A Qualitative Case Study to Explore the Pedagogical Influences on Mid-Career Occupational Therapists

Submitted by

Dale A. Coffin

A Dissertation Presented in Partial Fulfillment of the Requirements for the Degree Doctorate of Education

Grand Canyon University

Phoenix, Arizona

July 19, 2019

ProQuest Number: 22588815

All rights reserved

INFORMATION TO ALL USERS

The quality of this reproduction is dependent upon the quality of the copy submitted.

In the unlikely event that the author did not send a complete manuscript and there are missing pages, these will be noted. Also, if material had to be removed, a note will indicate the deletion.



ProQuest 22588815

Published by ProQuest LLC (2019). Copyright of the Dissertation is held by the Author.

All rights reserved.

This work is protected against unauthorized copying under Title 17, United States Code Microform Edition © ProQuest LLC.

ProQuest LLC. 789 East Eisenhower Parkway P.O. Box 1346 Ann Arbor, MI 48106 – 1346 © by Dale A Coffin, 2019
All rights reserved.

GRAND CANYON UNIVERSITY

A Qualitative Case Study to Explore the Pedagogical Influences on Mid-Career

Occupational Therapists

by

Dale A. Coffin

Approved

July 19, 2019

DISSERTATION COMMITTEE:

Michael Olson, Ph.D., Dissertation Chair

Manyu Li, Ph.D., Methodologist, Committee Member

Lisa Gordon-Handler, Ph.D., Committee Member

ACCEPTED AND SIGNED:

Michael R. Berger, Ed.D.

Dean, College of Doctoral Studies

Date

GRAND CANYON UNIVERSITY

A Qualitative Case Study to Explore the Pedagogical Influences on Mid-Career Occupational

Therapists

I verify that my dissertation represents original research, is not falsified or plagiarized, and that I accurately reported, cited, and referenced all sources within this manuscript in strict compliance with APA and Grand Canyon University (GCU) guidelines. I also verify my dissertation complies with the approval(s) granted for this research investigation by GCU Institutional

Review Board (IRB),

Dale A. Coffin

Date

Abstract

Research in the field of professional development for mid-career Occupational Therapists (OTs) is largely dependent on the pedagogical influences of OT leadership in clinical settings. The purpose of this qualitative case study was to determine how mid-career OTs and OT leaders perceive the influence of the pedagogical role of leaders on the professional development of mid-career OTs in one OT program in the East Coast. Utilizing the theoretical framework of social constructivist theory (Vygotsky, 1978) and Adult learning theory (Knowles, 1984), two research questions were used to investigate this phenomenon were: RQ1: How do OT leadership and mid-career therapists perceive the influence of the pedagogical role of supervisors on the professional development of mid-career therapists in a clinical environment (Social interaction, facilitators?) and RQ2: How do OT leadership and mid-career therapists perceive the influence of the role of andragogy (Adult focused teaching) on the professional development of mid-career therapists in a clinical environment (Process of learning, content)? Three sources of data were used to obtain information including a questionnaire, semi-structured interviews, and a focus group. Five themes emerged as relevant: adult focused learning in clinical settings, perceptions of pedagogical practices of supervisors, perceptions of andragogy on professional development, the role of supervisors on professional development of OTs, and how supervisors develop mid-career OTs through knowledge transfer. The results of the study revealed that mid-career OTs and OT leaders perceived that pedagogy influences the continual development and best practice of mid-career OTs.

Keywords: pedagogy, professional development, mid-career OTs, OT leaders, self-directed learning, andragogy.

Dedication

I dedicate this life long journey to my parents Clarence and Cynthia Coffin. My dad (deceased) always stressed education and without his guidance, love, and support through the years I would not have my independence. To my mom Cynthia, who has constantly been beside me doing all of the little things to see me to this point and to get me to the finish line. I love you. You were my first editor on passive voice and sat many many nights listening to me and hearing my sighs.

