The Art of Uncertainty: Exploring the Professional Identity of Occupational Therapists in Karachi – A Cross-Sectional Survey

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ABSTRACT

Background: Professional identity, a subset of identity formation, involves individuals' perceptions of their roles within a chosen career. While various disciplines have explored identity formation, the professional identity of occupational therapists (OTs) remains understudied. Therefore, this study investigates the professional identity of OTs in Karachi, Pakistan.

Methods: A cross-sectional study targeted OTs with at least one year of professional experience in educational or clinical settings. Convenience sampling was used to recruit 107 participants, and data were collected through a self-administered questionnaire. The instrument assessed key dimensions of professional identity, including self-esteem, self-determination, competence, and relationships within professional networks. The questionnaire's reliability was confirmed (Cronbach's alpha = 0.91). Data were analyzed using SPSS version 20, with descriptive and inferential statistics, including correlation analysis, to examine relationships among variables.

Results: The majority of respondents were female (85%) and graduates (74.8%) with 1–8 years of experience (86.9%). Positive correlations were found between self-esteem and self-determination (r=0.564, p <0.01), self-determination and sense of competence (r=0.631, p<0.01), and competence with relationships within multidisciplinary teams. Coping strategies and theoretical/practical knowledge mastery also significantly influenced professional identity.

Conclusion: The findings highlight the interdependence of self-esteem, self-determination, and competence in shaping professional identity. Positive relationships within multidisciplinary teams enhance professional growth, while mastery of knowledge bolsters confidence and role clarity. Gender disparity and role ambiguity remain challenges, emphasizing the need for clearer professional boundaries and public awareness.

Keywords: Burnout, Multidisciplinary collaboration, Occupational therapist, Professional identity, Self-esteem.

INTRODUCTION

"Identity formation", how a person identifies himself or herself, is a continuous process from one development phase to the next[1]. This development starts in late adolescence when people start assessing their place in the adult world, usually defined by the career choice made[2]. It is always important to comprehend how individual identities are formed, which is often a subject of discourse within the research fraternity[3].

Several researchers have studied this process from single or interdisciplinary perspectives, each offering unique insights into the dynamics of identity formation[4]. From a behaviorist perspective, identity is a function of environmental conditions and stimuli, which determine behaviors and personality as a whole[5]. On the other hand, cognitive science scholars prefer to opine that identity development equals the unconscious knowledge that originates from childhood. For instance, Freud thought that childhood

experiences due to the process of psychosexual development determine a prototypical mode by which an individual apprehends reality. According to him, such perceptions are thought to be kept in the unconscious mind and influence experience in the future[6]. However, sociologists argue that identity is chiefly a societal phenomenon. Social forces include power relations, status, and class and culture as dominant aspects. Finally, biological scholars believe that genes and hormones must affect identity and personality formation[7].

Since the given data illustrates the variety of approaches to defining the nature of identity, identity research is a developing and comprehensive field. This manuscript addresses this growing need, particularly concerning the professional identity of occupational therapists. The study, therefore, determines the professional identity of occupational therapists working in Karachi, keeping in mind the specific gendered, cultural and organizational context in which they operate. This research highlights the course, process and factors influencing occupational therapy professionals' identity formation, emphasizing the dynamic process.

METHODOLOGY

Study Design and Population
A cross-sectional study examined the professional identity of occupational OTs in Karachi. The data was collected from August 2021 to March 2022 by OTs working in educational institutions or secondary and tertiary clinical settings and practiced at least one year of identification. Recently graduated OTs and not participating in completing the survey or withdrawing consent were excluded.

Sample Size Estimation and Sampling
The sample size was calculated using OpenEpi software, using 50% expected response frequency, a confidence interval of 95% and an error margin of 8%. The calculation resulted in a sample size of 107 respondents. The participants were approached using convenience sampling in both clinical and academic settings.

Data Collection Procedure
A self-administered questionnaire was constructed to measure aspects of identity, such as professionalism, self-esteem, self-determination, and sense of competence and professional relationships, which constituted important aspects that defined the roles and functions of occupational therapists.

The questionnaire was digitalized into Google Forms and distributed over WhatsApp and official emails to maximize coverage and participation. Survey participants were given ample time to complete the questionnaire at their convenience.

Reliability of the Questionnaire
The reliability of the questionnaire was determined using Cronbach's Alpha, which yielded a coefficient of 0.91, which shows that the internal consistency is excellent and further guarantees the instrument reliability for this study.

