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## Perceptions of occupational therapy students and clinical tutors on the attributes of a good role model

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### ABSTRACT

**Background:** Occupational therapy students learn in different environments, where role modeling takes place. Nevertheless, little is known about student and tutors perceptions on models characteristics.

**Objectives:** The aims of this study were to investigate the perceptions of occupational therapy students on the most important attributes of role models and to confront their views with those of clinical tutors.

**Methods:** A sample of 61 students completed a structured, standardized online questionnaire. Ten clinical tutors regarded by students as good models underwent a semi-structured individual interview. Data were analyzed quantitatively and qualitatively (thematic content analysis).

**Results:** The most important attributes of a good role model according to student perception were: good relationship with patients, integrity and ethical behaviour, respectful relationships with colleagues, patient management skills, commitment to personal and professional growth and enthusiasm for the profession. Clinical tutors believed that they were nominated as good role models because they demonstrated empathy towards patients, good relationships with students and enthusiasm for their profession.

**Conclusions and Significance:** Perceptions of occupational therapy students and clinical tutors about role models characteristics were similar. Identification of attributes of good role models may inform teacher training and faculty development in occupational therapy.

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### Introduction

Occupational therapy is a patient-centred health profession concerned with promoting health and well-being through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by working with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do, or by modifying the occupation or the environment to better support their occupational engagement. In occupational therapy, occupations refer to the everyday activities that people do as individuals, in families, and with communities to occupy time and bring meaning and purpose to life. Occupations include things people need to, want to, and are expected to do [1].

Education and training of occupational therapists, as in other health professions, implies the acquisition of knowledge, skills, competencies and professionalism,

the latter being understood from the perspective of qualities, responsibilities and professional obligations, as well as ethical behaviour [2,3]. For the health professions, the primacy of patient/client well-being emerges as an important component of professionalism, with a constant search for actions that guarantee the right and the best, for the person being cared [3,4].

Professionalism is a complex set of attributes, which are often described amongst the perceived characteristics of a "good role model" to students, according to different studies carried out in medical education [5].

Professionalism can be understood from the perspective of virtues and professional obligations [6]. In the United States of America, in 2002, the "Medical Professionalism Project", established the fundamental and universal principles that make up the professionalism in Medicine. Among them, it is important to mention: primacy of the patients' well-being, based on dedication to the service of their interest;

autonomy of patients, implying honesty with them and the need to enable them to make choices about their treatment; social justice, in the understanding that the medical profession must promote it in the health system, including the fair distribution of available resources [4]. These principles should not be different for other health professions.

Similarly, studies on professionalism in occupational therapy touch upon the foundations, principles and values of the profession, passing on important qualities to the occupational therapist [7], involving a combination of personal skills, knowledge, behaviors and attitudes allied to the adoption of moral and ethical values of the profession and for the society [8].

The incorporation by the student of principles and values of professionalism goes hand in hand with the process of building professional identity, both of which are influenced by the models composed of teachers and professionals whose actions and behaviours the student is exposed to [2,9–14]. In this sense, is possible the good role model can be defined as a “person to be considered as a standard of excellence to be imitated” [15].

The attributes of a good professional model have been the subject of several studies in medical education. Wright et al. [16,17] found that the most important qualities in good professional models are the positive attitude toward younger colleagues, patient solidarity, and integrity. Clinical competence, enthusiasm for the subject, and competence in teaching were also considered important; engagement in scientific research and academic status were considered less important [16].

A number of factors may influence the choice of role models by students and trainees, including gender, diversity and cultural aspects [18]. For example, medical students in a multicultural society tend to identify with faculty models presenting with the same background [19], while female role models are important in attracting female students to choose surgical specialties [20]. Again, several different studies carried out in the medical education field indicates that the expression of attributes closely linked to the concept of professionalism strongly contributes to the perceptions of “good professional model” in [5,21].

Passi et al. [18,22] highlighted the main characteristics of a good professional model: clinical skills; medical knowledge; and humanistic behaviour including empathy, respect and compassion. Teaching skills, such as a good relationship with students, leadership, and integrity were also pointed out [22–24].

Although literature is rather extensive when it comes to discussing role models and the training of

physicians, studies on the subject regarding education and training of occupational therapists are scarce.

In two studies with occupational therapy students, they were asked about the qualities of a good model. The most cited qualities were: experience and knowledge; support to students; communication skills; empathy with both patients and students; being reliable, respectful and tolerant; enthusiasm towards both teaching and the profession; and willingness to share ideas with students [25,26].

This study aims at identifying the perception of Brazilian occupational therapy students regarding the most important attributes of a good role model. An additional aim was to describe the perceptions of occupational therapists acting as clinical tutors and indicated by the students as being good role models concerning the attributes they consider as representative of this characteristic.

## Methods

### Design

This is a cross-sectional descriptive study employing quantitative and qualitative methods conducted with occupational therapy undergraduate students and clinical tutors at the Ribeirão Preto Medical School (University of São Paulo, Brazil).

Students were invited to answer to a structured questionnaire on attributes of role models, and were also asked to indicate names of teachers or preceptors who could be considered as good role models. Later on, the occupational therapy professionals thus nominated by the students were invited to participate in a semi-structured interview focusing on attributes of a good role model.

