, an almost natural belonging there is also a sense of becoming – *'I knew where I started from and where I'd got'*, we have just heard, and I believe here that she is speaking of her journey from novice to expert as an occupational therapist. The personal fit may be significant but being an occupational therapist is not about valuing the philosophy, nor yet the endeavour, but about having mastery of skills and having tools for practice. There is a journey to make and work to do in acquiring these, and during the acquisition and professional development the person is changed in terms of their professional outlook and their professional needs at the very least (Wenger, E., 1999; Skovholt, T. M. and Ronnestad, M. H., 1995). The belonging is to a community of practice (Wenger, E., 1999) and to a professional identity (Skovholt, T. M. and Ronnestad, M. H., 1995; Skovholt, T. M., 2001). The sense of confidence as expertise grew was very strong and could be maintained when in multi-disciplinary teams. In fact one person talking about being an occupational therapist in a multi-disciplinary service felt that at that particular stage her confidence and expertise was such that the dialogue with others in fact supported her own professional identity. She said about her work at that time, which was a collaboration of professions working with one clinical group, . . . *because you'd think then that as it was more collaborative you'd have more overlap and less professional identity, but in reality because we talked more, we were happy about each others roles and I think that gave us [the occupational therapists] a stronger professional identity.*

What I draw from this is a sense of confidence and expertise that is not being supported by isolation from challenge, but by a genuine ability to work with others and to know your own role and value, and also to know what you actually, practically have to offer. This is expertise and belonging supporting one another.

Of course it is possible to belong to more than one group – indeed I cannot think of anyone who does not do this once they have past infancy. It is also possible to grow out of one group and into another, we usually do. I found it interesting that one woman reflected something of this when she said in interview:

Actually I think I've grown past it, it isn't me anymore, or not all of me, in work terms but in personal ways I have become an OT I can't change that – I don't want to.

This is quite a complex and subtle reflection – she says that she no longer wishes to practice occupational therapy, in her case in the NHS, she does not say that she does not want to **be** an occupational therapist; indeed she suggests that this would be neither possible nor desirable. However, she no longer wishes to function as a clinical practitioner saying, interestingly, that she has grown out of it. She suggested that she wanted to take up a new challenge and sought a new environment and direction, but she did not, or could not, perhaps, contemplate changing what she was – an occupational therapist. In this personal sense she belonged profoundly and irrevocably to the community of occupational therapists. However she does hint that she may also belong elsewhere and wishes perhaps to become something else.

At this point I would like to turn to looking, in a little detail, at a single narrative which was given by one of the participants, an experienced academic who, as a member of the original participant group, helped me a great deal by sending me her career narrative which was very much focused around the theme of changed identity. In individual interview we discussed her narrative and returning to it much later I felt that many of the themes which had emerged from the data were expressed and explored in this narrative. It added another dimension in that it told a story which had a comfortable end point for this participant where becoming and belonging had occurred at least for now and which she clearly saw as part of a personal journey. The narrative also offers the coherence of one voice and story, which gives this part of the data a different feel and authenticity.

The career narrative started by saying that the move into academia had been made partly because of personal domestic circumstances and partly because the person concerned was seeking a new challenge and direction. Having reached an expert level in her clinical work, she began to be a little frustrated by the constraints of the NHS and also felt the need to develop further. The opportunity to take up a post in occupational therapy education came up and she made the move. She went on to say,

As stated earlier my intention had been to move back into a clinical post after five years, but this didn't work out for two reasons. One reason was that I wanted to be involved in pioneering degree education in occupational therapy. The second reason was that my original intention was rather naïve. I had thought that five years would be sufficient time to become a competent educator, this wasn't in fact true. Five years in education means

that an individual only sees one cohort of students start and complete their training programme. In reality I was only just starting to have an influence on designing the curriculum that reflected the changes that were occurring, not only in practice, but also those that were occurring in pedagogy or probably more accurately in androgogy.

One thing that is quite clear here is that the new work met a need for this person; she was enjoying the challenges and opportunities offered to her. This is not to be underestimated in terms of peoples' motivation towards making successful change (Schlossberg, N. K., *et al.*, 1995; Pedler, M., *et al.*, 2001). Timing is also an issue here. In higher education timescales are often much longer than they are in clinical practice, client care is relatively immediate; it takes a considerable refocusing to adjust to the much longer gestation period in occupational therapy education. The length of student programmes lends a degree of stability and longevity to the life of an academic, which is lacking in the arena of health and social care. This is now recognised by this person – she knows the culture and rhythms of higher education and can make predictions about how to be involved and also about how to pursue what is important to her. I think that equally interesting is the fact that the time involved in becoming is significant, we need time to make a change and to join a new community, and this shows in this narrative. Also at this stage the fact that this woman's orientation towards education, as well as occupational therapy, has begun to emerge here – this has taken time, indeed in Levinsonian (1990) fashion about five years – and is a significant part of becoming an occupational therapy educator. It is not that she has moved away from considering herself an occupational therapist, indeed she still declares her intention to return to practice; she still believes that this is her career path and her true profession. However, I perceive that she was not all that serious about actually seeking to make this return to clinical practice happen, and in fact this was acknowledged in interview. She said that she felt reluctant to admit to herself, or to others, that she no longer wanted to return to clinical practice, not only was she enjoying her new work but she was beginning to feel very energised by it, she said,

This was a stimulating and dynamic time to be involved in OT education. So the time wasn't right for me to move back into a clinical post.

