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# **Students' Experiences of Practice Placement and Development of Competency: A Qualitative Study Among Slovenian Occupational Therapy Students**

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**Abstract** – Practice placement is an essential part of occupational therapy education. However, many students report feeling insufficiently prepared to work independently, which can contribute to feelings of stress and low professional confidence. The aim of our study was to explore the students' experiences before and after their placement. We are interested for how their professional occupational therapy competencies were developed. Focus group interviews conducted before and after the placement with final-year occupational therapy students. We used the qualitative analysis to analyze the research material, aided by the computer program Atlas.ti. Seven main categories emerged from the qualitative analysis: (1) student preparation; (2) positive expectations regarding the placement; (3) worries regarding the placement; (4) self-evaluation of competencies before the placement; (5) fulfillment of expectations; (6) problems and fears during the placement; and (7) self-evaluation of competencies and skills after the placement. Occupational therapy students often experience anxiety related to their professional confidence and abilities. Our findings suggest that the following factors are important for competence building: managing student expectations, the ability to link theory with practice, observing progress in clients, building good rapport, recognizing the client as the most important part of the occupational therapy process, and availability of educators. The findings could be useful as the basic knowledge for future home based occupational therapy fieldwork.

**Keywords** – Occupational Therapy Fieldwork, Self-Evaluation, Focus Groups, Student Perceptions, Occupational Therapy Competences.

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## **I. INTRODUCTION**

Occupational therapy educational programs need to follow emerging trends in health and social care continuously so that new graduates can be well-educated and competent when they start working. This can sometimes present a challenge, particularly in areas of practice undergoing major paradigm shifts and policy developments, such as rehabilitation services for aging people in the community [1, 2]. The additional challenge might be that priorities of students and educators regarding necessary knowledge and skills might not always be compatible [3]. Practice placement presents an essential part of occupational therapy education during which students are expected to develop practical skills to treat patients, as well as personal skills that lead to the development of professional behavior [4-8]. However, occupational therapy students do not always feel sufficiently prepared when they start their fieldwork, which can contribute to feelings of anxiety and stress [6]. In addition, this previously been suggested that our knowledge of what makes for a positive clinical experience is still lacking [5].

In Slovenia, the demand for occupational therapists is growing. Until recently, they have primarily been employed in hospital settings and clinical institutions with limited access to the clients' home environments due to lack of financing and insufficient policy arrangements. This is now gradually changing [9]. It is expected that new legislation supporting long-term care will be implemented in Slovenia soon, which will likely increase the

focus on care and therapy provision in the home environment [10]. Arguably, this might result in a more formal backing of the provision of occupational therapy services in the client's home.

As more occupational therapists are likely to start seeking employment in this professional niche, university curriculum needs to increase the focus on knowledge and hands-on skills related to home-based occupational therapy. The best way to develop these competencies is through clinical practice [5, 11]. However, it is not well understood how students in Slovenia perceive current clinical practice arrangement, or whether they feel it provides them with sufficient confidence and skills for independent practice in the client's home environment. Furthermore, the literature on home-based occupational therapy is scarce with regard to student perceptions and experiences [12]. We need more studies with students to determine perceptions and values related to fieldwork education argue Koski, Simon and Dooley [4]. The aim of our study was to explore the students' experiences before and after their placement, with a special focus on competency development. The current study investigate student's occupational therapy competences in home based occupational therapy fieldwork at 3<sup>rd</sup> year educational program. Students encountered clients the first time in the client's home environment. Specifically, we were interested to know how Slovenian occupational therapy students self-evaluated their progress. Therefore, the present study aims to answer the following research questions:

RQ1: What are the occupational therapy students' expectations prior to their practice placement?

RQ2: How are occupational therapy students experience their practice placement with community-dwelling older people?

RQ3: How is a sense of professional competence developed during an occupational therapy placement?

#### *A. Literature Review*

Demands of tertiary education on students are high, especially in medical and health-related fields where students need to cope with both academic and clinical workloads. It has been noted that occupational therapy students experience significant stressors in different areas of their lives and employ different coping strategies to manage them [13].

