



PROFESSIONAL IDENTITY IN OCCUPATIONAL THERAPY

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Professional identity in Occupational Therapy.

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TOG Review tries to build bridges between the professionals from Latin America and the rest of the world, and the professionals that reside in Spain.

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² CNDEUTO stands for Conferencia Nacional de Directores de Escuelas Universitarias de Terapia Ocupacional, that is, National Conference of Principals of Occupational Therapy University Schools, translator's note.

³ APUMEFYR stands for Asociación de Profesores Universitarios de Medicina Física y Rehabilitación, that is, Association of Lecturers in Physical Medicine and Rehabilitation, translator's note.

Professional identity in Occupational Therapy.

Índex_

T hanks	08
E ntities	09
A uthors	14
I ndex	19
P resentation: (Nereida Canosa Domínguez. President APGTO)	22
P reface: Committed to promoting (Miguel Ángel Talavera Valverde. Director Journal TOG.)	24
P rologue: Serving society's needs: the professional responsibility of Occupational Therapists (Carolym Baum)	27
P rofessional Identity (Anne A. Wilcok)	34
C onstructing a Professional Identity (Ruth Watson)	48
T he profession's Ethos as a guide to Professional Identity (Suzanne Peloquin)	63
A n intimate journey along the Professional Identity (Pilar García Margallo)	80
P rofessional Identity in the university. Agent of modeling (Margarita Cañadas Pérez and Sergio Santos del Riego)	96

Professional Identity of the Occupational Therapist 110

(Rosibeth del Carmen Muñoz Palm)

Professional Organizations of Occupational Therapy and Professional Identity 126

(Luis María Berrueta Maeztu; José Ramón Bellido Mainar; Ángel Sánchez Cabeza; Sergio Guzmán Lozano; Cristina Rubio Ortega; Pablo A. Cantero Garlito; María José García López; Miguel Ángel Talavera Valverde and Nereida Canosa Domínguez)

Occupational Therapy and Professional Identity: the challenge of scientific publications. 161

(Ricardo Moreno Rodríguez; Gabriel SanJurjo Castelao and Miguel Ángel Talavera Valverde)

Notes: 183

Contents_

PROFESSIONAL REFLECTIONS.

IDENTITY:

Presentation

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In many occasions I have wondered for the essence of our discipline, for what defines us, what characterizes us, what makes us to feel and to be occupational therapists.

Professional identity is, without a doubt, a specially outstanding and wonderful topic to debate in those endless occupational gatherings that so much we like, and in those in which we “meet” ourselves, we listen to ourselves, we understand ourselves... And in spite of being in deep in so disparate spaces and even times, and with so different experiences and personality, we realize that we share a similar conception on the man and the same way of getting close to him, of listening to him, of looking at him, and, although from different perspectives, of approaching it. Maybe, it was the original humanism of our discipline the

one that impregnates our vision, in a bigger or smaller measure. That humanism which, in occasions, overflows us, rebels us, forces us to reconsider our principles and values and drives us to "collide" with a Cartesian vision of the reality, where the person passes to a second plan, and in the one that his history of life, his necessities, his aspirations, his achievements, etc. are forgotten, they are ignored.

In my opinion, these are the aspects that make us similar, those that identify us as a group, as a collective, with own individuality, but with a philosophy from which our professional identity emerges, is glimpsed and is configured.

From TOG Journal we want, in this occasion, to invite you to meditate on this topic. This way, by the hand of different professionals, of people of diverse environments, of different places and contexts, the Monographic has been made and today we have the honor of presenting you and we hope it was of your pleasure.

Once again, from the Board of Directors of APGTO (Galician Professional Association of Occupational Therapists), we want to thank to all the readers, partners and members of the Galician Journal of Occupational Therapy, because it is your affection the one that allows us to continue ahead, growing, believing and fighting for our profession.

Nereida Canosa Domínguez.
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The professional evolution is a process of growth, of modeling in relation to the context where it is developed. As consequence of this evolution the profession is positioned in a clear support for development and maneuver margin to the social changes where it is. It is inside the development of this Professional Identity, where the final result of the discipline is forged, where the potentialities and lacks of this discipline are structured. In this process things are lost and won, but something is always obtained. The evolution of this Professional Identity is an achievement, not all of them evolve in the same way and the effort that is granted to this evolution will be proportional to the aspiration level that the professionals of the discipline have on itself links the development and evolution level

with the establishment of this professional identity. In the life of sanitary professions, the professional identity is marked by factors that are not unaware

to the professionals who are involved with this professional identity; among them, we will highlight some of these factors: the vocation, the motivation, the management capacity, the personal and professional commitment, the capacity to generate strategies, the union among professionals, among other.

But in which way the professionals are provided with these necessary abilities for the development and promotion of their identity. The youngest, recently graduate professionals are the sap and the seed of the discipline. The most veteran professionals are the models where these recent graduates can look. The commitment of both provides with maturity to the relationship and nurtures of enriching experiences that are those that generate the professional solidity.

The day-to-day of our actions gives us the enough ingredients to elaborate our identity. The model used by other is the kick-off point, but it is not the only one. To prove the limits of that model, in order to explore roads, to believe in the potentialities of the new thing provides us with the bigger of our motivations: to grow toward our Professional Identity. This process enriches to a professional identity that is dynamic, in continuous change, it is the one that makes us making decisions, the one that maintains us in the urge to do better and the development of our tasks, changing with the development of our discipline that in turn it is modified by the context where it is settled. This narrow union is the base in which we will have to be aware as professionals that the society marks us the rhythms; to those we will have to know how to respond if we want to be part of this. In this nexus it is where the development of our identity is.

The objective of this Monographic is to launch a series of reflections about the professional identity of the Occupational Therapists. The text we present you intends to be a guide of how the Professional Identity is structured and how it is developed and it improves.

In the moments in those that you think what you are and why you are here, you realize that the reality overcomes to the fiction, that the orderly thoughts

are the best mobilization that a professional has and mainly that people offer the best of themselves so that the ideas become reality.

From the compilation of this monographic we want to thank the authors for their direct implication, their commitment, their knowledge to make and mainly their professionalism. It is a pleasure to be able to face up to a monograph of this level and to observe how the different generations of professionals begin a common way of thought. It is the moment to take advantage of the push of the professionals who, in a clear way, bet on the growth of a discipline that every time is more solid.

This monographic is of all those that once they believed that it was possible to make the discipline the profession of their lives.

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SERVING SOCIETY'S NEEDS: THE PROFESSIONAL RESPONSIBILITY OF OCCUPATIONAL THERAPISTS

RESPONDIENDO A LAS NECESIDADES DE LA SOCIEDAD: LA RESPONSABILIDAD PROFESIONAL DE LOS TERAPEUTAS OCUPACIONALES.

Key words: occupation, professional, society's needs, leadership.

DECS: Ocupaciones, profesionales, desarrollo de la comunidad , liderazgo

MESH: Occupation, professional associations , community development , leadership



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Prologue

I am honored to be asked to write the prologue for your new journal. We are a community of clinicians, educators and scientists and because of technology we have become an international community. We all are linked by our core values. We believe that engagement in occupation provides opportunities for individuals to influence their well-being by gaining fulfillment in living ; through the experience of occupation (or doing), the individual is able to achieve mastery and competence by learning skills and strategies necessary for coping with problems and adapting to limitations; opportunities for exerting self-determination should be reflected in our intervention strategies and that we employ a collaborative process where the patient's values are respected and their goals become central to the plan of care.

SUMMARY

Occupational therapists are being called on to serve the needs of society, Our role, in addition to being a clinician, an educator or a scientist is to assume a leadership role to make our contributions visible. In addition to serving in more traditional roles, this article talks about the expanding roles of the occupational therapist as the needs of people change.

RESUMEN

Los Terapeutas Ocupacionales están llamados a servir/responder a las necesidades de la sociedad. Nuestro rol/papel, además de ser un clínico/sanitario, un educador o un científico es asumir/adoptar el rol de dirección/liderazgo para hacer visibles nuestras contribuciones. Además de servir en muchos papeles tradicionales, este artículo habla sobre la expansión de los roles/competencias del terapeuta ocupacional como del cambio de necesidades en la gente.

The profession is at a very important point in time as our contribution to health is being recognized as an important and necessary service to society. We now can benefit from the experience of colleagues from around the world as we implement services that improve the lives of people with disabilities and chronic health conditions. This new journal will bring the ideas of international colleagues to the therapists of Spain; I hope the occupational therapists of Spain will share their experiences and their science with others.

Because what we do is so important as we help people whose lives are challenged with health and disabling conditions.

It is important for physicians, the public and policy makers to recognize our contributions. Few of us aspire to public recognition; we entered this profession because we wanted to make a difference in people's lives. However, there are many ways that we can make our work more visible. Society is facing a large population of elderly who want to remain independent as they age, there are more and more children with special needs, many workers who have been injured and even more older workers who want to stay active and productive. There are more and more people with disabilities and many individuals with persistent mental illness, all who want quality in their lives and the opportunity to participate in their families, communities, and society. We each have the knowledge and skills to make a difference in their lives.

We need to feel empowered to use our knowledge as professionals. We are not in jobs. We are bringing our knowledge and our skills and our capabilities to a job to improve the lives of the people we serve. If we think of ourselves as professionals, people will treat us as professionals. Successful professions plan

wisely and determine their own destinies. As we in occupational therapy design our future it is important for us to clearly understand what services will be most needed, and how we can best provide them to the individuals and populations who can most benefit from them. In focusing our attention on service to others, we define ourselves as a professional and secure the trust of the public upon whose support our future is dependent.

Those who founded our profession were connected by a belief in the power of human occupation to influence health. It is critical that each one of us in the profession today embrace and act on that same belief, since it is the value we place on doing that defines us as a unique profession, Occupational therapy alone connects the increasingly technological world of health care and the personal, meaning-infused world of the patient (Englehardt). We do not do things to people, "we give people opportunities" (Meyer), opportunities to help themselves, to manage health conditions and disabilities so that they can do the things that are important and meaningful for them.

There are people ranging from physicians to architects and city planners that can benefit from our expertise, and we can benefit from theirs. While Occupational therapy is an autonomous profession, we must recognize that we will flourish only in collaboration with others, as collaborators benefit from and rely on the collective experiences of the client, the family and others who seek to remove the barriers that limit the individual's performance and participation. There are things we can do to place occupational therapy in the public eye, to deserve and receive payment for our services, and to contribute our knowledge to benefit individuals, organizations and communities. We are going to continue to work in hospitals but the goal will be to triage people with chronic health and disabling conditions to the services they need; in rehabilitation hospitals we work to foster recovery and participation and transition people back to communities, to work and to family life; in outpatient facilities we also to work with persons who have hand and other physical injuries to help them return to

work, family and community life; in skilled nursing facilities the goal is to maximize function and create opportunities for meaning; in schools it is our responsibility to help children develop the capacity to fully engage in the learning environment and gain the skills to transition to adult life; and in communities to enable those with mental illness to acquire the skills to manage the complexities of their daily lives. We need to maintain and enhance traditional practice arenas however there are many things we can contribute because the health care system and society is changing. We must be responsive to new challenges and opportunities. If we rely only on practice in traditional arenas we will miss major opportunities for which our traditions, our knowledge base and our unique expertise and clinical reasoning seem especially well suited.

The following societal needs require the services of the occupational therapist. As the number of adults over 65 double in the years ahead, few will view nursing homes as their ideal living situation. Because we recognize the importance of personal places and the memories of meaningful experiences imbued there, we can use our expertise in activity, performance and environment to help people remain independent in their own homes and communities. We can use our expertise to help forge new long term care policies that promote health and well-being. Safe transportation is critical for those who live in suburban and rural areas. Knowing who can safely remain on the roads is important to individuals, to families and to society; and enabling clients to pursue transportation alternatives is second nature to our way of practice. Families are being called on to provide care for their older loved ones, occupational therapists should be a major resource to families as most of the care for older adults is provided by the family. The literature in this area is very clear, those providing care experience less stress in that role when they have successful interactions with the ones for whom they are caring. Those successful experiences come when the caregiver understands their loved ones condition and has the skills to help them do what they need to do. This

represents another intervention ideally suited to those with occupational therapy expertise.

Children and youth with disabilities need the services of an occupational therapist to achieve the capacity to be successful in school, to be engaged with families and communities and transition into adult roles with the skills for employment. There are also many opportunities to help workers prevent unnecessary disabilities, returning to work after accidents, and have work and work stations that enable success in the world of work. It is also important to help older workers retain their ability to engage in productive work and be active in their families and communities. Occupational therapists are also playing important roles helping those with persistent mental health issues to gain the skills to live in the least restrictive environment, to engage in meaningful occupations and avoid social isolation. A new area for occupational therapists is to foster health and wellness. Occupational therapists can employ self management skills routinely in our interventions, to help people make life style choices that tap their potential and manage their health and disabling conditions to avoid secondary health problems and achieve their goals. I am sure each of you can think of other opportunities for occupational therapists to enable the performance of the clients you do, or could serve. All of these problems are ones that are of concern to families, policy makers and when our services address them, we are visible.

Charles Christinsen, a former vice president of the American Occupational Therapy Association said "We need to wield more influence in places where decisions are being made. We need to work harder at developing leaders to go into local communities, to know how to network, to know how to go to opinion leaders or be opinion leaders, and have influence over decisions that affect everyday lives and occupational needs of human beings." We must prepare our students for leadership roles. Those in education, practice and research must see leadership as central to their roles as educators, as practitioners or

scientists. Leadership is the interaction of knowledge and skills with courage, commitment, confidence, and determination to make changes to delivery systems, payment policies, public policies, and they are essential to ensure the people we serve have access to OT services.

We are smart, talented people who have a passion to improve the lives of those we serve, we can provide leadership to our institutions, our communities and to society. The work we do is so important.

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PROFESSIONAL IDENTITY

IDENTIDAD PROFESIONAL

Key Words: Professional Identity, Occupational Therapy.

DECS: Terapia Ocupacional.

Mesh: Occupational Therapy.



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Introduction

It is close to a century ago that occupational therapy formally appeared as an adjunct to the medically based treatment of those suffering mental and physical disorder. However the understanding of and use of occupation as a primary factor in health and as treatment for illness has a much longer history. Throughout recorded time how people went about and what they did in their daily lives was recognised by medical authorities as fundamental to their experience of health and illness.(1,2) I claim that occupational therapy, in the western world, is an outgrowth of that much longer history.(3) For some reason the profession failed to build upon the health giving properties of doing wisely to enhance well-being, maintain health, and prevent disease for the population at large.

SUMMARY

This paper takes a futures perspective of occupational therapy's professional identity. It discusses what the profession has the potential to become if it embraces a global vision based on World Health Organization strategies, the United Nations Universal Declaration of Human Rights, and the World Federation of Occupational Therapists Position Statement on Human Rights and its directions for professional education. This global vision provides an insight into potential professional identity by taking a holistic approach that recognizes all people need to meet the requirements of their occupational nature in order to achieve positive health and resist illness. That includes those who experience ill-health, disability and ill-being as defined by modern medicine and everyone else. Such an inclusive rather than exclusive perspective of occupation for health is inadequately understood in the world today which has led to a diminution of understanding of what occupational therapists can bring to the current physical, mental and social health debate and a subsequent diminution within the profession of what it can and should offer.

RESUMEN

Este documento contiene una perspectiva futura de la identidad profesional de la terapia ocupacional. Se discute si la profesión tiene el potencial para llegar a abarcar la visión global basada en la Organización Mundial de la Salud, y la Federación Mundial de terapeutas ocupacionales en defensa de los derechos humanos y sus direcciones para la educación profesional. Esta visión global proporciona una percepción interior del potencial de la identidad profesional a través de un enfoque holístico que reconoce todas las necesidades de la gente para encontrar los requisitos/necesidades de su ocupación natural en orden para alcanzar una salud positiva y resistir a la enfermedad. Esa inclusión en la experiencia enfermo-salud, discapacidad e ill-being definido por la medicina moderna y todos los demás. Una perspectiva inclusiva en vez de una perspectiva exclusiva de la ocupación para la salud es inadecuado/insuficiente.

Instead it concentrated, as it still does, on those with medically diagnosed complaints. One of the reasons for that concentration may well be the direction that modern medicine took, as scientific discovery became a major factor in its own development during the 20th Century.

Another might be that it was unnecessary to spell out the health benefits of occupation at the professions genesis, as understanding of that fact remained dominant in the social environments where it developed. Unfortunately, such understanding is no longer the case, so the current professional profile of occupational therapy is as an adjunct to health care that is only occasionally called upon and seldom to promulgate information about how to live healthily through occupation.

Before examining the components of this global approach as the basis of a future professional profile it is necessary to define what I believe occupation encompasses.

Such definition has proved difficult and changeable for both past and present occupational therapists.

My view is that it is inclusive of all the things that people do in their lives throughout the lifespan, what the doing means to them and how it affects their growth or diminution as human beings, how it is the mechanism for belonging or not within families and communities, and how it contributes to people becoming stronger or weaker, happy or miserable, stressed or unstressed, healthier or sicker, and closer or farther away from their potential as human beings. I therefore describe occupation simply as 'doing, being, belonging, and becoming' and recognise that the negative health potential of occupation requires as much research and attention as its positive health potential. (4) Put as an equation, this may be remembered as $DB^3 = SH$ (Doing, being, belonging and becoming is instrumental to survival and health, and may be either positive or negative in nature).

To work towards such an occupation for health formula as an integral part of occupational therapists professional identity requires of them a comprehensive understanding of the nature of health as well as its place in survival itself. Don Nutbeam of the World Health Organization (WHO) Collaborating Centre for Health Promotion suggests that such understanding:

...Implies that all systems and structures which govern social and economic conditions and the physical environment should take account of the implications of their activities in relation to their impact on individual and collective health and well-being. (5)

In similar vein, a pioneer Chair of Social Health, Thomas McKeown, describes health as a large and complex jigsaw. In his view key factors include recognition that:

- People now "face vastly changed conditions of life with the genetic equipment of hunter gatherers"
- "In technically advanced countries the modern transformation of health... must be attributed largely to advances in the standard of living"
- Most non-communicable diseases that are prevalent in affluent countries and increasingly in the others... "have environmental origins and are potentially preventable by changes in living conditions and behavior." (6)

Those factors clearly associate health and illness with occupation, and therefore should be integral to an occupational therapists knowledge base and eventual professional profile.

The concept of occupation being a matter of health or of illness for everyone is not widely recognised. Therefore, it is important for a profession with potential expertise in this holistic concept not to separate out as different those who suffer medically recognised occupational disorder from those suffering other occupational disorder. There is a need to promulgate that message widely. Both concept and promulgation are central to a professional identity that will take occupational therapy forward in a very different world to the one in which it started. To carry out this work, it is also necessary to recognise that ideas about health, illness and occupation differ according to cultural and spiritual philosophies, environment, socially dominant and individual views and opinions, types of economy and health technologies available. Such factors affect the impact of occupation on health, but do not diminish the fact that they are strongly associated.

It is pleasing that international organizations, despite using a different terminology to occupational therapists, have recognised the importance of people's occupational nature and needs in major global recommendations. Of particular note are those provided as international guidelines by the WHO and the United Nations (UN). Strategic documentation from occupational therapist professional bodies improve the professions profile by associating with such recommendations.

Occupation and Health: WHO strategies

The WHO at its constitution in the mid twentieth century provided a lasting definition of health as more than "the absence of disease or infirmity" but as a "state of complete physical, mental, and social well-being". (7) Currently, it recognises "a whole range of "personal, social, economic, and environmental factors" as determinants of health for both individuals and populations. (8)

Occupational therapists could use that vision for health with regards to people's occupational natures and needs to expand their professional profile and activities outside the current medical model to great effect. This needs to be done.

The new age and challenging discussions about the economic foundations of ill-health that resulted in the Declaration of Alma Ata (9) led to the WHO setting 2000 as the target year for world governments to attain health for all the citizens of the world. (10) Occupational therapists, like many other health professionals failed to heed that call for action and the date proved to be overly optimistic so there is still time to act to that end. That Declaration was followed by a call in the *Ottawa Charter for Health Promotion* (OCHP) for a universal change of direction in health services towards positive health and well-being. (11) This Charter provided guiding wisdom of further meetings in other parts of the world where it has been ratified: in Adelaide (1988); in Sundsvall (1991); in Jakarta (1970); in Sun City (2000), and in Bangkok (2005).

The OCHP describes health as a resource for everyday life emphasizing social and personal resources as well as physical capabilities, and proposes three basic strategies as the way forward in population health around the globe. They are:

- Advocating for the political, environmental, economic, social, cultural, biological and behavioural conditions essential for health. Occupational therapists would advocate within the framework of peoples doing, being, belonging and becoming
- Enabling people to strive for and reach their health potential. Occupational therapists could enable all peoples doing, being, belonging and becoming to that end
- Mediating between different socio-political interests in the pursuit of health for all people in all walks of life wherever they live (12) Occupational therapists could mediate within socio-political spheres

towards increased health through peoples doing, being, belonging and becoming.

Those three basic strategies are embedded in the British College of Occupational Therapists 2002 Strategic plan.(13)

Five means of implementation are suggested:

- Enabling the development of personal skills: an attribute which occupational therapists have already embraced but seldom for those without physical or mental disability
- Creating supportive environments: a skill which occupational therapists embrace but seldom go beyond an individual personal sphere to those of community and natural environment
- Strengthening community action: a skill that occupational therapists need to work upon and for which they hold relevant foundation beliefs
- Reorienting health services: a task that has proved overly difficult for occupational therapists to date but with the might and right of the WHO onside is worthy of renewed effort
- Building healthy public policy: an activity that most occupational therapists avoid like the plague, which has done great disservice to the professions profile in the past and present

Those five means of implementing the three basic strategies are also embedded in the British College of Occupational Therapists 2002 Strategic plan. (14) Certainly, all of them require attention from occupational therapists throughout the world. I see them as central in the issue of future professional identity.

The WHO vision recognizes the need to promote health and to alleviate illness and suffering for all humanity by focusing on personal, societal and environmental factors. It validates “the uniqueness of each person and the need to respond to each individual's spiritual quest for meaning, purpose and belonging” as part of health whilst recognizing that communities as well as individuals “must be able to identify and realize aspirations, to satisfy needs and

to change or cope with the environment”,(15) Occupational therapists who recognize and work towards people everywhere doing, being, belonging and becoming healthily either individually or as a collective are building upon the WHO vision.

Focusing on equity and social justice, WHO policy calls for international collective action across diverse sectors of societies in order to achieve its goals because the determinants of positive health and well-being like those of much illness and death lie outside the health service domain that retains a medical intervention focus. It promotes a notion that should be central within occupational therapy rhetoric that “changing patterns of life, work and leisure have a significant impact on health.”(16) That will already be the case for occupational therapists who recognize and work towards occupational justice for people anywhere and everywhere as they do, be, belong and become according to needs and potential. They are already building upon the WHO policy towards equity and social justice and its vision of health. All occupational therapists need to be loud in voicing the concept that the promotion of health should be aimed at:

- Generating “living and working conditions that are safe, stimulating, satisfying and enjoyable.”(17)
- Enabling people to realize ambitions, cope with the normal stresses of life, work productively and fruitfully, and make a contribution to society(18)
- Advocating and enabling people of all ages to realize their potential for physical, social and mental well-being throughout the life course and to participate in society according to their needs, desires and capacities(19)

In order to achieve this, the most recent WHO Health Promotion Conference in Bangkok (2005) called for people in all settings across the globe to:

- *“advocate for health based on human rights and solidarity*
- *invest in sustainable policies, actions and infrastructure to address the determinants of health*

-
- *build capacity for policy development, leadership, health promotion practice, knowledge transfer and research, and health literacy*
 - *regulate and legislate to ensure a high level of protection from harm and enable equal opportunity for health and well-being for all people*
 - *partner and build alliances with public, private, nongovernmental and civil society to create sustainable actions (20)*

As part of their professional profile occupational therapists need to answer this call in terms of peoples occupational natures and needs.

Occupation: Universal Declaration of Human Rights

The UN in the Universal Declaration of Human Rights addresses the importance of all people being able to engage in a variety of occupations. That many people throughout the world are not able to do so should be a matter of concern to occupational therapists, not least because lack of health-giving occupation can lead to medically recognised physical and mental illness and disability over the longer term. Occupational therapists, however, need to recognise their prime position and duty to advocate at all levels for the occupational rights and freedoms recognised by the UN in more than medical arenas. It is a matter of occupational justice.