This was a stage on the way to belonging to a new community, the desire to be part of it, and the confidence to feel that a contribution could be made. There is a sense here of

power and of the ability to influence. Interestingly the area of influence is to be occupational therapy education – in this way the stages of becoming are negotiated by maintaining old areas of stability (Toffler, A., 1975) as part of the strategy for making a change more easily. In the case of this participant she also became engaged in undertaking some research and again found this stimulating,

. . . which left me with the desire to be involved in further research.

It is also noteworthy that research has significant status in academic life (Henkel, M., 2000); beginning to participate in this may be seen as another stage of becoming for this woman, giving her confidence and putting her on another part of the trajectory. I have already suggested the importance of clearly defined roles in becoming, and in this narrative a particular and senior role is cited as important. At this stage, of course, this woman was an expert educator but, nevertheless, she is still undertaking the journey along the academic career path. She is typically modest about her achievement but recognises its significance.

The post of head of department of occupational therapy was advertised, and I was encouraged to apply, and surprisingly I was offered the post. This was a significant milestone in my career.

This narrative is a success story, and one reason I especially want to use it is because it illustrates the pathway of someone who, over time, successfully integrated her professional identities, and who slowly, by means of step change, came to belong to the academic community. She also developed a real expertise in her new arena of practice – she has negotiated the journey from expert to novice and to expert again. At this point, perhaps, something needs to be said about her maintenance of her community of practice in occupational therapy. The role of Head of School of Occupational Therapy, of course, carried status within the academic institution, but it also carried status in the occupational therapy community. It has emerged in the data that those who leave for clinical practice for academic life are regarded with a little ambivalence. There is a sense of abandoning colleagues and clients, of turning from the high activity of practice to the safety of thinking and shelter from the cutting edge of clinical practice. However, Heads of School are awarded respect as key determiners of the profession. The College of Occupational Therapists, the professional body, has twice-yearly meeting of College of Occupational Therapists Education Directors, which reviews education policy for

occupational therapy and informs strategy and policy within the professional body. Thus all Heads of School have an automatic role in the professional body, and so have an occupational therapy community of practice to be part of. It may not be clinical practice, but it is respected and valued as an expert part of the community as a whole. In fact, I think as a former head of occupational therapy, I am entitled to admit that Heads of School are over-represented within the committees of the professional body, probably as a result of the respect according them. However, in this case, expert status is restored, interestingly not through the occupational therapy community but via the mechanism of academic appointment.

Returning to her story, her new role was clear and defined and gave her a clear purpose to her work. She saw her personal endeavour as making occupational therapy and occupational therapy educators acceptable in higher education. We have already noted that occupational therapists in this study suggested that occupational therapy does not have a high status in higher education; this participant also felt that and was determined to redress the balance. This indicates considerable confidence, the confidence of someone who has expertise (Benner, R. N., 1989) as well as firmness of purpose.

It soon became evident to me as a manager and head of department, that if we, as occupational therapy lecturers, wished to be accepted legitimately as academics we would need to be actively involved in research, in addition we would require staff with doctoral qualifications.

Here we see that a part of her new stage of becoming implies that she herself has a sense of possible belonging and also of what it would take to belong. She also wishes to bring her community of occupational therapy educators with her. Henkel (2000) would agree that this emphasis on research and, in particular, on recognised and measurable success in the area was entirely appropriate.

One thing that has emerged from both data and literature (Skovholt, T. M., 2001; Wenger, E., 1999, 2000) is that once an area of expertise is established then confidence is gained to look at other areas. In the same vein, a novice whose whole attention is rightly attuned to gaining the skills that she needs to develop her practice, is unlikely to be able to attend to things outside this immediate concern. Moving along the pathway to expertise (Benner, R. N., 1989), or, to reframe the notion, to move through becoming to

belonging, (Wenger, E., 1999) allows the practitioner to develop new areas of interest. This is clearly indicated here:

I had become more actively interested in strategies for teaching students. So, on reflection, I could see that this was actually quite a key time, and I began to question whether I was an occupational therapist with an interest in education or I was an educator in occupational therapy.

In this is also shown the move away from occupational therapist as the significant professional identity. I find it particularly interesting that at the time it happened this woman did not notice that it was happening, it was only on reflection that this was identified as 'a key time'. It is well attested (Schon, D. A., 1995) that reflection is a valuable tool in practice and development, no less in moving from novice to expert (Skovholt, T. M., 2001; Skovholt, T. M. and Ronnestad, M. H., 1995) nor in becoming and belonging (Benner, R. N., 1989). I think this is illustrated well here, and ties in with developing interests around a new endeavour. Still, the underpinning of occupational therapy is apparent and maintained.

In pursuance of her goals for her community of occupational therapy educators, this participant undertook a taught doctorate in education which combined interests in education and research. The role of reflection is again attested (Schon, D. A., 1995):

One of the modules of the doctoral programme entitled, 'In Practice, Learning and Development' required me to produce several reflective commentaries on my development in the post of head of the occupational therapy department, and as an educator, and it was through some of these commentaries that I slowly began to realise and accept that my perceptions of my professional identity were changing. With students, colleagues and practitioners I had always insisted I was an occupational therapist, but increasingly I began to openly acknowledge that I described myself, particularly to first year students on their induction programme, as an OT educator.

It is here that a clear change in the concept of professional identity is accepted. I think there is a sense of loss here, and this was confirmed in later discussion – the loss was there, but the change has occurred and been internalised before it was truly experienced. In some sense this lessened the pain; the belonging to a new community, or really to new communities, protected her; this meant that this participant was not adrift without a home. There was not a new beginning in the sense that Bridges (2003)

speaks of, becoming does not require this, it requires a developmental, evolutionary journey (Wenger, E., 1999). In the case of this woman the journey continues, and she continues to broaden her view of herself, her area of expertise and her area of community of practice,

And today I think of myself as an educator in healthcare as well as specifically OT.

