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The Art of Collaboration in Academic and Clinical Partnerships

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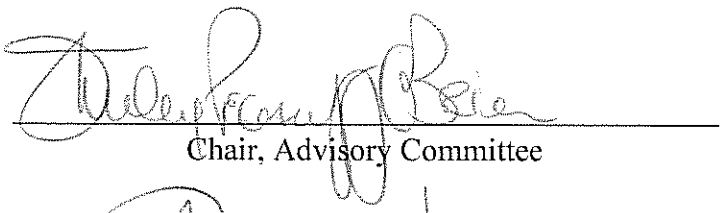

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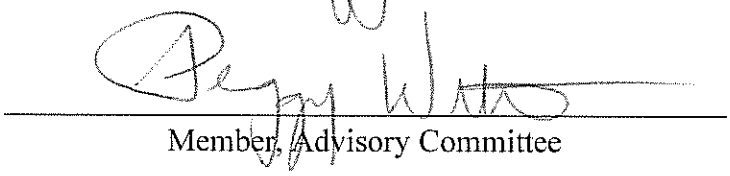

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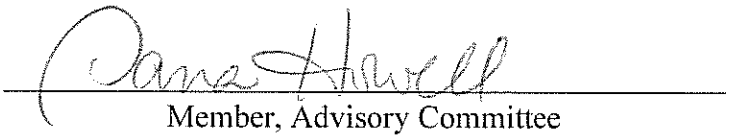

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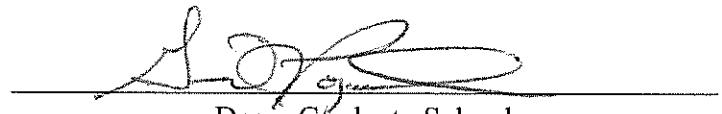

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Date March 31, 2014

The Art of Collaboration in Academic and Clinical Partnerships

By

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ABSTRACT

Occupational therapists in various settings share a professional identity valuing occupation. Their socialization into a practice setting is context-dependent, in terms of the skills needed and roles to be enacted. Collaboration between occupational therapists in clinical and academic settings benefits each participant, along with presenting challenges given the systems where they work. The purpose of this project was to delve into understanding the culture of the settings (academic and clinical) influencing a community-based research partnership. Through a mini-ethnographic approach, similarities and differences of culture emerged describing the depth of components for the collaboration between research group members. This description may lead to better understanding the unique needs of participants for collaboration in occupational therapy research. By addressing stakeholder's needs for collaboration, an environment for research support can be promoted, and contribute to the advancement of the profession.

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CHAPTER I

INTRODUCTION

Background and Need

The profession of occupational therapy continues to strive for its place among other fields at the healthcare table. Ambiguity towards the field of occupational therapy (OT) in terms of scope of practice, the benefits of skilled intervention, and role within the interprofessional-team, leads to the overall lack of knowledge of occupational therapy among healthcare professional counterparts. Asking an individual without first-hand experience of occupational therapy services about the profession may lead to a multitude of answers: uncertainty, confusion of the OT profession with others (it's like physical therapy but different), or our niche aiding others in finding jobs. On the other hand, asking an OT about his or her profession may lead to an answer, such as, "help people across the lifespan participate in the things they want and need to do through the therapeutic use of everyday activities (occupations)" (AOTA, 2013), leaving one to ponder why does *everyone* not have an OT? Thus, a misunderstanding exists between the public and professional audiences about the contributions of the profession of occupational therapy.

For occupational therapy to be fully understood, acknowledged, and valued, the evidence of the unique and invaluable services the profession provides within every aspect of the vast domain of healthcare must be exhibited. If the profession's philosophical base is not one which can stand alone, the professional lines blur between

occupational therapists and other related healthcare fields, such as psychology and physical therapy (AOTA, 1987; Bing, 1981). To align with the evidence-based practice trend in all of healthcare, occupational therapy must produce research to promote and support the profession. This is a concept which parallels the American Occupational Therapy Association's Centennial Vision, "that occupational therapy is a powerful, widely recognized, science-driven, and evidence-based profession with a globally connected and diverse workforce meeting society's occupational needs" (AOTA, 2007). OT as a profession is positioned by the vision to effectively contribute to the broad, public need for evidence. However, further understanding is needed about the development of research activities in the profession to assist with making informed choices about the structure of working relationships in the production of evidence-based practice.

History

Despite the innate aspect of occupation in relation to daily life, the importance of engagement in meaningful activity did not receive recognition in the form of a profession until the 20th century. A newer field than those surrounding occupational therapy, the profession has looked to others for the evidence and theory supporting its backbone of achievements (Crepeau & Wilson, 2013). In the beginning of OT's existence, research was considered the "first of its kind" and integrated research from other areas of study more typical. At the same time, national conferences relied on both physicians and professionals outside of occupational therapy to distinguish the key objectives in the field

(Yerxa, 1966). The socialization of occupational therapists has been more external in terms of research activities. It may be questioned if engaging in research and scholarly endeavors was an integrated value in the practice of delivering occupational therapy services.

As the profession found its footing by working with related professions, occupational therapists evolved into a growing body of knowledgeable research-driven therapists, particularly in academia. Accreditation bodies set standards and expectations for faculty preparation. Faculty must have the content knowledge to teach, and contribute professionally through research and service (Academic Development Committee, 2000). The research experience was often engaged in as part of the therapist's post-baccalaureate educations in other areas of study, allowing OTs to hone research skills to bring back to their own profession. The development of occupational science, as a supporting discipline, also has added to the shift in understanding and valuing of research (Yerxa, 1966).

The profession of occupational therapy consists mainly of female practitioners. According to the US Workforce Data, 95% of all occupational therapists are female. Historically, women have been drawn to nurturing professions, such as teaching, nursing or other "helping professions," like occupational therapy. Role socialization had been more related to helping individuals, versus the development of knowledge and understanding of the profession. The interest to attain higher levels of education seen in the profession coincided with the increase of women right's in society (AOTA, 1987). Doctoral occupational therapy programs began to emerge and a resultant, but slow increase in empirical research within the field followed as seen since the 1990's. At this

time, a reappearance of occupation as the focus of research also took place (Crepeau & Wilson, 2013). Over nearly a century, the profession has followed the footprints of its older professional counterparts. In terms of growing as a body of professionals, recognizing the need for research, and increasing the educational level of the majority of practitioners, occupational therapy has succeeded; however, a knowledge base with depth in terms of field-specific research recognized by those older professions still lingers.

For years occupational therapy has acknowledged the need for field-specific research (Baum, 1980). Brown (1994) addressed "external agents" of decreasing health care budgets, growing accountability and quality assurance demands, movement away from the medical model, and new semi-professions, as "forces impacting the profession." The article then provides an answer to such issues stating, "Occupational therapy research provides a scientific basis for clinical practice and can facilitate change and address these forces" (Gilette, 1991a,b as cited in Brown, 1994, p. 19). After nearly two decades, it can be said the profession continues to swim in the same turbulent waters of healthcare, with the need of research and evidence continuing to float around us.

