How do occupational therapists engage in reflexive professional practice while completing a programme evaluation?

Aim: The purpose of this qualitative study is to understand how occupational therapists engage in reflexive professional practice while completing an 8 week programme for unemployed people. The study proposes to identify key elements of reflexivity and discuss what stimulates this process in practice.

Methods: Six occupational therapists recorded their reflections on delivering an 8 week intervention in a weekly written journal. Post intervention interviews comprising a semi structured, open ended question interview format which was designed to prompt participants to shift from reflective to reflexive practice, by encouraging them to explicitly discuss their clinical reasoning processes throughout the group intervention. Thematic analysis was employed to identify key mechanisms related to reflexive practice.

Findings: Uncertainty emerged as a strong theme around the areas of knowledge of client group, programme design and professional identity. Uncertainty was revealed as a key driver in initiating a reflexive response in therapeutic practice.

Conclusion: Occupational therapy is a dynamic, highly contextualised, client centred process. Reflexivity provides a critical examination of practice in order to aid therapeutic effectiveness. This study contributes to the understanding of reflexive practice, its importance in informing clinical thinking within occupational therapy and adds further information to an under researched area.

(Word Count 199)
Introduction
Reflexivity provides a rigorous searching approach to how knowledge is utilised in occupational therapy practice. In contrast to reflective practice and clinical reasoning, there appears to be limited representations of reflexive practice within occupational therapy literature (Blair and Robertson 2005). Reflexivity can be used in a variety of ways but within this research the focus is on individual and epistemic reflexivity (Kinsella and Whiteford 2008). Individual reflexivity is a critical process that challenges personal assumptions whilst recognising multiple perspectives (Timmins 2006). The therapist has to strike the right balance between self analysis and interaction between themselves and the participants with whom they engage during interventions (Finlay 2002). This has to be borne in mind whilst also negotiating the multiple shifting transactions and positions of power that exist within any therapist/client relationship (Mackey 2007). Epistemic reflexivity refers to how occupational therapy as a discipline considers the knowledge it produces and its use (Kinsella and Whiteford 2008).

Reflexivity within this research is concerned with promoting clear insight through the examination of personal responses and interpersonal dynamics, critically scrutinising personal knowledge claims. It aims to highlight the crucial evolution, towards an ongoing process of maintaining and developing self awareness in practice (Blair and Robertson 2005). This study clarifies the importance of this within occupational therapy practice by identifying its use and manifestation. Importantly it adds to the knowledge around thinking, just as clinical reasoning has been incorporated into occupational therapy since the ethnographic study of Mattingly and Fleming (1994). It illuminates the approaches employed to engage reflexively within this profession (Mackey 2007). To summarise, research on reflexivity in occupational therapy is relatively sparse and needs the attention that is applied to the subject as evidenced in the other healthcare and professional areas.
Literature Review

Mackey (2007) focused on the how the professional identity of the occupational therapist is shaped by the interaction of power and reflexivity. She argued that knowledge is a technique of power and although therapists are inculcated into the profession through particular professional discourses, they should reflexively examine other ways of knowing. The complexity of the environments in which occupational therapists work, demands a reflexive response which embraces the fluid identity of the profession and emphasises a need to work on what clinical practice means for the therapist and their relationship with others. So that the therapist allows personal transformation within these experiences rather than holding a fixed view of what a therapist should provide (Mackey 2007). Kinsella and Whiteford (2009) discuss epistemic reflexivity in relation to the profession of occupational therapy, attending to how knowledge is created and accepted. They argue that other ways of knowing underpinned by critical reflexivity are as important as evidence based practice (Kinsella and Whiteford, 2009). Reflexive practice is crucial for education, practice and research in occupational therapy (Blair and Robertson 2005; Cribb and Bignold 1999) and evidence further proposes how uncertainty can be a feature of this view but it is necessary to achieve creative resolutions that should be embraced, investigated and dealt with. Creek (2006) affirms that reflexivity is implicated in the conception of professional expertise. Creek describes occupational therapy interventions as complex in there involvement of dialogue, deliberation and outcome uncertainty, to limit this would be anti professional.

