THE EXPERIENCE OF WORKPLACE CONFLICT ON KNOWLEDGE SHARING IN OCCUPATIONAL THERAPY STUDENT COMMUNITIES OF PRACTICE

by

WILLIAM DAVID WELLS

(Under the Direction of Karen Jones)

ABSTRACT

The purpose of this qualitative study was to understand how occupational therapy students engaged in communities of practice experienced learning and knowledge sharing during times of conflict in their Level 2 fieldwork experiences. This understanding was obtained through interviews of five participants regarding their stories of conflict and knowledge sharing during their Level 2 fieldwork experience.

The findings of this study provide a better understanding of how knowledge sharing is affected by conflict in occupational therapy student community of practice settings. Four primary themes emerged from the data: (a) interpersonal conflict in community of practice settings has many manifestations, causes and is unavoidable, (b) conflict’s immediate effects on knowledge sharing in community of practice settings is negatively perceived, (c) post-conflict reflection on the experience ultimately reveals positive knowledge sharing outcomes, and (d) participants felt ill-prepared to handle conflict and manage its effects on knowledge sharing. The emergent themes reveal how conflict is perceived, valued, and handled by occupational therapy students in Level 2 fieldwork. The research presents conflict as an unavoidable aspect of occupational therapy communities of practice. Knowledge sharing in occupational therapy communities of
practice has both negative and positive outcomes when affected by conflict. Reflection by the occupational therapy student on conflict experiences is important in evaluating its effects on knowledge sharing. The study also uncovered occupational therapy students’ feeling of lack of preparation in handling conflict in Level 2 fieldwork settings.

INDEX WORDS: Knowledge sharing, Conflict, Communities of Practice, Occupational therapy student, Level 2 fieldwork, Phenomenology
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DEDICATION

To my wife, Ashley and my children, Cooper, Zachary, and Margaret. There is no way in Heaven or on Earth that I could have done this without your love and support. I hope to always make you proud, as I will always be proud of you.
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CHAPTER 1
INTRODUCTION

What is conflict? How do we, as human beings, experience conflict? How does conflict affect our lives? These questions are difficult to answer, yet, easy to comprehend. Human beings experience conflict in one form or another every day, be it an internal dissonance or external interpersonal conflict. Conflict seems to be such a part of human daily life that it’s often expected and confronted with little thought or reflection. Conflict comes in many types and is situational (Collins & O'Rourke, 2008). Additionally, how individuals experience and respond to conflict in their lives is important, especially in the workplace where others may be directly or indirectly affected by the discord that results.

Though conflict with others happens in all aspects of human existence, be they family conflicts, workplace conflicts or conflicts within a peer group (Rubin, Pruitt, & Kim, 1994), its effect on these relationships is often overlooked and unevaluated by those who experience such conflict. Indeed, how one defines conflict can have a great impact on its experience and its evaluation. Rubin et al. (1994) argued that the concept of conflict has been so diluted due to its over-application and misuse. Therefore, in order to have a personal understanding of interpersonal conflict, regardless of where it occurs, those who experience it must have an operational definition of conflict, though that individual’s definition of conflict may be different from another’s. For Rubin et al. (1994), the operational definition of conflict is one that an individual creates from his or her own experiences over time. This operational definition of
conflict is a supremely important concept in understanding how conflict in all its forms can affect a person socially, educationally, professionally, and personally.

Defining conflict and exploring interpersonal, intrapersonal, and social conflict in all its forms has been a topic of interest for researchers, philosophers, and authors for many hundreds of years (Mitchell, 1989). Authors and researchers have looked at broad topics such as international conflicts or wars (Mitchell, 1989), internal struggles and conflicts within societies for equity and freedom (Alley, 2004), and personal conflicts within one’s self (Rahim, 2011). The workplace is no different; as people work together they come into contact with divergent opinions, levels of power, influence within the workplace, personalities, and agendas (Rahim, 2011). As much of a person's life is spent at work, Masters and Albright (2002) argued that having a better understanding of how people experience and create definitions of conflict, and specifically how experiences of conflict affect a person professionally, socially, and psychologically. These experiences allow for an exploration of ways to mitigate unwanted consequences of future conflict.

Conflict within the professional workplace has a great effect on our society. Collins and O'Rourke (2008) cited several costs associated with workplace conflict including a loss of productivity, a general loss of motivation, absenteeism, and the loss of knowledge sharing between employees involved in the conflict. These costs carry over into peoples' private lives and can have effects on the conflict participants' psychological and physiological health (Dana, 2001). That fact makes understanding how people in the workplace define, experience, and cope with conflict all the more important.

While workplace conflict can impact the productivity and health of workers, obstructions to knowledge sharing can have one of the biggest impacts on the vitality and the foundations of
organizations (Drucker, 2000). Knowledge sharing as defined by Szulanski (1996) involves the transfer and exchange of facts, ideas, processes, and models among and between organizations and organization members. Knowledge sharing has been identified as being important within the workplace as a means of enriching the skills of workers (Saunders, 2006). Lindsey (2006) concluded that there are multiple barriers to knowledge sharing including lack of organizational support for the knowledge sharing process, political climate of the workplace, and power mismatches between transmitter and receiver, among many others. Golen and Boissoneau (1987) observed that workplace conflict, especially among subordinates and supervisors, as a significant barrier to knowledge sharing at work. Brockmann and Anthony (2002) noted that conflicts between team-members in the workplace would often cause those members not share knowledge and skills, further demoralizing the team and limiting its effectiveness.

One profession in particular that relies on knowledge sharing to inform professional practice and clinical competence is occupational therapy (Bannigan, 2009). Occupational therapists work in a variety of environments including public schools, hospitals, and clinics as well as work with a variety of patients (Punwar & Peloquin, 2000). This variety provides occupational therapist professionals a broad range of knowledge, that when shared with other practitioners and clients can enrich the profession and impact client care (Bannigan, 2009). Rahim (2011) stated that when working with a range of divergent people in differing environments conflict will arise. Therefore, any impact to knowledge sharing in the occupational therapy profession impacts clients, patients, and the community of practitioners affected by the conflict.

Knowledge sharing has also been identified as an essential component of communities of practice (Coakes & Clarke, 2006), a very specific type of practitioner community. Communities
of practice have been defined as individuals who share common goals and passions coming
together over time to engage in collective learning as they work towards a shared pursuit
(Wenger, 1998). Communities of practice exist both inside and outside the workplace and
revolve around a situated experience of learning from and interacting with the other members of
that community. Communities of practice rely on cooperation, collaboration, and engagement
among the members in order to effectively exist (Wenger, 1998). As a result, conflict and its
effects on knowledge sharing must be taken into account on order for a community of practice to
thrive (Wenger, McDermott, & Snyder, 2002).

Research suggests that occupational therapists deal with workplace conflict (Murray,
2010), engage in knowledge sharing (Hocking & Nicholson, 2007), and collaborate within
mentioned that occupational therapists work in a political environment in which conflict exists
and power (including power that derives from knowledge) can greatly affect professional
practice. How a community of practice would affect the authors did not explore this
understanding. This means there is a need for understanding how OT practitioners in a
functioning community of practice: a) experience conflict and its resolution, and b) how that
conflict impacts knowledge sharing within the community of practice framework.

Statement of the Problem

A review of the literature has uncovered a relative dearth of research on the topic of
workplace conflict’s effects on knowledge sharing in occupational therapy student communities
of practice. As emerging professionals in the practice of healthcare, the conflicts that
occupational therapy students face may have an impact on how they share their knowledge and
skills with those in the community of practice in which they belong, thereby potentially affecting
quality of care for not only the client/s of occupational therapists in conflict but also other clients of other health practitioners. How occupational therapy students define and experience conflict including how they respond to conflict in the workplace affects the knowledge sharing process of the community of practice in which they belong. Regardless of the result of the conflict, patient care can be influenced by the possible loss of knowledge sharing or the possible strengthening of collaboration and knowledge sharing in the community of practice. What is unknown, however, is exactly how the experience of conflict in an occupational therapy student community of practice will influence relationships with patients, supervisors, other students and co-workers.

Over the last century, occupational therapists have had an ever-expanding role in the long-term healthcare of others (Taira, 1985). Because of this expanding presence, occupational therapists are interfacing with not only other occupational therapists and clients, but practitioners in other medical fields such as nursing, physical therapy, and public health in a collaborative or consultative manner (Savoyski, 2009). Knowledge sharing is an integral part of the collaborative or consultative process in occupational therapy (Punwar & Peloquin, 2000) as it is in other fields. While it has been shown that there is research available that underlines the importance of conflict in the workplace as well as knowledge sharing, both generally and specifically, within the field of occupational therapy, there seems to be little in the way of literature on the phenomenon and effect of conflict on knowledge sharing in occupational therapy student communities of practice. Indeed, Barton and Hamilton (2005) have noticed the lack of research on the effects of conflict in a community of practice in general. The focus of this study then was to investigate the experiences occupational therapy students have with knowledge sharing in a community of practice and how conflict/s that might arise in the course of professional practice affect that knowledge sharing.
Purpose of the Study

The purpose of this study was to explore the phenomenon of conflict among members of an occupational therapy student community of practice with regards to how personal and professional knowledge is shared. How conflict is lived and how the occupational therapy student responds or reacts can influence student learning, patient outcomes and can drive either a wedge between the therapist and his or her colleagues or ultimately unite colleagues in a shared purpose. What transmission channels are used by the occupational therapy student and how they interface with other professionals, students, and clients in their community of practice will provide insight as to how they perceive and evaluate knowledge. The way occupational therapy students experience and define the conflict he or she encounters can positively or negatively influence how he or she responds both personally and professionally to tension that results. By attempting to understand the process of knowledge transmission within an occupational therapy student community of practice and by investigating how occupational therapy students define and experience conflict, it is hoped that a picture of how conflict would impact knowledge sharing in this environment can be constructed.

Research Questions

The key research questions concerning this study are:

1. How do occupational therapy students participating in communities of practice experience workplace conflict in Level 2 fieldwork?

2. How does the experience of workplace conflict, in all its forms, influence knowledge sharing among members of the occupational therapy student community of practice?
Supporting Conceptual Frameworks

As this research study utilized a qualitative methodology to examine the experiences of conflict on knowledge sharing in occupational therapist communities of practice, an explanation to the reader of the researcher's conceptual and theoretical frameworks is important in understanding the research and conclusions or inferences drawn. Miles and Huberman (1994) defined a conceptual framework as a graphic or narrative that assists the researcher and the reader in focusing on the main concepts or phenomena to be studied, as well as whatever presumed relationships there might be between them. Merriam (1998) posited that the conceptual framework provides a perspective of the researcher's vision of the phenomena or concepts to be studied.

Following is an explanation of the theoretical and conceptual frameworks supporting the examination of the experience of workplace conflict on knowledge sharing in occupational therapy student communities of practice. These conceptual frameworks include the process of knowledge sharing, workplace conflict, and communities of practice.

Knowledge Sharing

According to Lindsey (2006), the process of knowledge sharing is an interaction that transfers knowledge among workers. Foy (1999) illustrated the process of knowledge sharing as transforming knowledge into usable ideas and processes through progressive transmittal and shared discussion. It stands to reason that knowledge sharing is a process that not only transmits knowledge, but also enables finished products or processes. Therefore knowledge sharing must have a purpose beyond just depositing knowledge where there was a lack of knowledge.

Knowledge sharing can take many forms. Cader and Liebowitz (2010) observed, for example, many forms of knowledge sharing in public health settings, including informal
meetings among co-workers, discussions with colleagues over the telephone and the Internet, and professional development training programs. Knowledge sharing can also incorporate methods such as continuing education programs, departmental or company-wide memos, and formally-sponsored meetings such as trade shows and professional conferences. Many knowledge sharing methods exist and multiple methods can be used simultaneously and across multiple levels of an organization forming knowledge sharing networks (Croasdell & Wang, 2006).

Many factors are involved in the success and ease of knowledge sharing. The achievement of individual/s receiving and successfully recreating the shared knowledge can have a positive or negative impact on the process (Argote & Ingram, 2000). The overall habitability and conduciveness of knowledge sharing in an organization or in the general environment that knowledge is shared can influence the ease of knowledge sharing (Kim & Nelson, 2000). Metaxiotis (2006) noted that contradictory values, beliefs, and experiences of the stakeholders (the sender and the recipient) can have detrimental effects on the knowledge sharing process. Chen, Zhang, and Vogel (2011) have argued that organizational or workplace conflict can have an extremely detrimental effect on knowledge sharing as it interrupts the willingness and flow of knowledge.

**Workplace Conflict**

Conflict in the workplace is a common experience (Northam, 2009). Because workplace conflict as a phenomenon and the lived experience of conflict can be observed so broadly, no environment can be free from it. Anywhere people work together and share knowledge, conflict will exist (Rahim, 2011). Varhol (2000) observed that workplace conflict can occur when honest disagreements arise over issues of importance to stakeholders, personnel and human resource issues create situations of hostility or conflict, actions of management or leadership put
coworkers at odds, or any other situation where individual values, morals, or viewpoints diverge. How experiencers of workplace conflict process and cope with those situations is also broad. Age (Davis, Kraus, & Capobianco, 2009) and gender (Davis, Capobianco, & Kraus, 2010) both have an effect on how an individual experiences conflict. A person's sense of honor and duty, too, can change the way individuals in a conflict situation live through the experience (Beersma, Harinck, & Gerts, 2003).