These rights and freedoms include the “free development of personality” that results from growth through doing; the free choice of work with “just and favorable remuneration”; time and opportunity for rest and leisure; adequate opportunities for education; being able to take part in a country’s governance; community and cultural participation and involvement; and enjoyment of the arts”.(21) These equate to the UN requirement for all people to enjoy a standard of living adequate for health and well-being as well as the provision of services “in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood”. (22)

These rights are absent in many parts of the world, some even being overlooked within highly developed countries. They are integral to the idea of occupation as an agent of health and survival through doing, being, belonging and becoming, and are complementary to the concept of health held by the WHO. They are also reflected in some Occupational Therapy Associations Codes of Ethics. The American Occupational Therapy Association (AOTA) for example makes a public commitment “to support engagement in everyday life activities that affect health, well being and quality of life” by promoting inclusion, diversity, independence, safety and empowerment for the community and society at large as well as recipients of occupational therapy. (23) AOTA extends such commitment “to beneficence for the sake of others... to genuinely good behaviors, and to noble acts of courage”.(24)

To assist therapists to feel comfortable with this role a deeper focus on the development of advocacy and mediation skills would be a requirement within most occupational therapy education curriculum.

WFOT: Human rights and occupation based therapy

In 2006 the World Federation of Occupational Therapists (WFOT) issued a statement of its position on human rights in relation to occupation and participation. Fully endorsing the Universal Declaration of Human Rights the Statement recognises that

“Abuses of the right to occupation may take the form of economic, social or physical exclusion, through attitudinal or physical barriers, or through control of access to necessary knowledge, skills, resources, or venues where occupation takes place. Global conditions that threaten the right to occupation include poverty, disease, social discrimination, displacement, natural and man-made disasters and armed conflict.”

The Statement holds as principles that everyone has the right to “civic, educative, productive, social, creative, spiritual and restorative occupations” as “shaped by their cultural, societal and geographic context” and that:

-
- “Enable them to flourish, fulfil their potential and experience satisfaction in a way consistent with their culture and beliefs”
 - Supports their valued inclusion as family, community and society members
 - Does not pressure, force, or coerce participation in “occupations that may threaten safety, survival or health and those occupations that are dehumanising, degrading or illegal” (25)

This very important WFOT document provides support for the professional profile presented in this paper, and particularly so when linked with the 2002 WFOT Minimum Standards for Education. The latter emphasizes the focus of occupational therapy is the occupation for health nexus, and that intervention based on that should meet local needs for communities, groups and individuals around the world.(26)

Professional Profile with an Occupation for Health Foundation

Occupational therapists could become health professionals with expertise in the effects of “civic, educative, productive, social, creative, spiritual and restorative occupations” (27) on health and well-being. If they hold a holistic vision that embraces all occupations they can consider the combined health effects of people’s doing, being, belonging and becoming. That would make them different to other health professionals who have expertise in particular types of occupations such as work, play, or leisure.

With the profile described here, occupational therapists can continue to work within the health sector as part of a medical model team of specialists or within the welfare sector as part of a community based team. They could also practice independently within the population at large to facilitate a whole range of occupations towards increased health and well-being with reference to different cultural, societal and geographic contexts. They could work as mediators and

advocates for people experiencing decreased occupational opportunities because of occupational deprivation, alienation or imbalance and health risks as a result of occupational injustice. They could become researchers and advisors taking a holistic view of the effect of occupation on people's health and well-being across the globe within socio-medico-political arenas.

Occupational therapists are health professionals who could meet the requirements of WHO strategies towards health for all and according to UN directives by:

- Enabling the development of new ways of doing, being, belonging and becoming for people who are physically, mentally or socially disadvantaged to assist their recovery or enable those with residual difficulties to maximize independence, participation, dignity, care, and self-fulfilment (28)
- Creating environments that are supportive of all people reaching towards their occupational potential in ways that increase well-being individually and communally
- Strengthening community understanding and action towards increased participation in occupation that is health-giving and decreasing occupation that is detrimental to well-being in the longer term
- Advocating for the reorientation of health services towards positive well-being for all people by calling attention to how it articulates with peoples occupational nature and needs in both urban and rural communities locally and internationally. This requires taking responsibility for the development and synthesizing of knowledge to support people's participation in health promoting occupation; "to identify and raise issues of occupational barriers and injustices; and to work with groups, communities and societies to enhance participation in occupation for all persons" (29)
- Facilitating the building of healthy public policy about the role of occupation in health and physical, mental, and social rehabilitation

through high profile and innovative programs, research and publications, media activity and as critical socio-political advisors.

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CONSTRUCTING A PROFESSIONAL IDENTITY

CONSTRUCCIÓN DE UNA IDENTIDAD PROFESIONAL

Key Words: Construction, Identity, Context.

DECS: Construcción, Contexto.

Mesh: Construction, Environment.



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Introduction

The profession of occupational therapy has a distinctive yet contested identity, which remains under discussion despite many scholarly attempts to come to an agreement that would satisfy all members of the profession. Nevertheless, as previously suggested, I believe that we share a foundation in belief and purpose, although these are interpreted in many different ways.¹ In this article I suggest that the identity of the profession is constructed daily through all the encounters that therapists have with clients, because while the 'core' occupies a central position, and exists as a guide for practice, each therapist's professional identity is influenced by every encounter with clients, so that an interaction is established which should form and offer focus to the therapeutic process and its outcome.

SUMMARY

The identity of occupational therapy and of occupational therapists is affirmed when members of the profession congregate, but when they are working alone these assurances may not be as strong. The nature of occupational therapy is such that while all practitioners share a common core of knowledge, the content of their endeavours must be adapted and modified whenever and with whomever they are working. A summary of what it is that holds practitioners together in a common purpose and identity is presented followed by examples of the challenges that learners and therapists face, and how these shape their professional uniqueness. The dynamic between a particular context, client needs, therapist experience and occupational therapy knowledge both consolidates and builds an evolving identity. To be relevant to the profession and therefore its identity must be constantly under construction.

RESUMEN

La identidad de la terapia ocupacional y de los terapeutas ocupacionales está garantizada cuando los miembros de la profesión se congregan, pero cuando ellos trabajan solos, estas garantías pueden no ser tan fuertes. La naturaleza de la terapia ocupacional es tal que mientras que todos los practicantes comparten un corazón común de conocimiento, el contenido de sus esfuerzos debe ser adaptado y modificado cuando y con quien trabajen. Un resumen de lo que es esto lleva a los practicantes juntos hacia un objetivo común y la identidad se presenta seguida de los ejemplos y de los desafíos que principiantes y terapeutas enfrentan, y como éstos forman su unicidad profesional. Lo dinámico entre un contexto particular, las necesidades del cliente, la experiencia del terapeuta y el conocimiento de la terapia ocupacional consolidan y construyen una identidad que se desarrolla. Para ser relevante a la profesión y por lo tanto su identidad, ésta debe estar en constante construcción.

The identity of occupational therapy will therefore be under constant construction in myriad situations all over the world if service is delivered in appropriate and helpful ways.

It is not possible to think about occupational therapy and identity without referring to professional education. Professionalisation entails habituation to the field of practice, as guided by expert bodies, the most important of which is the World Federation of Occupational Therapists (WFOT), and guarded by disciplinary groups that represent the protection of both the public and the practitioners. However, while adhering to certain guidelines, and remaining aware of the increasing power of globalising trends, each occupational therapy program and every country where the profession is recognised must make adaptations that will satisfy the demands of their local context.² This paper suggests that this is a dynamic process through which practice should be constantly confirmed and modified in ways that reinforce the goodness of fit between what the profession can offer and the client's needs, so that between them they create something meaningful and helpful.

The outcome while different for client and therapist should whenever possible be useful to both of them. In order for this to happen a customised service must be mutually negotiated if it is to achieve an immediate and longer-term impact. Furthermore, the cumulative effect of service that is sensitive to client needs and everything that this entails should lead in time to changes in the way that the profession is practised.

In order to illustrate my thinking for this paper two case studies are presented in summary form, one of a man and the other a woman who live in a remote rural area of the Eastern Cape Province of South Africa. They have some things in common as they both hold a specific place in the community and their own households, but do not live in the same village. They are both resource and structurally poor i.e. "they are affected by complex social dynamics and power relations that limit the distribution of resources, and adversely influence the physical and systemic restructuring of society."³ They are also disadvantaged by institutional, environmental and attitudinal barriers,⁴ which impact on their capabilities and freedoms⁵ as people who have been disabled by society. I hope to show through these examples how the profession's uniqueness, the therapist's character and the distinctiveness of each of these two persons creates a particular dynamic which enriches and interprets the profession in a way that leads to an ongoing process of construction of the profession identity. The thesis that I employ assumes that the therapist is able to think laterally, reason intuitively and practice respectfully in situations that are complex, challenging and fulfilling.

The core of occupational therapy and its link with identity

Many occupational therapists have written about the occupational therapy perspective that centres on occupation, holism, justice and enablement.^{6,7,2} Over the years many different ways in which this may be achieved have evolved, reflecting our applied body of knowledge.⁸ The WFOT acknowledges that it is becoming increasingly difficult "to recognise and articulate the

commonalities that unite the profession as knowledge, skills and modes of practice diverge.”⁹ This does not alter the fact that throughout practice the central theme of occupational therapy remains that the client can change through engaging in what s/he considers to be meaningful and purposeful occupation. Therefore, the therapist requires an inter-subjective understanding of the client so that s/he may enter that life world, including the person’s physical and social reality, in order to discover their needs.¹⁰

In his Eleanor Clark Slagle lecture article Christiansen¹¹ makes the assertion that “occupations are key to not just being a person, but being a particular person, and thus creating and maintaining an identity.” He argues that occupations are vital for creating and maintaining an identity and that identity is threatened when people loose or never develop this fully due to participation restrictions.

Some markers of selfhood are usually taken as constants e.g. sex, ethnicity, class, but even these can change.¹² Change is a pervasive feature of human growth and development. As time passes individual lives, bodies, beliefs, intentions, and personalities change, and psychologists have invested considerable effort in developing theories of identity development that chart these.^{13,14} In his cultural theory Bourdieu¹⁵ explained how social circumstances determined the way that human beings live and behave. According to Eriksen people “are woven into a social context that represents the symbolic reality constituting their understanding of the world. As such, human beings neither create nor select their worldview: they are embedded in it.”¹⁶

Creek¹⁷ has described occupational therapy as a profession “that focuses on the nature, balance, pattern and context of occupations in individual’s lives, and therefore it is often concerned with complex long-term needs and problems.” If identity formation is a life long process in which each person is living and creating their own story, then all that shapes the self, including the self concept and self esteem, will contribute to identity development, that is, who is person

is, what they do and can become.¹¹ In the next section the influence of professional education on identity formation, both of the individual and the profession, will be discussed.

Identity through education

The 2002 Revised Minimum Standards for the Education of Occupational Therapists¹⁸ is an inspired departure from some previous formulaic and highly structured versions, promulgated in the past as guides for basic education in our profession. Each reflected educational thinking in different eras. The latest version attempts to marry essential professional knowledge, skills and attitudes with changes in health service philosophy and systems, and international health needs and crises. This has not curtailed the addition of occupational therapy perspectives e.g. the International Classification of Functioning, Disability and Health¹⁹ (ICF) has been interpreted for the use of occupational therapists. Hocking and Ness⁹ have identified important principles for the WFOT curriculum design e.g. non-prejudiced fieldwork exposure; research-based practice; international connections and exchanges; local knowledge and curriculum content. All this emphasises the importance of creating occupational therapy education that is appropriate and applicable to the local context. This is where the matter of professional identity comes to the forefront.

While occupational therapists everywhere ought to be identifiable by their shared characteristics and services, each country should be producing therapists who can adapt and apply the basics of their work to meet the specific needs of the character of their nation and the cultures which this serves. The focuses throughout will then fall on “the relationship between health and wellbeing and people’s participation in self-care and domestic activities; interpersonal interactions and relationships; major life areas including education, work and leisure; and in community, social and civic occupations; and, the environmental factors that support or impede participation in those occupations.”⁹

To explore how learners are prepared to practice it may be helpful to think about how identity shapes, and is simultaneously moulded by the relationships and contextual influences that learner occupational therapists may encounter in different practice settings. I have chosen three of these: traditional; community based; and role emerging settings; and will discuss each of them briefly. The second and third examples are based on experiences of working with learners in South Africa.

- The traditional hospital or clinic based service setting

Role definition in this type of setting is well established, with services orientated to the needs of individuals, even if they are encountered in groups. Services are designed in cooperation with the client whenever possible to identify and address particular occupational participation deficits and environmental barriers or restrictions. Of necessity therapy concentrates on the improvement of performance components and areas, and the contexts within which these occur.. Conceptual models or frames of reference are used to generate guiding principles and explain how health and impairment influence occupational behaviour e.g. the Person-Environment-Occupation Model;¹⁹ the Ecology of Human Performance.²⁰ Learners have the opportunity to become grounded in this clinical approach while experiencing and practising the carefully ordered and staged progression of therapy, where client and 'therapist' form a partnership as they work towards some specific goal that needs to be realised before the client is discharged.

The learner's identity (as a person and a future therapist) is influenced positively or negatively by his/her relationship with the client, by other health professionals who work in the same environment, and particularly by the designated learner's educator. This type of service is subject to medical model influences, which can be a major dilemma for learner occupational therapists whose orientation is more holistic. The development of the learner's self-

concept and self-esteem are influenced by feedback from members of the health team and the client. The cumulative effect of many therapeutic encounters and interpersonal experiences contribute over time to the formation of a coherent image of the self as a person and therapist.

- Community based service

This is a fast growing area of occupational therapy practice within which the possibility exists of working from a primary health care base in a similar way to the traditional model, but with the added advantage of being able to visit and treat people in their own homes. Another possibility exists, which is that of embracing the philosophy of community based rehabilitation (CBR), which offers practitioners the option of becoming involved in community development.

21

CBR is a strategy within community development for the rehabilitation, equalization of opportunities and social integration of people with disabilities, and therefore not merely a way of overcoming a health problem. It is implemented through the combined efforts of community stakeholders and with the active participation of disabled people themselves, their families and communities. It facilitates both their access to and participation, as both consumers and providers, in appropriate health, education, social, vocational and other services. The CBR principles are health, education, livelihood, social development and empowerment, and are achieved through promotion, early child development, skills development, personal assistance and social mobilisation.²¹ International development agencies are increasingly recognising the importance of CBR in poverty alleviation projects. Heavily dependent on intersectoral collaboration, CBR is in essence an approach to community development that includes and extends beyond the needs of disabled people to the communities in which they live, work and play. Its tenets are closely aligned with the goals of poverty alleviation thereby contributing to social justice and economic change.

What influences would shape a learner occupational therapist's identity in CBR? There are two possibilities. A learner attached to a primary health care facility which practices medical routines might be enriched through first-hand experience of the client's circumstances and reality testing in situ, and confirmed in the role of effective therapist. If a learner became part of a CBR development project, where poverty and disability issues were problematic, it would be important for him or her to engage with the historical and political context of the community, and to be ready to learn about the impact that circumstances have had on their health, wellness and occupational behaviour. ²² Learners could be exposed to the injustices of occupational deprivation and challenged to grapple with issues of prejudice, bias and stereotype.

The identity of the occupational therapy learner in this context is one of naïve observer, partner and facilitator. There is a lot of scope for practice within the CBR principles, but the learner's attitude is paramount. Learners based in existing CBR projects would need to undertake the role of a facilitator to enable change by being both helpful and supportive without usurping community member's roles, talents and functions. An occupational therapy facilitator does not assume to take over as leader, but rather uses special talents as an organiser, educator, coordinator, resource, advocate and trainer to guide individual and group development. With the help of the occupational therapist the learner will become able to assess individual potential and match this to appropriate tasks and roles. Development can then be fostered through graduated challenges and mentored performance. The need for understanding, critical awareness and sensitive adaptability must be evident in a respectful approach, particularly within transcultural and transcontextual settings. ²²

The learner can glean specific knowledge, attitudes and skills from CBR exposure, which while appropriate in the community context also has lasting value for working in any practice setting, making and moulding the identity of the servant learner/therapist.

- Role emerging practice.

A role emerging setting is one which does not have an occupational therapy programme or established occupational therapy role, and would be found in a place where a need exists that can be met through occupational therapy. Within historically familiar practice setting this might be a new service e.g. occupational therapy for neonates. While most services started this way what is meant here are services that fill a social gap as well as a therapeutic need. This is an exciting and challenging field because, according to Galvaan, "occupational therapy does not yet have an established protocol aimed at promoting social change."²³ One way that new services have been established in South Africa (and no doubt elsewhere) is through placing learners in such situations and fostering the development of a service through an evolving programme that is closely monitored and recorded, and carefully supervised and supported by a qualified therapist who holds the vision for development.

The learner's identity is moulded in an unfamiliar environment by exposure to a service need and the invitation to develop an understanding of the context and its socio-political climate, through uncovering the life world of would-be service recipients. Learners are called on to develop a personal stance, which accommodates the world view of the people and their environment, a process that enriches the discovery of the self. A combination of complex problems, unfamiliar situations and personal frustrations at the lack of ready answers can cause learners to experience a sense of disjunction (fragmentation of part of the self).²⁴ Yet if they are prepared to address their learning struggles by acquiring learning strategies and addressing specific questions as they arise, they can be helped by the educator and other experienced people to both serve their clients and grow at the same time. "Answers are learnt through doing and reflecting, and occur through the process of contributing to community development."²³

It is very challenging for a learner to find that there are no pat answers or familiar protocols to be followed in such demanding and unfamiliar situations, and yet be expected to be making a difference. A learner anticipates being taught, and because this is an unconventional situation an inexperienced person can quickly become frustrated and angry. The discovery that they can find their own answers through trying something out and taking the initiative themselves is a major step towards becoming a reflective and dynamic practitioner, and contributes yet further to the construction of a learner's professional identity. In the next section two case studies are presented which will highlight how professional practitioner's identity is moulded by specific practice demands.

How client identity and professional identity interact

Working in an unfamiliar environment raises many questions about how practice should be introduced and applied. The summary Table which follows presents some information about two people encountered in a remote under resourced rural area in the Eastern Cape Province of South Africa. (table n°1)

How should the therapist proceed? A clinical approach might assume control in practice, but this would be inappropriate because the problems speak of a particular physical and cultural context which would need to be accommodated. CBR would not be an option initially either, because in a new service a situational analysis would have to establish the needs of both individuals and the community. The first step would therefore be to get to know something about the people and to find out about their requirements, and what they needed and wanted (there are some similarities here to role emerging practice described above). In the case of the two individuals their identity, and indeed that of other future clients, would shape the way that service was provided and the particular direction that it took. At the same time the therapist would also be changing his or her occupational therapy identity to fit these new

circumstances. A co-construction therefore occurs where the old identity of the clients must perforce change, while the therapist modifies a previous therapeutic stance to meet new challenges.

	Client 1	Client 2
General characteristics	Phumzile is a 25 year old widow and mother of 3 children. She lives with her father, whose old age pension is their only income. She has never left her village and has not been employed outside of her home. Phumzile is feared by the neighbours because of the way that she sometimes behaves.	Thembalaka is a 46 year old man and father of five children, of whom three are at school and one is looking for work. They have no income, with the exception of two small child support grants. He was working as a miner at the time of the motor accident that caused his injury. He cannot be accommodated as a worker by his previous employer.
Roles and responsibilities	All household tasks including fetching water from the river and collecting firewood, and the raising of her three daughters, who must learn to assume all a women's tasks and activities, including building and maintain their mud brick home.	Thembalaka is expected to be the breadwinner and provider for his family. His responsibilities include tasks assigned to him by the local headman and the appropriate execution of traditional ceremonies e.g. births, deaths marriages and initiation.
Health status	A five year history of paranoid schizophrenia . Her current medication has severe side effects, so if she needs to do something important e.g. the family washing, she does not take her pills.	A head injury led to a hemiplegia from which a year later he has not fully recovered. He can walk with a stick but his arm function is poor and he is very worried about the future.
Occupational disruption	Illness incidents disrupt Phumzile's routines and cause havoc in her household. The children are scared of her at these times and the neighbours keep their distance.	Thembalaka is unlikely to work again and must begin to make some plans for the future. His own non-work related occupations can continue, but those of his family are seriously threatened, as is their general welfare.

Table 1: Contextualised Occupational disruption

In the final part of the article the way in which the identity of the occupational therapist is shaped by accumulated experience and extended over time will be discussed.

Identity through experience

Doing occupational therapy is not a passive experience. Despite our need to categorise in order to understand and interpret different phenomena, “whatever is essential cannot be seen as merely a part, because life can take place only in wholes. You have to struggle day in and day out to affirm that occupation is the ‘web and woof’ of being for humans, and not an instrumental component that is inserted here and there.”²⁵ If the practitioner is alert to the client, other people in the environment and the context, observations become the basis of practice and learning, providing information for the immediate situation as well as an ever increasing store of recollections. The reflective practitioner gleans insights from every therapeutic encounter through clinical reasoning, and by continually building associations between past experience and theory. An awareness of the significance and usefulness of available occupational science research is also important because occupation is central to all people’s lives and pivotal in therapy.

Knowledge and a deep appreciation of the importance and significance of occupation, not only in therapy but also in all people’s everyday lives is a wonderful contribution that the profession of occupational therapy can and is making to broader society both within and beyond health and social care domains. Being associated with occupation as our first and most important characteristic highlights what is essential to our therapy, and emphasises our professional identity. The application of our knowledge should always be an expression of this. Yet despite growing internal professional awareness of these matters occupational therapists continue to struggle to describe what they do and to engage in occupation-based practice, particularly in predominantly

biomedical settings. Wilding and Whiteford found that this could be overcome “through in-depth reflective processes undertaken collectively within a supportive community of practice milieu.”²⁶

We need to ask ourselves if we put sufficient energy into this particular type of professional growth and development. If there is any uncertainty about what our profession represents, both in specific fields of application or generally, we will continue to experience difficulties in making our services available to all the people who need them. Our identity shapes and is shared through relationships.¹¹ What we think and feel about ourselves as occupational therapists in relation to what others think of us and our work moulds the image we carry and our contribution to the profession. This grows and changes over time; professional identity is always under construction.

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THE PROFESSION'S ETHOS AS A GUIDE TO PROFESSIONAL IDENTITY

LA ETHOS DE LA PROFESIÓN COMO UNA GUÍA PARA LA IDENTIDAD PROFESIONAL

Key Words: Occupational Therapy, Ethos, Profesional Identity.

Palabras Clave: Terapia ocupacional, Ethos, Identidad Profesional

DECS: Occupational Therapy.

Mesh: Occupational Therapy.



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Introduction

A profession's ethos is thus an interlacing of sentiment, value, and thought that captures its character, conveys its genius, and manifests its spirit. An ethos carries beliefs so fundamental and sound that they endure, both transcending and supporting the particularities of shifting paradigms. Metaphors reveal its functions. An ethos serves as touchstone against which individuals strike their actions to know their worth. As inner voice, an ethos inspires individuals and calls them back when they stray too far. An ethos sets a profession's course in ever-changing times. It is bare-bones plot in a heroic tale. Bold standard raised in a milling crowd, an ethos leads those with diverse roles and views to say, "That's right!" The pull of an ethos is unbroken, sometimes undertow in currents less ideal. Its confluence of sentiment, value, and thought yields *guiding*

SUMMARY

Dictionary definitions of the term *ethos* include these: a person's character or disposition; an individual's moral nature; the characteristic spirit or prevailing sentiment of a group; the genius—that extraordinary and distinctive capacity or aptitude—of a people or institution; the guiding beliefs, standards, or ideals that pervade and characterize a group; the spirit that motivates the ideas or practices of a community; the complex of fundamental values that permeate or actuate major patterns of thought and behavior (Simpson & Weiner, 1989).

RESUMEN

Las definiciones del diccionario del término *ethos*, incluyen las siguientes: un carácter o disposición de la persona; la naturaleza moral de la persona; el espíritu característico o el sentimiento que prevalece de un grupo; el genio —esa extraordinaria y distintiva capacidad o actitud— de una persona o institución; el rector de creencias, normas, o ideales que impregnan y caracterizan un grupo; el espíritu que motiva las ideas o prácticas de una comunidad; el complejo de los valores fundamentales que impregnan o accionan las principales pautas de pensamiento y de comportamiento (Simpson & Weiner, 1989).

sequentially or hierarchically. The end result is a complex of guiding beliefs, an ethos. It is this: (1) Time, place, and circumstance open paths to occupation; (2) occupation fosters dignity, competence, and health; (3) occupational therapy is a personal engagement; (4) caring and helping are vital to the work; and (5) effective practice is artistry and science. Taken together, these beliefs capture that which we profess—declare and affirm—in the world.

beliefs, both vital and lasting. In this way, the profession's ethos might be seen as a guide to professional identity.