Reflexivity is evident in other professions. For example, there is a careful examination of the differences between reflective and reflexive practice within nursing and teacher education (Timmins 2006; Matthew and Jessel 1998; Warin et al. 2008) Both were valued as improving practice however within nursing care it was highlighted that critical reflexivity was the most important in fostering good patient relationships and furthering professional development. Critical reflexivity enables nurses to analyse current practice, let go of assumptions and operate with an open and ‘not knowing’ approach (Brechin, 2000).
The use of reflexivity was examined within a postgraduate certificate of education (PGCE) course to encourage students training to become teachers and proved to be a productive tool in improving student performance (Matthew and Jessel 1998). Similar success was noted in the education of social workers (Chow, Lam and Leung 2011). Geerinck et al. (2010) emphasize the route to practising reflexivity is based upon recollection of past experience, methods of logical analysis and the transformation of thought and experience. Central to this recollection is accepting, ‘one’s own ignorance’, as an aid to self knowledge. Transformation is emphasized as allowing the self to be malleable and worked upon, not set in stone. It is proposed that this will move the teacher from being a ‘knowing teacher’ to a caring and curious teacher better able to promote learning experiences.

Reflexivity is complex and demanding, ‘Engaging in reflexivity is perilous, full of muddy ambiguity and multiple trails’ (Finlay 2002, p.212). The studies already highlighted reinforce the above point, but importantly stress how the process of reflexivity is dependent upon the individual analysing in greater detail the basis of their own knowledge in relation to the situations that arise in daily practice. A willingness to investigate their impact on practice, clients and themselves is crucial to this, both asking questions and seeking answers to difficult personal and professional problems, that although uncomfortable will enable more effective practice (Nixon and Creek 2003; Kinsella and Whiteford 2009). This will form the key focus of the present study to analyse how the therapists were able to manage this process and identify what this was in response to.

There are a myriad of different ways that reflexivity is used in other academic circles and most notably documented in qualitative research. Finlay (2002) documents five variants but points out even greater diversity exists and requires further exploration. Greater analysis of this may be beneficial to guide future thinking on its use within occupational therapy. Overall more information is needed on reflexivity within the profession. For these reasons this small qualitative study was carried out to add to this knowledge. The
research question was: How do occupational therapists engage in reflexive practice while completing a programme evaluation?

Methodology
The purpose of this qualitative study was to understand how occupational therapists engaged in reflexive professional practice while completing an 8 week occupational therapy programme for unemployed people. This was an Irish University occupational therapy department run programme that ran twice a week for 5 weeks after which the groups merged for the remaining 3 weeks due to low attendance. The topics covered included structure and routine, career exploration, stress management, volunteering and community exploration and interview skills.

Data collection: Six occupational therapists who were members of the University occupational therapy department participated in this study. They recorded reflections regarding the delivery of the 8 week intervention in a weekly written journal, as a mechanism to promote reflection and enable critical analysis of this process (Robson 2000). Participants drew upon these journal entries during a post intervention interview.
Post programme in person interviews of one hour duration were used as a means of data collection. A semi structured, open ended question interview format was designed to prompt participants to shift from reflective to reflexive practice, by encouraging them to explicitly discuss their clinical reasoning processes throughout the group intervention. Thematic analysis was employed to identify the key themes related to the therapist’s reflexive practices.

Data Analysis
All interviews were audio-taped and transcribed. A thematic analysis was applied to identify information indicative of a theme or relevant to a particular question. The overall process used the following steps of data summary, coded categories, memoing and an interim summary (Robson 2001). A preliminary analysis presentation, to a group of peers, plus supervisor input,
provided opportunities for feedback. The project was subject to an Irish University ethics review and approved accordingly.