Workplace conflict or any conflict in general can be both disruptive and beneficial, depending on the situation (Scholtes, Joiner, & Streibel, 2003). Callanan, Benzing, and Perri (2006) noted that in the workplace context, conflict if handled properly can be a stimulating and engaging process. The authors agreed conflict, when incorrectly managed, could damage workplace cohesiveness and cooperation (Callanan et al, 2006). Therefore how conflict is experienced and handled has a resulting effect on many interpersonal factors in the workplace, knowledge sharing being one of them.

**Communities of Practice**

Communities of practice as a concept has existed since Lave and Wenger's (1991) work on situated learning and the social process of legitimate peripheral participation. Communities of practice are seen as a confluence of knowledge, skill, relationships, shared language, behaviors, and identity (Lave & Wenger, 1991; Wenger, 1998). When Lave and Wenger first devised the concept of communities of practice, they were examining the role of apprenticeships in the socialization of learning and doing. Lave and Wenger examined butchers, tailors, midwives, naval quartermasters, and nondrinking alcoholics in an attempt to grasp people learned given vastly different situations, environments, and levels of participation within a group (Lave & Wenger, 1991).
The resulting knowledge gained by Lave and Wenger's work has led to the exploration of learning and working in communities of practice in a variety of situations and environments. While early attempts at defining learning communities revolved around geography and learning in physical places (Lave & Wenger, 1991), Tidwell (2010) has researched the use of virtual, Internet-based communities of practice across many career and academic disciplines; Gammelgaard (2010) has studied how knowledge is shared and retrieved in virtual communities of practice. Jones (2010) investigated the effects communities of practice have on teaching and learning in universities. The role of communities of practice in nursing (Griffiths, 2011) and occupational therapy (Schell & Schell, 2008) have also been explored. Coakes and Clarke (2006) identified the fact that knowledge and knowledge sharing are necessary components in a community of practice. Wenger (1998) acknowledged that for a community of practice to exist, knowledge and experience had to be transferred and shared as the knowledge sharing process is key to the continued growth and change of the community.

**Operational Definitions of Key Terms**

*Conflict* is defined as a process that initiates when an individual or group identify differences and opposition between itself/themselves and another individual or group about issues, beliefs, values, resources, or practices that matter to them (de Dreu & Gelfand, 2008). The *workplace* is defined as a place where one or more people execute their job functions and covers all places where workers need to be or to go by reason of their work (Kirch, 2008). *Workplace conflict*, therefore, is characterized as conflict that is manifested at the workplace.

The term *occupational therapist* is defined using the American Occupational Therapy Association's (AOTA, 2011, p.1) definition which describes occupational therapists as professionals who: use a therapeutic application of occupations, including everyday life activities
with individuals, groups, populations, or organizations to support participation, performance, and function in roles and situations in home, school, workplace, community, and other settings; (b) provide these serves for habilitation, rehabilitation, and the promotion of health and wellness to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction; and (c) address the physical, cognitive, psychosocial, sensory-perceptual, and other aspects of performance in a variety of contexts and environments to support engagement in occupations that affect physical and mental health, well-being, and quality of life. The occupational therapy student, by extension, is an actively enrolled student in a program that trains occupational therapists.

The term occupational therapy program is defined as an educational program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) for the training of occupational therapists. Graduation form an ACOTE-accredited program is required to engage in OT practice in all 50 states (American Occupational Therapy Association, 2013).

The term level 2 fieldwork experience is defined (Accreditation Council for Occupational Therapy Education, 2012, p.34) as an experience designed:

To promote clinical reasoning and reflective practice, to support ethical practice through transmission of the values and beliefs of the profession, to communicate and model professionalism as a developmental process and a career responsibility, and to expand knowledge and application of a repertoire of occupational therapy assessments and interventions related to human occupation and performance. Through the fieldwork experience, students learn to apply theoretical and scientific principles learned in the didactic portion of the academic program to address actual client needs and develop a professional identity as an occupational
therapy practitioner within an interdisciplinary context. The fieldwork experience shall meet requirements in accordance with the Standards for an Accredited Educational Program for the Occupational Therapist and/or the Standards for an Accredited Educational Program for the Occupational Therapy Assistant.

Level 2 fieldwork experiences occur during the final academic year of an OT student’s program of study.

The term *knowledge sharing* is broadly characterized as an exchange of knowledge between and among individuals, teams, groups, or organizations. This sharing of knowledge usually has some focus or objective related to the individuals, teams, groups, or organizations (King, 2006).

Communities of practice, as identified by Wenger (1998) are defined as a community created over time through the shared learning and the attendant social relationships that form due to the common pursuit of a common enterprise. Communities of practice, according to Wenger (1998) incorporate a social theory of learning that includes the concepts of: (a) shared practice; (b) shared learning; (c) shared identity; and (d) shared meaning.

**Occupational Therapy Education**

Because this study relies on the reader understanding how occupational therapy students receive training and how Level 2 fieldwork experience fits into the OT education framework, a brief overview of curriculum approved by the Accrediting Council for Occupational Therapy Education (ACOTE) is necessary. Additionally, a brief review of the selection and preparation of clinical instructors (C.I.) who manage OT students at the fieldwork site will be discussed.
Brief Overview of the Occupational Therapy Curriculum

Occupational therapy education programs in the United States are governed and accredited by the ACOTE (AOTA, October 2013). OT education programs may either confer the Master of Science in Occupational Therapy (MSOT) or the Doctor of Occupational Therapy (OT.D.) degrees, dependent upon each program’s accreditation. Participants for this study were drawn from master’s degree granting OT programs only, therefore only the MSOT curriculum will be discussed at length. Occupational therapy programs may alter the curriculum to meet student needs; however a standard framework is prescribed (ACOTE, 2012).

The Master of Science in Occupational Therapy degree varies in length and depending on the structure of the program, may take two to three years to complete. The ACOTE (2012) mandates the following foundational content to be included in all accredited MSOT programs:

- the structure and function of the human anatomy;
- the development and growth of human beings throughout the lifecycle;
- human behavioral and cognitive development throughout the lifecycle;
- understanding of sociological and diversity factors related to health;
- understanding ethical and practical considerations affecting human health such as social injustice, occupational deprivation, and economic disparity;
- knowledge of global health and science issues as well as prevailing health needs;
- use of statistics and analysis techniques to interpret tests and measurements; and
- use of technology to support performance, health, and well-being.
In addition to foundational concepts, the theory and practice of occupational therapy must be addressed. These concepts include: (a) basic tenants of occupational therapy, including its history and philosophical underpinnings; (b) theoretical perspectives of occupational therapy, including underlying theoretical frameworks and models of practice; (c) screening, evaluation, and referral techniques, in the form of the proper selection, application, and interpretation of standardized and nonstandardized assessment tools; (d) the formulation and implementation of occupational therapy intervention plans targeted to the client’s needs, including proper exercises, training, and activities; (e) service delivery context, focusing on the various environments (social, cultural, political, economic and ecological) in which occupational therapy services may be provided; (f) management of occupational therapy services, including the marketing, organization, and delivery of service; (g) scholarship in the field of occupational therapy; (h) professional values, ethics, and responsibilities in the practice of occupational therapy; and (i) fieldwork educational experiences that provide the occupational therapy student to observe and practice occupational therapy techniques in a supervised setting (ACOTE, 2012, pp. 18-33). Figure 1 (p. 15) provides an example curriculum and program of study for the MSOT degree.

**The Role of the Clinical Instructor**

Clinical instructors are occupational therapists who are directly responsible for the training of OT students at the fieldwork placement site (University of Mississippi, 2012). The AOTA (n.d.) requires clinical instructors have at least one year of experience in the practice of occupational therapy and meet state requirements for licensure before taking Level 2 fieldwork OT students. The AOTA further suggests, but does not require, advanced training in pedagogy and clinical instruction before receiving Level II fieldwork OT students.
Figure 1. Example of curriculum and program of study for Master of Science in Occupational Therapy program. This figure illustrates one possible example of how a MSOT program might be structured.
The clinical instructor is responsible for facilitating the learning of the OT student at the fieldwork site. Clinical instructors are required to assess student growth through periodic evaluations of learning and OT practice AOTA (n.d.). Clinical instructors maintain communication channels with the OT students’ home institutions to improve practice, collaboration, and relay students’ successes and weaknesses. Clinical instructors are also required to provide hands-on experiences where OT students may exercise skills and techniques learned both in the classroom and at the fieldwork site.

The practice of occupational therapy occurs in many environments such as schools, hospitals, and outpatient clinics. Occupational therapy programs attempt to find suitable clinical instructors in each of the environments occupational therapy students may find themselves practicing. Additionally, within the practice of occupational therapy, there exist many specialties including pediatric, geriatric, mental health, and physical rehabilitation (AOTA, November 2013). Occupational therapy programs will also attempt to recruit clinical instructors in these specialties regardless of the clinical setting.

**Significance of the Study**

This study has the potential to expand the knowledge of how individuals in occupational therapy programs experience workplace conflict and how that conflict affects the way knowledge is shared among students, co-workers and clients in a community of practice setting. This expanded knowledge could benefit the field of occupational therapy in several ways: (a) providing practicing occupational therapists and occupational therapists in training a better understanding of how workplace conflict impacts their professional relationships with colleagues and its consequences on client outcomes, (b) informing occupational therapy preparation programs of the issues faced by practicing occupational therapy students so that they may be
better trained for such situations, and (c) generally broadening the profession's grasp of how workplace conflict can affect knowledge sharing.

The field of the study of communities of practice could potentially gain insight as to how conflict affects knowledge sharing in those communities as well as how conflict impacts the dynamic of communities of practice. As conflict is a necessary and inevitable process, understanding how individuals experience and evaluate that conflict could potentially allow for a deeper understanding of the social processes at work within a community of practice. As knowledge sharing is an integral component of the community of practice framework, deriving a better understanding of how conflict interrupts or enhances the process could shed light on Lave and Wenger's (1991) concepts of membership and participation in a community of practice as well as Wenger's (1998) work on relationships within and identities of communities of practice.

The field of workplace conflict could also benefit from this study. Workplace conflict has been studied in many different workplace environments including nursing (Duddle & Boughton, 2007), higher education (Harris, 2010), and on military battlefields (Harris, 2010). Punwar and Peloquin (2000) intonated that the field of occupational therapy has little relative research on how workplace conflict is experienced and understood within the context of the practicing occupational therapy student.

**Summary**

This chapter has given a background to the problem of conflict within a community of practice and has established the purpose of this study. In addition the research questions are presented and the theoretical constructs of workplace conflict, knowledge sharing, and communities of practice are provided. A rationale for examining how the experience of workplace conflict affects knowledge sharing in occupational therapy student communities of
practice and its contribution to the literature has also been presented along with operational definitions of key terms has been provided.
CHAPTER 2

REVIEW OF THE LITERATURE

This chapter examines the professional literature that informs this study. First, an exploration of how *communities of practice* have been represented in the professional literature is presented. Secondly, the concept and definitions of *workplace conflict* and the literature’s treatment of how workplace conflict affects relationships and is experienced is examined. Thirdly, the process of *knowledge sharing* will be explored with a focus on the literature in defining how knowledge sharing processes develop and exist as well as how they affect learning. Next, results of an exploration of the literature on the *phenomenological research method* will be provided. Finally, an introduction to the profession of *occupational therapy* will be made by reporting important threads of the relevant literature. Throughout this chapter, relevant and necessary concepts and key terms will be presented.

**Communities of Practice**

In this section, the concept of communities of practice is outlined by a review of relevant and topical literature. Gaps in the community of practice literature pertaining to conflict and knowledge sharing are also identified.

**Conceptual Perspective**

Jean Lave and Etienne Wenger developed the concept of *communities of practice* in an effort to describe their research into the use of apprenticeships as a model of learning (Lave & Wenger, 1991). Communities of practice embody a theory of learning that is social in nature. Wenger (1998) defined these communities of practice as individuals who share common goals...
and passions coming together over time to engage in collective learning as they work towards a shared pursuit. Membership within the community of practice is fluid, and is defined by an individual’s mutual engagement with the community rather than by proximity or prior relationships with others in the community (Wenger, 1998). For Wenger, communities of practice are informal; there is no set defining moment of the inception of the community.

According to Wenger (1998) however, there are certain indicators that a community of practice has formed: (a) sustained mutual relationships – harmonious or conflictual, (b) shared ways of engaging in doing things together, (c) the rapid flow of information and the propagation of innovation, (d) absence of introductory preambles, as if conversations and interactions were merely the continuation of an ongoing process, (e) very quick setup of a problem to be discussed, (f) substantial overlap in participants’ descriptions of who belong, (g) knowing what other know, what they can do, and how they can contribute to an enterprise, (h) mutually defining identities, (i) the ability to assess the appropriateness of actions and products, (j) specific tools, representations, and other artifacts, (k) local lore, shared stories, inside jokes, knowing laughter, (l) jargon and shortcuts to communication as well as the ease of producing new ones, (m) certain styles recognized as displaying membership, and (n) a shared discourse reflecting a certain perspective on the world (pp. 125-126).