Collaboration

One way to develop the needed evidenced-base for occupational therapy is through collaboration between therapists in academia and those in clinics via "strong professional relationships" (Brown, 1994, p. 20). However, most researchers currently in the field are therapists only in the realm of academia. Kielhofner (2005) stated, "many applied research studies in occupational therapy are still largely conceived and executed by researchers with practitioners mostly filling roles as consultants, advisors, service

providers, or data collectors." With this discrepancy, practitioners feel the research produced is conducted in "ideal" conditions, unclear of implications to practice, and not transferable to a practitioner's perceptions in the same situations (p.233). Kielhofner's premise that practitioner's do not value research findings further contributes to the professional role disassociation with research by clinical occupational therapists.

The idea for the worlds of academia and clinical settings to come together to move the profession forward is not novel. Various authors state the role of academia is to produce research and teach to students, who then will carry this knowledge out into the working world utilizing the latest evidence (Waite, 2012). Publications also state the dissonance between the research being done and the actual reality of clinical work (Hammel, Finlayson, Kielhofner, Helfrich, & Peterson, 2001; Kielhofner, 2005). Furthermore, the advising for acceptance of the profession to acknowledge the need for those in academia to work with clinicians, not ignore them, as it is the way for the profession to move forward (Baum, 1980; Waite, 2012). It seems the profession operates with clinicians and academicians working within the same field separated by a fence. Communication does occur, and the one can see the other working at all times; yet employing the other's ideas only at certain points, or at gates within the fence. How can the profession interact more effectively and continuously at all points along the fence? Or better yet, possibly with no fence at all? In the 1980 Eleanor Clark Slagle lecture, Baum spoke of this fragmentation and the resolution comprised of, "a link between education and practice with the purpose of further developing occupational therapy as a scientific discipline" (Baum, 1980, p. 511).

Collaboration between practitioners in the clinic and those working in academic settings may be the link Baum proposed. It moves life into reality through providing evidence of what occurs in real life for publication through research. Mary Corcoran, editor of the premier journal of the occupational therapy profession, *American Journal of Occupational Therapy*, is credited as stating, "The topics for research arise in the clinic when a profession is thriving in order to truly transform the research findings into everyday practice" (Strzelecki, 2008). Thus collaboration between clinical occupational therapists and academic faculty has the potential to move the profession forward in its unique contribution to society. In order to do so, academicians and clinicians must partner with one another, merging separate purposes into one. This idea continues to be shaped, through community partnerships with various stakeholders.

Academic-Community Partnerships

Partnerships bring various groups, individuals and/or stakeholders together around a unified purpose. One type of partnership is the academic-community partnership or community-campus partnership, existing when an academic institution and community or community agency work together to address a community need through variety of models and structures (Jacobs & McCormack, 2011, p.319). The ability for such systematic and comprehensive partnerships to occur between academic and community settings has been facilitated by: resources from federal programs, greater importance placed on hands-on learning within the community for students, and shift in views of the scholarship piece for faculty to include engagement of research, teaching, and service to the community (Bringle & Hatcher, 2002, p. 504). The relationship has the

potential to be beneficial for all stakeholders. Thus, establishing an academic-community-clinical partnership may assist the profession in effectively and efficiently addressing the core intent of the AOTA Centennial Vision: providing a science-driven, evidence-based profession that meets the needs of society.

Problem Statement

The profession of occupational therapy understands the need for more collaboration between the two settings, educational/academic and clinical, on research in order to produce the most effective, up-to-date evidence, "The connection between academia and clinical settings has become even more critical as the profession moves toward evidence-based practice" (Waite, 2012). Furthermore, this evidence-based research will offer the scientific support for our profession in the healthcare arena. Research is core to the evidence-based practice movement. However, occupational therapists continue to struggle in the bifurcation of needs for research and direct service delivery.

Collaboration appears as an efficient compromise in evidence-based practice as touted in the literature over two decades (Brown, 1994; Kielhofner, 2005; Strzelecki, 2008; Waite, 2013). Yet, collaboration between academicians and clinicians has not been accepted within professional socialization in occupational therapy as a regular practice. "Joining forces with others can sometimes be a challenge, particularly when the worlds are seemingly at opposite ends of the occupational therapy spectrum, as with clinical practice and academic research" (Strzelecki, 2008, p. 9). Forming partnerships between faculty and clinicians can and should foster multiple benefits to the profession

Statement of Purpose

The purpose of this study was to delve into the culture of the two settings, exploring similarities and differences, with intentions to describe collaboration between faculty and clinical occupational therapists in a particular research project. This description may lead to a better understanding of the needs for successful collaboration between occupational therapists in terms of cultural influences in occupational therapy settings. By exploring the unique perspectives of academic (faculty) and clinical occupational therapists, resultant values may be identified and better understood to produce the needed evidence-base supporting the profession of occupational therapy through collaboration.

Research Question

What is the culture of occupational therapists in the settings of both academia and clinical practice, and how does culture influence the professional collaboration of the two?

Probing Questions:

- What does an OT (both academic and clinic) feel is his or her role in the selected research project?
- What traits do the OTs feel benefited or inhibited collaboration between the research group?
- While working on the research project, how would the OTs describe a typical work day? Week?
- How would the OTs describe their work environment in their setting (temporal, spatial, social, and virtual)?

- How would OTs describe their working relationship, both challenges and benefits, with the academicians (or clinicians) they collaborated with on this project?
- What is the value of participating in such a project as this one?

Definition of Terms

- Organizational Culture: reflects the values, beliefs, and norms that characterize an organization as a whole (organizational culture, n.d.)
- Professional Identity: the relatively stable and enduring constellation of attribute, beliefs, values, motives, and experiences in terms of which people define themselves in a professional role (Ibarra, 1999; Schein, 1978)
- Collaboration: a process in which people with common interests and goals pool their efforts for the purpose of accomplishing a specific project or task (Monk, 1988 as cited in Brown, 1994)

CHAPTER II

LITERATURE REVIEW

Introduction

The following chapter summarizes the appraisal of literature via multiple resources. To form a foundational knowledge base in relation to this research study, the database EBSCOhost was utilized. Articles from multiple disciplines were compiled. The compilation of Eleanor Clarke Slagle lectures found in A Professional Legacy offered a retrospective evaluation of the profession over the years (Padilla, 2005). Various search terms relating to the topics of professionalism in occupational therapy, organizational culture, and collaboration were consumed. While the principal focus of searches revolved around occupational therapy literature, literature from social sciences and other healthcare professions were included. Furthermore, examination of articles for recent publication was conducted although the influence of the profession's history required inclusion of older publications as well.

Occupational Therapy as a Profession

The profession of occupational therapy can be found in various settings across all populations and ages. Occupation at the core of the profession lends itself to this universal match between client need and occupational therapy skilled service, as occupation is central to human function. The profession originated in the early twentieth century from psychologists, social workers, and nurses recognizing the therapeutic power

of "doing," and found its footing within the mental health setting. The historical context in which the profession developed is of great importance, as the arts and crafts movement, women's rights movement, and both World Wars significantly impacted the founding and evolution of occupational therapy (Peters, 2011, p. 205). The progression of occupational therapy into a profession involves a unique backdrop, twisting the feminine influence of a female-driven workforce between the political landscape and male dominated, scientific world of healthcare.