All journal entries were the responsibility of the participant and it was incumbent upon them to protect their own private journal. Upon completion of recorded interviews, audio files were downloaded onto a password protected computer, then immediately deleted from the recording device. Once transcribed, audio files were deleted from the password protected computer. Upon completion in May 2012, the transcripts will be deleted from the researcher's password protected computer and stored only in the supervisor’s office as per university policy.

**Trustworthiness and Credibility**

The main area of tension from the study is the ‘outsider’ role of the researcher as student and interviewer. There could be possible effects of status differential that is usually represented by student and lecturer and would now be interviewer and participant (Robson 2000). Trustworthiness of responses to questions may not be an issue due to the educator position of the participants that normally exists outside of this study and their role in reflecting best practice to the researcher who is also in this instance one of their students.

**Ethical Considerations**

All participants signed a statement of informed consent before engaging in this study, agreeing to keep a weekly written journal, recording thoughts after each intervention session and to participate in one audio-taped 45-60 minute interview in person or by telephone. Withdrawal was an option at any point until analysis began in November 2011, confidentiality was assured except for access to research by other members of the team. Participants would not be identified in any publication or presentation.

The researcher attended to verbal indicators of dissent during the interviews around interview questions which may have caused discomfort. At the outset of each interview the researcher reminded participants that they could choose
not to respond to a question and stop participating at any time. To protect identities and privacy of participants, pseudonyms were used and identifiable information was removed.

**FINDINGS**

The table below sets out the overall programme, showing the topic, group dates, occupational therapist facilitator (T) and group attendance. This will enable a greater understanding of the findings that follow.

<table>
<thead>
<tr>
<th>Week</th>
<th>Day</th>
<th>Facilitator</th>
<th>Attendance</th>
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<tbody>
<tr>
<td>Session 1: May 24 &amp; 25</td>
<td>Tuesday</td>
<td>T5 &amp; T3</td>
<td>4</td>
</tr>
<tr>
<td>Introduction &amp; Quantitative</td>
<td>Wednesday</td>
<td>T6 &amp; T2</td>
<td>6</td>
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<tr>
<td>Measures</td>
<td></td>
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<tr>
<td>Session 2: May 31 &amp; June 1</td>
<td>Tuesday</td>
<td>T3</td>
<td>3</td>
</tr>
<tr>
<td>Structure &amp; Routine</td>
<td>Wednesday</td>
<td>T1 &amp; T6</td>
<td>4</td>
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<tr>
<td>Session 3: June 7 &amp; 8</td>
<td>Tuesday</td>
<td>T4</td>
<td>3</td>
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<tr>
<td>Career Exploration</td>
<td>Wednesday</td>
<td>T4 &amp; T6</td>
<td>3</td>
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<tr>
<td>Session 4: June 14 &amp; 15</td>
<td>Tuesday</td>
<td>T2</td>
<td>2</td>
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<tr>
<td>Stress Management</td>
<td>Wednesday</td>
<td>T3</td>
<td>1</td>
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<tr>
<td>Session 5: June 21 &amp; 22</td>
<td>Tuesday</td>
<td>T5 &amp; T3</td>
<td>2</td>
</tr>
<tr>
<td>Volunteering &amp; Community</td>
<td>Wednesday</td>
<td>T6 &amp; T1</td>
<td>1</td>
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<tr>
<td>Exploration</td>
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<tr>
<td>Session 6: June 28</td>
<td>Merged</td>
<td>T5 &amp; T2</td>
<td>2</td>
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<tr>
<td>Interview Skills</td>
<td></td>
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<tr>
<td>Session 7: July 5</td>
<td>Merged</td>
<td>T5 &amp; T4</td>
<td>2</td>
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<tr>
<td>Interview Skills Continued</td>
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<tr>
<td>Session 8: July 12th</td>
<td>Merged</td>
<td>T3 &amp; T6</td>
<td>3</td>
</tr>
<tr>
<td>Closing &amp; Quantitative</td>
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<td>Measures</td>
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Five main codes emerged in this study. The codes were recollection, method, reframing, positionality and relationships. Examining these codes revealed how the use of reflexivity was influenced by an overarching theme of uncertainty experienced by the therapists. This was evident in different forms throughout the interviews, prompting a reflexive response which was negotiated in various ways by each therapist. Three categories of uncertainty became apparent, (1) knowledge, (2) programme organisation and (3) professional identity.
Knowledge
The main areas of uncertainty in relation to knowledge arose around participants, programme content and working with a well population. This lack of knowledge resulted from different people carrying out pre programme interviews, as summarised by Therapist 6:

“You see normally when you run an OT intervention or an OT group you assess everybody before you do it and you plan the group according to their needs. Our needs were based on what the literature told us about people who were unemployed and what Therapist 4’s experience was from last time working with unemployed people. So in that sense we were designing an intervention for people who we didn’t know what the difficulties were.”

Not knowing the participants before designing the programme proved taxing for most therapists as was highlighted by Therapist 1. She described a poor response to a discussion about structure and routine being particularly uncomfortable:

“I was outside of my comfort level because I didn’t know anybody”

To help the participants understand the concept they had to map their day over a 24 hour period and Therapist 1 despite her own work life imbalance, reflexively responded:

“I felt strongly about that I needed to participate in order for them to feel this is worth participating in and then I thought what message is this sending. My day is totally imbalanced and less balanced than some of there’s”.

Therapist 1 was surprised that the participants had a much greater structure and routine to life than anticipated and this challenged both her knowledge of the unemployed and her own self knowledge. This in turn changed her view on the content and delivery for future sessions.

The programme content in some areas was outside of the therapist’s expertise, however Therapist 6 was able to embrace that uncertainty and be open to learning whilst acting as a facilitator:

“I didn’t have a lot of knowledge about volunteering before I went into that session. I probably went into that session with a similar view to it as the people we were providing the intervention for. And you know, even though I was learning as much, I was using that new knowledge quickly as an
intervention, where as they were using the new knowledge as something they could go off and use for employment. So you know, I felt ok, because I didn’t go in to these interventions with any kind of idea about what as a practitioner I was going to get out of it.”

Working with a well population was another factor which increased the uncertainty for three of the therapists. Therapist 5, who reported typically being assertive struggled to deal with a talkative participant: “I said at one point that I notice the other group has moved on… And yes, it didn’t go down so well. I am not even sure it was heard. I know I should have been more assertive... And again it’s that whole well population, all of a sudden. I am going, well they are different now.”

This created a greater reflexive analysis of this difficulty. However once the therapist developed more of a relationship and understanding of the person and investigated her issues relating to the ‘well label’, she commented that in retrospect the participant would have happily accepted a more assertive response.

The uncertainty prompted a critical reflection on the therapist’s knowledge/experience base which had primarily focused on illness as opposed to wellness, revealing their limited experience in health promotion and working with the well. Acceptance of lack of knowledge was noted but greater reflexive analysis was needed to gain greater insight into this.

**Programme Organisation**

Facilitators changed between groups and this was negatively commented on by four out of 6 therapists. Therapist 4 describes difficulty in establishing rapport with a group which provoked greater examination of her role as a therapist:

“...I had to work really hard to kind of sell what I am doing to make a connection with them. Because I have rarely ever, walked into a group of clients, in that very cold sort of way before. And so for me as an OT I suppose on reflection I just feel that that isn’t OT...thinking that it's ok if its me one week its Therapist F the next week. I think OT is about something completely...
different and so that was kind of, that was the learning for me, from that kind of uncomfortable experience.”