Communities of practice, therefore, develop norms over time and can be identified by these aforementioned indicators. However, the indicators provided by Wenger are by no means exhaustive. One must be careful to liberally apply the term 'community of practice' to every group of people working together, however. Contu and Willmott (2003) observed that while often communities of practice would form in order to address a problem, not all communities of practice form for any particular purpose. They further argued that 'community' in community of
practice might lead people to believe, in error, that any group structure could be considered a community of practice irrelevant of Wenger's (1998) and Wenger, McDermott, and Snyder's (2002) definitions of what constitutes such a community.

For communities of practice to exist, Wenger (1998) argued that they have to develop shared ideas. Additionally shared tools, language, knowledge, routines, and a development of understanding among members to transmit learned knowledge and experience to the entire community must exist. Related to this concept, Wenger (2006) identified three characteristics that create, maintain, and develop a community of practice: (a) the domain – a shared area of interest that each member of the community must show a commitment to and a competence of, (b) the community – an arena where members of the domain work and engage others in activities that pursue shared interests while building relationships revolving around the learning process, and (c) the practice – the member of a community of practice must be practitioners who share tools, resources, experiences, stories and problems. Wenger (1998) stated that a community of practice is made of a loosely-defined group of people who are mutually engaged on a particular task, learning together and sharing resources. Two central concepts must be understood to fully grasp the community of practice model: situated learning and legitimate peripheral participation. Lave and Wenger (1991) defined situated learning as a model in which learning is done in the same environment and setting where that learning will be later applied. For learning to be meaningful it must be learned and applied in similar context. Lave and Wenger (1991) have defined legitimate peripheral participation as the process by which learners in a given context begin to participate with the community of practice present in that same context. What makes peripheral participation ‘legitimate’ is, “a defining characteristic of ways of belonging, and is therefore not only a crucial condition for learning, but a constitutive element of its content”
In situated learning, people learn through observation and interaction with others in social settings (Meriam, Caffarella & Baumgartner, 2007). For learning to be meaningful it must be learned and applied in similar context. Lave and Wenger (1991) have defined legitimate peripheral participation as the process by which learners in a given context begin to participate with the community of practice present in that same context. Machles, Bonkemeyer, and McMichael (2010) saw the importance of legitimate peripheral participation and situated learning within the workplace community of practice:

 Learning through informal interactions with other knowledgeable, trusted coworkers and peers allows employees to build schemas regarding workplace safety, values and culture. This group of coworkers and peers with which this shared knowledge or learning occurs is often referred to as a community of practice. (pp. 46-47)

Without situated learning or legitimate peripheral participation, communities of practice as a theory of social learning could not exist.

Communities of practice by definition exist wherever Wenger's basic requirements are met. Seaman (2008) saw that communities of practice were ubiquitous; they exist everywhere people come together for some common purpose. Laluvein (2010) observed communities of practice existing within public schools and between parents, students, and educators. Li, Grimshaw, Nielsen, Judd, Coyte, & Graham (2009b) noted the use of communities of practice in the healthcare and business sectors. Schell and Schell (2007) wrote that communities of practice could be found within the occupational therapist career field as well. The existence of communities of practice within the occupational therapist field makes it a good choice for further study.
Identifying Gaps in the Literature

Wenger (2006) described a community of practice as being social in nature. Within communities of practice there must exist the structures and relationships inherent in any social enterprise. He stated that communication channels, shared cultural values, collaboration, consultation, cooperation, and knowledge sharing all occur within a community of practice (Wenger, 1998, 2006). However, Wenger, in describing the social activities inherent in communities of practice seemed to gloss over the value and ramifications of workplace conflict. When addressing the idea of conflict, namely workplace conflict, within communities of practice Wenger (1998) posited:

In particular, connotations of peaceful coexistence, mutual support, or interpersonal allegiance are not assumed, though of course they may exist in specific cases. Peace, happiness, and harmony are therefore not necessary properties of a community of practice. Certainly, there are plenty of disagreements, tensions, and conflicts… (p. 77)

Wenger went on to state that in an idealized community of practice, conflict of all types would be minimized, though he admitted the reality of the human social structure requires a shifting environment of cooperativeness and uncooperativeness (1998). Mills (2003) argued that conflict does exist within communities of practice and conflict can be productive, but she focused her research on language and politeness within communities of practice and did not fully examine broader concepts of conflict and their implications. Li, Grimshaw, Nielsen, Judd, Coyte, & Graham (2009) observed that Lave and Wenger were fairly silent on the issue of conflict within communities of practice. Li et al. (2009) also found that Brown and Duguid’s (Brown & Duguid,
interpretation of communities of practice was overly optimistic in downplaying conflict and its effects.

Therefore, the literature seems to support the idea that conflict within communities of practice needs more exploration and understanding. Mills (2003) and Li et al. (2009) made arguments for taking a closer look at the work of Lave and Wenger with a critical eye in order to make sense of how conflict can affect the individual and the relationships and culture of a community of practice.

**Workplace Conflict**

In this section, the concept of conflict is summarized through a brief outline of its psychological and sociological causes. An appraisal of the phenomenon of workplace conflict is undertaken through a look at its attendant characteristics and forms. How workplace conflict is experienced and managed is also explored. Gaps in the workplace conflict literature pertaining to communities of practice and knowledge sharing are also highlighted.

**Theoretical Perspective**

The experience of conflict dates back to the earliest records of human existence (Keeley, 1996). Humanity and conflict, in all its major forms, co-exist. Therefore, anywhere human beings live, play, and work together conflict will also be (Rahim, 2011). The modern American, for example, on average spends 7.5 hours at work ("American time use," 2011) and so much of the interpersonal conflict experienced day-to-day must happen in the workplace. In order to better understand how workplace conflict exists and how people experience it, an exploration of the study of social, or interpersonal, conflict from the standpoints of the psychological and sociological disciplines will be undertaken. Research into conflict's role in the workplace and its negotiation is also examined.
Psychological views of conflict. Plato (427 - 347 B.C.) noted in The Republic that social tensions are inevitable, but that they could be minimized if everyone recognized their social roles and followed them accordingly. Social conflict was detrimental to the functioning of society. He further acknowledged that this lessening of tensions could only be attained by strong leadership. Aristotle (384 - 322 B.C.) agreed in that social conflicts were dangerous and believed that conflict was the result of personal unhappiness and unrest. Both scholars believed that if conflict could be removed, people would be happy and society would function without problem.

In the late 18th and 19th centuries, authors and scholars again picked up on the idea that conflict was a symptom of unhappiness and disparity in society. Karl Marx (1818 - 1883) posited that human beings experienced conflict because of the differences between the 'haves' and 'have-nots.' People are unhappy regarding their lives and come into conflict with those who have more than they do. Marx's Communist Manifesto argued that this social tension could only be relieved through an overthrow of current social structures.

John Dewey (1859 - 1952), a prominent philosopher and educational reformer, also studied the role conflict played in peoples' lives. He believed that conflict arose when obstacles occurred between humanity and the environment around them. Dewey (1922/1957) posited that conflict was a necessary component of existence as it spurred human imagination and ingenuity. As such, Dewey did not desire to limit conflict, rather he saw conflict in all its forms as a tool and a method for human psychological and intellectual growth.

Sociological causes of conflict. Many scholars have debated the value of conflict as a personal and a social phenomenon. Georg Simmel (1858 - 1918) saw a duality in conflict; it could be both functional (being effective for personal and social growth) or dysfunctional (having the opposing effects). He saw conflict as a necessary component of group interaction.
Simmel believed that for a group to progress towards order and stability, a certain measure of discord was necessary. He saw that social order could not exist without its antithesis (Simmel, 1955).

George Mayo (1880 - 1949) studied conflict as a component of organizational behavior and management theory. Whereas Simmel saw value in conflict, Mayo believed that conflict was abhorrent and detrimental to the function of any organization. He saw cooperation as the only way a group could thrive. Mayo (1933) posited that when employees would conflict with management, it was due to the workers' inability to understand the broader picture of the organization and its functions that only management would or could understand.

Lewis Coser (1913 - 2003), a strong proponent of Simmel's belief in the duality of conflict, disagreed with Mayo's assessment of the causes and dysfunction of organizational conflict. Where Simmel saw both good and bad in conflict and Mayo saw only the negative, Coser imagined conflict as having more benefits than detriments for an organization or group (Coser, 1956). He examined how conflict if harnessed properly within the organization, could have a beneficial effect on growth and productivity.

Authors, philosophers, and scholars have been divided on the value and causes of social conflict. The only apparent consensus that has been reached is that conflict affects human interaction, growth, and development. Within the fields of organizational development and conflict management, which study among other settings how conflicts arise and are experienced in the workplace, researchers and scholars are split as to conflicts value and purpose within the organization.

**Workplace conflict within an organization.** Conflict has been shown to be a major means of interaction within the workplace (Rahim, 2011; Hocker & Wilmont, 2010). However,
many definitions exist for conflict, especially in the workplace. Tedeschi, Schlenker, and Bonoma (1973) saw conflict as a situation where the goals, intents, or behaviors of one party clashed with the goals, intents, or behaviors of another. Hocker and Wilmot (2010) defined conflict as: “An expressed struggle between at least two interdependent parties who perceive incompatible goals, scarce resources, and interference from others in achieving their goals” (p. 11). How conflict is experienced within the work environment, therefore, depends on one chooses to define what conflict is.

Rahim (2011) described 12 forms of conflict that can occur in the workplace or the organization arising from antecedent, or preceding conditions: (a) substantive conflict - This is usually a differing of opinion of how to solve a problem or complete a task from an intellectual standpoint, (b) affective conflict - A situation where individuals have personal and/or emotional issues with others in the workplace, manifesting itself through anger, frustration, and other negative feelings, (c) substantive-affective conflict - Some combination of the previous two, (d) process conflict - This conflict revolves often around who will do what task or how duties will be delegated, (e) goal conflict - Occurs where two or more people have a differing of opinion as to what the end-state of their work should be, (f) conflict of interest - Happens when social groups or individuals differ as to how solve a problem regarding the sharing of scarce resources. Essentially two groups competing for the same end-state, (g) conflict of values - Also called ideological conflict, it occurs when two peoples have fundamental ideological standpoints on certain issues. For instance, popular stances on abortion or pay-for-performance for teachers would be examples, (h) structural conflict - Conflict between groups or levels of an organization. This conflict can incorporate substantive and/or process conflict, (i) non-realistic conflict - Conflict that occurs generally for no other purpose than to show one’s anger, dissatisfaction, or
to release tension among parties. It is not based on any grounded, philosophical or social dissonance, (j) retributive conflict - Will occur when one party seeks to punish a competing party through a drawn-out conflict, (k) misattributed conflict - Happens when one party, in error, blames or attributes causes to conflict onto another group, (l) displaced conflict - This form of conflict manifests when parties direct their hostilities to non-related groups or clash about secondary or lesser-important issues. It would stand to reason that depending on the environment of the conflict (antecedents, actors, organizational values, and personal values) the experiences and outcomes of workplace conflict will vary from person to person and from situation to situation. Indeed, all the actors in a conflict within the workplace may experience and react to it differently.

Handling and experiencing workplace conflict. Butler and Mullis (2001) wrote that conflict in the workplace is inevitable and there must be a process or practice in place to help all parties affected to mitigate any actual or perceived injury. Often, workplace conflict stems from norm violations at the interpersonal level and it’s these incidents that cause the most hurt and anger among coworkers (Mikula, Petri, & Tanzer, 1989). Regardless of the source, conflict and its resolution is an imperative for organizations, workplaces, and individuals. There are two broad categories for addressing conflict regardless of its locus: conflict resolution and conflict management (Rahim, 2010). Rahim (2010) defined conflict management as processes that minimize the loss of productivity and the dysfunction of conflict among parties while at the same time enhancing the positive aspects. Conflict resolution on the other hand has been described as reduction in social conflict through the conscious settlement of a dispute (Schellenberg, 1996). It is this definition of conflict resolution and its effects on the workplace that will be addressed.
Conflict resolution can take many forms both in the workplace and in one’s personal life. Schellenberg (1996) identified that: (a) coercion; (b) negotiation between parties; (c) adjudication through coercive legal power; (d) mediation with the help of a neutral third-party; or (e) legally-binding arbitration arrived at by a neutral third-party. The reality of conflict resolution is that each of the five aforementioned approaches may be used simultaneously or successively. Each of these broad forms of conflict resolution has its strengths and disadvantages in the workplace.

It has been well studied the effects that conflict and conflict resolution have on the workplace. Hyde, Jappinen, Theorell, & Oxenstierna (2006) observed that workplace conflict has a detrimental effect on the overall physical and psychological health of the employees. Haraway and Haraway (2006) wrote that training employees in conflict management and conflict resolution skills had a positive effect on the level of stress and unhappiness experienced in the workplace. Conflict management and resolution techniques have also been found to have a productive, positive effect on workplace morale and productivity leading to beneficial solutions for current and future problems (Ohbuchi & Suzuki, 2003). Plocharczyk (2006) wrote that how conflict and conflict resolution is handled within the workplace has a direct bearing to its organizational outcomes. Avoiding conflict, Plocharczyk argued, would lower morale, mishandling conflict would lower morale and impact the efficiency of the organization; handling the conflict well can lead to an increase in morale, more creativity and personal growth, as well as sharpened problem solving skills for the entire organization. Conflict and the proper resolution of conflict, therefore, can be a very powerful tool for positive organizational change and overall organizational and personal wellbeing.
Identifying Gaps in the Research

Wenger (2006) described a community of practice as being social in nature. Within communities of practice structures and relationships inherent in any social enterprise must exist. He stated that communication channels, shared cultural values, collaboration, consultation, cooperation, and knowledge sharing all occur within a community of practice (Wenger, 1998, 2006). However, Wenger, in describing the social activities inherent in communities of practice seemed to gloss over the value and ramifications of interpersonal conflict. When addressing the idea of conflict, namely interpersonal conflict, within communities of practice Wenger (1998) posited:

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communities of practice, so too has the concept of conflict and its effects on the workplace community of practice.