Although the term profession may be used sparingly, society's approval and acceptance of a profession includes meeting formal and informal standards. Expectations of licensure and fee setting along with the coinciding social status and perceived value of services offered influence the way in which society views a profession, if attainment of this status can even be accomplished (AOTA, 1987). As occupational therapy developed, its members began evaluating its professional status. In the American Occupational Therapy Association's (AOTA) publication, Occupational Therapy: Directions for the Future, the five critical elements of a profession are outlined as: expertise, education, formal organization, advancement and specialization, and an ethical code (1987). Occupational therapy toiled for decades on its attainment of the professional label, and likewise, the profession and occupational therapists have struggled to define the role of occupational therapy, could there be a link between the two?

Attainment of the professional label holds more power for occupational therapy than societal acceptance, as it is through this label socialization of occupational therapists occurs via formation of professional identity. Socialization includes internalizing the culture of a group, including norms, roles, values and skills (Wentworth, 1980 as cited in

Sabari, 1985). Beginning during the academic experience of occupational therapists, Grossman (1992) associates professional identity with evidence-based practice stating, “the search for identity must be supported by empirical research and a critical attitude about our work and its relationship to societal health” (p.7). With the question of occupational therapy’s professional status, the difficulty for both OT and its therapists to identify the role they play can be understood; therefore, professional identity and socialization seems to be a key factor supporting the profession’s vitality.

Organizational Culture in Occupational Therapy

Between the existence of occupational therapy in multiple service settings and the external influences on the profession’s development, differences and similarities in the organizational culture within the profession itself can be hypothesized. Bloor and Dawson (1994) comment on such development stating, “both professions and organizational cultures are products of their histories and that they are similarly shaped by internal and external factors" (as cited in Morgan & Ogbonna, p. 43). While multiple definitions of organizational culture exist, for this research study the following definition was chosen, “organizational culture reflects the values, beliefs, and norms that characterize an organization as a whole” (organizational culture, n.d.). Morgan and Ogbonna (2008) relate organizational culture to professions stating, "...in the context of professionals, organizational culture is best conceptualized as a multi-layered co-existence of values, some of which are sacrosanct and others of which are subject to re-interpretation as human actions and interactions change" (p. 61). Organizational culture in healthcare settings has been assessed previously (Coeling, H., & Simms, L., 1996;

Morgan, P. I., & Ogbonna, E., 2008). Occupational therapy must possess similar components within its organizational culture to unite the profession, yet differences must occur as well in relation to practice setting and personal experiences.

Collaboration

Collaboration exemplifies the saying, "two heads are better than one." The process of collaboration allows, "people with common interests and goals" to "pool their efforts for the purpose of accomplishing a specific project or task" (Poteet & Monk, 1988, p. 406). Extensive research exists on collaboration and the components which make up a collaborative group along with those which inhibit it.

Moore (1997) evaluated the collaborative approach between clinicians and academicians in physiotherapy based on the characteristic constraints present in each environment. The idea of establishing a "research culture" comes forth and reference to Balin, Breslin, Weirengen, and Shepard's (1980) barriers to research in a clinical setting for physiotherapy is made (as cited in Moore, 1997). The barriers to research found by Balin et al., are as follows: lack of familiarity with the research process and lack of statistical support for analysis, lack of funds and lack of time, lack of managerial/administrative philosophical support, lack of consistent patient load, lack of research consultant, unwillingness to make research a priority, lack of equipment, unfamiliarity with statistics, inability to give up revenue-producing time, and lack of administrative support (1980). These barriers were found in physiotherapy, yet their transference to occupational therapy can only be hypothesized.

Literature on collaboration in occupational therapy exists as well. Brown (1994) encourages fostering of collaborative research by development of professional partnerships between academics and clinical therapists (p. 20). The article outlines multiple advantages and potential difficulties of collaborative research assembled from several sources. Support of collaboration to "close the gap between academic research and daily practice" comes from Strzelecki (2008), going on to infer the differences between academia and the clinic can make collaborative efforts a challenge (p. 9). Waite (2012) implies collaboration provides the avenue to connect to clinicians through reciprocal relationships. An overall emphasis on the benefits of collaboration between academia and the clinic exists, but not without acknowledgement of several barriers which must first be overcome.

Obstacles for Collaboration

As previously stated, the process of collaboration can be influenced by the context in which it occurs and the individuals collaborating. Krusen (2011) examined the expectations of standards, customs, and social processes which can be unrecognized and unspoken in different occupational therapy practice settings. The concept of "hidden curriculum" describes "the customs, rituals, and implicit rules of organizations" (Krusen, 2011, p. 547). Occupational therapy barriers for a culture conducive of collaboration in academia is discussed by Hammel, Finlayson, Kielhofner, Helfrich, and Peterson (2001), with the barriers being a belief of research as an independent endeavor, the emotional and competitive traits of scholarship work, and hesitance to integrate students into research for fear of limiting creativity or unfair treatment by faculty (p. 166-167). The article

includes a summary of steps to create a community for scholarship practice. The activities considered for norming 'a culture of scholarly collaboration" include: a) provide multiple forums for sharing scholarly activities, b) define and negotiate roles and expectations of all members in the community, c) develop and maintain clear ground rules for scholarly activities, and d) identify win-win outcomes of participation in scholarly activities and negotiate plan of action to ensue successful completion (Hammel et al, 2001, p. 162).

With a single, collective purpose in sight clinicians and academicians form a partnership of mutual cooperation and responsibility through collaboration. Partnerships involve multiple parties bringing their own contributions together, in turn, offering mutual benefits. For this reason, the collaboration between academicians and clinicians could be considered a partnership. Suares-Balcazar et al. (2005) summarizes what entails maintaining a partnership into seven principles: 1) developing a relationship based on trust and mutual respect, 2) establishing a reciprocal learning style, 3) developing open lines of communication, 4) maximizing resources, 5) using multi-methods approach, 6) respecting diversity and building cultural competence, and 7) sharing accountability (Jacobs & McCormack, 2011, p. 319). Intraprofessional collaboration is important, however in today's healthcare, partnerships between professions can be just as important and expected.

Interprofessional collaboration has risen to the forefront of healthcare practice. Core competencies for healthcare professionals have been developed for interprofessional education (Interprofessional Education Collaborative Expert Panel, 2011). These competencies highlight the need for communication skills, understanding of professional

roles and responsibilities, along with teamwork. Previously referred to as interdisciplinary practice, the term has been refined to better reflect the sharing and teaming between various professions. The partnership expectations, as noted by Suares-Balcazar (2005) echo professional values needed in this type of practice. The American Occupational Therapy Association, in revising the Accreditation Standards of an Accredited Program for the Occupational Therapist (2012), acknowledges the importance of teaming skills as an entry level expectation. Thus, OT professionals should possess core skills for collaboration in practice.

Summary

In reviewing the literature, achievement of a foundational understanding of professionalism, organizational culture, and collaboration in relation to occupational therapy occurred. With difficulty in attainment of the professional title, occupational therapy had to fight for society's recognition. At the same time, the difficulty in defining the OT role can be attributed to the difficulty in forming a professional identity. Another contributor to professional identity formation is the organizational culture of the group. It is through socialization into this culture, professional identity begins. Relating back to difficulty in defining the OT role, socialization can be difficult if the culture of the group is not completely understood or developed. However, without the interactions between occupational therapists and occupational therapists with others, the processes of professional identity and socialization into organizational cultures could not occur.