A South African study found that second, third and fourth-year occupational therapy students were more affected by academic stress than personal stress. Final year students-who spent a big proportion of the study year doing practical fieldwork-reported the highest levels of academic stress. Furthermore, it was observed that, sometimes, stress was so pronounced that students required a medical intervention for health problems related to ongoing stress exposure [13]. Studies of nursing students, too, reported that prior to attending university, many of them had not experienced stress of such amplitude [14], with the highest stress levels often recorded at the beginning of clinical placements and when approaching the final examination [15, 16]. A study among Slovenian midwifery students, who followed a 3-year graduate program, showed that one in every five students experienced the course as very stressful. First year students perceived the course as the most demanding. Nonetheless, the authors argued that with sufficient social support, the stress could be seen as eustress and could help motivate the students [17]. It has also been acknowledged that practice educators, too, can experience significant stress linked to supervising students [8].

Literature suggests that preparations of students for clinical practice are important and can reduce stress for both students and educators [18]. A study by Spiliotopoulou [8] showed that a 4 -week preparation helped stude-

nts address some of their concerns and anxieties, and ensured they were more able to meet the demands of the practice placement. Rodger et al. [18] also suggested that student preparation was a key feature of quality placements. Mentorship and the relationship between a mentor and a student also appear to play a crucial role in the overall experience of fieldwork [4, 6, 19]. Many scholars have argued that effective feedback is a fundamental part of a mentor's role and can contribute to the student's sense of trust, motivation and self-respect [18-21]. However, a mentor's constant presence can also be perceived as stressful since students are aware they are being evaluated. Nonetheless, when it comes to novel settings, assistance from mentors can be particularly valued. A study of physiotherapy students, for example, suggested that they experienced difficulty adapting to the home-based context of rehabilitation and requested more assistance to perform their interventions in a real-life situation [22]. When assessing occupational therapy fieldwork educator behavior, Koski, Simon and Dooley [4] also found that different levels of support might be required depending both on the placement and the experience of students. While the supervisory role might initially need to be more direct to provide sufficient support, it could then gradually become less direct.

To the best of our knowledge, no studies to date explored the experiences of Slovenian occupational therapy students with fieldwork. Studies with nursing students in Slovenia—a professional group that also follows a 3-year university program—showed that their level of competency was not homogenous. There appear to be significant differences between students relating to practical skills and theoretical knowledge [23]. It has, therefore, been suggested that sufficient preparation for fieldwork is essential to the overall success of clinical practice and influences the development of competencies in students [24].

## **II. METHODOLOGY**

### *A. Setting*

This research took place at the department of occupational therapy, faculty of health sciences at the University of Ljubljana in Slovenia. At the university concerned, a bachelor's degree in occupational therapy is a 3-year full-time program since 1964. Each year 60 new eighteen or nineteen years old students, mostly females entered in year one. The number of students in school year 2015/16 in 3<sup>rd</sup> year class was 44 (six males, thirty-eight females). In year three, students participate in a practice placement that is divided into two parts; part one is nine weeks long while part two lasts five weeks. Students can choose between different settings ranging from inpatient institutions and private practices to home-based occupational therapy. The latter was of particular interest to our study due to its relative novelty in the context of Slovenian occupational therapy. Practice placement in the client's home environment has been offered occasionally to third-year students since 2005 as a part of different projects; therefore, its implementation largely depended on grants the department of occupational therapy applied for. In the study year 2015/16, the grant was provided by the Norwegian Financial Mechanism Program under the project active and quality aging in the home environment, hence, we could offer clinical practice with older people living in the community and conduct a study about the students' experiences that is presented herein.

During their fieldwork, students are expected to develop competencies relating to: (1) the areas of human occupation, (2) different occupational therapy theoretical models and approaches, (3) occupational therapy process in different areas of occupational therapy practice, (4) activity analysis and adjustment of activities according to the client's abilities, (5) professional skills needed for the implementation of occupational therapy

tasks, (6) evaluation and documentation of occupational therapy process, and (7) the organizational and managerial perspective of practice [25]. Throughout their fieldwork, students are supervised by a mentor (practice educator) who evaluates students during their placement (50% of the grade). However, the mentor is not present on-site. The rest of the student's mark consists of a written report (25%) and a case study presentation in front of the class (25%). Students perform their practice placement in pairs. Those who did their practice placement with community-dwelling older adults had a weekly meeting with their two mentors to discuss case studies and exchange information. Mentors were also available via telephone and e-mail all days of the week. Furthermore, a facebook group was started that connected the two mentors and students. Dilemmas, problems and experiences were, therefore, exchanged and addressed on a regular basis.