The Ethos of Occupational Therapy

Early supporters of the use of occupation, the founders of the Society for the Promotion of Occupational Therapy in the United States, and early occupational workers drew from their societal context and their experiences a common understanding: Occupation could help. In discussing the power of occupation and a therapy built around it, they reiterated central themes with visionary zeal. From their discussions, five beliefs emerged with guiding potential, each a confluence of sentiment, value, and thought. Each had the capacity to shape character, establish reputation, and carry the profession's spirit across changing times. Each became part of our ethos.

Because each ethological belief captures a distinct and equally important dimension of occupation or occupational therapy, each relates to the others existentially rather than

Within the 2005 Eleanor Clarke Slagle Lecture, I offered historical evidence for each of these early beliefs and, on the golden anniversary of the first Eleanor Clarke Slagle lecture delivered in 1955, followed each sampling with thoughts from Slagle lecturers who extended them across time (Peloquin, 2005). Consider the guiding potential of our ethos. Each belief is expressive, persuasive, and thoughtful. Each evokes the best of who we are; each plumbs the depth of what we do. Together they afford us this view of our professional identity: We are pathfinders. We enable occupations that heal. We co-create daily lives. We reach for hearts as well as hands. We are artists and scientists at once. This is our character; this is our genius; this is our spirit.

Ours is an ethos of engagement—a commitment to involve and occupy ourselves and be bound by mutual promise. Were we to distill the complex of our guiding beliefs into one brief account, our ethos might be this: Engagement for the sake of persons and their occupational natures. We engage so that others may also engage (Moyers, 1999).

An Ethological Perspective on Current Professional Challenges

Five reflections follow, each framing a current professional challenge in light of a guiding belief, and each a modern-day guideline for realizing our professional identity.

We are Artists *and* Scientists

Guided by the belief that effective practice is artistry *and* science, we are artists and scientists at once (Collins & Porras, 1994). Honoring our ethos, we strive toward integrative practices (Peloquin, 1994; Peloquin, 2002a). Gestalt visions grounded our ethos in its origins, images of whole persons possessed of mind, body *and* spirit; hands *and* hearts; physical *and* mental health. How can we reclaim those? For one, we can prompt the imagination that drives our science and art. Consider a beach scene. Sand and water come together at seaside, quite distinct but dynamically related. Seaside *is* because of land and ocean.

Grains of sand and waves of sea together make seaside. Seaside would not *be* if one were gone.

More images may fire our gestalt capacities. A nesting doll holds others within itself. A dance evokes rhythmic moves, some made in tandem. Woodland streams send many-sourced waters in shared directions. A butterfly draws one form from another. A symphony makes harmony from differing sounds. A tapestry brings warp and weft to pleasing patterns (Wood, 1995; Baum, 1980). A cyclist pedals two wheels smoothly and at once. Yin-yang magatamas show goodness of fit in neatly opposed designs. Each image disrupts our dichotomies. Each prompts integrative thought.

Add to such imagery the question asked by William James (1947) about whether we walk more essentially with the right or the left leg. Clearly we need both. And if we drift to polar thinking, we might consider ski poles, together lending support and balance rather than a vision of opposing actions. Can we not imagine co-supportive synergies drawn from science *and* art (Peloquin, 1994)? If so, we can see intervention, education, and inquiry as venues for the integration of competence *and* caring, professional purpose *and* personal choice, productivity *and* self-actualization, problem solving *and* collaboration, evidence *and* meaning. That perspective captures our ethos.

Even in the business world, James Collins and Jerry Porras (1994) endorsed the “genius of the and” noting that “a highly visionary group will aim to be distinctly yin and distinctly yang, both at the same time, all the time” (p. 45). When, in light of our ethos, we envision and enact our belief that effective practice is artistry *and* science, we realize a vital principle of our profession. And in doing so we reclaim our heart.

We Are Pathfinders

Guided by the belief that time, place, and circumstance open paths to occupation, we are pathfinders. But how can we find paths to occupation in

managed care and other disintegrating health care environments? We must first see overly managed systems as polarized. Management--skillful handling and control--is a distinct part of good care, but even in the realm of horse training, where the term *management* originated, experts suggest this broader view:

We shall have to give up our inclination to control our horse by force. Instead we shall have to try to learn to respect the way that he wants to do things... And, instead of trying to impose on our particular animal the idea of what he should be able to achieve, we must first seek to learn what his capabilities really are...we shall have to add to our analytical capability an equal capacity for intuitive thought... Without this, our relationship with our horse will be one of spiritual warfare instead of harmony and beauty. (Hassler, 1994, p. 16)

Strife occurs in health systems when control preempts care. Without harmonious relationships and respect for choice, management fails (Curtin, 2003). If we had galloping costs, unbridled excesses, and runaway procedures, these called for taming. But they did not warrant the split vision that has made an oxymoron of managed care (Peloquin, 1996). To see the split is to discern the missing care. And that discernment opens paths for its return.

In his reflections about educational systems, Gordon Davies (1991) asked a hard question of those on governing boards with control: "Are we helping to create an environment" he asked, "in which teaching and learning are honored and can flourish?" (p. 58). He saw in governance a pathfinding role. He heard a call to engender restlessness throughout the system, disturb complacency, and insist that rules be broken for the sake of learning (Davies, 1991). Likewise we might ask, "Are we making environments in which occupation can flourish?" Our activists, theorists, and innovators have asked. They have seen their pathfinding roles. They cause restlessness and disturb complacency as they challenge oppressive policy, affirm occupation as central, and make new practice sites—in clubhouses, workplaces, and community centers--for the sake of occupation.

Others make paths in quiet ways. Practitioners nest kindness, choice, and respect in approved interventions, working within payment rules to enhance performance. They foster dignity. Practitioners working in cramped spaces share big and courageous ideas that help clients remake their lives. They foster competence. Practitioners with huge caseloads in rushed circumstances craft cogent letters that extend occupational therapy. They foster health. Blocked as some may be from real occupation, they feel its steady pull. They heed its innermost call for dignity, competence, and health. They shape circumstances that hasten its return. Their efforts call to mind the words of Nkosi Johnson (Wooten, 2004), an African child and activist who died of AIDS (acquired immunodeficiency syndrome) at the age of 12: "Do all you can with what you have in the time you have in the place you are" (Norris, 2004).

If health care environments seem disintegrative, they are not unique. Educators face a press for what Kerry Walters (1991) called a vulcanization of students, a Spock-like penchant for rational problem-solving that stunts affective growth. Technologies proliferate, some putting interpersonal ken and harmony at risk. Through confluent models that foster learning with, about, and for whole persons, occupational therapy educators grow human potential and blaze trails to occupation (Peloquin, 2002b). Scholars face cut-throat trends to earn grant funds for institutional gain. Some are pushed toward discontinuous projects that neither flow from preferred inquiry nor grow the profession's work (Mosey & Abreu, 1998). Through mindfulness, integrative methods, and a compass set on occupation, scholars make pathways back to our ethos (Abreu, Peloquin, & Ottenbacher, 1998).

Practitioners who honor occupation in disintegrating environments are pathfinders. When, challenges of all kinds notwithstanding, we affirm the belief that time, place, and circumstance open paths to occupation, we enact the courage of our profession. And we reclaim our heart.

We Reach for Hearts as Well as Hands

Guided by the belief that caring and helping are vital to our work, we reach for hearts as well as hands. Nine decades after he first said them, Hall's (1915) words still ring clear: "Put yourself in that man's place—imagine the despair" (p. viii). Depersonalized contexts in our times can fire such imagination and stoke our wills. Listen to Alfie Kohn (1990):

No imported solution will dissolve our problems of dehumanization and coldness. No magical redemption from outside of human life will let us break through. The work that has to be done is work, but we are better equipped for it than we have been led to believe. To move ourselves beyond ourselves, we already have what is required. We are human and we have each other. (pp. 267-8)

How are we equipped to move ourselves beyond ourselves? Stories from the autobiography of Ora Ruggles point to our capacity for empathy (Peloquin, 1995). At its core a disposition toward fellowship, empathy is a turning toward another not just to solve a problem but to care and to help. Ora's turning enabled her reaching, made clear in her work with a girl named Edith (Peloquin, 1995).

Ora launched a program at Olive View sanatorium, knowing that a board of directors would inspect her work before granting space or funds. She first intervened with Edith, a teen with spinal tuberculosis so severe that she lay arched and prone in a Bradford Frame. Ora found a mirror that let Edith see her hands; she built her a worktable. Noting Edith's flair for style and skill at sewing, she nurtured her potential as a dress designer and suggested doll clothes as a start. Edith produced fine work.

When county board members visited Edith, Ora heard a woman nicknamed "Hawkeye" regret time spent on such a "hopeless case." Ora said, "No one is hopeless who wants to be helped, and there's nobody in this place who wants to be helped more than Edith does. That's why I'm working with her and that's

why I'm going to continue working with her." She smiled at Edith. "And that's why she's going to get well" (p. 168). Hawkeye said that such sentiment was fine, but the board sought clear results.

Edith was to have shin bone segments grafted to her unstable spine. She yearned to pay for her surgery but doubted such income from doll clothes. Ora considered the situation. She made stylized figures from pipe cleaner and suggested that Edith clothe and group these to show rhythm and life. Edith caught on, creating ballets, skaters on a pond. Other patients joined in, making backgrounds and bases. The doll clothes sold readily in Los Angeles, and Edith's share of the profits funded her surgery.

At the next visit of the board, a physician reviewed Ora's work, and even Hawkeye was impressed. They approved a workshop that Ora helped design. Edith was discharged. She attended a fashion design school, became a well-known dress designer, supported her family, and funded patients at Olive View. The story is a tribute to Edith's spirit. It tells of Ora's empathy *and* good management sense.

John Gums (1994) would applaud the work of Ruggles, whose reaching for hearts and hands spread fellowship broadly. Gums (1994) said:

Every human being is born with the capacity to empathize. Most medical professionals, through their training, are taught to squeeze out that natural ability. Rediscovering it later in our professional life is a goal we should all have. Evidence suggests that to do so, emphasis must be placed on consideration of human life. (p. 251)

The rediscovery of empathy is not an add-on task to juggle alongside others but more like the act of a cyclist turning the wheels of competence and caring at once. Elsewhere I've suggested that empathy is a considered way of being brought to our doing, no matter what that doing is (Peloquin, 1995). Being present to another in time is not the same as having lots of time. Consider interactions during checkout at a grocery store. In a few minutes, some

cashiers forge real connections. We have much more time than most cashiers, and we connect well through our doing. And if being present admittedly *takes* energy, it paradoxically restores it, unlike the drain toward emptiness of depersonalization.

When, in light of our ethos, we affirm to ourselves and to others that caring and helping are vital to our work, when we empathically dispose ourselves toward that end, we share the ardor of the profession. In doing so, we reclaim the profession's heart.

We Co-create Daily Lives

Guided by the belief that occupational therapy is a personal engagement, we co-create daily lives. But how can we engage in co-creation when so much pulls us elsewhere? Media messages say that a clock has filled our souls. We wear time-machines strapped to our bodies. We're out of sorts without them. We tick with the many things that we must do. We stay wound up and out of touch with ourselves and others; we buzz within. We race with time, hoping to beat it. While seeking a control that eludes us, we turn from healthy rhythms of occupation and relationship. We loathe the idea of getting behind, or worse, of getting worn, ugly, and old. We have nearly forgotten what it means to engage with the world and connect with others (Peloquin, 1990).

If we hope to engage—to involve and occupy ourselves and others and be bound by mutual promise--we must expand our views of time. Consider the book *Cheaper by the Dozen*, about Frank Gilbreth, honorary member of the Society for the Promotion of Occupational Therapy. Gilbreth's son described his father's passion for efficiency. Fully clothed and sitting on the carpet, Gilbreth taught his 12 children the most expedient way to bathe while extending the life of the soap. If we see time only as a commodity, we have split his larger vision. Gilbreth's son, Frank Jr. (1948) shared what we have missed:

*Someone once asked Dad: "But what do you want to save time for?
What are you going to do with it?"*

For work, if you love that best, said Dad. "For education, for beauty, for art, for pleasure."

He looked over the top of his pince-nez. "For mumblety-peg if that's where your heart lies." (p. 237)

We mark time; we count units of productivity because we must. But only if we engage with the world will we find where our hearts lie. And only if we engage with others can we help them find what they love best.

Most media messages that commodify time differ from a sense of time's wonder, like that of our forebears, found in the story of *The Velveteen Rabbit* (Williams, 1978). The Rabbit, new to a young boy's nursery, asked the Skin Horse, a kindly older toy, a question that we too ask:

- *"What is REAL?" asked the Rabbit one day... "Does it mean having things that buzz inside you and a stick-out handle?"*
- *"Real is not how you are made, said the Skin Horse. "It's a thing that happens to you. When a child loves you, then you become Real."*
- *"Does it hurt?" asked the rabbit.*
- *"Sometimes," said the Skin Horse, for he was always truthful. "When you are Real you don't mind being hurt."*
- *"Does it happen all at once, like being wound up," he asked, "or bit by bit?"*
- *It doesn't happen all at once," said the Skin Horse. "You become. It takes a long time. That's why it doesn't often happen to people who break easily, or have sharp edges, or who have to be carefully kept. Generally, by the time you are Real, most of your hair has been loved off, and your eyes drop out and you get loose joints and are very shabby. But these things don't matter at all, because once you are Real you can't be ugly, except to people who don't understand. (pp. 16-17)*

When engaged and real, Yerxa (1967) said that “we feel, we encounter, we take time, we listen and we *are ourselves*” (p. 8). A modern-day story reveals such engagement.

I sustained a severe, complicated injury to my right dominant hand... I was prescribed occupational therapy treatment... As at many previous sessions, I was seated across from Karen (the occupational therapist), prepared to begin my treatment. However, this time was different. I gazed down at my right hand resting on the tabletop and suddenly regarded it in a totally different light than ever before—I became aware that I was permanently disfigured... Overwhelmed by this realization, tears welled in my eyes, and I whispered, “It’s so ugly.” Without missing a beat, Karen ... explained that my emotions were a normal reaction to my injury... reassured me that this was a normal response and that we could discuss the process during therapy sessions... she assured me that I wasn’t alone; we would work through it together. When Karen finished, I was utterly speechless. Karen had given voice to my despair... For the first time since the accident, I felt as if someone could truly empathize with my plight. (Ponsolle-Mays, 2003, pp. 246-7).

The storyteller, Michelle Ponsolle-Mays (2003), later became an occupational therapist. She wrote, “And when I now use my right hand to help someone with an activity, what I see is no longer ugly—it is my personal swan” (p. 247). To the extent that we engage with others so that they can create their daily lives, we become real.

As part of our mutual promise, we can also engage as professional citizens, speaking for persons and their occupational natures. That voice—raised to secure meaningful pursuits for all—can be the defining character of our organizations (Sullivan, 1999). Professional citizenship will balance market forces if we hold what Harold Perkin (1989) called “the professional social ideal,” a commitment to society as a fellowship rather than only as a

marketplace in which persons become consumers and profit matters most (Peloquin, 1996; Peloquin, 1997b). Only then will we integrate social justice and economic solvency to shape real reform (Perkin, 1989). Only then will profit support real profession.

When, in light of our ethos, we commit to the personal engagement of occupational therapy, when we engage with others so that they might seize their daily lives, we practice real occupational therapy. We share the innermost core of the profession, and we reclaim our heart.

We Enable Occupations that Heal

Guided by the belief that occupation fosters dignity, competence, and health, we enable occupations that heal. When asked to see what we do as performance that fixes dysfunction, we might recall Meyer's (1922) vision of our dual beacon lights of performance *and* opportunity. Ours is a unique perspective. We see everyday activities as a making of lives and worlds, a broader and deeper view than that of mere performance or function, and one steeped in opportunity. Philosopher Elaine Scarry (1985) noted the worldmaking function of persons:

As one maneuvers each day through the realm of tablecloths, dishes, potted plants, ideological structures, automobiles, newspapers, ideas about families, streetlights, languages, city parks, one does not at each moment actively perceive the objects as humanly made; but if one for any reason stops and thinks about their origins, one can with varying degrees of ease recognize that they have human makers. (p. 312)

The image of someone in the act of making is one in which human being—its character, heart, and spirit--flows into personal doing. The difference between doing and making is one of substance and not semantic. Human making is a creation, our humane engagement a co-creation (Peloquin, 1997a).

Consider activities of daily living. We name hair care grooming, but we can see it as an act of making oneself presentable, attractive, or even likeable. What we call cooking we could easily call the making of a meal nested within larger makings--of hearth, home, or tradition. What we call work is more deeply the making of a living, a family, a reputation, a community, a society. Wherever it falls in Abraham Maslow's (1970) scheme of need, health, and hope, we see human making in daily tasks (Peloquin, 1997a). We see occupations as vital links to dignity, competence, and health. That perspective can lift our clever line, *Occupational therapy, skills for the job of living*, to higher and more healing ground where living is more than a job. And from there we might say, *Occupational therapy, making daily lives* (Peloquin, 2002a). That perspective captures our ethos.

In her poem, Janet Petersen (1976) casts even simple occupations as expressions of the human spirit:

There is a shouting SPIRIT deep inside me:
TAKE CLAY. It cries,
TAKE PEN AND INK,
TAKE FLOUR AND WATER,
TAKE A SCRUB BRUSH,
TAKE A YELLOW CRAYON
TAKE ANOTHER'S HAND-
AND WITH ALL THESE SAY YOU,
SAY LOVING.

Through occupations such as these, the human spirit emerges, manifesting itself in small and large ways. Its emergence graces photographs of individuals seized by occupation (Menashe, 1980).

Practice stories revere this spirit. Therapist Betty Baer (2003) introduced us to a Vietnam veteran with a high-level spinal cord injury from a remote part of Texas; he called himself a "Mountain Man." Betty wrote:

J. was self-conscious about the hole left in his throat from the tracheotomy. He thought that an Indian choker necklace would be a good way to cover up the hole. Unfortunately, he was unable to make this himself, even with the best of OT compensatory techniques and gadgets. Since I had a little experience with beadwork, we decided that he would create the design and I would be his "hands" –following his directions to produce the choker necklace. We thought this would be a good experience. It was important for J. to direct his care—why not direct his creativity as well?

This was a big challenge for both of us. It was difficult for him to put into words the steps of the activity his hands knew how to do so well. It was challenging for me to follow his instructions, and not just improvise on the knowledge of beadwork that I already possessed.

To our mutual amazement, the choker . . . looked great. J. wore it with pride and received many compliments. This activity not only transformed a handful of beads into a necklace, but it also transformed J.'s role from a passive patient to active teacher. It was a truly wonderful OT/patient experience . . . one I will never forget. (p. 5)

When, in spite of constraints, practitioners make their interventions meaningful, lively, and even fun, they infuse therapy's purposive aims with its capacity to encourage and inspire. Acting on the belief that occupation fosters dignity, competence, and health, we embrace the spirit of the profession. As we enable healing occupations, we reclaim our heart.

Conclusion

We can stand on the rock that is our ethos and from there proclaim our view: Time, place, and circumstance open paths to occupation. Occupation fosters dignity, competence, and health. Occupational therapy is a personal

engagement. Caring and helping are vital to the work. Effective practice is artistry and science. Our profession takes this stand for the sake of persons and their occupational natures. We engage—we involve and occupy ourselves and commit to mutual promise—so that others may also engage. This is our professional identity.

The ethos of occupational therapy restores our clearheadedness so that we see in ourselves what is essential: We are pathfinders. We enable occupations that heal. We co-create daily lives. We reach for hearts as well as hands. We are artists and scientists at once. If we discern this in ourselves, if we act on this understanding every day, we will advance into the future embracing our ethos of engagement. And we will have reclaimed a magnificent professional identity.

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AN INTIMATE JOURNEY ALONG THE PROFESSIONAL IDENTITY

UN RECORRIDO INTIMISTA A LO LARGO DE LA IDENTIDAD PROFESIONAL

Key Words: Occupational Therapy, Professional Identity, Personal Identity, Reflexive Practice.

DECS: Occupational Therapy.

Mesh: Occupational Therapy.



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Introduction

The identity is a complex topic broadly developed in the psychological literature, anthropological literature, etc. From the point of view of the occupational therapy, the concept of identity has, for authors like Christiansen¹, a crucial relevance in the development of the vital different stages. For this author, the identity it is a very wide concept that in summary could be defined like an orderly vision of ourselves that includes as much the self-esteem as the self-concept and that is influenced by the social wide world in which we are. Christiansen postulates that the occupations are the key, not to be person, but to be a particular and unique person; likewise he asserts that the daily activities are good as important purpose to enable us to experience or to develop our personal identity.

SUMMARY

This article presents an intimate and nearby point of view of the professional identity through the emotions, sensations and the occupational therapists' realities in their way to acting and growth. Through the revision of different stages (exploration, competition and achievement), the article is a reflection on the interrelation between professional identity and personal identity. Daily situations, concerns and experiences shared throughout several years between the author and occupational therapists in different evolutionary moments (university students, beginner postgraduates and experts) are described.

RESUMEN

Este artículo presenta un punto de vista intimista y cercano de la identidad profesional a través de las emociones, sensaciones y realidades de los terapeutas ocupacionales en su camino de desempeño y crecimiento. A través de la revisión de diferentes etapas (exploración, competencia y logro), el artículo es una reflexión sobre la interrelación entre identidad profesional e identidad personal. Se describen situaciones cotidianas, preocupaciones y vivencias compartidas a lo largo de varios años entre la autora y terapeutas ocupacionales en diversos momentos evolutivos (estudiantes universitarios, posgraduados noveles y expertos).

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The occupational therapy, whose center of interest is the occupation, sees the personal identity broadly linked to the daily task, since the occupations provide us the contexts and necessary opportunities for the creation of significant lives. The act of carrying out and finding a purpose in what we do, allows that we feel well with ourselves, gives us a self-realization sense and allows us to be in front of the other ones (because "to make" always has a social meaning). Throughout the vital different periods that we cover, we go taking more and more and more conscience of who we are, what we appreciate in the life (value, interests) and what we want to end up being and make. In this way, we go defining ourselves as singular and unique beings, and finding in our performance, a vital sense, a reason of living.

Without a doubt our profession, the occupational therapy, is singular. For this, the occupation with meaning is the base and foundation on which is built the identity and personal realization. For this reason, the professionals of the occupational therapy should know and meditate attentively on their own work, on their own occupational own identity and the interrelation of this with their personal identity.

From this positioning, the professional will be much prepared to be able to advice and to guide people with broken occupational identities by new roads of significant occupational performance.

As occupational therapist, teacher and psychodramatist, this topic has been of special interest for me, developing for twelve years courses and specific workshops for occupational therapists in professional diverse moments. I have developed a group´s methodology using group´s dynamics, social-drama and psychodrama techniques applied to the occupational therapist's role and to the vital moment of the group. During approximately five years (1996-2001) I applied it with university students of second and third course inside the subject of Practical Stays. Parallel and later on (1999 - present time) I am applying it through courses imparted especially for occupational therapists that work, in the area of mental health of the Autonomous Community of Madrid, of Extremadura and of Castilla-La Mancha. They are courses about experience, self-knowledge and reflection on the use of the self as therapeutic tool and of the reflexive analysis of the professional practice and their incidence in the own identity. I call them "*spaces of growth*" because really, they allow the therapists to overturn their daily work in a therapeutic and controlled space, where they will find many models of making, of thinking and of feeling on the role, allowing the guided and constructive reflection of their daily work. The result is that the therapist leaves of these courses reinforced in his/her professional and personal identity and with a renovated attitude toward the daily work.

Based on this experience above described, I will develop the content of the present article. Before this, I would like to express my gratefulness to all those professionals and students that have put on in my hands and whose I have learned so much.

1. THE STAGE OF LEARNING

This stage is attributed to the moment of the vocational election and when the occupational therapist is beginner and inexpert. The moment of the career election is a vital moment loaded with meaning for the person. In general, it takes place during the youth's (between the 18 and the 25 years of age) stage. Taking Erikson² like reference, in the youth, people feel surer and calmer than when they were adolescent but they still lack the enough maturity and personal balance. It is an ideal time for the intellectual development, to take initiatives and to clarify ideas. The desires to commit and to develop moral values which are high-priority for the unique person appear in this moment.