Therefore, the literature seems to support the idea that conflict within communities of practice needs more exploration and understanding. Mills (2003) and Li et al. (2009a) made arguments for taking a closer look at the work of Lave and Wenger with a critical eye in order to make sense of how conflict can affect the individual and the relationships and culture of a community of practice. Additionally, the role of conflict resolution within the community of practice conflict framework has had very little academic research as the role of conflict has to this point been downplayed. This makes addressing conflict, its resolution, and their effects on the community of practice framework worthwhile.

Knowledge Sharing

In this section, the concept of knowledge sharing is identified from the literature through an abbreviated discussion of what constitutes knowledge. An abbreviated treatment of knowledge sharing is undertaken through an exploration of its processes and social importance. Gaps in the literature relating to knowledge sharing, communities of practice, workplace conflict are underscored.

Theoretical Perspectives

Knowledge. In order to truly understand what knowledge sharing is, an exploration of what knowledge is considered to be must first be delineated. Knowledge, according to Davenport and Prusak (1998), is a mixture of context, prior experience, personal (and other) values, and insight that frame new experiences and information so that they may be incorporated and understood. Knowledge can then be thought of as construct or an interaction of a person, prior
experience, and the environment in which he or she exists. This interaction leads then to new information being processed, assigned value, and reposited within the mind as knowledge.

Given Davenport and Prusak's definition of knowledge, what is often perceived of as knowledge being a static, quantifiable thing cannot exist. Bruner (1990) agreed, citing that as human beings are social animals who communicate on multiple levels with multiple media in a constantly changing environment, knowledge only has value in relationship to the person experiencing it. For knowledge to have value and meaning, someone must make meaning of it. Therefore, knowledge is not the data themselves, but is actually how the data are interpreted and understood by someone reflecting on it.

Martin Heidegger (1889-1976), an influential philosopher and phenomenologist, believed that knowledge was not just an interaction between data and the person experiencing the data, but was more a social process. Heidegger (1976) saw knowledge as an interpretive procedure, one shared by what he called social actors (humans interacting with each other) and the data or phenomenon being shared. He also believed that humans came into existence with a fore-knowledge or prejudicial knowledge of the social constructs around them. This fore-knowledge is similar in concept to Davenport and Prusak's (1998) idea of a prior framework of foundational knowledge upon which all new knowledge gains meaning.

Hans Georg Gadamer (1900-2002), a student of Heidegger and a proponent of philosophical hermeneutics, or the philosophy how the world is interpreted, believed that knowledge, or what is perceived to be knowledge, is rather a part of a larger whole of understanding. Using this line of reasoning, a person has knowledge of an event through experience, but cannot have an entire understanding of it. Only through the social processes of communication with others who have experienced the event could a broader picture of a
phenomenon come to light (Gadamer, 1975). Gadamer saw that no one person can truly have full knowledge of a phenomenon. Each person constructs understanding, which he would equate with the above definition of knowledge, given the facet of the phenomenon he or she experienced (Butler, 2006).

**Knowledge sharing.** Knowledge has been defined as being internally-constructed through interaction with an experience, or socially-constructed through a sharing of interpretations of experience. Regardless of the process, knowledge reaches its full value when shared with others (Foy, 1999). Since knowledge is constructed in a context, it cannot technically be shared (Jacobson, 2006). Thoughts, feelings, experiences, interpretations, and data can be relayed to another but cannot be transplanted from one mind to the next. Turban (1992) remarked that when knowledge sharing is spoken of in the context of a group, organization, or community, the transmittal of personal human experience for the purpose of solving problems or making decisions is what is generally understood.

Within the context of a group, organization, or community, knowledge sharing is a key process (Mohrman, 2008). Sharing one's experiences and insights with others helps the group or organization solve complex problems, see issues from different perspectives, and it fosters cooperation and trust among participants. Wenger (1998) argued that communities of practice specifically, but any organization in general, cannot function without a sharing of knowledge amongst its membership.
Identifying Gaps in the Research

There is a wealth of literature on the processes, value, and barriers to knowledge sharing. For example, Hong, Suh, and Koo (2011) identified many barriers to knowledge sharing and explored how bottlenecks to sharing can be overcome. Types of knowledge sharing based on social environment have been identified and compared (Reychav & Te’ebu, 2009). The value of knowledge sharing in the success of an organization in its mission has also been explored (Shao, Feng, & Liu, 2012). Mustapha (2012) examined how knowledge can flow and grow among members in a knowledge sharing environment. Both the depth and breadth of knowledge sharing literature appears vast, however, as indicated by Aslani, Moushkhani, and Aslani (2012) the field of knowledge sharing is nowhere near complete.

Knowledge sharing has been investigated in broadly different communities and environments. Goh and Sandhu (2013) as well as Ramayah, Yeap, and Ignatius (2013) explored knowledge sharing in higher education. Knowledge sharing in engineering organizations (Javernick-Will, 2012) has been examined. Other examples are the investigation of knowledge sharing in the financial services (Hong, Suh, & Koo, 2011) and in information technology (Tsai, Chang, Cheng, & Lien, 2013).

The fields of healthcare and the health sciences are also well represented in the literature. Ali, Whiddett, Tretiakov, and Hunter (2012) examined how knowledge sharing is used across health districts in New Zealand. Knowledge sharing among pharmacology researchers (Romer, Corrigan, Tornoe, Gobburu, Danhof, Gillespie, Gastonguay, Meibohm, & Derendorf, 2010) has been investigated. Ryu, Ho, and Han (2003), Jabr (2007), and Zappa (2011) have each researched how physicians in various environments approach and value knowledge sharing. Knowledge sharing in nursing (Knight, 2010) and (Harkin, 2005) has also been studied.
A survey of the literature, however, reveals the fields of occupational therapy and the preparation of occupational therapy students are under-represented in regards to knowledge sharing. An exhaustive review of the literature using GALILEO (GeorgiA Library LEarning Online) revealed only one recent journal article on occupational therapist practice and knowledge sharing (Hoffman, Desha, & Verrall, 2011) and no literature on knowledge sharing in the occupational therapy student environment. The lack of literature in these areas obviates a need for more research.

**Phenomenological Research Method**

This section provides a brief philosophical and historical background to the phenomenological research method. The components of the phenomenological method are identified and a short explanation of each stage of the process is given.

**Philosophical Perspective**

Phenomenology, based in the philosophic belief of subjective openness championed by Edmund Husserl (Moustakas, 1994), is a method of understanding knowledge constructed through every-day living. Moustakas defined phenomenology as a process of describing human perceptions and senses through their immediate experiences to find a deeper meaning. In other words, phenomenology attempts to understand how human beings experience the world in order to better understand the essential, distilled knowledge of the essence of existence.

Phenomenology, as a method of inquiry, depends on exploring how people experience a phenomenon and how they reflect on it, how those people make sense of it, and how their perception of the phenomenon leads them to better understand the nature of it. Husserl (1931) believed that a phenomenon experienced is a phenomenon worth exploring. He felt that the objective understanding of a phenomenon, such as human fear, and its outward signs which are
understandable to those that see it, are just the surface of the essential characteristics of what fear is. To truly understand what fear is, Husserl would argue, the subjective characteristics must also be explored, that is to say, how one internally makes sense of what fear is...what the conscious awareness of fear manifests itself to be. Husserl was influenced by Descartes (1912) in a belief that the subjective knowledge of a thing was more important than the objective knowledge of that thing. Husserl took Descartes to mean that how something is outwardly perceived with the senses ultimately depends on the subjective, internal knowledge of the object of study. Husserl was a proponent of the subjective nature of reality (Moustakas, 1994). Kockelmans (1994) observed that Husserl valued the conscious understanding of the world over the overt, outward façade. While Husserl saw value in the overt, he saw it no more than as a construct of a person's intuitional understanding of essential Real (Husserl, 1931).

A key component to understanding phenomenology as Husserl forwarded it, is the concept of intentionality. Husserl's definition of intentionality, according to Moustakas (1994), relied on knowing that for an object to have meaning the mind must be directed toward it. This meant that an object may intentionally exist in the mind but not exist in the real world (a purple house cat, for instance). Still, for Husserl, the imaginary object had value even though it did not exist in reality; it exists without existing. Intentionality, then, allows a person to understand the essential meanings of a thing though others may not perceive the object. Intentionality validates the conscious experience of an object, even though no other person may perceive it or believe it to exist. This concept reinforces Husserl's belief that ultimately the essential characteristics of a thing or phenomenon as experienced by a person define it, not whether it can be tested and validated by others (Moustakas, 1994).
Intentionality, according to Gurtwitsch (1967), is composed of two interrelated parts: the *noesis*, and the *noema*. The noema is the outward appearance of a phenomenon; the noesis is the essential structure. Meaning is made when the external values of a phenomenon (noema) are correlated to the belief about how such a phenomenon exists, why it is being experienced, and its true purpose (noesis). It is the noema that ascribes meaning to what a person senses and the noesis is the very act of experiencing that which is sensed (Moustakas, 1994).

**Methodology**

Moustakas (1994) wrote that phenomenological research finds its evidence in the first-person report of life experiences. The researcher must discern and contact those who have experienced the phenomenon at question to describe their perceptions. It is not enough just to record the experience of phenomenon; the researcher must also remove any preconceived ideas, judgments, and biases he or she might have about it. Husserl named this freedom from presupposition, *epoche*, from the Greek meaning 'to shy away from or abstain' (Husserl, 1931). In the phenomenological method, the researcher must identify his or her prior knowledge on the object of study, acknowledge it, and remove it. This process of removal of presupposition is called *bracketing*. Epoche and bracketing do not permanently erase prior knowledge and supposition, but prepare the individual for viewing a phenomenon in a new light for the first time (Moustakas, 1994). Nor is epoche perfectly achieved; not all suppositions and biases can be put down. The process of reaching epoche does allow for the individual to recognize his or her own limitations and reflect on those. This reflection, according to Husserl (1931) is the first step to truly understanding the essence of a phenomenon.

*Phenomenological reduction*, the next step in the phenomenological method, is the process of distilling the qualities of the phenomenon into its textural and experiential pieces. The
phenomenological reduction process has the individual describe what the phenomenon looks and feels like (the textural). It also challenges the individual to paint a picture of what can be experienced by a person embroiled in the phenomenon. Moustakas (1994) identified that the reduction process must not include that which was personally experienced, as it should be bracketed away. The phenomenological reduction that occurs should lead to a thick description of the general features of an object of study, not its personally ascribed qualities. This, in turn, requires constant reflection and reduction on the part of the person trying to ascertain the essential features of a phenomenon. This constant reflection and reduction of a phenomenon leads to persistent themes and the horizontalization, or the layering, of many levels of understanding regarding the object. Kockelmanns (1994) views horizontalization as a never-ending process as new layers of meaning are exposed; the process of discovering new meanings can never truly end as each time a phenomenon is reduced it will lead to something undiscovered.

Once the process of phenomenological reduction has ended, imaginative variation becomes the next step (Moustakas, 1994). Imaginative variation is the use of the human imagination to explore all the possible iterations and variations of the experience of phenomenon. The ultimate goal of imaginative variation is to uncover the essential structures of a thing through twisting and turning and flipping the object until as much as can be learned about it has taken place. This process includes the real, the unreal, and the improbable; in imaginative variation, whether a description of a phenomenon or object exists in reality is inconsequential. "Imaginative variation enables the researcher to derive structural themes from the textural descriptions that have been obtained through Phenomenological Reduction" (Moustakas, 1994, p. 99).
The final stage in the phenomenological method is to synthesize meanings and essences given the fundamental textural and structural identifiers obtained through phenomenological reduction and imaginative variation. Husserl (1931) defined these fundamental identifiers as the essence of an object. Essence is common, universal. No research into a phenomenon can truly ever exhaust the essence of a thing. Every time an object or phenomenon is revisited, new facets of its true essence are revealed (Husserl, 1931; Moustakas 1994).

The Practice of Occupational Therapy

This section provides the reader a brief overview of the profession of occupational therapy. An abbreviated history is outlined along with descriptions of training, technology, and populations served by occupational therapists.

History and Purpose

The practice of occupational therapy is inextricably tied to its history and academic preparation. In many ways the history of occupational therapy and its preparation are also tied together (Punwar, 2000a). This section will attempt to provide a proper, detailed treatment regarding the professional practice, historical and educational development, and the current credentialing and training processes of occupational therapy.

A brief history of occupational therapy. The profession of occupational therapy in the United States has evolved greatly since its beginnings in 1917 with the creation of the National Society for the Promotion of Occupational Therapy (NSPOT) (Schwartz, 2003). The NSPOT would in 1921 become the American Occupational Therapy Association (AOTA), the leading professional occupational therapy organization (Reed & Sanderson, 1999). Both the NSPOT and later the AOTA developed as a result of the professionalization of a practice that had a recorded existed in America dating back to 1815 and the Quaker moral treatment movement (Punwar,
Dunton (1917) found that the moral treatment movement was central to the future development of a professional occupational therapy discipline. This movement, Punwar wrote, was an attempt to treat those with mental illness and disability morally, ethically, and humanely rather than locking such people up in prisons or labeling them criminally dangerous. Reed and Sanderson (1999) noted that the moral treatment of the mentally ill took hold first in Europe in the late 18th century and would later and much more slowly spread into the United States.