### *B. Design*

To gain insight into students' experiences and perceptions, a qualitative study design was chosen. We wanted to increase our understanding of students' expectations and anxieties related to practical work with older people living in the community. The phenomenon under study was explored by interpreting the participants' meaning-making process that focused on their personal experiences [26]. To gather research material, a focus group method was utilized. Focus groups have been recognized as useful in exploratory research and in social sciences, especially when including people with similar interests and experiences [27]. Furthermore, focus groups can assist in accessing a more holistic view of a phenomenon through participant synergy, for instance, participants encouraging one another's expression of opinions, beliefs and views [28].

### *C. Participants*

All third-year occupational therapy students who opted to do their practice placement in the clients' homes in the study year 2015/16 were invited to participate in our study. Written information about the aim of the study was given to potential participants and they all agreed to take part, so the sample consisted of 14 students. Eleven out of the fourteen participants were females. During the first interview, participants were between 20 and 23 years old ( $M = 21.79$ ,  $SD = 1.12$ ). Their involvement was voluntary, and no incentives were offered. There were no dropouts during the study.

Ethical clearance was obtained from the National Medical Ethics Committee (reference number 0120-313/2015-6v).

### *D. Data Collection Procedures*

Students were divided into two groups. Each of them participated in two focus group conversations that took place at the department of occupational therapy; one before they started with the fieldwork (October 2015) and one after the placement was finished (February 2016). Interviews lasted between 60 and 90 minutes. All focus groups were moderated by an independent researcher who was not involved in the students' evaluations at the university, which allowed for a more impartial approach. To help with the discussion's flow and to ensure topics of interests were sufficiently covered, an interview guide was prepared by the first author. The second author reviewed the guide and the final version was agreed upon by both authors. Table 1 presents examples of questions that were used. The order of questions was not fixed and could be adapted according to the dynamic of the conversation. Also, additional questions were sometimes asked to gain a deeper understanding of a specific segment the participants were describing. For instance, when talking about preparations and

expectations, students were also asked if they inquired with previous generations of students about what to expect and whether they studied additional literature to help them prepare. Focus group conversations were, therefore, influenced by the information and knowledge provided by the participants and how these were situated within the context of our study [29]. Focus group interviews were recorded with the students' permission and transcribed verbatim by the independent researcher.

Table 1. Focus group interview guide.

Questions before the Placement	Questions after the Placement
1. How did you prepare for practice placement?	1. Did you have any concerns during your placement?
2. What are your expectations of practice placement?	2. How do you evaluate your competencies now?
3. What are you looking forward to?	3. Where did you experience most difficulties?
4. Do you have any concerns?	4. How did you solve problems that emerged?
5. How do you evaluate your professional competencies?	5. What do you think were the advantages of clinical placement in the client's home?

### E. Data Analysis

Interpretative phenomenological analysis is a qualitative approach, which aims to provide detailed examinations of personal lived experience [30]. When conducting the qualitative analysis, the interpretive phenomenological analysis was followed [30]: (1) constructing a research question and deciding a sample, (2) collecting data: semi-structured interviews as the exemplary method, (3) constructing the interview (4) constructing questions, (5) interviewing, (6) tape recording and transcription, (7) analysis, (8) looking for themes, (9) connecting the themes, (10) writing up, (11) conclusion. Computer program Atlas.ti (version 7) was used to aid the analysis. Due to the limitations in the scope of our qualitative material, further theory elaboration was not possible. The main goal of the qualitative analysis was to inductively develop concepts and explanations relating to the planning, implementation and evaluation of clinical practice of third-year occupational therapy students at the University of Ljubljana. Discussion between the authors and the independent researcher allowed for peer checking [31]. Codes and emergent themes were discussed until a consensus was reached.