The use of a facilitator and co-facilitator was part of the programme and provided a useful dynamic for some of the therapists in dealing with the uncertainty and encouraging reflexive practice, as described by Therapist 3, in response to the content of a particular co-facilitator conversation:

“Some of it was reflexive actually because you know for example talking to her about, what do you think is going on here, that dynamic. That person is particularly chatty, what do you think is going on. So there was a different interaction going on. And I think that happens because I work with Therapist F a lot and to get to that level with her quicker than with someone I don’t work with very much. So, there is a real thing around trust.

Professional Identity

There were examples of distance between the occupational therapy position on unemployment and what the participants wanted to take on board. Showing the interactivity between power and reflexivity, Therapist 6 allowed for the reframing of her view and didn’t become ideologically entrenched, as she described possible programme improvement:

“I should have known it before, but being an OT I was thinking OT and being unemployed they were thinking unemployed. I would be much more methodical in that first session about making sure they understood the health side of things better. I think they got that superficially, I think they understand there is the link between my health and my unemployment and I don’t think they kind of went beneath to what it is, that health is about…… so I think, if you don’t make that connection in the introductory sessions, subsequent sessions don’t make as much sense to people if they haven’t gotten the premise.”

Client centred responses were evident in the programme but responding to them challenged the focus of the therapy content, as job focus was paramount for the participants, as described by Therapist 5:

“Even the last session got changed dramatically, it was originally supposed to be cooking a meal, to make it around closure and one of them rolled their
eyes. And I thought if they are rolling their eyes they are not going to show up, we need to do something different”

Out of this uncertainty emerged a creative solution due to reflexively considering the position of therapist and participant. The session changed to working on CV design and creating business cards to help the participants make contacts, which proved valuable.

The tension of maintaining an occupation focused health promoting programme and providing job readiness skills created questions and deeper analysis around the identity of occupational therapy and the occupational therapists in providing a programme that touched the boundaries of other professions.

DISCUSSION

The aims of this study were to understand how six occupational therapists engaged in reflexive practice. What emerged from the findings was a general theme of uncertainty in a number of areas. Uncertainty and the negotiation of that are a central part of the reflexive process (Edwards et al 2002). The therapists in this study were required to analyse in greater depth the knowledge they held, what it was based on and how it was used in relation to themselves and the programme participants.

Knowing oneself and self knowledge demands, “taking stock of oneself including acknowledging one’s ignorance, ‘reversion to oneself or turning around towards the self implies knowledge as recollection: remembering things.’” (Geerinck et al. 2010, p385) Reflexivity is to some degree based on past experience. That is past experience from which to draw upon or help compare thoughts, feelings and actions from previously engaging in developing therapeutic relationships (Finlay 1998). The group who took part in this study comprised of six occupational therapy lecturers at an Irish University, they all had extensive past clinical experience and training. Some of the group had not practiced for some time and for five of the group this was a new style of intervention, unfamiliar subject matter and previously unknown client group.
Recollection also extends to feeling uncomfortable or not knowing which will help shape the reflexive process by prompting deeper analysis of experiences (Blair and Robertson 2005). This component of reflexivity was an integral part of challenging the therapists in this particular programme to critically analyse their past experience in light of the new context in which they were operating (Harris 2008). This was evidenced by the therapist’s stated inexperience in working with a well group of unemployed people, both context and content were unfamiliar.

Reflexive processes can be engaged using clinical reasoning methods in order to move therapy in a particular direction. A constant questioning both in the moment and reflectively will be gone through, using a variety of these clinical reasoning approaches. They are to some degree the building blocks that provide a basis from which to understand the client, their difficulties, the environments they operate in and the therapists own understanding of themselves.

Nelson and Jepsen Thomas refer to clinical reasoning as the subjective and objective thought processes applied to enable the initiation and maintenance of a therapeutic relationship with the client, they refer to it as a ’Special case of reciprocal occupations between two people’ (Nelson and Jepsen Thomas 2003, p.134). A key influencer in this interactive process is reflexivity. Clinical reasoning skills have limited influence unless combined with good interpersonal and technical skills and being able to react reflexively to put all these together is essential for good practice (Rogers 2009).