Occupational therapy and the moral and ethical treatment of the disabled and ill in the United States really began to come into its own in the early 20th century (Schwartz, 2003). George Barton, a disabled American architect, has been credited for first coining the term ‘occupational therapy’ in the early 1900s (Turner, 2005). Barton developed Consolation House in Clifton Springs, New York, which served as a place where disabled people could strengthen their bodies and minds (Schwartz, 2003). Barton along with other pioneering individuals concerned with occupation as a treatment such as William Dunton, Eleanor Slagle, Susan Johnson, and Thomas Kidner would go on to create the National Society for the Promotion of Occupational Therapy at Barton’s Consolation House in 1917 (Schwartz, 2003). Punwar (2000b) noted that Dunton, who was a prominent physician, has been called ‘The Father of Occupational Therapy’ as his writings and speeches on the subject made the larger medical community aware of the use of occupations as a treatment method. Turner (2005) wrote that Slagle was also instrumental in the promotion of occupational therapies as Director of Occupational Therapy for the New York State Mental Health Commission. Johnson, an artist who had adapted crafts to aid in the recovery of disabled persons, and Kidner, a Canadian architect interested in the designing of buildings and institutions for disabled persons, both shared a passion for adapting the environment to suit the needs of the ill and disabled (Punwar, 2000b; Schwartz, 2003).
The NSPOT was formed in part as a response to the carnage of the First World War (Turner, 2005). Many young men were going off to battle and returning wounded both physically and mentally. It was thought the NSPOT could provide training programs to individuals interested in rehabilitating wounded soldiers returning from the Western Front (Punwar, 2000b). Roberts, Kurfuerst, & Low (2002) wrote that World War I saw many young women trained in therapeutic occupational services travel to Europe as Reconstruction Aides. These aides would assist in the therapies and recuperation of servicemen suffering from battle fatigue, war neurosis, 'shell shock,' et cetera, using individually selected craft activities (Ruberts, Kurfuerst, & Low, 2002). After World War I, many of the Reconstruction Aides returned from Europe and continued their peacetime lives. Those few who continued to practice occupational therapy did so in Veterans hospitals or public health clinics (Low, 1992).

During the period between World War I and World War II, the field of occupational therapy saw slow growth (Punwar, 2000b; Schwartz, 2003). Ruberts, Kurfuerst, & Low (2002) found that while the growth of occupational therapy was slow, the passing of the 1923 Federal Industrial Rehabilitation Act which mandated that individuals subject to industrial accidents be afforded occupational therapy services. The Federal Industrial Rehabilitation Act was designed to help disabled civilians learn or relearn a vocation and get a job. The objective was oriented toward education, vocation, and employment. Medical services, which included occupational therapy, were excluded entirely. Not until 1943 were any medical services included in the federal vocational training acts. Occupational therapy in the interwar years did grow, albeit at a glacial pace, and began to include concentration areas not originally addressed by therapists such as orthopedic and general medical conditions in addition to the traditional mental and psychological illness specializations (Punwar, 2000b).
The beginning of World War II saw a rapid growth in the number of trained occupational therapists (Schwartz, 2003). As most occupational therapists that were still in practice during this time were civilian, the military occupational therapist pool was very thin (Reed & Sanderson, 1999). As demand outstripped supply the United States Army in particular developed accelerated training programs for individuals with baccalaureate degrees in art or education in order to get those individuals out into the field (Reed & Sanderson, 1999; Schwartz, 2003). With the demands of the War Department during World War II and the creation of the Veterans Administration hospitals that valued occupational therapy services, the significance of occupational therapy as a rehabilitative method grew. Both world wars, in no small part, helped occupational therapy develop from a very restricted and specific therapeutic method to a much broader and socially-recognized therapy (Schwartz, 2003).

During the Second World War and immediately after, the rehabilitative movement began to flourish in the United States (Ikiugu & Ciaravino, 2007). Elliot and Leung (2005) saw that with the passing of The Disabled Veterans Act of 1943 and the Serviceman’s Readjustment Act of 1944, the focus on rehabilitating those injured to return to work became important. The rehabilitative movement sought to return anyone injured or disabled back into the workforce. Occupational therapy became more than a resource for those with mental or congenital physical disabilities. It should be noted however that occupational therapy of individuals with mental disability or health issues was and is a major component of practice. The addition of rehabilitating previously healthy individuals back into the workforce became another area of occupational therapist expertise (Punwar, 2000b).

Punwar (2000b) observed that the period of the rehabilitation movement (1942-1960) was a time of the push towards the professionalization of occupational therapy. Ruberts,
Kurfuerst, & Low (2002) found that the 1960’s to be a turning point in the professionalization of occupational therapy, as a knowledge-base of practices began to be developed as well as theoretical frameworks separate from the practice of medicine. During this time Certified Occupational Therapist Assistants (COTAs) were being trained to work under the supervision of certified occupational therapists to make up a shortfall in trained OTs (Punwar, 2000b). Schwartz (2003) noted: “By the 1960’s, the profession of occupational therapy had two distinct specialty areas – physical disabilities and psychological dysfunction – and one emerging area – pediatrics” (p. 8). With the professionalization of occupational therapy and a growing knowledge-base, therapists could specialize – further professionalizing and legitimizing occupational therapy.

The 1960’s and 1970’s were a turbulent time socially and culturally in the United States. Cultural change was also occurring in the field of occupational therapy with the move towards a community-care rather than individual care focus (Punwar, 2000b). Institutionalization was seen as barbaric and inhumane; segregation in any form became distasteful (Stein & Cutler, 2002). Griswold (2003) wrote that the community-care movement saw the inclusion of occupational therapy in places such as public schools, community health clinics, adult day care, and the workplace. Prior to the 1960’s, occupational therapy had been largely confined to the clinic, the hospital, or the asylum. Schwartz (2003) noted that PL 94-142, also called The Education of All Handicapped Children Act, which mandated therapy for children to be able to participate in schooling also did much to incorporate occupational therapy into standard medical treatment.

The late 20th century had a major effect on the practice of occupational therapy. The emergence of HIV/AIDS and the increased diagnosis of inoperative cancers saw the gradual acceptance in the medical profession of the fact that ‘quality-of-life’ was an important goal to strive for, even in the terminally ill (Pizzi & Burkhardt, 2003). Reed and Sanderson (1999) found
that quality-of-life had always been a major component of occupational therapy, as the focus of occupational therapy had traditionally been to make someone’s life better through occupation. Reed and Sanderson also argued that quality-of-life was hard to define and dependent on the client’s concept of what a ‘quality life’ would be. In other words, the success of the outcome relied on the client’s expectations. Punwar (2000b) concurred, also noting that until the late 20th century, quality-of-life was not seen as a major concern of healthcare.

The late 20th century into the beginning of the 21st century forced occupational therapists to deal with the changing environment of payment for services. Punwar (2000b) observed that during this time a transition away from fee-for-service payments directly to the service provider to a managed care system where a health insurance company determined covered services and fees made the practical administration of occupational therapy more difficult. The issue lay in the fact that insurance companies were pushing providers across the healthcare spectrum to lower costs while at the same time the healthcare professionals had to wait to be reimbursed at a later date from time of service by the insurance company (Evanofski, 2003). Whether or not insurance would pay for a specific treatment or aid became a prime concern for practitioners and clients (Meyers, 2010). This concern informed how a therapist would treat the client, and what insurance would pay compared to the practitioner’s professional recommendation was and is a source of concern within the profession (Evanofski, 2003).

**Changing populations of occupational therapy.** As Schwarts (2003) described, occupational therapy had at first been concerned with those who were mentally ill and used occupation as a means of rehabilitation. Dr. William Dunton, a medical doctor and a founding father of the profession of occupational therapy, was swayed by the work of Dr. Adolph Meyer whose psychiatric treatments included using occupation as a therapy for the mentally ill. By all
accounts, occupational therapy first started as a means of ethically and morally treating the mentally ill (Punwar, 2000b).

Reed and Sanderson (1999) observed that Thomas Kidner, a Canadian architect and co-founder of the NSPOT, saw in 1910 the value of occupation as a means of teaching or re-teaching vocational skills. Kidner (1910) championed the use of *manual training* or the use of the hands, eyes, and other senses to sharpen dexterity and increase accuracy in manual tasks. Kidner, in 1916, became the Vocational Secretary of the Canadian Military Hospitals Commission and championed the use of manual training as a means of occupation and rehabilitation of disabled soldiers (Dewey, 1917). This use of occupation to not only treat the mentally ill but also the physically disabled, natural or man-made, saw the population treated by occupational therapy continue to grow throughout both World Wars (Punwar, 2000b).

After World War II and continuing into the 1960’s, occupational therapy treated mental illness and physical disability. However Punwar (2000b) also noted that during this time pediatric care and treatment became a focus of the occupational therapist. Reilly (1974) wrote that occupational therapists had been working with children and their parents since the late 1940’s. Baloueff and Cohn (2003) cited the Education of All Handicapped Act of 1975 (PL 94-142) and the Individuals with Disabilities Education Act Amendments of 1997 (PL 105-17) as two pieces of legislature that mandated adolescents, children, and infants receive interventions that would allow them to be active in the school setting. These mandates along with the familiarity of the occupational therapist to adolescents and children continued to diversify the client base.

One other population that has seen tremendous growth in the consumption of occupational therapy services is that of the senior citizen (Punwar, 2000c). The American
Occupational Therapy Association (2000) found through a survey of its members that 37% of its membership treated primarily those adults over the age of 65. The increase in elder care is due in part to the increased lifespan of the average adult and the general trend toward a larger and larger elder population (Hasselkus, 2003). Hasselkus wrote that occupational therapists who work in elder care focus on self-care, quality-of-life, and maintenance of skills that allow for the enjoyment of daily life.

**Evolving technology of occupational therapy.** Peloquin (2000) observed that the main tool of occupational therapy was the occupation. Whatever technology, technique, or implement used by the occupational therapist still revolved around the therapeutic benefits of the work of life. Accordingly, early occupational therapists used whatever was at hand (Dunton, 1947). Arts and crafts were prized as a means of occupational rehabilitation. The pioneers of occupational therapy as a rehabilitative practice found value in the therapeutic use of creative experiences that handcrafts could give (Schwartz, 2003). Therapists used basket weaving, metalwork, bookbinding, and art as rehabilitative tools (Meyer, 1922).

As occupational therapy grew, so did the tools and technology. As plastics became more commonplace and affordable, Reed and Sanderson (1999) found that occupational therapists were adapting them for use as splints or assistive aids and orthotic braces. As electronics became available, occupational and other therapists were taking advantage of them. Bain (2003) noted that computers and other electronic assistive equipment have been instrumental in assisting those with disability. She noted that mechanical, electromagnetic, and sonic switches have allowed those with paralysis, muscular dystrophy, or other muscular-motor illnesses to interact with the world and increase quality-of-life (Bain, 2003).
Powered mobility has been another technology occupational therapists use with their patients. Powered mobility is a technology that allows someone who is otherwise unable to be self-motive the freedom of movement, using a battery or other electrical power to motivate the assistive device (such as an electric wheelchair or scooter) (Fernandes, 2006; Durkin, 2009).

Computers and other associated devices have become commonplace in the occupational therapist toolkit (Bain, 2003). Salminen, Ryan, & Petrie (2004) found that computer technology has been used to allow children who have speech-impediments a means of communication. Computers and the Internet have been made available to those people with disabilities that would otherwise impair their interaction with the world a portal to do so, including pursuing educations and communicating with friends (Bain, 2003; Reed & Sanderson, 1999). Computer peripherals such have monitors, mice, and keyboards have been adapted for use with those who have disability (Wadsley, 2010). Zyga (2007) found that interactive video game systems were being used in the rehabilitation of wounded soldiers at Walter Reed Army Medical Center. There seems to be no limit to the use of electronics, computers and the Internet in adaptive therapies.

**Early history of occupational therapy education.** Even in the early days of the profession, education and training were important (Dunton, 1947). The earliest educational training and development for occupational therapists can be traced back to 1906 and Susan Tracy, who developed a short training program on occupation therapies for nurses working with invalid patients (Punwar, 2000d). Reed and Sanderson (1999) in researching the history of OT training found that in 1923 minimum standards of preparation were adopted by the nascent AOTA. Education and training had been an important concern since 1917, but the membership had not voted on the unified set of standards until the 1923 meeting in Milwaukee. These
standards provided for a minimum course length of 12 months, including 3 months of “hospital-practice training.

By the late 1940’s all occupational therapy programs were mandated to be part of a larger college or university and had to be able to confer an academic degree (Punwar, 2000d). Prior to that time, schools were generally not attached to any other programs or institutions. Arestad & Westmoreland (1946) remarked that the demand for occupational therapists had caused the creation of 21 OT educational programs during the Second World War. These programs were credentialed through the American Occupational Therapy Association in concert with the American Medical Association in order to maintain minimal educational standards (Punwar, 2000d). Schwartz (2003) noted that the AOTA wanted these ties with the American Medical Association in the hope of increasing the profession’s scientific and medical credibility. At this time there were no comprehensive board or credentialing exams; the AOTA determined the requirements for practice solely. This would however change with the introduction of the American Occupational Therapy Certification Board in 1986 (Hanft & Humphry, 1989).