## III. FINDINGS

Seven main categories that emerged from the interviews are described using direct quotes from the students. Table 2 presents the summary of categories and divides them according to the context of pre- or post-placement occurrence.

Table 2. Categories describing students' experiences and expectations.

Before the placement	During/After the placement
A. Student preparation	
B. Positive expectations regarding the placement	E. Fulfilment of expectations
C. Worries regarding the placement	F. Problems and fears during the placement
D. Self-evaluation of competencies	G. Self-evaluation of competencies and gained skills

### A. Student Preparation

Before their practice placement commenced, students received a Guidebook that provided information about the placement and outlined the academic expectations. They also reported inquiring with previous generations of students about their experiences, looking for advice on how to be successful. Furthermore, many students revised their theoretical knowledge by referring to their study notes and occupational therapy literature. This enabled them to refresh their theoretical knowledge which they felt was somewhat sufficient to offer occupational therapy treatment at the client's home. In fact, some felt slightly overwhelmed by all the information they were gathering prior to their fieldwork. One student pointed out: *"Now I have so much information that I don't even know where to begin."* (Student 1)

Finally, the prospect of working with actual patients also required the students to undergo a sort of a 'psychological preparation'. One student described:

*We have the knowledge, but this will be something completely new...This, that we'll actually visit a person's home is a different situation...so there is the fear of the unknown that requires some psychological preparation.* (Student 3)

Another one said:

*I had a look at one of my old papers where there was a case study, no more than that. And then there was the psychological preparation. In a way, I can hardly wait for the "OT-ish" part of the work to begin. The anticipation makes me happy and also pleasantly excited.* (Student 14)

### **B. Positive Expectations Regarding the Placement**

Students' positive expectations were mostly focused on three segments: (1) the possibility of working independently in an authentic environment, (2) implementing theory into practice, and (3) witnessing holistic occupational therapy treatment. One of the students used a metaphor of a ship leaving the port when describing the expectations of practice placement in relation to professional development and self-confidence:

*It's like being on a ship that is leaving the harbor for the open seas. Up until now, we only did what was necessary or what we were told to do [when working in an institution]. However, now, there will be a million ways of approaching things and it will be up to us what we are going to do and how we'll do it.* (Student 6)

Students were aware that mentors will provide less guidance compared to their previous fieldwork in a hospital setting. They felt that their first encounter with home-based occupational therapy might be challenging and expected it to be very different from in-patient occupational therapy. One of the students summarized the ambivalent feelings surrounding independent work:

*We'll actually do a home visit. And we are afraid of that, but we are also very happy to be able to do it. It just seems a bit terrifying at the moment. But I think it's great we'll be left to our own devices. This will be an opportunity to see what we can actually do and dig deep. When you work in the hospital, you just follow a routine. You don't have the freedom. But here, we'll actually be able to observe the fruits of our work.* (Student 9).

Others, too, praised the opportunity to work independently:

*I'm looking forward to becoming more knowledgeable about home-based OT. I think when you work independently it's different than when you're in an institution where you're always supervised. If we can master this situation on our own, we'll be able to pull it through in any other situation too.* (Student 3)

Furthermore, students expected the work experience to enrich their understanding of authentic occupational therapy and provide them with a chance to reflect on their decision to study occupational therapy. One student said: “Finally, this will be our chance to see how an occupational therapist can work and what we can expect from our future profession.” (Student 7)

Another one added: “This is our future, this is occupational therapy”. (Student 9)

### C. Worries Regarding the Placement

Students expressed some doubts about their capabilities and felt acutely aware of being inexperienced: “We’re very inexperienced, we lack clinical experience. So, there’s a lot of fear present.” (Student 2)

They were also unsure about how to approach clients in their own environment and how to communicate with them and their family members. One student reported:

*If the client lives alone, you’ll interview him. But, if he doesn’t live alone, you’ll need to negotiate with the family as well. And I don’t know what to expect from them or how to ask questions. It’s easier to ask the client directly, but I’m not sure if I can also ask the relative directly!.../ the client will tell you as it is, but I don’t think the relative can do that. The relative only observes things, he doesn’t feel them. And I think there can be some loss of information there; that things that they might take for granted [and not tell] could be important for us to know.* (Student 7)

