

**The impact of covid-19 on occupational therapy students in mental health practice learning placements.**

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## DECLARATION

I, *Feroza Cassim* hereby declare that the work on which this dissertation/thesis is based is my original work (except where acknowledgements indicate otherwise) and that neither the whole work nor any part of it has been, is being, or is to be submitted for another degree in this or any other university. This work uses an APA format for referencing.

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*This research is dedicated to my children, Umar and Hayaa. May it inspire you to always remember that nothing is out of your reach.*

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## ABSTRACT

**Introduction:** Practice learning (PL) is a core feature of occupational therapy (OT) students' curriculum and professional development during their undergraduate training. It promotes students' clinical reasoning abilities and enhances their reflective skills as emerging clinicians, enabling them to graduate as competent healthcare practitioners. However, the covid-19 pandemic interrupted curriculum delivery and forced blended teaching and learning methods. Globally this was recognized to have a significant impact on the training of undergraduate health science students who relied on face-to-face teaching and learning methods. This study aimed to explore the opportunities and barriers that influenced undergraduate OT students' learning experiences within mental health (MH) PL placements during the covid-19 pandemic.

**Methods:** A qualitative descriptive research design was utilized to explore the barriers and opportunities occupational therapy students faced during the covid-19 pandemic in MH PL. Eight undergraduate students were purposively sampled, each participating in a 60-minute individual face-to-face interview which was transcribed verbatim and analyzed inductively using thematic analysis.

**Findings:** Three key themes emerged from the study: 1) Acknowledging ME in the pandemic, describing the need for acknowledgement of what the participants were experiencing during the pandemic, 2) Setup for failure, describing the elements that participants identified as barriers to their ability to thrive in PL and 3) Stuck between a rock and a hard pandemic, demonstrating the opportunities and the barriers for learning which were present in PL placements, and which became more distinct because of the pandemic.

**Discussion:** Complexities of PL in MH PL placements within higher education highlighted the opportunities and barriers which were present in participants' learning experiences, shaping their development as emerging healthcare practitioners. The complexities highlighted the need for additional emotional support structures in the PL learning experience. Social identity constructs, such as language, gender, and culture emerged as critical elements in the consideration of curriculum transformation work impacting PL in South Africa (SA). The context of the pandemic created space for considering how professional identity development is formed and impacted in undergraduate OT students who emerged from the pandemic. Barriers which were present because of the pandemic included feeling underprepared by the pandemic curriculum for PL. Whilst opportunities for learning were positively influenced by peer learning from fellow students. Recommendations included further development of the practice education curriculum in the current PL placements drawing on lessons learnt from the pandemic. Suggested future research is recommended to deepen the understanding on the long-lasting effects of the pandemic on emerging health professionals in a longitudinal study.

**Keywords:** Mental health, practice learning, students, covid-19

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## DEFINITION OF KEY TERMS

### Practice learning

Defined as, “the time students spend establishing and evaluating therapeutic and professional relationships, implementing an occupational therapy process (or some aspect of it), demonstrating professional reasoning and behaviours, and using knowledge of the contexts of professional practice with and for real live people” (Hocking & Ness, 2002, p. 31).

### Practice education

Defined as “the curriculum that guides professional training” (Duncan & Lorenzo, 2006, p. 51).

### Mental health

Defined as, “A state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her own community” (WHO, 2005).

### Clinical educator

The clinical educator who is often referred to as the supervisor is a qualified occupational therapist that is employed by the university. Together with the on-site clinician the clinical educator provides regular, weekly, on-site supervision to support the occupational therapy student and conduct ongoing assessment of the student in line with the curriculum expectations and graduate profile. The clinical educator provides written and verbal feedback on the weekly submissions (Division of Occupational Therapy, 2022).

### Clinician

The clinician is a qualified occupational therapist who is on-site. The clinician is responsible for the people that the students work with, referred to as clients. The clinician is in contact with the student(s) daily, to provide feedback and to model the role of the OT to the student (Duncan & Lorenzo, 2006).

## Covid-19

Covid-19 (Coronavirus disease) is an infectious disease, causing large community outbreaks globally via person-to-person transmission. It is caused by the SARS-CoV-2 virus resulting in mild to moderate respiratory illness but in more severe cases it results in pneumonia, respiratory failure, and death (WHO, 2023).

## Multidisciplinary team

A group of health care staff from different disciplines who work together to make informed decisions about the healthcare of individuals and groups in healthcare settings (Maddock, 2015).

## ABBREVIATIONS AND ACRONYMS

CE	Clinical Educator
DSA	Department of Student Affairs
FHS	Faculty of Health Science
GBV	Gender based violence
HIV	Human Immuno-deficiency virus
HREC	Human Research Ethics Council
MDT	Multidisciplinary team
MH	Mental Health
OT	Occupational Therapy
PL	Practice Learning
PPE	Personal Protective Equipment
PTSD	Post-traumatic stress disorder
SA	South Africa
UCT	University of Cape Town
WFOT	World Federation of Occupational Therapists
WHO	World Health Organisation

## CHAPTER ONE: INTRODUCTION AND BACKGROUND

### 1.1 Introduction

Faculty of Health Science (FHS) engagements with students during 2018 and 2019 discovered that there was an urgency to understand the needs of students. More specifically, a gap was identified on what is known about undergraduate health and rehabilitation students experiences and needs as they are often overshadowed by their medical counterparts and expressed feelings of a lack of belonging and unequal treatment from the faculty which had negatively impacted their learning (FHS Mental Health Working Group, 2019). Key issues identified by students within the FHS at the University of Cape Town (UCT) prior to the covid-19 pandemic focused on the difficulties they experienced during their practice learning (PL) and the need for their voices to be included in decisions which impacted on their learning (The Curriculum Change Working Group, 2018; FHS Mental Health Working Group, 2019).

The covid-19 pandemic was of significant contextual importance in the learning of undergraduate health and rehabilitation students as it shifted the teaching practice taking place at universities from face-to-face teaching to online or hybrid approaches which significantly impacted the training of health science students who rely on face-to-face clinical teaching platforms for their learning and development (Rabe, Sy, Cheung & Prisno, 2020; Seymour-Walsh, Bell, Weber & Smith, 2020; Tabatabai, 2020). There were also significant negative impacts on health science students, including occupational therapy (OT) students in particular as a result of the pandemic (Morato, Fernandes & dos Santos, 2022; McFadden, Guille & Daly-Lynn et al., 2022). However, the impact of this on students' PL experiences was yet to be described in OT students, in particular at UCT. Whilst the peak of the pandemic has subsided (WHO, 2023), the impact that it has had on higher education is suggested to outlive the pandemic (Luescher Schreiber, Moja, Mandew, Wahl & Ayele, 2021). Exploring the details of its impact would allow institutes of higher education to shape teaching practices in the future (Kumar, Sarkar, Davis, Morphet, Maloney, Ilic & Palermo, 2021).

At UCT, undergraduate OT students in their third and fourth years of study engage in PL modules, creating an opportunity for them to gain first-hand exposure and experience to OT services within healthcare placements (Division of Occupational Therapy, 2021). This

experience promotes the development of students' clinical reasoning abilities and reflective skills as emerging clinicians. Students are responsible for individual and group-based assessments and interventions, essentially enabling them to competently exit their studies with the necessary skills required to practice as a mental healthcare practitioner upon graduation (Division of Occupational Therapy, 2021).

To ensure that students can meet their exit competencies upon graduation there was a need to understand more about existing concerns raised by health science students in PL, and the challenges introduced by the covid-19 pandemic. Therefore, this qualitative descriptive research focused on describing and explaining the opportunities and barriers which students faced during the covid-19 pandemic, in their mental health (MH) PL placements.

## 1.2 Locating the study and situating the researcher

My professional experience as a clinical educator (CE) led me to my research topic. This professional experience enabled me to maintain familiarity and knowledge with the content of MH within the curriculum and the student population. However, it also unmasked any assumptions which I, as the researcher, held that could introduce bias to my research process. The source of these assumptions was not only through my employment at the university but also from my positionality of being a UCT alumnus who had graduated from the OT program where my research was situated. In acknowledging each of my participants and their unique experiences and the social identity constructs which influenced their perceptions, I was faced with further challenges of acknowledging that I was not knowledgeable in the impacts of different social identities to that of mine and how they influence learning experiences. This was crucial to address as research suggests that there are distinct links between social identities such as culture and language and their impact on how MH theory is translated into practice (Ramafikeng, 2018). In addressing this, I had to probe further for a deepened understanding from the perspective of my respective participants and I relied on my supervisors and fellow peers in unpacking the emerging data. This research was framed within the context of the covid-19 pandemic, and I had to be mindful of not imparting my own experiences of being a postgraduate student during the pandemic onto the analysis of the data in this study. In this regard, my research journal was useful in keeping me grounded to

the key data that emerged from my interviews only and supporting my findings using verbatim quotes ensured that I was not inferring my own experiences. Reflexivity was a critical and continuous process in this research, and I remained committed to engage in reflexivity, through using written and peer reflection techniques in an ongoing manner.

### 1.3 Problem statement

PL is an essential element of the OT curriculum (Ramafikeng, 2018) and OT students in South Africa (SA) are reported to experience difficulties related to PL, particularly in MH placements (Soeker, 2014). Pre-pandemic findings exposed institutional, curricula and cultural components as contributing factors to students' experiences (Ramafikeng, 2018; Soeker, 2014). Looking specifically at the effects of the pandemic, evidence of what these barriers and opportunities were as a result, were yet to be determined for undergraduate OT students at UCT. The emphasis on focusing specifically on a health and rehabilitation discipline was supported by FHS engagements between staff and students which highlighted a gap in what is known about the experiences of health and rehabilitation students specifically (FHS Mental Health Working Group, 2019) when considering what is known about health professional education.

### 1.4 Significance of the study/ Rationale

This study focused on one higher education institution and one domain of PL, being MH. The significance of this was to ensure that the findings were able to be impactful in the faculty's work on curriculum transformation. The covid-19 pandemic introduced innovative ways of teaching and learning (Hlatshwayo, 2022) such as online learning and these continue to be utilized even after the pandemic. There are however, varying contextual factors that could impact low to middle income countries such as SA, making strategies like online learning inaccessible to most of the population (Hlatshwayo, 2022). In addition, OT students were severely impacted by negative effects on their own MH and well-being because of the pandemic (Morato, Fernandes & dos Santos, 2022). It was therefore useful to understand the impact of the pandemic on learning and the opportunities and barriers which emerged as this could better inform the transformation of curriculum delivery post-pandemic.

#### 1.4 Purpose of study

The purpose of this study was to explore and describe the barriers and opportunities which students faced during the covid-19 pandemic in MH PL placements. This will inform the current OT curriculum and teaching practices and techniques within the UCT OT division so that learning and teaching practices could be aligned with students' emerging needs during the pandemic.

#### 1.5 Research question

How do undergraduate OT students describe and explain the impact of the covid-19 pandemic on their learning within MH PL placements?

#### 1.6 Aim of this study

The aim of the research study was to describe and explain the learning experiences that influenced undergraduate OT students learning within MH PL placements at UCT during the covid-19 pandemic.

#### 1.7 Objectives of this study

1. To identify and explore the barriers OT students' perceived to hinder their learning experience within MH PL placements during the covid-19 pandemic.
2. To identify and explore the opportunities OT students' perceived to positively influence their learning experience within MH PL placements during the covid-19 pandemic.

## 1.8 Summary

In this chapter, the research topic has been introduced and an overview of the research question, research aim, and research objectives were outlined. In the subsequent chapters current literature will be critically discussed to demonstrate what is known about the impacts of the covid-19 pandemic on OT students. The research methodology, research process and ethical considerations which informed this study will be described in-depth in chapter three. The findings from this study will be described in chapter four. A critical discussion and analysis on the impact of the findings, supported by relevant literature, will be presented in chapter five. Chapter six will conclude the key aspects of the dissertation and will also include the study's recommendations, strengths, and limitations.

## CHAPTER TWO: LITERATURE REVIEW

### 2.1 Introduction

This chapter introduces and discusses the literature which was reviewed with a focus on understanding what is known about how students perceive their experience of MH PL and how the covid-19 pandemic influenced OT PL for undergraduate OT students. The literature review consisted of peer reviewed journal articles accessed via academic databases such as EBSCOhost, Google Scholar and Primo to ensure that a reputable standard of high-quality data was accessed. This was further improved upon by using a search strategy of literature only from the past 10 years (2013-2023). The literature consists of local sources from other tertiary institutions when understanding students experiences in MH PL and more international literature when trying to understand the impact which covid-19 had on OT students PL experiences as the literature specific to OT students and the impact of the pandemic was limited in the local context.

PL was identified as a core feature of an OT student's academic development (Naidoo, van Wyk & Dunpath, 2019; Naidoo & van Wyk, 2016; Ramafikeng, 2018; Soeker, 2014) in the SA context. Student experiences which have been explored were found to inevitably be shaped in a multifactorial manner (FHS Mental Health Working Group, 2019). Therefore, to understand students' experiences of MH PL during the pandemic as an additional contextual layer, these multiple factors needed to first be identified.

### 2.2 The higher education context in relation to practice learning

OT students experience feeling under-valued for their unique life experiences, such as their background, which they bring into PL placements (Ramafikeng, 2018). The pandemic can be considered to have reinforced these existing personal struggles due to the lack of accessibility to devices and internet connections required to fully engage with the curriculum as well as the safety in home learning environments (Seymour-Walsh, Bell, Weber & Smith, 2020). To fully understand students' PL experiences in a way that is relevant, it would be essential to consider the influence of the covid-19 pandemic as a present contextual challenge on education. There is currently no published research conducted within the OT division at UCT

which places an emphasis on the experiences of MH PL and the covid-19 pandemic, which introduced a gap for this to be explored.

One way in which health science PL programs were impacted was by the reduction of existing PL placements as they had restricted access to students during the pandemic (Yunus, Romli & Rasdi et al., 2022). As a result of this, new placements had to be considered for PL. Role emergent practice placements were identified, pre-pandemic, to pose challenges, such as increased anxiety for OT students (Clarke, Martin & Visser et al., 2015). However, they also contributed positively to OT students' development of agency and confidence by the end of the placement (Clarke, Martin & Visser et al., 2015) signifying that whilst this type of practice may have posed additional challenges during the pandemic, it also may have offered positive opportunities for learning.

### 2.3 Contextual challenges influencing student engagement in PL

OT students in SA were established to have experienced emotional stress due to the intense demands from PL (Naidoo, van Wyk & Dunpath, 2019) and heightened levels of anxiety in MH specifically, which can be triggered by preconceived ideas about MH services and placements (Soeker, 2014). These challenges for students' own MH and anxiety were further worsened as a result of the pandemic in PL placements introducing additional layers of emotional stress on the health science student population (Morato, Fernandes & dos Santos, 2022).

Prior to the pandemic, Soeker (2014) identified that some of the challenges in MH PL for OT students included a lack of consistency in the expectations on students and inconsistency between the different role players interacting with the students. Students experienced challenges when there were no positive role models or hands on modelling for them in practice (Soeker, 2014). The structure and delivery of the teaching component of the curriculum was reported to also play a large role in students feeling underprepared for MH PL (Soeker, 2014). With the pandemic introducing shifts to the method of curriculum delivery, it reportedly made it difficult to deliver quality education material online (Seymour-Walsh, Bell, Weber & Smith, 2020; Tabatabai, 2020). The increased emotional support needs identified for health science students (Morato, Fernandes & dos Santos, 2022) during the

pandemic were indicative that these challenges that were identified pre-pandemic were still prominent in PL during the pandemic.

The contextual and personal challenges which OT students faced pre-pandemic were identified to negatively impact an OT graduates' sense of professional identity because of increased anxiety, poor role modelling and over-identification with clients in placements (Gray, Colthorpe & Ernst et al., 2020). This would suggest that these contextual and personal challenges which students encountered during the pandemic would be of importance to establish and address due to added pandemic induced psychological distress (Morato, Fernandes & dos Santos, 2022) when considering the impact on the future OT workforce.

There has been a clear importance placed, by researchers, on re-evaluating students experiences over time due to the diverse cohorts of students enrolled into a program each year (Naidoo, van Wyk & Dunpath, 2019). There is also an importance placed on acknowledging that experiences and perceptions are susceptible to change over time (Janse van Rensburg, Rauch van der Merwe & Erasmus, 2019). Each cohort is also discussed to contribute different perspectives based on their own cultural backgrounds and their exposure to certain placements and expectations (Naidoo, van Wyk & Dunpath, 2019). This highlighted the significance of looking at a particular university with a particular cohort of students who had experienced MH PL during the covid-19 pandemic which was a significant contextual influencer on learning experiences (Tabatabai, 2020).

#### 2.4 Impact of covid-19 on practice learning within practice education

As defined in the key terms, PL is the actual practice that occurs within practice education as the broader curriculum that guides this practice. The covid-19 pandemic had a profound impact on practice education for health science students (Tabatabai, 2020) as it shifted modes of learning from classroom or practical-based learning to online learning platforms and blended learning approaches (Gustaffson, 2020). Blended learning approaches referred to a combination of online and face-to-face teaching, such as an online PL placement which drew on problem-based learning approaches using simulation techniques.

Blended learning approaches, prior to the pandemic, were established to yield better performance in OT students when compared to their performance with traditional methods

of teaching and learning (Ashton, Kock & Rothberg, 2014). When the pandemic was experienced around the globe the sudden changes which were made to curriculum delivery using digital teaching methods were re-evaluated for undergraduate health science students (Chycinski, 2020) and found to provide positive opportunities for learning as well as pose challenges for health science students. In the United Kingdom, OT undergraduate students reported that online learning prepared them effectively for PL (Chycinski, 2020) whilst OT students in the United States of America identified that they felt underprepared for practice because of the pandemic (VanPuymbrouck & Friedman, 2022).

Given the clinical and hands on nature of health science education, PL took place face-to-face whilst other teaching took place online, which is referred to as blended learning (Syal, Arya & Gupta, 2021). In Australian OT students specifically, research findings established that regardless of whether teaching and learning took place completely online or in a blended approach, students struggled with learning (Brown, Robinson & Gledhill et al., 2021). However, blended learning in SA was associated with a more student-centered approach according to health science students, despite the contextual challenges faced in a low to middle income country (Khan, Erasmus & Jali, 2021).

OT students in SA, prior to the pandemic, were established to have their PL experiences negatively impacted by personal management factors (Naidoo, van Wyk & Dunpath, 2019; Soeker, 2014). The exposure to blended learning during the pandemic reinforced these barriers to learning by being challenged by personal management, a decrease in support and interactions with educators, limited peer interaction and a decrease in psychological motivation (McFadden, Guille & Daly-Lynn et al., 2022; Brown, Robinson & Gledhill et al., 2021; Seymour-Walsh, Bell, Weber & Smith, 2020). Indicating that whilst, for some, blended learning was a positive contributor to their learning, other students were challenged by blended learning approaches.

