Understanding professional identity in occupational therapy: A scoping review

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Introduction: A strong professional identity helps occupational therapists maintain professional values and thrive when facing work-related challenges and opportunities including generic, blurred or emerging roles, funding pressures and a push for outcome evidence. A scoping review will build understanding of professional identity and how to maintain it in such circumstances.

Objectives: To scope what is currently understood of professional identity in occupational therapy and factors which influence ability to maintain this and adapt in challenging work environments.

Methods: Using Arksey and O'Malley's scoping review framework three databases were searched using the terms "occupational therap*" and "professional identity". Data extraction and thematic analysis highlighted the extent and nature of current literature and mapped key concepts.

Results: 89 papers were included. Professional identity was revealed as a multidimensional construction. Four themes emerged: developing a shared ontology, embracing the culture, enacting occupational therapy, and believing in occupational therapy. Factors which influenced development and maintenance of professional identity included occupation-centred practice, ontological reflexivity, linking theory to practice and professional socialisation.

Conclusions and significance: The enhanced understanding of professional identity and factors which preserve or enhance it can help the profession identify how to position itself to remain resilient and adaptive in an ever-changing environment.

Keywords: profession, occupation-centred, adaptation, role, ontology, values

Introduction

Occupational therapists, individually and as a whole profession, face a number of work-related challenges and opportunities. These include increasing demands for accountability and evidence of outcomes [1-4] at a time when there is also growing competition for limited funding [5-7] within cost containment practice environments [8]. The workforce profile is

also changing with increasing numbers of graduates [9-11]. This is occurring when workforce restructuring in some organisations has resulted in reduced hierarchical structure with junior staff often not adequately supported by senior clinicians within their own profession [2,12]. Further, new roles have emerged within the profession often with little evidence or established practice guidelines [3,13-16]. Other reported sources of tension for the profession are generic roles especially in mental health [12,15,17-20] and "role creep" where other professions assume some roles which were traditionally considered the domain of occupational therapy [6,7,21,22]. Arguably, these challenges present a real risk to the survival of the profession [14,23,24] and to individuals as occupational therapists in their own unique context. It is, therefore, vital that occupational therapists individually and collectively can respond adaptively and resiliently in this climate. A link between a strong professional identity and professional resilience has been identified [12,25]. Indeed, Ashby et al. [26] suggested that 'development of professional identity is a protective factor that sustains professional resilience, and career longevity, allowing practitioners to combat issues, such as role blurring and difficulties in enacting occupation-based practice' (p. 234). Hodges et al. [25] concluded that the 'foundation of professional resilience is an interpersonal push-pull of ideas that results in a lifelong professional identity and stable value system' (p. 550). Yet, historically, there has been a consistent discourse in the literature regarding the profession's struggle with its professional identity [1,2,5-7,12,13,15,19,27]. If the profession is on shaky ground to start with, how will it fare in more turbulent times?

A range of challenges and issues impacting on professional identity within occupational therapy have been discussed in the literature [3,5-7,28-32]. These include the profession being uncertain about its core focus and domain of practice [5,6,23,29,33,34], struggling to define occupation [3,6,7,31,35] , facing challenges enacting an occupational perspective within biomedical practice settings [1,12,13,15,23,36] and encountering role

blurring or conflict [13,17,18,22,37-39]. Much has also been written about the perception of occupational therapists that their unique role and contribution is not valued or well understood by others [7,12,15,27,38,40]. These ongoing professional identity struggles have many implications, both for the profession, individual practitioners and their clients. An important risk of a weak or inconsistent professional identity is a failure of the profession to market itself effectively which may lead to a lack of recognition and appropriate remuneration, an inability to position itself effectively in a competitive marketplace or other professions encroaching on traditional areas of practice [5,6]. On an individual level, lack of professional identity has been shown to contribute to role conflict, stress and inability to value the profession [37]. Burnout amongst therapists who have an unclear professional identity, experience a lack of professional recognition or are unable to practice in a manner congruent with their professional values and philosophy is well documented [1,7,12,37,41]. Edwards and Dirette [7] found a significant correlation between professional identity and burnout, with burnout characterised by depersonalisation, emotional exhaustion and lack of personal accomplishment. In their study of 126 American occupational therapists, those with the lowest levels of burnout had the highest professional identity ratings on a validated Professional Identity Questionnaire developed by the researchers. These participants believed occupational therapy had a unique contribution to make and that this was recognised and valued by patients and funding bodies. On the other hand, those participants who had higher levels of burnout as measured on the Maslach Burnout Inventory [42] were more likely to feel undervalued and/or wish they had chosen a profession with more prestige. Many also believed the profession's scope was too broad [7]. Interestingly, Edwards and Dirette [7] identified that there was no relationship between participant demographics and professional identity or burnout, indicating that therapists of any age, years of experience or years in the current position could experience professional identity issues and subsequent burnout. Such

ongoing professional identity struggles in the workplace can result in poor staff retention [27,43,44]. Further, there could arguably be an impact on service users or those who might potentially benefit from occupational therapy. Failure to clearly articulate what the profession can offer may result in untimely, missed or inappropriate referrals [1,6,37]. It could also be argued that therapists unclear of their role or those unable to provide an occupational perspective may not provide the full scope of service suited to a client's needs. Further, the impact of professional identity-related burnout on the therapist such as depersonalisation, lack of confidence, exhaustion and decreased job performance [7,37] could impact on clients' experiences of therapy.

An inextricable link between professional identity and ability to adapt as a profession or individual professional in turbulent times seems apparent [12,26,36]. Yet, the conceptualisation of what professional identity is within occupational therapy has not been thoroughly explored. Whilst there is a growing body of research in relation to what contributes to professional identity and factors which support or hinder its development in student and newly graduated occupational therapists [26,45-49], the need to ensure a deep understanding of the challenges and facilitators to maintaining professional identity throughout one's career is clear. Building our understanding of what professional identity is and what factors impact on professional identity development and maintenance in occupational therapy is the first step in identifying how the profession can best position itself to not only remain resilient, but to thrive. This need underpinned this scoping review which aimed to address the question: What is understood about professional identity in occupational therapy and the factors which support or hinder occupational therapists' ability to maintain their professional identity?

Methods

A scoping review was deemed the most appropriate method for providing a time-efficient and systematic approach to determining the nature and extent of current knowledge about professional identity in occupational therapy [50]. In a scoping review, relevant themes are identified and gaps in knowledge highlighted [51-53]. As Levac et al. [51] argued, scoping reviews are particularly appropriate in fields with an emerging evidence base. Whilst scoping reviews share the rigour and transparency of systematic reviews in relation to data collection, analysis and interpretation methods [54], a key difference is that scoping reviews do not involve an assessment of the quality or methodological rigour of the studies reviewed, instead focusing on their findings [50,52]. Following Arksey and O'Malley's framework [52], the key steps of the review involved searching for relevant studies and selecting based on pre-determined inclusion criteria, charting the data and then collating, summarising and reporting the results. Whilst outlined as distinct stages here, the research process was iterative and non-linear with steps being revisited with constant comparison of new and emerging themes.