- My son Mylz, who is so insightful at 22 and told me not to worry about what others are doing but to "focus on the walk and not the talk"
- My son Krys, who despite his Autism is a perseverant and motivated young man. He has supported me in every way he possibly could
- My daughter Jessica, who is determined in her own right, loves unconditionally in everything that she does
- To my husband John, who supported me through the late nights, long days, and assistance whenever needed
- To all my family members, especially Aunt Marion & Marie for picking up the slack and doing many of the things that I could not do or be there for.
- To my wonderful work family, especially Holly Wasserman & Mechelle Collins-Faria who motivated me beyond bounds and looked past my defeats and instilled love and support "THANK YOU"
- To Stacy Gropack, Shelise Webster, Tina Harrison, Ms. Pam, Junior Graham, and Karen Aitken-Douyon, for your unwavering friendship and love. I am mentally stable because of all your love and support.
- Most importantly I would like to thank God for all the prayers and unwavering love through each and everything I do

Acknowledgments

I would like to thank the GCU Support Teams on Facebook, that is how I found my mentor and new FRIEND Dr. Jane Mohsin. I truly believe that she was my 'gift' from God and has motivated and guided me to get this dissertation completed. You have made such a difference in my life in a short time. I truly value you as a person and educator.

Thank you to my dissertation Committee members especially Dr. Michael Olson (Chairperson), Dr. Lisa Gordon-Handler (Content expert) and Dr. Manyu Li (Methodologist). Your hard work and patience have steered me in the right direction and You are truly appreciated.

Special thank you to the Occupational Therapy community. When I needed them, they were there for me in so many ways and I appreciate all the faculty, administrators, fieldwork educators, graduate assistants, and students who supported me in both small and big ways.

Table of Contents

List of Tables	xiv
List of Figures	XV
Chapter 1: Introduction to the Study	1
Introduction	1
Background of the Study	5
Problem Statement	9
Purpose of the Study	12
Research Questions	15
Advancing Scientific Knowledge and Significance of the Study	16
Rationale for Methodology	23
Nature of the Research Design for the Study	25
Definition of Terms	28
Assumptions, Limitations, Delimitations	32
Assumptions	33
Limitations	33
Delimitations	34
Summary and Organization of the Remainder of the Study	35
Chapter 2: Literature Review	40
Introduction to the Chapter and Background to the Problem	40
Background of the Problem	40
Identification of the Gap	45
Theoretical Foundations	50
Review of the Literature	56

Mentorship in clinical education.	58
Kirkpatrick's model	64
Clinical competencies	68
Transformative learning	84
Methodology and instrumentation	87
Summary	93
Chapter 3: Methodology	97
Introduction	97
Statement of the Problem	99
Research Questions	101
Questionnaire	103
Semi-structured interviews	103
Focus group interviews	103
Research Methodology	104
Research Design	106
Population and Sample Selection	109
Sample size	109
Site Authorization	111
Recruitment	111
Sources of Data	113
Questionnaire	114
Mid-career Interview Guide	118
Focus Group Interview Guide	121
Trustworthiness	124

Credibility	125
Transferability	127
Dependability	127
Confirmability	128
Data Collection and Management	129
Site Authorization	130
Informed consent	130
Recruitment of participants	130
Data Sources	
Data collection	
Data maintenance	
Data Analysis Procedures	134
Familiarizing yourself with your data	135
Generating initial codes	136
Searching for themes	136
Reviewing themes	137
Defining and naming themes	138
Interpreting themes	138
Ethical Considerations	138
Limitations and Delimitations.	140
Delimitations	143
Summary	144
Chapter 4: Data Analysis and Results	149
Introduction	149
Descriptive Findings	152

Participant Demographics	152
Data Analysis Procedures	159
Data preparation	159
Analysis of data	159
Familiarizing yourself with your data	161
Generating initial codes	161
Searching for themes	165
Reviewing themes	168
Defining and naming themes	
Interpreting themes	171
Connection of themes to research questions.	171
Trustworthiness.	172
Member checking.	173
Adoption	174
Narrative truth	174
Thick description	174
Triangulation.	174
Confirmability	175
Audit trail	176
Results	176
Narrative of Thematic Findings	179
Emergent Theme 1. Adult focused learning in clinical settings	181
Emergent Theme 2. Perceptions of pedagogical practices of OT leaders	187
Emergent Theme 3. Perceptions of Andragogy on professional development	191

of OTs.	
Emergent Theme 5. How supervisors develop mid-career OTs through knowledge transfer.	205
Summary	211
Chapter 5: Summary, Conclusions, and Recommendations	215
Introduction and Summary of Study	215
Summary of Findings and Conclusion	218
Research question one	219
Research question two	220
Emergent Theme 1. Adult focused learning in clinical settings.	221
Emergent Theme 2. Perceptions of pedagogical practices of OT leaders.	223
Emergent Theme 3. Perceptions of andragogy on professional developm	ent227
Emergent Theme 4. The role of supervisors on professional developmen OTs	
Emergent Theme 5. How supervisors develop mid-career OTs through knowledge transfer	232
Implications	235
Theoretical implications.	236
Practical implications	238
Future implications	239
Strengths and weaknesses of the study	239
Recommendations	241
Recommendations for future research	241
Recommendations for future practice.	243
References	
Appendix A. Site Authorization Letter	266