The students also acknowledged that they might come across patients who will be less willing to cooperate:

*I think we all think we are so good at this. But, it might not be that easy...you might get on great with one person, but then you come across somebody else and you’ll feel totally blocked. It really depends on who your client is.* (Student 4)

### D. Self-Evaluation of Competencies Prior to Placement

Students expressed doubts and insecurities that mostly related to their knowledge and practical experiences. Often, they felt inadequately professionally prepared, unable to link theory with practice and lacking practical skills. One of them described:

*I think that we have enough knowledge, but it can be difficult to transfer it to the home environment. And there might be a diagnosis we haven’t come across yet. When I did my in-patient practice, I didn’t really deal with any difficult cases.* (Student 9)

Students also highlighted that they did not feel competent to make the first contact and establish a cooperative relationship with a client. One summarized the frustration connected with the perceived lack of competencies:

*We often hear from our professors: “Occupational therapists can do this and that”. But we have only heard it., It was not explained to us. They said that we know it, but we don’t really know it. We don’t know how to do it.* (Student 10)

When reflecting on her competencies, another student said:

*It’s difficult to say. When it comes to theory, I feel quite competent, but thinking about practical work, I don’t really feel it. Theory and practice are so different. And it also depends on the area of OT, because this is such a*

*broad profession. Some areas are quite similar and then you have some, that are totally different. That really influences how competent I feel, but I hope I have enough for this fieldwork.* (Student 4)

#### E. Fulfilment of Expectations

When students evaluated the fulfilment of their expectations after the placement, their answers could be divided into three groups. The first group comprised of those whose expectations were fulfilled or exceeded. These were the students who, prior to the placement, had relatively low expectations and did not feel very confident: "I expected it to be tough, and that I won't find my place, and that maybe I don't have enough knowledge. But, I think I have overcome all that." (Student 2)

The second group comprised of students who had very high-sometimes unrealistic-expectations that were not met. They experienced a gap between their expectations and the reality of working with a client. Most of them reflected that the plans they had were sometimes too broad and demanding and did not consider the client's wishes, daily routines and health condition, which contributed to poor outcomes.

This group of students also learned how stressful the first contact with a client could be, and that balancing the client's wishes with the student's expectations was often a part of the process. One of them described:

*I didn't imagine that the first contact would be so stressful. All these discussions, and sometimes you agreed on something and it then fell through. Or, you were persuading the client for 15 minutes to accept help. All these negotiations were quite stressful at the beginning.... And there was another thing. You had imagined everything you wanted to do with the client in one session. And then you got there, and they maybe slept badly or were having a bad day or just preferred to chat. And you were not able to make them do things that you had in mind. So, there was a lot of negotiation between the client and the therapist.* (Student 11)

Another one described how comprises had to be reached:

*When I met the client, I had so many ideas. And then I saw it just wasn't possible...you're in the client's home and he has his own daily rhythm and routine that he's not going to change for me. So, I had to really put the client first and respect him and his wishes and only then we were able to do something.* (Student 6)

The third group included students who did not have any expectations before the beginning of clinical practice. Since this was their first experience of home-based occupational therapy, they did not know what to expect. Their approach consisted of creating their expectations only when they first met with their clients. For instance:

*Well, I didn't have some great expectations. Maybe some fear. What will happen if a client declines? But it wasn't difficult to connect and then we set goals together. At the start, we might have aimed too high, but then you could see that they were also happy with little. I gained so much just by talking to them.* (Student 1)

#### F. Problems and Fears during the Placement

All students included in our study experienced some difficulties during the placement. Often, these were related to their doubts about professional competencies and the clients' refusal to cooperate. The latter was more pronounced in students who had high (unrealistic) expectations about home-based occupational therapy and about what an elderly person could do. Their worries were expressed in the following example:

*I wasn't sure if there was going to be a way of going through with the goals that we set at the start, after the*