One form of interactions is collaboration. Occupational therapy acknowledges collaboration and the importance of such partnerships to move the profession forward.

Likewise, acknowledgement of barriers inhibiting or complicating the collaborative effort exists. Yet, literature outlining the process of collaboration through partnerships between academicians and clinicians is limited. The existing literature supports the need for such partnerships suggesting barriers, outcomes, and other factors; however, the description of what such partnerships entail using evidentiary support is missing. Therefore, the success of the collaborative group in this research study between academicians and clinicians warrants questions into the organizational culture and professional identity within this partnership.

CHAPTER III

METHODOLOGY

Study Design

The qualitative methodological approach of ethnography affords one to study a culture-sharing group to uncover the meaning behind behavior, language, and interaction of members (Creswell, p. 90). With roots in anthropology and sociology, the approach is unique in its ability to capture the essence of a group beyond reflection of personal experiences. Staying true to the chosen approach, techniques of semi-structured interviews and participant observations afforded my emersion into this culture-sharing group (DePoy & Gitlin, 2011, p. 131).

Ethnography seeks to capture social behaviors of a group utilizing thick description. Most studies, ethnographic in nature, require extensive time of the researcher(s) to become a member of the group. With this research study being completed as a thesis at the master's level, the time frame for completion did not allow for me to "go native" but instead, to maintain a degree of objectivity, which can be lost in complete emersion into a group. While at times from an outside perspective one may see me as an equal group member, I still believe full emersion into the culture-sharing group was not reached within the time frame for this study.

Unlike quantitative research approaches, the standard foci of reliability and validity transform to meet the overall intentions of qualitative research to elicit the subjective nature of phenomena. Therefore, the terms, credibility, authenticity,

transferability, dependability, and conformability, become the ideal markers for validation and evaluation in qualitative research (Lincoln & Guba, 1985 as cited in Creswell, 2013). In this research study, various strategies were implemented to achieve "trustworthiness:" an audit trail detailing my research process, triangulation of data from multiple sources, participant representation from all three work contexts, peer debriefing with my thesis mentor, and reflexivity as the researcher.

Creswell (2013) identifies reflexivity as the positioning of researchers within their writing by being, "conscious of the biases, values, and experiences that he or she brings to the qualitative research study" (p. 216). As the researcher, I could not extricate my lived context as a student from the study. For this reason, acknowledging the influence of academia on my current daily life was a frequent action of mine throughout the research process. Furthermore, reflexivity was obtained in this study by distancing myself from results found in the previous study by Maness, McCane, and Murphy (2012) from which the current study originated. Although I knew the intentions of the original study, the exact findings were discounted until the completion of analysis with the current study's data.

Current Study

As the current study builds upon a phenomenological study previously completed and presented at the 2012 Eastern Kentucky University's Occupational Therapy Research Day, this study moved beyond the therapist's verbal accounts to include the larger social system revealing possible opportunities and challenges for occupational therapists in maintaining a collaborative research relationship (Maness, McCane, & Murphy, 2012).

Beginning in the summer of 2013, the purpose of this study was to uncover the culture of occupational therapists for both academicians and clinicians and the possible influence of culture on the professional collaboration of the two. Therefore, to create a cultural portrait of the collaborative academic and clinical partnership, an ethnographic approach was chosen to gain thick understanding of the culture within this partnership.

Participants

Participants in this research study consisted of occupational therapists from one academic and two clinical settings collaborating on a research project. The entire group included seven clinical and two academic occupational therapists, with the number of clinical therapists varying throughout the time of the partnership. The participants in this study were selected through purposeful sampling methods. Inclusion criteria included collaboration within the partnership between academic and clinical therapists. Originally, participant selection aimed to exclude therapists who participated in the previous phenomenological study; however, due to external factors in relation to concerns of a clinical therapist's personal life inhibiting her ability to work, one clinical therapist participated in both studies. The IRB was not affected by this change, as participant description in the original IRB included two clinical OTs and one academic OT from this collaborative group without stating further specific participant requirements. Demographics are presented below, in Table 1. Demographics.

TABLE 1. Demographics

	Gender	Years of Practice (as reported)
Clinical OT 1	Female	8.5
Clinical OT 2	Female	13
Faculty OT 1	Female	42

Setting

The group central to this study, formed through collaboration of an academic and clinical partnership, originated in 2009. Eastern State Hospital, an inpatient mental health hospital located in Lexington, KY, implemented a program based on sensory integrative theoretical principles. The program evolved from occupational therapists, Tina Champagne with her work in utilizing sensory strategies with the adult mental health population and Karen Moore's program *Sensory Connections* (Champagne & Stromberg, 2004; Champagne & Koomar, 2011; Moore, 2005). A similar program was implemented previously at Appalachian Regional Hospital in Hazard, KY. Both clinical sites believed the programs were producing positive outcomes. Unsure how to validate their successes and contribute to evidence in mental health practice, the clinicians sought guidance from academicians at Eastern Kentucky University (EKU). This educational institution is believed to have been chosen based on location and established connections, as the clinical therapists previously graduated from EKU.

Procedures

With the approval of the research study by the Eastern Kentucky University Institutional Review Board in June of 2013, I began to familiarize myself within the group and both the academic and clinical work settings. I made great attempts to norm myself within the group of collaborating therapists in this research study. First, I began attending group meetings as an observer: watching interactions between group members, drawing maps of the context, and taking field notes. Second, I observed the contexts of each setting group members' work in daily, including both clinical and academic sites. Continued emersion after collection and analysis involved presenting with group members at professional conferences. In this study, access was granted through a gatekeeper or key informant. DePoy and Gitlin (2011) describe this group member's role as, "a facilitator, or a bridge between the life of the group and the investigator" (p. 182). My advisor, who contributed to the group as an academician, acted as the gatekeeper. Once I established an entry point, field activity commenced. By attending group meetings at both Eastern State Hospital and Eastern Kentucky University, observing the program which was evaluated through this partnership implemented first-hand by occupational therapists, and completing interviews within each participant's work context, I immersed myself into their cultures.

Data Collection

As stated previously, data collection involved interviews, observations, and participant photography. In August I began contacting participants to confirm their involvement, and determine a time for interview and observation of their work context.

The participants were given their choice of interview by phone, email, or in person. All three chose in-person interviews at dates and times of their convenience. The first interview took place with a clinical OT at a site I had previously observed. The second interview involved the academic OT, and the last interview the second clinical OT. Observation of the academic context occurred daily in my lived experience as a student at EKU, and observation of OT skilled service at the second clinical site did not occur due to a decrease in services at that time. Observation of the participant's work context of where OT services with or without patient interaction and participant's offices was completed. The interviews were semi-structured with the questions listed in Chapter I and probing questions to further explore the partnership. The interviews were digitally recorded, saved to my computer, and later transcribed. At the time of the interviews, each participant was asked to take four to five pictures of their work context of importance to them or vital in their day as an OT in their practice setting. The participants sent the pictures to me via email, and a physical copy of each was made for analysis. At this point, data collection evolved into data analysis.