I am very grateful for this narrative which illustrates and lends authenticity to much that has emerged generally, and speaks eloquently of the process of becoming.

Of course ideas raised in this narrative are also explored by others at different stages of the becoming journey and who feel themselves to belong to a number of communities of practice. Belonging to a community of practice is in some very personal way about self-perception, one novice who was beginning to feel more comfortable in her new environment said,

I kind of do see myself as being a lecturer, it's not that I completely dismiss the whole concept, you know I do admit to being a lecturer.

There is something about articulating the new role that is like learning a language – practice in articulating gives confidence and also meaning, and that is very important in establishing it (Goffman, E., 1959). This is part of transforming the inner self, in this case, to a place where personal perceptions and the practice endeavour meet. At a later stage there is likely to be some exploration of how the new identity differs in terms of self-perception from the old one, and this person explores this explicitly.

I've become an academic I think, I feel more autonomous, more free, strange because I work much longer hours.

She clearly talks of becoming and how it makes her feel, this seems to be, for her, a positive thing, and she clearly locates it in her perception of herself rather than in the actual physical reality of the job. What she says, of course, reflects very much the ideas that have emerged from the data concerning the culture of health and social care and the culture of higher education. Another participant spoke of this in a different way:

. . . you're a grown up you can do the work whenever you want and that.

In this there is also a resonance with the notion of a more controlling culture in health and social care delivery service (Moore, K., *et al.*, 2006). This participant feels able to develop, to grow up, in her new environment; the flexibility of the culture is seen to support this. What I note is that things that were very difficult and unsupportive to the

newcomer, such as the lack of clarity and structure, actually become valued as people become more confident in higher education. A sense of belonging in a higher education seems to support a sense of autonomy and self efficacy, which is valued. This, of course, has emerged within the data but interpreted through the themes of becoming and belonging; the belonging in this case also must imply a letting go of supportive structures and a conforming community with a single identity. Instead there must be a great deal more dependence on a personal sense of the endeavour itself.

Other women also reflected on the personal meaning of being an academic, of having become a part of that community in a highly internalised way. The contention is that there is a change not only in practice endeavour, but also in the sense of self (Skovholt, T. M., 2001). In this interview this is clearly expressed:

Being an academic is more about being as a whole because I don't really distinguish work and other things like I used to, there's more of a whole generally. The workload in terms of marking and admin is massive though, too much but I don't somehow see that as my real work really.

There is a clear idea here of what the work really is and what might be termed as simply part of the job. This was also clearly expressed by those talking of their work in clinical practice when they referred to their occupational therapy practice as opposed to the administrative tasks. The point that is expressed is that in assuming a new identity there is internalisation, separation of the professional endeavour and the tasks required by the actual job. I think the sense of belonging to a community of practice is also implicit. It is more explicitly put by this participant:

I think I get a lot from being in an academic community.

What is also apparent here is the pleasure gained from belonging to the community of academics. This expression of benefit is strong and this, of course, encourages further movement into the community and orientation towards it. Another novice expressing her feelings about her higher education community, still occupational therapy but also part of the academic community said,

I get a bigger buzz a lot of time from being here and being part of a group of people who have similar views to me they understand things we can debate things we get that you know what I mean.

This enthusiasm is infectious; it adds significantly to the community itself and supports it. The notion of debate returns us to the earlier point made about the community in higher education, which clearly allows, and even values differences, in intellectual constructs at least. This, however, does mean a significant degree of confidence is needed, and it may to some extent explain some of the difficulty, and also the protracted time scale, of becoming that is the general experience of this group as well as signified in other studies.

This belonging is the result of personal journey and much personal reflection, and the next participant expresses this when she says,

I feel as if I belong here now and that it suits me – I've had to work a lot out for myself and that has been good for me personally, I don't feel part of a group in the same way though. I might miss that: I don't know. I won't really think much about it now I've got to this point – I don't want to spoil it with regrets, or actually with being embarrassed about what I was.

What is clear, and I think quite poignant, is her expression of belonging and not yet having completed the journey, there is still ambivalence. I feel a sense of lack of personal integration in her story, which she is aware of but in which, at the moment, she is deciding to put aside her possible regrets and concentrate on belonging rather than letting go. Another person talked of both becoming and belonging when she said,

It has been a long time coming but I've arrived. There might be enough to keep me here as well, I won't forget my OT bit though – I'll keep writing home.

I found this expression of her feelings especially attractive. She continued one of the narrative threads, that of journeys into foreign countries; she has settled in her new land but still values her home and keeps it as a contact, a resource, and specifically the place where her roots are. She is comfortable with her multiple communities and her current work does not preclude her from this stance.

One thing that is important in a feeling of belonging is a sense of personal fit. We have been strongly alerted to the sense of fit amongst some of the women in this study between themselves and the underpinning philosophy occupational therapy. That fit has been important to them in their working life, and Schein's (1993) work certainly supports this as something which is not uncommon. Part of belonging (Wenger, E., 1999) and certainly of letting go (Bridges, W., 2003) is to feel that there is also fit in the

new community, and this is certainly expressed by this woman as she describes another stage in becoming an academic:

I think you can do a bit of good as an academic so that's a relief I feel more comfortable with the idea of it.

This is a necessary part of the journey, and has to do with increased understanding of the purpose of the work being done and also of the aspects of it which take precedence for the individual. It has been suggested that it is the individual perception of this that is important, the personal nature of becoming and belonging is intense. The woman who said,

I want to be part of a professional community, we don't all need to be the same, I wouldn't like that, but we'd all need to belong,

seems to me to understand this well – we need to belong, to be part of a group. For professional women professional belonging is important as career is a salient strand in the life course for much of the time. However, we also need to accept ourselves as individuals with differences. This is a part of human development (Erikson, E. H., 1994; Havighurst, R. J., 1972; Levinson, D., 1990). The understanding of this by this expert educator sounds very comfortable, with a nice tension between individuality and group which seems essentially creative.