### Context

In Brazil, training of occupational therapists is carried out in higher education programs regulated by federal educational authorities. Programs need to follow National Curricular Guidelines [27], according to which the general training objectives are aimed at graduating non-specialized professionals with critical and reflective skills, prepared to perform at both the individual and collective levels and exhibiting social responsibility and commitment to the defence of citizenship and human dignity. There are currently 42 active undergraduate programs in the country.

The Ribeirão Preto Medical School is a former medical school located in an inland campus of the University of São Paulo in South-eastern Brazil that

**Table 1.** Characteristics of participating students according to gender and age. Data are presented in absolute numbers and (percentages).

| Age (years) | Frequency  | Male gender | Female gender |
|-------------|------------|-------------|---------------|
| 17–19       | 27 (44.26) | 5 (18.51)   | 22 (81.49)    |
| 20–23       | 26 (42.62) | 1 (3.84)    | 25 (96.16)    |
| 24–27       | 4 (6.55)   | 0           | 4 (100)       |
| 28 or more  | 4 (6.55)   | 0           | 4 (100)       |

gradually became a health sciences faculty running seven different undergraduate programs (medicine, occupational therapy, physiotherapy, speech therapy, nutrition and dietetics, biomedical informatics and biomedical sciences and biotechnology). The local occupational therapy undergraduate program started in 2002 and admits 20 junior students annually, for a 10-semester course. Apart from basic biomedical sciences teachers, the program clinical activities rely on 35 occupational therapists (10 are university lecturers and 25 are national health system professionals), who act as tutors both in the internship and other practical learning activities. Currently, the program has 104 students enrolled.

### Participants

The study was conducted with 61 undergraduate occupational therapy students and 10 of their clinical tutors.

All 104 students of the local occupational therapy program were invited by email to take part in the study. Students were sent three invitations to participate in the study, at intervals of 30 days. Invitations contained general information about the study aims and methods, and made clear that the student choice of participating or not would be regarded as independent of his/her academic routine. Invitations also stressed that confidentiality would be guaranteed. By the end of the invitation period, positive answers were obtained from 61 students (72.61%). As described in Table 1, the majority of students were women, aged between 17 and 23 years. Reasons for not accepting were not explored, as drop-out analyses were not performed.

Besides being questioned about the characteristics of good role models, students were invited to nominally indicate occupational therapy professionals among their clinical tutors that they regarded as good role models. A total of 16 tutors were nominated by the students as good role models, and 10 of these accepted the invitation to participate in the study. There were 8 women and 2 men, aged between 29

**Table 2.** Characteristics of participating clinical tutors according to gender, age and working time in the institution.

| Subject | Gender | Age (years) | Working time (years) |
|---------|--------|-------------|----------------------|
| P1      | Female | 34          | 04                   |
| P2      | Female | 30          | 04                   |
| P3      | Female | 41          | 11                   |
| P4      | Male   | 29          | 05                   |
| P5      | Male   | 44          | 08                   |
| P6      | Female | 52          | 13                   |
| P7      | Female | 50          | 26                   |
| P8      | Female | 33          | 02                   |
| P9      | Female | 54          | 11                   |
| P10     | Female | 40          | 17                   |

and 54 years, with a working time within the institution ranging from 2 to 26 years Table 2.

### Procedures and instruments

Students who agreed to take part in the study were sent a structured electronic questionnaire (*Google Docs*), containing one closed and one open question about characteristics of clinical role models in occupational therapy. This questionnaire was adapted from an instrument used in a similar study that is underway with undergraduate medical students [28], which was submitted to conventional procedures for face and content validation [29]. The closed question was “*what attributes should an occupational therapist have to be considered a good professional role model*”. A list of 13 characteristics extracted and adapted from the medical education literature was presented and answers were recorded in a five-point Likert scale ranging from 1 (not important) to 5 (extremely important). The 13 characteristics were: good relationship with patients; integrity and ethics; altruism; optimistic attitude towards clinical cases; commitment to their personal and professional development/professional update; social perspective view of health problems; comprehensive view of higher education problems; comprehensive view of social problems; good clinical skills; enthusiasm for the profession; therapeutic competence; empathy and respect for colleagues in the area and relate respectfully with other professionals in health, educational and social fields.

In the open question, students were asked to describe with free comments a maximum of five negative characteristics that, when presented by a clinical tutor, would prevent to regard him or her as a good professional role model.

The occupational therapists indicated by the students as being good role models underwent a semi-structured interview, which aimed at exploring demographic information, data about their previous

professional training and experience, and their perceptions about their attributes and acquisition thereof.

The questions of semi-structured interviews were adapted from a similar postdoctoral study with medical students [28], and were constructed on the basis of the results of open, non-structured interviews carried out in a pilot study with clinical tutors regarded by students as good role models. Interview structure was given by a sequence of four questions: 1. “*What do you think about the reasons why students regard you as a good role model?*”; 2. “*Which skills and competencies you have acquired during your training that may have contributed for you to be regarded by students as good role model?*”; 3. “*Is there any aspect of your personality that could have contributed for you to be regarded by students as good role model?*” and 4. “*Which attributes have you valued in professionals who you may have been regarded as a good role model?*” Before the interviews, the professionals were informed that they were indicated by the students as good role models. No information was given on which characteristics the students had described as the most prominent factors for choosing them as good role models. All the interviews, which were held in places of preference of the clinical tutors, were conducted by the same researcher (LCS) who recorded the entire procedure in digital audio files.