Appendix B. IRB Approval Letter	267
Appendix C. Informed Consent	269
Appendix D. Self-Administered Questionnaire	272
Appendix E. Mid-Career Therapist Interview Guide	274
Appendix F. Focus Group Interview Guide	276
Appendix G. Word Cloud – Mid-Career Therapists	278
Appendix H. Word Cloud OT Leaders/Supervisors	279
Appendix I. Code Book	280
Appendix J. Number of Coding References – Self-administered Questionnaire	281
Appendix K. Number of Coding References – Individual Interviews	285
Appendix L. Number of Coding References – Focus Group	288
Appendix M. Participant Quotes from Interview and Focus Group to support the Research questions	291

List of Tables

Table 1. Mid-career Therapists and Focus Group Interview Themes	123
Table 2. Generating Codes	136
Table 3. Generating Themes	137
Table 4. Demographics of Mid-Career Occupational Therapists	153
Table 5. Demographics of Focus Group Participants – OT Leaders/Supervisors	154
Table 6. Summary of Data Sources	155
Table 7. Length of Mid-Career Interviews and Transcripts	157
Table 8. Questionnaire Examples	162
Table 9. Mid-Career Interview Examples	163
Table 10. Focus Group Interview Examples	164
Table 11. Second Review - List of Codes from All Three Data Sources	166
Table 12. Coding Examples	167
Table 13. Final Review - List of Codes from Questionnaire, Individual Interviews, & Focus Group	

List of Figures

Figure 1. From codes to categories	170
Figure 2. From categories to final themes	171
Figure 3. Connecting themes to research questions	178



Chapter 1: Introduction to the Study

Introduction

An essential component for occupational therapy (OT) clinicians is ongoing professional development during and after clinical education. Modules of clinical training include performance and participation in hands-on experiences in various practice settings. Occupational Therapy leaders not only exhibit the technical knowledge and skills pertaining to their jobs, but they also need the ability to have appropriate attitudes towards society and those related to continuous improvement of self and others (Manninen, Henriksson, Scheja, & Silén, 2015).

Given the challenges of supervision, it is important to think of OT leadership as pedagogy to help identify how different styles of supervision can be aligned with the needs of the professional development of mid-career therapists in clinical settings (Sakurai, Kanada, Sugiura, Koyama, & Tanabe, 2016). In alignment with the professional OT, standards of practice include "building the profession's capacity to influence and lead" (Accreditation Council for Occupational Therapy Education, 2012); the future of the OT profession is dependent on cultivating skilled leadership at all levels of the profession. The basis for this current research study is the necessity to examine the structure of learning during clinical experiences from the perspective of mid-career therapists and OT leadership and the paradigms associated with those elements. For the purpose of this research, the term OT leaders and OT supervisors will be used interchangeably.

The cycle of mentorship, feedback, and transference of knowledge facilitates the autonomy and engagement of therapists in clinical settings (Mazerolle, Bowman, &

Barrett, 2016). Specifically, the ethos in which clinical education is defined includes paying special attention to the values and purpose of the profession. Continual development of OT therapists in clinical settings ensures that partnerships are built and sustained to ensure that what is taught is also practiced. Furthermore, Ingwersen, Lyona, and Hitch (2017) posited that the relationship between OT leadership and the OT therapists is the key element needed for successful learning but the approach to learning varies greatly amongst all parties. OT students and novice therapists will eventually transform from entry-level to mid-career professionals at his/her clinical settings and must become more responsive to the changing societal needs of health care.

Leadership skills begin to develop in clinical practice and are heavily influenced by OT leadership that supports the OTs during didactic and clinical practice. Clinical mentoring establishes the baseline for foundational clinical judgment-making abilities and clinical reasoning skills. Inclusive OT leadership serves as role models for clinical therapists and undertakes the development of future leaders in health care. OT managers/supervisors at clinical sites are consistently asked to upgrade the clinical standards to include reflective practice through teaching and student learning activities (Beer & Mårtensson, 2015). The clinical setting is the ideal venue in which to instill leadership qualities in OTs for future practice.