Health science students globally expressed that they became less productive and felt less motivated when learning in their home environments during the pandemic (Syal, Arya & Gupta, 2021). Health science students were found to feel unprepared clinically as a result of learning content using an online approach (McFadden, Guille & Daly-Lynn et al., 2022; Brown, Robinson & Gledhill et al., 2021). Whilst pre-pandemic literature demonstrates that positive

outcomes or opportunities for learning from an online approach are a reality, the post-pandemic literature proved that OT education was negatively impacted by the pandemic and that learning was challenging for OT students (McFadden, Guille & Daly-Lynn et al., 2022; Brown, Robinson & Gledhill et al., 2021). The impact on students' learning would need to be established under circumstances of the pandemic and at each university (Gustaffson, 2020) to understand how the pandemic contributed both positively and negatively to the learning experience and to focus specifically on PL.

The use of personal protective equipment (PPE) in PL during the pandemic emerged as a key impactor on therapeutic relationships for health science students and surfaced as a barrier to learning (Khan, Mthembu & Narothan, 2022). The use of PPE was additionally challenging in spaces of disability (Pathan, Barwell & Kastrissianakis et al., 2022) within which OT students often engage in PL.

Whilst the pandemic served as a catalyst for introducing flexible and hybrid teaching methods for the future of education, there has been an emphasis placed for programs to consider how students' engagement and their academic and personal well-being can also be positively fostered (McFadden, Guille & Daly-Lynn et al., 2022; Brown, Robinson & Gledhill et al., 2021). Similarly, OT educators who supervise students in PL were challenged in the ways in which they needed to adapt their teaching and assessment of students during the pandemic (Peart, Wells & Yu et al., 2021). Educators also emphasized that when using online learning platforms, a focus needed to be placed on the relationships and connections established with students, requesting that additional guidelines be provided to achieve this when teaching using online platforms (Peart, Wells & Yu et al., 2021).

## 2.5 Conclusion

The literature presented in this chapter supports the view that MH PL can be complex and challenging for OT students to navigate and that the covid-19 pandemic introduced additional barriers to their learning. It acknowledges that these barriers were layered and impacted students in unique ways depending on their context which supported the rationale for this study to identify the opportunities and challenges which OT students were facing in practice because of the pandemic. The data emerging from this study has the capacity to inform

practice education in MH PL placements for undergraduate OT students and offer guidelines when using blended learning approaches for health science students.

## CHAPTER THREE: METHODOLOGY

### 3.1.1 Introduction

This chapter focuses on describing the study's methodology, research design and the processes followed for sampling, collecting, analysing, and interpreting the data. It will also discuss how scientific rigor and ethical principles were applied throughout the research process. A description of the four criteria used to ensure that trustworthiness was achieved in this study will be provided.

### 3.1.2 Research paradigm

The researcher's perspective was shaped through relativism as a research paradigm. Relativism is described as recognizing that knowledge is acquired through the existence of human activity and that language, culture, and beliefs are only but a few aspects which shape the human experience (Shah, 2017). This paradigm acknowledges that, that which exists is only due to its relationship with something else and therefore relies on unearthing a diverse variety of the human experience. In this study, the relationship of students' learning experience in MH PL is related to opportunities and barriers which they encounter in MH PL. The ontological assumptions underpinning relativism acknowledge that reality or truth is subjective to the individual and the meaning which they attribute to their experience. Therefore, there are multiple realities or views of the phenomenon which differs between individuals (Bradshaw, Atkinson & Doody, 2017; Lincoln & Guba, 1985), thus aligning with the current research as it describes the learning experience of multiple students after having been exposed to a MH placement during the covid-19 pandemic. This research therefore acknowledges and accepts the multiple realities as constructed by the participants' subjective awareness of their human experience (Bradshaw, Atkinson & Doody, 2017).

### 3.1.3 Research approach

This research was conducted using a qualitative research approach. A qualitative approach was selected as it enabled the researcher to interpret the lived experiences of the participants from their perspective (Neuman, 2011). Qualitative research is concerned with perceptions,

beliefs, and values which individuals attribute as factors influencing their responses to experiences (Saldana, 2011; Morse, 2004). In this research this related to how the participants' learning was influenced through this experience of MH PL, and how they constructed their perception of this experience, considering the context of the covid-19 pandemic. A qualitative approach was suited to this study as it aimed to describe and explore the learning experiences of undergraduate OT students as they subjectively experienced MH PL.

#### 3.1.4 Research design

A qualitative descriptive research design was used for this study as it intended to discover and understand a particular phenomenon and the subjective perspectives of the participants involved (Bradshaw, Atkinson & Doody, 2017). This design was particularly suitable as it elicited how participants felt about their experiences within MH PL and what factors hindered or promoted their experiences and learning within PL. Additionally, an emphasis was placed on acquiring information directly from those who have had the experience (Bradshaw, Atkinson & Doody, 2017). In this study the participants were the undergraduate OT students describing their own experience in MH PL. The current study explored a phenomenon which is not yet well understood in terms of the impact of covid-19 on PL, with reference to how blended approaches of teaching and learning have impacted PL (Kumar, Sarkar, Davis, Morphet, Maloney, Ilic & Palermo, 2021). This design therefore enabled insights to emerge based on the phenomenon of the covid-19 pandemic within a particular group of participants in their MH PL experience.

### 3.1.5 Recruitment and study population

The recruitment process progressed in the following manner, represented in Table 1:

Step	Process
1	Approval was received from the UCT's FHS Human Research Ethics Committee (HREC) (appendix A), with reference number 311/2022.
2	The researcher then established contact with the Department of Student Affairs (DSA) at UCT via email. An application requesting permission to access the student population was completed and submitted to the DSA at UCT. The Head of the UCT OT division was included in all correspondence in this regard. Permission was granted (appendix B).
3	An information letter (appendix C) was distributed to the third- and fourth-year OT students using their VULA <sup>1</sup> student online learning platform. Students were given two weeks within which to indicate their willingness to participate in the study.
4	They were then selected using the inclusion and exclusion criteria outlined below. Consent forms were then forwarded and completed by the students who selected to participate in the study.
5	Communication between the researcher and the students occurred via email, whereby the researcher was able to confirm the availability of each of the students to participate in the individual interviews.

Table 1. Recruitment process.

<sup>1</sup> VULA: An online learning and communication platform which facilitates communication to UCT students. All students have access to this tool and utilize this platform as the main platform for sharing of information and content for courses and general announcements during their registration period at UCT.

### 3.1.6 Sampling

Purposive sampling was used for this research study. It is commonly used in qualitative descriptive research designs and is an intentional selection of participants based on the knowledge which they possess, enabling them to assist in contributing meaningfully to the research topic (Bradshaw, Atkinson & Doody, 2017; Colorafi & Evans, 2016; Sandelowski, 2000). All third- and fourth-year OT students at the UCT OT division were invited to participate in the study. In 2022, there were a total of 62 third year students and 52 fourth year students that were registered in the undergraduate OT program. From this, a total of 11 students indicated their interest in participating in the study. Three of these students were excluded from participating as they had been directly supervised by the researcher and this was a part of the exclusion criteria. The criteria are explained in more detail below. Eight students in total were therefore participants of this study and participated in the individual interviews.

### 3.1.7 Criteria for participation

The following inclusion and exclusion criteria were applied, in Table 2 below.

<b>Inclusion criteria</b>	<b>Exclusion criteria</b>
Students were considered for inclusion in the study if they were currently registered as third year or fourth year students at the UCT OT division. They would have to, at the time of the study, be in their third year or fourth year of study as this is the year in which OT students are first exposed to MH in PL. Furthermore, their third year MH PL experience would have had to have taken place in the year 2021 or 2022 to ensure that this experience was during the covid-19 pandemic.	Students were excluded if they were supervised by the researcher. Students were also excluded if they were in any other year of study (that is, first or second year) as they would not have had this experience as yet. This exclusion criteria were applied to uphold the ethical guidelines of students feeling coerced to participate.

Table 2. Inclusion and exclusion criteria.

When selecting which participants would form part of the focus group, the researcher had intended to consider maximum variation as a sub sampling technique as it is useful to ensure that participants are diverse, unique and vary in demographics in relation to the phenomenon being researched (Bradshaw, Atkinson & Doody, 2017). However, the sampling demographics (Table 3 below) indicated that the participants were already a diverse group. For this reason, all participants were given a fair opportunity to participate in the focus group, based on their availability. Four of the eight participants attended the focus group. The criteria which formed part of the maximum variation technique included, the current year of study, gender, race, and type of placement which they were exposed to. These details for each participant are outlined in Table 3 below.

### 3.1.8 Sampling demographics<sup>2</sup>

The table below (Table 3) is a representation of the demographic descriptors of each participant. These were the aspects that were considered when using maximum variation as a sub-sampling technique.

Participant number	Pseudonym	Current year of study (at time of data collection)	Gender	Race <sup>3</sup>	Home language	Type of setting for MH PL placements
1	Louise	4 <sup>th</sup>	F	White	English	<ul style="list-style-type: none"> <li>• Acute psychiatry</li> <li>• Community based support services</li> </ul>
2	Anathi	3 <sup>rd</sup>	F	Black	IsiXhosa	<ul style="list-style-type: none"> <li>• Community based support services</li> </ul>

<sup>2</sup> Sampling demographics were gathered from the participants self-identifying all the attributes, including race and gender. These details were gathered for demographic purposes only and to ensure a heterogenous participant pool for maximum variation in the sampling.

<sup>3</sup> During the apartheid period, the SA government introduced numerous legislations based on racial classification. The legislative basis for racial classification during apartheid was the Population Registration Act No. 30 of 1950. This Act divided the SA population into Whites, Blacks, Indians and Coloured people.

						<ul style="list-style-type: none"> <li>• Acute psychiatry</li> </ul>
3	Jenny	3 <sup>rd</sup>	F	White	Afrikaans	<ul style="list-style-type: none"> <li>• Residential geriatric care</li> <li>• District hospital</li> </ul>
4	Eve	3 <sup>rd</sup>	F	Black	Sepedi	<ul style="list-style-type: none"> <li>• LSEN school</li> <li>• Acute psychiatry</li> </ul>
5	Mona	3 <sup>rd</sup>	M	Black	Sepedi	<ul style="list-style-type: none"> <li>• Community based support services</li> <li>• Acute psychiatry</li> </ul>
6	Eden	4 <sup>th</sup>	F	Coloured	English	<ul style="list-style-type: none"> <li>• Community based support services</li> <li>• Acute psychiatry</li> </ul>
7	Sun	3 <sup>rd</sup>	F	Coloured	English	<ul style="list-style-type: none"> <li>• Community based support services</li> <li>• Private specialist in-patient service</li> </ul>
8	Rae	4 <sup>th</sup>	F	Coloured	English	<ul style="list-style-type: none"> <li>• Private specialist in-patient service</li> <li>• Community based support services</li> </ul>

Table 3. Demographic information of the participants.

### 3.1.9 Research procedures and data collection methods

Qualitative research focuses on collecting as much data as possible to capture all the elements of each participant’s experience to provide a comprehensive description of the phenomenon (Creswell & Guetterman, 2019; Sandelowski, 2000). To honor this, the researcher used a combination of individual interviews and a focus group. Elements of these methods are further described in this chapter. In preparation the following also took place.

- Negotiating access to the students as participants and booking university venues.
- A timeline of events (appendix E).
- Preparing a budget (appendix F).

### 3.1.10 Data collection

The researcher conducted individual semi-structured interviews with each of the eight participants between September and October 2022. These interviews lasted a maximum of sixty minutes each and were conducted in a face-to-face manner. The time and location of the interviews were at the convenience of the participants. The steps which were followed in a sequential manner are outlined in Table 4 below:

Step	Process
<b>1: The individual interviews</b>	Each participant had returned the signed consent form prior to their interview and therefore consented to the interview being audio recorded. The first few minutes of each interview was used to describe the researcher’s interest in the topic, explaining the research process thus far and allowing time for questions and thanking the participant for their time. In addition, consent and confidentiality were discussed as well. The format of the interview as well as the guiding questions is included in the interview guide (appendix G). The over-arching questions which were posed focused on asking participants what they perceived to be opportunities that promoted learning as well as what they perceived to be barriers which hindered their learning in MH PL placements. Each participant also completed a form (appendix H) which allowed them to

	select their own pseudonym to be used in the research report as well as characteristics that were needed to be inserted into the sampling demographics table above.
<b>2: Follow up</b>	Each participant was allowed to contact the researcher if there were further details which they would have liked to add in a second follow up interview, but none were reported to do so. There was also no need to schedule follow up interviews as data saturation had been reached after eight interviews.
<b>3: Focus group</b>	Once the researcher had listened to each individual audio recording and reviewed each transcript a semi-structured focus group was held in November 2022, facilitated by the researcher. The focus group lasted two hours and the time was negotiated with the participants. Six of the participants indicated that they would like to attend the focus group, however only four participants were present on the day. Based on the sampling demographics, there was a diverse range of participants (gender, race, year of study, PL placements) and therefore all participants were invited to participate without the need for maximum variation as a sampling technique needing to be used. The focus group also made use of an interview guide (appendix I) to confirm the researchers understanding and interpretation of the emerging categories and themes and to allow the opportunity for anything that may have been missed to emerge. The focus group was also audio recorded and transcribed verbatim, this process is outlined in the data management and data analysis sections below.
<b>4: Researcher's process</b>	During the individual interviews as well as the focus group, the researcher recorded written notes in a research journal. These notes highlighted any points of clarity that the researcher would have liked to revisit during the interview and noted any patterns of interest.

Table 4. Data collection steps.

### 3.1.11 Data management

Data management refers to the storage of collected data during the research process (Huberman, 1994; Surkis & Read, 2015). Each individual interview and the focus group were recorded on two recording devices to ensure that the data was not lost due to any unforeseen technical difficulties. The audio files were then uploaded onto the researcher's computer and into a password protected folder (and deleted from the recording devices themselves) . Each file was labeled with a participant number only (numbers one to eight).

The audio files were shared via a google drive for a limited time with an external professional transcriber. A transcriber was used considering the limited time which the researcher had available to complete the research process. Once the transcription was completed and returned to the researcher, the files were deleted from the google drive too. A contract between the researcher and the transcriber ensured confidentiality and no third party sharing of the data.

Other documents which were in hard copy form, such as the researcher's notes and participant consent forms were securely stored in the researcher's home office, which is a locked space. Data will be securely kept for a period of five years.

### 3.1.12 Data analysis

Data analysis in qualitative research is the process of organizing and categorizing the raw data gathered in a research study to identify significant patterns or themes to better understand the phenomenon being researched and to elicit meaning from the data to contribute to the research findings (Stuckey, 2014).

Once each interview was conducted, its' recordings were transcribed within two weeks of the interview. Thematic analysis is a method of analysis in qualitative research which is used for identifying, analyzing, organizing, describing, and reporting themes evident in a data set. It is recommended as it uses a structured approach to analysis which is easy to follow and contributes to clear and organized research findings (Braun & Clarke, 2006; Nowell, 2017).

The steps of this process, outlined by Nowell (2017) were followed and are outlined in Table 5 below:

Step	Researcher's process
1	The recorded semi-structured interviews and focus group were transcribed verbatim. During the interviews reflections were recorded in the researcher's reflective journal. The researcher then listened to each interview and made notes whilst reviewing the transcription for any errors. With this, the researcher immersed herself in the data for each interview.
2	The transcriptions and reflective notes from the individual semi-structured interviews were used to create and guide the format of the focus group.
3	The researcher coded each interview manually, line by line, using an inductive reasoning approach. This allowed the researcher to generate codes from the raw data.
4	The researcher re-read the data and codes from each interview to understand what was meaningful about the data and to sort the data into similar patterns, phrases, or sequences.
5	The data was then sorted into categories based on the similarity in patterns. The raw data was engaged with again to review that the data supported the researcher's understanding of the categories.
6	The categories were then discussed with the research supervisor and diagrammatically represented to generate themes. Involvement of the supervisor in this process assisted in ensuring that there was no overlap between themes and in identifying if there were subcategories within the categories. This process also contributed to the research rigor, namely credibility as outlined below.
7	The final stage involved describing and discussing each theme in the dissertation. A descriptive account of each category and theme was included, with the use of direct quotations from the interviews to support the generation of categories and themes. Links were also made to the available literature to ensure critical engagement with the data in the presentation and discussion of the findings.

Table 5. Steps of the thematic analysis process.

## SCIENTIFIC RIGOR

### 3.2 Trustworthiness

Trustworthiness was adhered to by focusing on the set of four criteria outlined by Lincoln & Guba (1985) for qualitative research. These are expanded on in more detail below. Multiple techniques were combined to strengthen the reliability and validity of the findings (Noor, 2008), as described below. Purposive sampling as the sampling technique which was used also contributed to the research rigor by promoting richness in the data through the multiple different experiences which were captured.

#### 3.2.1 Credibility

Credibility refers to the accuracy in the interpretation of the data shared by the participants, as understood by the researcher (Lincoln & Guba, 1985). Member checking as a technique was used to guide this process. Member checking was carried out with all the eight individual participants after the transcription and analysis was complete. This was conducted via email. Interviews were transcribed verbatim, and participants were sent copies of their transcripts to confirm the accuracy. Data collection used a combination of a focus group and an individual interview with the participants. This contributed to prolonged engagement and increased contact with the participants, contributing to the credibility criteria. Peer debriefing with other master's research students, outside of the research study, took place frequently through verbal reflections. The researcher was also provided the opportunity to attend a writer's retreat workshop, with other researchers. This provided opportunities to have a peer, outside of the study, to discuss and review the researcher's process with. The research supervisors were involved in the checking of themes and categories, contributing to the credibility of findings.

#### 3.2.2 Transferability

Transferability suggests that the findings of this study should be applicable to other settings and hold meaning for individuals not involved in the study (Lincoln & Guba, 1985). The current study's processes and procedures have been detailed in this chapter to allow for replication.

The findings are also transferable to all undergraduate OT students as each student is exposed to MH PL placements. Thick description as a technique was used to enhance trustworthiness (Lincoln & Guba, 1985). Thick description was used in the fieldwork notes during each interview and further applied in the detailed description of each participant's narrative.

### 3.2.3 Dependability

Dependability refers to the ability for a study to be replicated under similar conditions to achieve consistency in the data at various stages of the research (Lincoln & Guba, 1985). An audit trail was used as a technique whereby detailed records of the processes and steps involved in the research were recorded. Some of these steps have been reported on in detail in this chapter when outlining the research process. Records that accompany the audit trail, such as the interview guides, are referred to in the appendices.

### 3.2.4 Confirmability

Confirmability refers to the researcher's bias, specifically to ensure that the data is a representation of the participants' responses and not the viewpoints of the researcher (Lincoln & Guba, 1985). Reflexivity as discussed by Berger (2015) is a major impactor on qualitative research at various points in the research process and refers to the researcher acknowledging their impact on the meaning attributed to the experience under investigation. For this reason, ongoing reflexivity was practiced. The researcher situated constructs of her own social, political, and historical identity in chapter one. The researcher made use of a journal where reflective thoughts and questions were recorded throughout the process. The contents of the journal were discussed in peer debriefing sessions and with researchers outside of the study, as well as the supervisor of the study.