### **Data analysis**

Data obtained from the questionnaire with students were submitted to a simple quantitative analysis. Responses recorded in each or the five points of the Likert scale expressing the various degrees of importance ascribed by the students to the 13 attributes of a good model were grouped in three ranges: “not important” (point 1), “moderately important” (points 3 and 4) and “extremely important” (point 5). Responses in each range for every attribute were counted and the relevant percentages were calculated.

The answers to the open question about the negative attributes included in the structured questionnaire were analyzed qualitatively (thematic content analysis) [30–32].

The audio files from the interviews with clinical tutors were transcribed in full into digital text files, which allowed their content to be analysed qualitatively, with identification of thematic categories. These were quantified as to the frequency of their occurrence [30].

This study examined the manifest content of the text with a deductive approach. Manifest content is

identified using coding and key word searches and can be recorded in frequencies such as word counting [31]. In a deductive approach, the research begins with predetermined categories, key words or variables and examines the data using these variables [32].

For the analysis of content, floating and repeated readings of the raw material (answers to the questionnaire open question and interview transcripts) were carried out by two researchers independently. Contents that emerged as significant, according to the study objectives and the key points defined either in the interview script or the attributes presented in structured questionnaire, were marked and highlighted to compose the categories derived from each theme. Regarding to interviews conducted with teachers and/or clinical tutors the great themes were defined by the interview script: “Reasons that justify your choice as role model”; “Important skills to be a good role model”; “Personal characteristics” and “Important aspects to be a good role model”. Regarding to the open question included in the questionnaire, the sole theme was “negative characteristics of occupational therapy professionals that would prevent them to be regarded as good role models”.

### **Ethics**

This study complied fully with the procedures established in Brazilian norms (Resolution 466/2012 of the Brazilian National Health Council), and the research project was previously approved by the local Institutional Research Ethics Committee (Statement number: 07106512.2.0000.5440). All participants signed an informed consent term, after being fully instructed on the study aims, on the nature of the procedures involved and on sensitive issues, such as confidentiality and the possibility of withdrawing from the study. All data were blinded and codified by one of the investigators prior to the analysis processes.

## **Results**

### **Student perceptions**

Data on positive attributes of a role model, as extracted from the questionnaire and classified according to the increasing order of importance are presented in Table 3. The attributes that were cited by more than 90% of the students as “extremely important” were: “commitment to their personal and professional development/professional update”,

**Table 3.** Degrees of importance attributed by the students of the various series on attributes of good models of occupational therapists. Data are presented in absolute numbers of individual responses and (percentages).