Clinical experiences are a vital component for the development of OT therapists in professional health care programs. The constructs for clinical experiences are similar for health care professionals while preparing OT professionals for work experiences.

Research in the field of clinical settings is lacking in the knowledge about the OT supervisors/leaders' pedagogical role and how this role develops over time when working

in this kind of context. In a recent study, Manninen et al. (2015) explored supervisors' approaches to students' learning at a clinical education site where students are encouraged to take care of patients independently. The results of their study found a need for deeper knowledge about supervisors' pedagogical role and how this role develops over time when working in this context. Similarly, Naidoo, Wyk, and Nat (2014) explored the perceptions of final year occupational therapy students and their supervisors, regarding their preparedness for clinical practice and found concerns relating to the delivery of instructional methods, alignment of pedagogy, and clinical supervisors. They indicated a need to explore effective supervision strategies in other clinical settings.

Additionally, Sakurai et al. (2016) examined the contents of supervision needed by novice therapists to develop clinical abilities, focusing on their clinical experience. In their study, novice therapists working in hospitals were asked to evaluate the clinical abilities (basic attitudes, therapeutic skills, and clinical practice-related thoughts) of those under their supervision. Their study included only novice therapists and did not include mid-career therapists with four or more years of experience, so the extracted contents of supervision needed in clinical environments were limited to novices. They recommended further studies should be conducted with a broader range of therapists to examine abilities necessary for supervisors/OT leaders, with the aim of nurturing them. Sakurai et al. (2016) suggested further studies be conducted with a broader range of therapists to examine abilities, skills, and qualities necessary for managers and clinical supervisors, with the aim of nurturing them. In a recent study, Salter and Rhodes (2018) researched the personal–professional development of clinicians as they are faced with challenges of life as therapists. Their research found that therapists were not satisfied with the clinical

training programs. The need for this current study came from this gap in literature. The pedagogical role of supervisors was examined from the perspective of mid-career therapists and OT leadership based on the gap in the literature (Manninen et al., 2015; Naidoo et al., 2014; Sakurai et al., 2016; Salter & Rhodes, 2018). The current research attempted to fill this gap.

Additionally, any strategies that promote best practice and identifies learning styles in clinical education could be beneficial to OT program development and outcome assessment. A qualitative case study on clinical supervision skills from the perspective of OT leadership of what factors influence mid-career OT's learning in clinical settings in one OT program in the East Coast, is the focus of this current study. The information revealed by OT leadership who have mentored, guided, organized, and/or nurtured therapists in clinical settings may facilitate ongoing professional development practices for mid-career therapists. Beer and Mårtensson (2015) noted that information is lacking from the perspective of OT leadership including managers and supervisors regarding the methods of supervision required to develop therapists in clinical settings.

The current study aimed at addressing the gap in literature regarding the influence of the pedagogical role of OT leaders in the professional development of mid-career therapists (Manninen et al., 2015; Naidoo et al., 2014; Sakurai et al., 2016; Salter & Rhodes, 2018). The current research uses mid-career therapists (one-on-one interviews) to learn about their perceptions regarding their experience supervising other therapists to examine the abilities necessary to implement duties independently as a therapist. Additionally, the current research examined the perceptions of OT leaders (Focus) to learn about the approaches to mid-career learning at a clinical program in the East Coast

and examined if they are encouraged to take care of patients independently. The addressed the gap was suggested by Manninen et al. (2015), Naidoo et al. (2014), Sakurai et al. (2016); and Salter and Rhodes (2018). This chapter will provide background information, the problem statement, and the purpose of the research study. This chapter also included the research questions, significance of the study, methodology, and research design.

Chapter 2 contains a comprehensive literature review and theoretical framework for the research study. Chapter 3 includes the methodology, research design, and data sources. Data was collected through a questionnaire, in-depth interviews, and focus group interviews. Data was analyzed using thematic analysis, the details of which are found in chapter 3 that follows. Chapter 4 presents the results of the research study as summarized and analyzed by the collected data that support the research questions. Chapter 5 includes a comprehensive summary of the findings and conclusions of the results of this study. Chapter 5 of this dissertation also includes a discussion of the practical, theoretical, and future research implications of this study. The chapter concludes by listing the limitation for this study and providing recommendations for future researchers.