Narrative and interactive reasoning stand out in this particular intervention as important in establishing knowledge of the participants (Schwartzberg 2002; Neistadt 1998). Uncertainty was experienced by the therapists in forming therapeutic relationships with participants due to programme organisation and the changing of facilitators between groups. When the therapist had more narrative on the participant they generally felt more comfortable and able to maintain a therapeutic connection (Boyt Schell 2008). Therapist 5 described her difficulties in asserting herself with a talkative participant initially due to
lack of knowledge of the person and inexperience of working with the well. Through building the key components of interactive reasoning - rapport, trust and general level of acceptance further into the programme, this changed (Mattingly & Fleming 1994). Therapist 5 described how knowing the participant at the end of the programme, she could have been more assertive without causing offence. This was a reflexive shift in her thinking. Through critical self evaluation and greater interaction with the participant she became less concerned with the well label and formed a greater understanding of the individual’s narrative, resulting in a more effective relationship.

Reflexivity is all about changing in response to another stimulus or considering in what way the person, environment or occupation changes and how that in turn impacts on the therapist and the therapy (McCabe and Holmes 2009). The internal questioning that occurs should be accompanied by a change, where the therapist allows themselves to be part of an evolving process from which they learn and adjust to feedback. Pierce (2003, p.271) sums up the essence of this by describing it as an ‘interactive dance of intervention’. The therapist is not totally in control of this process nor should they be, they work with the uncertainty (Blair and Robertson 2005; Newbury 2011).

Relationships between the therapist and participant change all the time and are rarely static even in the briefest of encounters and it’s the managing and responding to those changes that brings out the reflexivity in a situation (Nixon and Creek 2006). This was shown in the findings section when Therapist 1 was confronted by her own work life imbalance, where as the participants of the programme appeared from her perspective to have a good structure and routine in place already. This reframed how the therapist viewed the unemployed but also the content of what she was delivering.

To work reflexively the therapist has to consider their own position within the client therapist relationship. Such things as the way they are viewed by clients, the power they hold by virtue of being an occupational therapist and what it means to impart their expertise to an individual (Mosselson 2010; Bondi 2009).
How they go about using this expertise and knowledge and the way in which the client relates to this, surfaces in this research. This was a questioning reflexive process of how to supply the benefits of occupational therapy and at the same time meet the needs of the participants. This was shown in the findings section, where Therapist 6 described the disconnect between the therapist and the participants in not having emphasized the health message enough as part of the programme. The therapist was still thinking occupational therapy and the participants were thinking unemployed. Health was not a key concern for the participants but concentrating on finding unemployment and improving their skills to do this were.

The therapists were very much searching during the programme, investigating their uncertainties as to what occupational therapy could offer this new client group of the unemployed. This quest is described by Mackey (p.99, 2007): “The reflexive self is conceptualised as a search for ways to interact with the other which opens the relationship for new possibilities of discourse.” This was reflected in how the programme was open to a process of change, shifting in position as a response to the demands of the participants (Paterson et al 2006). Which emphasized the need to process new knowledge and skills obtained by the therapists, then apply them to the various and complex needs of this group (Edwards et al 2002).