CINAHL, PubMed and Embase databases were searched using the terms 'occupational therap*' and 'professional identity'. No date range was specified in the search, so all papers published up until May 2021 were searched. Papers needed to be published in English-language peer-reviewed journals and could include research articles, literature reviews, viewpoints, opinion pieces and seminal lectures. However, book reviews, letters to the editors, books, book chapters and conference papers or abstracts were excluded. For inclusion participants in the paper needed to be occupational therapists, occupational therapy students, retired occupational therapists or interprofessional groups which included one or more of the former categories. Further, professional identity needed to be a key discussion point in the paper. This included where the paper involved a measure of professional identity,

or professional identity appeared in the title or research question or as a key finding or theme. Two members of the research team independently assessed papers to determine eligibility against the established criteria. These two research team members initially disagreed on five papers (0.02%) but reached consensus after discussion, and each of these five papers were included. Consensus could not be reached between these two team members on two additional papers (0.01%), so the opinion of the remaining research team members was sought, resulting in these papers being included. Data charting involved extracting key data including authors, title, year, country of study, study design, population and key themes. A process of peer checking of data extraction was undertaken whereby each member of the research team reviewed a sample of the data extraction. Extracted data were summarised in a spreadsheet. Data extraction and thematic analysis highlighted the extent and nature of current research and mapped key concepts. Thematic analysis was based on the approach developed by Braun and Clarke [55] with recursive movement backwards and forwards through the stages of analysis. Each paper was read at least three times and key ideas presented were noted. Initial codes were identified and charted within the spreadsheet. New codes were added as they were identified, and earlier papers checked for these codes. These codes were then collated into potential themes and these themes were discussed with the research team. Ongoing analysis led to the refinement of the specifics and naming of each theme, and ensured all data fitted within the evolving themes. A process of peer checking of data extraction was undertaken, whereby members of the team reviewed a sample of the data extraction, with 100% agreement achieved.

Results

A total of 280 unique papers were identified, which reduced to 89 after abstract and full-text review (Figure 1). Results will be presented as a descriptive analysis, followed by a thematic analysis of the content of the studies.

Descriptive analysis

Of the 89 papers included in this review (Table 1), 56 (62.92%) were written in the past ten years (Table 2). Papers were published in a wide range of peer-reviewed journals, both occupational therapy specific and interdisciplinary (Table 4). However, the majority appeared in the British (n=16), Australian (n=12), American (n=8), and Scandinavian (n=6) journals of occupational therapy, and the Journal of Interprofessional Care (n= 6). A further five were published in each of the Canadian and South African journals of occupational therapy and Occupational Therapy International. Whilst some papers addressed occupational therapy globally, the majority were from Australia (n=19), the United States (n=16) and the United Kingdom (n=10) (Table 5). Most other papers were from Western and European countries. However, six papers were from Africa (primarily South Africa), five from Israel, two from Brazil and one from Japan.

Twenty-two papers (24.72%) were conceptual or theoretical with no primary data or underlying study. Whilst there was a range of research designs (see Table 6), almost half (n=43; 48.31%) were qualitative studies, with interviews the most common method, and phenomenology the most frequent methodology. Three literature reviews (one systematic, one critical, and one narrative) and a discourse analysis were also included. Quantitative designs included a quasi-experimental non-equivalent group design, a Rasch analysis, a factor analysis and four surveys with statistical analysis of quantitative data.

Thematic analysis

Thematic analysis revealed four themes related to how professional identity and it's development and maintenance is understood in the literature – *developing a shared ontology; embracing the culture; enacting occupational therapy;* and *believing in occupational therapy.* Whilst the themes are presented separately, it should be noted that some examples fit across more than one theme, suggesting overlap and potential interrelationship between

themes.

Developing a shared ontology

This theme captures discussion of the link between professional identity and the profession's unique ontological underpinnings, or its shared knowledge and paradigm [3,32,41,57]. It is what is taught (or should be taught) in university curricula [13,23,26,27,38,47,103], the theories that are linked to practice [1,12,13,31] and the frames of reference used to deliver, evaluate, justify and reflect on occupational therapy practice [31,94]. The literature included philosophical discussions in relation to the historical roots of the profession's worldview and ways of thinking which have caused conflicts but have also contributed to its identity. Hooper and Wood [32] highlighted the juxtaposition between structuralist and pragmatist thinking which has played out in the profession as different perspectives on how to view clients and deliver occupational therapy services. They asserted that pragmatic understandings within the profession have led individuals to be seen within the context of their environment, as being holistic and having agency. They described pragmatic knowledge as flexible and contextual [32]. Structuralism, on the other hand, views people and knowledge in terms of systems, frameworks and static parts, and the importance of subjectivity and context is downplayed [32]. Hooper and Wood [32] argued that a discordance has evolved within occupational therapy as the view of humans is primarily a pragmatic one whilst there is a structuralist approach to knowledge. Another philosophical debate has evolved in relation to whether the profession should be monistic or pluralist [5,13,14,57]. Mosey [57] commenced this dialogue in an Eleanor Clarke Slagle Lecture in 1985. She described monism as an "attempt to define occupational therapy by one of its elements or a facet of an element" (p. 504) such as a specific frame of reference or philosophical statement. Mosey argued that a pluralist approach would allow the profession to grow and diversify. Acknowledging that this may not sit comfortably for many within the profession, she suggested that pluralism would enable

critical analysis and possible changes within the profession's philosophical assumptions, theories, domain of concern, frames of reference and practices. Other discussions in the literature have focused on the importance of maintaining an occupational perspective [13,112-114], having ontological security [114] and ontological uniqueness -- or lack thereof [5,13,46,67,112-114], having ontological security [114] and ontological uniqueness -- or lack thereof [5,46,67].

Preparing students to enter the workforce with a strong grasp of professional knowledge is viewed as critical and has been discussed in the literature [13,41]. Several authors highlighted the link between curriculum design and the development of professional identity in students [13,23,26,27,38,41,47,85,103,114]. Facilitatory strategies included problem-based learning [15,46], interprofessional learning [83,89,100,105] and linking theory to practice [1,12,13,27]. Recently, the impact of role emerging placements on students' developing professional identity has been explored [15,47,115]. Interestingly, many participants in these studies identified how such experiences helped consolidate their theoretical understanding and translation of this into practice [13,15].

Embracing the culture

This theme reflects discussion of concepts such as role enculturation, professionalisation and professional socialisation and their link to occupational therapists' professional identity [12,14,23,27,41,45,67,85]. This includes learning and using the professional language [6,12,13,15,31], habits [31], values [13-15,23,43,86,94] and other aspects of the culture [14,65]. A participant in a study by Hess-April et al. [92] articulated this well, describing it as a process occupational therapists go through adopting a 'mindshift that embodied their professional identity' (p. 27). A direct quote from this participant, an occupational therapist in South Africa, suggested that 'occupation is our professional identity, our worldview…. It is what we should be thinking and doing, it's what we should be' [92].

Typically, occupational therapists learn how to be an occupational therapist through role models and professional socialisation [7,12,15,17,43,45,74,93]. Fitzgerald [2] raised the concern that with changing organisational structures too often inexperienced occupational therapists do not have access to senior occupational therapists as managers or supervisors. This can potentially impede consolidation of professional identity [2,73]. Clarke et al. [47] highlighted that emerging therapists passively mirror or conform to the professional ways of being of others in a non-critical way. Instead, Clarke et al. [47] advocated for opportunities to construct, challenge and reaffirm professional values and beliefs through such experiences as role emerging placements.