Background of the Study

In a recent study, Manninen et al. (2015) explored supervisors' approaches to students' learning at a clinical education site where students were encouraged to take care of patients independently. In their study, students were given complete autonomy for direct patient care, which created pedagogical challenges for the supervisors. Based on the results of this study, having a pedagogical framework and following guidelines can be a part of further development of clinical settings. Supervision will then not be based on

individual supervisors' own thoughts, but on creating a common understanding and evidence-based strategies. Manninen et al. (2015) suggested that there is a need for deeper knowledge about supervisors' pedagogical role and how this role develops over time when working in this kind of context.

Similarly, Naidoo et al. (2014) explored the perceptions of final year occupational therapy students and their supervisors, regarding their preparedness for clinical practice and the relationship of their undergraduate didactic instruction in accomplishing levels of preparedness. The results of the study found that both the students and their supervisors felt they possessed adequate graduate competencies to prepare them for practice.

However, there were concerns relating to the delivery of instructional methods, alignment of pedagogy, and clinical supervisors. The study relates directly to the final year occupational therapy students therefore, it is not generalizable to all OT programs.

Naidoo et al. (2014) recommended the issues raised by the study might be applicable to other educational institutions therefore future research should explore effective teaching strategies in other educational settings.

Additionally, in a recent study Sakurai et al. (2016) found that novice therapists need supervision in diverse areas. This study examined the reliability of a clinical ability evaluation table developed in a previous study with the aim of clarifying the skills necessary for therapists to implement their duties independently. Their study did not include mid-career therapists with four or more years of experience, so the component skills of supervision needed in clinical environments were limited to entry-level practitioners. Sakurai et al. (2016) suggested further studies be conducted with a broader range of therapists to examine abilities, skills, and qualities necessary for managers and

clinical supervisors, with the aim of nurturing them. The current research study addressed this gap in literature.

In a recent study, Salter and Rhodes (2018) researched the personal–professional development of clinicians as they are faced with challenges of life as therapists. They researched the role of the clinical training programs in Australia on the professional development of the therapists. Their research found that therapists were not satisfied with the clinical training programs. The researcher examined pedagogical roles of supervisors from the perspective of OT leadership based on the gap in the literature that indicates a need to conduct further inquiries of OT leadership's pedagogical role on the factors that influence learning from clinical experiences or instructor relationships (Manninen et al., 2015; Naidoo et al., 2014; Sakurai et al., 2016; Salter & Rhodes, 2018).

Furthermore, Koski, Simon, and Dooley (2013) noted future research should include perceptions and values of experienced OT leadership related to learning styles during clinical education, simultaneously supporting the process that promotes clinical reasoning and skill development. Brown, Williams, and Lynch (2013) indicated that the performance of occupational therapists is positively related to the perceptions of their learning environment.

Engagement in clinical training is integral in promoting professional growth and education to acquire skills and knowledge (Perram, Hills, Johnston, MacDonals-Wicks, & James, 2016). The standards deemed acceptable by Accreditation Council for Occupational Therapy Education (2012) described the framework of promoting a comprehensive OT educational program. Researchers at Accreditation Council for Occupational Therapy Education (2012) noted, "Fieldwork experiences allow students to

carry out their professional responsibilities under the supervision of a qualified OT practitioner who serves as a role model" (p. 33). The collaborative nature of the clinical experience requires that OT leadership reinforce the clinical and didactic portions of the curriculum sequence. OT programs are consistently seeking methods to evaluate their learning environments for both practice education and didactic settings (Brown et al., 2013).

Koski et al. (2013) theorized that a wide range of skill development occurs during clinical education and therapists have the opportunity to enhance their ability to observe performance, participate in client evaluations, develop sensitivity to cultures, and create a foundation for leadership abilities. OT program leaders must seek to identify clear goals and practice guidelines between theory, research, and practice (Ryan et al., 2018). Identifying the congruence of the factors that influence learning during clinical education may create strategies to promote optimal environments for practice education.

The current research study further seeks to explore leadership skills in mid-career occupational therapists to learn when the connection from theory to practice begins. Early Identification of the appropriate learning sequences can promote best practice and skill acquisition, and that knowledge translation can cultivate competent professionals. Supporting the identification of future leaders through clinical practice builds the profession's capacity and the implicit development of experiential learning (Heard, 2014).

Furthermore, OT leader influence occupational therapists through various clinical scenarios and capacities of a mentor—mentee relationship. The innate ability for the therapists to develop clinically based reasoning skills resonates with implicit leadership