The transitions that occurred within the programme content, led to debate from some of the therapists further reinforcing the uncertainty of the reflexive process, in that therapists will always have individual and shared meanings around the therapy they provide (Finlay 1998). This centred on how the lifestyle occupation focus of enabling change in everyday occupations to live better with unemployment, became more orientated to job readiness. This reflected a move towards a more reflexive position that acknowledged the expertise of the unemployed and their knowledge of what it meant to be unemployed and what they wanted from a programme (Titchen 2000). The therapists were shaped by the not knowing approach which placed the participants at the centre of the programme and avoided a fixed notion of what occupational therapy could offer (Timmins 2005; Mackey 2007).
Overall the programme was successful in promoting reflexive practice for a group of therapists engaged in a new, unique practice situation that influenced a deeper questioning of themselves and the occupational therapy profession. This study further reinforces how the development of knowledge around reflexive practice can be both complex and contextually bound. It is important for the profession of occupational therapy to explore how the reflexive process has a key role to play in understanding how disciplinary knowledge is created and debated (Kinsella and Whiteford 2009). With changes in emphasis in health practice emanating from the Ottawa Charter for Health Promotion there has been a shift from treating illness to promoting wellness, further reinforced by the emergence of occupational science (WHO 1986). Reflexivity is an important ingredient in exploring how occupational therapy can act as a preventative therapy to deal with the public health problems of the future (Clark et al 2009).

Limitations of the Study
This was a small scale study that looked at therapists returning to a clinical situation that was only familiar to one of the participants. This makes it an original situation and therefore may highlight different areas of practice or concerns compared to a normal day to day occupational therapy clinical practice. The study is also the experience of a student researcher/student occupational therapist and these subjective interpretations and explanations are viewed through this lens. Further research on reflexivity is required across different clinical areas within occupational therapy and should also include larger sample sizes that would bring the level of research in line with other epistemologies of practice.

Conclusion
This study enabled a nuanced understanding about how occupational therapists engage in reflexive professional practice while facilitating an intervention programme and completing a programme evaluation. The first objective was to gain a deeper understanding of how occupational therapists used reflexivity in their work. Identifying what experiences stimulated this reflexive response of a more rigorous analysis of their knowledge base,
therapeutic skills and use of self. The findings revealed areas of uncertainty within the intervention programme – knowledge, programme design and professional identity - that influenced the use of reflexivity as a more searching investigation of practice (Blair and Robertson 2005).

There were a number of influencing factors to cause uncertainty within the programme for the therapists, which included moving from educator to practitioner, a new form of intervention, the topic of unemployment and an unknown client group. These elements in themselves were disruptive to the therapist's previous experience and stimulated engagement with what was known and not known (Edwards et al 2002). This was fertile ground for reflexive practice. They had to confront their own knowledge base and expose themselves to the questioning responses of a well unemployed group of participants with a focus on returning to work.

The therapists negotiated this utilising knowledge through recollection of past experience, clinical reasoning and attention to how they use and react with both and old and new knowledge, in relation to themselves and the programme participants. The therapists drew upon past professional experience questioning the parameters of their knowledge and how that influenced their practice skills and connection to the groups. Clinical reasoning enhanced a deeper questioning of themselves and their perceptions of the unemployed, along with the difficulties of dealing with an unknown client group and shifting group relations. Reframing of experience was evident in altering therapist's perspectives and allowing themselves to be open to change by others. Positionality pinpointed challenges for the therapists in establishing an identity for themselves and the programme in a field that receives input from many other professional groups. It revealed however a willingness to change position and work with uncertainty to deliver a reflexive client centred response.

The nature of reflexive practice demands that the therapist open themselves up to this ongoing critical examination of where they stand in relation to their clients, which is imperative for the self development of the therapist and the
profession. Being open to growth and development moves occupational therapy forward and positions it as better able to play an important part in what are role emerging areas for the profession such as unemployment, as highlighted in this study. By adopting a reflexive stance the profession will be able to understand and show how it can promote well-being and develop a key role in community and public health promotion (Wilcock 2005).

Reflexive practice opens up numerous discourses and enables a diversity of ways of knowing, which allows the occupational therapy profession to maintain and reinforce its holistic roots (Kinsella and Whiteford 2009). This study further contributes to the profession’s knowledge base on reflexivity and suggests that greater ownership should be taken of this area and enhanced by further research.

(Word Count 4928 excluding abstract and table)
References


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