Data Analysis

From the data obtained through transcribed interviews, participant observation, and photographs, the data analysis process followed the spiraling contour described by Creswell (2013, p.183). Beginning with data collection via text and images, the spiral exemplifies the non-linear property of qualitative research. In order to explore the data, codes were formed from the shared patterns present in multiple sources. The codes were emergent and evolved with continuous data analysis. Each interview was read and then

re-read multiple times. As concepts reemerged in the text as I read, codes were given. These codes were then condensed into themes representative of the studied academic and clinical partnership. In support of the themes emergent from the transcribed interviews, these themes were contrasted with the participant photographs as well. In this case the photographs acted as a secondary data source supporting the themes. The participant observation, including any field notes taken, was not coded. Instead, these experiences and documents offered a foundation to introduce myself into the context and partnership before analyzing the data. Through narrative writing and figures, the data is presented consistent with the methods true to the qualitative approach of ethnography (Creswell, 2-13, Table 8.2, p. 191).

Theoretical Approach

The theoretical approach of a study limits relevant data and ultimately guides the development of the research framework (University of Southern California, n.d.). For this study, moving outside of the occupational therapy literature into other disciplines for inclusion of the concepts of culture, professional identity, and collaboration led to the theory of social constructivism.

Social constructivism is rooted in psychology, however educational research across various fields utilizes the theoretical principal to describe learning processes. Patton and McMahon (2006b) states the importance of the thinking and processing of individuals in social constructivism (as cited in Bassot, 2012). Social constructivism and constructionism, both contextualist approaches, can be confused; yet, the two theories differ on where reality is constructed. Social constructivism views construction of

meaning from the "social and psychological worlds through individual, cognitive processes" and constructionism believes it is through social processes and interactions which meaning is constructed (Young & Collin, 2004, p. 375).

Social constructivism moves beyond the focus of the individual's internal cognition, as with constructivism alone, to include, "knowledge is constructed through participation in activity rather than acquired purely cognitively" (Bassot, 2012, p. 7). Bassot (2012) explains the importance of linking the terms social and constructivism as it: 1) emphasizes the interpersonal component of learning as interactions between individuals construct knowledge and meaning, 2) emphasizes norms and values passed through generations via social and cultural contexts (p. 7). As this study aims to describe the organizational culture of a collaborative partnership, the influence of interpersonal interactions, norms, and values included in social constructivism align with the study's intent. Philpott and Batty (2009) examined global partnerships within medical education using social constructivism concluding, "in an increasingly globalised world, collaborative efforts to develop the health care workforce are here to stay. As medical learners intermingle and collaborate with learners from other settings, they share their perspectives and observations" (p. 924). It can be hypothesized collaborating medical learners would be similar to the occupational therapists participating in this study.

CHAPTER IV

RESULTS

Introduction

The following chapter contains the results of this study presented in categorical groups. Using the transcribed interviews, three themes developed from five categories found using seventeen descriptive codes, as seen in Table 2. Themes, Categories, and Codes: there are both cultural implications within the collaborative process related to contexts and characteristics; Components of collaboration evident in this working group. These themes and comprising categories will be presented first supported by verbatim quotations from transcribed interviews (delineation between an academician or clinician will be given after each quote in parenthesis), followed by the correlation of these to themes from the participant's photographs.

TABLE 2. Themes, Categories, and Codes from Interviews

THEMES	CATEGORIES	CODES
Cultural- Context	System Influences (Internal and External)	- Work Environment - Aspects - Research
Cultural- Characteristics	Values	- Interests - Motivation - Values
	Perceptions of Professional Roles	- Academicians do - Clinicians do - Ask Questions - "Go getter"
	Traits (Personal and Professional)	- OCD/Perfectionism - Ask questions - "Go getter"
Components of Collaboration	Collaboration	- Communication - Student involvement - Sharing of expertise knowledge - Increased numbers - Continuous involvement - Networking - Flexible

Results

1. Cultural Implications on Collaboration

System Influences

Through the interviews, participants expressed the influence of the work environment on their engagement with the project. These influences were both external and internal in nature.

External influences included changes in the facility, job responsibilities and expectations, and temporal constraints. Changes in the facility could be either related to personnel or physical changes. One participant stated,

> "But I have taken on additional responsibilities at work because we lost our executive director, however we just got a new director Monday. So, some of those responsibilities that I've had for three months is starting to go away to where I am having more of a normal day" (Clinician).

This participant merged her position with another to meet the needs of a work environment with temporary staffing concerns. Another mentioned the implications from moving her workplace to a new location,

> "I think it is just to do with this new transition and move has got everybody extra busy right now" (Clinician).

This physical change required all staff to adjust, increasing their efforts at work.

Participants also reported various responsibilities and expectations of their positions of importance to participation in the project. Along with the increased workload related to personnel and physical concerns above, the addition of projects including the research project this study examined, increases responsibilities and expectations.

"…I think it was just having, feeling a little bit overwhelmed just with work projects" (Clinician).

and

"This is an additional, this a project, and we still have our work responsibility, so this is something in addition to" (Clinician).

The culmination of the previous external influences alludes to the evident influence of time, or temporal constraint. The work schedules of differing positions and work settings can create difficulty in collaborative efforts, evident in the statement,

"Our academic schedule with summers off just made it really hard to keep going through the two summers that we have now been involved" (Academician).

With the influence of job responsibilities and expectations, a participant from the clinical setting acknowledged the link of both expectations in practice of their setting and temporality of participating in research to influence their work with the project.

"…because it had been a long time since I had done any research. So I thought we might need a little help with that" (Clinician).

and

"I do not have to do it (research) on a daily basis like they (academicians) do" (Clinician).

Work influences can be internal as well, originating from the therapists themselves. The clinical therapists held positions of management with multiple roles to fill one stated, "...we wear multiple hats here," in response to a question of her current job title. The ability for these clinical therapists to participate in the project originated in their abilities to adapt the work environment to meet collaborative needs.

> "----'s involvement because she has the ability to give people the time to do those things and so I learned again in terms of the academic clinic partnership is that without management support none of that would be possible because they would not have been able to take the time to come over for a lunch meeting" (Academician).

Furthermore, holding these positions of management gives insight into the internal influence of these clinical therapists to go beyond expectations and responsibilities of their positions.

> "The clinical people are the doers and a few of those people sort themselves out and say I really want to think about what I am doing" (Academician).

Values

The therapist in the project held common values which came forth: Interested in the project, Respect for one another, Research is vital, Formation of friendships, OT is important, and Motivation for the project. Although the clinical and academic therapists may have different roots of these values, the overall value existed for both.

Both clinical and academic therapists held interest for the project before starting. One participant stated she initiated the project, showing her value through pushing it forward from the origin. Another participant explained when she joined the project as when she, "decided it would be important do" (Clinician). Greater than the specific project these participants collaborated on, one participant showed value for being involved outside of her academic setting, "I have always been involved in some kind of clinical practice" (Academician). Interest can come from personal interest for the participants,

> "I have always wanted to do some research in some kind of mental health practice, and have never had the chance to do that because there is so little of it out there" (Academician).