This is the stage in which the youth is guided and the person makes decisions with regard to his/her profession, toward the world of the work where to carry out his/her vital and existential own project. To carry out that election, it is the fact, the person puts at stake all his/her knowledge on the world (real possibilities, resources, etc.) and personal (who is she/he, who wants to be, how he/she wants to live, which their values and beliefs are, etc.). So, the election of the profession marks an inflection point in the vital cycle of a person, guiding it toward the future, his/her future, a future that gives sense to his/her life and responds to an existential objective. The aspect of the values, friendships and personal interests, marks the vocational election deeply in this stage. Therefore, when choosing the occupational therapy as profession, the person is unquestionably assuming as his /her own the meaning of the name therapy, this is, to help people returning his/her to a state of harmony and entirety.

Surely, they are many the youths that, when choosing this profession, don't make it based on the deep knowledge of the profession neither to an objective, we could say, so altruistic. But throughout their formation like occupational therapists, they go discovering and assuming the authentic values of the

profession. Just as Yerxa³ says about the Occupational Therapy: ".the profession is based on the values that have impelled it during the last 100 years: to endorse the professionals' essential humanity and dignity, looking for upper levels of the patient-agents' vital satisfaction, even of those with serious deteriorations; to maintain and to improve the health, discovering and fulfilling the virtues and the resources of these people; to stimulate the personal autonomy and the responsibility; to maintain a generalist, integrated perspective, not of the human being's specialist perspective...,... to have faith in human potential...etc.". So, the students of occupational therapy discover the possibility to develop a labor role where they have a lot to learn of the human being and of themselves. They have the obligation of not only to study and to be expert in the occupational human nature, but besides that, they have to be sensitive to the potential and each person's individual capacities and to choose options of activities that have meaning for the vital project of the person.

But, just as A. Trujillo⁴ says in his work, there is a second dimension that gives sense to the professional exercise: it is the ethics."The ethics is the expression of peoples' morals, because in the ethics of the behavior the individual morals and of the social groups is expressed. While the moral is composed by the values and the personal principles, the ethics corresponds to the actuation, to the external expression of those principles. The occupational therapists, conscious or unconsciously put at stake their moral and ethical principles when making decisions that affect the patients / users. For it, the beginner therapist has to be responsible for assuming and to completing the ethical principles of the profession. It is recommended Hutchinson (1988), who proposes an ethical resource for the attention, in occupational therapy: to endorse the *informed consent* (more information in A.Trujillo⁴).

During my stage as an educational university student, I have been able to meet many students and be witness of that "growth" in professional and personal identity. Of that learning and capacitating stage it is usually, once this stage is overcome, the image, the memory, the experience of one or another

professional who helped them to create that identity. Kept in their interior, they are conscious, long afterwards, of how they learned to really be therapists starting from the moment in that they studied or they were practicing with... Possibly, that identification would be analyzed from a more dynamic perspective and reach interesting conclusions. Nevertheless, since it is not the objective of this article, it is important to remark that such mechanisms have served so that many good professionals find impulse and grows as therapists, even overcoming those that inspired them.

To understand (and to remember) how students can perceive or live the profession before facing for the first time with the professional reality, being enough to put as example some illustrative metaphors of how they imagine the occupational therapy (Pilar G. Margallo) ⁵ *"A cave to explore", "a bridge", "a river", "a square", "a puzzle", "a salvage chart", "a star in the firmament."*

On the other hand, these other examples are from those students when they have already lived the direct experience of their vocational training:

- *"It is like the birth of a spring, at the beginning it leaves a thin stream of water, but then it is transformed into a big and abundant jet of fresh, crystalline and therapeutic water which satiates the thirst of everybody who drinks" it.*
- *"It is like eating in a buffet in which you can choose many types of foods and conform a succulent meal."*
- *"It is like Africa, the eternal unknown because yearns to be known by all but in fact nobody knows it. Like Africa, the occupational therapy hides many secrets and fascinating fields yet without being discover."*
- *"It is a great mine in which many tunnels still exist without opening up."*

Between the first metaphors and the second one we can observe a comprehensible evolution since we are speaking of people that discover something for themselves, with mind and body and immersed in a clinical environment that up to now was only virtual. After the meeting, however, they

can have a personal opinion, also based in their experiences. In fact, it is in the detailed later definitions to the practical where it is observed that the experience has been personally significant, even, vitally important in their identity. In fact, when they are found again later on, you realize that they are more mature and self-assure people, more aware of their roles and of the personal implications of the tasks they bear.

This period is the period that describes us the occupational behavior of exploration for learning the therapist's role, where the inherent motivation is situated in a very high level and where the feelings of pleasure, fun, excitement and necessity to discover act like the motor of the action. Moreover, it is an important moment to assure if the occupational election has been the correct one, if the occupational therapy offers the opportunities to cover the created expectations, as well as for discovering the most interesting areas based on the personal characteristics of each one.

The occupational therapist's thoughts (the clinical reasoning) on their daily work with patients are fundamental in the formation of their occupational identity. The clinical reasoning is being developed together with the knowledge and the practice (Boyt Schell) 6. At the beginning, the person needs and relies fundamentally on the theory, developing a clinical operative reasoning based on series of basic rules in order to adapt to situations. Sometimes the ethical principles help him/her or interfere in him/her, taking place in some cases a confrontation between the personal thing and the professional thing. For example, the difficulty in the therapeutic relation, especially with users of similar ages and/or with patient with a compulsive and aggressive high answer, usually constitutes the main complaint in practice. In addition it arises the first confrontation with the perception of the profession on other kindred professionals' side (the therapeutic team). This aspect is especially significant for the identity it since, in this stage it is still necessary of a lot of acceptance and *feedback* to integrate occupational therapist's role. The beginner therapist's personal particularities, will suppose that circumstances like these ones,

stimulate or inhibit their occupational performance and their way of increasing their effectiveness, their capacity of clinical reasoning and their satisfaction. When the beginner, throughout his/her learning, finds content and elaboration to his/her experiences, integrating them with his/her theoretical knowledge, goes conforming a strong professional identity and is prepared (although sure, also, a bit afraid) to go on to the practice up to a increasing level of professionalism and effectiveness and enjoying more with it.

2. THE STAGE OF COMPETITION

This stage will correspond to the first years of experience, when the professional learns how to be a competent therapist. Diverse authors like Brenner (1984), Clark, Ennevor and Richardson (1996) or Mattingly and Fleming (1994) ⁶, have developed several studies on the characteristics of the clinical reasoning of the occupational therapists, in relation with their years of experience. Approximately with three years of experience it is considered that an occupational therapist is competent and that he/she still will need another seven to become expert. Being competent means "to be good expert of a technique, of a discipline or of an art" (D.R.A.E. 1992)⁷. A competent person can adapt to the demands of a task.

As the newly graduated therapists begin to exercise their professional role they rush to the role of the EXPERIENCE in capital letters, to the exploration of landscapes and new worlds full with possibilities and shades, before arriving to the sea of calm which gives them the maturity (professional and personal). This stage of the youth's end (21-25 years-old), returning to Erikson ², is characterized by "a healthy rebelliousness that makes the person rejects the impositions and gets to assume a conscience in accordance with his/her acts and gives them the moral value which corresponds them. His/her personal development can end in the autonomy and then the person will know how to integrate to his/her personal convictions the values introduced by the society,

the religion, the group and the work or study environment." This stage habitually coincides with personal big changes. The youth usually goes concluding his/her emancipation and definitive separation from the paternal home and, in compensation, the person acquires a status of responsibility, maturity and a bigger opening to multiples social relationships. The true love begins to appear, as well as the ideologies and political ideas. In this stage, apart from the controversy about bad / good luck, the beginner therapist puts at stake, more intensively than never up to now, the characteristics of his/her personality to be able to be better as an occupational being and human being. Many are those ones who decide to travel to work in other places (some of them, by the way, finish staying forever all), or in other cities different to those of their habitual residence. The main reasons and interests are those of experiencing, exploring and discovering diverse spaces and realities but also, knowing better by one self, as if it was almost about a personal challenge. However, in other people appears a bigger desire of conserving, as far as possible, his/her near environment even when there is a risk of getting less exciting works or experiencing in a more controlled and secure way. It is not about judging postures neither of throwing hypothesis on whether those ones who take major risks, achieving at the end a major professional success or not. The question is that whatever was the reason for the election, it was a responsible and personal volunteer act so, by this way, it supposed a positive experience and a success experience since it is a decision based on the personal interests and values, providing a fair impact to the environment´s influence.

In this stage that we describe, which takes from one to five years of professional practice, the therapist focuses his/her inters in the scientific and pragmatic concepts of the practice but, he/she goes developing a special ability to understand and to palisade with the particular narratives of the clients and to recognize ethical aspects of the profession.

From the compiled data of the courses mentioned at the beginning of the report, it is observed that the occupational therapists who spend approximately

between one to eight years of practical experience, show an important development of their therapeutic abilities, as well as an enormous interest and motivation to make his and to experience diverse approaches and techniques. Learning, applying and proving, they acquire the tools that they find more advantageous for the objectives of their interventions and relations with patients.

In the same way, the personal experience of these years has to drive the therapist to an evolution and combination every time more harmonic among what he/she makes, what thinks and what feels. Gradually, the person wins a bigger personal and professional integrity that is translated into an every time more effective empathic capacity with the patient. They are very frequent in this sense the expressions of authentic "*encounter*" *desire* with the other one, of seeing across the other's eyes and to understand through his/her heart. But at the same time, his/her own personality, still delicate, can transform certain experiences into conflicting situations not already resolved. The use of the self as a therapeutic tool begins to be an entire discovery and an exciting world for discovering and for been aware of. The occupational therapists can feel in this stage a strong attraction for personal and vital experiences that help them to know better to themselves and to discovering themselves like therapeutic beings.

I believe that it is necessary to say that at this time of the process of personal and professional identity recurrent topics usually appear, especially among the professionals that work with psychiatric patients. It is about the own fears and weaknesses and how they can be used by patients to damage us. The fear to the own madness or to lose control can affect significantly and to provoke, as consequence, defensive positions and counter-transfer that hinder the ideal development of the therapy.

Another usual topic is related with the constant non professional recognition that ends up in some cases making the person to look for that professional

identity that doesn't find in the occupational therapy, instead in other professions.

The ethical aspects of the practice also appear with certain frequency, especially those which are related with the right grade that the therapist has, many times taught by the work environment, to make patient participates in the program of activities. In Spain the main part of the resources of mental health develops intervention programs, largely group´s programs. These programs can become a tight box where to include different types of patients. That is to say that, in many circumstances, the therapist in such way feels that he/she has to adapt the patient to the treatment program and not on the contrary. This type of performances generates many doubts and insecurities since they collide with the principles of the practice based on the client, where people works in a way much more individualized and adjusted to the patient's real necessities. Sometimes, they are circumstances unaware to the own therapist, but they finish rebounding in the patient, those that make the therapist feel bad and insecure of his/her work. Questions about coordination with other members of the team, the transport to the center or economic factors, are aspects of the pragmatic reasoning that appear as preoccupation source. Nevertheless, in spite of the real difficulties in looking for his/her position in the labor world and getting a certain competition grade, the therapist goes being able to feel every time more proud of being it and of being witness of so many and so many vital histories shared with his/her patients. The recompense of having helped them and the gratification received from them, they are without a doubt the best medicine for their self-esteem and value like professional, that is to say, to feel fulfilled being a therapist.

3. THE STAGE OF THE ACHIEVEMENT

This stage will correspond to the expertise, the maturity and the work experience. As the therapist develops, practices and becomes competent

professionally, he/she gets reaching expert's level, a level of domain of a concrete area and this domain reinforces his/her identity notably. We are already in the mature age. According to Erikson ², in this stage of the life (25-60 years) the individual usually reaches the fullness of his/her biological and psychic development. His/her personality and character are shown up relatively firm and sure, with all the individual differences that can be given in the reality.

So that, there are adults with a firm and sure personality capable of an effective behavior in their performance in the life; there are others with a personality not so firm neither sure; finally those who suffer of a poor and faulty way of being (personality) which takes them to ineffective behaviors and close to abnormal.

Arrived to these heights of their personal and professional life, the occupational therapist is supposed to be totally adapted at social, family and cultural level. In general, he/she has formed his/her own family and fully exercises his/her professional activity (besides of activities characteristic of leisure, voluntary work, self-maintenance and cultural). These circumstances make that the identity is strengthened and that the person is a potent and effective therapeutic agent for other ones, given his/her wide vital and work experience and the acquired knowledge. Of course that we speak in general way, since each person has had his/her own experiences more or less intense and/or extensive. The therapist now uses in a very expert way the clinic reasoning; this reasoning is so rapid and intuitive that allows him/her to carry out his/her work routines without having to analyze and to prepare his/her interventions so much.

The expert professional, is also able to recognize and to value his/her own capacities and limitations. This aspect has been protagonist in the courses of practical or existential reflection developed for therapists and professionals of the health, to those ones mentioned in the previous point. Many are the aspects to meditate and about how they influence in the person's capacity to be

and to feel therapist, as well as to understand and to purge his/her particular style of making the therapy. The occupational therapy is art and science, and it is now, better than never before, when the professional is an ARTIST on capital letters, serving as inspiration and model for many professionals who are in previous stages. A test of it is when therapists of very diverse ages coincide in some course. The beginner ones miss the security and experience that provide the veteran ones and these last, take the feedback and revitalize with the young energy, the enthusiasm to learn and the new knowledge.

Nevertheless, a mature and expert therapist cannot only trust in his/her experience. It should continue being developed and worked with more and more. "Both the professional experience and personal, together with the active reflection about those experiences, are fundamental to transform into an expert" 6. The reflexive practices as well as the updating in theory and research concepts are the obligations and essential tasks for the expert occupational therapist. Now he/she is in situation of developing an occupational therapy focused on the client, on the occupation and based on the evidence.

On the other hand, the therapist in this stage, must control his/her emotional life appropriately, that allows him to face the problems with bigger security and serenity that in the previous stages. This capacity should serve him/her for possible situations transferable and counter-transferable with his/her patients, as well as in order to separate in an unquestionable and healthy way his/her personal life from his/her work life. Moreover, he/she has to be able to communicate efficient and clearly with the multidisciplinary team as well as with the families of the patients. Many of the interventions and modifications the therapist has to make directly in the environment are directly related with the family. The expert occupational therapist, since he/she has lived its family own experiences, usually has a correct perception of the reality (objectivity), which enables him to behave with bigger effectiveness and sense of responsibility.

Nevertheless, they are frequent the expert therapists that when meditating, they approach very punctual situations with those they feel in any way, "jumbled" emotionally and they need a necessary personal supervision. Very often, these situations are related with patient whose situation is very bad, and who ended up with suicide in many cases. The sorrow for the dead patient is a topic that unfortunately not all the multidisciplinary teams approach. When there has not been a space where to overturn the emotions and experiences generated by the act, the professional has to elaborate it as right he/she can and know.

Another emotional aspect that has a lot of importance is that the personal, vital experience can become in a double-edged sword. On one hand his/her experience helps the therapist to empathize too much with the patients, to understand their narratives, but, also, it can happen like Mattingly and Fleming⁸ establish that the therapist takes it for granted that some experience of those that happens to the patient was like some own experience already happened to him/herself. I would add that another possible risk is that the therapist, with the help of seeing so many and so many cases, cannot resist the temptation of classifying them in any way using the easy reasoning that " this patient is the same case as that other one whom I treated."

CONCLUSSION

The process of identity is expensive, complex and almost as long as the same life. Throughout the evolutionary different moments, the professionals face diverse difficulties and challenges. Throughout this process people learn and model themselves, constituting parallel their personal and professional identity. This way, the personnel and professional works are simultaneous levels on those the therapist should meditate and be in charge in order to consolidate his/her identity. As occupational therapists, our challenge is even bigger,

because we are agents and guides for change, for reorientation of occupational identities in people with damage in their personal identity, too. We have the enormous responsibility of not only feeding us with the necessary scientific knowledge, but also, of making it like people so that the "art" of applying the therapy is the genuine art that taught the pioneers and the one that the modern occupational therapy demands.

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PROFESSIONAL IDENTITY IN THE UNIVERSITY. AGENT OF MODELING

IDENTIDAD PROFESIONAL EN LA UNIVERSIDAD. AGENTE DE MODELADO

Key Words: Occupational Therapy, Ethos, Profesional Identity.

DECS: Enseñanza, Universidades , Educación Basada en Competencias.

Mesh: Competency-Based Education, Teaching , Universities.



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“Nobody can be slave of its identity, when a possibility of change arises is necessary to carry out it”.
Elliot Gould

Introduction

The European convergent reform of the Spanish University System is a suitable framework to delimit the professional identity of the occupational therapists.

Some university degrees between which the Occupational Therapy (OT) is located, are in disadvantage because diversity of the sciences in what its philosophy maintains makes difficult specify in a concrete professional identity. The biomedical, psychological and sociological pillars consolidate and enrich the Occupation Science, specific substratum of the student's education. However, the heterogeneity of OT university centres of existing in Spain generates a diversity of profiles distant of the occupational therapist specific role and closest to other related professionals.

SUMMARY

In University the first meeting theoretical-methodological between the student and his future labour identity takes place. The professionals, teachers and students, taking as a base their teaching and researcher experience, have defined the objectives, the competences and the profile of the graduates, in order to give an appropriate answer to the demands of a dynamic and changing society that favours the specialization in new work environments.

Nowadays and in our country, the Superior Education European Space development motivates a deep reform of the university degrees that force to define the profiles of the graduates, basing on the competences analysis.

RESUMEN

En la Universidad se produce el primer encuentro teórico- metodológico entre el alumno y su futura identidad laboral. Los profesionales, profesores y estudiantes, basándose en su experiencia docente e investigadora, han definido los objetivos, las competencias y el perfil de egreso, para dar una respuesta adecuada a las demandas de una sociedad dinámica y cambiante que favorece la especialización en nuevos ámbitos de trabajo. En la actualidad y en nuestro país, el desarrollo del Espacio Europeo de Educación Superior motiva una profunda reforma de las titulaciones universitarias que obligan a definir los perfiles de egreso, basándose en el análisis de las competencias.

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UNIVERSITY AND PROFESSIONAL IDENTITY

University is the space in which the conceptual models theoretical-practical that define the base and foundation of each profession make known, what is essential to develop a practical activity of quality in the person/user daily attention (1). The university education stage supposes the starting point that draws the student's profile gradually until transforming it into a professional ready to insertion in the socio labour environment. As learning base, the theoretic-methodological pillars of all profession maintain in the knowledge exchange and in the research, what converts the university professors into the main responsible people in the election and teaching of the suitable education to the role that it is tried to form.

The professional profile defines identity of the people who, with an academic degree, carry out a skilled work and explains the main functions that this profession fulfils, as well as the tasks that it makes of usual way (2).

The first University challenge is to determine the necessary components to build the occupational training, setting the guidelines for the development of competent study plans and delimiting the profile competence that wants to build; a profile that will not be understood as static but like something flexible face with the continuous social changes and the different environments of participation in which it can be contextualized (3).

Moreover, the bases that support the professional work are taught in the University and specific attitudes and aptitudes specific to practice the profession of an adequate and honourable way are transmitted (4). The university occupational therapy studies (OT) must be built from a professional perspective, with inexcusable referent in scientific and methodological identity of the occupational therapists.

In this context, the new study plans of the university degrees have to answer to the needs demanded by society, favouring the labour integration and the recognition of the graduates of OT. (3)

EUROPEAN SPACE OF SUPERIOR EDUCATION AND PROFESSIONAL IDENTITY

The European countries have involved in the European Superior Education Space construction, controlled by the general principles of the Declaration of Bologna (1999,) that has persuaded an university reform that is favouring the progressive and slow inclusion of occupational therapists in the university Spanish scene(5).

The European convergence allows to implement an educative system similar in every countries of our idiosyncrasy and environment, in order to favour the movement of the students and professionals so that discrimination does not exist in the continental recognition for the professions in general and for the OT in particular.

The ECTS credit system's employment ("European Credit Transfer System") supposes a significant change in the academic Spanish university structure. With this methodology of teaching/ learning, what is searched for is to promote that the student to know the concepts and be able to explain the learned contents, acting – proving as- and practicing -doing-. In this novel and current university, the teacher does not limit itself to exhibit concepts, but teaches to the students to apply the knowledge in the daily labour, at the time that the student acquires the elaborated competences from the specific role of its profession (6). The teacher, intermediary agent between the training and the professionalization, transforms the provided information into applicable knowledges to real situations, what motivates the learning of the student. The student replaces its passive attitude in the classroom, typical of teaching classical model, by a dynamic commitment that facilitates the feedback of knowledge with the teachers.

The new models of work in the classroom will boost the inter professionals relations and improve the labour performance, promoting the very necessary interdisciplinary nature argued, reflective and well-balanced that allows to develop and boost the maximum ***the Functional rehabilitation Model, Personal Autonomy, Functional Adaptation to the Environment and Life Quality***, common model to several professional entities that allows to express the occupational therapist's identity from the Science of the Occupancy, of the physiotherapist from the Physiotherapeutic Science, of the speech therapist from the Science of the Human Communication, of the nurse from the Basic Care Science and of the specialist in Physical Medicine and Rehabilitation from the Medical Science, between others (7). This interdisciplinary model, started in the International Classification of the Functioning, (CIF, 2001,) is a suitable way for the development of professional identity in the Health Science environment and supposes the path of more ethical attention and harmonica orientated to the integral attention of the person with chronic disability. The maintenance of this model, existing in the present time although immature, it will avoid the

monopoly attempts of the disability/dependence on uniprofessional and dogmatic way, dissonant dead weight of the European convergence.

Considering the positive and negative factors, we consider that the spanish university reformation foments the construction of the individual and collective identity of the future occupational therapists and it educates and balances, applied correctly, the action interdisciplinary and inter professional like prolegomena to possible and future trans disciplinary performances.

The responsible institutions of the OT Spanish Degrees, in answer to the new university models of teaching / learning and professionals of Functional Rehabilitation, Personal Autonomy, Functional Adaptation to the Environment and Quality of Life, will support the construction of study plans by and for the occupational therapists, integrating in an appropriate way to the rest of professors that participate in the teaching.

OCCUPATIONAL THERAPY, UNIVERSITY AND PROFESSIONAL IDENTITY

The academic, scientific or professional interest of the OT new degrees is justified in professional internal and external referents proved and experienced. Once defined the occupational therapist's identity that needs the social-labor environment, it can be defined the diverse components of the studies plans, namely the entrance profile, the general objectives, the access, admission and the student's registration, the convergent planning of the subjects, the human resources, materials and services, just as an estimate of the results linked to the expenditure profile and its reintegration in the social-labor environment (8, 9).

It is certain that the elaboration of TO academic qualify, requires of the contributions of professionals, professors and students, as well as the collaboration of the schools and professional associations, of throughout

nationwide as worldwide, to know with accuracy the own competitions and the development field.

With these human resources, although with the fundamental participation of the occupational therapists, the academic studies plans will contribute to define the specificity of the profession considering the demands of the social situation. The society needs of occupational therapists with a flexible identity to the perspectives and external necessities. In this context, to define the professional list favors design of subjects with programs and contents guided to the real necessities of those titled. So, the professors interact with the studying contribute model theory - practices, being especially the practice formation the one that contributes the previous experience to their premiere like qualified professional. The occupational therapists that act like professors or educational-assistance collaborators of practices, assume with their work a same responsibility, even bigger, that the university professor that imparts teaching theory. The occupational therapist directs the performances of the students that observe like to apply the theory in practice real situations, arising an enclosing of doubts and questions and learning "in situ" the activities characteristic of her profile. The experience of the real situations is always enriching, because it facilitates the approach to the professional activity with the help of the educational occupational therapists of practices, which they transform into relating and individual models. The students begin to be identified with their specific list with these performances, learning how to love the profession that they have chosen as differentiating element of their identity.

The universities are suffering a significant change that, without subtracting importance to the masterful classes, it impacts in the practice education to improve especially the future exercise of the TO profession. This change is product of the complaints of the managerial sector that he receives theorist professional with few abilities and attitudes to adapt to real situations.

Contextualized, we consider that the practice education transforms in the first and main identification element that it favors the professional quality from the moment of the incorporation to the occupational therapist's labor field.

OCCUPATIONAL THERAPY, COMPETITIONS AND PROFESSIONAL IDENTITY

Why the occupational therapists need to define their profession continually? (10).

