



The construction of professional identity by physiotherapists: a qualitative study

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Abstract

The UK Frances Report and increasing societal expectations of healthcare have challenged physiotherapists to reconsider professionalism. Physiotherapy has viewed identity as a fixed entity emphasising coherence, continuity and distinctiveness. Socialisation has required the acquisition of a professional identity as one necessary ‘asset’ for novices. Yet how do physiotherapists come to be the physiotherapists they are?

Design Qualitative study using Collective Memory Work. Eight physiotherapists in South West England met for two hours, once a fortnight, for six months. Seventeen hours of group discussions were recorded and transcribed. Data were managed via the creation of crafted dialogues and analysed using narrative analysis.

Results Participants shared ethical dilemmas: successes and unresolved anxiety about the limits of personal actions in social situations. These included matters of authenticity, role strain, morality, diversity. Participants made claims about their identity; claims made to support an attitude, belief, motivation or value.

Conclusions Professional identity in physiotherapy is more complex than traditionally thought; fluid across time and place, co-constructed within changing communities of practice. An ongoing and dynamic process, physiotherapists make sense and (re)interpret their professional self-concept based on evolving attributes, beliefs, values, and motives. Participants co-constructed the meaning of being a physiotherapist within intra-professional and inter-professional communities of practice. Patients informed this, and it was mediated by workplace and institutional discourses, boundaries and hierarchies, through an unfolding career and the contingencies of a life story. More empirical data are required to understand how physiotherapists negotiate the dilemmas they face and enact the values the profession espouses.

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Keywords: Professional identity; Ethics; Physiotherapy; Qualitative; Collective memory work; Socialisation

Introduction

The United Kingdom (UK) national government’s health policy of efficiency savings, quality improvement, and patient safety is challenging the national, publicly-funded,

healthcare system [1]. A public inquiry into the failures of statutory organisations to properly monitor the provision of care at a large hospital which resulted in poor care for many patients, made many recommendations for changes in statutory, regulatory and professional conduct [2]. Government and influential public institutions have responded, requiring healthcare professions to critically examine their behaviours and the underlying values that contribute to professionalism (e.g. [3,4]). How the physiotherapy profession in the UK responds to these challenges is significant: what values do physiotherapists hold, what policies and practices will they, in

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<http://dx.doi.org/10.1016/j.physio.2015.04.002>

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their employed practice, stand up for and against? The profession has interpreted a traditional notion of identity as something acquired as a fixed asset by novices in their early physiotherapy training (e.g. [5]). As a concept it is taken for granted (e.g. [6]) incorporating ideas about role, image, and ethics [7].

Many authors, anxious to define a clear identity, have encouraged investigation into what is physiotherapy (e.g. [8–10]). To date no formal studies have been published specifically to consider the identity of the profession as a whole. The search for self-definition within professions has been a consistent focus of attention among social researchers throughout the past decade (e.g. [6,11–13]). This effort has introduced the notion of individuals' engaging in 'identity work', as they seek strategies to enact their professional identity in the workplace [14]. This paper describes a research study that examined these challenges in Physiotherapy. In the UK, physiotherapy is a socially constructed occupation that emerged in the years surrounding the beginning of the 20th century [15]. This was in response to claims by the medical profession that massage parlours were operating as brothels, and the nefarious practices of the day were obscuring the potential for massage as a remedial intervention [16]. Physiotherapy faces in two complementary directions [17]. One direction is towards technology; physiotherapists learn, deliver and experience their practice as a highly technical activity, embedded in medical practices, and driven by financial accountability and resource-limited commissioning. Simultaneously, physiotherapy presents a vision of patient-centredness providing healing and reablement in previous life activities [18]. In this context claims are made about what physiotherapy is, the relative effectiveness of physiotherapy services, and the external threats that physiotherapists face. The profession has conceived socialisation and the acquisition of a professional identity as one among several required 'assets' for novices (e.g. [5,6,8]). Yet how do physiotherapists in the UK come to be the physiotherapists they are?

Aim of the study

The aim of the study was to examine critically how physiotherapists come to be the physiotherapists they are, in order to understand better how physiotherapists construct their professional identities on a daily basis. In other words, 'What does it mean to be a physiotherapist?'

Study design

Given the intention to produce generative knowledge of individual and collective experiences a qualitative design based on collective memory work (CMW) was chosen as an appropriate method for data generation. The underlying theory of CMW is that subjectively significant events, and the way they are remembered and constructed, play an important part in the construction of the self [19]. The process involves

writing a topic-related memory and, through discussion with others, attempting to locate it in some mutually understood theoretical framework [20]. This is to 'facilitate an understanding of the hidden structures and tacit cultural dynamics that insidiously inscribe social meanings and values' [21].

Participants

Pragmatic and convenience sampling was employed to recruit participants in the south west of England. Recruitment aimed to identify a variety of physiotherapists with a range of experience, trained in the UK, with at least one years' post-graduation clinical experience, prepared to engage with the data generation methods, and who could attend the meetings. Potential participants who had not worked for at least one year or had trained overseas were excluded. This was because participants were sought who were more likely to share a similar understanding of, and connection with, the UK student and early career experience. Including RH, eight physiotherapists were recruited from a local NHS hospital, national physiotherapy retirement association, and online national discussion website,¹ see Box 1. It is unusual in physiotherapy research for a researcher to also be a participant. By participating, the intention was to overcome perceived power inequalities in which participants held the researcher in some form of esteem and would tell them what they thought the researcher wanted to hear. Being embedded within the participant group and sharing the stories in a more equal relationship aimed to overcome this; it was hoped the quality of the data generated would be richer [22]. Each participant gave their informed consent.

Procedure

A neutral venue was used to reduce any implicit hierarchies that might interfere with group dynamics. Meetings were held fortnightly for six months in 2010. Two initial meetings were held, during which participants shared a journey through their career to their current post. This was undertaken to help introduce participants to each other, encourage the sharing of their professional experiences, and overcome anxieties about talking and reflecting with each other. The introductory discussions included clarification of the data generation method. It was agreed to use these introductory discussions to help identify and negotiate a first topic. A topic was chosen to help stimulate participants to think of a memory of a situation they had faced in the course of their professional life; it could be positive or negative, short or longer. Before the next meeting, participants wrote the story of the memory that had been triggered by the topic. The first trigger topic chosen by the group was 'persona'. At the next meeting they read the stories to each other that they had written about a memory of a professional incident that had been triggered

¹ InteractiveCSP – <http://www.interactivecsp.org.uk/>.

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