The importance of a good fit between one's personal values and those of the profession was highlighted. [12,14,15,43,73]. For example, many therapists stated they enter the profession because they want to help people [14,38] or want to be creative [36]. It is the humanistic nature of the profession which resonated with so many who choose it as a career path [3,36]. Some authors described an inherent link between professional identity and self-identity [14,43]. Wright [43] suggested that occupational therapists identified as occupational therapists first and foremost, and not just a therapist within a certain role. Additionally, Wright noted that many experienced occupational therapists 'had internalized the values of the profession to such an extent that they perceived being an occupational therapist to be a significant part of their personal identity' (p. 422). Binyamin [109] highlighted the dilemmas which can occur when therapists are confronted with a conflict between their professional identity and other personal identities such as those based on religion, gender or morals. An example he provided was of an ultra-orthodox Jewish occupational therapist whose religion restricted physical contact with the opposite sex. She was comfortable crossing this boundary when physical contact was required therapeutically but was conflicted when a client wanted to shake hands at the end of a session.

Enacting occupational therapy

This theme refers to how one applies the profession's knowledge and theoretical frameworks and portrays the culture to deliver occupational therapy. This includes occupation-centred practice [1,2,5,7,12,13,15,23,31,40,62,97,114], linking theory to practice [1,12,13,27], using occupational therapy language [6,12,13,15,31] and implementing professional reasoning and reflection like an occupational therapist [1,27,31]. Professional autonomy [2,23,27,71,116], uniqueness [1,7,12,13,18,23,36], and status [1,3,5] have all been identified as important factors in being able to practice effectively as an occupational therapist using a profession-specific paradigm, frameworks and tools.

At times occupational therapists need to modify practice to accommodate challenges or embrace opportunities [1,12-14,116]. However, to maintain professional identity this modified practice still needs to align to the core philosophy of the profession. Many therapists encountered challenges in adhering to occupational therapy philosophy and deliver occupation-centred practice [1,7,12,13,90,94,112,114]. This is particularly noted in generic positions [5,12,17,18,70,101] and when working in a biomedical practice setting [1,5,15,36,40,112]. Although Scanlan and Hazelton [101] found that there were no significant differences in professional identity, job satisfaction and burnout in occupational therapists working in generic or occupational therapy specific roles in mental health, they did report a positive correlation between professional identity and job satisfaction with the degree of occupational specificity in the role. This suggests that it is the degree to which one can practice as an occupational therapist that is the pivotal factor in maintaining professional identity. Organisational pragmatics such as funding requirements and shortened length of stay in hospitals compound this problem [1,2,36]. As a result, occupational therapists may not feel the work they do is truly occupational therapy. They may also fail to see how what they do is different to the work of other disciplines. Another commonly cited issue is the difficulty

occupational therapists have describing the work they do [1,3,5,7,31]. They struggle to explain their interventions to clients and colleagues. Having their unique contribution to client care recognised and valued by others is an important aspect of professional identity [1,7,12,15,27,40]. Yet this can be hindered when this cannot be clearly articulated. This phenomenon is compounded in countries such as Brazil where the native language does not have words to convey occupational therapy practices, causing occupational therapists to use concepts and words borrowed from other professions, resulting in a lack of clarity around their role [111].

A critical time of challenge to professional identity widely cited in the literature is the transition from university to practice upon graduation [12,14,27,41,43,47,75,93]. The reality of practice and how this may be at odds with the expectations of new graduates has been identified as a source of tension with respect to professional identity [14,15,27,43,45]. Strategies identified to support therapists through this transition were linking theory to practice, reflective practice, supervision [1,7,12,15,27,45,93] and role modelling from senior therapists [7,12,15,17,43,45,93].

Using professional language unique to occupational therapy is another important aspect and facilitator of professional identity [6,12,13,15,31]. Too often, it was noted, occupational therapists may shy away from using the word 'occupation' when talking to clients or colleagues [6,12,23]. Ashby et al. [12] suggested the need to become professionally bilingual as a strategy to overcome the challenge of being understood, but also be proud of profession-specific language. Wilding and Whiteford [6] advocated for occupational therapists to develop better ways to describe occupation. In their study in a large acute hospital therapists tended to not only avoid using the word 'occupation' when describing what they did, but also used long, complex descriptions with a gap between what they intended to say and what was actually conveyed.

Believing in the profession

This final theme incorporates the link between professional identity and having confidence and pride in the profession. As noted above, professional status and recognition by others has been shown to strongly influence professional identity [1,2,5,7,12,15,17,23,27,71,75,110]. Clouston and Whitcombe [67] argued that occupational therapy, like other allied health professions, has historically been considered a 'semi-profession' (p. 316) due to the 'comparative lack of importance to medicine and limited professional traits in terms of theory' (p. 316). There is much written in the literature about the need to be able to support practice with evidence [3,13,16,18,36,91,99]. There is a lack of evidence in many areas of practice and it has been noted that occupational therapists may feel there is little to support occupation-centred practice [5,23]. An enhanced evidence-base will not only help occupational therapists be more confident of their work but will also help justify practice and highlight outcomes to funding bodies and managers [13,16,36,56,91]. For occupational therapists, perceiving that they are doing something which makes a difference is important to their professional identity, giving the work meaning and purpose [1,14,27,47].

Believing in oneself as an occupational therapist is also important. Early career occupational therapists highlighted the impact of experience and building knowledge and competencies helped their developing professional identity and confidence [15,27,41,43,75,93]. Belief in both oneself and the profession as a whole is closely linked to professional confidence [41,75]. A participant in a study by Clarke et al. [47] highlighted how a role emerging placement helped her develop her professional identity which 'gave her a deeper sense of belief in the profession and self' (p 224). Another developed self-belief through recognising changes in both her professional competencies, and also ontological development. Further, Whitcombe [46] argued that distinct core professional knowledge (shared ontology) not only helps occupational therapists be clear about their role and unique

contribution but also, importantly, enables innovative visioning for how the profession can make a difference in new and unimagined areas. Not shying away from the use of occupation-specific language is also a sign of confidence in the profession and what it has to offer [6].

Discussion and implications for occupational therapy practice

This scoping review has revealed the current understanding of professional identity in occupational therapy, highlighting the multidimensional interplay of factors in the construction and maintenance of the profession's identity [56,117]. Whilst professional cohesion is fundamental to consolidating this identity [57,114], this inherent complexity challenges the ability to reach consensus. It could be argued that enhancing the understanding of what professional identity is within the context of occupational therapy is the first step in determining how best to confront this challenge. The framework evolving from this review provides a lens to facilitate professional discourse on the topic and build understanding. Illuminating the four themes within the framework will help identify tensions, opportunities and strategies to enhance the profession's identity and adaptive capacity.

Consolidation of the *shared ontology* component of professional identity requires agreement. Yet there continues to be a divide within the profession in relation to the underlying paradigm from which the profession operates [32,118]. It could be argued that central to much of the professional discourse in relation to constructs such as paradigms, philosophy, models, theories and frames of reference is a lack of clarity and consensus about definitions of these terms and the relationships between them. Until there is consensus in terminology it will remain difficult to reach an accord or at the very least appreciate different perspectives. For many years there has been a dominant and persuasive call for the profession to unite around occupation as its core domain of practice [29,30,112,114], yet many studies highlight internal and external challenges inhibiting this process [1,12,16,97,119-121]. This

review has revealed that there continues to be a lack of consistency across the profession. Arguably, whilst such diversity might enhance the discussion of professional identity, it is likely to impede achievement of a resolution. Discordant and potentially conflicting views of the very nature of the profession and its core area of concern, together with how to develop its professional knowledge, add to the complexity and challenge. Open dialogue and, at the very least, acceptance and understanding of differing perspectives are vital for effective critical discussion and analysis.