Modern Occupational Therapy Education and Credentialing

Cohn, Schell, and Crepeau (2010) noted that there are two levels of practice in occupational therapy: professional and assistant. The professional occupational therapist must complete a three-phase process (Schell, Crepeau, & Cohn, 2003; Cohn, Schell, & Crepeau, 2010): (a) Completion of a post-baccalaureate (master’s or doctoral) degree accredited by the American council for Occupational Therapy Education (ACOTE), (b) A minimum of 24 weeks of full-time fieldwork supervised by a certified practicing occupational therapist, (c) Successful completion of the credentialing exam administered by the National Board for Certification of
Occupational Therapy. The requirement of a post-baccalaureate degree for occupational therapy practice occurred in 2007 as traditionally only a bachelor’s degree was required (AOTA, 2006).

**Coursework and training.** A master’s degree in OT will traditionally prepare the student in the diagnosis, planning, and treatment of clients (Punwar, 2000d). The Accreditation Council for Occupational Therapy Education (2006) has proscribed the minimum requirements for an accredited OT master’s and doctoral programs. The ACOTE (2006) expects that all master’s degree OT graduates will have acquired a foundational knowledge of the liberal arts and sciences, an understanding of issues related to diversity, be able to articulate and apply occupational therapy theory and evidence-based evaluations and interventions, achieve competence through academic and clinical education, uphold the ethical standards of the profession, and to be advocates on behalf of their clients.

The ACOTE (2006) also requires all accredited programs to instruct students in: (a) the basic tenets of occupational therapy practice; (b) theoretical perspectives of occupational therapy; (c) screening, evaluation, and referral of clients; (d) the formulation, plan, and execute occupational therapy interventions; (e) understanding the context of occupational therapy service delivery; (f) the management of occupational therapy services; (g) reading and conducting research in occupational therapy; (h) understanding and implementing the ethics, values, and responsibilities of the occupational therapist; (i) conducting fieldwork in occupational therapy, including Level I fieldwork which introduces the student to the OT practice and Level II fieldwork which has the student deliver therapies to clients (pp. 6-13).

During their studies students will be exposed to clinical reasoning, which is the process by which practitioners plan, direct, perform, and reflect on client care (Schell, 2003). Punwar (2000e), Schell and Schell (2008), and Reed and Sanderson (1999) all describe the importance of
clinical reasoning to both OT preparation and professional practice in general. Included in occupational therapist training are courses in conflict negotiation and resolution and group process. How conflict resolution and management are handled in OT programs depends on the institution. For instance, some programs include conflict resolution and management in a course on group process therapy (Ithaca College, 2011). Other programs offer training in conflict resolution within an OT management course (University of Indianapolis, 2011). Landa-Gonzalez (2008) noted the importance of conflict management and resolution strategy training as a component of professional practice as conflicts among clients and co-workers are inevitable. The Occupational Therapy Code of Ethics (AOTA, 2010) addresses the importance of conflict management and resolution as a part of the ethical and professional practice of occupational therapists.

Summary

This chapter has provided a review of the relevant literature pertaining to communities of practice, workplace conflict, knowledge-sharing, phenomenology, and the practice of occupational therapy. Where applicable, relevant concepts have been defined and gaps in the literature have been identified.

Of special note, the relevant literature was found to be silent on the effects of conflict in communities of practice as they pertain to knowledge sharing. A dearth of research was found to exist with special relationship to workplace conflict and knowledge sharing in occupational therapy student communities of practice.
CHAPTER 3

METHODOLOGY

This chapter describes the research methodology and begins with a restatement of the purpose of the study and re-presents the research questions. Next, a time-line for the study is provided followed by a more detailed description of phenomenological research. This is followed by a discussion of the methodology including population and sample, reliability and validity, data collection and data analysis techniques. Finally a discussion of researcher subjectivity concludes this chapter.

Statement of Purpose

The purpose of this phenomenological qualitative research study was to explore the phenomenon of conflict among members of an occupational therapy student community of practice with regards to how personal and professional knowledge is shared. This study uses a qualitative interview design to collect the lived-experiences of occupational therapist students engaged in an occupational therapy community of practice and how they define, encounter, and make meaning of workplace interpersonal conflict. Conflict is defined as “an expressed struggle between at least two interdependent parties who perceive incompatible goals, scarce resources, and interference from the other party in achieving their goals” (Hocker & Wilmont, 1991). The research utilizes Creswell's (2008) framework for analyzing data, which was in turn derived from Moustakas’ (1994) modification of van Kaam’s (1959, 1966) empirical phenomenological approach to capture the lived experiences of conflict and its resolution in occupational therapist communities of practice. Communities of practice, defined by Wenger (2006), are groups of
people who share a concern or passion for something they do and learn how to do it better as they interact regularly.

**Research Questions**

The key research questions concerning this study are:

1. How do occupational therapy students participating in communities of practice experience workplace conflict in Level 2 fieldwork?

2. How does the experience of workplace conflict in all its forms influence knowledge sharing among members of the occupational therapy student community of practice?

**Qualitative Research Methodology**

Creswell (2003) defined three approaches to conducting research: *quantitative*, *qualitative*, and *mixed methods*. The basic defining features of each method according to Creswell are shown in Appendix A. Creswell cited that for a proper method to be applied, the researcher must consider the problem or focus of the research, the personal experiences of the researcher, and the audience/s of the research. Johnson and Christensen (2011) observed that each framework, be it quantitative, qualitative, or mixed methods, has suppositions that must be acknowledged by the researcher during the process of choosing the proper method of inquiry for the defined problem.

Using Creswell’s definitions, a qualitative research methodology would be the proper framework to utilize considering the research problem and types of data and their means of collection. The qualitative framework provides for the investigation of the conflict and conflict resolution phenomena, ability to utilize open-ended questioning, and rich interview data that can be explored for emerging themes that result from the data analysis process. Quantitative methods
are useful for describing relationships between variables to establish correlations but are of limited utility in defining causation or accounting for diverse human interactions in complex social settings (Cronbach, 1975). A quantitative approach would be inappropriate to address the research questions in the study because of the need for context-specific knowledge to understand the phenomena of workplace conflict and resolution in occupational therapist communities of practice. Quantitative research does not adequately capture the insights of participants’ experiences, is limited by narrowly constructed variables, and requires pervasive access to the research sites (Berg, 2009). Mason (2002) concluded:

Through qualitative research we can explore a wide array of dimensions of the social world, including the texture and weave of everyday life, the understandings, experiences and imaginings of our research participants, the ways that social process, institutions, discourses or relationships work, and the significance of the meanings that they generate.

(p. 1)

Qualitative research provides the framework to explore, define, and assist in understanding the social and psychological phenomena of organizations and the social settings of individuals (Berg, 2009). Because qualitative researching, in general, has strengths in examining and explaining in a rich and contextual way the social relationships to be investigated, it is the correct and proper framework for this study.

**Phenomenological Research**

This study is grounded in the phenomenological research tradition first made popular by Husserl (1931) as a philosophic tool for understanding the scientific through personal experience. As such, phenomenological study attempts to describe the lived experiences of individuals in relationship to a concept or a phenomenon (Creswell, 2008). “For Husserl, as for
Kant and Descartes, knowledge based on intuition and essence precedes empirical knowledge” (Moustakas, 1994, p. 26).

Husserl rejected the idea that all things in the seeable world exist independently and that information about objects is reliable. He argued that people could only be certain as to how things are arrayed within their consciousness (Eagleton, 1983). To arrive at certainty, anything outside personal, immediate experience must be ignored. In this way the external world is reduced to the contents of personal consciousness. Reality is treated as a *phenomena* and the only absolute data from where to begin. Husserl named his philosophical method *phenomenology*, the science of pure phenomena (Eagleton, 1983). The aim of phenomenology is the return to the concrete (Eagleton, 1983; Moustakas, 1994).

Moustakas (1994) defined phenomenology as a process for bringing to the light the essential nature of an experience or phenomenon. Heidegger (1977) derived the etymology of the word *phenomenon* as coming, “from the Greek *phaenesthai*, to flare up, to show itself, to appear. Constructed from *phaino*, phenomenon means to bring to light, to place in brightness, to show itself in itself, the totality of what lies before us in the light of day” (pp. 74-75). van Maanen (1990), a proponent of phenomenological research methods in researching the experience of practice, described the essence of a phenomenon as:

A universal which can be described through a study of the structures that govern the instances or particular manifestations of the essence of that phenomenon. In other words, phenomenology is the systematic attempt to uncover and describe the structures, the internal meaning structures, of lived experience. A universal or essence may only be intuited or grasped through a study of the particulars or instances as they are encountered in lived experience. (p. 10)
The intention of the phenomenological researcher to study the lived experiences of individuals corresponds with the intention of this study to become more deeply acquainted with the lived experience of workplace conflict and knowledge sharing in occupational therapy student community of practice. The phenomenological framework for conducting qualitative research provides the researcher the opportunity to understand the experiences of his or her participants. deMarrais (2004) added that phenomenology allowed researchers to examine the average human experience in a detailed way. This form of inquiry attempts to discover the meaning people place on their lived experiences. Because the goal of this study is to better understand and explore the experience of the phenomenon of conflict and its effect on knowledge sharing in occupational therapy student communities of practice, the phenomenological framework seems most appropriate for this study.

Gall, Gall, and Borg (2003) identified several advantages to phenomenological studies over other methods such as ethnography or case studies. One is that phenomenological studies can be used to study a wide range of lived phenomena, whereas an ethnographic study may seek to explore a culture or some characteristic of a group of people and a case study may only look at one or two cases revolving around a certain issue or topic (Patton, 2002). A second such advantage being the procedures of inquiry are relatively straightforward, requiring researchers to write questions that explore the meaning of individuals’ experiences and ask individuals to describe these experiences, collect data via interviews from individuals who have experienced the phenomenon under investigation, and then analyze the resulting data on the phenomenon (Polkinghorne, 1989). Marshall and Rossman (2006) identified one major advantage of a phenomenological study in that it allows the researcher to focus on his or her experiences with the phenomenon and combine them with the interviewees’ experiences. While Mason (2002)
suggested that a general characteristic of qualitative research is its ability to allow the researcher to construct meaning collaboratively with research participants within a context, phenomenology’s ability to derive the essence of a lived experience through first-hand accounts makes it a method suited for discovering the phenomenon at the center of the research question.

**Phenomenological orientations.** The phenomenological framework has many orientations (van Manen, 2011a) that can be utilized in order to construct the meaning of an experience. van Manen specifically cites six different orientations within phenomenology that a researcher or philosopher might situate themselves: (a) transcendental phenomenology, attributed to Husserl (Moustakas, 1994; van Manen, 2011a) that seeks to find the essential, immutable meaning of a phenomenon through conscious reasoning of the experience, (b) existential phenomenology, associated with Heidegger and Sartre (van Manen, 2011a) which attempts to explore the nature of a thing’s being or existence through human interaction with it, (c) hermeneutical phenomenology, linked to Heidegger and his student Gadamer (Moustakas, 1994) that uses the written word to interpret the true nature of being as they both believed interpretation was the center of experience (Gadamer, 1976), (d) linguistic phenomenology, according to Arrington (1975) is a technique for understanding an experience through the non-verbal and verbal language used or not used by individuals during that phenomenon, (e) ethical phenomenology, as understood by Kirchin (2003) is the exploration of a phenomenon through the feelings and values ascribed to that event by those that experienced it, and (f) experiential phenomenology, described by Gendlin (1973) and further interpreted by Sharma (2011) as the discovery of the source of any and all phenomena as an intertwined process between the phenomena and the person experiencing it.
**Experiential phenomenology.** In order to better understand the phenomena and experience of workplace conflict and conflict resolution in occupational therapist communities of practice, an experiential phenomenologist perspective espoused by Gendlin (1973), Moustakas (1994) and van Manen (2011b) has been chosen. Experiential phenomenology is concerned with how people experience phenomena in their daily lives and what that experience means to those people. It additionally draws focus to the phenomena’s effect on those who have experienced it (van Manen, 2011b). Gendlin (1973) believed that experience is embodied; that is, the phenomenon and the experience are linked directly within the person. He argued that the statements one makes regarding a phenomenon, to include all verbal and nonverbal language, places a logic and an order to it. It is this schema, Gendlin posited, that affects how phenomena are experienced. The very process of describing and reliving the experience has a profound effect on how the phenomenon is perceived by one who lived through it. This phenomenological approach helps inform how conflict is 'lived' through reflectivity on the part of the participants.

**Research Planning Considerations**

In order to properly execute a qualitative study, the methods by which data will be collected and analyzed must be planned out in advance (Creswell, 2008; Mason, 2002). Maxwell (2005) strongly agreed; he saw that qualitative research design is a continual process of evaluating and tweaking that could not be approached in a slapdash way. Maxwell (2005) envisioned a five-component process that was interactive and nonlinear: (a) a statement of goals, or the purpose and value of the study, that must be clear and meaningful, (b) identification of attendant conceptual frameworks, which includes the people, settings, and/or issues to be study and what the research says about these issues, (c) formulation of research questions, that attempt to uncover what new knowledge is to be understood through the study and what is to be learned
that is not already known, (d) identification of methods, how will the study be conducted and what approaches/techniques will be utilized to collect and analyze the data, and (e) the addressing of validity, the possibility that the results and researcher conclusions may be incorrect as well as the likelihood that there are alternate interpretations and the overall believability of the results. Each one of these processes may happen concurrently with another or be re-evaluated later on in the design process.