Data Analysis
Data collected through the survey were analyzed using Statistical Package for the Social Sciences (SPSS) version 26. Demographic characteristics and responses were summarized through descriptive statistics such as frequency, percentage, mean and standard deviation. Chi-square test of association was used to test the correlation between different aspects of professional identity.

Ethical Considerations
Informed consent was obtained from all respondents before participation through a verbal agreement and through the complete submission of a digital consent form, which indicated the objectives, methods, and rights of the participants in this study.

Confidentiality was strictly maintained, and no personally identifiable data were collected. Participation was voluntarily undertaken, and participants were assured they could withdraw at any moment without any consequence.

RESULTS
A total of 107 occupational therapists participated in the study. The majority were female (85%), graduates (74.8%), and had 1 to 8 years of

professional experience (86.9%). Most participants worked in "other" setups (39.3%) or at Ziauddin Hospital (27.1%). The details are depicted in Table-1.

Table-1 Demographic Distribution of Respondents

Variable	Frequency	Percent
Gender		
Male	16	15.0%
Female	91	85.0%
Qualification		
Graduate	80	74.8%
Masters	20	18.7%
MPhil	5	4.7%
PhD	2	1.9%
Years of Experience		
1 - 8 Years	93	86.9%
9 - 16 Years	11	10.3%
Greater than 16 years	3	2.8%
Workplace		
Clinical Setup	6	5.6%
Ziauddin Hospital	29	27.1%
Centre of Autism Rehabilitation & Training	7	6.5%
Sindh Institute of Physical Medicine and Rehabilitation	23	21.5%
Others	42	39.3%

Self-Esteem showed a significant positive correlation with Self-Determination ($r=0.564$, $p<0.01$) and Sense of Competence ($r=0.512$, $p < 0.01$), indicating that higher self-esteem is associated with higher self-determination and a greater sense of competence.

Self-Determination and Sense of Competence also showed a strong positive correlation ($r=0.631$, $p<0.01$), suggesting that individuals who perceive themselves as more self-determined tend to also view themselves as more competent.

Self-Esteem had a moderate positive correlation with Relationship with Society ($r=0.322$, $p<0.01$), Relationship with Other Health Professionals ($r = 0.420$, $p<0.01$), and Relationship with Colleagues ($r=0.397$, $p<0.01$), suggesting that better self-esteem is linked to more positive relationships with both society and colleagues. The details are depicted in Table-2.

Table-2 Correlation Matrix for Key Variables

Variable	Self-Esteem	Self-Determination	Sense of Competence
Self-Esteem	1.000	0.564**	0.512**
Self-Determination	0.564**	1.000	0.631**
Sense of Competence	0.512**	0.631**	1.000
Relationship with Society	0.322**	0.460**	0.350**
Relationship with Other Health Professionals	0.420**	0.530**	0.643**
Relationship with Colleagues	0.397**	0.475**	0.414**
Coping	0.495**	0.721**	0.554**
Mastery of Theoretical Knowledge	0.604**	0.728**	0.691**
Mastery of Practical Knowledge	0.416**	0.564**	0.611**

Self-Determination showed moderately strong positive correlations with all relationship variables: Relationship with Society ($r=0.460$, $p<0.01$), Other Health Professionals ($r=0.530$, $p<0.01$), and Colleagues ($r=0.475$, $p<0.01$).

Sense of Competence displayed a strong positive correlation with Relationship with Other Health Professionals ($r=0.643$, $p<0.01$) and moderate correlations with Relationship with Society ($r=0.350$, $p<0.01$) and Relationship with Colleagues ($r=0.414$, $p<0.01$), as shown in Table-3.

Table-3 Correlations between Relationship Variables

Variable	Relationship with Society	Relationship with Other Health Professionals	Relationship with Colleagues
Self-Esteem	0.322**	0.420**	0.397**
Self-Determination	0.460**	0.530**	0.475**
Sense of Competence	0.350**	0.643**	0.414**

Relationship with Society	1.000	0.396**	0.446**
Relationship with Other Health Professionals	0.396**	1.000	0.488**
Relationship with Colleagues	0.446**	0.488**	1.000
Coping	0.416**	0.592**	0.451**
Mastery of Theoretical Knowledge	0.480**	0.611**	0.410**
Mastery of Practical Knowledge	0.440**	0.459**	0.255**

Relationship with Other Health Professionals	0.592**	0.611**	0.459**
Relationship with Colleagues	0.451**	0.410**	0.255**
Coping	1.000	0.789**	0.587**
Mastery of Theoretical Knowledge	0.789**	1.000	0.658**
Mastery of Practical Knowledge	0.587**	0.658**	1.000

Coping was positively correlated with Self-Esteem (r=0.495, p<0.01), Self-Determination (r=0.721, p<0.01), and Sense of Competence (r=0.554, p<0.01), showing that better coping abilities are associated with higher levels of self-esteem, self-determination, and competence.