The professor owes to teach assisting to the competitions characteristic of each profession, in such a way that allows the students to *"learn the knowledge to face and to solve different types of situations related with his specific profession"* (11).

With the faculty's help, the TO student begins to forge her professional role getting the academic objectives and learning a series of general and specific competitions that let him to graduate, once concluded her formation stage, and to build her professional identity. The competitions - to know as -, they suppose an appropriate integration of the knowledge - to know and to understand -, abilities -to know how to make - and attitudes -to know how to be and to be - necessary for to hold later on their work (12). In occasions, like it happens at the present time with TO, an applicable defined series of competitions doesn't exist in all the countries, although there are homogenization intents guided to consensus an universal profile of generic and specific academic competitions to form the occupational therapist.

However, the objectives and the competitions designed for a TO degree demands the election of a faculty with an appropriate profile to the matter that imparts, as well as the appropriate election of the centers and institutions in those that the students carry out the practices pre - professionals. The profile academic - professional of the degree guide to all the educational ones, occupational therapists or not, in the consecution of an common objective: the

construction of the professional identity starting from the knowledge of the competitions, functions and fields of actuation of those qualified. . It is evident that to work with competitions facilitates the conceptual assertiveness of the educational one that, for link to relate of knowledge areas, is imparting the education in different degrees to their previous vocational training. Although it seems evident this affirmation, is common that certain lectures sectors they don't know with accuracy the professional's identity that are forming, developing competitions that are outside of the mark of TO. This situation is fomented and it propitiates in those university degrees, generated in the last decades and implanted assisting to social recent demands that rely on kindred sciences of those that acquire models or reference marks. This is the case of the TO degree, that is based in biologic and social sciences like the Medicine, the Psychologist or the Social Anthropologist. These pillars that sustain, a priori, the development of the Occupation Science, they transform somehow into an obstacle to define the professional identity of the occupational therapists (13).

What we do refer when speaking of professional identity inside the university context?.

According Mérida (2006) (14), *"the construction of the professional identity supposes, among other things, to assume a certain way of being located before the construction of the knowledge on the part of the students."*

The university professors assume the role of transmitting the contents that have acquired throughout their professional trajectory, acting like a model for the student, that to take advantage of the professor's exhibitions to learn, to ask and to question or to rebut the knowledge. The educational one should possess some abilities, dexterity and attitudes that characterize him/her as such. The professor begins his term planning the subject based on some contents, objectives and competitions to acquire for the student once overcome the matter. The subjects should be coherent with the expenditure profile that seeks the plan of studies of the specific degree. The competitions to acquire for a student of Medicine in the subject of Anatomy are not the same ones that for

a TO student, since the applicability in the labor contexts is different. In this sense, it is convenient to remember that the professor should adapt the contents from the matter to the specific competitions depending the degree in which imparts the training. The University must be coherent in the choice of the educational ones implied in each educational project, because the absence or lack of a professional defined identity among the faculty that imparts classes in the degree, favour an insufficient and incorrect education in the university student and to promoter the creation of professionals profiles with unaware functions to their field competition. Result of these anomalous ones is the employment of work techniques on the part of some occupational therapists that are characteristic of other kindred professions, such as the Physiotherapy or the Psychologist (13).

Also, the TO multidimensionality doesn't favor the construction of a academic - professional profile uniform. In this context, for some professors not occupational therapists, it can be an arduous task to expose the contents of their matters with the perspective of a profession with which they don't feel identified and/or with the one that they have never shared their work. In Spain, is habitual that TO is ignored for much of the kindred professionals that they impart education in the degree and with those that labor relationship is shared. In that sense, it is necessary that the professors not occupational therapists commit in the teaching / learning of a profession that is not his, what supposes them an effort still bigger. In the TO Spanish university education, this situation gets complicated especially if it is considered that the university faculty corresponds in his majority had titled doctors, what is summed up as a factor of additional distortion. The Spanish TO graduates need, still today, to be licensed in other degrees to consent to the Doctorate, situation that soon to be history with the European convergent reformation begun in Spain.

The occupational therapists professors should guide and to advise to their non therapists colleague to effects of favoring the delimitation of contents and competitions with sense and occupational inters that allow to form roles and

identities adapted to the competitions characteristic of the degree and the profession. According Kielhofner (2006) (15), "*the human occupation is the center of our profession, using the participation in occupations like agent therapeutic.*"

The development of the European convergence in TO, supposes that the occupational therapist's professional identity should be gotten implementing study plans that express competitions and contents prepared in a "mixed net of coherent convergent" traverse (vital cycle) and longitudinal (fundamentals and tools). If the new university models of mixed and coherent convergent approach to the demanded reality for the society, the Spanish occupational therapists will have that to become aware gradually about the relevance and importance of the basic and applied investigation, as well as the setting of their knowledge to the public specialized through the scientific literature with the objective of manifesting the entity and the greatness of the TO profession. In this situation, if the formation of the student's professional identity depends in great measure of its identification with the professional role, the maintenance and development of the occupational therapist's identity in the exercise of its profession it is developed with his/her participation in the attendance, the education, the management and the investigation, being this last the one that will contribute more foundation, prestige and solidity to the Occupation Science and TO in all its slopes.

SPAIN, UNIVERSITY REFORM AND PROFESSIONAL IDENTITY

In Spain, the National Conference of Occupational Therapy University Schools Directors (CNDEUTO, 1999), has taken initiatives in favor of a modern development of university and professional TO, such as the realization in 2003-2004 of the White Book of Grade of Occupational Therapy of the National Agency of the Quality Evaluation and Accreditation (ANECA), with an itemized analysis of the generics and specifics competitions of TO in which they participated democratic occupational therapists, professors and Spanish

students of TO. Later on, "*European Network Occupational Therapy Higher Education*" carry out, in a similar way, a study of TO competitions that enriched and improved the previously analysis carried out by CNDEUTO. Two Spanish university centers (Coruña and Zaragoza Universities) have already presented the new degree of Grade of TO for verification in ANECA, to effects of beginning with the new plan of studies the next course 2008-2009. The sixteen centers remaining are building their plans of studies at the moment with the intention of beginning a new stage during the course 2009-2010. In CNDEUTO the adscription has been fomented from the Spanish university centers to ENOTHE and an annual representative has been designated in each European congress from ENOTHE-Ankara (Turkey), at the same time that contacts have begun with the Executive director of this European association, Hanneke Van Bruggen, in the Catholic University of San Antonio from Murcia (2007) and in the A Coruña University (2008). CNDEUTO has consensual for unanimity the inclusion of the ENOTHE objectives and competitions in the Spanish Ministerial Order that to establish the requirements for the valuation of the official university degrees that will authorize for the exercise of occupational therapist's profession, pending of being published in the Spanish State Official Bulletin (BOE). This regulation will transform into the legal foundation of an university new identity, previous of the professional identity that we seek for our occupational therapists. Certainly, in Spain it is considered important the presence of a biomedical pillar in TO since the majority of the degree occupational therapists is reinserted laborly in the sanitary field, contrary to the countries of the North of Europe in those TO is not based in the conceptual approaches derived of the medical knowledge. Evidently, the TO study's plans must be coherent so much with the labor and social environment as with the principles of European convergence, to grant homogeny coherence guided to the education of a solid professional profile around the Occupation Science. We consider that the diversity of the professional profile in the European mark enriches TO. Countries that have implanted again this degree and profession exist. The National School of TO (ENTO, 1961) in Spain, of sanitary character, been founded in Madrid by Mr. Heliodoro Ruiz, rehabilitative doctor, and for

Mrs. Mercedes Abella, occupational therapist and Gold Medal of TO 2008, it has been the pioneer educational center of Spanish TO. Later on, in a second historic stage (1990), diverse university sanitary centers (Medicine, Nurse) and of Psychologist they have fomented the development and implementation of degrees of TO. This situation has contributed the genesis, the inters and the structure in the development of TO, although at the present time it supposes a slowness in the specific development of the Occupational Science. However, the European university reform allowing us to build new degrees of Grade in TO, with sense and intention convergent and occupational whose main promoters are being for the most part the occupational therapists. The beginning of the third historic stage of Spanish TO will stage, after seven years of intense work in the Spanish universities, in the ENOTHE Congress 2009 of A Coruña TO. From these pages, we invite the occupational therapists and professors of European TO know the occupational therapists and Spanish professors that will arrange to met with all us in this beautiful "city of the reflections" of the north of Spain presided by the light of the oldest lighthouse Roman and active of the world, the Hercules's Tower.

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PROFESSIONAL IDENTITY OF THE OCCUPATIONAL THERAPIST

IDENTIDAD PROFESIONAL DEL TERAPEUTA OCUPACIONAL

Key Words: Occupational Therapy, Professional Identity, Competence.

DECS: Terapia Ocupacional, Practica Profesional, Competencia Profesional.

Mesh: Occupational Therapy, Professional Practice, Professional Competence.



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Introduction

The professional identity of a professional certain category, in this specific case, that of Occupational Therapy requires a meticulous analysis of historical aspects related with the development of their practices, well keeping in mind the political, educational, social and economic different contexts that were decisive for the professional identity and that facilitated its consolidation gradually.

In accordance with Penna ^[1] the recognition is a fundamental notion to treat the identity, since this is composed of two poles – the pole of the self-recognition – like the individual is recognized and the alter-recognition– like the individual is recognized by the other ones. Thus, to consider the identity inscribed in this context presupposes human fellow's conception as bearer of the capacity of symbolizing, of representing, of creating and

SUMMARY

This work has for objective to approach conceptual aspects about the Occupational Therapist's professional identity, taking into account that the notion of the term "professional identity" is polysemic, dynamic and complex. Initially we present a bibliographical revision that will help us to increase our understanding of its construction process considering the different contexts, as well as the social, political and cultural determinants. At the same time that we seek how to discuss and to meditate on other pertinent and inherent aspects for the professional identity as the inter-disciplinarity, the training, the competences and the professional profile like outstanding elements that are articulated, conditioned and co-related in their constitution.

RESUMEN

Este trabajo tiene por objetivo abordar aspectos conceptuales sobre la identidad profesional del Terapeuta Ocupacional considerando que la noción del término identidad profesional es polisémica, dinámica y compleja. Inicialmente presentamos una revisión bibliográfica que nos ayudará a aumentar nuestra comprensión de su proceso de construcción considerando los diferentes contextos, así como también los determinantes sociales, políticos y culturales. Al mismo tiempo que buscamos discutir y reflexionar sobre otros aspectos pertinentes e inherentes a la identidad profesional como la interdisciplinariedad, la formación, competencias y el perfil profesional como elementos relevantes que se articulan, condicionan y se correlacionan en su constitución.

sharing meanings in relation to the objects with which he/she lives. This way Jacques [2] refers that the individual is revealed at the same time as character and author of his/her history, in the measure in that the history is constructed itself and the individual is constructed by the history.

2. The concept of professional identity

The use of the term identity has its roots in the classic thought and throughout the times, other meanings were enlarged, giving it a dynamic and complex dimension. The topic identity has been studied in diverse areas like sociology, anthropology, psychology, among other, and in this sense the field of the health is a fertile field for this study.

As I have described previously, the concept of identity is complex, polysemic and it accepts a diversity of theoretical approaches, this way without seeking to carry out an exhaustive discussion on the theoretical tendencies on this matter, looking in this work for drafting a conceptual cutting to locate the reader on the existent numerous conceptions starting from the optics of different authors.

The term identity derives of Latin "identistas" and it is made up of two words—: idem - same and entista - entity / being.

In the dictionary of the Royal Spanish Language Academy ^[3] defines the term *identity* like "group of features of an individual or a collective that characterize it in front of the other ones". For Durozoi and Rousel ^[4] the term is defined as "character of which is identical, meaning unique, although denominated in several ways."

Deepening in the concept Morin ^[5] refers to the *complex identity*. This indicates "an identity with evolving mobility and that it can contemplate the multiplicity of problematic and he makes reference to the term identity in the sense of ownership to a community."

In accordance with Kielhofner ^[6] the identity is one of the main factors that describe the perception that an individual has of itself and it is construed starting from real and significant experiences. The author defines the *identity* like "a characteristic or a person's recognizable aspect and, at the same time, to the person's opinion." (p. 6)

"The development of the personal identity is closely together to the self-concept and the professional self-development, taking place a creative and permanent exchange between the knowledge and the being, in a permanent exchange that evidences the capacity of the subject to learn how to evolve and to build its own line of professional statement."

Álvarez Martin mentioned by Talavera Valverde ^[7] defines the *identity* like "a provisional result of transactions that operates the subject regarding his/her own history and projects (biographical transactions) and of transactions among the identity defined for other and the identity defined for itself, relational transactions." (p. 3).

Caniglia ^[8] defines identity like "a group of characteristic typical of something and that, for these characteristics, it can be identified as such." (p.20)

Inside the diversity of conceptual references described about the definition of identity, how can the perspective of Professional Identity be understood? What in fact does the identity of a professional define, in the case of the Occupational Therapist? .

In a general way, we can say that the notion of professional identity is associated to the concept of the profession and of the professional. This way, the term profession refers to the "employment, ability or occupation that somebody exercises and for what perceives retribution." The profession concept is the result of a social-cultural and ideological frame that influences in a labor practice, since the professions are legitimated by the social context in which they are developed. The professional term designates "person that exercises its profession with outstanding capacity and application."

Segundo Lima ^[9] says that the professional identity is an imaginary construction that attributes a value to a certain profession, value which is directly related with the value that that discipline has socially. (p. 43)

3. The Therapist's professional Identity

In accordance with Rojas ^[10] three dimensions can be identified whose understanding is essential for the study of the identity of Occupational Therapist: humanism, disciplines and services. These dimensions are articulated with the conception of field of professional performance.

For the author a field can be considered as scientific starting from the following conditions:

- Scientific Community: A field of knowledge demands a community of people dedicated to be, to know and to make in a way of solidarity.

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- Interest domain: It is referred to those dimensions of the human experience whose knowledge and service occupy their attention.
 - Philosophical principles or world view¹: The Philosophical principles of a field of knowledge are the beliefs that a scientific community has on the human being's nature and the relation of this with the environment.
 - Problems: this condition of a field of knowledge makes reference to the problems regarding the knowledge of pertinent practices to the study domain.
 - Tools: the tools are the means used to reach the goals.
 - Method: Methodologically the study of the human occupation, in their disciplinary dimensions.
 - Purpose: The purpose of the disciplinary dimension which concerns the occupational therapist it is double: firstly, the systematization of hypotheses and theories of the knowledge accumulated by the own scientific community on the human occupation, in their intrinsic value for the development and the conservation of the well-being and what is related with the occupational competences and their neuro-motor component, of sensorial integration, cognitive, intrapersonal and social.

¹ Notice of the compiler of the text in clarification to the word referred by the author: A *world view* is the group of opinions and beliefs that conform the image or general concept of the world that a person has, epoch or culture, starting from which the person interprets his/her own nature and the nature of everything. A world view defines common notions that are applied to all the fields of the life, from the politics, the economy or the science until the religion, the morals or the philosophy. The term "world view" is an adaptation of the German *Weltanschauung* (*Welt*, "world", and *anschauen*, to "observe"), an expression introduced by the philosopher Wilhelm Dilthey in his work *Einleitung in die Geisteswissenschaften* ("Introduction to the Sciences of the Culture", 1914). Relationships, sensations and emotions taken place by the peculiar experience of the world in the breast of a certain atmosphere will contribute to make up an individual world view. All the cultural or artistic products will be in turn expressions of the world view which create them. The term was quickly adopted in the social sciences and in the philosophy, where is used both translated and in the German original form. A world view won't be a particular theory about the operation of some particular entity, but a series of common principles which would inspire theories or models by all the levels: an idea of the structure of the world, which forms the mark or paradigm for the remaining ideas. This way, it belongs to the scope of the philosophy traditionally called *metaphysic*. However, a world view is not an explicit philosophic product neither it depends on one; it can be more or less rigorous, completed and intellectually coherent.

- Background of accumulated knowledge: This constitution of a field of knowledge refers to the collection of data, hypotheses, theories and methods obtained by the scientific community and reasonably true or effective.
- Society: A field of knowledge needs that the society supports, accepts or at least tolerates the actions of the members of the community, in such a way that provides him/her the means and offers him/her the necessary freedom to investigate or facilitate the exercise of his/her activities.
- Ethos - It represents the attitudes and peculiar posture of the community with regard to itself, to the others and the environment." (p. 38- 45)

The conditions described by Rojas, configure and determine the comprehension of the constituent elements of the occupational therapist's professional actuation field. Pardo (1997), mentioned in Caniglia ^[8]... "he identifies four factors for the constitution of a profession: legislation, ethic, study object, procedures and techniques." (p. 29)

Still on the concept of professional *field*, Drummond ^[11] it stands out that this concept is understood as a social space, where takes place material and symbolic goods; this happens for the structuring of an own language that provides him/her a relative autonomy, in the measure that is averaged by the dominant principles of the society.

In accordance with Caniglia ^[8] the professional training is the gradual process which offers minimum fundamental conditions for the exercise of one profession. (p. 29)

Kielhofner ^[6] refers that the professional identity of the Occupational Therapy is based in the paradigms* which fix the members of a profession and provides them a sense of ownership and public collective identity." (p. 265). The professional identity is conceived as an individual entity construed in relation to a work space and a professional reference group. For the author the occupation is understood as center of the paradigm of the Occupational Therapy, standing out to the discipline like:

- Exclusively interested in the paper of the occupation in the life and the human being's well-being.
- Focused in the solution of problems which appear with the personal limitations, the factors of the atmosphere that avoid or threaten the participation in the occupations of the daily life or both.
- A practice that uses the participation in occupations as therapeutic agent. (p. 266)

This focus on the discipline remarks the importance for the development of a professional identity. The professional identity is, therefore, determined by the origin of the discipline, its roles, its basics and values.

In accordance with Medeiros ^[12], the Occupational Therapist's professional actuation in some contexts, has been enough diversified, so much in what refers to the techniques used, as much as in relation to the theories that base their interventions. In certain way, this situation has hindered the comprehension of its identity in its professional and assistance environment. However, this situation can be considered as a positive aspect, in the measure in that this apparent fragility characterizes a diversity of possibilities for the profession. This multiplicity of cuttings in the field of the Occupational Therapy described also by Galheigo ^[13] implies agreement with Mangia ^[14] relation with

* The concept of professional paradigm referred by Kielhofner is based on the original work of Kuhn (1970).. "the members of a discipline are gathered by a shared vision"

a discursive diversity that provokes a significant delocalization in the traditional disciplinary field favoring and foster an interdisciplinary dialogue outstanding and complex.

The emphasis of some questions resides in: Which Occupational Therapist do we want to form? Which are the general and basic competences required for the professional exercise?

We consider important to deepen the reflections on the Occupational Therapist's education based on the comprehension of a plural, elaborated, articulate, contextualized knowledge which presents other variables like the disciplinary knowledge, curricular knowledge, the experience and the construction of the knowledge. These elements contribute for the critical reflection on the performance field, the Professional Identity and the production of knowledge. It is necessary to highlight that all these aspects receive cultural, political, epistemological, educational influences acquired and cultivated in the scope of the institutional practices and of the social relationships.

Thus, to meditate on the education requires an evaluation with approach of the curricular configuration of the educational programs, starting from a global and integral vision of the process of knowledge and the effective power for its implantation.

4. Professional Profile and Competences

The professional profile has like a role to guide the construction of the curriculum, to sustain the decisions taken and to be a referent for the permanent dialog among the institutional education efforts, the work world and the own practitioners of the profession.

The World Federation of Occupational Therapists ^[15] establishes orientations for the training and qualification through processes of formal education for occupational therapists, denominated "Minimum Revised Rules for the Education of Occupational Therapists 2002."

Zita ^[16] makes reference to the education of the occupational therapists in the XXI century, highlighting this document where it is remarked what follows:

"The Educational Programs must adapt to the context, to their specific necessities in subjects like health and well-being and to their traditions and values like significant occupations which can give answers to the local problems and to satisfy the national and international expectations about the quality of the professional practice." (p. 42)

In accordance with Hahn and Lopes ^[17] "the pillar which sustains the educational proposal for the training of the Occupational Therapists is based on the philosophical comprehension of Occupation, including its nature and multiples meanings, the cultural comprehension of one self and the diverse possibilities of problems and/or satisfactions experienced by people in relation to its insertion or not in the different occupations." (p. 126)

Drummond ^[11] refers that the "professional training is directly related to certain forms of perception of the professions and their work fields, forms created and incorporated by the educators, professionals, associations and other organizational levels of these professionals." (p.2) In this perspective, drafting a professional profile is necessarily linked to the delimitation of frontier, convergence criminals, hierarchy established in the production of the knowledge and for the legitimating of the practices and of the professional competences.

In literature we are going to find several connotations for the competence concept like we present below.

The dictionary of the Royal Spanish Academy ^[3] describes the term like being "Know-how, aptitude, suitability to make something or to intervene in a certain matter." This term comes from the Latin *competent.ia*.

In the scope of the Occupational Therapy Kielhofner ^[6] describes that the conceptual basics of the discipline provide to occupational therapists the identity and professional competences. Corvalán and Hawes (2005) mentioned by Fugellie B, Rodríguez E, Yupaqui A ^[18] highlight certain elements characteristics to the concept of competences:

"In first place the knowledge, the procedures and the attitudes conclude; another aspect remarks that they are only defined with regard to its application in a performance, a third point says relation with the experience, which is important in terms of confirmation and evaluation, and finally the context, the one that defines in certain way the efficacy of the performance; it explains that a competition can be evidenced depending on the context in which it is applied (...) The capacity of the individual to mobilize knowledge, procedures, and attitudes, applied to different situations, so much daily as professionals, with the purpose of contributing to the quality of its personal life and of the society. (p. 5- 6)

A educational focus based on competences responds on one hand to current scenarios where, who performances a work should have the capacity to foresee or to solve the problems that are presented; and on the other hand, to respond to the investigations on the learning and, therefore, the educational focus proposes an organization that favors the significant and durable learning.

The discussion of TUNING project during the encounter of educational of the programs of Latin American Occupational Therapy in the mark of the VI Argentinean Congress and VII Latin American Congress of Occupational Therapy made possible to open a debate about the specificities of the education programs existent today, and also to know the proposal developed with the countries of the European Community, about the used methodology, the professional profile, procedures, terminologist, description of professional competences and results.

Another aspect to be described on the competences refers to its classification. These can be classified as general and specific ones. In this sense Garagorri ^[19] defines general competences such as those that are nuclear and common to all the disciplinary areas and specific those that are applied to a situation or a family of situations inside a particular context. We have seen here that there are different definitions; however, inside this diversity you can recognize some nuclear common elements.

(.) "The competences, in accordance with the proposal of the Commission of the European Communities (2005), are those that all the people specify for its personal realization and development, such as for the active citizen, the social inclusion and the employment." (p.49)

From this point of view, the curriculum based on competences should articulate and combine experiences and knowledge. In our opinion, in order to be competent in something it is necessary to use in combined or coordinated way theoretical conceptual knowledge, abilities, procedures or the named applicative knowledge. This way, the professional competition is given by two aspects that we consider relevant, which are the capacity to solve the problems characteristic of the performance field and the more effective or pertinent way of solving the problem or task. Thus, besides the conceptual discussion on the competences, becomes necessary to discuss the trajectory in the development of the competences. In this sense it is worth to place some inquiries: how to

develop competences for a professional full practice? In which way the development of the competences can involve to reach better performance levels?

We highlight the importance that the associations of Occupational Therapy have in their contexts for the development of the profession of Occupational Therapy in the diverse performance fields, professional exercise, as also the articulation with the programs in the formulation of their study plans, definition of competences and abilities.

It is necessary here to remark that the World Federation of Occupational Therapists - WFOT and other regional groups in the world scenario as the Council of Occupational Therapists for the European Countries– COTEC, Latin American Confederation of Occupational Therapists– CLATO (as its acronym in Spanish), the European Network of Occupational Therapy in Higher Education– ENOTHE are systematically worrying with the professional education of the occupational therapists promoting discussions about the specificities in their regional contexts.

Specifically in Brazil the curricular guidelines of the educational programs of Occupational Therapy passed a wide debate on the essential aspects of the Occupational Therapists´ education, emphasizing the definition of study topics, professional profile, competences and abilities and the workload contemplating at least 1000 hours of training in service, in consonance with the World Federation of Occupational Therapists.