*initial meeting. And whether we could reach a compromise between our ideas and the client's acceptance of them so that we could change something in the home environment. (Student 7)*

Students tried to overcome these difficulties by: (1) looking for information in the literature, (2) creating activities the clients would enjoy, (3) incorporating the client's wishes and preferences into the occupational therapy intervention, and (4) by being persistent and trying to motivate the client. It often took a while for a student to find a balance in their approach, for example:

*I found it really hard and I wasn't sure if the client was being stubborn or unmotivated or was it just about the fact that she was 92 years old and fed up with everything. One lady always said: "My days of work are over". But I really wanted her to get involved in an activity that she could enjoy, but she simply didn't want that. I found that really hard, because I struggled with what to do with her...I didn't really search the literature to find a solution, but I just accepted the fact that the lady can't or doesn't want to and we'll just focus on the things that she likes and she thinks contribute to her health. (Student 5)*

The students also felt supported by the weekly meetings and the supervision they received, which proved to be a good strategy to manage the challenges they encountered:

*Weekly meetings were one of the best things; they were a great help, because you heard from others, they told you and the mentors as well.../ the mentors were always available, you could call or write or come in person, that was really good. Because sometimes you felt stuck with something and then it was the mentors who could help you out. (Student 8)*

Another student echoed that and described how the mentors also offered on-site assistance when required: "If we didn't know something, we asked the mentor and she would come with us and explained things or she demonstrated how to do something." (Student 7)

Some problems were also resolved through peer support. One student said:

*Because we worked in pairs, we were able to find solutions for most troubles that came up. We helped each other and worked together as a team. The meetings at the uni were useful as well; you got some ideas from others and saw if you were going the right way. (Student 13)*

Some students also struggled to assess the older person's physical abilities and exercise tolerance. They were worried that an inappropriately chosen activity could harm the client.

*I was afraid because I did not know how far I could go. I knew the lady needed some conditioning, but I didn't know how far I could push her. Where is the limit so that you don't overdo it and cause harm? (Student 2)*

Students also experienced fears related to clients' longevity and the possibility of death. One described: "With an old person, something like this could happen/.../ and that's what I was most afraid of. That I'll knock on the door and there will be no answer." (Student 13)

### **G. Self-Evaluation of Competencies and Gained Skills**

Self-evaluation of competencies was generally better after the placement compared to before. New knowledge and skills were predominantly developed during independent work that involved little guidance from mentors. Working independently empowered students and enabled them to link theory and practice:

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*I realized what occupational therapy is and what it means to work in a person's home/.../I think I only now studied models and approaches in-depth and got to implement them/.../ before, we never studied them so intensely because we didn't have to. But now, we actually had to do something.* (Student 10)

Students also gained new insights by talking to clients and hearing their life stories and wisdom. Although prior to the placement, students had been worried about how to approach clients, they described positive impressions of their cooperation: "After a few weeks, we caught the rhythm and we weren't afraid anymore. The clients, too, became more open; they liked talking to us and sharing their news." (Student 4)

Students' professional confidence also grew when they received positive feedback from clients or they observed an improvement in their functioning. Furthermore, students were encouraged when they saw they could manage the whole process of occupational therapy alone for the first time. One explained:

*Yes, finally we completed the whole OT process. And I really liked that we saw in real life what stroke was, what hemiplegia was. I could really feel how the arm of the client relaxed [after the intervention]. Because before we only practiced on each other and you don't really get the feel. But now, after doing it for 9 weeks, you could feel the difference.* (Student 6)

#### **IV. DISCUSSION**

The students' answers highlighted various factors that contributed to their experiences and feelings of professional competence during the practice placement. Less guidance from the practice educators (mentors) and specific characteristics of the chosen setting (home-based occupational therapy) contributed to the feelings of doubt, fear and professional incompetence, especially in the first few weeks of their practice placement. However, as students started to gain new knowledge and skills, their feelings of self-confidence and professional competence gradually increased. Building a good rapport with clients also significantly contributed to positive emotions and perceptions of self as an occupational therapist. Students tried to manage their negative feelings by exchanging information, linking theory and practice and through problem-based learning. It has previously been found that problem-based learning can aid skill development and is a particularly good approach for increasing the students' confidence [12].