Mastery of Theoretical Knowledge demonstrated strong positive correlations with Self-Esteem (r = 0.604, p<0.01), Self-Determination (r = 0.728, p<0.01), and Sense of Competence (r = 0.691, p<0.01).

Mastery of Practical Knowledge had moderate to strong correlations with Self-Esteem (r = 0.416, p<0.01), Self-Determination (r = 0.564, p<0.01), and Sense of Competence (r = 0.611, p<0.01), suggesting that mastery in practical knowledge is also closely associated with professional identity (Table-4).

Table-4 Correlations between Coping and Knowledge Variables

Variable	Coping	Mastery of Theoretical Knowledge	Mastery of Practical Knowledge
Self-Esteem	0.495**	0.604**	0.416**
Self-Determination	0.721**	0.728**	0.564**
Sense of Competence	0.554**	0.691**	0.611**
Relationship with Society	0.416**	0.480**	0.440**

DISCUSSION

The outcome of this research augments the contribution of self-esteem, self-determination, and the internalization of the occupational identity for occupational therapy. Such a substantial value through the sample's internal consistency, as indicated by the high value of Cronbach's alpha, affirms the reliability concerning the study's outcome measures. These results coincide with the published literature indicating the challenges of the occupational therapist, such as visibility, lack of acknowledgement, and hazy dominant professional identity conditions for burnout and self-doubt[8].

The positive relationship between self-esteem and self-determination is one of the most striking findings in this study. That is, the higher the self-esteem of the occupational therapist, the more likely she/he is to act in a self-determined way that could promote professional self-efficacy and the ability to advocate on behalf of the profession within the networked settings of health care. The literature supports that proposition, establishing self-esteem and self-determination as key building blocks in developing a well-fortified professional identity[9-10]. A study also pointed out how professional and personal identity is imbued through experiential learning and socialization, fits into the same rationale for occupational therapy[11].

It is very nearly established that occupational therapy has something to offer for every discipline; notwithstanding this, it still fights the battle of role confusion and limited visibility. According to previous literature, this study justifies recommending a more defined role within allied health[12-13]. The problem occupational therapists

face is that they struggle to articulate what they do. The ensuing professional insecurity hinders interdisciplinary collaboration, which requires addressing this issue by strengthening the professional identity through education, mentorship, and public advocacy.

This study further argued the contribution of education as a foundation for professional identity. Most respondents were degree holders (74.8%), whereas a smaller fraction held advanced degrees. This resonates with research that stated that higher levels of education lead to a more in-depth merger of personal and professional identity reinforcement of confidence and competence[8].

A further gender disparity was found at 85% for female respondents. This phenomenon is consistently reported in studies on occupational therapy since it mirrors patterns in the health professions more generally[14]. A predominant female workforce may influence workplace culture positively; however, it also poses questions regarding gender inclusivity and, hence, a certain proportion of broader representation in the field.

High correlations were shown in the study between self-esteem, sense of competence, and professional relationships. In particular, a moderate positive association was exhibited between self-esteem and a sense of competence (51.2%). In contrast, a high positive correlation was observed between a sense of competence towards other health professionals. This further reinforces that interdisciplinary collaboration enhances professional competence and career satisfaction[15-16]. Reports have indicated that occupational therapists work in multidisciplinary collaboration, which is associated with confidence in their skills and, subsequently, better patient outcomes.

Moreover, the fruitful coalescence between coping strategies and relationships with colleagues accentuates the importance of the workplace environment. As has been observed in some studies, occupational therapists connected with strong professional networks and mentors showed lower stress and burnout levels[17]. Investment in structured peer support and

workplace well-being programs might strengthen professional resilience.

CONCLUSION

The study confirmed the reliability of the data and revealed positive correlations among key variables. Self-esteem and self-determination exhibited a moderately positive correlation, highlighting their interdependence in shaping professional identity. Competence was positively associated with relationships within multidisciplinary teams, suggesting that collaboration plays a vital role in professional development. While the relationship between mastery of theoretical and practical knowledge and interactions with health professionals was moderately positive, the findings underscore the importance of continued education and interdisciplinary engagement in strengthening occupational therapy's identity and effectiveness. Addressing the challenges of professional role clarity and fostering self-esteem within the profession remains crucial for its future growth.

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