Santos ^[20] refers that "the Spanish Occupational Therapy assumed the challenge of adapting the education of Occupational Therapy to the principles of the European convergence and to the quality policies that are modulated from "European Association for Quality Assurance in Higher Education– ENQA." (p. 24).

Furthermore it is remarkable the formulation and integration of the professional competences carried out by the National Conference of Directors of University Schools of Occupational Therapy– CNDEUTO (as its acronym in Spanish), together with the competences of the European Network of Occupational Therapy IN Higher Education– ENOTHE, contributing for the quality of the education of the programs and the occupational therapist's professional exercise.

This way

5. Considerations

Approaching to the topic of the professional identity allows us to use a lens on its historicity, the constituent elements which take part in their constitution and it allows us to analyze its specificity being about the occupational therapist's professional identity.

We set up initially that all process of construction of professional identity is influenced well by a group of factors that take into account the dialectical relation with the society, an historical period and a culture that are configuring the professional identity, such as the practices developed in the different fields of the professional exercise.

In an analytical perspective the professional identity is not something static; on the contrary it is dynamic and flexible. Thus, the way the professional exercises his/her profession presupposes a theoretical and methodological clip which determines a group of procedures and strategies.

Starting from the authors described in this work, it is verified that the construction of the Occupational Therapist's Professional Identity settles down starting from a narrow interaction among personal and social dimensions.

To discuss the Occupational Therapist's Professional Identity implies therefore, to meditate and to analyze diverse aspects that are related to the professional profile, educational programs of training, general and specific competences on the performance field, production of knowledge that characterizes the complexity of the topic. In this sense, the purpose of this work has been the one of presenting some elements that guide us and that can contribute to the enlargement of the theoretical referential on this matter, such as for achieving the investigation on this field.

The thematic provides a group of inquiries that do not have conclusive answer, but signalize inherent aspects in an objective way and outstanding on the Occupational Therapist's professional identity which can foment the ethic and critical debate in our professional community.

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PROFESSIONAL ORGANIZATIONS OF OCCUPATIONAL THERAPY AND PROFESSIONAL IDENTITY

ORGANIZACIONES PROFESIONALES DE TERAPIA OCUPACIONAL E IDENTIDAD PROFESIONAL.

Keywords: Occupational therapy, identity, profession, professional college, professional association, occupation.
DECS: Terapia Ocupacional, Corporaciones Profesionales, Asociaciones Profesionales , Ocupaciones
MESH Occupational Therapy, Professional Corporations , Professional Associations , Occupations



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Introduction

The following questions are usually some of the questions that an occupational therapist asks to him/her in some moment of his/her professional trajectory:

Which is the essence of the occupational therapy?; Which are the common points among occupational therapists independently of the environment in which we develop our work?; What do the occupational therapists of all the corners of the world have in common?; Which are the common points of the occupational therapist with our parents / mothers and predecessors in the profession?; What does it differentiate us from other professions in general, but also in different countries, in different environments, in each work place, in our day by day?; What specific contribution does our profession carry out to the society we live in, or more concretely, to people whom we should help in our daily work?; Which difference do we contribute with in the different

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SUMMARY

The professional organizations constitute a privileged space for the development of the professional identity of the occupational therapists: they are the encounter space of what we are, the place in which they are able to share what we do, the place from which we can build common projects and spread bridges among the professionals.

They are also conformed as representative for the profession, facing public institutions and the society in

teams in those that we work?.

All these queries are related with the professional identity: what we are and we make, how we see each other and how they see us, what we transmit to the other ones and the other ones to us, from where we come and toward where we would like to go. In the bottom of the concept of professional identity it underlies the idea that beyond the heterogeneity and plurality there are common marked aspects that we share as professional community that makes us unique and different.

2.- PROFESSIONAL IDENTITY

2.1.- The **identity** is our being's unified expression and the purpose in the life (1), a process that is built in the permanent interaction with the environment, and it is characterized to be dynamic, in permanent evolution, at the same time that it is relatively stable and coherent, generating the feeling of continuity and of uniqueness (2).

At the moment, most of social (managerial, assistance, etc.)

general, and they are therefore the voice of the profession on a certain moment and context. Inheritors of a history and mission, they have the challenge of making roads toward the future and to facilitate the opportune changes to be adapted to the social necessities, being at the same time faithful to the essence of what they represent.

RESUMEN

Las organizaciones profesionales constituyen un espacio privilegiado para el desarrollo de la identidad profesional de los terapeutas ocupacionales: son el espacio de encuentro de lo que somos, el lugar en el que poder compartir lo que hacemos, el sitio desde el que construir proyectos comunes y tender puentes entre los profesionales.

Se conforman también como representativas de la profesión de cara a las instituciones públicas y la sociedad en general, y son por tanto la voz de la profesión en un tiempo y contexto determinado.

Herederas de una historia y de una misión, tienen el reto de abrir caminos hacia el futuro y posibilitar los cambios oportunos para adecuarse a las necesidades sociales, siendo a la vez fieles a la esencia de aquello que representan.

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Amando de Miguel identifies and it distinguishes seven points or professionalism aspects: technical occupation, resolution of a personal problem that the patient gives, independence, responsibility, corporate organization, deontology, and special relationship with the patient (6).

For Trujillo there are several authors ¹ that, in general terms, they converge in that the autonomy the society grants to a profession depends on possessing a body of specialized knowledge, to demonstrate theoretical education and extensive practice, to have auto control systems, that is to say, to have an

organizations try to synthesize their identity defining their mission, their vision and their values, carrying out by this way a future positioning. Trujillo (3) carries out an interesting analysis of the mission and vision of the occupational therapy that it is supplemented very well with the document of the American Occupational Therapy Association (AOTA, 1993) "Central values and attitudes of the exercise of the occupational therapy" (4). (See annex 1)

2.2.- A **profession** is a form of remunerated employment and distinguished by its service to the public through the learned application of a base of knowledge and a specialized ability (5).

¹ Etzioni, 1993; Raelin, 1991; Trice, 1993

formal organizational structure, and to behave according to a group of professional standards and an ethical code (3).

2.3.- The professional identity is based in a paradigm that unites the members of a profession and grants them sense of ownership and collective identity (7), also providing a public identity.

For Aylwin, as much in the professions as in the individuals, the identity is influenced by a group of factors and it is constituted in dialectical relationship with a society, a historical period and a culture that are configuring it permanently. Thus, the professional identity depends on the past, from where the first identifications, which give origin to the profession, arise and they allow the professional identity to play a part in the society and, starting from that base, it goes getting rich and modifying, in the measure that receives social new demands, having access to new lists, increasing the flow of knowledge and deepening the reflection on its own practice (8).

The professional identity is a significant part of the occupational identity that in turn is a collective and singular identity. In this sense, Christiansen (1999) indicates that through the occupation a person develops him/herself and expresses his/her personal identity. At the same time, the identity also provides a frame to establish goals and to motivate for the occupational performing (9, 10).

The occupations are not isolated activities, but rather they are connected by a network of daily activities that help people to complete their basic necessities and to contribute to the necessities of their family, of their friends and of the community (4).

Paradoxically, the occupational therapists, experts in helping people to recognize and to re-elaborate their occupational identity, in many occasions have difficulties to manage their professional own identity.

This difficulty, present in all the professions, is more habitual in the beginnings of the performance of the labor activity, and it can be, in occasions, an important difficulty added for the appropriate development of the work in team, due to the frustration or the conflicts that it can end up generating.

Among the several agents which intervene in the construction of the professional, personal and collective identity, it is necessary to highlight the professional organizations. The identity in the organizations, and in the profession, it is a stable construct, but never rigid construct. It provides stability in the time, necessary for the consolidation and development, but at the same time it is dynamic and it evolves as much as they make it the different members of the same profession and, in consonance with the social, political and economic changes of our environment, often vertiginous and not very predictable.

The mission and the vision of the profession should be revised periodically to respond well to the current necessities and the emergent ones, transmitting a future project. The future project should be built on the roots² of the profession.

3.- BUILDING OUR IDENTITY

The true main characters of the professional identity are the own professionals when they assume the responsibility of participating actively in the institutions, in the construction and transmission of the knowledge, in the canalization of the debate and the decisions taking, in the formation of future generations and the recycling of the current ones. By this way they are diffusing their identity, not only to the occupational own therapists but also to the environment they are related with.

² The roots allow to the trees to feed and to continue growing, besides giving them the necessary stability.

3.1.- LOOKING AT OUR HISTORY

The professional identity of the occupational therapists, the ideas and essential practice that characterize it, has been built throughout the history in a process of continuous adaptation to the necessities that demand the societies.

Kielhofner points out that the essential aspects of the shared identity of the occupational therapists are: The concern with the occupation in the human life; The focus in the occupational dysfunction like the problematic area for the practice; The use of the occupation like a therapeutic agent; A holistic point of view that recognizes the bio-psycho-socials aspects of the occupation and their systemic interrelation; An orientation about humanist values that recognizes the right of people to experience for themselves as significantly occupied and exalts the dimensions intra and interpersonal of the therapeutic process (7).

We consider that, the occupation like key element in the process of personal growth is also a sign of uniqueness of the occupational therapy. This way, the binomial occupation and self-fulfilment or transcendence is inherent to this profession like distinctive sign of identity throughout the times.

The roots of the occupational therapy began to materialize in the moral treatment. One of the central premises of the moral treatment was that the participation in tasks and diverse events of the daily life could restore the person a healthier and more satisfactory performance (7). This idea has constituted the angular stone on which our profession has been built.

The first occupational therapists were people with professional different educations (architecture, psychiatry, social work, infirmary, arts and occupations, secretary) that met around an unique unifying idea (4, 7, 9, 11, 12, 13). The founders widely defined the practice of the occupation that included the training in habits, the craft, the physical graduate exercise and the pre-industrial shops. Although each founder highlighted an aspect different from the benefits of the occupation, all shared the idea that a significant

participation in the occupation was the key to create a body and a healthy mind (4). Just as Meyer affirmed: "Our list consists on offering opportunities more than prescriptions. It should have opportunities to work, opportunities to make and of planning and of creating, and of using material" (4).

When in 1917 the National Society for the Promotion of the Occupational Therapy (NSPOT) was settled down, among its objectives they were indicated "the promotion of the occupation like therapeutic meaning, the study of the effects of the occupation on the human being and the popularization of its scientific knowledge" (12). These objectives continue, 90 years later, having the same validity for all the professional organizations of occupational therapy and each one of the occupational therapists.

3.2.- LOOKING IN OUR INTERIOR

A.- The occupational therapy has been defined throughout the time for diverse professional organizations³, national and international, as well as for many authors. In the **definition** it is always sought to capture what an epistemological entity is in its essence, by means of the encounter of the indispensable features for its configuration and the necessary features for the differentiation of kindred entities (13). Some authors, as Gómez Tolón (13) or Romero y Moruno (9), have analyzed the evolution of the definitions of occupational therapy throughout their history, their common nexuses and differences, as well as the context in which they were carried out.

From the first definition reached by consensus⁴ of occupational therapy that NSPOT offers in the year 1919 (11), until the definition⁵ that the World

³ Have special value the definitions reached by consensus and/or elaborated by the professional organizations.

⁴ Occupational therapy can be defined as any occupation, mental or physical, prescribed initially by an occupational therapist and directed to a concrete purpose of recovery or of acceleration of the process of recovery of the illness or lesion.

⁵ It is a profession whose aim is promoting the health and the well-being through the occupation. The main objective of the occupational therapy is to enable people to be able to participate in the activities of the daily life. The occupational therapists achieve this result by means of the qualification of people to carry out those tasks that will optimize their capacity to participate, or by means of the modification of the environment, so this environment reinforces the participation. The occupational therapists have an extensive formation that provides them the abilities and the knowledge to work with those individuals or

Federation of Occupational Therapists (WFOT) carried out in 2004 (14), they can stand out the following elements:

- It is a profession that is in charge of promoting the health and the well-being through the occupation.
- The participation in the activities of the daily life like axis of the profession.
- The importance of the meaning and the objective of the occupation for the person that carries out it.
- The influence of the environment in the person and in the realization of the occupation, as well as the possibility to modify or to adapt this environment.

B.- Today's professionals continues sustaining the presumptions that Dunton (1919) expressed in the **Credo for the occupational therapists**: "The occupation is as necessary for the life as the food or the drink. All the human beings should have so much physical occupations as mental... that they enjoy... That the sick minds, the sick bodies, the sick souls can be cured through the occupation (4)." A similar vision of the profession showed Herman Simon when he affirmed that "any better remedy for the loss of the trust in itself (15) than the work carried out".

The occupational therapy preserves as fundamental concern the individual's capacity to live a satisfactory life through the participation in occupations that offer well-being and pleasure. It is the legacy of the profession (4).

The **philosophy of the occupational therapy** represents the vision that has the profession about the nature of the existence, it gives the profession sense and it guides the actions of the profession. It also provides a fundamental

population's groups that suffer the affectation of a corporal structure or function, due to some change of health, and that therefore make that they experience limitations in their participation. The occupational therapists establish that the participation could be facilitated or restricted by physical, social environments, attitudinal and legislative. Hence the practice of the occupational therapy can be directed to those variable aspects of the environment to improve the participation.

group of values, beliefs, truths and principles that guide the actions of the professionals of this field (12).

Adolph Meyer presented in 1921 a conference titled "The philosophy of the occupational therapy" that was the first article of the magazine Archives of Occupational Therapy (11, 12, 13, 16).

This is a key text for the profession, where there are approached the content, the meaning, the epistemological relationships and basics of the occupational therapy (13), and that some authors consider the first organized model of occupational therapy (17).

The philosophical "Basics of occupational therapy", adopted in April of 1979 by the Representative Assembly of AOTA in Detroit, details the foundations for the theory and practice of the occupational therapy:

"The man is an active being whose development is influenced by the realization of activities with objective. Using their capacity of intrinsic motivation, the human beings are able to vary their physical and mental health and their physical and social atmospheres through the activity with objective. The human life is a process of continuous adaptation. The adaptation is a change in the function that promotes the survival and the upgrade of him/herself. The environmental, psychological and biological factors can interrupt the process of adaptation in any moment throughout the vital cycle. The dysfunction takes place when the adaptation is faulty. The activities with sense facilitate the adaptation process.

The occupational therapy is based on the belief that the activity with objective (occupation), with inclusion of its environmental and interpersonal components, it can be used to prevent and to control the dysfunction and to produce the maximum adaptation. The activity used by the occupational therapists has an intrinsic and therapeutic purpose" (Resolution 532-79, 1979, p.785)

(12).

D.- Throughout the history of the occupational therapy diverse professional organizations and authors have made an effort to try to develop a professional common **language**. Possibly, the most outstanding fruit in this effort was "Frame for the practice of the occupational therapy: competition scope and process"⁶, elaborated from AOTA in 2002 (18). That same year WFOT presented, also, its own glossary of terms (19).

In this direction the Group of Terminology of the European Network of Occupational Therapy in Higher Education (ENOTHE) is working in the last years; in 2007 it already published the document "Definitions by consensus" of professional terminology (19).

The professional common language hugely facilitates the identity and the professional exercise, the differentiation, and the transmission of knowledge. Although, being all this very important, it is not indispensable. We can take as example other disciplines of the psychosocial scope, disciplines that share with us the coexistence of different models, focuses and beliefs regarding their profession. Progressively the contribution of each theoretical tendency has left its print in the shared system of beliefs, norms and values, translated in a professional plural language that all the members of the profession live with as own language, without the existence of an unified language.

E.- The Ethics Codes constitute the moral referents of the social and sanitary professions. The ethical principles are part of the central nucleus of our identity. They start from the base that our professions are to provide service for people and not to provide service for the organizations, institutions or companies in those that we develop our work. This fact marks in a very significant way our

⁶"Frame for the practice of the occupational therapy" is an evolution of the "Uniformed Terminology for occupational therapy", replacing to the third edition (UT-III) of 1994, and whose first version goes back at 1979.

identity. They provide us some universal, unalterable principles and lasting in the time and in the space.

At the moment numerous documents related with the ethics exist in occupational therapy. We consider that the following ones are fundamental for our professional context (4, 20):

- a) The "Ethics code of occupational therapy" (AOTA, 2000)⁷.
Another important document in this field is the one denominated "Central values and attitudes of the exercise of occupational therapy" (AOTA, 1993).
- b) The "Ethics code", (WFOT, 1992) elaborated to offer general guidelines in the practice of occupational therapy. It was revised by last time in 2005.
- c) The "Norms for the practice of the professional exercise" of the European Committee of Occupational Therapists (COTEC) of 1991, updated in 1996 that elaborates some more specific and more detailed performance norms starting from the " Ethics code" of WFOT, supplementing this document.
- d) In Spain, there is the " Deontological Code for the occupational therapist's profession", elaborated by the Professional College of Occupational Therapists from Aragon in 2003, and assumed by the rest of existent Professional Colleges of Occupational Therapy (Navarra, Extremadura, Baleares) (21).

With regard to the ethical codes in the scope of occupational therapy, we cannot forget the current context that implies a continuous justification of the professional exercise towards the patient and the rest of professionals; in this sense a necessary relationship is settled down with the occupational therapy based on the evidence. This (objective) requires of a bioethical (subjective) interpretation. Sentences like: what does it happen to me?, what does it

⁷) It replaces the code of ethics of occupational Therapy of 1994, that in turn substituted that of 1988, and this in turn to that of 1977-1979

mean?, what does he/she mean?, etc, they are questions done by the user to the occupational therapist, for those that he/she doesn't only demand more information about the clinical state, but rather he/she claims an explanatory interpretation of the text and of the context; for example, on the clinical history, the informed consent, integral cares, etc.

The approach to anyone of the situations of ethical conflict that can appear in our assistance activity should be focused from a multidisciplinary optic, and it is in this sense where ethics, identity and therapy transform into nexus of union. The reason is that we know that the ethical decisions are correct when they keep in mind the point of view of all and not only of some. And our concern must be that we can work with sufficiently open groups and plurals.

F.- The consensus documents and the guides of clinical practice

The guides of clinical practice (22, 23) and the experts' consensus documents (23) have as objective to present all the outstanding evidences on a particular topic in order to help the clinical personnel to consider the risks and the benefits of a diagnosis or a therapeutic procedure. They are useful for the daily clinical decisions taking. In the same way, these documents also allow us to visualize the evolution of the profession throughout the years.

At international level, the series "Occupational Therapy Practice Guidelines" that AOTA publishes are remarkable.

In Spain, in the last years they have been carried out diverse documents that we consider relevant ones:

- White book of the occupational therapy, elaborated by the universities (24).
- White book of the occupational therapy in Aragon (25).
- Guide of occupational therapy for people with rheumatoid arthritis (26).

- Illustrative Guide of recommendations for the Occupational Therapist's intervention in Serious Mental Dysfunction (27)
- Work, consensus or dissemination documents of the Colleges and professional Associations.⁸

3.3.- LOOKING AROUND US

The knowledge of the context in which the occupational therapy is developed as profession is the key to locate us appropriately and to be able to face the challenges and opportunities in the present and in the future.

In these moments, we consider relevant the following elements:

- The social-cultural changes
- The concept of health
- The challenges of the occupational therapy in front of the society

At the moment we are facing socio-cultural new changes, just as Guzmán (28) indicates, that will influence directly in the attention and in the distribution of benefits for the populations. From these, the author highlights the following ones:

- The change of social paradigm: we are walking toward a new paradigm based on the "autonomy-diversity." This way for example, the European politicians are guiding not so much toward the symptom but to the vital cycles of people, being the fragmentations of these cycles of life an aspect of great interest.
- The performance scenarios: we are deep in the change from the hospital-central philosophy to the community philosophy in many environments of the dysfunction. In this philosophy it gets great relevance the emergent problems of the populations, not so much in illness parameters but in terms of occupational imbalance, ruptures of projects of life, dissatisfaction in the occupation and a long etc. that added to the cultural slope of the immigration, they should provoke the design and implementation of programs of precocious detection and of prevention oriented to the occupation.

⁸ Not yet launched in the Magazine TOG.

- The assistance quality and the management for processes: The attention and the quality should go united in the process of providing health services or social services.

At the moment, the assistance quality is guided toward the global offer of services and benefits included in the general context of the devices, including the entirety of the interventions orderly, meditated and defined clearly, easily and reached by consensus, for all the members that assist patients and their families.

The assistance quality takes implicit the systematic, periodic and objective evaluation of the intervention. This process is carried out through the control and monitoring of the indicators, defined at the beginning, followed during the performance and re-evaluated in a predetermined period, allowing by this way the obtaining of results.

The indicators are measure instruments that allow describing the results from an objective and defined point of view. The indicators, as concept and practical tool, contribute objectivity to the reevaluation process. Any indicator must be accompanied with the execution grade that is pretended to achieve, which are the named "standards."

In this sense, the occupational therapists should participate in the design of services or in quality plans, not improving alone the contribution of their work, but also improving the service globally, with the design of indicators from the beginning.

The management for processes⁹ consists on the strategic description of the steps that are going to be developed with a person and of the actions that were

⁹ A process is defined like "the performance environment that defines an action course in which an activity of a person (suppliers) adds value to the entrances, with the purpose of producing answer to the necessities of other people (patients) that are who carry it out".

The purpose of the performance for processes is the one of minimizing the delays in the performance with the users and their families, also it is sought to maximize the quality of the service, of the institution and

applied in the course of their process by the service (programs, protocols...), the supports that were needed to carry it out (professionals, documents, physical spaces..).

The elaboration of assistance processes provides the professionals and the institution the identification of errors in the process of attention that can be given in the admission, in the evaluation, in the intervention or in the discharge, mentioning some examples. These errors provoke problems inevitably in the quality of the service.

Other aspects to keep in mind that we consider significant are:

- The phenomenon of the globalization (of the knowledge, of the labor market, the fluency of the communication, etc.), the importance of the new technologies in the lives of people and professions, and the education necessity and proximity in the provision of health attention or social services.
- The economic and management systems and how these systems affect the citizens, especially the most vulnerable.
- The economic international and national situation. The periods of crisis help us to purify even more the benefits, focusing in the most essential aspects, and adapting them to the necessities of the populations and systems.
- The political and legal¹⁰ frame. At the moment, in Europe, the University's reformation and the implementation of prevention policies on the dependence and development of the personal autonomy suppose, in spite of the economic crisis, an important push for our profession.

of the professionals, adapting the resource use, avoiding the duplicity in its use or its disconnection of the system and reducing unnecessary costs.

¹⁰ In Spain, to give an example, with the approval of which has been denominated as fourth pillar of the well-fare state, a very hopeful road has begun; although its journey was slow and it did not possibly end up reaching the depth that many people would like (29). It has also been very important the approval of the Law of Ordination of the Sanitary Professions (30).

- The derived culture of the Based in the Evidence Medicine (31) that is pushing to all the sanitary professions to carry out big efforts to demonstrate the grade of effectiveness of their interventions, and that every time is more kept in mind by the social systems, sanitariums and educational agents when planning and making decisions.

In relation to the concept of HEALTH, it is especially relevant that has left of being almost exclusively focussed in the symptoms to be centered in the participation capacity in the last years.

The International Classification of the Operation (in Spanish, *Clasificación Internacional de Funcionamiento, ICF*) and the current change that supposes its progressive setting-up at world level, offer the occupational therapists a good opportunity to reinforce so much their professional identity as developing the knowledge of the discipline inside the Social and Health Sciences. The central axis of new ICF is the term "activity", notion that inside the context of the occupational therapy constitutes one of its axioms¹¹. The interaction way between the different components of ICF and the process of occupational therapy also presents big similarities¹². In this sense, Moruno y Romero (33) indicate that "according to ICF (...) we can conceive the health in positive form, as the operation of the structures and corporal functions, the capacity to develop activities and the possibility of the human being's social participation; or in a negative way, as deficiencies in the operation of the structures and corporal functions, limitations in the acting of activities and restrictions in the participation, like a consequence of the limitations in the acting." Following

¹¹ ICF defines the term activity like "the acting / realization of a task or action by an individual", it provides a description of situations related with the human operation and its restrictions and it serves like reference mark to organize this information. It structures the information in a significant, interrelated and easily accessible way, considering operation components and dysfunction (body, activities and participation) and contextual factors (environmental factors, personal factors), aspects all them very similar to those approached by the occupational therapy.

¹² The operation of an individual in a speICFic domain understands each other like a complex relationship or interaction between the condition of health and the contextual (environmental and personal) factors. A dynamic interaction exists among these elements: the interventions in an element have the potential of modifying one or more than the other elements. These interactions are speICFic and they are not always given in a reciprocal predictable relationship. The interaction works in two directions; the dysfunction presence can even modify the own condition of health. (32)

Englehardt (1977) and Pörn (1993) the health is measured more by the capacity of adaptation and of participation in the daily activities of an individual (4).