When planning for the method a researcher intends to use in a study, Maxwell (2005) believed that there were four components that would dictate the overall design: (a) the established relationships between the researcher and the members of the study, (b) setting selection, participants, times and places of data collection, and other data sources (such as documents), (c) the actual data collection methods (interviews, observation, et cetera), and (d) how the data will be analyzed and interpreted. Creswell (2003) went further by unequivocally stating the importance of researcher bias acknowledgement, any ethical considerations, and the difficulty of entry to the data collection site/s must be included in a proper qualitative research design.

The importance of planning the design of a research study cannot be understated. Marczyk, DeMatteo, and Festinger (2005) proposed that any research conducted with a poor design could not be relied upon and that in order to conduct quality research, the researcher be constantly examining and re-examining his or her design. This constant review of the design means the design process never actually has an ending; as long as the researcher is examining the process and the data it generates during the life of the study, the design process does not stop (Maxwell, 2005).
Ethical Considerations

Ethical considerations must be taken into account during the planning and execution of any research design. Tisdale (2004) remarked that researchers must acknowledge and take into account when conducting a study what actions are proper to take and what determines if such actions are proper. No study should be undertaken if undue hardship and/or injury would befall study participants or the researcher. Indeed, federal law (Protection of Human Subjects, 2005) demands that research be humane, consensual, and that vulnerable parties such as children and prison inmates must not be taken advantage of in the course of that research. The law also calls for an Institutional Review Board (IRB) to exist at any research institution to review and approve research for compliance.

Notwithstanding the ethical considerations that any researcher must address during the planning of a study, the investigator must also be sensitive to vulnerabilities that might arise during the execution of that study (Tisdale, 2004). She cited the predecessor (NCPHS, 1978) to the current law on ethical treatment of human test subjects in an attempt to define vulnerability, as it was not explicitly set out anywhere else. Tisdale (2004) took the clearly defined ethical and moral points laid out in the law concerning treatment of human participants of research studies and applied those values to define vulnerability. This definition included the positions of the participants in society (e.g. socioeconomic status) prior to the study and the interpretations of the positions of those participants as a result of the study (e.g. the fact that participants' identities may become known as a result of the study). She called vulnerability prior to the study a priori vulnerability and vulnerability caused as a result of the study a posteriori vulnerability (Tisdale, 2004).
Because research participants can be vulnerable as a result of their social or other position and because participation can cause vulnerability for the participants, researchers must design the study to minimize participant vulnerability (Creswell, 2003). Since researchers have both a moral, ethical, and legal duty to shield their participants from undue harm, Kvale (1996) argued the researcher must: (a) consider the beneficial and detrimental consequences of participation, (b) determine how best to present and obtain informed consent, which is the information given to participants regarding the purpose, main features, and risks and benefits of participation, and (c) examine the confidentiality of the participants and how best to preserve their identities and anonymity. Kvale was adamant that the researcher must be committed to these principles before the study has commenced and maintain fidelity to those principles throughout. Tisdale (2004) remarked that the researcher can minimize participant vulnerability at the outset through minimizing participant identifiers within the study and withholding video, audio, or other media that might reveal the participants' involvement after study completion.

**Research Design**

This study utilizes a qualitative, semi-structured interview design grounded in experiential phenomenology to collect data from members of occupational therapy student communities of practice that have experienced workplace conflict and its impacts on knowledge sharing. Data was gathered through notes taken and through audio recorded at the time of the interview. Data was analyzed using Creswell’s (2008) framework for examining information collected through phenomenological research methods.

**Data Collection**

This study utilizes a qualitative interview process that utilizes both audio recording and an interview guide (see Appendix B) to collect generated data. Participants were selected using
identified criteria. Each participant and the researcher agreed upon the location/s of the interviews beforehand.

**Participant selection.** Participants for this study were drawn from the population of actively studying occupational therapy students from across the northern geographical area of a southeastern US state. Participants were all currently engaged in Level 2 fieldwork or had completed fieldwork the semester immediately prior to participating in this study.

To be eligible for participation, the occupational therapy student must meet certain criteria. The requirements are: (a) to be a currently-enrolled OT student, (b) currently or in a semester prior to participating in the study, be involved in Level 2 fieldwork, (c) be a member of an identified community of practice as defined by Wenger (1998, 2006), (d) have experienced workplace conflict and its resolution and its effect on workplace knowledge sharing, and (e) be willing to discuss those experiences. Determination of eligibility was made through a screening questionnaire (see Appendix C) that was emailed to and completed by the prospective participant. These requirements compounded with the methods for selecting an initial sample precluded any non-matriculating occupational therapy student, any student not having participated in Level 2 fieldwork, and any occupational therapy student who cannot be identified as a member of an occupational therapist community of practice from participation in this study.

A sample of five occupational therapy students were chosen with the goal of becoming selected as participants in the study. In regards to sample sizes in qualitative research, Marshall (1996) stated:

An appropriate sample size for a qualitative study is one that adequately answers the research question. For simple questions or very detailed studies, this might be in single figures; for complex questions large samples and a variety of sampling techniques might
be necessary. In practice, the number of required subjects usually becomes obvious as the study progresses, as new categories, themes or explanations stop emerging from the data (data saturation). (p. 523)

Creswell (1998) noted that phenomenological studies using an interview for data collection could range from 1 to several hundred participants. "For a phenomenological study, the process of collecting information involves primarily in-depth interviews with as many as 10 individuals" (p. 122). Dukes (1984) advised studying anywhere from 3 to 10 subjects. The determination of whether five participants are enough to explain and describe experiences of conflict in communities of practice was made through the review of the data collected after the initial five. The design of this phenomenological research study allows for flexibility in sample size; if larger sizes would have been necessary to be able to explore the phenomenon in question after the initial five participants, additional participants would have been sought and interviewed.

Creswell (2008) stressed that the main importance with selecting the number of participants in a phenomenological study is to be able adequately describe the meaning of a small group who have experienced the phenomenon in question.

**Data saturation.** Data saturation, as first described by Glaser and Strauss (1967), refers to the point in the data collection process whereby the researcher acknowledges that no new additional data are found that develop or support the conceptual framework of the study. This point, especially in a study that utilizes semi-structured interviews to collect data, seems to be ill-defined and difficult to pinpoint in practice (Francis, Johnston, Robertson, Glidewell, Entwistle, Eccles, & Grimshaw, 2010). Green and Thorogood (2009) argued the fact that emergent themes are practically limitless within qualitative research and one’s orientation to the research is
continually challenged throughout the process, saturation may never occur, as new themes emerge and additional participants are interviewed.

From a practical standpoint, the concept of data saturation must be addressed, despite how difficult it might be to pinpoint. Researchers will often speak of data saturation in their research but not provide transparency on how saturation was achieved (Caelli, Ray, & Mill, 2013). They observed the need to adequately define saturation in scholarly research and the researcher should explain what rationale was used in the determination of saturation.

O’Reilly and Parker (2013) offered one measure of data saturation being the point at which the researcher cannot identify any more emergent themes from the participants sampled. They were quick to point out that measure was one of many and depends heavily on the type of qualitative research method used and the conceptual framework the research is built upon. In practice, time constraints and the difficulty in recruiting participants often tends to dictate when saturation is said to have occurred (Green & Thorogood, 2009). For this research study, O’Reilly and Parker’s (2013) definition of data saturation was used.

**Interview process.** Data were collected using a semi-structured qualitative interview approach. Roulston (2010) defined a semi-structured interview as one where an interview guide is utilized that includes a number of scripted questions. The questions will be generally open-ended allowing for the interviewee to be as descriptive as possible and to answer using his or her own terms. Often in semi-structured interviews, the scripted questions are asked in different orders depending on how the interview process is going. Probing questions are used as a follow-up and to seek further detail (Roulston, 2010). Kvale (1996) described the semi-structured interview as being conversational. This allows the researcher to guide the interview without getting too far off-topic.
Kvale's (1996) process for conducting a qualitative interview was used. It involved the following seven steps:

1. Thematizing. This first stage involves constructing the purpose and concept of the investigation.

2. Designing. The second step includes designing the study to include the knowledge to be gained and the moral and ethical consequences of pursuing that knowledge.

3. Interviewing. The third stage is where the interview process is started, with careful consideration with regards to the interpersonal relationships between the researcher and the interviewees, the reflection on the knowledge sought. An interview guide must be used here to assist in the reflective and interpersonal processes.

4. Transcribing. Preparing the interview materials for analysis, including speech-to-text transcription.

5. Analyzing. The fifth step includes taking the transcribe data and, given the research focus and the nature of the data, decide which analytical method is appropriate and conduct such an analysis.

6. Verifying. Discern the generalizability, reliability, and validity of the data. Kvale defined reliability as consistency in result and validity as whether the investigation actually studied the focus of the intended research.

7. Reporting. The final stage, according to Kvale, is to communicate the findings of the study and the research methods applied as a readable product that takes into account the ethical and scientific criteria acceptable to the reader/s.

Kvale (1996) was quick to add, however, that the seven-step process he described was linear and that many authors and researchers such as Strauss and Corbin (1990) saw the process as cyclical.
and continual. Indeed, Kvale admitted that the linear process he described was only to help provide some structure to an otherwise open and flexible procedure of inquiry.

deMarrais (2004) cited the importance of constructing an interview guide as one of the steps to conducting a qualitative interview study. She saw that by constructing an interview guide, the researcher makes clear in his or her mind exactly what to talk about and how to best engage participants in these conversations. Interview guides or protocols that are effective at probing the focus of the study generally follow these guidelines (deMarrais, 2004): (a) utilize short, clear questions that lead to detailed responses from participants, (b) have questions that ask participants to recall specific events or experiences in detail, and (c) include a few broad and open-ended questions instead of short closed-ended 'yes' or 'no' questions. Kvale (1996) argued that because of the importance of the interview guide, each question should be examined both thematically and dynamically. Thematic examination of an interview guide question involves determining its appropriateness at driving to the topic of the interview. The dynamic examination of interview questions refers to each question's ability to promote positive interaction between researcher and interviewee and keep the flow of the conversation going (Kvale, 1996).

Creswell (2003) noted that while the qualitative interview was useful and important, its drawbacks should not be understated. He cited several distinct limitations of qualitative interviewing including the fact that it provides 'indirect' information about an experience through the eyes of the interviewee/s, qualitative interviewing often does not occur at the place of the experience and therefore the situation is artificial, the presence of the researcher may bias interviewee responses, and that not all participants in the interviews will be as equally eloquent or sophisticated in their description of the experience (Creswell, 2003). Mason (2002) also included the experience of the researcher in qualitative interviewing as a possible drawback in its
ability to provide good data on the focus of the study, as qualitative interviewing is a skill that must be learned and honed.

In addition to the qualitative interview, participants were asked for artifacts (such as papers, notes, emails, etc.) that document the conflict in question. Those artifacts allowed for the triangulation of multiple data sources and help ensure the trustworthiness of the data. All artifacts were copied and returned to the participant. As with the interview data, these artifacts will remain confidential.

**Data Analysis**

Data was analyzed using Creswell’s (2008) framework for analyzing data derived from Moustakas’ (1994) work in phenomenological research methods. Creswell offers a thematic process for identifying and explaining phenomena. His framework involves these fundamental processes: a) bias awareness and acknowledgement; b) organization of relevant topical information; c) the coalescing of themes from the data; and d) identifying relevant themes. It is this framework that was utilized to analyze the generated data.

The first step in analyzing qualitative data is for researchers to have an awareness of their own preconceived notions about the phenomenon being studied and attempt to set those aside to the greatest extent possible. Being aware of bias increases the possibility that researchers can better understand the phenomenon through the lens of participants’ points of view. Creswell calls this process *bracketing*.

Bracketing was first discussed by Husserl (1931) as a means of separating empirical intuitions and data of a phenomenon. Husserl stated that in order to get to the *essence*, or the pure state of a phenomenon, the empirical facts or intuitions of an experience had to be removed. Empirical facts or intuitions are those things that are grounded in experiment and measurement
and are observed the same regardless of the viewer (de Groot, 1969). Husserl continued to state that all empirical facts or intuitions regarding a phenomenon are real and concrete; however the essence of a phenomenon is by his definition a totally non-real being. For Husserl, to truly understand the essence of a phenomenon, the researcher must bracket away anything concrete and real, as they cannot adequately describe something that is fundamentally non-real.

Husserl (1931) also spoke of the phenomenological reduction process as bracketing empirical intuitions away from philosophical inquiry, which is the inquiry into the nature, value, and meaning of things. By doing so, the researcher refrains from making judgments upon those empirical intuitions. Husserl calls this term of bracketing judgments, *epoche*, which is Greek for ‘a cessation.’ It therefore seems this bracketing of judgments is that which Creswell himself speaks of when he discusses bracketing of bias.