This creativity is also supported by a flexible approach to self-description, and one woman suggested that her journey and the place she had arrived at supported this:

. . . it offers you a flexibility of identity doesn't it so that depending on the people that you're talking to you could say 'I'm a teacher', could say 'I'm a chameleon!' sometimes I say 'I'm an occupational therapist' sometimes I say 'I'm a health care lecturer'.

Perhaps the culture of academic life does allow for greater individuality (Henkel, M., 2000; Clegg, S., 2006; Parker, M., 2004) than the overt and strenuous professional socialisation of the clinical occupational therapist (Thompson, M. and Ryan, A., 1996).

This, of course, affects the journey made, the experience of being an occupational therapist in clinical practice tends to exclude the possibility of being in any other group which is not a subset of the owning one. It may be that because of this experience, those who move to academia expect that they will have to give up other professional groupings in order to be acceptable in the new one. In their old territory this would very likely have been so, but there are new mores in the new world. There is more flexibility

around discipline area; traditionally universities are used to discipline groups. As we have seen some of the underpinning work, especially in the current climate, is more generic – research, teaching and learning, academic management (Henkel, M., 2000; Clegg, S., 2006; Parker, M., 2004), and these have more of a cross cutting expectation. The notion of debate is greater, the notion of professionalism less (Halsey, A. H., 1992). This flexibility also allows the more open possibility of being in more than one professional group. This has already been suggested as an integrated and ultimately satisfying outcome. One experienced academic said,

I really am an OT but I am an academic too, I can be both.

It seems to me that in this apparently simple statement she expresses her roots, her current endeavour, and her maturity in accepting the complexity of her own professional being. A long, sometimes hard, becoming has resulted in belongings which support and underpin her professional self, and allow her a platform for further travel if she wishes. Put more bluntly and more joyously, this participant expressed the idea thus:

I can have a foot in both camps which is great.

The lesson this woman teaches is that perhaps the need to extend the places where we can belong, and to try to allow them to support each other rather than compete with each other, is a very important part of becoming. In belonging to a community of practice we bring ourselves, our experiences and our understanding of those experiences, in this way we contribute. However, it would be unrealistic to expect that someone who has been an expert in two professional fields, who has had significant life experience outside the professional arena, can possibly be contained or satisfied as a member of only one group, and is unlikely to be satisfied in being described by one community of practice. The central dilemma of moving from expert to novice as the platform for becoming and belonging seems in this data to be resolved through a slow journey which reaches a point of comfort, though not closure, for development continues, in a multiplicity of territories in which there are both homelands and present dwelling places.

8. Critique of the Study and Further Possibilities.

No study is perfect, and this one is no exception. What has been made is an honest attempt to undertake an investigation into the professional identities of occupational therapists in higher education emphasising the participant voice. However, reflection on the enquiry has rightly resulted in a critical review of the process which was undertaken. Of course, many of the dilemmas which occurred have already been addressed in the chapter on the writing up of the study, and while I return to them here I shall only do so briefly.

The biggest question which concerned me was whether the method I had used really was the best one to use to pursue my chosen investigation (Denzin, N. K., (ed.), 2003). In choosing the method, I wanted something which gave rich, authentic data describing and explaining how occupational therapists who had chosen to pursue their careers by moving into occupational therapy education. I wanted to use some narrative because I was interested in the career journey and also in the reflections of participants upon the experiences that had brought them to their current position. By position I mean here their professional position and how they felt about it, in particular in terms of their professional identity. I also wanted to have some group discussions as I felt that the opportunity to explore ideas within a community of practice would enrich the data considerably. I was also very concerned that I did not lead the participants into my own ideas and perceptions (Denzin, N. K., (ed.), 2003). I genuinely wanted to know what their personal insights, opinions and feelings were. I acknowledge, of course, that there is no such thing as truly objective or culture-free research (Ashworth, P., 1997). I also know that I am a forceful person and can be dominant in conversation; added to this is that I have reflected on my personal career journey and on my two major professional communities of practice, and so my own ideas were likely to be more fully formed and easier to articulate than those of participants in the study. I am also a senior member of the profession, which might have affected the balance of power in an unethical and unhelpful way (Butler, J. A., 2003; Sparks, A. C., 2002). I therefore wanted to find methods which allowed participants to share their views without being overly influenced by me; of course I did influence them in that I set the agenda in the first place, had personal contact with each member, and ultimately individual interviews took place with

me. I wanted , however, to minimise the risk, and so I set up the data collection method to allow the participants to express their views without researcher presence in the first instance (Denzin, N. K., (ed.), 2003).

The immediate outcome of this, which presented problems, was that I lost control of the data to some extent. The individual narratives, and especially the focus groups very much emphasised some aspects of experience – specifically their occupation therapy identity – and did not address to the same extent their higher education experience. Perhaps, to some extent, this was salutary and it certainly challenged my expectations, but it did mean a significant rethink of the study in terms of literature and of how I might consider the data and conduct the individual interviews.