The prevalence of feelings of incompetence among occupational therapy students and new graduates has already been documented [3, 32]. For instance, a study of Australian and Aotearoa/New Zealand occupational therapy new graduates suggested that only a minority felt well prepared to work as occupational therapists [32]. A Canadian study of occupational therapy students and graduates also showed that they had a desire to receive more guidance with regard to intervention strategies and technical skills during their studies. Upon graduation, they generally felt inadequately prepared and lacking practical skills, therefore, it took them between six months and two years to start feeling competent as occupational therapists [3]. The findings of our study confirmed this notion and could prompt educators in Slovenia to review their current occupational therapy curriculum to possibly increase the emphasis on practical lessons that could offer students the opportunity to develop more technical and hands-on skills. Arguably, placing more focus on practical skills and problem-based learning during the university course could help students feel better equipped when meeting clients independently for the first time.

Our study found that some of the students experienced increased stress and anxiety, especially prior to the pl-

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-acement. An American study of occupational therapy graduate students conducted by Pfeifer, Kranz and Scoggin [33] also showed that the majority of students rated their stress levels as ‘above average’ or ‘the highest in my life’. Students included in our study were aware that home-based occupational therapy differed significantly from in-patient practice and that they needed to acknowledge the client’s home and their preferences more. As students started to appreciate the wishes, needs, routines and health status of their clients, their interventions became more successful, which alleviated some of the worries. This was an interesting finding. Although client-centered practice has been recognized as essential in occupational therapy worldwide and in Slovenia [34, 35], it did not appear to be the *modus operandi* for the students included in the study. The students were exposed to the principles of client-centeredness during their lectures at the University. However, some of their answers suggest that a client-centered approach was internalized gradually and often only after a more directive approach of work had failed. Students talked about the need to achieve a compromise, lower expectations and listen to the client. These enabled them to not only build a better relationship with the older person, but it also reduced their stress levels and helped them relax into their role. This finding raises several questions about the implementation of client-centered practice in Slovenia. Occupational therapists in Slovenia work within a medical system that continues to follow a paternalistic approach [36, 37]. It could be that although a more democratic, nondirective approach is promoted at the university, these students have had a lifelong exposure to a bio-medical model of thinking, both during their socialization and early education, and might be more familiar with it. A more cooperative approach, therefore, requires some reflection on their part, as well as the undoing of old behavior patterns. Our study contributes a notion that a client-centered approach could help reduce the stress and anxiety of students, enabling them to share responsibility with the client. However, in environments with a long history of a more authoritarian work approach, it should not be assumed that students can be client-centered automatically and without guidance. The process might also involve some personal reflection that can be achieved during fieldwork. We might need to explore if a client-centered approach in Slovenia has been taken too superficially and became a lip service that students struggle to implement fully. If so, we should probably also ask what could be done to support it better.

Also, independent work was an initial source of stress. Nonetheless, autonomous work was also recognized as a beneficial stepping stone that enabled students to develop professional confidence and identity, as well as it empowered them and promoted critical thinking. The mentor was not present on-site. Yet, assistance was provided when needed, so there was a safety net available. A South African study of occupational therapy students also found that students benefited from freedom and space to work autonomously. At the same time, evaluation sessions where supervisors could provide constructive feedback were recognized as a valuable supervision strategy and could contribute positively to the overall experience [38, 39]. This was also found in our study. Regular supervision in the form of group meetings is a practice that should likely be promoted as it enables the students to feel sufficiently supported, as well as more confident. Supervision meetings could be a good strategy to reduce stress related to autonomous work. Furthermore, previous studies in Slovenia showed that most students valued good communication with their educators and supported the use of the internet to exchange information, suggesting the younger generation has embraced online forms of communication [40]. This should probably be considered when planning and evaluating future fieldwork experience.