The profession has already considered how to address complex issues such as strengthening its professional identity. Influential occupational therapists [31,32,57] have urged the profession to consider the epistemological frameworks which underpin professional discourse. This includes Hooper and Wood [32] who highlighted the differences that pragmatism versus structuralism makes as a foundation to define the profession's role and identity. Mosey [57] advocated for a pluralistic approach which would allow for the multidimensional nature of the profession with several elements, all equally important, collectively contributing to the profession's uniqueness. Historically, occupational therapy endeavoured to identify one definition of the profession, its central philosophy, role and unique contribution. Mosey [57] argued this had resulted in a quest by many for a grand overarching theory to guide all practice and research in all contexts. Several comprehensive theories have been proposed that could underpin the profession including the Model of Human Occupation [122], the Ecological Systems Model [123] and the Person-Environment-Occupation Model [124], each with their own central concepts. Mosey [57] contended selecting one theory over others may exclude some practice areas for which that theoretical framework is not appropriate. She also questioned who would determine which is the most appropriate theory to adopt globally. As such, Mosey asserted this monistic approach is too simplistic and would not cater for the complexity of occupational therapy as a profession.

However, it could be argued that a monistic approach for the profession is possible, and in fact necessary, to consolidate its identity. However, achieving this at the level of a unifying theory/model is unlikely. Consensus at the level of an overarching set of philosophical assumptions or paradigm [29] is more achievable and more likely to provide a shared identity and ontological security [114]. Pluralism at the level of theoretical frameworks and tools which guide practice under this solid ontological foundation would facilitate the creation of optimal conditions for the growth of diverse practice platforms in diverse contexts as well as for the generation of salient programs of research. However, whilst the lack of congruence continues across the profession in relation to terms such as paradigm, theory and frames of reference, the discussion in relation to the feasibility of uniting under one umbrella is likely to continue to be circular.

Another consideration is the primarily Western and European lens with which the profession's knowledge base has been constructed [3,125-128]. However, six papers included in this study emanate from Africa, five from Israel, two from Brazil and one from Japan (a combined total of 15.73% of all papers), indicating that perhaps there is a shift towards a greater diversity of perspectives. There is a need to continue critical discussion across the profession about multiple lenses and epistemologies which need to embed the overarching professional knowledges. Extending on the pluralist approach, Guajardo et al. [3] argued for the recognition of 'multiple occupational therapies, and therefore identities' (p. 6). Similarly, Thomas [14] urged the profession to continue its exploration of developing 'new ways of being' (p. 16), embracing the diverse and, at times, conflicting, world views of the different cultures within which the profession practices. She eloquently reflected that 'diversity is bounded by our professional discourses, our shared knowledge and identity and is informed by reflexive and ethical responses to the demands of the future' (p. 16).

Professional enculturation was identified as a central aspect of *embracing the culture*

theme. An integral part of this process was learning and embracing the values of the profession. Yet it has been argued that there is lack of clarity and consensus in relation to core occupational therapy values [69,129]. Drolet [129] contended that this is partially due to the fact that there has been little exploration of the philosophy underpinning the profession [24,130]. Key occupational therapy scholars such as Yerxa [131] and Wilcock [112] saw the need early on for the profession to focus on establishing a solid theoretical foundation [29,69,129,132,133]. Drolet [129] contended that this is partially due to the fact that there has been little exploration of the philosophy underpinning the profession [24,130]. Key occupational therapy scholars such as Yerxa [131] and Wilcock [112] saw the need early on for the profession to focus on establishing a solid theoretical foundation [29,132,133] in order to facilitate both the ontological and evidence base of the profession. Later this was supported by the call to establish the occupational science foundation for the profession. However, arguably these endeavours have remained contentious and probably contributes to the profession's shaky ontological foundations. Establishing the ontology and evidence base of the profession needs to be balanced with affirming the profession's philosophical foundation. Admittedly, Wilcock [112] named and framed the profession's core philosophical framework grounded in the occupational perspective of health that Molineux [114] postulated provides the profession with a degree of ontological security. However, this worldview is itself underpinned by more deep-rooted epistemological, ontological and axiological assumptions which warrant further elaboration and exploration. Engaging in philosophical discourse will help facilitate the *embracing the culture* component of professional identity. Clarification of professional values also should take account of what are ideals, what are actualised in reality and what this looks like [129,134]. This distinction is important before the profession can identify value-based identity-consolidation strategies. Whalley Hammell [135] and Mocellin [34] amongst others have commenced this discussion, urging the profession to challenge

many of its value-based assumptions underpinning practice. This critical discussion needs to be not just at the more explicit and commonly espoused values (axiology) of the profession such as client-centredness [136], but also at the deeper ontological level underpinning assumptions such as self-determination, and individualism/independence versus interdependence/connectedness [135,137,138].

It is time the focus of discussion in relation to professional identity shifts from a reflection on the genesis, evolution and continuation of an identity dilemma, to a more proactive identification of how occupational therapists advocate and take action to overcome professional identity challenges. Some strategies have been identified and, in some instances, there has been some movement to address these. These include occupation-centred university curricula [13,26,88,114,121,139], explicit practice guidelines which overtly reference occupation-centred practice [97,119], critical and open ontological and theoretical discussions within the profession [121,135,140], refinement and increased confidence in the use of professional language [5,6,121,141], robust supervision and mentoring frameworks with a focus on professional values and occupation-centred practice ,; professional support networks (both formal and informal) to provide professional socialisation [12,16,74,104] and the identification and overcoming of barriers to evidence-based practice [91,142].

The importance of being agents of change and protagonists in consolidating a positive professional identity rather than victims of external circumstances has long been advocated within the profession [56,82,131,143]. Historically occupational therapy has been shaped by external forces, including social movements, wars, prevailing paradigms and health crises[56]. Adopting an interactional and constructivist approach will ensure professional identity is viewed as contextual, something that is constructed through interactions between the individual and the environment. This affirms that individually and collectively occupational therapists can influence stakeholders' understanding. As such, it is the responsibility of every occupational

therapist, individually and collectively, to develop, consolidate and promote their professional identity. [56,82,131,143]. Historically occupational therapy has been shaped by external forces, including social movements, wars, prevailing paradigms and health crises[56]. Adopting an interactional and constructivist approach will ensure professional identity is viewed as contextual, something that is constructed through interactions between the individual and the environment. This affirms that individually and collectively occupational therapists can influence stakeholders' understanding. As such, it is the responsibility of every occupational therapist, individually and collectively, to develop, consolidate and promote their professional identity.

Conclusion

This scoping review has synthesised existing literature on professional identity within occupational therapy, and factors which support or hinder its development and maintenance. The critical next step is to identify how the profession can both strengthen its professional identity and remain relevant in the face of an ever-changing landscape. The external forces acting on the profession can be viewed as both opportunity and a constraint, and occupational therapy needs to position itself to harness the opportunities. Professional resilience requires a professional identity which is consistent, clear and strong, yet inclusive enough to embrace diversity [3,57] and dynamic enough to adapt to changing demands and opportunities [67,117,144]. A robust professional identity will facilitate recognition, respect and valuing both within and external to the profession [5,6]. It will also equip occupational therapists to advocate for the profession and its clients and to remain viable, relevant, and competitive as well as being agile in seizing future opportunities.