| Number | Period (series) Attribute   | 1 <sup>a</sup> . (N = 17) | 2 <sup>a</sup> . (N = 12) | 3 <sup>a</sup> . (N = 10) | 4 <sup>a</sup> . (N = 13) | 5 <sup>a</sup> . (N = 09) |
|--------|---|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| 1      | Good relationship with patients   |                           |                           |                           |                           |                           |
|        | Not important(*)  | 0 (0)                     | 0 (0)                     | 0 (0)                     | 0 (0)                     | 0 (0)                     |
|        | Moderately important  | 0 (0)                     | 0 (0)                     | 0 (0)                     | 0 (0)                     | 01 (11,1)                 |
| 2      | Extremely important   | 17 (100)                  | 11 (91,6) <sup>(#)</sup>  | 10 (100)                  | 13 (100)                  | 08 (88,8)                 |
|        | Integrity and ethics  |                           |                           |                           |                           |                           |
|        | Not important   | 0 (0)                     | 0 (0)                     | 0 (0)                     | 0 (0)                     | 0 (0)                     |
| 3      | Moderately important  | 0 (0)                     | 0 (0)                     | 0 (0)                     | 0 (0)                     | 1 (11,1)                  |
|        | Extremely important   | 17 (100)                  | 11(91,6)                  | 10 (100)                  | 13 (100)                  | 08 (88,8)                 |
|        | Altruism  |                           |                           |                           |                           |                           |
| 4      | Not important   | 0 (0)                     | 0 (0)                     | 01 (10)                   | 02 (15,3)                 | 01 (11,1)                 |
|        | Moderately important  | 02 (11,7)                 | 01 (8,3)                  | 0 (0)                     | 04 (30,7)                 | 05 (55,5)                 |
|        | Extremely important   | 15 (88,2)                 | 10 (83,3)                 | 09 (90)                   | 07 (53,8)                 | 03 (33,3)                 |
| 5      | Optimistic attitude towards clinical cases  |                           |                           |                           |                           |                           |
|        | Not important   | 0 (0)                     | 0 (0)                     | 01 (10)                   | 01 (7,6)                  | 01 (11,1)                 |
|        | Moderately important  | 02 (11,7)                 | 01 (8,3)                  | 02 (20)                   | 05 (38,4)                 | 05 (55,5)                 |
| 6      | Extremely important   | 15 (88,2)                 | 10 (83,3)                 | 07 (70)                   | 07 (53,8)                 | 03 (33,3)                 |
|        | Commitment to their personal and professional development/professional update       |                           |                           |                           |                           |                           |
|        | Not important   | 0 (0)                     | 0 (0)                     | 0 (0)                     | 0 (0)                     | 0 (0)                     |
| 7      | Moderately important  | 0 (0)                     | 0 (0)                     | 0 (0)                     | 0 (0)                     | 0 (0)                     |
|        | Extremely important   | 17 (100)                  | 11 (91,6)                 | 10 (100)                  | 13 (100)                  | 09 (100)                  |
|        | Social perspective view of health problems  |                           |                           |                           |                           |                           |
| 8      | Not important   | 0 (0)                     | 0 (0)                     | 0 (0)                     | 0 (0)                     | 01 (11,1)                 |
|        | Moderately important  | 0 (0)                     | 01 (8,3)                  | 0 (0)                     | 03 (23,07)                | 01 (11,1)                 |
|        | Extremely important   | 17 (100)                  | 10 (83,3)                 | 10 (100)                  | 10 (76,9)                 | 07 (77,7)                 |
| 9      | Comprehensive view of higher education problems                                     |                           |                           |                           |                           |                           |
|        | Not important   | 0 (0)                     | 0 (0)                     | 0 (0)                     | 0 (0)                     | 01 (11,1)                 |
|        | Moderately important  | 0 (0)                     | 0 (0)                     | 01 (10)                   | 04 (30,7)                 | 02 (22,2)                 |
| 10     | Extremely important   | 17 (100)                  | 11 (91,6)                 | 09 (90)                   | 09 (69,2)                 | 06 (66,6)                 |
|        | Comprehensive view of social problems   |                           |                           |                           |                           |                           |
|        | Not important   | 0 (0)                     | 0 (0)                     | 0 (0)                     | 0 (0)                     | 01 (11,1)                 |
| 11     | Moderately important  | 0 (0)                     | 0 (0)                     | 01 (10)                   | 03 (23,07)                | 02 (22,2)                 |
|        | Extremely important   | 17 (100)                  | 11(91,6)                  | 09 (90)                   | 10 (76,9)                 | 06 (66,6)                 |
|        | Good clinical skills  |                           |                           |                           |                           |                           |
| 12     | Not important   | 0 (0)                     | 0 (0)                     | 0 (0)                     | 0 (0)                     | 0 (0)                     |
|        | Moderately important  | 0 (0)                     | 0 (0)                     | 01 (10)                   | 03 (23,07)                | 0 (0)                     |
|        | Extremely important   | 17 (100)                  | 11 (91,6)                 | 09 (90)                   | 10 (76,9)                 | 09 (100)                  |
| 13     | Enthusiasm for the profession   |                           |                           |                           |                           |                           |
|        | Not important   | 0 (0)                     | 0 (0)                     | 0 (0)                     | 01 (7,6)                  | 03 (33,3)                 |
|        | Moderately important  | 0 (0)                     | 01 (8,3)                  | 01 (10)                   | 01 (7,6)                  | 0 (0)                     |
| 14     | Extremely important   | 17 (100)                  | 10 (83,3)                 | 09 (90)                   | 11 (84,61)                | 06 (66,6)                 |
|        | Therapeutic competence  |                           |                           |                           |                           |                           |
|        | Not important   | 0 (0)                     | 0 (0)                     | 0 (0)                     | 0 (0)                     | 0 (0)                     |
| 15     | Moderately important  | 0 (0)                     | 0 (0)                     | 0 (0)                     | 0 (0)                     | 0 (0)                     |
|        | Extremely important   | 17 (100)                  | 11 (91,6)                 | 10 (100)                  | 13 (100)                  | 09 (100)                  |
|        | Empathy and respect for colleagues in the area                                      |                           |                           |                           |                           |                           |
| 16     | Not important   | 0 (0)                     | 0 (0)                     | 0 (0)                     | 0 (0)                     | 01 (11,1)                 |
|        | Moderately important  | 0 (0)                     | 0 (0)                     | 0 (0)                     | 0 (0)                     | 0 (0)                     |
|        | Extremely important   | 17 (100)                  | 11 (91,6)                 | 10 (100)                  | 13 (100)                  | 08 (88,8)                 |
| 17     | Relate respectfully with other professionals in health, education and social fields |                           |                           |                           |                           |                           |
|        | Not important   | 0 (0)                     | 0 (0)                     | 0 (0)                     | 0 (0)                     | 01 (11,1)                 |
|        | Moderately important  | 0 (0)                     | 0 (0)                     | 0 (0)                     | 0 (0)                     | 0 (0)                     |
| 18     | Extremely important   | 17 (100)                  | 11 (91,6)                 | 10 (100)                  | 13 (100)                  | 08 (88,8)                 |

(\*) Not important, Moderately important and extremely important correspond respectively to points 1 and 2, 3 and 4 and 5 on the Likert scale;

(#) Totals less than 100% are due to students who did not respond to items corresponding to certain attributes

“therapeutic competence”, “good relationship with patients”, “integrity and ethics”, “empathy and respect with colleagues in the area”, “relate respectfully with members of other professions in health, education and social field”. These results indicate that most attributes are seen as being of great importance by students. There were also noticeable differences between series of the undergraduate program regarding the degree of importance ascribed by students to different attributes. The attribute altruism was considered to be “extremely

important” by 88% of the students in the 1<sup>st</sup> series, 83% of the 2nd, 90% of the 3rd, while in the 4th and in the 5th series only 53% and 33% of the students, respectively, regarded this characteristic as being of great importance. Other attributes that the initial series attached great importance and the final series attribute moderate or small importance are: optimistic posture, broadened view of education problems, and broadened view of social problems and enthusiasm for the profession.