Multiple times the participants expressed respect for one another, another value shared in this study. One clinician also with minimal experience in instructing in the academic setting acknowledged her understanding of academic instructors as "time consuming." She related her work in clinical practice to knowing the academic setting is busy as well. The internal influence previously mentioned created respect from one participant for the others,

> "Which I guess leads me to why I have such great admiration for the team members because they really are so internally driven" (Academician).

As would be expected from therapists, from any practice setting, who collaborate on a research project, the participants valued research. Each participant chose to participate, and therefore exemplified the importance of research in their perspectives. The importance went beyond a personal value, to one of professional importance,

> "I think research is very, very important. Not just for me, but for the profession of OT...and though I don't like to necessarily to do research myself all the time, I think it's important that we have that to back up our profession and to incorporate as evidenced based practice in our profession on a daily basis" (Clinician).

Beyond research, the participants held value for their profession. The importance of occupational therapy was evidenced in statements like, "…I knew what OT could bring to the table" (Clinician) and merging the importance of the two with, "So to me the more research we have out there, the more we can demonstrate our importance and our

worth" (Clinician). The participants also linked research and the profession with mentioning publication of research helps all therapists in the profession execute their jobs at a higher level.

The participants also expressed a value in relationships via the friendships established with the project. The relationships were built through the collaboration and intended to remain by the participants for the future after completion of the project.

> "I like hearing about their lives. I like hearing about what they were doing and their enthusiasm for the project" (Academician).

The multi-year project required each participant to choose to remain part of the collaborative team. This decision to stay active with project came from individual motivation, the last value. Both the academician and clinician's motivations stemmed from sharing their findings with others. The way in which each did so differed. In the academic setting it tended to be through publications, "Our reward system reinforced that. We need this publication. They don't" (Academician). The clinicians were motivated to share in whatever way possible. Both clinicians reported in response to the question of what experience most exemplified collaboration in the project at conferences, while the academician's response involved writing an article for publication.

Perceptions of Professional Roles

Another cultural implication included the roles the participants felt coincided with their profession. The role of researcher was perceived to be part of the academician's role by both clinical and academic therapists in this project.

> "I would never do it initially without the academic setting, because again, I see them as being the professionals when it comes to research" (Clinician).

For this reason, a clinical therapist alluded to research fitting into the academician's role more clearly, "It probably worked better in their setting and doing the research, whereas here it was something external what we did." Writing as one aspect of the research process, would then be considered part of the academician's role too, "I see my role on the team as a writer primarily helping to develop the research question, but then really doing the writing part of it." Of note, one clinician stated she wished the other participants could do more writing with the project, and she also was the clinician with an academic setting background.

As research belongs to academia, providing the treatment to clients belongs to the clinic. The role of the clinicians on the project, from both participants in both settings, was to collect data.

> "Obviously, we are treating patients whereas the academic setting, they are teaching students" (Clinician).

One summarized the clinician's role as, "Well I think the clinicians were the doing people" (Clinician). The participants also saw academia as providing the learning to then be applied in the clinic. Acknowledging the day to day focus of clinicians, while academicians possessed a global outlook of their professional role.

As research was seen as an academician's skill, participants also viewed academicians as guides for the research process. Clinicians see the academic therapist as one, "to set the parameters" and for "directing us where we need to go." The therapists were able to fulfill this role in this project with the reflection of an academician,

> "I think making the clinicians feel like they could do this was a really important

part in the beginning. I think they have developed self-confidence, and a sense of more security about what they're doing, with research"

and a clinician,

"So the research knowledge and you know ability to tell us how to do this project was very insightful for us."

Traits (Personal/Professional)

The interviews presented various traits, both of the therapists and the profession, which complemented this collaborative group. The participants exemplified leaders and described one another in this way as well. The clinicians led the way by starting the project and looking for answers to clinical problems and questions others had not. Also, participants used the terms OCD, control freaks, and organizers to describe themselves and other occupational therapists.

"There's this OCD to get it right. You know, I don't want to say perfect, but to get it right and we want to dig down to get answers" (Clinician).

While possible differences between the setting of academia and clinic were of focus, the participants describe the differences among all settings of practice for occupational therapy. Therapists tended to work in a setting based on their specific traits and the requirements of therapists in the setting.

"So I think the people who choose to work in mental health have some very different traits than those who choose to work in a large, outpatient rehab center" (Academcian).

Participants recognized the need to network across all practice settings, not just a specific area.

> "Yeah, within OT, is pretty interesting because we tend to get much more into our little boxes that I think have to do with practice area than we do across OT" (Clinician).

Temporality can affect people as other traits do. When asking their favorite time of day, all three participants mentioned lunch.

> "Over lunch. I am a really good lunch person. Let's work over lunch cause that's my good time" (Academician).

This time was used for work, relaxing, and socializing. More importantly, the meetings for the research project were held during lunch time at alternating sites, which seems to be most fitting for its members.

Last was a trait not so direct in definition, Professional labels. Professions can be labeled by others based on the aims, professionals, and ideals. The idea of occupational therapy being a profession of evidence-based support, in terms of increasing and implementing for best practice. Also, the idea of aspects of the profession and occupational therapists being negative and positive. For instance, the label OCD, and the positive and negative meaning it can hold. Last, the influence of society on the profession,

> "I think increasingly we don't want careers, we want jobs. But that's part of the society we live in, where students are being sent to college by their parents to get a job. I don't think that's what college is for, I think it's for an education" (Academician).

The participant went on to link this view with the history of occupational therapy being a Caucasian, female profession. Furthermore, she linked it into the increasing level of education females are attaining in today's world.

2. Components of Collaboration

While intentions for this study included delving into the cultures of the academicians and clinicians for potential implications on the collaborative process, components of collaboration which helped this group succeed emerged from the data: sharing of knowledge and expertise, flexibility, communication, number of participating collaborators, formation from established connections, student involvement, and involvement throughout.

The collaborators formed the project knowing the knowledge and expertise each held, and the ability to share it with the others. The academicians came from backgrounds vital to the sensory and mental health focus of this project, "So I said I'd love to and decided having ---- around would be helpful with her expertise in sensory integration, and mine in mental health." The participants used established connections with one another to form the research group from knowledge and expertise areas. Clinicians knew academicians from school, and clinicians knew one another from previous interaction based on practice setting. The participants became flexible in terms of time, responsibilities, and roles for the project to evolve. Various forms of communication allowed the participants to stay connected and focused. Communication through phone, email, and in-person were utilized. Participants talked about the number of contributors to the project,

> "And I think it's just partly the sheer number of people making sure that everyone is included and trying to get input into everything that we do" (Academician).

While more contributors required informing of project intentions and current research along with losing skilled members, the positive outlook of introducing new, younger therapists to research was noted. Along with the number of participants, the involvement of students was a staple for this project. Students involved in various ways contributed to the team throughout the process.

> "I think that was very refreshing because I think though we get students from fieldwork here, it is really different to have students come for a research project or a thesis project and help with the areas. So I thought that was really beneficial to us" (Clinician).

Another important piece with this project, while some of the contributors to the project came and went, was dedicated involvement by the majority throughout that provided a base for the collaborative process. Members who were not part of the project throughout were a source of difficulty for the group as whole.