## 3.3 ETHICAL CONSIDERATIONS

Approval for this research study was granted by the UCT's FHS HREC (appendix A), reference number 311/2022. Further formal approval was provided by the DSA at UCT (appendix B) as well as the OT division, to gain access to the students as the participants. Ethical principles

drawn from the Declaration of Helsinki (World Medical Association, 2013) were adhered to and are described in more detail below.

### 3.3.1 Risks and benefits

There were no direct benefits to the participants in this study. However, the data is useful in future interventions for students at UCT pertaining to MH PL placements and the enhancement of the PL curriculum.

This study was not invasive as there were no known risks to the participants. However, the principle of non-maleficence suggests that potential psychological consequences had to be considered (Savin-Baden & Major, 2013). In pre-empting any emotional distress endured indirectly through sharing one's personal experiences, a pathway for referral (appendix J) was shared with participants serving as a guide to the participants on the process of accessing student support services. No participants needed to access these support services by the end of the study.

No additional costs were incurred by participants during the study. Seven participants were interviewed at UCT campus venues on days when they were already on campus for classes. One participant was interviewed close to their residential home. These measures were to ensure that they were not inconvenienced in terms of cost or time. No other staff were directly involved in the research process and there were no conflicts of interest.

### 3.3.2 Informed consent

Informed consent is the voluntary agreement of a participant to participate in the research process after being informed of all the aspects of the research study (Manti & Licari, 2018). A detailed information letter (appendix C) outlining what was expected from the participants and explaining the nature and purpose of the study as well as an informed consent sheet (appendix D) was provided to all participants before participation. Before each interview, the researcher explained the process again and offered the opportunity for each participant to ask any questions or raise any concerns. It was emphasized in both appendices that the participants may terminate their participation at any point, without any consequences or

impact on their academic mark or their role as an OT student within the faculty. All participants continued to participate until the end of the research process.

### 3.3.3 Privacy and confidentiality

The confidentiality of all participants was upheld throughout the research process as their identities were kept confidential and not divulged to any staff in the faculty. Participants were also not known to each other until four of the eight participants met for the focus group after their individual interviews had concluded. The consent form ensured that their identities and their reflections were protected during the focus group as well. Anonymity was upheld during the data management procedure whereby data was stored securely and only accessible to the researcher. The informed consent sheets were stored separately to the raw data. The names of participants have not been used and have been replaced by a pseudonym. Raw audio recordings were sent to an external transcriber who had no affiliation with the OT division. The audio recordings and transcripts were shared on a secure google drive and identities of the participants were not attached to these files. OT guidelines for telehealth services during the covid-19 pandemic (OTASA, 2020) were prepared (appendix K). However, at the time of data collection all restrictions had been lifted and there was no need to make use of these guidelines as interviews took place in a face-to-face manner. The final research dissertation contains no identifiable information and any further dissemination of the findings, such as journal articles or academic conferences, will ensure confidentiality too.

### 3.3.4 Covid-19 protocol measures

The research protocol was formulated during the covid-19 pandemic and therefore considered measures to ensure that the research was conducted in a safe manner. These regulations were adapted from the Disaster Management Act regulations which were gazetted for the alert level in which the country was placed at the time (South African Government, 2022). There was however no need to make use of these measures as all restrictions were lifted at the time of data collection.

### 3.3.5 Reimbursement for participation

No reimbursement for participation was provided. However, the researcher was awarded a postgraduate training grant from the FHS at the UCT, and this allowed for each participant to receive a gift voucher. Participants were not aware of this prior to participating. The training grant also permitted refreshments to be available at the individual interviews as well as the focus group.

### 3.4 Dissemination of findings

The final dissertation, once accepted by the examiners, will be sent to each participant, and be made available to the division of OT. Suggestions and recommendations emerging from this research will be disseminated. This will be achieved through hosting an information and feedback session with the division where the findings and the recommendations will be presented. The broader community will have access to this dissertation through the university's OpenUCT online platform. The researcher is currently exploring appropriate academic journals through which academic articles emerging from this study may be published. The researcher will be presenting the findings at the Occupational Therapy Africa Regional Group congress in Namibia and the Health Science Education symposium at UCT in 2023.

### 3.5 Conclusion

In this chapter, the researcher's selection of the research approach and research design have been discussed with reference to its suitability in answering the research question. Sampling techniques, such as purposive sampling and maximum variation, as well as inclusion and exclusion criteria have been explained and described. The researcher has outlined the processes which were conducted in the preparation stage prior to data collection, the data collection and management procedures as well as the process which the researcher underwent when using thematic analysis. Scientific rigor and ethical considerations were described in detail for each step of the research process.

## CHAPTER 4: FINDINGS

This chapter presents an analysis of the data which aimed to describe and explain the learning experiences that influence undergraduate OT students' learning within MH PL placements at UCT during the covid-19 pandemic. Furthermore, the objectives to identify barriers and opportunities that OT students encountered during their MH PL placements were explored. Three themes emerged in relation to these objectives and are described below, as presented in Table 6 below.

Theme 1	Categories
<b>Acknowledging ME in the pandemic</b>	<ol style="list-style-type: none"> <li>1. Who I am and how MH PL made me feel.</li> <li>2. Experiencing cultural distress in practice.</li> <li>3. Supporting me during the pandemic.</li> </ol>
Theme 2	Categories
<b>Setup for failure</b>	<ol style="list-style-type: none"> <li>1. Academic performance: an added layer on top of a pandemic.</li> <li>2. Feedback style: striking the right balance.</li> <li>3. Communication during the pandemic as a barrier to my learning.</li> </ol>
Theme 3	Categories
<b>Stuck between a rock and a hard pandemic</b>	<ol style="list-style-type: none"> <li>1. Blended learning during the pandemic.</li> <li>2. Being underprepared for MH PL in the context of the pandemic.</li> <li>3. The impact of the MH PL placement sites on my learning.</li> </ol>

Table 6. Themes and categories generated from the data.

## 4.1 Theme 1: Acknowledging ME in the pandemic

This theme is made up of three categories.

1. Who I am and how MH PL made me feel.
2. Experiencing cultural distress in practice.
3. Supporting me during me the pandemic.

This theme describes the participants' socio-emotional experiences of MH PL during the pandemic. Participants highlighted social identity constructs such as race, gender, age, and culture as contributors to the barriers and opportunities which they encountered at their placements. Whilst being aware that they had to bracket and separate themselves from their clients in a professional manner, they found this challenging and did not always feel acknowledged for their experiences of MH PL during a pandemic. These findings interrelated with the need for more support and validation of the MH PL experience during the pandemic.

### 4.1.1 Who I am and how MH PL made me feel.

In this category, participants described how the pandemic heightened their levels of anxiety in MH PL. During the pandemic, participants struggled with personal grief and loss, and experienced unsettling anxiety around potential exposure to the covid-19 virus in PL. These experiences were described to be a barrier to the participants' learning as they felt that they were not acknowledged for going through their learning experience during a pandemic.

*“At the same time, I was going through a lot personally, a couple of deaths in the family, so it was a very emotionally taxing time. covid just amplified everyone's anxiety in general. All of us became anxious about what we're touching, are we sanitizing enough, are we wearing our masks.”* Participant 8

*“Our ward went on like a mini-quarantine because there's TB, lice and covid. So that for me, personally, ignited a lot of paranoia.”* Participant 4

*“I think there was very little acknowledgement for how hard it is to be a third-year student who has just come out of a pandemic.”* Participant 8

At least five of the eight participants stated that feelings of being triggered were experienced in MH PL during the pandemic. These feelings were linked to the participants and their clients sharing similarities in age, background, race, being a student and being exposed to MH challenges. Participants described that this over-identification with their clients negatively impacted their learning experience.

*“I'm relating a lot and I feel like that's why I really do not like mental health. There's a lot of relation with their stories and mine and it's really difficult.”* Participant 2

*“Having to see someone who comes, who is there as a student, and who comes from the north just like me, and then being in university because of that, it really was difficult for me, I really struggled with separating myself from them.”* Participant 5

*“A lot of over-identifying. Yeah, there was a lot of over-identifying, a lot of like, blind spots of my own, especially when it comes to the young patients.”* Participant 8

Participants therefore found it easier to work with clients that they could not relate to.

*“It was definitely easier for me to separate myself from them because it was not, it was quite literally the furthest thing to what I was going through.”* Participant 8

There were feelings of being in a constant fight-or-flight mode during the pandemic, which manifested in participants having trouble in sleeping patterns and feeling triggered outside of the PL placement.

*“So I just felt like I was in a consistent fight-or-flight mode all the time... and it can become very hard to like switch off OT mode, switch practice learning mode when you are not in that setting. Like I was full-on having nightmares about patients.”*  
Participant 8

*“It's actually bizarre that especially my first mental health block had such an effect on me. Like, I still remember the car that my clinician drove, which was a blue Suzuki, and*

*every time I see it on the road, I get a little bit nervous, which is just wild.” Participant 6*

Whilst participants identified that they struggled with separating themselves from their PL experience, they also highlighted the growth aspects experienced because of this. Similarly, the experience was described as ‘humbling’ and they described learning a lot.

*“It humbled me, and it made me be very aware of my positionality... It also made me want to take care of myself a little bit better. And it made me reflect about how, because I had my own personal mental health issues, that had I not gotten help when I did, I may have been admitted to an institution as well, so I reflected a lot on that, so it brought a lot of personal growth.” Participant 4*

*“I still feel like I learnt a lot just from the block” Participant 3*

*“So, I would say I learnt a lot, definitely did learn a lot. I saw a lot; it wasn't always easy.” Participant 8*

Personal attributes during the pandemic, such as home and living circumstances, also influenced the participants’ management of their responsibilities in PL. This was in relation to how they allocated time and resources to all their tasks that needed to be tended to.

*“You live alone, or you live in a flat or self-catering accommodation. You have to do all of these household things on top of the many submissions.” Participant 3*

*“So, I had family things going on. I had other things going on as well – you know, trying to practice balanced lifestyle.” Participant 6*

Gender identity also emerged as a challenge for participants in PL during the pandemic. A male participant elaborated emphatically on feeling responsible for the gender-based violence (GBV) which his female clients encountered, at the hands of male perpetrators.

Gender roles were also discussed by female participants to impact the behaviors which they would tolerate from clients.

*“We only had female patients and then as a male hearing some of this, patients they are here because of they got raped by males and me as a male trying to help them with a situation that were caused by males, it was also difficult. So, I can say gender made it difficult.”* Participant 5

*“I accepted aggression more from a female because it was also a little bit more subtle, and yeah, but I wouldn't, if a male had displayed the same behaviour, I wouldn't have taken it. , I think certain behaviours are expected of men to do, so, it's almost like he's catcalling, so we just ignore it. Yeah. So it plays a role in how you perceive it, and in how you dig deep personally or not.”* Participant 4

Social identity constructs also emerged as a barrier when participants described how the process of allocating them to PL placements during the context of the pandemic was challenging. They identified that there could be assumptions made about the skills which they possess because of their identity. For example, if all black students can speak isiXhosa and then placing them where isiXhosa is spoken at the placement.

*“I got placed in (placement name) with three coloured girls because they thought I was Xhosa... even though I didn't understand isiXhosa...they assume they can speak Afrikaans and or this one is black, and he can speak like African languages then they can go there.”* Participant 5

Another example discussed was placing two male students together in a female ward. Whilst this was helpful for them to experience this as a pair, the participant identified that it impacted the openness to share personal experiences by the female clients, potentially impacting the therapeutic benefit.

*“Placing females at these kinds of settings would make it a bit better, because, I was with a male as well, so we were two male therapists on this side, so at least it was*

*better because we shared it together. So, if it was me and a female, I don't know how we would have been, but I was going to feel like I was alone in that situation but because it was another male, I felt better because we took it, like both of us, we shared it amongst the two of us. So, placing females in that kind of setting to make them to be able to open up about this kind of situation.”* Participant 5

Participants' sense of professional identity was impacted on by the multidisciplinary team (MDT) during the pandemic. The role of the MDT in participants experiences presented as opportunities as well as challenges and contributed to how participants participated in team settings. Participants expressed a positive learning experience when they worked within a MDT that valued person-centered care.

*“All the MDT members were lovely, and they also valued the people as people, and they knew each person by their name and their family history and just, the whole approach at the facility itself was very holistic.”* Participant 3

#### 4.1.2 Experiencing cultural distress in practice

The second category within this theme highlighted culture in practice as a barrier during the pandemic. Participants experienced a misalignment with what they perceived to be expected by their supervisors in interpersonal exchanges with their clients in contrast to what their own cultural values had rooted in them, such as asking the elderly personal questions. There was uncertainty around whether it would be appropriate for participants to explore cultural concepts of distress which led them to only consider the symptoms of health conditions.

*“When the markers are there, they want us to be like engaging, interacting, like talking to patients, in our culture, we are not allowed to do that. Like as a child, you need to respect all people, you can't ask this kind of question, you can't act towards them as if they are your age, so you need to be able to respect them.”* Participant 5

*“I felt as if the clinician or my colleague wouldn't understand what I was talking about with the patients, so, whenever we were doing sessions when we were observed I didn't want to feel as if I was disrespecting them by mentioning culture and going into it deeper with my patient and all of that. So, I just stick to medical and deal with the auditory hallucinations as auditory hallucinations medically. Cause I don't want to overstep and disrespect people and – I never know whether to tap into it or just stick to theory, like OT theory, in English.”* Participant 2

It was found that participants experienced challenges when observing clinicians practice in ways that they perceived to be culturally inappropriate.

*“Especially with clinicians at our sites. Sometimes they say things, or treat you in a certain way, but I know this is inappropriate in my culture.”* Participant 2

#### 4.1.3 Supporting me during the pandemic

This category described participants perceptions of their support needs during the pandemic in MH placements and the impact of their support needs on their learning. They highlighted the need for additional emotional support from their clinician and CE during MH PL, particularly during a pandemic. Participants identified that they were not receiving sufficient socio-emotional support during supervision sessions as needed, given that they were experiencing an unprecedented pandemic.

*“I didn't feel very supported. I'm thinking that she meant well by saying that everybody struggles and, like normalizing almost, there wasn't an acknowledgement of the struggle and I think that was a general thing, especially in mental health. it's almost ironic that in the mental health faculty there's a lack for mental health”* Participant 6

*“She was extremely helpful in terms of theory and how to improve your logs and all those kinds of things, but I didn't necessarily feel like I had the support. I didn't necessarily feel like I had the socio-emotional, or psycho-social support that I needed at the time.”* Participant 8

Participants identified it to be challenging when socio-emotional support was not offered. However, it was a positive opportunity for learning when clinicians and CE's explored participants' personal well-being in tutorial spaces.

*"I feel like my learning would have been a lot more productive if I was given the support that I needed."* Participant 8

*"Like tutorials with your supervisor and your clinician to be able to ask you how you are feeling, how things are going, how you can help (me), and what they can help with and yeah, that also contributed positively to me."* Participant 5

It was identified that offering emotional support spaces outside of PL, to debrief about the PL experience or offering post-placement counselling would be helpful to contain the participants socio-emotional needs. Participants identified that reaching out to them as students and providing the necessary emotional support should have been considered during the pandemic, as they recognized that they were not able to independently identify and seek the appropriate emotional support which they needed in their third year of study.

*"So, I think the department can just do something about offering third-year students, especially in mental health, some sessions, maybe a counselling session to debrief, even though we do debrief during the tut, but then it's not, it's not enough. So, in mental health, our department, I feel like they need to give, put more support for students in mental health. Maybe like counselling at the end of block to be able to talk about these situations because these are things that we are going to have to live with for the rest of our lives."* Participant 5

*"But I think what helped a lot this year (4<sup>th</sup> year) was that someone reached out to me and then I could say Yes, I do need the help, as opposed to me trying to find the help on top of everything that I need to be done. So that was a big factor – someone telling somebody else and then them reaching out."* Participant 6

Participants identified that there was emphasis placed on personal management, such as being able to separate oneself from the client but that the curriculum content did not necessarily provide them with the tools or strategies to practically be able to do this.

*“We have to separate ourselves from that situation. So that really made my learning difficult, because I, really struggled with separating myself from them. Because I didn't know how to separate myself from the situation.”* Participant 5

*“I never got to learn on how to separate myself. Both mental health blocks, I really struggled with separating myself. I think also like teaching us how to separate ourself.”*  
Participant 6

However, participants expressed gratitude for spaces to reflect on their socio-emotional challenges within their weekly submissions. These referred to their learner’s log and an equity and diversity log which they completed during a PL placement. It was felt that these promoted addressing critical constructs and allowed a venting space to share personal experiences.

*“Having a place where you can vent out your frustrations or your reflections of the week is really nice. I think the concept behind the learner's log and being able to reflect on it is really positive. And the E&D log – 'cause we have these questions on the E&D where you're looking at gender, race, culture.”* Participant 2

Participants described having an expectation that their supervision sessions with their CE should be a safe space to share their struggles. However, this was not always the case and they identified being punished through mark penalties for having support needs.

*“I definitely think that the supervision and learner relationship made a very big difference in my learning as well my experience... but I felt they were being like, there was personal attacks. And that definitely affected my confidence.”* Participant 6

*“I was marked down for crying at block by one of my supervisors. I never cried in front of patients. And yeah, I think there was a lot of emphasis of like some people would like (call) Your supervisor is your safe space. Approach us if you need help. And then*

*we do, and then we get marked down for it, so that was very frustrating for me.”*

Participant 8

They identified that the lack of sufficient validation from their clinician and CE during the pandemic impacted their personal perceptions of their academic performance during the placement.

*“I feel like I have a lot of need for approval from those above me. And so, in the case of block it's your clinician, it's your supervisor and yeah, it was just a little difficult because I wasn't getting that.”* Participant 8

*“I think a big part about why I was stressed was maybe lack of communication and how the supervisor and the clinician expressed how I was doing to me.”* Participant 1

However, participants acknowledged that their relationships with their clinician and CE were also influenced by preconceived ideas which they had about them. This was shaped by peers' feedback on the clinician and CE, from their own supervision experience with them.

*“I was already scared of my supervisor, because I hadn't heard good things.”*

Participant 7

#### 4.2 Theme 2: Set up for failure

Participants' anxieties during the pandemic were described in theme one. This second theme describes the elements that were considered as inadequate in preparing the participants to thrive in MH PL, as an additional layer above the pandemic. As described by participants; these elements were the challenges which instilled the feeling of performing poorly, throughout their PL experience.

This theme is made up of three categories:

1. Academic performance: an added layer on top of a pandemic.
2. Feedback style: striking the right balance.
3. Communication during the pandemic as a barrier to my learning.

#### 4.2.1 Academic performance: an added layer on top of a pandemic

This category describes how the loss of control which participants had over their academic performance and results in a placement was challenging. Furthermore, how the academic results were influenced by others (clinician, CE and peers) added an additional barrier to their learning amidst the pandemic.

During the pandemic, when marks were attached to a session being observed, participants expressed feeling more anxious about the marking process than the therapy session itself, despite knowing their clients well.