Limitations

As with all scoping reviews, there is the potential that not all relevant papers were included in this study. Consultation with a health librarian to develop the search strategy sought to minimise this risk. Grey literature, dissertations, book chapters and conference papers were excluded as it was assumed they would not have undergone peer review. However, there is potential that novel ideas which had not been published elsewhere may have been missed. An acknowledged limitation of this study was the exclusion of papers not published in English. Further, all researchers came to the study with a Western perspective which may have biased the lens through which data were analysed.

Table 1. Articles included in the scoping review

Author, year, and country	Sample, sample size (where relevant)	Research objectives or question(s)	Study design	Publication
O'Shea [56], 1977, Global (written in US)	Occupational therapists	This opinion piece addressed the topic of professional interaction from a dramaturgical perspective for the purpose of sensitizing occupational therapists to their potential as individuals in shaping and directing the public image of occupational therapy.	Conceptual: opinion piece	Canadian Journal of Occupational Therapy (CJOT)
Mosey [57], 1985, Global (written in US)	Occupational therapists	This paper described two approaches to the articulation of professional identity in occupational therapy: monistic and pluralistic. It demonstrated the advantages of a pluralistic professional identity.	Conceptual: lecture	American Journal of Occupational Therapy (AJOT)
DePoy and Merrill [58], 1988, United States	Occupational therapy students (n=58)	This study explored the transmission of values in the occupational therapy curriculum at Thomas Jefferson University in Philadelphia, Pennsylvania.	Ethnography	Occupational Therapy Journal of Research (OTJR)
de Jonge and Vanclay [59], 1989, Australia	Occupational therapists in greater Brisbane (n=152)	This study explored the use of treatment media by occupational therapists in greater Brisbane.	Mixed methods: survey	Australian Occupational Therapy Journal (AOTJ)
Raveh [60], 1995, Israel	First year occupational therapy course (n=1)	This case study proposed that calculated construction of an introductory occupational therapy course can provide students with a means to develop a sound professional identity and facilitate a positive and coherent professional socialisation process.	Conceptual: case study	Occupational Therapy International (OTI)
Palmadottir [61], 1996, Iceland	Occupational therapy curriculum	This paper described a proposal for the establishment of an occupational therapy education program in Iceland, a faculty training program, and the potential resources both within the university and the occupational therapy profession and practice.	Conceptual: opinion piece	World Federation of Occupational Therapists (WFOT) Bulletin
McLaughlin Gray [62], 1998, Global (written in US)	Occupational therapists	This paper addressed the difficulty many occupational therapists experience in maintaining occupation as the core of their therapeutic intervention. A case example applying occupation as ends and means to evaluation and treatment was presented.	Conceptual: case study	AJOT

Lloyd et al. [19], 1999. Australia	Mental Health occupational therapists	This opinion piece discussed the implications for occupational therapists working in mental health in Australia as a result of changes to the structure and direction of mental health services and professional roles of staff.	Conceptual: opinion piece	OTI
Whiteford et al. [30], 2000, Global (written in Australia)	Occupational therapists	This opinion piece reflected on what the renaissance of occupation in occupational therapy and occupational science means for occupational therapists and occupational science in the 21st century.	Conceptual: opinion piece	CJOT
Wright [43], 2001, United Kingdom	Base grade (n=5) and senior (n=5) occupational therapists	This study explored the question "What encourages occupational therapists to stay in the profession?"	Qualitative – interviews (unspecified methodology)	British Journal of Therapy and Rehabilitation
Hughes [22], 2001, Global (written in the UK)	Community mental health occupational therapists	This opinion piece used role theory as a framework to examine why occupational therapists may perceive threats to their professional and experience pressure to conform to the defined community mental health team "role set".	Conceptual: opinion piece	British Journal of Occupational Therapy (BJOT)
Hooper and Wood [32], 2002, Global (written in US)	Occupational therapists	This paper explored the role discourse within the profession has played in the evolution of occupational therapy's identity.	Historical and discourse analysis	AJOT
Royeen [31], 2003, Global (written in US)	Occupational therapists	This paper used chaos theory as a way to reconstruct and understand occupation. The author presents a value system for elaboration and delineation to practice and professional identity based upon appreciation and review of *herstory*.	Conceptual: lecture	AJOT
Ikiugu and Rosso [13], 2003, United States	Graduate occupational therapy students (n=30)	This study explored how a graduate course in occupational therapy theory helped prepare students to develop a professional identity.	Mixed methods	OTI
Palmadottir [23], 2003, Iceland	Occupational therapy curriculum	This study focused on the challenge of establishing and managing an occupational therapy education program. A case study of a program and education process which are guided by occupational therapy philosophy and values, with occupation as a central organizing concept was presented and discussed in relation to professional identity and power.	Conceptual: case study	WFOT Bulletin
Lloyd et al. [20], 2004, Australia	Mental health occupational therapists (n=196)	This study focused on Australian occupational therapists working in mental health and aimed to: a) identify the current work activities carried out by mental health occupational therapists; and b) identify whether there was a discrepancy between their actual and preferred work practice.	Mixed methods - survey	BJOT
Cooper et al. [63], 2005, United Kingdom	Students (occupational therapy, medicine,	This study measured the outcomes of participation in an interprofessional educational intervention, and the processes by which such outcomes had transpired.	Mixed methods	Journal of Interprofessional Care (JIPC)

	nursing, physiotherapy) (n=237; OT n=20)			
Wright and Rowe [64], 2005, Global (written in UK)	Occupational therapists	This opinion piece suggested that the two interrelated reasons of professional insecurity and role uncertainty were inhibiting the development of advocacy in occupational therapy	Conceptual: opinion piece	BJOT
Toal-Sullivan [27], 2006, Canada	Occupational therapists in first year of their career (n=6)	This study explored: 1. What is the experience of transition from student to practicing occupational therapist? 2. What are the challenges faced by occupational therapists in their entry to practice? 3. How do beginning occupational therapists learn in a practice context? 4. What is the role of mentoring in supporting beginning occupational therapists' learning?	Interviews - phenomenology	BJOT
Davis [45], 2006, United States	Occupational therapy students (n=5)	This study examined what processes facilitated, tempered, or impeded occupational therapy identity development in a community of practice.	Qualitative – interviews (unspecified methodology)	The Internet Journal of Allied Health Sciences and Practice
Abreu [65], 2006, Global (written in the US)	Occupational therapists	This paperdescribed the author's experiences of place integration in four geographical spaces, each of which helped to shape her professional identity.	Practice-based reflection	AJOT
Lidskog et al. [66], 2008, Sweden	Students (occupational therapy, nursing, social work) (n=16; OT n=6)	This study explored similarities and differences in how student nurses, student occupational therapists and student social workers perceived their own and the other two professions before and after clinical education on an interprofessional training ward.	Qualitative – interviews (unspecified methodology)	JIPC
Clouston and Whitcombe [67], 2008, Global (written in UK)	Occupational therapists	This paper considered the social construction and identity of occupational therapy as a profession. It argued that the concept of a profession is both contextually and historically grounded.	Conceptual: opinion piece	BJOT
Davis [38], 2008, United States	Occupational therapy students (n=124)	This study aimed to use metaphors to explore occupational therapy students' knowledge, attitudes and beliefs of occupational therapists' professional identity, and to identify students' perceptions of ideal characteristics of occupational therapists and clients.	Qualitative - exploratory	AJOT
Hooper [68], 2008, United States	Faculty members in an occupation-	This study addressed two questions:	Narrative inquiry	AJOT