Photographs

Originally planned as a secondary data source, participants were asked to photograph objects within their work context representative of them as an occupational therapist. The participants were instructed to exclude people from the photographs for concerns of confidentiality. With the limitations placed on the photographs for such reasons as confidentiality and variances in comprehension of instructions by participants, the photographs did not adequately provide a secondary data source in this study. Instead

the photographs offered a form of triangulation to reveal strength in the themes originating from the interviews. With the categories from the analysis of the transcribed interviews formed, the pictures were then analyzed for possible relationships to the existing categories. Given in Table 3. Photograph Descriptions, certain findings were noted of importance in relation to the study.

TABLE 3. Photograph Descriptions

Participant	**Photographs of…**
Clinician #1	Contexts - physical spaces where therapy services occur; therapy equipment located within the context (tables, chairs, rockers, checkers, crafts in closet, decorations, artwork from clients); participant's cat
Clinician #2	Therapy items - sensory modalities used in programming at this clinical site (candy/gum/suckers, Sensory Cabinet Manual, scented hand-sanitizers, therapy ball, and weighted vest)
Academician	Lifestyle Performance Model (theory), therapeutic activity with sea animal cut-outs, and relationships (co-worker, daughter, and previous student)

A general summary of the photographs is presented in Table 3. While other categories may originate from the pictures upon analysis, the photographs were analyzed for support or contradiction of the data originating from the analysis of the transcriptions. The

photographs strongly depicted the category Perceptions of Professional Roles. From the interviews, participants described the clinician's role as 'the doers' and the academician's role as 'the researchers.' The clinician's photographs contained the contexts and materials to provide therapy services, allowing the clinicians 'to do.' Concurrently, the photographs from the academician depicted the research nature of her role with the presence and influence of theory and her value of relationships: one being a poster presentation with a colleague, one the graduation of her daughter, and the other a student who she previously acted as an advisor including the completion of a thesis research project and published article. A common thread of research was spun throughout her identity as an occupational therapist. Again, these pictures alone could reveal other premises on these participants as occupational therapist; yet, for this research study their analysis was directed by the previously formed categories.

Conclusion

Findings in this study highlighted the importance of professional values and culture as they related to collaboration between academicians and clinicians. Each of these areas will be further evaluated in the discussion in Chapter 5.

CHAPTER V

DISCUSSION AND IMPLICATIONS

Introduction

An ethnographic study aiming to specifically describe the culture of a working partnership through collaboration between academic and clinical occupational therapists at the outset, the results of this research study lend themselves to broad issues at the professional level. The following chapter discusses the greater implications of the findings for occupational therapy, the limitations of the study, and recommendations for future research.

Discussion

Data collection and analysis over several months transferred me, as the investigator, into the group members' shared experience. During the data analysis process I was involved as I analyzed specific constructs within the data. Now, to remove myself once again (through reflexivity used throughout the research study) a general theme came forth after revisiting the central question,

> What is the culture of occupational therapists in the settings of both academia and clinical practice, and how does culture influence the professional collaboration of the two?

The importance of professional collaboration does not lie within the influence of any similarities or differences of culture, instead, within the ability of collaboration to bridge

all similarities and differences allowing occupational therapists to form working partnerships. While this concept does not provide a concrete response for the question central to this study, this outcome coincides with the emergent design of qualitative research. The research plan in qualitative methodologies is not rigid; instead change and shift can be expected with the researcher participating in the field and data collection (Creswell, 2013, p.47). Going into this study intending to explore the organizational cultures of academicians and clinicians, contextualization of the data created a shift in the outcome; changing the focus of cultural description from organizational to professional.

The findings show the occupational therapists from academic and clinical settings shared cultural themes of personal/professional traits, values, and perceptions of their professional roles. These imply the overarching professional identity within each participant for occupational therapy, and this professional identity holds the potential to override other cultural influences, like work influences, for collaboration to transpire. Occupational therapy has struggled to form a global identity since the profession's existence. Mackey (2007) suggests the profession approach professional identity from the "extremities" in a bottom-up method using the perspectives of individual occupational therapists not, "in central locations of the professional associations and academic institutions" (p. 100). Occupational therapists work in clinical, managerial, and academic roles with all populations of all ages in various settings; how can a single, global professional identity be labeled? Instead the individual roles therapists fill during their career build upon one another forming a professional identity. Professional identity can be expected to come forth in examining the culture of a group. Resonating with the social constructivism approach in this study, it is through purposive socialization experiences

that professional identity is shaped, formed and these experiences encompass the culture of the group sharing them. Social constructivism believes in the formation of meaning individually through participation, as professional identity occurs with the internal socialization of therapists through their various occupational therapy experiences. Within the shared experience of this collaborative relationship, it is the pieces of professional identity in the participants which brought them together and sustained the partnership.

As demonstrated from the themes, a shared culture of meaning toward occupational therapy existed in participants. Professional identity was a strong value that came through in both interviews and photographs. The participants were motivated and interested to partake in this collaborative group to support the effectiveness of their program. This illustrates Grossman's (1992) statement, "the search for (professional) identity must be supported by empirical research and a critical attitude about our work and its relationship to societal health" (p. 7). It was this strong presence and eagerness for developing professional identity in the participants which supported collaboration.

Findings in this mini-ethnography about collaboration are validated in the literature. Just as in Strzelecki (2008), Waite (2012), Hammel, et al. (2001), and Keilhofner, 2005, mutual respect was identified as a shared value and requirement for collaboration. Furthermore, the obstacles or barriers to collaboration present in the literature were also present in this study. Lack of research familiarity, time, managerial support, research consultant, and willingness to make research a priority were barriers Balin et al. (1980) found in physiotherapy, which paralleled barriers for participants in this study (as cited in Moore, 1997). This further begs the question of preparation (knowledge about research) and system challenges by context, which remain as

consistent barriers. Collaboration can also be the means to produce practice-relevant evidence by eliminating the gap between academia research and clinical practice (Strzelecki, 2008). The ability of this research group to both produce publications and deliver presentations on their findings exemplify the ability to close any gap while generating practice-relevant research.

Another significant validation of the current study's results entails looking back on the previous study completed by Maness et al. (2012). Data from the 2012 phenomenological study was set aside, to eliminate bias in the analysis. After developing the themes in the current study, the themes from the previous 2012 study were considered for reflexivity purposes: communication, values, characteristics of group and members, and role prioritization (Maness, McCane, & Murphy, 2012). The current study elaborates on the cultural aspect of the group from a broader perspective; however both themes aligned, inferring the strength in this research study to describe this culture-sharing group. With the results reflective of the literature review and the results of previous inquiry, how do the results translate to the larger professional culture of occupational therapy?

Implications for Occupational Therapy

While this research study encompassed various elements of occupational therapy, how do the findings contribute to the profession as a whole? The relationship between the concepts of collaboration, professional identity, and occupational therapy comprise the fundamental pieces in this study. Taking these concepts and relating them to the profession's current position generate the following implications.

1. Occupational therapy should embrace all roles within the profession to strengthen as one.

Evident in the cultural theme of perceptions of professional roles, occupational therapists perceive distinct views about the role they fill within the profession. In this study specifically, clinicians were considered the doers and academicians the researchers. At first thought, the possibility of expecting therapists to fulfill multiple roles seems idealistic; that the majority of therapists could possess the skills to carryout research while working in the clinic would be "killing two birds with one stone." However, would the caliber of the services offered by clinicians and research completed be as high as previously when therapists could develop and hone skills in a role of interest to them?