*“You get to mid-dem, you're more stressed out about how they mark than the actual session.”* participant 3

*“You know everything about them (clients) and still be stressed because of how you're going to be marked.”* Participant 4

The marking process was also challenging for the participants as the clinician and CE were not present to observe all the practical sessions prior to the session being examined.

*“I just feel like I don't know how I can be marked on that, because my supervisor and my clinician aren't there with me every session.”* Participant 4

Participants did however highlight that it reduced anxiety when the clinician and the CE marked the demonstration sessions together, as this resulted in less subjectivity in the mark and provided more than one opinion to their final academic result.

*“It's great that they both mark dems. Just because, ja, just to have more than one subjective opinion.”* Participant 1

Participants experienced a level of difficulty and loss of control over their own academic results during the pandemic when group tasks contributed to their result.

*“I'm thinking, this is gonna affect my marks if we don't do well, I feel like my marks are in other people's hands. It's quite difficult for me, especially when you're doing group work.”* Participant 2

#### 4.2.2 Feedback style: striking the right balance

This category focused on feedback and encapsulated how clinicians and CE's feedback was given to participants, the frequency or consistency thereof, and the types of feedback. Participants highlighted the impact that feedback had on their learning experience which was already being impacted by the pandemic. Feedback is a regular part of supervision sessions which students have with their clinicians and CEs, and it is intended to provide opportunities for learning.

However, the pandemic anxiety was relieved when there was balanced feedback provided by the clinician and the CE to the participants as it helped to better guide their learning.

*“I think the way that you give feedback, so, give me how I should improve in my sessions, but at the same time telling me like the positives that I do. As a student, it helped us to feel at ease, like okay at least we are doing something good and then I just need to work more on it.”* Participant 5

When feedback was more critical, by focusing more on what was done incorrectly, and it was harsh in tone, it left participants feeling unsure of their own performance whilst they were already overwhelmed because of the pandemic.

*“She always had more to add. And I think that perhaps her attitude was, she just wants to teach me as much as possible? But how I interpreted it was, 'Oh my god, I'm just not doing anything right.' And then also like, often, the way that she gave feedback was very blunt. Her delivery was harsh. It sounded mean. And I don't think she intended it to be that way, it just came across that way. And, like, I don't know if she knows that? Because often we've spoken a lot amongst peers, like, a lot of us had the same*

*experience with this particular supervisor and that, it's not that what she's saying is unfair, it's just that she's saying it in really, like, a rude way."* Participant 1

When the style of feedback was not constructive it was not found to be helpful to the learning experience for the participants.

*"Proper feedback, as in constructive criticism. I feel like what was being said wasn't helping and wouldn't have bettered me as a student and my learning."* Participant 6

*"How they gave feedback, for example, how the clinician just said to me, 'You would've failed.' Outright."* Participant 1

*"But, I didn't know that, and her attitude towards my not knowing that was 'That's not good enough. You've now ruined the session. We can't do the session.' Instead of, like also, she could've demonstrated it to me."* Participant 1

However, when participants were given feedback that they could realistically implement during a pandemic and see the impact of, they found this helpful.

*"Having like supervision sessions going quite nicely with like good feedback that I could implement... so then like just seeing the change of like actually implementing the feedback has been quite helpful."* Participant 7

*"Allowing you to make mistakes during the session and giving you feedback on it. So allowing you to be able to do it, like showing you, and then giving you a chance to do it on your own, yeah, that really helped positively."* Participant 5

Participants experienced inconsistency during the pandemic in the feedback provided by the clinician and CE. It was discussed to be contradictory at times which made it challenging to carry the feedback through to the subsequent PL placements.

*“The feedback that we get is very different. Some of it is very similar, and not a lot of the times is it contradictory, but it's not standard. Not everyone has the same way of providing feedback, and that affects how you get into the next block, and how you develop as a professional, as well...And that means you can't use the feedback from block one.”* Participant 4

*“Your supervisor's feedback is, 'This is not how we want it.' But, according to the previous supervisor, that's exactly how they want it. So, I think we've all been struggling with that confusion. And it also invokes anxiety, 'cause now you get to the next block, you're like, 'Oh my word, what does the supervisor want from me?'”.*  
Participant 3

The inconsistency in the use of terminology by clinicians and CE's during the pandemic continued to make feedback challenging.

*“I think in terms of terminology used; I think sometimes differs. I think, so, terms like principles and handling can mean two different things to some clinicians, while for others it's the same.”* Participant 3

*“Like, everybody's got their opinions about how a goal needs to be.”* Participant 1

Utilizing feedback within the pandemic in relation to the inconsistencies in terminology became more time-consuming. They expressed that they find that they spent more time trying to alter and adapt to each supervisors' expectations instead of having an agreed upon approach and that they lose the essence of their learning this way.

*“And so, to have to re-learn every supervisor's preference for a goal is such a waste of time. So, that would be one thing.”* Participant 1

*“But, like, if you're too focused on semantics of SMART and too focused on making sure that it's got all the elements, then you actually lose the essence of what you're trying to do.”* Participant 1

Receiving feedback prior to the intervention sessions during the pandemic instilled feelings of being setup for failure. It was a challenge when participants did not receive appropriate guidance from the clinician and CE.

*“Sharing the knowledge, instead of being so like, 'Just go and read up.' That really would've helped, um, and also, like, maybe not setting me up for failure, 'cause I presented the activity to her before, and she – I mean, I'm sure she would've known that this wasn't gonna go well – and, she didn't say anything.”* Participant 1

However, participants highlighted the value of receiving different methods of feedback, verbal and written, as a contributor to their learning needs.

*“Some of the verbal feedback we'd get sometimes confuses us more.”* Participant 3

*“I suppose I think I want more of the feedback, especially written, because if it is verbal, sometimes you forget.”* Participant 4

Participants valued regular feedback, during the pandemic, from their clinician at the start and end of the day as it aided their planning.

*“Every morning we spoke to her and after the session, every, like, before we left we had like a debrief. So we could plan, and then reflect with her and get her feedback.”*  
Participant 1

#### 4.2.3 Communication during the pandemic as a barrier to my learning

This category emerged as participants identified communicating with their clients during the pandemic, due to the use of PPE, to be a barrier to their participation. Additionally, the use of language also played the role of a barrier in communication which impacted the client-therapist relationship. Participants identified how the barriers faced with communication and language set them up for failure as they struggled to build rapport, for example.

The negative impact on therapeutic relationships formed between participants and clients at PL placements was described to be a significant effect of the pandemic. Participants described how the covid-19 regulations, such as the wearing of PPE and social distancing served as a barrier to their interactions.

*“And I'm questioning my own therapeutic value if my patient doesn't even know what I look like how can you trust a person who you don't know what they look like? So that was a difficulty.”* Participant 3

*“Some clients would be like can you just take your mask off so that I can see what you're saying? there were times where they would mumble and you couldn't really understand what was being said. And there's only so many times that you can ask someone to repeat themselves.”* Participant 6

It was identified that the age and stage of development as well as the diagnosis of the clients at each different PL placement also played a significant role in how the wearing of PPE impacted therapeutic relations.

*“And then the hearing problem. Over and over we had to make sure that we were speaking loud enough and they're unable to lip-read and we're not allowed to take our masks off –where covid regulations are part of your precautions and your principles, and you have to adhere to them.”* Participant 3

*“Due to the diagnosis, they basically keep forgetting what's happening. So we had maintain our composure a lot of the time and not get frustrated when patients kept asking us 'Why do you need to wear a mask? I can't hear what you're saying. I can't see what you're saying. Why do you need to wear a mask?' And then we had to remind them, oh, it's covid and then they're like 'Why is covid such a big deal?' “Participant 3*

However, a participant identified that, in a unique instance, the wearing of PPE was a positive impacter in protecting their identities when encountering clients that participants were familiar with from their personal lives.

*“In this regard, I was kinda thankful for covid, 'cause I had a mask on, and my hair was different, so they definitely didn't recognise me.”* Participant 6

Communication relies on being able to use language to build a client-therapist relationship. During the pandemic, additional to the barriers faced using PPE, language barriers posed an additional challenge to the participants.

*“So, they have to communicate in their language, and I don't understand their language. It affected that interaction, that client-therapist interaction, because we didn't really have that bond. As soon as you start speaking their language, then they are able to open up, because they feel comfortable around you, they feel that you understand them.”* Participant 5

Whilst participants were completing language courses as a part of their undergraduate degree, they identified that during the pandemic it did not prepare them adequately for PL. Therefore, language still posed a challenge to their participation in PL and what they could learn from this experience.

*“'Cause what we learn in languages is completely different to what we experience when we go there. They don't really prepare us much for practice learning.”*  
Participant 5

*“Also, the isiXhosa that we're learning – it's basic basic.... you're able to introduce yourself – but that's about it. You're introducing and then no assessment. Especially with the Xhosa that we're doing, you can't assess – you're not treating. So, you're going into practice knowing that, oh, I know how to introduce myself in Xhosa and that's about it. But, I'm not gonna be able to have a deep conversation with this patient – or, at least have an understanding of the context that they come from.”* Participant 2

During the pandemic, for participants whose native language was not English, there was a need to be allowed the opportunity to express themselves in their native language. This was in client interactions as well as in their written reflections. Reflective pieces were specifically mentioned by participants as this was linked to reflecting superficially during the pandemic due to the language barrier. There was also the emergence of the assumption that English had to be the primary language used in client sessions if the CE or clinician were present, even if the student and client both spoke isiXhosa, for example.

*"I'm just writing because, okay, I need to do this. Let me write about my feelings, superficial, very superficial. But, if I was able to express myself in my own language and then have someone who reads it and understands it, it would be so much better. Because now, you're understanding my needs much more better."* Participant 2

*"Some of my patients are Xhosa and then, normal day-to-day I come, I'm doing the session, I'm giving out the cards and I'm speaking in Xhosa. Now I'm like, in mid-dem, am I supposed to speak English with you? And then, now one of my patients was shocked: 'Okay, why are you speaking in English?' I'm like, 'It's my exam,' and all of that. So, it's like, am I now speaking in Xhosa or English with you? Will they understand what's going on? Is it okay for me to speak in Xhosa? Will they see how the interaction is going? Are they marking my interaction? Are they marking my English? Are they marking my use of terminology? So, it's quite difficult. I think language is quite a big thing."* Participant 2

With language being a barrier in the pandemic, the format of assessments was challenging as the weekly assessments are all in a written format. Participants identified that when they already struggled with language as a barrier, they find it difficult to express their feelings by writing.

*"Some students are very good with writing up and others just aren't, and, if you're not very good at writing up stuff and you have all these responsibilities, the submissions can get very overwhelming."* Participant 3

*"For me writing is very difficult, especially writing my emotions down."* Participant 2

Language was also identified as an aspect that needed to be considered when placing students at each placement as it was challenging for them to be placed where they could not communicate at all. They identified that these decisions were perceived to be made based on assumptions of their identity.

*“When they do mental health practice, like placement, they need to check on, like, our languages and then the most spoken language in that area of practice. I think, yeah, that would be like the best way to limit this kind of behaviors that impact on our learning.”* Participant 5

#### 4.3 Theme 3: Stuck between a rock and a hard pandemic

This theme described the conditions under which MH PL exposure took place and refers to three categories in describing this. Each category in this theme had challenges which amplified the challenges that were already being experienced because of the pandemic.

This theme is made up of three categories.

1. Blended learning during the pandemic.
2. Being underprepared for MH PL in the context of the pandemic
3. The impact of the MH PL placement sites on my learning.

##### 4.3.1 Blended learning during the pandemic

Covid-19 introduced blended learning approaches where activities such as tutorial spaces took place online, so that exposure to covid-19 would be limited. Participants reported that the online learning spaces were not helpful and that they found it challenging when comparing it to face-to-face learning spaces.

*“What wasn't helpful is when we all go around on a Zoom (online platform) for everybody to say how they're doing, and do a check-in takes like an hour.”* Participant 1

*“Having had all my lectures and everything online, it's not the same. It's really not the same as that practical experience as going into sites.”* Participant 8

One participant described how the pandemic made her self-reliant and that when entering PL spaces this brought challenges as she had to actively engage with clients.

*"I feel like covid reinforced this characteristic of me wanting to be in control and being in my own self and doing things independently."* Participant 2

*"So, I've been able to shelter myself and be away from people for so long. And now, coming into mental health, or practice-learning, I have to work with patients every day. Right? I am actively communicating with someone. It's not a screen. I'm not able to hide away and be in my room."* Participant 2

The impacts of covid-19 on the participants' second year of studies were significant as the effects were obvious to them in PL in their third year of study. Having had their second year online, which was focused on assessment, made them feel as though they had insufficient experience and exposure to assess competently in PL in third year because of the pandemic.

*"My second year was in covid. We hadn't done as many, like, opportunities to go and interview and practice doing assessments that we would've had second year if it wasn't for covid. I think that kind of like set a bad tone."* Participant 1

*"And I feel like, if it weren't for covid, we would've obviously had the second-year visits, we would have had that ability to assess. I was like, we have zero experience assessing in-person."* Participant 8

One participant identified that since the covid-19 protocols did not allow for visitors to the PL placements the OT students were of therapeutic value in addressing the isolation and loneliness experienced by their clients.

*"Because of covid they were very isolated. The elderly became very isolated and loneliness, depression, it all skyrocketed. And with Alzheimer's and dementia, they became very anxious, because why can't I see my kids? so, being able to be the company that they need, and providing the social exposure they need was also very nice."* Participant 3

#### 4.3.2 Being underprepared for MH PL in the context of the pandemic

The second category within this theme was centered around the structural aspects of the curriculum during the pandemic which impacted the participants experiences of MH PL and led to feelings of being underprepared.

Third year OT students engaged in PL for four hours in the morning, four days per week. Whilst these logistical arrangements did not change during the pandemic, each placement has their own therapeutic structure which was in place to limit exposure to the covid-19 virus, indicating that how these four hours could be used would have varied. Participants identified this as a challenge as they felt that this time was limiting to their own learning and limited the benefit to the clients. They identified that clients were at the placement for a full day and only getting access to them for parts of the morning segment felt like they were missing out on experiencing what a full day looks like for their clients without the restrictions of the pandemic, limiting their own learning.

*“That really affected our learning, because we learn more being exposed to these people, when you are being exposed more to them, you get to interview them, you get to see how they really, you get to see all of those psychiatry-like symptoms. But like being there just for a few hours, and you leave, and then you find out you didn't get a lot.”* Participant 5

*“So, with block being half the day, I always feel like I am only getting half of the people, half of the experience, just half. Because like for a lot of our placements, like the good part starts in the afternoon, and really like the things that they would be doing, where you can like, which would also really help with the assessment, with really seeing them like in a particular element of doing something in particular that you might not have to be in control of or facilitate, but just being able to be there and just see how a full day looks for someone and not just four and a half hours, I feel like a full day, you just get more.”* Participant 7

With PL taking place in the morning, the afternoons were used as lecture periods. Participants found it challenging to participate in PL and lectures in the same day.

*“You are running the group, you're in charge, yes, you're the person. And then you switch roles, you come back, you're the student, you sit down, you listen, you take in, you're not in that facilitator role that you just were half an hour ago, now you're listening, you're taking in, you're trying to understand. So it's just jumping from those roles so quickly. It's a little bit difficult to hold on, but like if you've had like full days of block, then you might have done what you needed to do in the morning, and then you can, you don't have to jump around.”* Participant 7

It was identified as helpful during the pandemic to have the PL manual and the site-specific objectives which outlined the basic overview of expectations for the participants for the five weeks that they were placed at the placement.

*“So, having a manual. Knowing what to do and when to do it. 'Cause it really helps where you know, okay, on week two this is what's expected of me.”* Participant 2

*“The site-specific objectives that we get are quite helpful. They make you a little bit more calmer, it gives at least a little bit of a guideline of what you may expect and what is expected of you.”* Participant 4

However, when the site-specific objectives were not provided at the start of the placement this was more challenging and was attributed to a lack of communication between the clinician and the CE.

*“We weren't really sure what was expected of us until the end of the week. So, it was a bit confusing .”* Participant 3

*“'Cause sometimes we get halfway through week two and we're like, 'Oh my word, they aren't talking to each other; we don't know what to do.' And then only in week three they sit down and have a conversation and say, 'Okay this is what's going on. This is why the students are struggling. Let's just align our stuff.’”* Participant 3

During the pandemic, additional guidance on the requirements, such as the evaluation process were identified to be a challenge when there was uncertainty around the process.

*"I mean, we can evaluate ourselves, but, you don't even know what you are evaluating sometimes, or like you just feel confused about the entire process of the evaluation."*

Participant 4

Participants expressed not being prepared enough for MH PL in a pandemic as some content may have shifted within the year to accommodate the pandemic. These were related to the content of the lectures which participants had not covered before the placement commenced. This was challenging as they had perceived that the placement expected them to know the content before arriving.

*"I guess, yeah, I just felt underprepared."* Participant 4

*"You might not have learned the theory before you go into block."* Participant 1

*"Some sites expecting us to know what we need to do."* Participant 3

However, some participants expressed that retrospectively there was value to learning practically first, without the theory.

*"I do still think there's a lot of value in us getting onto sites and then learning from there."* Participant 3

To supplement what was taught during the pandemic, participants made use of literature such as textbooks. They however identified that at times there was a mismatch between the textbook definitions and practice expectations. This was however described to have contributed positively to their learning as it forced them to remain alert in their critical thinking skills.

*“We are given this nice textbook definitions and examples, but it is not always that way and sometimes you miss some things that are quite clear. It promotes learning, because then it's like an experiential thing, almost like, it heightens, like you have to be very aware of what is going on and observe very carefully. The negative is that you don't know what you are looking for.”* Participant 4

Even though tutorial spaces were described earlier in this theme to be online at times during the pandemic, participants appreciated the learning that emerged from MH PL tutorial spaces which included theory and revisiting lecture content to supplement their understanding.

*“Those mental health tuts, they are very crucial, they are very helpful... in terms of learning and growing up as an emerging health professional, it do help, it do help a lot.”* Participant 5

*“So, like they had these little tasks that they gave us during the tuts so, then just that was a huge learning experience of like actually taking content that we've done before and just properly breaking it down. So, like that's been really quite valuable.”*  
Participant 7

*“I think tutorials had a great opportunity, the other thing that some lecturers did, is they would like, teach, um, theory, which could be helpful. So, models or principles.”*  
Participant 1

#### 4.3.3 The impact of the MH PL placements sites on my learning.

This category describes the aspects of the participants experiences which relate directly to the placement during the pandemic. These included the type of placement, the structure, the services offered as well as the role of the OT during the pandemic. Participants identified the positive aspects as well as the aspects that hindered their development and participation.

During the pandemic high care units were raised as a challenge. The behavior and the gender sexualization which female participants experienced was noted as overwhelming.