**Table 4.** Negative characteristics of a professional, as indicated by occupational therapy students. Data are presented in absolute numbers and (percentages).

| Great theme                              | Negative characteristics           | Frequency  |
|--|------------------------------------|------------|
| Therapist-patient relationship           | Lack of empathy                    | 41 (67.21) |
|  | Lack of interest in the profession | 30 (49.18) |
| Therapeutic practice and professionalism | Lack of professionalism            | 27 (44.26) |
|  | Unethical behaviour                | 16 (26.22) |
|  | Bad at team-work                   | 21 (34.42) |
| Interpersonal relations (teamwork)       | Indifference                       | 8 (13.11)  |
| Personal characteristics                 | Arrogance                          | 7 (11.47)  |

**Table 5.** Thematic categories emerged from the interview with the 10 participating clinical tutors related to the reasons that justify their choice by students as good role models. The frequency is expressed by the absolute number of times (N) that the categories emerged.

| Theme 1  | Categories   | Frequency (N) |
|--|--|---------------|
| Reasons that justify your choice as role model | Interpersonal relationships                        | 09            |
|  | Demonstrate empathy                                | 07            |
|  | Show theoretical-practical connections             | 05            |
|  | Enthusiasm for the profession (enjoy what they do) | 03            |
|  | Didactic skills                                    | 03            |
|  | Commitment to their professional development       | 03            |
|  | Instigate student reflection                       | 01            |

**Table 6.** Thematic categories emerged from the interview with the 10 participating clinical tutors related to skills they have acquired during their education and training that may have contributed for their being regarded as good role models. The frequency is expressed by the number of times (N) that the categories emerged.

| Theme 2                                  | Categories                                   | Frequency (N) |
|--|--|---------------|
| Important skills to be a good role model | Commitment to their professional development | 09            |
|  | Relate well with students                    | 05            |
|  | Availability                                 | 04            |
|  | Organization                                 | 02            |
|  | Didactic                                     | 01            |

Identified negative characteristics of occupational therapy professionals that would prevent them to be regarded as good role models by students are presented in Table 4. These attributes were classified according to four major topics: (1) Therapist-patient relationship, (2) Therapeutic practice and professionalism, (3) Interpersonal relations (teamwork) and (4) Personal characteristics. The negatives characteristics most cited are: lack of empathy, lack of interest in the profession, lack of professionalism and poor team-working skills.

### **Clinical tutors perceptions**

The thematic content analysis of the interviews focused on the great themes already present in the script: (1) reasons that justify the choice as role model; (2) necessary skills; (3) personal characteristics required and (4) important aspects to be a good model. From these themes, empirical categories related to attributes, characteristics or aspects related to the “good role model” were identified.

Data obtained in the interviews of the occupational therapists are presented in Tables 5, 6, 7 and 8. These

tables show that the categories related to “interpersonal relationships” and “empathy” [16,17] appeared repeatedly in themes 1 (Table 5: reasons that justify their choice as good role model) and 4 (Table 8: important aspects to be a good role model). The discursive references that gave rise to such categories include expressions such as “welcome doubts”, “good communication, both with patients and students”. Discursive references on the importance of interpersonal relationship also appear in theme 2 (Table 6: important skills to be a good role model) in expressions such as “relate well with students” and “good communication”, “respect” and “availability”. In this same theme, another category linked to teaching appears as “didactics” and the main discursive references that compose them are expressions such as “dynamics classes”, “welcome doubts”, “stablish connexion between theory and practice” and “good communication”. Within the theme 3 (Table 7: personal characteristics), it is also possible to identify categories related to “interpersonal relationship” (extroversion and easiness for communication, easiness to be empathic and openness and flexibility). Finally, the category “Commitment to their

**Table 7.** Thematic categories emerged from the interview with the 10 participating clinical tutors related to the main personal characteristics that led to their indication as a good role model. The frequency is expressed by the number of times (N) that the categories emerged.

| Theme 3                  | Categories                                  | Frequency (N) |
|--------------------------|---|---------------|
| Personal characteristics | Extroversion and easiness for communication | 09            |
|                          | Easiness to be empathic                     | 04            |
|                          | Easiness to be calm                         | 03            |
|                          | Openness and flexibility                    | 02            |
|                          | Easiness to be organised                    | 02            |
|                          | Easiness to be dedicated                    | 01            |

**Table 8.** Thematic categories emerged from the interview with the 10 participating clinical tutors about the important aspects to be a good role model. The frequency is expressed by the number of times (N) that the categories emerged.

| Theme 4                                   | Categories   | Frequency (N) |
|---|--|---------------|
| Important aspects to be a good role model | Interpersonal relationships                        | 10            |
|   | Commitment to their professional development       | 10            |
|   | Empathy  | 05            |
|   | Enthusiasm for the profession (enjoy what they do) | 04            |
|   | Have good role models in training                  | 03            |

professional development”, in both roles – teacher and occupational therapist, which was present in themes 1 (Table 5), 2 (Table 6) and 4 (Table 8), emerged from the discursive references drawn from the expressions “*search for update*”, “*search for knowledge*” and “*demonstrate interest*”.