	centred curriculum occupational therapy program (n=9)	1. How are educators' intentions for student identity formation reflected in the instructional processes they use? and 2. How are educators' intentions for student identity formation related to their own personal and professional journeys?		
Wilding and Whiteford [6], 2008, Australia	Occupational therapists working in a large metropolitan hospital including both physical and mental health caseloads (n=11)	This study explored the ways in which occupational therapists describe occupational therapy to others. The paper focused on findings related to the actions therapists undertook to become more articulate about occupational therapy and the effects these transformative acts had on the therapists with respect to their personal and professional identities and the ways in which they engaged in undertaking professional representation.	Action research	AOTJ
Dige [69], 2009, Global (written in Denmark)	Occupational therapists	This paper explored the theoretical presuppositions and practice of occupational therapy through an ethical reading of helping professions in general and occupational therapy in particular. The central claim was these professions are essentially identified by certain ethical values and the aim was to contribute to the ongoing professional development of occupational therapy by unfolding the values at the heart of the profession.	Conceptual: opinion piece	Scandinavian Journal of Occupational Therapy (SJOT)
Thomas [14], 2009, Global (written in Australia)	Occupational therapists	This paper focused on the possible future of the occupational therapy profession as it strives to adapt and respond to demands of the future world.	Conceptual: opinion piece	New Zealand Journal of Occupational Therapy (NZJOT)
Lindeman [70], 2009, Australia	Home and community care service assessors (including an occupational therapist) (n=12; OT n=1)	This study aimed to advance an understanding of home and community care assessment staff to enable more considered and strategic workforce planning and development.	Qualitative – interviews (unspecified methodology)	Health and Social Care in the Community
Kinn and Aas [71], 2009, Norway	Occupational therapists from diverse practice contexts (n=6)	This study explored how occupational therapists understood and presented their practice and interventions.	Interviews - phenomenology	AOTJ
Arndt et al. [72], 2009, Canada	Health care professionals – in relation to student education (n=83)	This study examined the factors promoting or impeding interprofessional practice.	Qualitative – interviews (unspecified methodology)	Journal of Allied Health

Edwards and Dirette [7], 2010, United States	Occupational therapists (n=126)	This study built on the existing literature to examine the links between burnout and the development of professional values as well as the broad scope of occupational therapy, which may act as a hindrance to establishing a concise and well recognized professional identity.	Quantitative - survey	Occupational Therapy in Health Care (OTHC)
Seruya and Hinojosa [73], 2010, United States	Paediatric occupational therapists (n=157)	This study investigated the professional and organizational commitment of paediatric occupational therapists working in schools and medically-based practice settings.	Quasi-experimental, non-equivalent group design	OTI
Hardaker et al. [18], 2011, Australia	Occupational therapists working in youth mental health (n=63)	This study described the demographic and employment characteristics of Australian occupational therapists working in youth mental health and explored the relationship between these characteristics and the occupational therapist's role.	Mixed methods - survey	Occupational Therapy in Mental Health (OTMH)
Bodell and Hook [74], 2011, Global (written in the UK)	Occupational therapists	This opinion piece asserted that networking is an essential activity for occupational therapists, and that many of the challenges involved in creating an effective network can be ameliorated by harnessing the power of the online environment.	Conceptual: opinion piece	BJOT
Holland et al. [75], 2012, South Africa	Final year occupational therapy students (n=19)	This study explored the determinants influencing the development of professional confidence of final year occupational therapy students.	Qualitative research – mixed methods	South African Journal of Occupational Therapy (SAJOT)
Lee et al. [76], 2012, United Kingdom	Occupational therapists working in the NHS (n=262)	This study explored occupational therapists' perceptions of how using MOHO impacted on their practice.	Qualitative - descriptive	SJOT
Skubik-Peplaski et al. [40], 2012, United States	Occupational therapists (n=21)	This study explored occupational therapists' perceptions of rehabilitation environments and the influence of these perceptions on practice and occupational interventions.	Focus groups	OTHC
Estes and Pierce [36], 2012, United States	Paediatric occupational therapists (n= 22)	This study described paediatric occupational therapists' perspectives on occupation-based practice.	Interviews – grounded theory	SJOT
Ashby et al. [12], 2013, Australia	Mental health occupational therapists (n=9)	This study explored the dynamic processes involved in the development and maintenance of professional resilience of experienced mental health occupational therapists.	Interviews - Narrative inquiry	AOTJ
Holland et al. [41], 2013, South Africa	Novice occupational therapists working in their community service year (n=8)	This study explored how novice occupational therapists conceptualised professional confidence.	Interviews - phenomenology	OTI

Whitcombe [46], 2013, United Kingdom	Final year occupational therapy students (n=20)	This study explored occupational therapy students' perceptions of knowledge and their professional identity from one problem-based learning programme.	Qualitative – interviews (unspecified methodology)	BJOT
Grant [77], 2013, United Kingdom (Wales)	Multidisciplinary team (including occupational therapists) (n=13; OT n=6)	This study explored occupational therapists' use of discretion within the Condition Management Programme and its effect on their professional identity.	Qualitative – interviews (unspecified methodology)	BJOT
Fox [17], 2013, Global (written in US)	Mental health occupational therapists	This paper explored the impact of the shift to community-based mental health, multidisciplinary teams and generic interventions has had on professional identity and self-efficacy, client care, and interdisciplinary team collaboration.	Conceptual: opinion piece	OTMH
Fitzgerald [2], 2014, Global (written in UK)	Occupational therapists	This paper discussed the impact on professional autonomy and power as a result of increased influence and encroaching demands of the state.	Conceptual: opinion piece	BJOT
Clarke et al. [47], 2014, United Kingdom	Pre-registration occupational therapists (n=5)	This study explored how pre-registration occupational therapy students experienced and ascribed meaning to their role emerging placement.	Interviews - phenomenology	BJOT
Jakobsen and Hansen [78], 2014, Denmark	Students (occupational therapy, nursing and physiotherapy) (n=17; OT n= 4) Clinical tutors (n=8; OT n= 2)	This study evaluated whether students learned about interprofessional collaboration and strengthened their professional identity through an interprofessional training unit and whether the clinical tutors could create a safe and challenging learning environment.	Qualitative – interviews (unspecified methodology)	JIPC
Kraft et al. [79], 2014, Sweden	Health care professions (occupational therapists, physiotherapists, nurses) working in a range of short-term care settings (n=10; OT n=4)	This study described collaboration in rehabilitation from the perspective of healthcare professionals	Qualitative – interviews (unspecified methodology)	International Journal of Older People Nursing