*"We were in the high-care ward, and I wasn't used to like their behaviors and everything, and I think I was sitting there for less than 10 minutes, and I thought, okay, I'm actually, I might just lose it a little bit. I need to leave. Because I, seeing their behavior, it was very overwhelming for me."* Participant 4

*"Especially the men, like if you are walking around high-care and they whistle at you and say like rude stuff, that makes it a little bit hard as well."* Participant 4

During the pandemic, due to restricted access to some placements, new placements had to be explored as an option for MH PL. MH placements which were community-based emerged as a challenge. Participants did not consider community MH placements to be in line with what they had expected a MH placement to be, where symptoms would be more apparent. They acknowledged that these approaches were different but expressed that they had a clearer understanding of their role by the end of the placement.

*"It's more of a community base, because when we talk about like mental health, I was expecting like schizophrenia, hallucinations, depression, anxiety, like all of those psychiatry and mental health illnesses but when we got there we just found like normal people."* Participant 5

*"So, then it was difficult to really identify the aspects, but with guidance and supervision we were able to determine the aspects we had to focus on. But, the approaches were very different. But at the end we understood what we were supposed to do... It was kind of a secondary thing going on."* Participant 3

Acute care placements in the pandemic were described to be more stressful or overwhelming as there was unpredictability that existed.

*"The 72-hour ward...it was just very overwhelming and very stressful."* Participant 1

“The difference between an acute and a long-term setting, it just impacts your experience of the place and the clients as well.” Participant 7

“So acute settings provide a lot more anxiety than chronic facilities.” Participant 3

The turnover rate in MH placements due to the pandemic was challenging as participants did not have sufficient time to complete comprehensive case studies before discharge but these were still expected.

*“While in acute settings you never know what's gonna happen. But the expectations surrounding that stays the same. So, we are expected to do a case study, but that patient could be discharged a day or two, or even on the day. And so, yes we've had to had information gathered enough by then to do a case study, but, in some settings it's just unrealistic.”* Participant 3

It was overwhelming for participants to have a first exposure placement which was overcrowded.

*“It's got like fifty beds, but there's like seventy people. Um, and you just walk in and there's people lying on the floor. It's overcrowded and it's really like overwhelming as an entry point for a student. And, I'm not saying that students shouldn't go there, it's just to like take into consideration that this is really difficult when you are new.”*  
Participant 1

Groupwork as a technique in MH PL was enjoyable during the pandemic.

*“I just loved doing group work with the people there.”* Participant 1

*“I am enjoying working with groups more.”* Participant 7

In hospital placements where wards could become overcrowded and encourage feelings of institutionalization as a result of the pandemic, participants described how having OT groups away from the ward and in the OT department counteracted this and held therapeutic value in a pandemic.

*“So the OT department kind of functioned as an escape from the ward. 'Cause in the ward it's overcrowded, it's either too hot or too cold, it's uncomfortable, people have to lock their possessions away – it's just not the best. So I think in the ward setting they get quite anxious. So just relieving the anxiety and the low mood from the ward and just seeing people's personalities really coming out after, not taking away the mental health issues, but just putting them aside for a while and just letting them be people and how their moods changed.”* Participant 3

One of the challenging aspects of groupwork in the pandemic was discussed as being diagnosis dependent. This was particularly when participants were running groups with clients on a spectrum diagnosis. The varying degrees of their diagnosis as well as their communication difficulties made it challenging for the participants to gauge the therapeutic benefit at a third-year level.

*“But with the groups, they were all very different, like on the spectrum. There was one that was very high-functioning and then one, or a few who were not. So, I think, that like in the groups, it was hard to tell if the one who is high functioning is gaining just as much as the one who is low functioning.”* Participant 4

Participants identified and discussed the role of their OT clinician at their respective PL placements during the time of the pandemic and how this influenced their experience. It was challenging when the clinician adopted more managerial roles and less clinical roles in the pandemic as there was limited role modelling for them on the role of an OT at the placement in a clinical capacity, that is, they were unable to see the clinician conduct clinical intervention with the clients.

*“I never actually saw the clinician run a session. I saw her run, like, meetings and I spoke to her a lot about session plans. I think that if I had seen her in action, maybe we wouldn't have needed as much time talking about it but that compensated well for the fact that we didn't see her.”* Participant 1

*“My site-based clinician, she wasn't an actual OT. Like she was a qualified OT, but she didn't do OT things. But so we were expected to do something that she wasn't doing. So, I think it would've just been nice to have an example of what it would look like in practice.”* Participant 6

However, participants were able to observe their clinician and CE in practice promoted a positive learning experience.

*“If the supervisor also took the time to, like, either observe me or I got to observe her. Whenever there's opportunity to observe, that was helpful.”* Participant 1

*“My clinician was very hands-on, and she did show, like we observed a group of hers.”*  
Participant 6

*“So, allowing you to be able to do it, like showing you, and then giving you a chance to do it on your own, yeah, that really helped positively.”* Participant 5

However, when observation of practice was inconsistent it was a challenge, that is, if participants observed clinicians practicing differently to how they had been taught.

*“Seeing the clinician do stuff that did not match what we were being taught, like at all. It wasn't client-centered, there was no principles. They were just, like, doing it for the sake of doing it. And it is so frustrating when you don't what to do in that kind of situation.”* Participant 1

At placements where the clinician had established positive relationships with clients during the pandemic it was less challenging as it was identified that the clients formed relationships with the students, based on their relationship with the OT clinician on-site.

*“They have all established relationships with each other and so, and they're used to students coming in and doing things with them. So, and like, so they not interested in challenging it, if anything, they are so welcoming.”* Participant 7

Participants reflected on how being placed with a peer during the pandemic impacted their learning experience. They described having a peer as an asset in their learning process, particularly about the sharing of knowledge and in evaluation processes which promoted their clinical reasoning skills.

*“I felt like it was an asset almost to have somebody to bounce ideas off, so that I didn't feel so alone. When I did have a block partner to facilitate or co-facilitate, more things were brought up, more things were seen. So there's that two people that brought in knowledge. I think in that sense it also assisted my self-directed learning.”* Participant 6

However, sharing the tasks and responsibilities also brought frustration during the pandemic.

*“So, it's quite frustrating working in a group and now I'm like, okay, this is why I want to be alone, and this is why I just want to do things on my own. It was quite frustrating for me.”* Participant 2

## Conclusion

In this chapter three themes emerging from this study were identified and described. These themes summarized the perceptions of third year OT students and what they perceived to be the opportunities and barriers to their learning experience during their MH PL placements. Theme one emphasized and acknowledged the students' personal experiences of how the pandemic influenced their learning in PL and the need for more emotional support. Theme two highlighted students' perceptions of being setup for failure, which contributed to their inability to thrive in MH PL. Theme three, stuck between a rock and a hard pandemic, illustrated the impacts of blended learning and feeling underprepared on participation in PL, because of the pandemic, and introduced the impact of placement selection on learning. The next chapter will discuss these findings in more depth.

## CHAPTER 5: DISCUSSION

### Introduction

This study intended to gain a better understanding of the impact that the covid-19 pandemic had on undergraduate OT students' learning experience, specifically focusing on their MH PL placements, from the students' perspective. The researcher aimed to identify and describe what students perceived to be the opportunities that promoted their learning experience as well as what they perceived to be the barriers that posed challenges to their learning experience in MH PL. The principles which were drawn from the selected paradigm, relativism, framed how the emergent findings scaffold the focal issues which surfaced. These principles placed emphasis on the value of the participants experiences as they transpired, according to the participants perceptions and interpretations (Shah, 2017) and therefore acknowledges and accepts the multiple realities as constructed by the participants' subjective awareness of their PL experience (Bradshaw, Atkinson & Doody, 2017).

### 5.1. The complexities of practice learning experiences in higher education during the covid-19 pandemic

The inception of the covid-19 pandemic distressed practice education in the higher education industry (Brown, Robinson & Gledhill, 2022). Particularly health science education experienced it to be challenging with the introduction of blended learning, the compromise on PL placements (Yunus, Romli & Rasdi, 2022) and the emotional and mental distress experienced by health science faculties, such as occupational therapy students (Morato, Fernandes & dos Santos, 2022). These challenges within higher education and their impact on PL will subsequently be discussed.

#### 5.1.1 Psychological distress in the higher education context

Complexity in MH PL was established to be a common feature for OT students prior to the pandemic (Soeker, 2014). In the context of the pandemic, a further emphasis was placed on feelings of being overwhelmed in PL by some participants of this study. This suggested that

whilst MH PL was complex and psychologically distressing, the pandemic contributed additional stressors for students' own MH. Global literature suggests that this was a common phenomenon in OT students who experienced increases in MH conditions such as anxiety (Morato, Fernandes & dos Santos, 2022) and that it was not unique to the findings of this study only. Sharma & Tyszka (2023) further established the soaring levels of anxiety experienced during the pandemic by OT students in the United States of America (USA). However, Ewing, Hamza & Walsh et al., (2022) critically deepened the understanding of how tertiary students MH was impacted, by suggesting that students with pre-existing MH conditions did not experience a worsening on their psychological well-being as they had already established the ability to adapt to stressful situations through coping strategies prior to the pandemic. Whereas students who were not known to have pre-existing MH conditions experienced heightened psychological distress during the pandemic. This critical discovery by Ewing, Hamza & Walsh et al., (2022) accounts for why the participants perceived psychological distress during the pandemic differently. Some participants highlighted this impact more than others, contributing to the complex nature in which PL was experienced from a personal and psychological standpoint for the student population.

Additional complexities were present in PL as prolonged psychological distress was described by the participants in this study. They experienced what they described as being in a constant state of fight-or-flight<sup>4</sup> mode and that these experiences were carried with them even one year after leaving their MH placements. They continued to feel adversely impacted by the complexities of the experience. During the pandemic it was significant that this was also established to be the experience of health science students in Iran who displayed a worsening in their psychological well-being one year after the pandemic had begun (Mirhosseini, Grimwood & Dadgari et al., 2022) suggesting that health science students' risk for developing psychological ill-health continued to be a concern after the height of the pandemic. These findings were consistent with the identification of the covid-19 pandemic being a traumatic stressor capable of eliciting post-traumatic stress disorder (PTSD) globally (Bridgland, Moeck & Green et al., 2021). This would suggest that whilst the pandemic may no longer be present

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<sup>4</sup> The fight-or-flight response, also known as the acute stress response, refers to the physiological reaction that occurs when in the presence of something mentally or physically terrifying. This response is triggered by the release of hormones that prepare your body to either stay and deal with a threat or to run away to safety.

globally as declared by the World Health Organization (WHO) (WHO, 2023) its effects may still be present in the cohort of OT students and graduates that underwent their PL experience during the pandemic.

Participants in this study described their experiences of loss and grief during the pandemic as a barrier, similar to the experiences of health professionals described in other epidemics (Cadwell, 1994). Although there is no current literature which explores the impact of loss and grief on OT students specifically, healthcare workers during other epidemics such as the human immuno-deficiency virus (HIV) were also found to experience challenges with personal loss and grief as well as with over-identification with their clients where death was involved (Cadwell, 1994). This could infer that there were similarities in the participants in this study's experiences when compared to previous epidemics suggesting that lessons could be learnt to inform future experiences. The relevance of the challenges experienced because of grief and loss in a pandemic emerged as participants in this study established a significant finding in relation to their emotional support needs. They identified that the lack of support particularly around their emotional needs and struggles in MH placements during the pandemic, negatively influenced their participation in each placement and how they felt toward MH PL overall. Similarly, Morato, Fernandes & dos Santos (2022) also reported that health science students had higher emotional support needs during the pandemic and when these were not met, they posed as a barrier to the learning experience. In the SA population, pre-pandemic, OT students were already established to find MH placements emotionally challenging (Soeker, 2014) suggesting that the pandemic-related anxieties further fueled their emotional distress in PL resulting in higher emotional support needs, as identified by the participants in this study.

However, pre-pandemic findings associated these complexities in emotional support needs to how OT students perceived that CE's and clinicians were insensitive to their difficulties and anxieties in PL (De Witt, Rothberg & Bruce, 2015) suggesting that this barrier may not be exclusive to the context of the pandemic. Mirhosseini, Grimwood & Dadgari et al. (2022) however suggested, that these emotional support needs were amplified during the pandemic and as such this could offer insights into why participants perceived there to be insufficient support structures in place at the university to meet their uniquely identified support needs during the pandemic. Supporting the participants perceptions, Menon & Motala (2012)

identified that pandemic unique support needs were not previously something that tertiary institutes had to consider.

These complexities of insufficient emotional support which were experienced by the participants did not imply that there were no learning opportunities for them. In this study participants identified that they were appreciative of the technical knowledge and skills which clinicians and CE's possessed but rather that the insufficient emotional support which they received was challenging and contributed negatively to their psychological well-being. This suggests that during the pandemic the focus on learning did not only need to encompass the technical knowledge and skills for OT students in MH PL but also the emotional support needs which enable students to maintain a state of psychological well-being (Morato, Fernandes & dos Santos, 2022).

Complexities in higher education during the pandemic are multidimensional as this perceived inability to provide emotional support to students was attributed to a lack of time and increased stress in the role of the CE in pre-pandemic studies (De Witt, Rothberg & Bruce, 2015). Naidoo, Kaplan & Roberts et al., (2022) discuss that educators in health science faculties identified that there was an increased burden on their teaching time, and pressure placed on helping students to graduate amongst the uncertainty of the pandemic. This would offer insights into why the participants of this study perceived that their clinicians and CE's were unable to adequately support them as they were experiencing their own psychological distress as a result of the pandemic. It would suggest that the psychological distress on educators and the multidimensional nature of higher education during the pandemic would need to be addressed to ensure that support can be extended to the OT student population.

#### 5.1.2 Blended learning experiences in higher education during the pandemic

An additional challenge on top of the psychological impacts of the pandemic which added further complexity was found to be the introduction of blended learning methods in higher education (Khan, Erasmus & Jali et al., 2021). The significant findings which participants highlighted in relation to blended learning approaches was the use of online learning spaces that formed part of their supplemented PL experience. Whilst participants attended PL in a face-to-face manner their PL tutorials and teaching which was linked to PL took place online.

Participants identified online tutorial spaces to be unhelpful and time-consuming. They described online spaces to not be the same as face-to-face exposure when they compared the two approaches. Participants added that they found it challenging to communicate with clients and each other after being isolated in their own spaces and behind a computer screen. Similarly, McFadden, Guille & Daly-Lynn et al., (2022) also established that the use of online learning spaces contributed to feelings of isolation and a lack of personal connection to others in health science students. Morato, Fernandes & dos Santos (2022) further supported this finding to be a reality for the OT student population specifically. However, McFadden, Guille & Daly-Lynn et al., (2022) and Morato, Fernandes & dos Santos (2022) also highlighted the opportunities for learning which emerge from online learning spaces. These included the opportunities for accessing learning in a student's own environment, as it reduced costs associated with travel for example. These opportunities for learning did not surface from the participants in this study, suggesting that they may have had different contextual considerations such as living environments that were not conducive for learning or unstable internet connections as suggested by Hlatshwayo (2022). This would imply that teaching approaches employed during the pandemic would have impacted OT students uniquely; based on each student's contextual circumstance and resources available to them. This is especially significant in a country such as SA where the digital divide in working class households (Hlatshwayo, 2022) could suggest why participants in this study referred only to the barriers which they faced. Positive learning opportunities could have been negated due to this.

Yunus, Romli & Rasdi et al. (2022) identified that a key barrier to blended learning was the OT students' preferences for conventional learning methods in a controlled environment and that their competencies were unaltered because of this approach. However, the pandemic would have been an emergency response and less controlled (Ross, 2022), which attributes to why participants in this study may have disregarded blended learning to positively contribute to their learning experience. This would strengthen the argument that face-to-face PL training opportunities cannot be adequately replaced by blended learning approaches which are uncontrolled, and which are an emergency response, in producing competent health science clinicians during a pandemic (Ross, 2022). However, there may be a space for OT degree programs to consider blended learning approaches for clinical skills which will

enable students to meet their exit competencies competently when it is not an emergency response and rather a controlled and prearranged process.

### 5.1.3 Role emerging PL placements

Complexity in PL during the pandemic was notably also fueled by the type of placements that students were placed at. This referred to acute facilities, high care units and community-based MH placements. These were identified as barriers by the participants who described them as overwhelming. Acute facilities were overwhelming because of the unpredictability and the high turnover rate in clients during the pandemic due to an overburdened and overcrowded MH care system in SA (Nguse & Wassenaar, 2021). Participants of this study highlighted that whilst they did experience significant learning opportunities, it was challenging to be placed at these types of placements as a first placement experience. Similarly, OT students in Rezaee, Rassafiani & Khankeh et al. (2014) identified that feelings of anxiety and fear are heightened in a first PL placement experience, suggesting that first placements in MH PL can be more overwhelming than subsequent placements and require additional supervision as suggested by the participants of this study. However, Golos & Tekuzener (2021) identified that OT students had high expectations of practice placements and supervision prior to entering a placement and that their levels of satisfaction had significantly decreased post-placement. This suggests that the participants perceptions in this study may have been influenced by the expectations which they had prior to entering a placement and that preparation prior to PL may not have clearly emphasized the variances or realities of PL to the participants. Despite difficulties faced in PL, OT students are still identified to gain significant practical skills (Golos & Tekuzener, 2021) which would support the participants of this study describing that despite their difficulties they had still experienced significant learning opportunities.

During the pandemic, many health care establishments had limited their access to the student population (Yunus, Romli & Rasdi et al., 2022) which resulted in exploring different placements for PL. Participants were exposed to community-based MH placements which they described to be not what they had typically expected. These are described as role emerging placements where an OT's role is not yet established (Clarke, Martin & Visser et al., 2015). Comparably, role-emerging placements contribute to increased anxiety with higher

levels of responsibility placed on OT students (Clarke, Martin & Visser et al., 2015) as they require increased levels of independence (Golos & Tekuzener, 2021). Participants were already experiencing heightened levels of anxiety as a complexity of the pandemic and therefore this could suggest why they identified these role-emerging placements to be challenging. Whilst participants described this to be a difficult experience, Clarke, Martin & Visser et al. (2015) established that role-emerging placements contributed to building confidence in emerging OT's despite their anxiety and suggested that it contributed positively to learning experiences and the development of a professional identity in OT students. This could suggest why the participants in this study expressed still having learnt a lot.

However, professional identity development as a result of role-emerging placements were also found to be complex in nature when returning to role established placements that did not support the sense of autonomy that role emerging placements had imparted (Clarke, Martin & Visser et al., 2015). This suggests that participants may have not been able to extend their learnings and sense of agency from one placement to the next which could have contributed to their feelings of being challenged where the participants in this study identified that they could not always apply their learnings from one placement to the next. This challenge further emerged in the findings of this study as participants distinctively separated how they described each of their experiences and each of them contrasted their different placements in a pronounced manner, comparing the two. Golos & Tekuzener (2021) propose that community-based role emerging placements should continue to be explored for the OT student population as authentic practice opportunities exist through this but that preparation prior to the exposure needs to be carefully considered, which the pandemic would have disrupted.