## Discussion

### Structured questionnaire with students

The majority of the students (44.26%) participating in this study aged 17–23 years old, and belong to the female gender (90.16%). These features make them quite representative of the occupational therapy student population in our institution, which is composed by 92.22% of women, of whom 75% are in the age range between 18 and 23 years [33].

Our findings show that the attributes considered important by occupational therapy students in a good role model are very similar to those reported in other studies carried out in different settings, in the context of medical education [16,22], as well as in occupational therapy [25,26]. The attributes most cited as highly important were “commitment to their personal and professional development/professional update”, “therapeutic competence”, “good relationship with patients”, “integrity and ethics”, “empathy and respect with colleagues in the area”, “relate respectfully with members of other professions in health, education and social field”. These findings are close to the definition of professionalism in the field of Occupational Therapy, thus expressing the values of the profession [25,26]. In fact, studies that explored the professional

values of occupational therapists have pointed to client-centered approach, professional relationships and professional responsibilities as fundamental to the practice of the profession. In addition, our data corroborate findings from other studies with students of occupational therapy, which show that students consider as attributes of a good professional model to have a good theoretical base, integrity and ethics, and demonstrate a good therapist-patient relationship [25,34].

These particular attributes are similar to some components of the professional profile recommended by the Brazilian National Curricular Guidelines [27]. It is supposed that curricular and other formal and informal activities in undergraduate programs in occupational therapy will contribute to shape a professional with social responsibility and committed to the defense of citizenship, human dignity, integral care to the human being, always considering the social determination of the health and disease process – the social determinants of health - SDH .

Most of these characteristics relates to professional practice and work with patients, such as integrity and ethics, good relationship with patients, empathy, respect to other professionals and enthusiasm for their profession. It is interesting to notice that, when asked to indicate negative characteristics of an occupational therapist that would prevent him or her to act as a role model, students mentioned exactly the opposite features, such as lack of empathy, lack of interest in the profession, and lack of professionalism. The type of negative attributes mentioned by occupational therapy students participating in our study are



similar to those indicated by medical students in the same institution [28]. Still on these results, it is important to consider that the students were first exposed to a list of thirteen positive attributes, and the connection between the presented positive and mentioned negative attributes could be due to this exposure.

It is interesting to point out that lack of empathy was the most frequently cited negative attribute, which reinforces the importance of this characteristic as a positive characteristic. Conversely, empathy was a characteristic considered very important by the students with regard to being a good professional model. Hojat et al. [35] demonstrated that the empathy of medical students tends to decrease throughout the undergraduate program, which was thought to be due not only to the overload of content to be learned and to student time limitations, but also to the lack of appropriate professional role models.

It is important to turn our attention to the negative attributes of arrogance and indifference. The presence of these attributes reflects negative experiences of the students in their daily coexistence with occupational therapists, both in the classroom and in practice scenarios. These behaviours reinforce hierarchical relationships, historically present in the teacher-student relationship and in the therapist-patient relationship [36]. It is important that students recognize this form of relationship and professional behaviour as a bad model. It remains to be seen whether exposure to this type of behaviour may negatively influence them, leading to the reproduction of power relations and therefore inadequate.

The findings of this study show that occupational therapy students clearly know what characteristics a good professional should possess and do have role models that can inspire them. It seems that students are attentive to all the behaviors and attitudes their teachers and preceptors show, whether in the classroom or in practice scenarios. Students seem to be able to identify the positive and negative attributes of their tutors, and when they mention the negative attributes they are critical of these attitudes and behaviors.

### ***Interviews with clinical tutors***

The results of the interviews with the clinical tutors show consistently what they consider important to be a good professional role model, as many attributes appeared repeatedly in the answers to all the questions. Most of the mentioned characteristics were very similar to those indicated by the students

participating in our study, and, in addition, did not differ from results of a number of studies with medical students [17,24,28,35], medical residents [14,16] medical clinical tutors [9,10,13] and occupational therapy students [25,26,37–39].

Within the broad theme "Reasons that justify your choice as a good role model", three categories emerged with higher frequency: interpersonal relationships, demonstrate empathy and show theoretical-practical connections. Their discursive references are the expressions "*welcome doubts*", "*good communication, both with patients and students*", "*respect*" and "*availability*". The categories that refer to interpersonal relationships and empathy can be apparent in teacher-students relationship, as well in professional-client relationship. This overlap is likely to be due to the double role that interviewed tutors play: teaching (students) and assisting (patients), and also appeared in the students' answer to the questionnaire, reinforcing the conclusion that both tutors and students have similar views. The categories that emerged from these four great themes point to attributes that were also found in other studies with students and clinical tutors: empathy, good interpersonal relationships, with both students and patients (respect, good communication); establish connexion between theory and practice [16,17,24,34,40].

The interview with clinical tutors following a sequence of questions aimed at obtaining information from different perspectives, allowed us not only bring consistency to our study but also explore the various dimensions of attributes of a good professional role model. Data we obtained are in line with the finding of more recent studies [24,41], that have highlighted that role models characteristics pertain to three different dimensions: professional performance (or patient care qualities), teaching skills and relationships with students and personal or personality attributes. In fact, in a systematic review of the pertinent literature, Jochemsen-van der Leeuw et al. [42] divided role models attributes into these three categories and described detailed and systematically which characteristics pertain to each dimension.