The investigation became genuinely iterative in its nature. In some ways this is in line with some of the best traditions of qualitative research (Denzin, N. K., (ed.) 2003; Miles, M. B. and Huberman, M., 1994; Wolcott, H. F., 1994; Margolin, F. A. and Margolin, S., 1992) but it does present challenges. The clearest challenge is that I found myself frequently on the back foot in terms of theoretical framework and theoretical preparation for data collection and analysis because I was not sure where the data was leading. This is, perhaps, inevitable in a data-led investigation, but it is slightly alarming and I did wonder if I was going to end up having pursued my investigation in any meaningful way at all. The desire to retain control and direction balanced against giving participants power is very difficult to achieve.

More importantly, without being present as data is given there is no opportunity for checking, clarifying or exploring at the time of participant articulation. This means that important moments may be lost or aspects of data may be misinterpreted because the researcher only has the voice and content to work with and none of the body language and facial expression which is really more important. However, the inclusion of individual interviews did allow some further exploration, which helped me to clarify some of the issues that participants were raising so that I could understand what it was they were expressing (Wolcott, H. F., 1994).

To some extent, because the data I was getting was not altogether what I had expected, I think I allowed my anxiety to lead me to more checking than was strictly necessary and I extended the community of participants further than was sensible. Instead of limiting my checks to the usual member checks and adding my own field

notes and research diary I also introduced a system of recording member comments and colleague commentaries. Whilst this was all done ethically and rigorously, and was recorded appropriately, it did extend the data base significantly. I was left with a very large amount of data which, for ethical reasons, all had to be considered as it had all been given with the express intention that it would be included in consideration for the study. This probably should have been more tightly controlled. The variety of data collection methods also led away from the original intention of focussing on narrative. The original intention of focussing on narrative was partly because this is very familiar to occupational therapists in terms of the way they conduct their practice, and so it had professional resonance (Alsop, A. and Ryan, S., 1996). I was also interested in peoples' stories aligned to some of the literature on career narrative and career development. However, analysis of the data led me to feel very strongly that the themes that emerged were, in fact, much more significant in terms of the investigation than the narrative perspective, and that the participant voice was more authentically represented within these themes (Wolcott, H. F., 1994). A central focus of the expert to novice transition recurred throughout, and the resolution of this was framed as recovery from a transition which included significant experience of loss and grief. This was apparent in narrative, but it was more strikingly revealed through a thematic approach. At no time had I suggested to participants that I would present data through a narrative framework, so ethically I had no reason to do so, but for me personally it was a change of mind and required a revision of thinking.

One thing that arises from this reflection is that Richardson (2000) points out that writing up the research in a number of ways may well change some of its meanings. In any study it is very unlikely that all the data will be used. Not all the information has been used in this study though it had all been considered. The data could be used to explore another meaning, or looked at in a different way to give a different perspective, thus emphasising data which has not been at the forefront of the way this thesis has been written. Different parts of the data could be used to explore professional identity in a different way; in many ways it seems a shame to waste the potential of generously given and arduously gathered data.

The dilemmas associated with the presentation of data have been rehearsed in a previous chapter and were considerable. There is a particular challenge associated with

presenting data to demonstrate themes – there is a danger of extracting ‘sound bite’ style quotations to support a particular point but which in its original context might, in fact, have a different connotation. I have tried to be true to original meaning as I saw it, but there may be times when I have not got this right. Dealing with the participant voice has, in many ways, been the biggest challenge in this study.

A further aspect of this has been how to present the participants themselves. I have already suggested that the reason for dividing participants into novice and expert was to emphasise the expert to novice transition, which is the central contention emerging from the data. Using Levinson’s (1981; 1990) framework to do this was in order to use a respectable and validated transition model located in life span theory, which was thus relevant to the framework of the enquiry. There is a further justification for this in that occupational therapy is a very small world, occupational therapy in higher education is smaller still, and whilst a complete guarantee of anonymity had never been given I very much wanted to protect my participants as much as possible. This seemed especially important as much of the data was personal and emotional, expressing some measure of distress in some cases. Additionally, some of the narratives would be too easy to recognise or too revealing for comfort. The sorting of participants into only two broad groups did offer some protection, whilst presenting emerged themes allowed the experiences to be emphasised. A real problem with this is that there is a risk of this enquiry feeling like a comparative study, which it is not. I hope it is quite clear that each participant is an individual who is making her personal journey at her own pace with her own aims, agenda, hopes and fears, but I am not sure. I also hope that participation in the research project has been helpful in the process.

A constant question in any research process is the place of the researcher (Denzin, N. K., (ed.), 2003; Miles, M. B. and Huberman, M., 1994; Wolcott, H. F., 1994; Margolin, F. A. and Margolin, S., 1992). I have drawn on experience of colleagues in the research community and chosen to give a personal account of myself before the reader embarks on the chapters of the thesis which most strongly include my perspective. I think this was the right decision and I have attempted to give the appropriate depth and level of self revelation, but it is a matter of judgement and I may have given too heavy or too light a touch to this. Some people may even consider it unhelpful and prefer the

researcher to be less strongly profiled; however, I rest with my decision as the best effort I can make in this for now at least.

Another challenge in a thematic presentation is that there is a tendency for it to appear that the findings of the study are generalisable. They are not. However, they became so meaningful to me, and had such authenticity within the participant voice, that I had to struggle to remind myself that I had been allowed an insight into the experience of a small number of occupational therapy academic colleagues and not uncovered a universal truth about career transition. If some of the writing in this thesis implies that I do think that my project has shown something more generalisable than it is, then I am much at fault and must take this opportunity to warn the reader against seeing this for more than it is.