## 5.2 A social and professional identity dilemma in curriculum transformation

Curriculum transformation has been at the forefront of SA higher education institutes as a means of engaging with and responding to emerging needs, however, a focus on the role of social identities in influencing this change process has still been established to be deficient in the transformation of curricula (Mendy & Madiope, 2020). In this study, language, culture, and gender were the emerging social identity constructs which were identified. These three identities were crucial to address for PL, as research suggests that there are distinct links

between social identities and their impact on how MH theory is translated into practice (Ramafikeng, 2018).

#### 5.2.1 The consideration of language in curriculum transformation within PL

In PL spaces, OT students in the SA context identified that they experienced being undervalued for the unique constructs of their social identity which they bring into practice placements (Ramafikeng, 2018). As a prelude, language as a social identity construct emerged in Ramafikeng (2018) whereby multilingual OT students faced lingual challenges in PL in making sense of the curriculum content with limited opportunities for verifying their comprehension of the curriculum whereby they must draw on a wide array of resources to make sense of the curriculum. During the pandemic this was still a contextual challenge for OT students as within the eight participants of this study there were four different native languages identified by the participants, which is outlined in the methodology chapter. All participants in this study, whose native language was not English, highlighted how they struggled to make use of resources such as textbooks which were all in English, in addition to being taught in English. This contributed to anxieties around understanding and communicating the relevant theory in words or jargon that were unfamiliar to them. Participants also identified that this required additional time. During the pandemic when OT students were already experiencing heightened levels of anxiety which led to them questioning their role as identified in Gray, Colthorpe & Ernst et al. (2020) this additional challenge of language comprehension can be suggested to pose further barriers to participation and learning experiences in PL for students during the pandemic. Participants identified that language as a barrier ill-prepares them for practice in the SA context and in this study, participants attributed this to ill-preparedness by the language courses which they complete in the curriculum.

In this study, participants described that what they were being exposed to in their language courses did not sufficiently prepare them to engage with their clients and make use of appropriate jargon in PL. Participants illustrated a deepened understanding of the impact of this construct as they added that this barrier through language limited how much rich or meaningful information they could gather from their clients. Participants in this study identified that the language barrier impacted the OT process as it restricted assessment and

information gathering methods which ultimately had a negative impact on their intervention plans which rely on a sound therapeutic and interpersonal relationship being developed; neither of which can take place where there is a language barrier. Similarly, Shamsi, Almutairi & Mashrafi et al. (2020) found that when there are language barriers in healthcare it is a significant contributor to miscommunication between the healthcare worker and the client and leads to a decreased quality of care and reduced patient safety. This was evident in the findings when participants described the frustrations which were experienced by them and their clients in interactions. The findings by Harrison & Mirza (2018) further emphasized the negative relationship between language barriers and forming therapeutic relationships and similarly Sonn & Vermeulen (2018) established that language barriers in practice reduced client centeredness and learning opportunities for OT students. Communication in practice, as similarly found by Ramafikeng (2018) is further challenging for students whose native language is not English but that must communicate in English in PL, as participants in this study highlighted. The layer of communication challenges which emerged because of language barriers are suggested to have emphasized the impact on the formation of therapeutic relationships for OT students because of social identity constructs being insufficiently considered in curriculum.

Language further impacted how participants participated within the curriculum when elements of who delivered and assessed the curriculum were described. A participant described having formed a therapeutically sound relationship with her client when they both conversed in their native language of isiXhosa. However, it emerged that participants were unsure of how to consider the teaching medium of English when they were being observed during PL demonstrations by their CE and clinician. This resulted in them attempting to converse with their clients in an English medium of instruction on examination days so that their CE and clinician could understand what was transpiring. This resulted in the sessions being confusing for the client and impacted the therapeutic value for the client. Sonn & Vermeulen's (2018) findings support this experience described by participants as they detail how conversing in the client's native language adds value to the therapeutic relationship. This suggests that in this instance assumptions made about language expectations in academic assessments within PL negatively impacted the therapeutic benefit on the clients and the learning opportunities for the participants.

### 5.2.2. Gender identity

The impact of gender as an identity construct emerged in this study by male and female participants, who identified it as a barrier to their learning experiences in MH PL. Male participants experienced a psychological burden when encountering female clients who were seeking healthcare because of GBV and described feeling responsible. Similarly, male participants in Zinyemba & Hlongwana's (2022) study were increasingly concerned for the welfare of woman and children because of GBV in SA. The critical social identity construct of gender was a catastrophic emergence on the SA population during the pandemic (Mentor-Lalu, 2022). Females in SA faced what was described as the 'shadow pandemic' with heightened levels of GBV coming to the fore (Mentor-Lalu, 2022) resulting in increased demands, during the pandemic, on MH services in the country (Nguse & Wassenaar, 2021; Leburu-Masigo & Kgadima, 2020) inferring why participants may have described more gender identity-based challenges during the pandemic at their placements.

Female participants had experienced a challenge of their own vulnerable identity. This could be attributed to living in a GBV riddled country (Mentor-Lalu, 2022) which resulted in firmer approaches to how they addressed male clients who made them feel vulnerable through means of 'catcalling'<sup>5</sup> for example. Catcalling behavior has significant adverse impacts on a female's MH and self-esteem and increases fear for safety in an environment (Ditch the label, 2017). Murthi & Hammell (2021) found that a decreased sense of safety for females in an environment restricts their occupational choices and suggests that as a profession there needs to be a consideration for placing incompatible expectations upon females. In this instance it necessitates considering how female students in a female dominated profession can practice in safe ways that do not negatively impact their learning experience. In this study it would refer to the allocation of placements for students in relation to gender identity within the SA context as participants highlighted how social identity was not always considered appropriately when placing them at PL placements. This will be discussed further in the recommendations of this study.

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<sup>5</sup> Catcalling is the act of shouting harassing and often sexually suggestive, threatening, or derisive comments at someone publicly.

The experiences of the participants in this study were evidently different based on their gender. Interacting with clients in different ways based on their gender has been determined to be present in OT's whilst they may be unaware of doing this (Liedberg, Bjork & Hensing, 2010). This would be unlike the findings emerging from the participants in this study as they displayed a heightened sense of awareness of the role of gender in influencing their actions and learning experience in PL. Liedberg, Bjork & Hensing (2010) found that differences in interactions based on biological gender indicate that OT's are at risk for shaping value-laden client interactions based on political ideology in the context as opposed to practicing client centeredness. Whilst client centeredness did not emerge in the findings of this study the literature substantiates why OT participants in this study were influenced by constructs of gender, based on the political nature of gender in SA.

Whilst in this study, findings suggested that gender played a challenging and negative role in influencing how participants engaged in PL, Liedberg, Bjork & Hensing (2010) offer a different interpretation whereby they identified that individualized interactions with clients based on gender can contribute positively to a unique approach to intervention considering the clients beliefs and values making the intervention effective. The way a health professional presents themselves in their field is strongly influenced by the development of their professional identity. This development, which plays a significant role in shaping their professional identity, can be affected by socio-political and gender-based client experiences, as noted by Sunday (2021). Given the considerable role of gender and patriarchal systems in SA, which were further exemplified because of GBV in the pandemic, it would be a misfortune to the OT profession and curriculum to dismiss addressing gender disparity faced in PL. It would be an opportunity for critical thinking to responsively contribute to the conceptual issues of justice and choice in the SA context in the preparation of the next generation of graduate OT's as also suggested in Lima (2021).

### 5.2.3 Cultural competence as a contributor to curriculum transformation

Another critical social identity construct which emerged in this study was culture. The ways in which OT students experience conflict with cultural practice in MH emerged as participants described coming into practice with socio-historical understandings of mental illness from

their own upbringing and attributing it, at times, to ‘ancestral callings’<sup>6</sup>. Participants described it as challenging when there was no space, in team meetings or during supervision sessions with their clinician and CE, to consider these cultural influences on MH in PL. Sonn & Vermeulen (2018) also identified this to be a challenge for OT students in practice and elaborated that the barrier was not necessarily the difference in culture but rather the attitude toward it. This was found to be verifiable in this study as participants described that they were unsure of how to address challenges such as when clients were being spoken to in a way that was culturally inappropriate. Participants’ perceptions of their experiences indicated a lack of commitment from clinicians to become culturally competent as there was no evidence of self-awareness demonstrated by clinicians in the narrative recollection by the participants and feelings of discomfort around these experiences were noted in the researcher’s fieldwork journal. These experiences which were described by the participants were also found by Sonn & Vermeulen (2018) whereby OT students perceived there to be a lack of willingness from clinicians to make efforts toward practicing in culturally appropriate styles. This left participants’ feeling confused and forced to practice OT in a dominant and westernized way as had been taught in the classroom.

When understanding participants experiences of the role of culture in PL, participants attributed their experiences to be impacted by the taught curriculum where they explained that there is little emphasis on transcultural components of psychiatry with only one lecture slot in the year which focuses on cultural components of MH. This would mean that non-African students do not get sufficient exposure to core indigenous practices affecting the SA population and that African students who come with background knowledge are not given sufficient spaces to explore its role in OT and draw on it in practice, as also suggested in Sonn & Vermeulen (2018) who addressed the curriculum shortfalls. Zeijst, Veling & Makhathini et al., (2021) substantiate why this would be a concern as based on the distribution of SA’s population that is predominantly rooted in traditional and tribal practices toward health, the symptoms of mental illness can present in the same manner as what indigenous persons may experience when in a state of ‘ancestral calling’. These similarities also suggest why participants experienced feelings of guilt and uncertainty when faced with these dilemmas in

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<sup>6</sup> A process of spiritual emergence or a belief that one is being called or drawn to connect with their ancestors or cultural heritage. It is often associated with becoming a healer or Sangoma, but can also be for other reasons. Ancestral calling is not chosen, it chooses you, and it is up to the individual to accept or reject it.

PL. In the preparation and practice of emerging health professionals it would become imperative to consider cultural influences on MH in the SA context. The emphasis on understanding cultural practices links to ensuring client centered practice and ultimately intervention outcomes which are more successful, as suggested in Sonn & Vermeulen (2018).

Participants in this study experienced confusion when they felt that they had to ignore their own backgrounds and cultural views of MH because there was no clarity on what was expected or acceptable for them to raise with their clinicians and CE in PL. They identified that they also perceived there to be no space created for this within the MDT during activities such as ward rounds. This was mirrored by the findings of Sonn & Vermeulen (2018) on the SA OT student population who experienced conflicts with culture in PL and described this phenomenon as having to mask their own identities in practice. The 'OT mask' as described by Sonn & Vermeulen (2018) appropriately describes the participants experiences as it related to concealing one's own identity and emotions related to culture and having to maintain two distinctly different personalities. This experience, described by participants, of not having a space to explore the role of culture in PL placements within the MDT is named in literature as 'cultural incapacity' (Cross, 2012). This refers to when an organization lacks the capacity to actively consider culture in communities such as in the MDT spaces as identified by the participants. If this discussion is addressed through a conceptual lens within OT, then we can consider how the role of OT considers clients and their own occupational needs in the design of interventions (Gretschel, Ramugondo & Galvaan, 2015) which is ignored in such experiences as described by the participants. Whilst they did not elaborate on the long-term implications of their experience, the literature highlights the relevance of addressing such experiences by establishing that perpetuated cultural incompetence poses risks to client centered practice for OT students (Sonn & Vermeulen, 2018).

Whilst institutions in the global north highlight that there is little scientific evidence guiding the consideration of culture in mental illness, they recommend that future studies consider more data collection in this area (Kohrt, Rasmussen & Kaiser et al., 2014). The impact of not creating spaces for cross cultural experiences in practice results in an impact on professional identity development and the lack of preparedness for practice in the SA context as identified by Sonn & Vermeulen (2018). Professional identity development was risked in the participants in this study as they identified not being able to contribute to reflective learning

spaces such as team meetings in a culturally responsive manner. Sunday (2021) draws attention to the negative impact on professional identity development when there are limited opportunities for reflective spaces focused on PL and Gray, Colthorpe & Ernst et al. (2020) similarly found that OT students experience it to be challenging when they did not have professional role models who embraced the cultural aspects of the profession. These mirror how the participants of this study negatively experienced cultural competence in their clinicians and CE's as their role models. However, participants in this study were appreciative of spaces such as their equity and diversity log which they submit once per placement as an opportunity to reflect on critical constructs impacting their learning experience. This appreciation for this opportunity demonstrates the ways in which the OT division attempts to create spaces for this critical reflection in PL, to promote professional identity development as recommended in Sunday (2021). The risks to professional identity development are suggested to emerge once graduates enter the workplace and therefore it may not be present whilst participants are a part of the student cohort but are crucial to consider, as the student years contribute significantly to the development of a professional identity (Matthews, Bialocerkowski & Molineux, 2019). Given that the impact of this is not immediate but becomes evident in future practice only, the recommendations surrounding how this could be addressed within curriculum transformation will be further discussed in the subsequent chapter.

### 5.3 Shaping competent emerging healthcare professionals in a pandemic

Undergraduate OT programs aim to shape and prepare emerging OT's, through didactic and practical experiences, for practice in the healthcare context upon graduation (Knecht-Sabres, Kovic & Wallingford et al., 2013). Findings in the SA OT student population indicated that OT students felt underprepared for PL (Soeker, 2014) and that the emergence of the pandemic exacerbated this sense of being underprepared for health science students (McFadden, Guille & Daly-Lynn et al., 2022). Attributes which participants identified as contributors to shaping them as emerging healthcare professionals in this study were the feelings of not being adequately prepared for PL, anxiety experienced in relation to their academic performance, the structure of their current PL placements in the curriculum and the role of their clinicians and peers in offering positive role modelling opportunities.

### 5.3.1. Preparedness and academic performance in a pandemic

A significant impact which emerged from the participants was how the pandemic had impacted their foundation years of study which had a ripple effect on how prepared they felt for practice in their third year PL placements. Covid-19 lockdown restrictions resulted in limited face-to-face exposure and the use of blended learning approaches in the participants' second year of studies. Participants described that their second year of their studies focused on assessment. However, they identified that due to limited practical opportunities for practicing their skills and being taught online they felt that they had insufficient experience and exposure to enable them to competently assess their clients in MH PL in third year. Comparable to the findings from the participants in this study, Ross (2022) and Syal, Arya & Gupta (2021) also found that health science students exhibited feelings of incompetence and that they did not feel adequately prepared for practice upon graduation. This was a result of health science student training relying largely on hands-on training opportunities however, limited PL opportunities arose from the pandemic which severely restricted this hands-on training.

In addition to questioning their competence in practice, the participants highlighted other elements of academic performance which further contributed to instilling feelings of poor performance in them. Whilst the marking process in PL did not change during the pandemic, participants identified experiencing additional anxiety when an academic mark was attached to a task such as being observed in practice, and this was described to impact the learning experience negatively. Naidoo & van Wyk (2016) also found that OT students were more anxious when they had a fear of performing poorly academically and that anxiety in PL related academic assessments impacted confidence negatively (Naidoo, van Wyk & Nat, 2014). Participants in this study stated that they were more focused on how they would be marked by their clinician and CE than drawing on what they knew about their client(s) to help them feel confident, which supports what is known in literature about OT students' confidence in PL.

During the pandemic specifically, Potter, Crawford & Gasper (2022) established that the anxiety which OT students experienced negatively impacted their academic performance. However, the impact on academic performance in PL specifically during the pandemic was

not established in this study. In this study the demeanor of the participants during the interviews suggested that they were unsure of their competence in skills and knowledge. Consistent with this finding, Gray, Colthorpe & Ernst (2020) identified that these feelings of uncertainty were present in other OT students but that fostering a sense of confidence was vital to developing a sound sense of professional identity for emerging OT's and that the university context is a powerful catalyst for developing a professional confidence. This would suggest that a focus on developing confidence in OT students in PL would result in a more developed sense of professional identity and improved academic performance.

Within academic performance, the key role players which emerged were the roles of the clinician and the CE. Participants described that they found it to be a positive learning opportunity when both supervisors contributed to their final mark as there was less subjectivity experienced. This is supported by similar findings which were reported in pre-pandemic literature such as Naidoo, van Wyk & Nat (2014) who established that the supervisors of OT students in PL lack clarity in assessing competence for a number of reasons but that this has a direct impact on a student's performance in terms of preparedness for practice as well as on their confidence in their academic results which is in line with what participants reported in this study. In this study participants experienced reduced anxiety when they had two supervisors assessing them and this could be attributed to a finding by Naidoo, van Wyk & Nat (2014) which suggested that insufficient collaborative assessment between the clinician and the CE contributes to poorer assessment practices of OT students. Participant's perceptions of there being an element of subjectivity were also supported by Naidoo, van Wyk & Nat (2014) who also found that a supervisor's assessment of an OT student in PL is influenced by their own personal views toward assessment suggesting that supervisors' abilities to assess OT students lack impartiality, supporting how participants experienced being assessed in this study when both supervisors were not present. Similarly, De Witt, Rothberg & Bruce (2015) found that CE's possess limited assessment skills and that OT students feel that who they are personally and what they say influences their assessment outcomes determined by their supervisors. This literature accounts for the participants of this study's concerns around subjectivity in assessment practices and one example was the report of a participant in the findings whereby the participant reported being marked harshly due to her own feelings of being overwhelmed in PL during the pandemic and sharing this with her

CE. Participants in this study confirmed subjectivity in the way they highlighted that the clinician and CE differed greatly in their feedback.

Feedback was identified as a significant contributor to being prepared for practice in this study. Participants highlighted elements around feedback which provided opportunities for learning as well as the elements of feedback which served as barriers to their learning experience in MH PL during the pandemic. De Beer and Martensson (2015) have identified feedback as a crucial element for OT students participating in PL, as it plays a pivotal role in shaping the development of their practical skills for future practice. This underscores the significance of feedback as an essential contributor to shaping emerging health professionals

Positive opportunities for learning through feedback which were identified in this study was the presence of constructive feedback. This was described to be feedback which was relevant and that participants could implement and see the impact thereof. These findings were mirrored by Naidoo & van Wyk (2016) who also established that OT students valued constructive feedback around their intervention session plans with clients. de Beer & Martensson (2015) also found that OT students respond more positively to feedback which focuses on suggestions of how to improve their clinical skills. Participants in this study were identified to be concerned about their academic performance as described earlier in this chapter. de Beer & Martensson (2015) established that OT students who received more constructive feedback performed better in their academic results suggesting that participants in this study were accurately highlighting the need for constructive feedback as a necessity to reduce academic performance anxiety.

Critical feedback, which was not balanced with constructive feedback, was identified as a barrier to learning in this study. This was described to be feedback which was overly critical, leaving the participants overwhelmed and uncertain of their own performance. Similarly, Naidoo, van Wyk & Nat (2014) also found that OT students valued balanced feedback as overly negative feedback resulted in a lowered self-esteem. The findings of Naidoo & van Wyk (2016) offer insights into this as they established that OT students were found to struggle with receiving critical feedback as they had unrealistic perceptions of their own performance. Peer evaluation emerged as one mechanism to counteract this by promoting students own reasoning skills when providing each other with constructive feedback (Naidoo & van Wyk,

2016). Despite the emphasis being on critical feedback as a barrier, overly positive feedback was found by de Beer & Martensson (2015) to also be a barrier which resulted in lower performing OT students in their academic results as this did not provide students with an accurate sense of their developing areas and reduced a sense of agency to engage in learning for development.