As mentioned before, much of the studies in this area refer to medical education, but there has been currently an increased interest on attitudes, behaviours and values defining professionalism in occupational therapy, and the related development of professional identity [35,43]. For instance, a research with occupational therapists on the inherent values of the profession identified 16 components, including autonomy, human dignity, social justice, professionalism and a

global vision of the individual [44]. Again, it is important to notice that many components related to the concepts surrounding the notion of professionalism were similar to attributes of good professional models.

A review of literature on professionalism in occupational therapy has indicated that the components of professionalism include professional values and ethics, professional behaviour and image, communication and collaboration [45]. According to Aguilar [34,46], ethics and values are directly linked to professional behaviour, affecting the level of professionalism. Professional behaviour is considered by the students of occupational therapy as the most important element of learning [37], being of extreme importance for the transition from the classroom to the work environment [38]. Although many of these concepts can be learned and become part of the student cognitive repertoire, it is likely that construction of professional identity will need student exposure to suitable professional role models. They will help students and recent graduates to acquire a self-image as occupational therapists, with less confusion as to their role [39].

The similarity between what was found in this study with occupational therapy students and clinical tutors and data from other investigations on role models attributes and components of professionalism in other health professions suggests that health students and clinical tutors do not differ on what they consider to be a good professional model, regardless of their specific profession is.

### Limitations

Limitations of this study include the relatively small sample sizes of both students and clinical tutors and, in particular, the fact that it was performed in only one institution. However, this is a first exploratory study on the theme in the country and it is expected that further studies with the same methodological approach in other institutions may confirm the present findings.

A substantial part of our findings emerged from the use of thematic content analysis, which could be seen as limited because of its inability to both evaluate causality and determine the limits to the obtained inferences. Also, we have to recognize that the use of content analyses may face several obstacles, since there are so many analytical options and no straightforward guidelines.

### Conclusion

Occupational therapy students and their clinical tutors, who were invited to participate in the study because were regarded as good professional role models, have similar perceptions about the most important model attributes.

Views of occupational therapy students and clinical tutors on the desired characteristics of positive role models did not differ significantly from those reported in studies with medical students, medical residents and their clinical tutors, thus suggesting a common perception between members of different health professions.

Knowledge about the desired characteristics of good role models based on students and clinical tutors perceptions has a number of educational implications, as this may inform institutional recruitment policies, as well as a teacher training and faculty development programs.

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No potential conflict of interest was reported by the authors.

### References

- [1] World Federation of Occupational Therapists - WFOT. Definition of Occupational therapy and occupation [Internet]; [cited 2017 Nov 5]. Available from: <http://www.wfot.org/AboutUs/AboutOccupationalTherapy/DefinitionofOccupationalTherapy.aspx>
- [2] Sethuraman KR. Professionalism in medicine. Reg Health Forum. 2006;10:1–10.
- [3] International ethics project. [Internet]; [cited 2017 Dec 2]. Available from <https://iepcourse.wordpress.com/2017/04/03/etica-e-profissionalismo-4/>
- [4] Sox HC. Medical professionalism in the new millennium: a physician charter. *Ann Intern Med.* 2002; 136:243–246.
- [5] Van de camp K, Vernooij-daseen MJFJ, Richard PTM, et al. How to conceptualize professionalism: a qualitative study. *Med Teach.* 2004;26:696–702.
- [6] Sethuraman KR. Professionalism in medicine. *Regional Health Fórum.* 2006;10:1–10.
- [7] Breines EB. Redefining professionalism for occupational therapy. *Am J Occup Therapy.* 1988;42:55–57.