I do, however, think that it has brought up some interesting ideas about the transition from expert to novice generally, which would merit further exploration since, as I have suggested, it is clearly a common experience throughout life. Further research seems indicated. Research exploring this topic in relation to research already undertaken on career journeys. Good examples are work by Holland (1996; 1997), Bejian and Salomone (1995), Collin and Watts (1996), Heppner (1998), Peiperl *et al.* (2000), all of whom have valuably explored aspects of career transition from a variety of perspectives, and emphasised the fact that career change is the norm in the experience of today's professional. However, none of these projects has overtly considered the expert to novice perspective, and this could be a valuable and interesting aspect to explore. Further research could be done into other professional communities than occupational therapy, and this would be particularly interesting as one thing that has emerged is the strength of the occupational therapy professional identity (Thompson, M. and Ryan, A., 1996; Mischler, E. G., 1984). This strength of identity naturally affects the experience of change from one professional endeavour to another, and, in particular, has influence on the sense of loss and grief. Work with people who have a different attachment to their professional groups and different attitudes to academia might provide a nice contrast to some of the findings in this study. It might also extend the work in drawing out some of the aspects that may be generalisable over a wider community and highlighting those which may be profession specific.

Further work could also usefully take place emphasising other players in the transition process, specifically research uncovering attitudes and strategies of higher education managers in supporting new colleagues in their areas might be very interesting and result in some suggestions for real improvement in managing and supporting the experience of new colleagues.

Some work is also indicated on the possibilities for changing attitudes, partly through change in the curriculum in occupational therapy and probably in other related areas, in order to support stronger links between the educational and academic areas of work and the practice elements. A good place to start might be in looking at the role of professional socialisation in producing inclusivity of individual perspectives rather than an exclusive club feel. This might also have significant benefits in supporting inter-professional working, which could open possibilities for a number of professional groups and their customers and clients. This could well lead to further work on building on Wenger's (1999) thesis on communities of practice. Possibilities here are considerable, but a particular area arising from this study might be to explore the differences between various different types of communities of practice, some of the possible resonances between them, and potentials that exist for partnerships between them.

However, the biggest research potential, as already indicated, certainly seems to be the further exploration of expert to novice transitions, either related to career or, indeed, to other areas, and I hope that this at least will be taken forward.

9. Recommendations

One clear outcome of the study is that I have gained some insight into how I might improve my own practice to enable staff in my school to be supported while they negotiate the transition from expert to novice and to expert again. This applies in particular to the occupational therapists, but I believe it would be the same for all staff to a greater or lesser extent depending on their backgrounds. There are also some recommendations which arise from the study which really need to be taken up by one or both of the communities of practice generally.

The first and perhaps rather obvious point is that an understanding of the meaning of this transition from expert to novice is likely to be the most important aspect to managing it most effectively (Boud, D., *et al.*, 1985; Schon, D. A., 1995). The transition from expert to novice is not uncommon throughout an individual's life: a child moving from primary to secondary school, the young person leaving home for the first time, beginning a new relationship after the demise of a previously familiar one, moving from being a couple to being a couple with a baby are all common examples. Something is often done to prepare for these transitions, and we may expect them to be difficult. However, the locating of them as expert to novice transitions appears from the literature to be under-acknowledged. Once the nature of the transition is understood then there is a wealth of strategies that can be employed to support the change. If the person undertaking the move from clinical practice to education is prepared for the fact that a different set of skills will be required and a different culture and set of values will be encountered, then she may not have quite such a crisis of confidence as some of the participants in this study have described and which examination of the literature would predict (Kolb, D., 1984; Bee, H. and Boyd, D., 2005; Schlossberg, N. K., *et al.*, 1995; Pedler, M., *et al.*, 2001). In the academic community into which the occupational therapist (for she is an occupational therapist on entry) moves is aware of the transition to be made then strategies could be put place to support it. There is every reason why the academic community should be uniquely understanding and facilitative of the change, but reflection on it will be needed followed by articulation and acknowledgement and

then the formation of actual strategies. There also needs to be clear recognition and planning for the fact that transition takes a long time, typically three to six years (Levinson, D. J., 1990; Schlossberg, N. K., *et al.*, 1995; Bridges, W., 2003) The occupational therapy community in general could also do much to facilitate the change by closer integration with the academic community so that there is some bridge and linkage between the two communities, allowing contact and continuity to occur more easily. The key to all this, however, is understanding, acknowledgement and the desire to facilitate the change in the expert to novice transition.

One very appropriate mechanism for facilitating the move is in the formal induction of new practitioners to education. Formal induction offered at institutional level is not always as effective as it might be. One thing that undermines the formal induction is a basic assumption that the culture is understood; often a lot of information is given to new starters which is not accessible because language and culture are unfamiliar (Freire, P., 1993; Wenger, E., 1999). There is sometimes an overload of information along with information whose relevance is not clear. A good way for induction to be handled at a corporate level might be a brief welcome from the key figures in the institutional hierarchy, so that names can be put to faces and acknowledgement of the newcomers is made. Alongside this, and continuing throughout the first year at the very least, it might be helpful to offer some more social events to give the opportunity for new starters across the institution to form groups across disciplines through which they can support each in just being new (Bronfenbrenner, U., 1994; Wenger, E., 1999; Benner, R. N., 1989). This might in particular alleviate some of the difficulties encountered by newcomers to higher education employment who do not start at the beginning of the academic year – the groups would be available for them to join and belong to. Institutional information could be drip-fed throughout the year on, as far as possible, a 'need to know basis', and most information could usefully be provided by faculties and departments so that the novice need not try to find resonances with such a large, and frequently apparently irrelevant, group until the time is right. Managing formal induction at faculty level could effectively mirror this process. Within departments induction should be informal and very much related to the needs of the newcomer, after all there is unlikely to be a large group of new starters in any department at any given time, and so induction can be personally

negotiated. The important thing is that the need for induction is valued and that time is given to it.