Another key element identified with regards to feedback was inconsistency in feedback which was received by the participants from their clinician and CE. This resulted in participants who were already anxious and overwhelmed in the time of the pandemic experiencing more anxiety in trying to appease their clinician and CE, due to the inconsistencies of each clinician and CE. Whilst the participants in this study attributed this finding to inconsistencies between supervisors, contradictory to this, Naidoo & van Wyk (2016) found that OT students require a high level of consistency in the structure and expectations as they have a strong drive for high academic results and that they prefer to utilize strategic approaches to their studies in order to achieve higher academic results, suggesting that they are unable to remain flexible to each unique learning environment. When participants in this study highlighted the impact of having to adapt to each supervisor's preference, literature suggests that OT students require a level of autonomy in the direction of their intervention and not merely to perform as expected to gain confidence in PL (Naidoo, van Wyk & Nat, 2014). This would suggest that in this study the feedback needs of participants and OT students are complex and that there are factors which are unique to striking the right balance in developing emerging health professionals.

Aspects which were valued and sought after also included regular feedback and feedback which was received before the clinical intervention took place. Participants identified that their clinicians could have foreseen that there would be a flaw in their plan but did not always give them the necessary feedback, which made them feel like they were being setup for failure. Similar findings were identified by Naidoo & van Wyk (2016) who described OT students as requiring clear guidelines regarding their academic performance from the onset. De Witt, Rothberg & Bruce (2015) also found this to be true, that OT students' learning experiences in PL was negatively impacted by feedback, which was withheld before practical sessions, however it was attributed to the quality of clinical education provided by supervisors. In this study this could be interpreted to infer that there were unclear

expectations and communication between the students, CE and clinician which resulted in a mismatch between the expectations and the reality of the experience of feedback.

### 5.3.2 PPE limiting professional development

Shaping the learning experience of emerging health professionals in this study also introduced the use of PPE as a barrier to participation in MH PL placements. Participants described that the use of PPE, such as masks, impacted their therapeutic relationships with their clients as their clients were unable to see their faces and form a relationship this way, which they considered to be crucial to their participation in PL. Pathan, Barwell & Kastrissianakis et al., (2022) similarly identified that masks, as a form of PPE, were found to restrict rehabilitation progress in clients as they hindered the development of therapeutic relationships in healthcare, suggesting that the therapeutic relationships formed between the participants and their clients was negatively impacted by the use of PPE.

The use of PPE was described in this study to negatively impact verbal and non-verbal communication in PL. Similarly, Khan, Mthembu & Narothan (2022) also found that the use of PPE had a negative impact and resulted in a breakdown of communication between health science students and their clients. All participants highlighted the importance of being able to read their clients non-verbal cues and expressions as essential but that the PPE was a barrier to being able to do this. Pathan, Barwell & Kastrissianakis et al., (2022) also found that the use of PPE challenged verbal and non-verbal communication specifically which limited communication between the health science student and their client. Also found by Van Puymbrouck & Friedman (2022) OT students specifically identified challenges in building rapport when using PPE. Participants further described the additional challenges which were encountered with communication and PPE with aging clients and those with dementia as the clients grew frustrated and the participants had to frequently repeat themselves, verbally. Consistent with these findings, Pathan, Barwell & Kastrissianakis et al., (2022) established that in the elderly and those with cognitive deficits the use of masks added frustration and distressed and confused them due to diagnosis such as dementia, just as the participants had described. Whilst this frustrated the participants, Van Puymbrouck & Friedman (2022) found that OT students described gaining a sense of empathy for what their clients with a chronic disability experienced daily when they made use of PPE with its challenges, suggesting that

the use of PPE could have contributed positively to the professional development of OT students even though it negatively impacted communication

### 5.3.3. Exposure to PL in building professional identities and the balance between theory and practice in feeling prepared

Exposure to practice is also associated with a more a well-developed sense of professional identity (Gray, Colthorpe & Ernst, 2022), suggesting that health science students would benefit from increased exposure to PL in general. One of guidelines and requirements from the World Federation of Occupational Therapists (WFOT) (2016) is that each student completes 1000 PL hours before graduation which is used to inform the time allocated to PL in the curriculum structure. Participants identified the PL exposure of four hours in the morning for four times per week as a barrier. They described this as limiting because they were restricted in terms of what they could observe and learn about their clients when they did not get to see their daily afternoon routine. Participants described half days as only getting to see half of the person which they identified to negatively impact their learning experience. In support of this, Beltran, Scanlan & Hancock et al. (2007) found that OT students who were more exposed to MH PL, had a more positive attitude and learning experience toward MH PL and MH clients with a positive increase demonstrated in their understanding of mental illness and reduced fear and anxiety toward MH placements. This suggests that increased exposure to MH PL for OT students could contribute more positively to their learning experience.

The participants of this study highlighted that by not having the content or theory covered in in relation to PL before entering practice served as a barrier. They identified that this contributed to feelings of not being prepared enough as they often did not know how to proceed, and their clinicians felt as though the students should enter PL having knowledge of all the content. Similarly, feeling underprepared for PL was mirrored in health and rehabilitation students globally as reported in McFadden, Guille & Daly-Lyn et al. (2022). Pre-pandemic, OT students established that gaps to their theoretical knowledge led to feelings of incompetence (Soeker, 2014) as the participants in this study had described. However, during the pandemic health science students, even though feeling underprepared, reported that their confidence levels increased when they were placed in challenging situations which they were not prepared for (McFadden, Guille & Daly-Lyn et al., 2022). In this study, one

participant highlighted the value of learning in PL before the theory was covered in lectures, suggesting that there was value to offering a combination of theory and practice at the same time. The use of self-directed learning tasks and multimedia emerged in the work of Soeker (2014) as some of the other forms of delivering content to supplement learning whilst in PL, however this was not identified by participants in this study. These findings and the associated literature would suggest that there is no best practice when it comes to preparing OT students for the complexities of PL but that a flexible curriculum which is responsive to emerging needs could yield a more developed professional identity in OT students.

In this study, participants identified that they found it challenging to engage in PL and classroom-based lectures on the same day. Whilst OT students in Ndaa, Wimpenny & Goodman et al., (2021) also identified that more exposure to PL would result in increased knowledge for them, Soday (2021) established that a combination and balance of PL and classroom-based teaching was found to positively contribute to an OT student's discovery of their role as an emerging health professional. This would suggest that the two, theory and practice, cannot be separated in developing competent health professionals but that it may be that the way the two are packaged together could be explored further and reconsidered to alleviate the challenge faced by OT students in managing the demands of both roles at the same time.

Positive opportunities which alleviated anxiety and promoted feeling prepared for PL were the university guideline documents which were provided to the participants. These consisted of a PL manual and site-specific learning objectives to guide them in terms of what was expected of them. The challenge emerged when these objectives were not provided to them beforehand. Similarly, Golos & Tekuzener (2021) found that PL placements varied whereby some placements were adequately prepared for the students and in other placements OT students expected that the placement would be more well prepared to receive them in terms of guidelines and expectations. Where the latter was present, it took more time for OT students to adjust to the placement suggesting that there is value in placements and supervisors being well prepared for OT students prior to the commencement of a PL placement and that OT students benefit from the structure and guidance Golos & Tekuzener (2021).

#### 5.3.4 Role modelling as a significant contributor to professional identity development

Positive role modelling in PL has been well established to contribute positively to a well-developed professional identity in OT students (Gray, Colthorpe & Ernst, 2020). In this study, the role of the OT clinician at each placement was identified as a significant finding by the participant. Participants identified that the role of the OT clinician determined how much role modelling they were able to receive and benefit from. In placements where the role of the OT was clearly identified, but the OT on-site held more managerial roles than clinical roles it resulted in the participants being unable to witness an OT conduct a therapy session. This indicated that they were unable to learn from watching an experienced OT role model OT practice in PL. During the pandemic, OT students in PL placements identified that they were at a disadvantage in terms of developing their clinical and practical skills, which was established in this study as well as other literature such as McFadden, Guille & Daly-Lyn et al., (2022), suggesting that this lack of an established OT role could have further contributed to anxieties of not having a traditional OT clinician present to role-model clinical skills.

Whilst participants were unable to benefit from observing therapy sessions, OT students in Silva, Troncon & Pinto (2019) argued that the characteristics which make up a good role model for them in PL were when the OT had a sound relationship with the clients and enthusiasm toward student development with sound clinical skills being further down on the list of valued attributes. This suggested that whilst being able to witness what OT sessions look like in practice is valued, there are other elements which positively shape an OT students' learning experience in the student-OT relationship. This OT-student relationship is of essential relevance as it greatly influences a student's achievement of the learning outcomes (Ramafikeng, 2018) and their development of professional behavior (Naidoo, van Wyk & Joubert, 2014). Valuing these characteristics besides just clinical skills role modelling would further strengthen the argument for the positive value in role emerging placements in PL as suggested by Golos & Tekuzener (2021) and to not only value traditional placements as contributors to learning experiences. If the relationship between the OT on-site and the student is secure then the student will still be able to develop a more positive professional identity (Gray, Colthorpe & Ernst, 2020).

During the pandemic the opportunities for collaboration in classroom spaces amongst peers was limited as student's made more use of online learning spaces with little to no opportunity for working in groups (Jeong, Smith & Longino et al., 2020), except for PL opportunities as identified in this study. Despite the barriers faced by participants during the pandemic they identified in this study that having a peer with them at their placements contributed positively to their learning experience. Similarly, peer learning in PL placements was found in McFadden, Guille & Daly-Lyn et al. (2022) to offer positive opportunities for learning such as improving clinical reasoning skills, social skills necessary for practice as a health professional and the opportunity for the consolidation of theoretical knowledge and practical skills. Peer learning also promoted a reduction in student anxiety indicating that it held value in supporting OT students through the pandemic as the participants of this study expressed. In this study participants particularly highlighted how peer learning contributed positively to their clinical reasoning skills, and as it is the current practice, these findings would support the continuation of this practice.

## Summary

In summary, this study contained findings that were both similar and contradictory to existing literature. Similar findings contributed to understanding the experiences in more depth whilst literature which differed to the findings in content and contextual origin offered contrasting views and interpretations to the participants experiences, allowing for a more robust discussion.

The first segment presented and discussed the challenges of psychological distress in higher education and PL, which were heightened during the pandemic. These findings were similar globally and furthermore highlighted the need for more emotional support for students. The pandemic added layers of complexity to PL with the introduction of blended learning. PL specifically was impacted as a result of restricted access during harsher lockdown periods and the impact of using role emerging placements as an alternate opportunity were discussed, highlighting the opportunities and barriers which were present as a result.

The second segment emphasized the role of social identity constructs in curriculum transformation for PL. Language, culture and gender were expanded on as challenges to

engaging in PL placements. Curriculum shortfalls in recognizing and considering these social identity constructs were identified and associations were established to the relationship between social identity in practice and professional identity development.

The final segment addressed the shaping of emerging healthcare professionals in the context of the pandemic. This segment emphasized the preparation, or lack thereof, experienced by OT students to engage in PL placements. It drew out some of the underlying core contributors to being overwhelmed and underprepared in PL, such as, anxiety around academic performance, feedback styles which either hindered or promoted participation, the use of PPE as a barrier to forming therapeutic relationships and the need for positive role models in practice to promote well developed professional identities. The structure of and exposure to PL were also identified in this segment. The subsequent chapter will conclude the study and describe the strengths and limitations of the study. Recommendations for future research and higher education programs emerging from the study will be addressed in the next chapter, chapter 6.

## CHAPTER SIX: CONCLUSION

### 6.1 Introduction

This chapter will provide a summary of the key findings emerging from this study and address the strengths and limitations of the study. Recommendations which the researcher noted because of the findings will also be outlined.

### 6.2 Summary of the key findings

This qualitative descriptive research study aimed to describe and explain the learning experiences of undergraduate OT students in MH PL during the covid-19 pandemic, through identifying the opportunities and barriers which they perceived to influence their learning experience. The findings indicated that OT students were considerably more psychologically distressed during the pandemic and that this impacted their learning experiences in MH PL and had strong undertones of the need for additional emotional support to be provided. Further findings indicated that whilst higher education institutions attempted the continuation of teaching and learning during the pandemic, the amendments and modifications made through blended learning approaches were not contextually well-received in the SA context. This was of significant relevance as the higher education sector continues to consider more digital teaching and learning strategies and lessons learnt from the covid-19 pandemic could be considered to ensure that these strategies meet the learning needs of all students. Furthermore, as higher education institutes engage in curriculum transformation work the findings from this study indicated that the influence which the social identity of OT students in SA has on PL placements has not been sufficiently considered in informing curriculum change and continues to pose barriers to participation in PL for OT students. Significant to this study was the impact on the development of a professional identity for the emerging OT's that experienced PL during a pandemic. This brought to the fore questions of being insufficiently prepared for practice after graduation and highlighted that whilst the pandemic may no longer be a global crisis, its effects on emerging health professionals may outlive the pandemic.

## 6.3 Strengths and limitations of this study

### 6.3.1 Strengths

The use of convenience sampling with maximum variation being applied, ensured a sample which was heterogenous in ethnicity, language, gender, and year of study which allowed for diverse perspectives to be captured. This enabled an accurate representation of findings for the OT program at the selected higher education institution.

The nature of this study and research question appealed to the interests of the student population and exceeded the number of participants that were anticipated. The research process also yielded findings that went beyond the research objectives and enabled the dissertation to address core current trends in higher education, such as curriculum transformation. Therefore, making the findings relevant beyond the pandemic.

Whilst the data collection consisted of individual interviews, the researcher was able to conduct a focus group as a means of trustworthiness to confirm the data that had emerged from the individual interviews.

### 6.3.2 Limitations

Due to the limitations of time and resources in this study being a part of a minor dissertation the participants were selected from one institution of higher learning only and therefore the findings may not be representative of all PL placements within higher education OT programs in SA.

Furthermore, the researcher acknowledges her employment at the university during the time of this research which resulted in excluding participants whom the researcher had previously supervised in PL, therefore reducing the participant pool.

## 6.4 Recommendations

### 6.4.1 Recommendations for future research

Based on the findings from this study and present literature suggesting that the pandemic has long lasting effects on the future practice of OT students, placing them at risk for underdeveloped professional identities. A longitudinal study would be recommended to track the impacts of the pandemic for the cohort of graduates that were affected. This would provide a more thorough insight and lessons to be learnt for future pandemics. It would also provide insight into any gaps in skills training that could be addressed as a result.

Over-identification emerged as an area that was insufficiently covered in existing literature but that emerged as prevalent in this study as a significant contributor to feeling overwhelmed for OT students. It would be recommended to explore this further so that there is established literature in OT practice from which to guide how over-identification can be addressed.

### 6.4.2 Recommendations for OT practice education

Lessons learnt from the pandemic should be drawn on to inform future practices where pandemic practices are still sustained. This would be through blended learning approaches and the use of PPE. PL placements that still make use of PPE are recommended to consider how this impacts the therapeutic relationship aspect of the OT process and consider ways of navigating this for students whilst still maintaining safe practices (Pathan, Barwell & Kastrissianakis et al., 2022). Educators are encouraged to consider the inaccessibility which students may experience when it comes to online learning approaches as well as the impact on their ability to meaningfully participate in discussions or benefit from peer learning opportunities. However, due to the literature which suggests that technology can result in positive learning when it is well planned, higher education is recommended to consider how technology can be used to facilitate the practice and development of clinical skills or self-directed learning opportunities without it being a replacement for face-to-face clinical training but rather a supplement. It is suggested that educators identify their own preferred teaching styles and match these with the OT students learning styles in PL so that modification can take place whereby the educator is intentional about meeting the students' learning

needs during PL and can even draw on blended or multiple teaching styles that meet the unique needs of each student. Flexibility is also encouraged as students learning needs change over the course of placements as they journey on the continuum of their development (Crawford & Hanner, 2022).

In addressing feeling more prepared for PL, currently not all placements have pre-placement packages, and this could be recommended as a priority. Students meet their university supervisor the day before the PL placement begins but only meet their placement clinician on day one of the placement. It would be recommended that the meeting takes place further in advance and that these meetings include the placement clinician as well to ensure that expectations are clearly communicated and more aligned to prevent inconsistencies for students. Preparation also encompasses the theory content, and it is recommended to conduct an analysis to prioritize the content on the timetable that would benefit OT students in completing prior to the commencement of PL. The findings of this study also suggest earlier exposure to MH PL as OT students who are exposed to MH PL from their first year of study have a more positive learning experience and demonstrate reduced fear or anxiety in PL (Beltran, Scanlan & Hancock et al., 2007).

A consideration for providing more emotional support and containment for students in MH PL is a recommendation which emerged to address the psychological distress identified by students. This could be in the form of finding time to build this into the practice education curriculum or by supporting CE's and clinicians to support students in PL, through skills development and offering spaces to do so. The practice education curriculum is encouraged to consider social identity constructs critically in how the PL placement allocations occur for students.

Given that PL is the core practice opportunity within practice education; of which students must develop competencies before graduation it would be essential that they are not limited in their interactions or face barriers which restrict their learning opportunities. During the curriculum review process, the language courses should be reconsidered to be brought in, in earlier years, to allow students to feel sufficiently prepared for practice. It would be encouraged for health establishments and higher education institutions to jointly consider how the barrier of responsive cultural practices could be addressed whereby there is open

discussion and imparting or acceptance of indigenous knowledge by staff, through ongoing reflective spaces. This is not to reject western ideology but to consider indigenous knowledge for more responsive and informed approaches to MH in OT. The development of clinical reasoning skills should be inclusive of transcultural psychiatry which is indigenous to the population and context within which OT's are situated to ensure a contextually responsive profession. Ultimately, inclusivity will also promote a reduction in stigma and discrimination toward 'cultural concepts of distress' (Kohrt, Rasmussen & Kaiser et al., 2014). Packaged with this is the urgency to not only place an emphasis on social responsiveness within the curriculum but to role model this through practice as OT students' professional identities are strongly and positively influenced by professional role models (Gray, Colthorpe & Ernst et al., 2020) and to encourage more collaboration between the university and PL placements so that there can be alignment in promoting the optimum learning experiences for OT students.

## 6.5 Conclusion

This research aimed to describe the learning experiences of undergraduate OT students in MH PL placements during the covid-19 pandemic. The process was guided by the study objectives which focused on the opportunities which promoted learning and the barriers which hindered learning, as perceived by the participants of the study. This provided insights into the effects of a pandemic on the learning experiences of emerging health professionals and initiated awareness into the use of technology for blended learning approaches in higher education within SA, as technology has become more widely used in teaching and learning. The findings drew attention to the long-lasting effects of the covid-19 pandemic on practice education and drew attention to strategies that promote positive opportunities for learning in the structure of MH PL. This study stressed the need for more emotional support and containment for OT students as they engage in PL and emphasized the critical importance of social identities in education and curriculum transformation in the SA context.