- [8] Deluiliis ED. Professionalism across occupational therapy practice. Thorofare (NJ): Slack Incorporated; 2017.
- [9] Wright SM, Carrese J. A. Excellence in role modeling: insight and perspectives from the pros. *CMAJ*. 2002;167:638–643.
- [10] Farrant SNP, Burge SM. Attributes of an effective trainer: implications of the views of U.K. dermatology trainees. *Br J Dermatol*. 2008;158:544–548.
- [11] Borges NJ, Navarro AM, Grover A, et al. How, when and why do physicians choose career in academic medicine? A literature review. *Acad Med*. 2010;85:680–686.
- [12] Chemelo D, Manfró WC, Machado CL. The preceptor's role in medical teaching and the one-minute preceptor model. *Rev Bras Educ Med*. 2009;33:664–669.
- [13] Egbe M, Baker P. Development of a multisource feedback instrument for clinical supervisors in postgraduate medical training. *Clin Med*. 2012;12:239–243.
- [14] Jochemsen-Van Der Leeuw HG, Van Dijk N, et al. Assessment of the clinical trainer as a role model: a role model apperception tool (RoMAT). *Acad Med*. 2014;89:671–677.
- [15] Passi V, Johnson N. The hidden process of positive doctor role modelling. *Med Teacher*. 2016;38:700–707.
- [16] Wright S. Examining what residents look for in their role models. *Acad Med*. 1996;71:290–292.
- [17] Wright S, Wong A, Newill C. The impact of role models on medical students. *J Gen Intern Med*. 1997;12:53–56.
- [18] Passi V, Johnson S, Peile E, et al. Doctor role modelling in medical education. The BEME Collaboration Guide No 27. *Med Teach*. 2013;35:1422–1436.
- [19] McLean M. Is culture important in the choice of role models? Experiences from a culturally diverse medical school. *Med Teach*. 2004;26:142–149.
- [20] Neumayer L, Konishi G, L'Archeveque D, et al. Female surgeons in the 1990s: academic role models. *Arch Surg*. 1993;128:669–672.
- [21] Sawdon MA, Whitehouse K, Finn GM, et al. Relating professionalism and conscientiousness to develop an objective, scalar, proxy measure of professionalism in anaesthetic trainees. *BMC Med Educ*. 2017;17:49.
- [22] Passi V, Doug M, Peile E, Thistlethwaite J, Johnson N. Developing medical professionalism in future doctors: a systematic review. *Int J Med Educ*. 2010;1:19–29.
- [23] Lombarts KM, Heineman MJ, Arah OA. Good clinical teachers likely to be specialist role models: results from a multicentre cross-sectional survey. *PLoS One*. 2010;5:e15202.
- [24] Burgess A, Goulston K, Oates K. Role modelling of clinical tutors: a focus group study among medical students. *BMC Med Educ*. 2015;15:17.
- [25] Milner T, Bossers A. Evaluation of the mentor-mentee relationship in an occupational therapy mentorship programme. *Occup Ther Int*. 2004;11:96–111.
- [26] Mulholland S, Derald M, Roy B. The student's perspective on what makes an exceptional practice placement educator. *Br J Occup Ther*. 2006;69:567–571.
- [27] Brasil. National curricular guidelines – occupational therapy. national council of education/higher education chamber. Brasília: NCE/HEC; 2002.
- [28] Colares MFA, Troncon LEA. The medical professor as a professional model: the perspective of students and teachers [dissertation]. Ribeirão Preto Medical School, University of São Paulo; 2014.
- [29] Artino Jr AR, La Rochelle JS, Dezee KJ, et al. Developing questionnaires for educational research: AMEE Guide No. 87. *Med Teach*. 2014;36:463–474.
- [30] Monsen ER, Cheney CL. Research methods in nutrition and dietetics: design, data analysis, and presentation. *J Am Diet Assoc*. 1988;88:1047–1065.
- [31] Kondracki NL, Wellman NS, Amundson DR. Content analysis: review of methods and their applications in nutrition education. *J Nutr Ed Beh*. 2002;34:224–230.
- [32] Berg B. Qualitative research methods for the social sciences. 8th ed. Boston (MA): Allyn & Bacon; 1998. Chapter 11, Content analysis, p. 338–373.
- [33] Freitas DC, Cardinal AC, Panuncio-Pinto MP. Occupational Therapy undergraduate students characterization: contributing to the evaluation and consolidation of a new undergraduation course [dissertation]. Ribeirão Preto Medical School, University of São Paulo; 2009.
- [34] Aguilar A, Stupans I, Scutter S, et al. Exploring professionalism: the professional values of Australian occupational therapists. *Aust J Occup Ther*. 2012;59:209–217.
- [35] Hojat M, Vergare M, Maxwell K, et al. The devil is in the third year: a longitudinal study of erosion of empathy in medical school. *Acad Med*. 2009;84:1182–1191.
- [36] Pimentel MH, Mata MAP, Pereira FA. Initiatory practices of integration in higher education: an institutionalized ritual or a process of (dis) integration. Minutes of the 5th CIED Meeting – School and Community. Lisbon: School of Education; 2011.
- [37] Randolph DS. Evaluating the professional behaviors of entry-level occupational therapy students. *J Allied Health*. 2003;32:116–121.
- [38] Koenig K, Johnson C, Morano CK, et al. Development and validation of a professional behavior assessment. *J Allied Health*. 2003;32:86–91.
- [39] Robertson L, Griffiths S. Graduates' reflections on their preparation for practice. *Br J Occup Ther*. 2009;72:125–132.
- [40] Sutkin G, Wagner E, Harris I, et al. What makes a good clinical teacher in medicine? A review of the literature. *Acad Med*. 2008;83:452–466.
- [41] Alsutan M. What makes a effective clinical trainer? Saudi J Kidney Dis Transpl. 2011;22:1229–1235.
- [42] Jochemsem-van der Leeuw HGAR, van Dijk N, van Etten-Jamaludim FS, et al. The attributes of the

- clinical trainer as a role model: a systematic review. *Acad Med.* 2013;88:26–34.
- [43] Wright-St Clair VA, Newcombe DB. Values and ethics in practice-based decision making. *Can J Occup Ther.* 2014;81:154–162.
- [44] Drolet MJ, Désormeaux-Moreau M. The values of occupational therapy: perceptions of occupational therapists in Quebec. *Scand J Occup Ther.* 2016;23: 272–285.
- [45] Hordichuk CJ, Robinson AJ, Sullivan, TM. Conceptualising professionalism in occupational therapy through a Western lens. *Aust J Occup Ther.* 2015;62:150–159.
- [46] Aguilar A, Stupans I, Scutter S, et al. Towards a definition of professionalism in Australian occupational therapy: using the Delphi technique to obtain consensus on essential values and behaviours. *Aust J Occup Ther.* 2013;60:206–216.