As a part of induction mentoring is likely to be very important, it is noted by Skovholt (2001) as vital in professional development and by Skovholt and Ronnestad (1995) as a key strategy in moving from novice to expert. The newcomer needs to be assigned a mentor who is a senior practitioner in occupational therapy education. There needs to be a clear structure to the mentoring, regular meetings which are prioritised and which in part are used to cover factual and practice topics, and also have a part of the time used to explore the feelings of the novice about her transition and development into her new role. This model would mirror supervision in occupational therapy very well. It would have the advantage of being familiar, respected and understood (Toffler, A., 1975; Allan, F. A. and Ledwith, F., 1998), it is thus a tool that could be readily used by the newcomer. Allan and Ledwith (1998) showed that supervision is highly valued in the clinical community of occupational therapy and supported staff retention; there seems every reason to suppose that a mentoring system, based on the supervision model, would be highly valued and effective in supporting the expert to novice transition. It would be familiar (Schlossberg, N. K. *et al.*, 1995) and would allow for the development of skills (Wenger, E., 1999; Benner, R. N., 1989) and the expression and acknowledgement of feelings (Schlossberg, N. K., *et al.*, 1995; Bee, H. and Boyd, D., 2005; McNeil, M., 1997). It is also cited by Chickerella and Lutz (1981) as being important in professional socialisation. One aim of the mentor should be the encouragement of her new colleague into feelings of belonging and efficacy. In particular the acknowledgement and valuing of the expertise the newcomer has brought to the new community should also be clearly supported by the mentor. A clear imperative is that the mentor must be given time to undertake this duty on behalf of the departmental community, and so it must be supported by the community as a whole and built into any workload management. The community can be developed further through a 'buddying' system, which is designed to support new colleagues in a less formal way. It is useful to allow time (a couple of hours a month to meet for lunch, for example) for those who are in the first year or two of academic practice to meet together to support each other as they see fit. In this way a community of practice

amongst newcomers to higher education can be formed to support the personal journey being made (Sugarmen, L., 2001; Wenger, E., 1999). This might go some way to mitigate the difficulty expressed by newcomers that they lacked a clear and supportive reference group.

Notwithstanding the evidence for affective support concrete information also supports the effective transition (Pedler, M., *et al.*, 2001; Schlossberg, N. K., *et al.*, 1995). It needs to be given in a clear and timely way, and written information, both hard copy and web-based, can save a great deal of time and anxiety for the new starter in higher education. The use of up-to-date, clear and easily accessible faculty, school or departmental handbooks may be very useful not only in providing clarity and information but also in giving structure to procedures and processes. The inclusion of institutional, faculty and departmental calendars also helps the newcomer to be able to set her expectations for the coming months and start to see the pattern of work for the year. Importantly, a handbook giving information tacitly acknowledges that information is needed, no one can be expected to know things by osmosis, it is all right not to know and then to ask and discover.

Benner (1989) has emphasised the importance of mastery in becoming an expert, and Wenger (1999) recognises the role of shared mastery in practice areas as part of belonging to a community of practice. Clearly a novice in higher education is not master of the skills of that endeavour, and two things need to be put in place to address her situation. One is now common in higher education institutions – this is the undertaking of a teaching and learning qualification as soon as possible after commencing at the institution, and certainly within a prescribed time. This acknowledges that it is quite acceptable and expected that the newcomer is a novice in these areas, and it develops skills for practice and celebrates the acquisition of the skills in a formal, concrete and supportive framework (Pedler, M., *et al.*, 2001; Benner, R. N., 1989; Skovholt, T. M. and Ronnestad, M. H., 1995). It is the job of managers to manage the workload of their areas so that the required time can be given to newcomers to undertake their teaching and learning qualification. A good programme also supports familiarity with the institutional processes, and so supports the transition from one workplace to another (Schlossberg, N. K., *et al.*, 1995). It also has the added effect of forming a cross-institutional community of novice

practitioners in teaching and learning. Thus is a new community of practice developed and the stage is set for belonging in more than one community of practice which sits comfortably together and even overlaps and support each other. An over-arching umbrella of higher education practice skills, which could loosely encompass higher education practitioners in a community, might begin to be formed which could offer a community of endeavour and enterprise yet still value difference and other belongings. It may be that this novice educator community is supported by the groups which it suggested are formed in the institutional induction process. Another important aspect to mastery in relation to managing transition, is the acknowledgement of skills and expertise already held (Schlossberg, N. K., *et al.*, 1995). Old practice skills will have transferable aspects, and some skills used in previous employment will be directly usable in the new environment. The mastery of these skills, and the articulation of their use, is a very important tool for managing the transition from expert to novice. The novice will need help and reassurance in this, and this is probably the role of the mentor, but it could also usefully be used in workshops in the teaching and learning programme and in discussions with peers. Academics need to learn to put this support in place as a way of developing colleagues and adding value to their own communities of practice (Skovholt, T. M., 2001). There are gains to be had for the academic community, as no expertise is ever useless and much expertise is probably underutilized in all aspects of the academic community from delivering the curriculum to high level research, through to academic management and the development of strategy process procedure and partnership. In particular government emphasis on partnership working in health areas can be well supported through the expertise of colleagues so recently working in those very areas which are need as partners in higher education – a good practical example of such endeavour is the Knowledge Transfer Partnership (Annual Report, 2004/5) designed and funded to set up just such partnership working. In developing mastery it is clear (Skovholt, T. M. and Ronnestad, M. H., 1995; Benner, R. N., 1989) that this needs to be achieved through stages, and the same is true of negotiating transition (Bridges, W., 2003). It is, therefore, imperative that those managing new academics for practice and the newcomers themselves set up permitting circumstances in which the novice is allowed to acquire skills and

understandings at a manageable and appropriate pace. Focus on the delivery of the curriculum is quite acceptable at the early stage, with new roles, responsibilities and areas of interest being added gradually as confidence is gained and the practitioner is ready for a new challenge (Benner, R. N., 1989; Skovholt, T. M. and Ronnestad, M. H., 1995; Kolb, D., 1984).