## APPENDICES

### Appendix A: HREC approval



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Observatory 7925

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Email: [hrec-submissions@uct.ac.za](mailto:hrec-submissions@uct.ac.za)

Website: [www.health.uct.ac.za/fhs/research/humanethics/forms](http://www.health.uct.ac.za/fhs/research/humanethics/forms)

20 July 2022

**HREC REF: 311/2022**

**Mr I Abbas**

Division of Occupational Therapy  
F-45, OMB  
Email: [Iesrafeel.abbas@uct.ac.za](mailto:Iesrafeel.abbas@uct.ac.za)  
Student: [cassfer002@myuct.ac.za](mailto:cassfer002@myuct.ac.za)

Dear Mr Abbas

**PROJECT TITLE: THE IMPACT OF COVID-19 ON OCCUPATIONAL THERAPY STUDENTS IN MENTAL HEALTH PRACTICE LEARNING PLACEMENTS- (MASTERS CANDIDATE-MRS FEROUZA CASSIM)**

Thank you for submitting your study to the Faculty of Health Sciences Human Research Ethics Committee (HREC) for review.

It is a pleasure to inform you that the HREC has **formally approved** the above-mentioned study, subject to the following: -

1. Receiving approval from the UCT Head of Student Affairs and;
2. The researcher and supervisor confirm the sample size requirements again before commencement of sampling.

**This approval is subject to strict adherence to the HREC recommendations regarding research involving human participants during COVID -19. Please refer to guidance letter dated 02 February 2022 on our website:**

**<http://www.health.uct.ac.za/fhs/research/humanethics/forms>**

**Approval is granted for one year until the 30 July 2023.**

Please submit a progress form, using the standardised Annual Report Form (FHS016) if the study continues beyond the approval period. Please submit a Standard Closure form if the study is completed within the approval period.

(Forms can be found on our website: [www.health.uct.ac.za/fhs/research/humanethics/forms](http://www.health.uct.ac.za/fhs/research/humanethics/forms))

***The HREC acknowledge that the student: - Mrs Feroza Cassim will also be involved in this study.***

**Please quote the HREC REF 311/2022 in all your correspondence.**

Please note that the ongoing ethical conduct of the study remains the responsibility of the principal investigator.

Please note that for all studies approved by the HREC, the principal investigator **must** obtain appropriate institutional approval, where necessary, before the research may occur.

HREC/ref 311.2022

Appendix B: Department of Student Affairs approval

	<b>RESEARCH ACCESS TO STUDENTS</b>	<b>DSA 100</b>
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**NOTES**

1. This form must be FULLY completed by all applicants who want to access UCT students for the purpose of research or surveys.
2. Return the fully completed (a) DSA 100 application form by email, in the same word format, together with your: (b) research proposal inclusive of your survey, (c) copy of your ethics approval letter / proof (d) informed consent letter to: [Nadlerah.Fienaar@uct.ac.za](mailto:Nadlerah.Fienaar@uct.ac.za). Your application will be attended to by the Executive Director, Department of Student Affairs (DSA), UCT.
3. The turnaround time for a reply is approximately 10 working days.
4. NB: It is the responsibility of the researcher/s to apply for and to obtain ethics approval and to comply with amendments that may be requested; as well as to obtain approval to access UCT staff and/or UCT students, from the following, at UCT, respectively:  
 (a) Ethics: Chairperson, Faculty Research Ethics Committee' (FREC) for ethics approval, (b) Staff access: Executive Director: HR for approval to access UCT staff, and (c) Student access: Executive Director: Student Affairs for approval to access UCT students.
5. Note: UCT Senate Research Protocols requires compliance to the above, even if prior approval has been obtained from any other institution/agency. UCT's research protocol requirements applies to *all* persons, institutions and agencies from UCT and external to UCT who want to conduct research on human subjects for academic, marketing or service related reasons at UCT.
6. Should approval be granted to access UCT students for this research study, such approval is effective for a period of one year from the date of approval (as stated in Section D of this form), and the approval expires automatically on the last day.
7. The approving authority reserves the right to revoke an approval based on reasonable grounds and/or new information.

**SECTION A: RESEARCH APPLICANT/S DETAILS**

Position	Staff / Student No	Title and Name	Contact Details (Email / Cell / land line)
A.1 Student Number	CSSF002	Ms Feroza Cassim	<a href="mailto:ferozacassim@outlook.com">ferozacassim@outlook.com</a> / <a href="mailto:feroza.cassim@uct.ac.za">feroza.cassim@uct.ac.za</a> / 071 507 5857
A.2 Academic / PASS Staff No.	01443189		
A.3 Visitor/ Researcher ID No.			
A.4 University at which a student or employee	UCT	Address if <i>not</i> UCT:	
A.5 Faculty/ Department/School	Faculty of Health Sciences, Division of Occupational Therapy		
A.6 APPLICANTS DETAILS	Title and Name	Tel.	Email
If different from above			

**SECTION B: RESEARCHER/S SUPERVISOR/S DETAILS**

Position	Title and Name	Tel.	Email
B.1 Supervisor	Mr lesrafeel Abbas	0214066325	<a href="mailto:lesrafeel.abbas@uct.ac.za">lesrafeel.abbas@uct.ac.za</a>
B.2 Co-Supervisor/s	Assoc. Prof Amshuda Sonda	0214066046	<a href="mailto:a.sonday@uct.ac.za">a.sonday@uct.ac.za</a>

**SECTION C: APPLICANT'S RESEARCH STUDY FIELD AND APPROVAL STATUS**

C.1 Degree – if applicable	MSc Occupational Therapy
C.2 Research Project Title	"The impact of Covid-19 on occupational therapy students' in mental health practice learning placements."
C.3 Research Proposal	Attached: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
C.4 Target population	Current third and fourth year occupational therapy students from UCT OT division
C.5 Lead Researcher details	If different from applicant: 01427135, Mr lesrafeel Abbas, 0214066325, <a href="mailto:lesrafeel.abbas@uct.ac.za">lesrafeel.abbas@uct.ac.za</a>
C.6. Will use research assistant/s	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes- provide a list of names, contact details:
C.7 Research Methodology and Informed consent	Research methodology: Qualitative descriptive methodology, interviews and focus groups. Informed consent: Advised to participants.
C.8 Ethics clearance status from UCT's Faculty Ethics in Research Committee /Chair (EIRC)	Approved by the UCT EIRC: Yes <input checked="" type="checkbox"/> With amendments: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (a) Attach copy of your UCT ethics approval. Attached: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (b) State date / Ref. No / Faculty of your UCT ethics approval: 20/07/2022 Ref. / Faculty: 311/2022

**SECTION D: APPLICANT/S APPROVAL STATUS FOR ACCESS TO STUDENTS FOR RESEARCH PURPOSE  
(To be completed by the ED, DSA or NOMINEE)**

<b>D.1 APPROVAL STATUS</b>	Approved / With Terms / Not	* Conditional approval with terms	Applicant's Ref. No.:
	(i) Approved <input checked="" type="checkbox"/> (ii) With terms <input type="checkbox"/> (iii) Not approved <input type="checkbox"/>	a) Access to students for this research study must only be undertaken <u>after</u> written ethics approval has been obtained. b) In event any ethics conditions are attached, these must be complied with <u>before</u> access to students.	CSSF002/ 01443189 / Ms Feroza Cassim
<b>D.2 PREPARED BY:</b>	Designation	Name	Signature
	Administrative Assistant	Tavonga Mazhetese	<input type="text" value="Signed by candidate"/>
<b>D.3 APPROVED BY:</b>	Designation	Name	Signature
	Executive Director / Nominee Department of Student Affairs	Mr Pura Mgolombane	<input type="text" value="Signed by candidate"/>
			Date of Approval
			29/08/2022
			29/08/2022

## Appendix C: Information letter



Divisions of Communication Sciences & Disorders • Disability Studies  
• Nursing & Midwifery • Occupational Therapy • Physiotherapy

F45 Old Main Building, Groote Schuur Hospital  
Observatory, Cape Town, South Africa, 7925  
Telephone: +27 (0) 21 406 6401  
Website: [www.dhrs.uct.ac.za](http://www.dhrs.uct.ac.za)

To whom it may concern

You are invited to take part in a research study. This form provides you with information about the study and requests your permission to interview you and to audio record this process so that the data may be used for the purpose of this study.

### Introduction and purpose:

I am a master's student in Occupational Therapy and part of my degree requirements is to complete a mini dissertation. For this purpose, I am conducting a study entitled, *"The impact of covid-19 on occupational therapy students' in mental health practice learning placements"*. The purpose of the study is to collect and analyse data around your experiences of mental health practice learning and that which contributed to or influenced your learning experience. As a mental health practitioner and a clinical educator, I am interested in how we can draw on students' experiences to shape and influence curriculum delivery to better prepare students for meeting their exit competencies upon graduation in mental health.

### Requirements from participant:

You are invited to participate in one focus group which will last approximately 60 minutes. Thereafter you may be contacted to participate in an individual face-to-face interview which will also last approximately 60 minutes. A follow up session will be conducted within 4 weeks of the individual interview and will be used to check the researchers understanding of the data from the first interview. The follow up will also be a maximum of 60 minutes. The dates for each of these will be scheduled around your convenience and availability. We will meet at a convenient but private location on the campus premises.

### Risks involved:

There are no physical risks involved in participating in the study. Should you feel that you may require counselling based on your experience, this will be arranged drawing on faculty resources for student support and the pathway for referral will be made available to you. This pathway refers you directly

to faculty student support and does not involve divisional student support (within the OT department) to prevent breaching your anonymity.

**Voluntary Participation:**

You are not obligated to participate and can also choose to terminate your participation in the study at any point, without providing an explanation. Your participation in this study is in no way connected or related to your student performance at UCT, specifically your grades. Termination will in no way impact your studies or the way that the researcher interacts with you during the remainder of your studies. Your anonymity will ensure that no other staff members aware of your participation or termination.

**Confidentiality:**

By agreeing to this, you are allowing and giving permission for the information to be used in a dissertation and for it to be shared it with the University of Cape Town, and relevant parties. All participants' full and real names will not be known by anyone except the researcher. No names will be used in this research study.

**Benefits or reimbursement**

Your participation is voluntary and there will be no compensation for participation. If, however, we cannot find a suitable time for the interview during campus hours then you will be eligible to discuss compensation for travel expenses to the interview venue. Light refreshments will be provided during the interview.

**Who to contact for further information or questions:**

**Researcher:**

Feroza Cassim

[cssfer002@myuct.ac.za](mailto:cssfer002@myuct.ac.za)/[ferozacassim@outlook.com](mailto:ferozacassim@outlook.com) or cellphone – 071 507 5857

**Supervisor:**

Iesrafeel Abbas

[iesrafeel.abbas@uct.ac.za](mailto:iesrafeel.abbas@uct.ac.za) /telephone-021 406 6325

**Contact details for Human Research Ethics Committee**

Ass/Prof Marc Blockman (Chairperson) 021 406 6338

Appendix D: Informed consent



Divisions of Communication Sciences & Disorders • Disability Studies  
• Nursing & Midwifery • Occupational Therapy • Physiotherapy

F45 Old Main Building, Groote Schuur Hospital  
Observatory, Cape Town, South Africa, 7925  
Telephone: +27 (0) 21 406 6401  
Website: www.dhrs.uct.ac.za

***“The impact of covid-19 on occupational therapy students’ in mental health practice learning placements.”***

I \_\_\_\_\_ have read the Information Sheet. I understand what is required of me. I have had the chance to ask any questions I have about the study. I do not feel that I am being forced to take part in this research study and am doing so of my own free will. I know that I can withdraw at any time if I so desire. I am aware that the information I provide is purely for the purpose of this research and that the interview(s) will be recorded on a recording device but that this is for transcribing purposes and will be securely stored without being linked to my personal particulars. I am also bound to agree to confidentiality and not to divulge anything that myself or another participant may have shared in the focus groups.

Signed:

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date and place

\_\_\_\_\_  
Researcher: Feroza Cassim

\_\_\_\_\_  
Date and place

## Appendix E: Timeline

Date	Task
January 2022	Submit completed protocol draft to supervisors for feedback and review feedback.
March 2022	Submit protocol for departmental review.
May 2022	Received feedback from Departmental review. Submitted rebuttal. Submitted to HREC in the same month.
July 2022	HREC approval received with no amendments suggested. Application to Department of student affairs to grant access was initiated.
August 2022	Department of Student Affairs granted access to students on 28 August. Invitation to participate (information letter and consent forms) sent to potential participant pool.
September 2022 – October 2022	Individual interviews conducted, transcriptions completed, and initial data analysis begun to inform focus group.
November 2022	Focus group conducted and transcribed. Member checking completed with each participant.
December 2022	All data was coded, categorized, and sorted into initial themes.
January 2023	Submitted initial findings chapter to supervisors.
February 2023 – June 2023	Drafts of all chapters completed and sent to supervisors, with edits suggested and completed in each round of feedback.
30 June 2023	Final submission for examination.

Appendix F: Budget

<b>Item</b>	<b>Cost</b>
Participation gift vouchers	R1600
Printing costs	R1000
Refreshments for individual interviews	R800
Refreshments for focus groups	R400
Participation gifts for focus group	R400
Transcription costs	R3400
Travel costs to university for interviews	R1500
Stationery	R500
<b>Total</b>	<b>R9600</b>

## Appendix G: Interview guide

Date:

Start time:

End time:

Venue:

Participants:

Researcher:

- Making the participants comfortable and setting the scene:
- Meet and greet
- Introduce self as researcher and make small talk (drawing on something relevant from the current day)
- Contract duration, clarify the purpose and expectations from interview process.
- Ask if any questions before beginning and share a copy of appendix G (pathway for referral to student support).

Topic	Guiding questions	Follow up questions
General/introduction	Can you tell me about your MH PL experiences overall thus far?	
Barriers to learning experience in MH PL	With experiences, there can be circumstances that can be seen as barriers that hinder our experience. Can you tell me more about what was a barrier to your learning experience during your MH placements in relation to covid-19?	<ul style="list-style-type: none"> <li>- Can you tell me more about that?</li> <li>- How did it impact your learning?</li> <li>- What made it difficult for you?</li> <li>- What about that has been challenging?</li> <li>- What could have helped?</li> </ul>
Opportunities to learning experience in MH PL	Just like barriers, there can also be opportunities that promote a positive experience. Can you tell me more about what were opportunities that promoted your learning experience during your MH placements?	<ul style="list-style-type: none"> <li>- Can you tell me more about that?</li> <li>- How did it impact your learning?</li> <li>- What made it good/positive for you?</li> <li>- What about that was good for your overall learning?</li> <li>- How could this be further improved?</li> </ul>
Summary	Is there anything else you think that I should know?	

Appendix H: Participant information sheet

<b>Initials</b>	
<b>Preferred pseudonym to be used in write up</b>	
<b>Current year of study</b>	
<b>Gender</b>	
<b>Hometown/province</b>	
<b>Race/ethnicity</b>	
<b>Home language</b>	
<b>Placement for practice learning experiences in MH (name and type)</b>	

Appendix I: Focus group interview guide

**FOCUS GROUP GUIDE**

- **Welcome:** Thanks for taking the time..
- **Purpose of focus group:** You were invited because..
- **Guidelines/rules:** (no wrong answers but different points of view, respect each other’s opinions, speak one at a time) remind about recording.
- **Any questions?**

Area of focus	Questions	Sub questions/follow up questions
The need to be seen and recognized as human	How did the need to be recognized/seen as human influence your learning experience?	What about the pandemic played a role in this?  Would you give an example?  Could you explain further?  Would you say that was a barrier or an enabler to your learning experience?
Triggers  (Seeing me in them, over identification)	How did triggers like identifying parts of myself in the clients influence your learning experience?	Would you give an example?  Could you explain further?  Would you say that was a barrier or an enabler to your learning experience?
My identity  Language and culture	How did the concept of language as a means of communication influence your learning experience?  How did cultural similarities or differences influence your learning experience?	Would you give an example?  Could you explain further?  Would you say that was a barrier or an enabler to your learning experience?
Roles and Relationships with others	How did the dynamics between and with others influenced your experience?  (Clinician, CE, block partners, other relevant members)	Would you give an example?  Could you explain further?  Would you say that was a barrier or an enabler to your learning experience?

How the profession is perceived	How did the role of the MDT influence your learning experience?	<p>Would you give an example?</p> <p>Could you explain further?</p> <p>Would you say that was a barrier or an enabler to your learning experience?</p>
Academic expectations	How did academic expectations influence your learning experience?	<p>Would you give an example?</p> <p>Could you explain further?</p> <p>Would you say that was a barrier or an enabler to your learning experience?</p>
Feeling prepared	How did feeling prepared influence your learning experience?	<p>Would you give an example?</p> <p>Could you explain further?</p> <p>Would you say that was a barrier or an enabler to your learning experience?</p>

**Summarize:** check if I have missed anything.

## Appendix J: Pathway for referral of students

Participants who feel that they would like to debrief or discuss associated concerns such as feeling overwhelmed or distressed will be urged to first communicate with the researcher, the contact details will be available on all communication such as the information letter.

If the concerns are unable to be resolved, the researcher will refer the participant to the student support structure within the faculty student support office or to student wellness and follow up will take place with the participant throughout the process by the researcher. This process will not involve the student support structure within the Division of Occupational Therapy and will bypass this to ensure that the student's confidentiality is maintained.

Resources that will be shared will include.

- **Faculty student support**

Nonkosi Malala

[Nonkosi.Malala@uct.ac.za](mailto:Nonkosi.Malala@uct.ac.za) or 021 406 6749

- **Student wellness service**

Ivan Toms Building, 28 Rhodes Avenue, Mowbray 021 650-1020 (health appointments); 021 650-1017 (counselling appointments)

<http://www.dsa.uct.ac.za/student-wellness/about-student-wellness>

Appendix K: Protocol arrangements for online interviews (dependent on covid-19 restrictions)

Considerations adapted from OT guidelines for telehealth services during the covid-19 pandemic (OTASA, 2020)

**Considerations:**

- An appropriate online portal which is accessible to the participant will be selected. Currently Zoom and Microsoft Teams are available to staff and students with a university licensing agreement.
- A time agreed upon which is suitable to the participant will be negotiated.
- A stable internet connection which is needed for online meetings will be considered. UCT students have access to university provided data on and off campus.
- When setting up the interview it will be considered if the interviewee has an appropriate and private space from which to participate. If not, it will be considered whether a university venue with access to privacy and a stable internet connection can be booked for the student to utilize.

**Guidelines:**

In addition to the informed consent sheet the following guidelines will be communicated to the participant and agreed upon.

- The recording function will only be enabled for the researcher as the host of the meeting so that only the researcher has access to the data. The recording will not be shared with anyone and will be stored on the password secured external hard drive as would any other face-to-face audio recording.
- The waiting room function will be enabled so that nobody may enter the meeting without the researcher authorizing it.
- A new meeting with a different secure password will be used for each individual participant.

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