In relation to **the challenges of the occupational therapy in front of the society**, just as Simó Algado indicates (34), looking to the context from the interior of their profession, the occupational therapists have a great challenge: to "be useful to the Humanity, our main responsibility, and to be able to survive at the same time as profession, in a more and more competitive world".

4.- BUILDING OUR OWN ROAD

The occupational therapists are part of a professional community that grows in the measure that are able to share among them and of being useful to the society.

We believe deeply in this profession like a tool that allows us to carry out a specific contribution jointly to the creation of a fairer world and with more quality of life, in synchronous relationship with the rest of the scientific and professional community.

4.1.- THE PROFESSIONAL ORGANIZATIONS: BUILDING OUR PROFESSIONAL IDENTITY TOGETHER

The occupational therapy, as sanitary and social profession, has a vocational high component, of service to people. The access to the studies is carried out with a certain idea of the profession, forged by the received information in an indirect way or by means of contacts or experiences with near people to the profession.

The university, in its mission of forming occupational future therapists, has a great responsibility: to sit down the bases of the professionals' identity, on one hand providing a group of contents (historical, technicians, legal, ethical and

corporate) and, on the other hand, the professors are also models of professional identity. For that reason it is so important that there was the biggest number of occupational therapists in the university in those more specific subjects of the profession, or that people that impart other subjects to occupational therapists know and appreciate, in depth, this discipline.

The clinical practices constitute a key bridge between the university and the work environment and often it is a decisive aspect in the student's identity. The universities should make an effort to offer practical to their students in the context where in the future they probably exercise their profession. The professional mean's knowledge (sanitary, social and educational systems; specific legislation; ethical code, profession organization, etc) should be a basic element of the university formation.

In this sense, it is indispensable a solid alliance and permanent communication between the professional organizations and the university, as well as the feedback among both institutions.

It is necessary that the professional organizations also maintain a fluent contact with the student organizations, supporting their creation and projects. Often, these organizations are the first contact with the associative world in occupational therapy and potential source of dynamism of the university and also professional life.

The professional organizations should be the most accessible possible, both to the students as to those recently titled ones. Often, the professional organizations, and the contact with other more veteran professionals, are outstanding aspects for the establishment of the professional identity. Especially in the access to the exercise of the profession and at the beginning of the professional career, when a person should adapt to a certain reality of assistance, to work in team, etc.

For it, the professional organizations should have good channels of internal communication, to offer appropriate services or to facilitate means for self-generating of these services. In definitive, to have a flexible structure, this was attentive to the necessities and permeable to the changes. In a same way, our organizations, to be able to work appropriately, need the constant participation of their members, a progressive renovation and a way toward the professionalization of the services.

The professional organizations have as institution an important role in the construction of the professionals' identity. This is the institution to which corresponds to agglutinate, to cohesion without limiting, to give certainties to the professionals, to serve as bridge among the different generations of occupational therapists, to open our identity to the rest of the scientific community and the whole society and to revise in a systematic way from the serenity and the acceptance of the journey already carried out.

4.2.- THE PROFESSIONAL ORGANIZATIONS: UNITED TO GROW AS PROFESSION

The union and coordination of the professional organizations¹³ around common objectives and with a shared strategy is nowadays fundamental to advance as profession. We should have a vision that goes beyond our frontiers, both autonomous as state ones, since in a global and interdependent world often the flows and influences of knowledge, political, etc. they are very significant. The participation in common projects and the respect is the key to share through the generosity and the responsibility.

Only if a unifying, caring, agile and dynamic, besides solid, structure is created it will be possible to have the enough capacity to influence in social different

¹³ For example, in Spain at the moment exists the State Forum of Professional Organizations of Occupational Therapy (in Spanish, Foro Estatal de Organizaciones de Terapia Ocupacional, FEOTO), and the creation of the General Council of Professional Colleges is also under negotiation.

environments, to diffuse the great potential of our profession and to promote the aims for those that it was created.

Our profession needs of a shared and continuous development and promotion strategy, transmitting a clear message. Also, in order to improve our external and internal communication policies, and to incorporate from our essence the deep and vertiginous changes that are taking place around us to a world scale.

For everything it, some concrete strategies can be of great utility:

- Elaboration of consent or dissemination documents.
- To impel the investigation, one of the pillars on what build the future up.
- Work in team: creation of work and investigation teams.
- Continuous training. The education like vehicle and manufacturer of professional identity is a vital tool.
- To intensify the presence of the occupational therapists in state and international forums of occupational therapy.
- Information and Communication Technologies (ICT): webs, blogs, sms, digital magazines, bibliographical base, virtual communities of learning, professional social networks. It supposes to share the knowledge, to facilitate the diffusion and access to the information and to innovate.

To create internal and centrifuge communication networks, in such a way that the information flows quickly among the occupational therapists and the biggest possible penetration is achieved of those more outstanding messages in the society, beginning with the own atmospheres (labor, social, etc.)

- To increase the visibility in the social mass media (press, etc.) and in inter-professional forums.
- Occupational Therapy's brand design, as well as a series of key concepts or words that identifies us in front of the society.

4.3.- THE PROFESSIONAL ORGANIZATIONS: A BRIDGE TO TRANSFORM THE SOCIETY

In order to get that the occupational therapy was useful to the society it should have an integral vision of the human being and the society in which it lives and whose it is part, only this way it will be able to give answer to some occupational complex and very heterogeneous necessities.

At the moment we consider that it is important to make all the possible efforts for (28):

- Developing a professional profile adapted to the necessities of the systems and the societies.
- The creation of a generic and specific portfolio of services. That the citizens (users, other professionals, political, agents, etc.) can know clearly what the occupational therapists do, for what reason they are trained, what the treatments or occupational interventions consist on.
- The creation of Indicators of intervention effectiveness inside the sanitary, social and educational system, as well as to demonstrate the effectiveness of our interventions scientifically. The research is the key for it.

The research¹⁴ is nowadays an essential element for the development of the occupational therapy. The challenge that faces our profession is related with the guarantee of accuracy, development of the knowledge and responsibility (on scientific bases) of the clinical practice. (Gilfore&Christiansen, 1987). (36)

¹⁴ The American Occupational Therapy Foundation (35) identified the following research priorities for the profession:

- The development and the standardization of instruments for the clinical practice and the research.
- Studies that examine the effect of the services of occupational therapy, related with some aspect of the base of knowledge of occupational therapy.
- Studies that examine or compare different intervention strategies and the reasoning process and the decisions making, necessary for the exercise.
- The development, the refinement and the exam of the theory.
- Studies in connection with the occupation in the measure in that they are related with the well-being and the social adaptation; these studies can be referred to healthy or disable people of any age group.
- Efforts to develop, to modify or to apply innovative investigation methods to determine their importance for the research necessities of the profession.

The Foundation also provides information on the research priorities and the research competitions for the occupational therapists.

From the decade of the eighties, the occupational therapy has faced the challenge of the research and it has arisen as a discipline of attention of the viable and respected health. However, the investigation represents a dynamic stimulus that should continue existing for becoming a professional priority. The changes in our health care system have generated a new group of queries and research questions. The establishment of answers to these questions and the position of other new ones assure that the occupational therapy continues being a viable specialty of health care in the 21st century. It is necessary the development of the research, to consolidate an occupational therapy based on the evidence, demonstrating the effectiveness of the treatments or occupational interventions.

When we apply the results of the investigation studies to give form to our practice we are using a practice based on the evidence. The practice based on the evidence allows us to select the interventions clinically more effective and more efficient. It is a way of improving the abilities of clinical reasoning that we develop starting from the experience and the education. We should integrate the discoveries of the research studies (the evidence) into the practice, contributing to select the best methods and evaluation tools, as well as the best intervention techniques and the focuses and approaches for each patient.

The professional organizations have the challenge of to walk jointly and to contribute in **the development of the society and people that compose it**, for what it is necessary to make all the possible effort for:

- Promoting the creation of common organs, so that the development of the occupational therapy responds to the necessities of the current society.
- Participating in the institutions and the organs of the public administrations, collaborating in the improvement of the social, sanitary and educational policies.

- Influencing the legislation and trying to improve the quality of the employment having a bear in the collective agreements.
- Practice the art of alliances: creating bridges inside our profession and outside it (users' organizations, civil society, NGOs, political parties, trade unions, other colleges and associations, etc.)
- Professionalizing progressively their management, capitalizing and sharing to the maximum the resources and fomenting the participation of the occupational therapists in the management of institutions, units, services, etc.
- Promoting educational policies with a more universal access and more flexible methods. For example, the non-present modality to study occupational therapy. A modality that allows to open up to the exterior and to expand the profession to social, academic and political environments in parallel.
- The creation, diffusion, translation and/or validation of instruments of valuation and training, own and speICFic, of occupational therapy.

Eduardo Punset assures that the State is reinforced in front of the citizens and it does not exist bigger inequality than the State in front of the State. The bigger than all the inequalities is the inequality of the State and of the citizens in front of the common law. (37)

The professional colleges should also work in the scope of their competition, with their limited resources, for the equality in front of the law and to foment the citizenship, guaranteeing in the measure of their possibilities the rights of the citizens.

6.- CONCLUSIONS

The power of the occupational therapy, just as Ruth Brunyate Wiemer wrote in 1978, resides in the impact of the occupation in the human beings (38).

Just as Eugenio Gay indicates, the professional is that person who helps to solve a personal problem, what demands the existence of corporate organizations that regulate so sensitive matters. (39)

The schools are no longer a refuge where defending particular or union interests, but the place in which rest the rights of the citizens, because behind each profession there is a protected right and behind each right there is a professional. (39)

According to Eugenio Gay, the main object of the professional colleges is to coordinate the search of a more and more fair and free society. (39)

To contribute it, we believe that a profession should be useful socially, carry out a specific contribution, and have enough capacity of adaptation to the demands and social necessities from the fidelity to its own essence.

In definitive, nowadays, the society demands an Occupational Therapist (TO), who was human, decisive, emphatic, with a systemic vision that provides opportunities to "solve" the daily task, who accompanies the patient during the whole recovery process or learning, who helps the patient to find motivations and who stops the patient to speak of illness, limitations, difficulties and speaks to the patient of capacities, opportunities, potentialities, personal satisfaction, to rescue, achievements, hope, future and sense of life.

The organizations demand an OT who was polyvalent, methodical, researcher, committed with the company, manager, decisive, innovative, ambitious, with width of aims and able to work in team.

The professional organizations demand an OT who was committed, cooperative, imaginative, persistent, optimist and realist.

The universities demand future OTs who were vocational, reflexive, explorer, creative, cooperative and with future projects.

The own Occupational Therapists request to the Occupational Therapy that was safe, attractive, fair, grateful, recognized, bold, vitalist, optimist, influential and consolidated.

The understanding of the power of the occupation for the quality of life and the use of the occupations with therapeutic aims are complex and transcendent causes, which require both an intellectual judicious education as a rigorous and systematic application of knowledge (Trujillo) (3).

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8.- **ANNEX 1**: Mission, vision and values of the occupational therapy

Trujillo (3) reflects well the identity of the occupational therapy in different parts of his book, from which we extract some paragraphs:

The **mission** of a profession is its more durable purpose; what par excellence distinguishes it of other performance fields; its reason of being; its values and priorities. The mission reveals the central concept of a profession and the singular service that it offers.

The **mission of the occupational** therapy is to look after the singular and of social groups occupational well-being; and also that the occupational performances of people with physical, sensorial, cognitive and psychosocial disabilities or in risk of living a incapacitating process complete the individual aspirations of autonomy, socialization, productivity and personal realization, and the requirements and expectations of the society, through the employment of procedures selected with base in the individual necessities, the rigor of the scientific-technological knowledge and the socio-cultural reality.

The mission and fundamental challenge of this profession is to understand the person's complex dynamics in occupational action in his/her environment and to explain as much the capacities as the disabilities of the acting, starting from the elements that make possible that performance. This means that the occupational therapist is the responsible in front of him/herself, in front of the users of his/her services, in front of his/her own professional community and in front of the society, of giving scientifically informed answers on the occupational acting of the human beings in relation with the patients´ intrinsic nature; his/her relationship with the well-being; his/her influence in the human development; his/her changes in front of the disabilities presence; and her power in the restoration of the quality of life, the individual realization and the progress of human groups.

The occupation like purpose and like mean/resource or instrument is par excellence the quality that distinguishes the occupational therapy and it contributes specificity to its services. The occupation is conceived like purpose when it is postulated that people spread toward challenges and occupational growing realizations. Also when it is remarked the purpose of the profession is to explain, to conserve and to restore the occupational acting.

The vision of the occupational therapy is related with the conditions and characteristics under which it is expected to be perceived in scientific and social diverse scenarios. It is the state that occupational therapists should reach, in execution of their mission. It is the aim of scientific-technological development and of social recognition which the occupational therapists from all over the world are committed with, like international sources express (Fisher, 1997; World Federation of Occupational Therapist, 1999).

In that order of ideas, here it is intended the following professional vision: it is expected that the occupational therapy was recognized, by the national and international academic community and the Colombian society of the beginnings of the 21st century, as the keeper of the scientific-technological knowledge and the expertise that allow to promote and to improve the well-being, the productivity and the quality of people and social groups 's life, through the study and the therapeutic application of diverse occupations.

In order to **the mission and the vision** were able to orientate they should be recognized and acted by the members of the professional community. To welcome the propositions here introduced it would mean in essence that the behavior of the occupational therapists would spread to reach the excellence in the knowledge and the competitions for the attention of people in the field of occupational performance.

The big **purposes** of the occupational therapy, coherent with the mission and vision here formulated, are: to promote the occupational well-being, to prevent risks, to develop and to rehabilitate the quality of the autonomous, socializing, productive and gratifying occupational acting.

To promote: To adopt educational actions that guide on the relationship between occupational acting and quality of life, and offer conservation strategies and maintenance.

To prevent: To diminish or to eliminate the personal, occupational and environmental factors that lead to limitations or restrictions in the occupational acting.

To develop: To guide the emergence and progress of the potential and human capacities during their exchange with the environment.

To rehabilitate: To guide the restoration and compensation of the diminished or absent capacities and abilities.

Yerxa (5) points out that the fundamental objectives of the occupational therapy are linked with the human significant and persistent necessities of survival, challenge, contribution, domain and ownership. The occupational therapy has committed in the best of the vital opportunities, the health and the capacity of all the people...

Just as Eugenio Gay indicates (40), the professional is that person who helps to solve a personal problem, what demands from the existence of corporate organizations which regulate so sensitive matters.

According to Trujillo (3), the **Problems that the occupational therapist solves** are:

- a) Risk or difficulty to act occupationally with: autonomy, productivity, personal meaning.
- b) Risks or limitations in: self-care, game / amusement, work / study.
- c) Problems / dysfunctions that reduce or restrict the occupational performance.

- d) Obstacles of the social or physique context for person's daily performance.
- e) Difficulties in their work position.
- f) Compensation of the diminished or absent occupational performance through the development of alternating abilities.
- g) Compensation of the diminished or absent occupational performance through technological resources.
- h) Prevention of occupational disabilities or control of the appearance of a bigger incapacitating process.

The values and attitudes that guide the Occupational Therapy as profession (5) are picked up in the document "Values and fundamental attitudes in the practice of the occupational therapy" (AOTA, 1993).

The values constitute an important part of the base or the foundation of a profession.

A value is defined like a belief or an ideal which an individual is committed with. Under ideal conditions, these values are adopted by all the members of the profession and they are reflected in the interactions of the members with those people who receive services, the colleagues and the society in general. The values have a fundamental role in the life of a profession and they are developed and they are reinforced during the lifetime.

The actions and the attitudes reflect the values of an individual. An attitude is the disposition to respond positive or negatively in front of an object, person, concept or situation. Therefore, it exists the premise which establishes that all the actions and professional interactions have their roots in certain values and beliefs.

Kanny (1993) identified seven values and basic attitudes: altruism, equality, freedom, justice, dignity, truth and wisdom.

- a) Altruism is the disinterested concern for the well-being of the other ones. This concept is reflected in the actions and attitudes of commitment, affection, dedication, reactivity and understanding.
- b) The dignity highlights the importance of appreciating the intrinsic value and each person's singularity. This value is demonstrated with an empathy attitude and respect by oneself and for the other ones.
- c) The equality requires to be perceived that all the individuals have the same rights and fundamental opportunities. This value is demonstrated by an attitude of justice and impartiality.
- d) The freedom allows the individual to exercise the election and to demonstrate independence, initiative and self-management.
- e) The justice grants value to the maintenance of moral and legal principles as justice, justness, truthfulness and objectivity.
- f) The wisdom is the capacity to be governed and to be corrected by means of the use of the reason. To be wise is to value the good sense, the discretion, the surveillance, the moderation, the care and the circumspection in the treatment of the own matters, to moderate the extremes, to emit opinions and to respond on the base of the intelligent reflection and the rational thought.
- g) The truth requires to be faithful to the facts and the reality. The truthfulness is demonstrated being responsible, honest, franc, precise and authentic in our attitudes and actions.

These values describe the philosophy of the profession and they provide the base to define the purpose.

SPANISH STATE FORUM OF OCCUPATIONAL THERAPY ORGANIZATIONS:

Colegio Profesional de Terapeutas Ocupacionales de Aragón (COPTOA),
Colegio de Terapeutas Ocupacionales de Navarra (COTONA-NALTE),
Colegio de Terapeutas Ocupacionales de Islas Baleares (COTOIB),
Colegio Profesional de Terapeutas Ocupacionales de Extremadura (COPTOEX),
Asociación Profesional Española de Terapeutas Ocupacionales (APETO),
Asociación Profesional de Terapeutas Ocupacionales de Euskadi (APTOE),
Asociación Profesional Andaluza de Terapeutas Ocupacionales (APATO),
Asociación Profesional de Terapeutas Ocupacionales de la Comunidad de Madrid (APTOCAM),
Asociación Profesional de Terapeutas Ocupacionales de Cataluña (APTOC),
Asociación Profesional Gallega de Terapeutas Ocupacionales (APGTO),
Asociación Castellano-Manchega de Terapeutas Ocupacionales (ACAMTO),
Asociación Profesional de Terapeutas Ocupacionales de Castilla y León (APTOCYL),
Asociación Profesional de Terapeutas Ocupacionales de Canarias (APTOCA),
Asociación Profesional de Terapeutas Ocupacionales del Principado de Asturias (APTOPA),
Asociación Valenciana de Terapeutas Ocupacionales (AVATO),
Asociación Profesional de Terapeutas Ocupacionales de Murcia (APTOMU),
Asociación Riojana de Terapeutas Ocupacionales (ARTO).

OCCUPATIONAL THERAPY AND PROFESSIONAL IDENTITY: THE CHALLENGE OF SCIENTIFIC PUBLICATIONS.

TERAPIA OCUPACIONAL E IDENTIDAD PROFESIONAL: EL RETO DE LAS PUBLICACIONES CIENTÍFICAS.

Keywords: Occupational Therapy, Scientific Publications , Scientific Writing, Professional Identity.

MESH Occupational Therapy, Scientific and Technical Publications , Writing.

DECS: Terapia Ocupacional Publicaciones Científicas y Técnicas, Escritura.



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Introduction

Occupational therapists, to a greater or lesser extent, possess the so-called "professional identity" of Occupational Therapy, and even of other professions—image-knowledge in the media. This professional identity gets its form in a continuous process, in a dynamic, versatile and of course individual way. It is evident that one of the most powerful conversion elements are the Colleges, emphasizing the part played by the professional "models", the professors in this case, that should be a substitutive learning factor, of great importance in that process.

Once we graduate and we begin our professional career, that identity gets modulated by the own and subjective experiences related to the labour sphere, the performance field in which we work, the Occupational Therapist's role, the assessment about the profession made by the rest of colleagues, etc. But the professional identity is not only

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SUMMARY

Scientific publications are one of the development and promotion tools of Occupational Therapy. The commitment acquired with Occupational Therapy on the part of these publications, forces them, in an explicit way, to be the "spearhead" in the construction of the own and distinguishing marks of our profession. The professional identity is promoted when these publications offer the possibility to create a solid enough theoretical body for Occupational Therapists. In this document, and for the first time, the Spanish scientific publications¹ decide to elaborate a document agreed by consensus and proposals so that from these means we can contribute to the consolidation of the work carried out by these publications.

The possibility to create, in a joint way, an action space agreed by consensus, facilitates the development of proposals that, from our position in the profession, will be useful to develop solid theoretical constructs for the development of our discipline and therefore, of our professional identity.

RESUMEN

Las publicaciones científicas son uno de los instrumentos de desarrollo y promoción de la Terapia Ocupacional. El compromiso adquirido con la Terapia Ocupacional por parte de estas publicaciones, obliga, de forma explícita, a ser la "punta de lanza" en la construcción de las señas propias y diferenciales de nuestra profesión. La identidad profesional se ve fomentada cuando estas publicaciones ofrecen la posibilidad de crear un cuerpo teórico sólido suficiente para los Terapeutas Ocupacionales. En este documento y por primera vez, las publicaciones

formed by this experience, but it is also reinforced by the experiences shared with other colleagues by means of Courses, Conferences or Congresses. With regard to the latter ones and as another decisive factor in what will be the acquisition and consolidation of the professional identity, the scientific publications play an indispensable role.

It could be said, without being afraid of making a mistake that the core of the transmission of knowledge, of scientific and professional knowledge, lies for excellence in the periodic publications, as it happens in the rest of disciplines, since they themselves allow to reach an impact grade in the group that, by other means, could not be conceived.

Monographs,³ not only the specific ones about Occupational Therapy, but also the more general ones that also incorporate a background of professional knowledge, present the main inconvenience of the peremptoriness of knowledge

científicas² en España deciden elaborar un documento de consenso y propuestas para que desde estos medios podamos contribuir a la consolidación del trabajo realizado por estas publicaciones.

La posibilidad de crear de forma conjunta un espacio de acción consensuado, facilita el desarrollo de propuestas que desde nuestra posición en la profesión serán útiles para desarrollar constructos teóricos sólidos para el desarrollo de nuestra disciplina y por tanto de nuestra identidad profesional.

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(mainly because of the time that elapses from the completion of a work until its publication), and it could also be added the fact that its orientation may be more didactic, many times more limited to the experimental field in partial aspects of the profession, being less plastic than the periodic publications.

From this perspective we should understand periodic publications as

one of the indispensable channels of this occupational therapists' "shared space", as cornerstones in the appropriate construction of the distinguishing marks of the Occupational Therapy professionals, not only individual but also collective.

The commitment acquired with Occupational Therapy on the part of these publications, forces them, in an explicit way, to be the "spearhead" in the construction of the own and distinguishing marks of our profession. The directors and editors cannot ignore the responsibility assumed with their publications, the readers and the own profession, since they turn into drivers of the vehicle that transports the scientific information that will make grow and will feed their readers: the profession and the professionals that exercise and study it.

² Authors' clarification, the theoretical document was elaborated by the editors and directors of the publications: Asturian Journal of Occupational Therapy (RATO), Spanish Journal of Occupational Therapy (SPJOT), Electronic Journal of Occupational Therapy (REITO), Occupational Therapy Galicia (TOG). Regarding the consensus process and the development proposals of the scientific publications, the Information Journal of the Spanish Professional Association of Occupational Therapy (APETO) also took part.

³ The authors make reference to what is also known as manuals or books. Do not mistake them for monographs, which are not necessarily manuals or books.

1. THE CONCEPT OF SCIENTIFIC PUBLICATIONS

The article is the basic and fundamental element of scientific communication and transmission. It is that one that can turn, at a given moment, into the beginning of the scientific debate or can be used as a foundation to generate research hypothesis that, subsequently, should be proven under the rigorous methodology that accompanies the research process. Obviously, that it is not the only means of scientific communication for any discipline, but it is, generally speaking, the most appreciated one due to several factors: firstly, due to its immediacy and topicality, which confers an important advantage on it (1); and secondly because, as a deposit of scientific knowledge, it has undergone an evaluation process carried out by a prestigious experts committee and, therefore, it has passed a selection process (sometimes even a correction process) before being issued by the periodic publication in question. It is understood, as a starting axiom, that a scientific article should bring all the necessary information so in the same conditions, and as a conclusion, to obtain the same results. The fact that a scientific explanation is considered valid happens because it has been sufficiently studied throughout the time by several authors, and this element can be categorized within the branch of the Philosophy of Science. From Hempel's point of view (2), any scientific explanation should meet at least two different requirements: explanatory relevance and contranstability. While the first one refers to the fact that everything that is brought should have some kind of relevance regarding what we want to explain, the second one refers to the fact that each aspect that constitutes a scientific explanation should be susceptible of empiric contrast.