We also found that working in pairs and sharing of experiences contributed to students’ learning and reduced their stress. Students often experience similar tensions and it has previously been noted that working with peers

helps support professional reasoning and aids with the evaluation process [39]. However, some authors also note that working in pairs can make it difficult to know what each individual contributed to the process. For instance, the final score the students get might not always be an accurate reflection of their knowledge and contribution. However, it does demonstrate their ability to collaborate with peers and learn together [41]. This is something that was recognized in our sample as well. Moreover, students often talked about their experience in a collective way, using the pronoun “we”. This could be interpreted in different ways. On the one hand, it could suggest an avoidance to take individual responsibility and expose oneself. On the other hand, it could be that the students felt connected enough to express their views as a group, knowing that their experiences were often shared.

We recognize that it might be important for students to also have access to formal psychological services, which could help them debrief and manage stress that can be produced during the placement. This is a strategy that might require more attention within Slovenian occupational therapy education. More so as previous studies indicated that there was a link between the students’ well-being and the acquisition of employability skills; the better the psychological quality of life, the greater the student’s generic academic skills for employability [42]. Our findings also suggest that sufficient psychological preparation might be important for stress management and should probably be offered before the placement starts. It could include various topics students feel anxious about, such as independent work, approaching the client, communicating in a nondirective way, reaching compromises, to name but a few. The use of a reflective journal could also be suggested to future generations.

Presence and availability the practice educator is the key aspect of the transfer the knowledge from faculty in to the practical work of the occupational therapist with the clients [43]. A somewhat surprising finding of this study was that occupational therapy students did not describe major difficulties in the area of clinical reasoning. They often felt that fieldwork enabled them to link theory with practice and they reported that this process was completed successfully. This is contrary to some of the previous studies that found students had a limited ability to integrate theory and practice [39]. It could be that our students were more familiar with the theory and practice of occupational therapy since they were already in their final year. Also, all students included in the study chose to work in the home setting, knowing that less guidance would be provided. It could, therefore, be that this student cohort was particularly motivated to gain new skills as our practitioners [44] and struggled less when integrating theory and practice. Another possibility, however, is that this subject was not sufficiently covered during the focus group interviews.

## **V. STUDY LIMITATIONS**

Although we hope to provide some theoretical propositions relevant to a wider audience, the aim of our study was not to generalize the findings and we recognize some of the limitations that prevented that. Our sample consisted of occupational therapy students from Slovenia who completed their placement in a particular setting and were considered a rich source of information. We do not know if the experiences of their fellow students who worked in different settings would have differed. Also, there might be cultural differences in the perceptions of professional competencies and confidence, which our study did not capture.

With focus groups, there is always the danger of moderator bias and it has been recognized that moderators can sometimes influence the outcome of the discussion [45]. The independent researcher who conducted the focus group interviews was not an occupational therapist and did not work at the University of Ljubljana. Not having a professional background in occupational therapy might be considered both a strength and a potential

limitation. On the one hand, the researcher was not biased by her own experience. However, due to not being familiar with the profession's characteristics, she might have missed certain points that would require further prompting during the discussion. Also, in focus groups, not all participants get equivalent time to express their views and ideas, which might mean that the voices of certain participants, with potentially conflicting views, were not heard [45]. Some of these limitations might be addressed in future studies that could explore the development of professional competencies in a longitudinal way and on a bigger sample of students, potentially identifying the most important strategies used by students and educators.

## VI. CONCLUSION

To the authors' knowledge, this was the first qualitative study exploring the experiences of Slovenian occupational therapy students with their practical placement. It addressed the phenomenon of professional competence of student occupational therapists that has not been studied widely before. Occupational therapy students and new graduates are often burdened with anxiety related to their professional confidence and abilities. They need to learn to trust their skills, a process their educators can facilitate by focusing on teaching the students theory, as well as practical and social skills. Our findings suggest that the best indicators of a positive experience during a practical placement include, in no particular order, comprehensive off-site supervision, availability of educators, managing student expectations prior to placement, the ability to link theory with practice, observing progress in clients, building good rapport by communicating openly, and recognizing the client as the most important part of the occupational therapy process, including accepting their physical limitations and refusal to participate. The basic research findings can help educators to prepare and spread home-based occupational therapy fieldwork in the future when Slovenia will adopt the Lon term Act and enable occupational therapists to employ in the community.

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