Johannessen and Steihaug [80], 2014, Norway	Health care workers (including occupational therapists) working in an intermediate care unit (n=38; OT n=2)	This study explored the significance of professional roles in collaboration on patients' transitions from hospital to home via an intermediate care unit	Qualitative – interviews (unspecified methodology)	Scandinavian Journal of Caring Sciences
Dures et al. [81], 2014, United Kingdom	Rheumatology clinicians (including occupational therapists) (n=16; OT n=6)	This study explored rheumatology clinicians' experiences of a variety of brief skills training courses to understand which aspects were helpful or unhelpful, and to identify the barriers and facilitators of applying the skills in clinical practice	Qualitative – interviews (unspecified methodology)	BMC Musculoskeletal Disorders
Turner and Knight [5], 2015, Global (written in the UK)	Occupational therapists. Journal articles with occupational therapy professional identity as a focus (n= 12)	This study reviewed and analysed literature pertaining to the professional identity of occupational therapy.	Critical literature review	BJOT
Guajardo et al. [3], 2015, Global (written in Africa)	Occupational therapists	This paper critically reflected on the historical conditions that shape the institution of occupational therapy, particularly in the regions of South America and Africa.	Conceptual: opinion piece	SAJOT
Clarke et al. [15], 2015, United Kingdom	Female graduate occupational therapists (n=5)	This study explored the ways in which five occupational therapy graduates felt their role-emerging placement influenced their professional identity and practice once qualified.	Interviews - phenomenology	BJOT
Boehm et al. [48], 2015, Australia	Occupational therapy students (n=54)	This study explored the development of occupational therapy identity and graduate attributes in occupational therapy students after the first year of a revised curriculum.	Mixed methods - survey	BJOT
Wimpenny and Lewis [82], 2015, South Africa and United Kingdom	Graduate occupational therapists (n=11)	This study explored how an occupational therapy pre-registration programme prepared occupational therapy graduates for contemporary mental health practice.	Interviews – case study	SAJOT
Bondoc and Wall [83], 2015, United States	Occupational therapy students (n=53) and physical therapy students (n=64)	This study explored interprofessional attitudes and perception toward interprofessional learning and practice in student occupational therapy and physical therapy.	Mixed methods – survey, focus groups	OTHC
Kirsh [4], 2015, Global (written in Canada)	Occupational therapists	This paper argued that occupational therapy's dominant individualistic perspective is too narrow to allow the profession to become a socially and	Conceptual: opinion piece	CJOT

		politically responsible discipline to meet the goal of enabling occupation for all. It presents an argument for integrating advocacy into occupational therapy identity and discusses why occupational therapists should advocate at political and public levels.		
Martinez and Leland [84], 2015, United States	A patient, care giver, student occupational therapist and practice educator	This case study explored an occupational therapy episode of care from the perspectives of patient, caregiver, and primary occupational therapy care provider.	Interviews – case study	OTJR
Drolet and Sauvageau [85], 2016, Canada	French-speaking occupational therapists in Quebec (n=26)	This study explored what Quebec Francophone occupational therapists perceived as the building blocks of their professional values.	Interviews - phenomenology	SJOT
Britton et al. [1], 2016, Australia	Acute care occupational therapists (n=14)	This study explored the practice challenges experienced by Western Australian acute care occupational therapists and if and how these occupational therapists were modifying their practice in response to these practice changes.	Interviews – grounded theory	AOTJ
Drolet and Desormeaux-Moreau [86], 2016, Canada	French-speaking occupational therapists in Quebec (n=26)	This study explored what French-speaking occupational therapists in Quebec perceived to be the values of occupational therapy.	Interviews - phenomenology	SJOT
Ashby et al. [26], 2016, Australia, Canada, Ireland, United Kingdom and United States	Final year occupational therapy students (n=319)	This study explored students' perspectives on the ways pre-entry experiences and curricula content shape professional identity.	Qualitative - exploratory	AOTJ
van Stormbroek and Buchanan [87], 2016, South Africa	Community service occupational therapists (n=104)	This study explored the characteristics and general experiences of community service occupational therapists.	Mixed methods - survey	SAJOT
Hooper et al. [88], 2016, United States	Occupational therapy university programs (n=25)	This study explored if and how teaching occupational science was represented in occupational therapy programs.	Mixed methods - survey	Journal of Occupational Science
Kururi et al. [89], 2016, Japan	Students (occupational therapy, laboratory sciences, physical therapy, occupational	This study examined the professional identity process (PIAP) model in an interprofessional education programme using structural equation modelling.	Quantitative - survey	JIPC

	therapy) (n=1581; OT n=194)			
Carra et al. [90], 2017, Australia	Occupational therapy academics (n=13)	This aim of this action research project was to be and become more scholarly academics. It was one facet of an overarching action research project that set out to explore and develop academic identity and enhanced scholarship practices among occupational therapy academics.	Action research	BJOT
Cox [91], 2017, Global (written in UK)	Occupational therapists	This paper explored the complexities of being an occupational therapist facilitating occupation in people's lives to allow them to maintain, restore, enhance and/or value occupational well-being.	Conceptual: lecture	BJOT
Hess-April et al. [92], 2017, South Africa	Occupational therapists with at least two years' experience working in a tertiary hospital (n=4)	This study explored occupational therapists' perceptions and experiences regarding occupation-based practice in a tertiary hospital setting in the Western Cape, South Africa.	Qualitative – phenomenology	SAJOT
Moores and Fitzgerald [93], 2017, Global (written in Australia)	Graduate occupational therapists (Papers included in the review n=13)	This literature review identified evidence-based recommended actions that would assist new graduate occupational therapists to transition from student to practitioner.	Non-systematic literature review	Australian Health Review
Ashby et al. [94], 2017, Australia	Mental health occupational therapists (n=9)	This study explored the ways psychological theories and therapies shaped occupation-based practice in mental health settings.	Interviews – narrative inquiry	AOTJ
Binyamin [49], 2018, Israel	Occupational therapy students (n=196)	This study explored how a pedagogical method of collaborative reflection on relational dilemmas with role partners developed occupational therapists' professional identity.	Narrative inquiry	Advances in Health Sciences Education
Lahav et al. [95], 2018, Israel	Occupational therapy students (n=150)	This longitudinal study explored how a structured model of Service-Learning helped develop professional identity amongst occupational therapy students.	Mixed methods - survey	SJOT
Manspeaker et al. [96], 2018, United States and Australia	Healthcare students including an occupational therapy student (n=12; OT n=1)	This study explored student perceptions of readiness for interprofessional learning and of a faculty-led study abroad program to Australia.	Mixed methods - survey	JIPC
Burley et al. [97], 2018, Australia	Occupational therapists working in hand clinics (n=3)	This study explored the practice of occupational therapists within Primary Contact Occupational Hand Clinics from an occupational perspective.	Ethnography	AOTJ

Devery et al. [16], 2018, Australia	Occupational therapists working in eating disorders (n=10)	This study explored challenges faced by occupational therapists working in eating disorders, their sense of professional identity, burnout and job satisfaction.	Mixed methods	AOTJ
Scanlan [98], 2018, Australia	Mental health occupational therapists (n=118)	This study evaluated the construct and internal validity of the Professional Identity Questionnaire.	Rasch analysis	AOTJ
O'Shea and McGrath [99], 2019, United Kingdom	Occupational therapy academics (n=9)	This study explored how contemporary factors of neoliberalism, evidence-based practice and emerging disciplinary knowledge discourses were structuring occupational therapy lecturer professional identity. It highlighted how this identity is shaped within an occupational therapy professional habitus, and what this means for approaches to teaching and learning of students.	Interviews – narrative inquiry	BJOT
Rees et al. [100], 2019, Australia	Students and clinicians (medicine, midwifery, nursing, occupational therapy, paramedicine and physiotherapy) (n=61; OT n=15)	This study explored how soon-to-become graduates and workplace-based clinicians construct their own and others' identities in interprofessional student-clinician interaction narratives.	Interviews – narrative inquiry	Medical Education
Scanlan and Hazelton [101], 2019, Australia	Mental health occupational therapists (n=118)	This study explored the relationships between job satisfaction, burnout, professional identity and meaningfulness of work activities for occupational therapists working in mental health.	Rasch analysis	AOTJ
Matthews et al. [102], 2019, Australia (global)	Professional identity measures	This study identified professional identity measures used with university students enrolled in health programs and synthesised the evidence of their psychometric properties	Systematic review	BMC Medical Education
Krishnagiri et al. [103], 2019, US	Occupational therapy curriculum	This study explored how occupational therapy programs address occupation	Survey (mixed methods)	AJOT
Galheigo et al. [104], 2019, Brazil	OTs working in Paediatrics (n=9)	This participatory action research project involved the implementation of a community of practice with the aim to examining its affordances among pediatric occupational therapists working in acute care in Brazil.	Participatory action research	Cadernos Brasileiros De Terapia Ocupacional
Jentoft [105], 2020, Norway	Health students (N=6; OT n=2)	This study explored interprofessional learning among health students within a mental health outpatient setting. The focus was on how they manage to establish a boundary-crossing community of practice	Ethnography focus groups	Journal of Interprofessional Care