Does this mean that only those contributions based on a research process can be considered as scientific ones? Nothing could be further from the truth. The typology of the scientific articles is variable according to the documental source being studied and, therefore, it is difficult to choose a categorization that can be considered as the most certain. From a perspective based purely on the Documental Science, we can classify the scientific articles into:

- Research articles: in them a research process is, as well as its results and conclusions
- Revision articles: in their contents an analysis about the state of the knowledge in a specific field or subject is developed, using the existing bibliography already published.
- Theoretical articles: in these articles a theory is formulated, a model or a system that allows to explain and to understand a specific aspect of the reality, or of a group of knowledge
- Retraction articles: in these articles an author carries out corrections or they take back what they said in a previously published article
- Commentary/review articles: in them the author carries out comments, corrections or critics to a different work published by a different author, contributing his knowledge to this task.

Taking into account the Scientific Documentation, and following the classification given by Gutiérrez Couto, Casal Acción and Blanco Pérez (2006) (3), the main typologies of scientific classification established in periodic publications can be grouped in:

- **Voluntary and spontaneous contributions.** Those that the authors carry out on their own initiative, as for example: original articles, letters to the director, reviews or bibliographic summaries, notes or clinical cases, special or of collaboration articles, reflection or opinion articles.

- **Articles asked by the management board of the publication.** Those responsible for the publication ask for the collaboration of certain authors. Some examples of it are: editorials, revision articles, commented summaries of quality research.

In the 80's the so-called "evidence-based practice" arises, as an alternative paradigm to the clinical praxis based exclusively on the opinion, experience or tradition, since it embraces all the latter and promotes decision-making according to the best scientific evidence available. From then on, sanitary and academic organizations arise, professionals' groups, publications, databases and

worldwide training courses aimed at spreading, boosting and applying the evidence-based clinical practice.

From the point of view of the Evidence-Based Occupational Therapy ("The integration into the occupational therapist's clinical mastery of the conscious, direct and sensible use of the best scientific evidence available in order to make clinical decisions in the care of the individual patient, once the critical and exhaustive of this has been made sure") (4), should be distinguished, too, among the evidence and information sources. The first ones pick up results from clinical trials, meta-analysis and other scientific activities of rigorous study; the second ones can contain abstracts from publications, or may be information revisions that do not derive from scientific studies *per se*. All this leads us to a classification different from the available information, revealing the concept of scientific evidence (being that the scientific evidence obtained through the research). This classification would adhere to the design of the research process more than to the format of the document generated as a consequence of the classification itself. In this way, the evidences could be sorted into "good", "regular" or "bad" according to their experimental design, forming into a secondary classification according to the content.

A new type of knowledge arises in this way, the scientific one, different from the ordinary or opinion one (5); the group of this rational knowledge, certain or probable and obtained in a methodical way, systematized and verifiable, that make reference to objects that possess the same nature, is what we can call science. The opinion knowledge neither are reproducible, nor probable and in many occasions they are not even certain, they possess a high subjectivity and they are a-critical. On the contrary, scientific knowledge is objective, critical, methodical, reflexive and systematic.

What distinguishes the scientific works from other ways of written message derives, as it is easy to understand, from the own objectives that the science possesses (6). If the latter tries to build rigorous, systematic and as objective

as possible knowledge, then its results will have to be informed in a precise and clear way too, a way that banishes the ambiguity that is so common in our language. In this case, the vagueness, the theatrical turns, the vagueness in the tone of the speech that in other circumstances would be really unavoidable, may be of no use, or little one. The substantive elements of the content will have to be highlighted with clarity beyond every formal ornament, even when nothing prevents us from trying to write with elegance and harmony. But we will also have to pay special attention with another element, a common one in every scientific communication: the structure of each work should be carefully thought in order to be logical, directed to a better understanding of what we want to convey; each one of its component parts should have unity and be clearly linked with the rest; each paragraph, section or sentence should possess a sense, a well-defined function within the general speech.

The scientific writing, therefore, seeks three things (5):

1. Arranging what we want to transmit within some canons settled down by the guides of scientific literature assumed by scientific communities.
2. Establishing a clear style of exposition model that make us avoid improvisation and that is based on a clear and structured model.
3. Offering clear styles of communication of the results, avoiding ambiguous and lacking from practical sense speeches.

In short, the scientific writing facilitates the clarity of concepts in the transmission of these same ones, avoiding empty speeches and it also facilitates their comprehension to the readers, avoiding comprehension mistakes. These two results generate in the readers themselves the development of a clear and based on bibliographic evidences knowledge, and not some knowledge based on suppositions and personal inspirations.

The obtaining of this kind of scientific knowledge is favoured by the technological development that has supported the growth of information and the abolition of the absolutist conception of the truth just because it is included

in the texts of great authorities, which has allowed, mainly, the demystification of some concepts that paralyzed the scientific evolution of the health field and the society itself. This way, the scientific explanations provided by new researchers are no longer absolutist and definitive, turning into a partial and perfectible truth, open to its study and its negation and to the later replacement by a more correct and complex truth that, for its part, is also perfectible. These truths remain in force only while the scientific progress itself doesn't overflow its explanatory capacity, moment in which they expire and are replaced with other ones. So the search for truth turns into a continuous questioning to the reality in search of answers that are always, simultaneously, partial and perfectible, that are compiled in new publications that can be rectified and expanded. This is like this since, halfway through the XVII century, the first scientific journal appeared and together with it, a change of direction in the conception about the Science, which begins to be understood as a progressive, provisional and always unfinished approach to reality whose indispensable tool is the periodic publication.

Since the publishing of the first periodic publication, followed by many others, the growth of scientific literature has been so exorbitant and exponential that it became necessary to build a tool that compiled all the existing data about an information subject. This measure turned out to be insufficient soon, so it became necessary to build more bibliographic repertoires that contained, even, the previous ones as an information source. All that generates an unsurpassable breeding ground in order to give way to the appearance of documents, databases and electronic publications that will host information under a different format.

The information and its processing show three aspects to be taken into account that derive from its own existence. Firstly, *the profusion of information*, alluding to the massive and accelerated growth of the information contents. The second element is the *temporary nature of scientific knowledge*, since the accelerated growth of information make that the new axioms previously outlined can be

replaced with new postulates and theoretical foundations that turn into obsolete the previous ones. This incessant progress immerse information in an obsolescence situation, settled only by scientific journals, that due to its periodicity let us increasing the average life of scientific knowledge until a margin of five years, and it is estimated that after that period the information loses its validity; so this scientific literature has an average life of five years, understanding by average life the period of time in which half the active and in circulation scientific literature was published. The last problem we will have to face is the *quality of the information material* itself, that makes indispensable to discern the value of the publications, which will depend on multiple reference aspects like previous knowledge or culture, information published in other sources and the own publishing history of this source.

Getting to know which articles are the most cited ones, which ones are those that can constitute a better reference for the development of science, is the task of the Institute for Scientific Information, which is particularly specialized in bibliographic citations. Established in 1960, it holds a database (the Science Citation Index) that is the best example of what we have previously expounded about the growth of information and periodic publications: its database originally contained 613 and at the moment there are more than 15,000 and the citations exceed the number of 500 million. This is not the only existing citations index, since there is also the Social Science Citation Index or the Arts and Humanities Citation Index, holding, each of them, the specialized information related to their respective field. Concerning our discipline, the journals that are currently indexed in their database are only three: the American Journal of Occupational Therapy, the Australian Occupational Therapy Journal and the Hong Kong Journal of Occupational Therapy, which means that are the most cited publications by the authors all over the world and, by extension, the ones that contain the articles that exerts a bigger "impact" on the scientific community. Specifically, the impact factor is useful to quantify the visibility of academic journals according to the received citations about the articles that they publish.

Scientific publications mean the professionals' common point, the meeting space and the possibility to offer the acquired knowledge and the significant experiences for the profession to the rest of the professional corps. In this sense, they channel the professional identity of each one and, as a whole, it means the identity of the profession. That is, on a "macro" level the professional identity of the different branches of knowledge are sustained and, of course, grow according to the repercussion and impact of its works. That is provided by the bigger or smaller development of their scientific publications.

The scientific writing is the basic mechanism for the existence and development of science and evidence. And the common factor is the fact that that communication is carried out in an appropriate and understandable way for the scientific community. The scientific writing has a series of writing attributes that confer it a special character and that emphasize the importance of this vehicle of transmission of human knowledge. Generally speaking, a scientific writing represents the organized exposition of a previous research work; it is a re-making of already existing knowledge, obtained or not by the author, which is organized for specific expositive goals⁴.

The scientific articles published in scientific journals constitute the primary literature of science. The books, monographs and revision articles that gather the knowledge about one subject constitute the secondary literature of science. Primary and secondary articles are scientific publications, but only the first ones are designated as scientific.

In scientific communication, the structure of work should be thoroughly thought in order to be logical and directed towards a better understanding of what we

⁴ For further information about the features of Scientific writing, we refer to the documents: Gutiérrez Couto U, Blanco Pérez A, Casal Acción B. Cómo realizar una comunicación científica. Estructura de la comunicación científica (I). TOG (A Coruña) [on-line journal]. 2004 [10th February 2008] (1): [17 p.]. Available on: <http://www.revistatog.com/num1/pdfs/num1art8.pdf> ; Gutiérrez Couto U, Blanco Pérez A, Casal Acción B. Cómo realizar una comunicación científica (II). Aspectos lingüísticos. TOG (A Coruña) [on-line journal]. 2005 [10th February 2008] (2): [16 p.]. Available on: <http://www.revistatog.com/num2/pdfs/num2art6.pdf> ; Gutiérrez Couto U, Blanco Pérez A, Casal Acción B. Cómo realizar una comunicación científica (III). Aspectos tipográficos. TOG (A Coruña) [on-line journal]. 2005 [10th February 2008] (2): [15 p.]. Available on: <http://www.revistatog.com/num2/pdfs/num2art7.pdf>

want to transmit. Each of its component parts should have unity and be clearly linked with the rest, each paragraph, section or sentence should supply some kind of sense, a defined function within the general speech (7). It is necessary to bring up the need of a development of this aspect of Occupational Therapy.

2. CONCEPT OF PROFESSIONAL IDENTITY LINKED WITH THE SCIENTIFIC WRITING

The development of a discipline and its professional identity necessarily evolve in a parallel way, and one cannot exist without the other. It is not possible that the development happens without experimenting, at the same time, a feeling of professional identity that raises professional worries or commitment to the own profession. This professional development requires a series of different actions to produce it. One of them, the one developed through this document, is the ability of the discipline and its professionals to generate an epistemological body and to establish real theoretical foundations (8).

Considering this approach, we should emphasize the fact that, from the encounter between these two concepts, will raise the answer to the importance of Scientific Writing as one of the vehicles of Professional Identity.

2.1. Development of the concept of Professional identity

The personal learning is a group of actions, interactions, imitations, modelling, that is to say, a group of interactions between what we are and what we receive from the context in which we live. The link between one and the other is necessary if we want to feel that the more personal search is being carried out on the right track. The development of the ideas that turn into actions thanks to the practice are the perfect track that leads us to feel (9). A person feels alive when they feel, when they have feelings that lead them to act.

The continuum of these actions aimed at discharging objectives, ideas, thoughts and, above all, developing personal aspects, is limited to the most internal aspects of what we are. It is then when we grow, not only in personal

aspects, but also the roles we play in each stage of our life, which are also reinforced and rewarded, evolve. Therefore, the vital structure of what we are and what we think we want to be arises. The result of this series of factors is called Identity.

In short, we could say, quoting Álvarez Martín, F. (10), that the identity is then considered as a temporary result of transactions operated by the individuals themselves with regard to their history and their projects (biographic al transactions) and of transactions between the identity defined by other one and the identity defined by oneself (relational transactions).

The daily activity that favours the development of our Occupation gives us enough elements to elaborate our identity. The previous learning carried out is the basis from where we can start, but the development and meditation about what we do will be what forges and models our identity. This identity, that is a dynamic expression, continuously changing, is what lead us to make decisions, what keeps us longing for our goals and the development of our chores, what mobilizes our drives and our expectations, the one that in one way or another makes us feel what we want and what we do (11) and what is the value of all that for us.

2.2. How scientific writing favours the development of the professional identity

Considering the two definitions previously mentioned in this text (Scientific Writing and Professional Identity), we can point out that the first favours the second one. And this happens, basically, thanks to the benefits offered by the possibility to document our work and our theoretical body under scientific quality standards in favour of the development and growth of our profession. In fact, in scientific writings the development methodology to follow favours the fact that the professional gets enriched by clear, organized and with high

standards of simplicity documentation, which facilitates the reading and the understanding (12).

This way, we can say that the features of scientific writing itself, and its repercussion in the profession, make that we can understand our theoretical lines more easily, as well as deepen in its evolution and development.

Scientific writing can contribute, therefore, to professional identity:

- An order in the concepts: The exposition in the document is clear and it follows an order, with an appropriate language (13).
- Clarity in the theoretical line of argument: clarity should characterize all type of communications, not only the scientific one. However, when we want to transmit a message with a pronounced scientific character, this aspect is essential.
- Structuring of the professional practice: That is, it will contribute the methodology to use, and hence it is necessary to define it carefully according to the different types of writings. This allows us to generate a clear competence in the documents, which favours the development of groups of attitudes, abilities, values and knowledge that the professionals should have (even those that transmit information) in order to carry out their work in an effective way and to contribute in a positive way to their organizations, users and profession. This way, the development of a practice based on the evidence becomes possible.
- Research lines and new development routes: Scientific productions facilitate the appearance of more and more specific studies that provide the theoretical-practical body of the profession with a body of constant revision. More and new users of the information that demand information and quality, adequate and immediate answers appear, making more and more necessary the levels of evidence in order to exploit protocols and procedures, which arise from the research carried

out. All that is provided by the continuous promotion and development in the profession.

- Specialized literature about practical data. Besides, scientific writing favours the appearance of work routes joined to other disciplines that, simultaneously to ours, try to adjust their results to strengthen a theoretical body that, sometimes, is a common one. This situation favours, therefore, an action synergy in the search for results and in the later spreading of the same, contributing knowledge about the users, technologies, methods and techniques, among other aspects. This fact is necessary and indispensable, since it generates inter and multidisciplinary performances, in favour of the professional development and the own experience.

This way of sharing knowledge is indispensable to innovate and boost good professional and research practices, since it should be always considered that redounding in the research on an aspect is not necessary (no matter if it is a method or a technique) if this has already been studied and its efficiency has been proved. That is the reason why sharing the data and knowledge is vital, in the interests of the possible work routes that rise subsequently (9).

- Connection between practice/theory: That is to say, we should not exclusively think about the information available about our users in order to work with the knowledge we possess about them. This need for collecting data in an organized way and with a structured methodology, facilitates the motivation towards quality and the professional certainty to offer a more efficient, effective and efficacious service (professional excellence commitment), and it also generates useful and valid knowledge based on evidence (14).

We should know all what Sociosanitary Sciences offer us regarding scientific literature, in which way this is collected and how are its adjustments to obtain scientific standards. This scientific literature has a methodology that cannot be obviated to communicate the results of the practice. Being efficient from the

point of view of individual productivity means knowing how to process and use the critical information in a context, in which information grows exponentially. For this purpose it will be necessary knowing how to identify which is the critical information, knowing where and how to find them, managing what has been discovered in the identified resources (as well as the accidental discoveries), knowing how to filter them and, finally, using them wisely. This way we will be able to grow as professionals, developing our own identity (15).

The development of a professional identity throughout life is implicitly linked, among other aspects, to the commitment towards us and our ideas. This factor conditions the development of that identity tremendously and maintains it in a continuum of changes and modifications.

It is necessary, equally, knowing how to transmit the information through methodologically clear and within the scientific standards documentation. If the professional possesses some information and wants to pass it on to the scientific community, they should use the ways that scientific writing and production provide. It is preferable offering something with sense, meaning and contrastability to offering an anecdotal event from which we cannot obtain scientific evidence. Only in this way a theoretical documents body solid enough to confer a bigger scientific rigor on the profession could be regenerated, developed and proven. Science moves forward step by step, not jumping, and one of those steps, an essential goal of scientific research is the publishing of knowledge and results. Health Studies, and sometimes their professionals, are neither mainly judged by their skill in laboratory work, nor by their innate knowledge about wide or limited scientific subject: they are judged, known and recognized by their publications.

3. AGREED-BY-CONSENSUS WORK PROPOSALS ON THE PART OF THE EDITORS AND DIRECTORS OF SPANISH OCCUPATIONAL THERAPY SCIENTIFIC JOURNALS⁵.

There are areas for the spreading of experience, multiple ways to do it and, above all, there is willingness to it, but it should take place in an organized way that respects some clear standards, since information (and mainly scientific knowledge) transforms into a resource at the very heart of the professions that cohabits with other tangible resources. But it is important to stress that the information is *the strategic resource* that stands out from the rest. The right use of information will guarantee to the professions a privileged place in a highly competitive society, since it is the foundation to innovate and to continue in the continuous learning process that a discipline like ours requires. We are, therefore, facing a change of the idea of the paradigm: not only the task and its results should be transmitted, but the professional should also know how to organize it all (16).

The environment, the tools and the information resources have evolved and they have multiplied and, beyond the current situation, it is foreseeable that they will keep evolving. In this changing and, at the same time, stimulating new scene, the need to establish, within the publications field, new elements with an attitudinal character as a supplement to the group of knowledge that a professional should have is being detected. It is a question of defining professional profiles that give an effective answer to the demands that scientific publications offer. This way, and as a consequence of the writing of this article, a series of needs that, in case of being solved in an adequate way will provide an appropriate frame for the development of the professional identity from Occupational Therapy's scientific publications, become evident. Directors and

⁵ Authors' clarification, in this part about proposals and consensus we subscribe to what was developed by the authors in the Information Journal of the Spanish Professional Association of Occupational Therapy (APETO).

editors that are aware of the importance of them all, collect them as proposals based on the consensus.

Normalization:

From what we have previously mentioned it becomes necessary to normalize, within the bounds of possibility, Occupational Therapy's scientific publications. It is understood that the normalization is a process through which we pretend, by means of performance protocols, adding internal coherence and standardize the development processes of any area within the professional performance. Due to the crucial importance that periodic publications play in the development of the professional identity, these should be the first ones to carry out a strong bet in this sense.

Quality:

Connected to the normalization idea. Scientific publications are the public image of a profession, of its body of knowledge, of its specific practice. The publications should look for the highest quality standards in their writings and publications. It is, therefore, necessary to boost on one hand, the critical reading in the professionals and, on the other hand, the support and fulfilment commitment of those lines that make us progress in the search of the best quality in editors and directors.

The demand exerted by the professional community forces, necessarily, to the fact that publications have to be constantly up-to-date regarding the Occupational Therapy knowledge. The documents that they show, therefore, should be research-centred and guided by the scientific method documents, and new alternatives for other types of works should be looked for and, at the same time, the appearance of documents that persistently narrate full well studied aspects should be restricted, promoting documents with methodological rigor that offer answers to the possible interventions, intervention planning or even occupational forecasts. All the above-mentioned forces to an adaptation in the orientation of the publications, in order to offer appropriate answers to the particular needs of each one of our users. If the periodic publication tries, also,

to be a critical service, it should broaden its scope, moving away the idea about facilitating access only to certain collections and manuals. It is necessary that the Occupational Therapy scientific literature gains not only in quality but also in methodology, in order to facilitate the development of later work routes that confers the profession with solid structures of scientific evidence, and to reach this goal, a bigger thoroughness on the part of the publications themselves will contribute an important assistance.

Promotion of the scientific production:

In this sense editors and directors from Occupational Therapy publications recommend a bigger presence of subjects related to the research and production of scientific documentation in post-graduate and graduate curricula in the different Occupational Therapy Schools, Professional Associations and Occupational Therapy Associations. It is understood that this task is incumbent on all the strata and institutions related to Occupational Therapy. The development of the profession is subject to an appropriate training whose aim is the highest professional quality.

Consensus:

It is understood that the previous points should be carried out from the common agreement on the part all the Occupational Therapy's scientific publications. In this sense the editors and directors from Occupational Therapy's scientific publications propose the preparation of a consensus document to which could join the scientific publications that, freely, want to, and that is useful as a frame where scientific publications can grow as well as a referent for publications of future creation.

Accessibility:

Given the relevance that Occupational Therapy's theoretical and methodological progresses gain for professional praxis, as well as for the own creation of new documentation (by means of feedback), directors from Occupational Therapy's scientific publications recommend (to the faculties, schools and associations)

the foundation of a database in which we can collect all the articles from different publications so that all the professionals have the highest possibilities to gain access to this information.

Provision:

Connecting with the previous idea, the directors and editors consider a highest priority the provision and expansion of the search for information and the identification of that relevant information for the practice. Within the stages of the Occupational Therapy's practice based on the evidence, the spotting of the best evidence and a critical reading of the articles have a great relevance. Only in this way we can get the conscious, explicit and judicious use that helps us to make decisions about the choice of the most effective intervention (17).

Support:

The directors from Occupational Therapy's scientific publications understand the need of a support for the publication of articles with the necessary scientific rigor. To reach this aim, it is proposed the foundation of tutorship systems, based on the advice about scientific writing. These systems could be developed in the Occupational Therapy Schools, in the Professional Faculties, in the Professional Associations and in all those forums that defend and promote Occupational Therapy - by means of training courses - or under the collaboration of the involved parties, even exploiting those that already exist in other forums that have nothing to do with Occupational Therapy.

Growing emphasis in the managing of the relationship with the Occupational Therapist and the publication:

Increasing the value of the spreading means, by means of the information that readers and authors provide through different channels (suggestions, complaints, comments, etc.), turns into an aspect of the highest interest, in the light of what has been exposed. It is necessary to know the target-public's needs of the publications, in order to generate quality services and products, achieving that the occupational therapist takes part in the development of the

publications. This way, we will promote, too, the perception that Scientific Publications is part of a professional whole. The occupational therapist, as a reader as well as an author, should understand that periodic publications are neither isolated, nor a purpose in themselves, but they are and they exist in according to the service they offer to the communities to which they serve. The value of the publications resides, to a great extent, in the contributions carried out by the professionals, and hence they should feel as an active element of these ones.

Changes in the information request motivations and in the use of the information that is obtained:

Occupational Therapy's professionals demand, more and more, close documents in time and the manuals do not have capacity to offer a periodic revision of their contents. Nevertheless, scientific publications can offer the latter, and hence they should be exponents in the constant search for up-to-date information regarding the changes or innovations within the discipline. Therefore, the publications should establish reliability channels and methodologies that contribute these possibilities to the professionals, like the model implanted in different countries, where publications offer constant data about the professional development.

Boosting team work with professionals from the same or different sectors:

It is indispensable to create synergies in the editorial organization itself with professionals from other disciplines, which will allow to contribute expanded knowledge about the users, technologies, etc. boosting in this way the interdisciplinary cooperation while producing some work.

Increasing of the formative demand for information methodology and its spreading:

The users need and demand, more and more intensely, to manage information in an efficient way. So formative alternatives should be offered to allow the

professionals the elaboration, writing and spreading of their work with an adequate level of scientificness. It is necessary that the professional clearly knows the level of evidence in which their work is categorized, in order to adapt their document to the same and in this way scientific publications can establish the scientificness level in its issues and volumes and, at the same time, facilitate the fact that the author can choose which is the best information means to spread their work. Spreading the methodology to elaborate the documents that are part of theoretical body of the scientific publications should be, therefore, one of their tasks.

The change: an opportunity, not a danger. It is necessary beating the resistance, in many cases an innate one, to change. It should be assumed, therefore, the importance of keeping up-to-date about trends, knowledge and innovations, since they would allow us to face the changes with curiosity instead of fear. The ability and will of development of the learning, the willingness to a continuous learning and retraining, are indispensable in order to guarantee the existence of a commitment to the excellence of the service given. The motivation for the quality, as well as the existence of the professional conviction to offer the most efficient and effective service are a result of that commitment and will. Scientific publications should share knowledge, which is indispensable to innovate and to boost professional good professional practices; and at the same time they should boost the ethical values of the profession both while practicing the profession itself as well as while using the information, or in the course of the relations with other users and professionals.

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