For this reason, the profession should embrace all roles existing within the profession. Occupational therapy stresses the importance of client-centered and strengths based approaches in practice, translating this approach to evaluate the profession should be innate. Therapists should be encouraged and supported to become the best practitioner, researcher, educator, mentor, leader, or other role they perceives as theirs within the profession. It is then, through collaboration, occupational therapists can create partnerships when knowledge and expertise need to be shared (Brown, 1994, p.23). Therapists can fulfill multiple roles at once, and roles may change throughout their time in the profession.

2. Occupational therapists should engage in collaboration to meet the AOTA 2017 Centennial Vision.

"We envision that occupational therapy is a powerful, widely recognized, science-driven, and evidence-based profession with a globally connected and diverse

workforce meeting society's occupational needs" (AOTA, 2007).

Developed in 2007 as a roadmap for the profession's future, the Centennial Vision is a statement of where the profession sees itself and what it strives to embody. Crepeau and Wilson (2013) analyzed the *American Journal of Occupational Therapy* for the presence of scholarship in its articles noting a prioritization of research on the effectiveness of the profession made evident since the enactment of the Centennial Vision (p. 67). Research acts as the avenue for successful science-driven and evidenced-based practice. Utilizing collaboration to produce research will also enhance the global connectivity and workforce diversity which will ultimately lead to a profession of power and wide recognition. Therefore if research is an answer to reaching the Centennial Vision, collaboration presents as an ideal strategy to produce credible and efficient research (Brown, 1994; Kielhofner, 2005).

3. Occupational therapy should continue to consider moving towards an Occupational Therapy Doctorate (OTD) as the entry-level degree to practice.

The entry-level requirement for occupational therapy currently stands at a Master's degree. At this level, occupational therapy students are exposed to and partake in research based assignments to meet the ACOTE Standard 8.0 Scholarship. The Accreditation Council for Occupational Therapy Education (ACOTE) acts as the accrediting agency for occupational therapy throughout the United States and its territories (Accreditation, n.d.). Occupational therapy programs must meet the standards outlined by ACOTE to achieve accreditation.

A common barrier for clinicians in healthcare professions to partake in research culminates from their unfamiliarity with the research process (Moore, 1997; Waite,

2012). Corresponding with this statement, the clinicians participating in this study felt unconfident in their abilities to carry out the research process alone. While collaboration allows academicians to guide clinicians in producing relevant research, could the practitioner's overall confidence towards research be increased by adapting the educational standards for entry-level therapists? The ACOTE Standard 8.0 Scholarship delineating between the master's and doctoral level degrees includes an increase in exposure to research and an application component not found at the master's level (ACOTE, 2013). Crepeau and Wilson (2013) state the importance of graduate education for skills to "critically read and conduct research," although doctoral degrees go beyond the basic research skills obtained at the master's level to development a background for more scholarly and empirical research (p. 67; Academic Development Committee, 2000). Even with occupational therapy requiring a master's to practice, students may not be obtaining the basic research skills expected at this education level. Pierce and Peyton (1999) recognize the difficulty in teaching students the practical skills alone for entry level practice in the allotted time of a master's degree, stating "the degree has been pulled away from its traditional research focus and toward entry-level professional education with a strong clinical focus" (p. 70). For this reason if the profession chooses to raise the entry-level degree to doctoral, ideally the confidence of clinicians to partake in the research process will increase based on familiarity with it from educational experiences. The socialization into this role, as researcher, will be promoted.

Limitations

As with any research endeavor there were several limitations in this study. First, the completion of this project by one researcher may limit the extent of interpretation available to the data. Also, being that the one researcher conducted this study as part of her graduate school work at the university in the same department as the academicians who participated, creates potential bias. The research may be influenced by the lived experience of academia, as exposure to clinical practice is limited when compared to that of the academic context. As was previously stated, this being a master's thesis limited the time available for completion of the research study. Choosing to refrain from techniques enhancing accuracy and rigor, like attaining point of saturation and member checking, allowed for completion of the study within time restrictions, but may have limited the research altogether. Last, the participant sample was small and specific. With a personal influence of the university involved in the project on the participants and familiarity of the research intentions previous to the project, limited the sample as small and specific. Furthermore, the participants may have been hesitant to share any negative experiences of the collaborative group due to the small size and familiarity with the research study intentions and other participants.

Recommendations for Future Research

This study aimed to describe the collaborative experience of one group of occupational therapist. While this successful partnership has produced multiple constructive outcomes, including publications and presentations at local, state, and national levels, all partnerships do not follow the same discourse. Other research projects

should analyze the presence of professional identity, collaboration, and occupational therapy in other collaborative experiences.

Professional identity presented itself as a powerful influence on collaboration in this research study. Understanding the professional identity of therapists may increase the ability of those in the profession to support collaborative efforts. How does an occupational therapist develop his or her professional identity? As the first exposure to professional identity occurs while still a student, further research in this area would help grasp the foundation of a construct built upon and modified for the rest of an occupational therapist's career. In particular, taking a retrospective approach to understand the development of professional identity as a student in licensed occupational therapists.

Summary

The success of a specific collaborative group of occupational therapists sparked an interest in what components sustained this partnership. A previous phenomenological study offered insight into the participating therapist's accounts of the experience; however, more exists than the emic perspective reveals. This ethnographic study intended to describe the collaborative group in a holistic manner by including the contextual elements embedded in the organizational culture of the group. Questions to reveal similarities and differences in the culture of academicians and clinicians in the profession instead revealed commonality of the two through a shared cultural theme of professional identity. It is an interesting truth with the conclusion of this study centralizing on the power of professional identity in relation to collaboration and research, and the vast

growth in professional identity I acquired in conducting the research process over the past year.

Earlier I stated occupational therapists working in academia and clinics work within the same vast field separated by a fence where each is still visible to the other with collaboration occurring at points along this fence, or gates. With the conclusion of this research study, one may infer the fence separating the two represents the cultural contexts and characteristics of the therapists. Professional identity represents the gates where collaboration occurs because as this study alludes it is professional identity which trumps such cultural barriers; therefore, is it through developing the professional identity in all therapists by which collaboration can increasingly occur through the presence of more gates or removal of the dividing fence altogether?

The future of occupational therapy lies in the transparency of its place in the healthcare arena. The unique knowledge, skills, and services of occupational therapists need to be understood by not only those in the profession, but other disciplines, stakeholders, and professions impacting today's healthcare. To obtain this universal acknowledgement, services must be relevant. Occupational therapist must be fulfilling the relevant needs of clients and the larger healthcare system. Relevancy lies in understanding the needs of the situation. For years, encouragement to produce relevant research in occupational therapy was connected to the idea of collaboration between those in academia and the clinic. Through this research study, the ability to partake in a successful collaborative partnership stems from the professional identity and socialization of its participants. Professional identity is a concept personalized to each therapist as he or she takes on various roles and lives through different experiences. As an occupational

therapy student, development of professional identity begins through the socialization process while enrolled in an accredited program. The power of professional identity therefore cannot be ignored, as students of occupational therapy are the future for our profession's existence.

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