Clough [106], 2019, US	Occupational therapists working in schools (n=14)	This study explored the context of service delivery decision-making in school-based occupational therapy practice.	Qualitative, semi-structured interviews	Journal of Occupational Therapy, Schools and Early Intervention
Zubriski et al. [107], 2020, Canada	Occupational therapist working with men transitioning out of incarceration (n=1)	This study provided a critical, first-person account about emerging occupational therapy practice with men transitioning to the community post-imprisonment	Autoethnography	CJOT
Porter and Wilton [108], 2020, Australia	Allied Health staff (n=197)	This study evaluated change in professional identity of allied health staff associated with a major health network organizational restructuring in Australia.	Quantitative questionnaire pre and post restructure	Nursing and Health Sciences
Binyamin [109], 2021, Israel	OT students (n=196)	This study identified the key strategies for coping with relational dilemmas in occupational therapy students.	Phenomenology, case studies	Advances in Health Science Education
Lamash and Fogel [110], 2021, Israel	OTs in Education Systems (n=147)	This study evaluated the Role-Perception Questionnaire for Occupational Therapists in the Education System's (RP-OT) psychometric properties, the Professional Identity Scale (PIS) internal consistency among occupational therapists, and relationships among role perception, professional identity, and demographic characteristics	Questionnaire and Professional Identity Scale and factor analysis	CJOT
Marcolino et al. [111], 2021, Brazil	OT's working in primary health care (n=9)	This study explored the trajectory of a Community of Practice of seven occupational therapists working in primary health care and a researcher team in Brazil.	Participatory action research	AOTJ

Table 2. Year of publication of included studies (N=89)

Year	Number	Percentage
1977	1	1.12%
1985	1	1.12%
1988	1	1.12%
1989	1	1.12%
1995	1	1.12%
1996	1	1.12%
1998	1	1.12%
1999	1	1.12%
2000	1	1.12%
2001	2	2.25%
2002	1	1.12%
2003	3	3.37%
2004	1	1.12%
2005	2	2.25%
2006	3	3.37%
2008	5	5.62%
2009	5	5.62%
2010	2	2.25%
2011	2	2.25%
2012	4	4.49%
2013	5	5.62%
2014	6	6.74%
2015	8	8.99%
2016	7	7.87%
2017	5	5.62%
2018	6	6.74%
2019	8	8.99%
2020	2	2.25%
2021 (up to May)	3	3.37%

Table 3. Population of included studies (N=89)

Population	Number	Percentage
Occupational therapists (general)	22	24.72%
Occupational therapy students	10	11.24%
Mental health occupational therapists	10	11.24%
Students (various health professions)	9	10.11%
Graduate /novice occupational therapists	7	7.87%
Health professionals (including occupational therapists)	5	5.62%
Occupational therapy curriculum	5	5.62%
Occupational therapy academics	3	3.37%
Paediatric occupational therapists	3	3.37%
French-speaking occupational therapists in Quebec	2	2.25%
Occupational therapists working in a large hospital	2	2.25%
Occupational therapists working in education systems	2	2.25%
Occupational therapists working in community services	1	1.12%
Occupational therapists working in primary health care	1	1.12%
Occupational therapists working in eating disorders	1	1.12%
Occupational therapists working in hand clinics	1	1.12%
Occupational therapists working in acute care	1	1.12%
Rheumatology clinicians (including occupational therapists)	1	1.12%
Occupational therapists working with recently incarcerated males	1	1.12%
Patient, care giver, student occupational therapist and practice educator	1	1.12%
Professional identity measures	1	1.12%

Table 4. Publishing journal of included studies (N=89)

Journal	Number	Percentage
British Journal of Occupational Therapy	16	17.98%
Australian Occupational Therapy Journal	12	13.48%
American Journal of Occupational Therapy	8	8.99%
Scandinavian Journal of Occupational Therapy	6	6.74%
Journal of Interprofessional Care	6	6.74%
South African Journal of Occupational Therapy	5	5.62%
Occupational Therapy International	5	5.62%
Canadian Journal of Occupational Therapy	5	5.62%
Occupational Therapy in Health Care	3	3.37%
Occupational Therapy Journal of Research	2	2.25%
World Federation of Occupational Therapists Bulletin	2	2.25%
Occupational Therapy in Mental Health	2	2.25%
Advances in Health Sciences Education	2	2.25%
Cadernos Brasileiros De Terapia Ocupacional	1	1.12%
British Journal of Therapy and Rehabilitation	1	1.12%
The Internet Journal of Allied Health Sciences and Practice	1	1.12%
New Zealand Journal of Occupational Therapy	1	1.12%
Health and Social Care in the Community	1	1.12%
Journal of Occupational Therapy, Schools and Early Intervention	1	1.12%
Journal of Allied Health	1	1.12%
International Journal of Older People Nursing	1	1.12%
Scandinavian Journal of Caring Sciences	1	1.12%
BMC Musculoskeletal Disorders	1	1.12%
Journal of Occupational Science	1	1.12%
Australian Health Review	1	1.12%
Nursing and Health Sciences	1	1.12%
BMC Medical Education	1	1.12%
Medical Education	1	1.12%

Table 5. Location of included studies (N=89)

Location	Number	Percentage
Australia	19	21.35%
United States	16	17.95%
Global (Opinion piece or lecture)	15	16.85%
United Kingdom	10	11.24%
Africa	6	6.74%
Canada	5	5.62%
Israel	5	5.62%
Global or multinational study	4	4.49%
Norway	3	3.37%
Brazil	2	2.25%
Iceland	2	2.25%
Sweden	2	2.25%
Denmark	1	1.28%
Japan	1	1.28%

(NB: some studies were across two or more countries so were included in the count for each location)

Table 6. Research design of included studies (N=89)

Research Design	Number	Percentage
Quantitative		
Survey	4	4.49%
Quasi-experimental non-equivalent group design	1	1.12%
Rasch analysis	1	1.12%
Factor analysis	1	1.12%
Qualitative		
Interviews (unspecified methodology)	12	13.48%
Interviews Phenomenology	8	8.99%
Interviews Narrative inquiry	4	4.49%
Interviews Grounded theory	2	2.25%
Interviews Case study	2	2.25%
Ethnography / autoethnography	4	4.49%
Action research	4	4.49%
Exploratory	2	2.25%
Focus groups	1	1.12%
Reflections Narrative inquiry	1	1.12%
Narrative – mixed methods	1	1.12%
Mixed or unspecified qualitative design	2	2.25%
Mixed Methods		
Survey	9	10.11%
Other mixed methods	4	5.13%
Review		
Non-systematic literature review	2	2.25%
Systematic review	1	1.12%
Discourse analysis	1	1.12%
Conceptual/ theoretical		
Conceptual/ theoretical e.g. opinion piece or lecture	17	19.10%
Case study	4	4.49%
Practice-based reflection	1	1.12%

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