The acknowledgement of the expertise of the novice in her clinical role is likely to be supported if all contact between the new and old communities is not lost, and if there is respect between the two. This can only benefit all parties in supporting research and practice (Hammel, J., *et al.*, 2002; Forsyth, K., *et al.*, in press). It also makes the transition less severe and so more manageable, the change of communities would, of course, still be very marked in terms of the actual work and in terms of workplace culture, but the sense of loss of community and loss of expert status could be mitigated. The development of lecturer practitioner posts, joint research, joint partnership activity, joint work to support continuing professional development in both communities, the use of colleagues from one area in the strategic planning and in the quality assurance of the other, are all possible ways that joint working could be taken forward. This would have huge benefits but specific to the expert in the clinical community who becomes a novice in the academic previous experience of joint working and assurances of mutual valuing of both communities by the other would alleviate some of the difficulties associated with the career move. This would also, perhaps, encourage more movement between the communities to their mutual enrichment.

Implicit in all these suggestions is that there needs to be in the minds of all concerned support for membership of several communities of practice. A view that belonging to more than one community is appropriate and brings benefit to all, rather than to each, community competing jealously for its members' attention, is needed. A view that prioritisation of one community over another in a given situation needs to be seen for what it is, and not adversely interpreted as implying a hierarchy of communities, or even as disloyalty and betrayal. Acceptance of difference and independence of thought within communities of practice must also be celebrated if communities are to support, rather than stifle, the professional development of their

members. This will not solve the dilemma of the transition from expert to novice, but it makes the path easier to tread, the losses less, and recovery more complete.

10. Conclusions

The central finding of this study is that the transition experienced by occupational therapists moving from clinical practice to higher education is a transition from expert to novice. This is an area that has had little attention paid to it, and the experience is largely unexpected and very challenging.

The context of the study is the human endeavour of becoming and belonging within a community of practice (Wenger E., 1999, 2000). Occupational therapists are highly professionally socialised into their profession (Thompson M. and Ryan A., 1996). The study indicated that the power and meaning of occupational therapy as a professional identity cannot be underestimated. It has emerged in the study that new occupational therapists in higher education tend to retain, even increase, their professional identity as occupational therapists, using increased understanding of theory and philosophy to support this. Contact with students and the work of bringing on new members of the occupational therapy profession also tends to support maintenance of occupational therapy professional identity. The clarity of the workplaces in which the delivery of health and social care occurs, particularly the National Health Service, also supports articulated professional identity and the maintenance of discreet self-maintaining communities of practice. The fact that the first entry to occupational therapy education tends to place the newcomer firmly in the subject discipline of occupational therapy, allows some of this community of practice to continue, or at least appear to continue. The professional identity of academics is significantly more individualistic and less clearly defined; communities of practice are not so easily identified though they clearly exist and are valuable to members (Henkel M., 2000). The route to belonging is not as overtly expressed, and there are a variety of ways to become an expert academic which as a consequence can further obscure the pathways the developing academic needs to tread (Clegg, S., 2006). One highly respected aspect of the academic community is research (Henkel, M., 2000). There may be a tendency amongst occupational therapists to be somewhat anti-intellectual, and so there may not be an instant resonance with pure researchers which may hinder the journey.

The personal journey is challenging, and newcomers in academia face loss and grief. They feel deskilled and confused as their expertise is no longer appropriate or

recognised in a new and very different environment. They find it difficult to identify a supportive community of practice to help the transition, and they also have difficulty in finding means to understand the new work culture and environment. Anxiety levels run high and confidence drops significantly at the period of change (Bridges, W., 2003). Strategies for supporting the change are difficult to access, and previous skills at first seem to be lost (Schlossberg, N. K., *et al.*, 1995). This may be related, in part, to the reasons for the change in career path; some of these are related to desire to join academia, some related to wishing to leave health and social care delivery, and a considerable number for reasons of fit with other aspects of their life, especially family issues (Collin, A., 1990).

Recovery does occur but only slowly, and it was different for each participant (Schlossberg, N. K., *et al.*, 1995). Reasons supporting recovery were expressed as increased ability to understand and articulate their new role and community. Having clear roles, and often roles which allowed work across the institution, also fostered a sense of belonging as an academic and confidence outside the occupational therapy identity. Having roles outside the area of student contact also facilitated a new identity. This was explained by some participants as being because of the tendency amongst new practitioner to regard students in much the same light as clients, and so work with students maintained old identifications.

The mastery of new skills appropriate to work in higher education supports the development of confidence for the individual, and works towards the novice becoming an expert in the new field (Benner, R. N., 1989).

A clear aspect of recovery was an acceptance of membership of more than one community of practice, that of occupational therapy and academic. The development of this dual identity is also framed within the confidence and acceptance that comes with maturity in the life course (Levinson, D. J., 1990). A sense of belonging to the new community also denotes a level of expertise within academia which brings the professional journey full circle, expert to novice to expert in a new arena.

The central contention raised in this study is the issue of the expert to novice transition in the context of occupational therapists moving from clinical practice into higher education. It seems likely that the novice to expert transition is a comparatively common one across the life course, and certainly deserves further attention. More specific to this

study further work could be done on how the move from clinical practice to higher education can best be supported, and how membership of a number of communities of practice can be facilitated.

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