Creswell (2008) defined the second step in analyzing phenomenological data as horizontalization which is the process by which researchers list every statement that is relevant to the topic. Initially, these statements, or horizons of experience, are given equal value or weight. Later, a determination of value for each statement comes from researchers’ understanding of the phenomenon both personally and from what is derived through the literature on the phenomenon being examined, with the goal of answering the questions posed by the study.

Once horizontalization is complete, the third step of data analysis is to bring together relevant statements into clusters or groups of similar meanings or themes (Creswell, 2008). Statements from participants that are redundant, repetitive, or overlapping are deleted. Moustakas (1994) calls this phase *reduction* whereby invariant, or non-moving, themes emerge and are coalesced, and *elimination*, where nonessential themes from the data are removed. Creswell states the last step of data analysis is to reduce the data to the bare meanings of the
experience being examined to find its essential structure. Researchers use the textural description of participants to reveal what was experienced and structural description to reveal how the phenomenon was experienced. Creswell used Moustakas’ definition of textural description to mean a written description of the meaning individuals have experienced. Creswell also used Moustakas’ definition of structural description as the written narrative of how the phenomenon was understood and experienced by the study participants.

A phenomenological theme can be described or defined in many ways. van Manen (2011c) described the process of finding a theme as a complex and creative process of creation, discovery and disclosure. Formulating a thematic understanding is not a strict process but a free act of seeing meaning. van Manen described a theme and its meaning not as objects or generalizations, but the pattern by which experiences and meanings of those experiences are framed. The patterns of themes are signposts used to understand where a person is in relationship to their experiences and a means of navigating those experiences. van Manen also stated that thematic meanings of human experience are self-constructed. Meanings of experience that humans create are reflections of themselves and the sum of their knowledge and prior experiences. van Manen (2011c) believed that meanings of experience are created by humans, but are also part and parcel the human being. Humans and their experiences are not separable.

Ultimately themes are constructed by researchers, but also discovered. Researcher-discovered themes are as much a reflection of the researcher’s personal history and how he or she views life and existence as anything else. So in that respect the researcher constructs something that another might not see because the researcher situates him or herself to make sense of the experience in reference to history and personal belief. He continues to describe themes as a means to an end in order to discover the phenomenon being researched. Therefore,
from van Manen’s description, a theme is something that is an ephemeral construct of the person examining a phenomenon and helps the researcher to navigate the lived experience, much like a signpost or a street sign on the highway.

**Trustworthiness of Data**

Creswell (2003) defined validity as the ability of the researcher to draw some meaningful and justifiable conclusions from the sample data. According to Stenbacka’s (2001) work on the subject, the concept of reliability is even misleading in qualitative research. “If a qualitative study is discussed with reliability as criterion, the consequence is rather that the study is no good” (Stenbacka, 2001, p. 552). Hammersley (1990) stated that validity is the point at which an account accurately represents the phenomenon it is related to. Validity is categorized into internal and external validity. Each type of validity has potential threats that can undermine the use of the research data (Golafshani, 2003).

Golafshani (2003) saw that trustworthiness was crucial in qualitative research. In other words, for qualitative research to be reliable it must be honest. Lincoln and Guba (1985) however argued that in qualitative traditions the terms credibility, transferability, dependability and confirmability are necessary for quality. Further they wrote that: "Since there can be no validity without reliability, a demonstration of the former [validity] is sufficient to establish the latter [reliability]" (p. 316). Therefore, for qualitative studies validity is established through trustworthiness.

**Credibility.** Lincoln and Guba (1985) preferred the concept of credibility over internal validity when discussing qualitative research. Credibility is the concept that results of qualitative research are believable and true, from the perspective of the participant in the research (Trochim, 2006). Lincoln and Guba felt credibility the most important aspect of determining a study’s
trustworthiness (Shenton, 2004). In order to establish a study’s credibility, Lincoln and Guba (1985) proposed several techniques:

- Prolonged engagement, which is the process of spending sufficient time in the field to understand the culture, setting, or phenomenon of interest to the researcher. This technique allows for a rapport to develop between the researcher and setting members, thereby increasing trust in the researcher and by extension trust in what the researcher discovers.

- Persistent observation, whereby the researcher observes and studies a phenomenon or setting for an extended period of time in the hopes of expanding one’s understanding of the situation, context, or participants.

- Triangulation, where the researcher uses multiple data sources to produce understanding. Lincoln and Guba saw triangulation as a method for providing a rich comprehensiveness to an account, not as a means of verification.

- Peer debriefing, in which the researcher reveals the results of the research throughout the process to a disinterested third-party. This technique brings out through analytical probing by the debriefer a richer understanding of the researcher’s own thought processes, biases, and unspoken beliefs within the inquirer’s mind. This process allows for the researcher to defend emergent hypotheses and themes arising from the data against a rational bystander.

- Member checking, where data, themes, interpretations, and conclusions made by the researcher are brought before the study’s participants for review. This technique gives participants the opportunity to refute, clarify, or confirm the researcher’s
interpretation of the data they provided. Lincoln and Guba posit member checking to be the most crucial technique for establishing credibility.

For this study, I used peer debriefing and member checking as means to establish credibility.

**Peer debriefing.** I chose my spouse, who has been trained in qualitative interviewing and understands phenomenological inquiry as my debriefer. Within a week of each interview session with a study participant, I debriefed with my spouse regarding how the interview went, the process of transcribing the data, my interpretation of the data, and the theme/s I believed were being uncovered. Throughout the transcription and analysis of each participant’s data, I provided my debriefer with notes, transcriptions, copies of the recorded interviews, and thoughts regarding my interpretations of the participant’s experience. She would, over the course of several days, formulate her interpretations of the data and respond to my own interpretations. This cumulated in a 30 to 60 minute debriefing session once each participant’s data had been transcribed, analyzed, and coded where we would discuss our individual findings and challenge each other’s perceptions of the data. This process was key in developing the themes that arose from this study.

**Member checking.** Once I had completed the transcription of each participant’s interview, I provided a copy to the participant for review. Along with the transcription, I included my notes and interpretations of their experiences. I asked each of them to take up to two weeks to review my transcriptions and interpretations of their stories and provide a response as necessary to any discrepancies or misinterpretations they observed. Participants were also allowed to review copies of the recorded interviews so they could determine for themselves whether the transcriptions and interpretations were accurate. As themes were developed through analysis, I provided these themes for their review as well. Of the five participants, none of them
reported any major discrepancy in either the transcription or the interpretation of their stories. Several grammatical mistakes were caught and three participants provided a richer, more detailed interpretation of their stories that supplemented my findings. These rich descriptions were used in the support of the discovered themes.

**Transferability.** Transferability refers to ability of the research to be applied to other situations (Shenton, 2004). Lincoln and Guba (1985) linked transferability to external validity. They further argued that the researcher, as only understanding the context of his or her study, cannot make a claim of transferability. It is therefore up to the reader to make transferability inferences regarding their specific contexts. Denscombe (2010) posited that thick descriptions, where the researcher provides a highly-detailed description of the phenomenon, participants, and setting/s of the study, provided readers enough information to conclude for themselves whether the research was transferable. He also argued by providing a detailed explanation of the boundaries and limitations of a study, readers could also infer the transferability of the research.

Wherever possible, descriptions, definitions, and limitations of this study have been provided so that readers may conclude for themselves whether the research is transferable. Peer debriefing was also used to help support the study's transferability. Lincoln and Guba (1985) offered peer debriefing as another method of ensuring transferability, by taking into account the perceptions of an unbiased reader throughout the data analysis process.

**Dependability.** Corresponding to quantitative reliability, dependability shows that if the research was repeated in the same context with the same methods and participants, the same or similar results would follow (Shenton, 2004). Fidel (1993) noted however phenomena are ephemeral and the orientation each subsequent research took to the research would shape the results in such a way as to be different regardless of method, context, and participation. Creswell
(2008) saw external audits as a means of determining dependability. An external audit involves a researcher outside the study to examine both the processes and product of the research study. The auditor provides their own interpretation of the findings given the same data. Creswell noted this technique opened the door for the auditor to disagree with the researcher’s findings and whose interpretations should stand would become an issue. Because of this drawback, external auditing was not used for this study. It should be noted, however, Lincoln and Guba (1985) believed credibility and dependability were tightly interwoven and a study believed to be credible by readers should be argued to be dependable as well.

**Confirmability.** Confirmability, the analog of quantitative objectivity, is the concept that the findings of the research are shaped not by the researcher’s bias, motivation, or interest, but rather the respondents and their experiences (Cohen & Crabtree, 2008). Several techniques have been forwarded as means to support a study’s confirmability. Miles and Huberman (1994) suggested:

- Providing an intellectual or physical audit trail for other researchers to follow. The trail would include process notes, original recordings of interviews, transcriptions, processes and products of data reduction and coding, and notes on methodological decisions. Carcary (2009) described an intellectual audit trail as assisting the researcher in reflecting on how his/her thinking evolved throughout all phases of the study. A physical audit trail documents stages of a research study, from identification of the research problem to development of new theory; and it reflects the key research methodology decisions.

- Active awareness by the researcher of his or her own assumptions and biases towards the study topic. The researcher should state any biases and/or assumptions held
regarding the research so others may conclude for themselves whether those biases were accounted for in the analysis and interpretation of the data.

- Considering rival or alternative interpretations of the findings and documenting that process.

Lincoln and Guba (1985) recommended:

- Using a “devil’s advocate” to critically question the researcher’s interpretations. This can take the form of an external auditor or peer debriefer taking that role.

- Developing a system to search for negative instances and alternative instances of a phenomenon.

- Citing research on bias in qualitative research.

- Conducting an audit of data collection and analysis strategies.

Maxwell (2005) also posited the use of member checking as a limitation of researcher bias. Through member checking, the study’s participants are given an opportunity voice their concerns and reinforce their positions on the meaning of the data, rather than letting the researcher’s perspective go unchallenged. The study participants would be able to pick up on the researcher’s bias and interpretation, compare it to their own understanding of their experiences, and challenge the researcher on that basis.

This research study utilized the following confirmability techniques:

- A physical audit trail in the form of a detailed description of the research study, from formulation of the research problem to development of emergent themes and the justifications for each.
• A statement of bias and subjectivity (p. 76) was included that detailed the researcher’s orientation to the research problem and assumptions made regarding the study’s outcome.

• Peer debriefing that used Lincoln and Guba’s “devil’s advocate” approach. The peer debriefer used their own interpretations of the data to create contra-arguments in order to challenge the researcher’s interpretations and awareness of bias.

• Member checking, where the participants were asked to challenge any interpretations or misrepresentations they perceived in their stories. This created an additional dialogue between the researcher and the participants, where interpretations and understandings could be shared, thereby minimizing researcher bias.

Confidentiality of Informants

In social science research, the confidentiality of informants should be of prime concern for the researcher (Tanner, 2008). Prior to informants’ participations, each was required to read and sign an informed consent letter. The informed consent letter articulates the procedural steps to maintain privacy, confidentiality, and the non-attribution of individual responses. The informed consent letter assures that the participant’s background information would remain confidential and would not be released without prior expressed personal approval. Restricted access based upon a need-to-know protects and secures participant information to maintain confidentiality, anonymity, and to ensure that all responses are secure from inappropriate disclosure to enhance reliability and validity of provided data. All interview responses would then be secured in a locked repository and would be maintained for three years after the conclusion of the research. All research data will be destroyed after three years.
It is the researcher’s responsibility to make sure that the participants are not harmed in any way due to research participation; confidentiality of informant information is key to this point (Holloway & Wheeler, 2002). All attempts would be made to maintain confidentiality among the participants. No participant would know the identity of the other informants. Informant information and interview data would not be shared with other informants. Only the researchers and the informant would have access to the content of his or her interview.

Despite the safeguards that a researcher puts into place, true confidentiality cannot be guaranteed as according to Salkind (2009) anything learned in confidentiality cannot be shared with others. Therefore true confidentiality cannot be maintained as the data gained will be reported to others. However, Oliver (2003) took the position that the researcher can guard participant anonymity. Participant's names can be replaced with non-gender-specific pseudonyms, or pseudo-codes that are an amalgamation of the participant's identifiable information (first initial, 4th digit of Social Security Number, year of birth, etc.) can be used to obscure a participant's identity to the reader. Participants in this study are assigned pseudonyms that use the same first letter as the first letter of their first name. For example, a hypothetical participant who has a first name of Steven is given the pseudonym Sully.

**Statement of Subjectivity**

Qualitative researchers have a connection to his or her research. By merely choosing a topic, the researcher has admitted a bias either for or against the research. Roulston (2010) argued that by writing and acknowledging subjectivity towards the topic of research, it allows for thoughtful analysis as to why the study is being undertaken. She also pointed out that subjectivity statements provide readers a rationale to better understand where the researcher had grounded
himself or herself in relation to the topic (Roulston, 2010). As a researcher, I must acknowledge my biases and interests as they have an effect on how the research is conducted and analyzed.

I have chosen to study conflict in the occupational therapy setting because I have had experience with conflict in communities of practice settings and I have had family members need therapy from occupational therapists. I have been personally touched by the work that occupational therapists do on a daily basis. As a researcher exploring the phenomenon of conflict in an occupational therapy community of practice, having had experiences with occupational therapists and how they have touched the lives of both members of my family and me colors my view of their profession. I have the utmost respect for occupational therapists and hope that this research can bring about a positive benefit for all occupational therapists and their communities of practice.

I have had many experiences of conflict in many aspects of my life, as I would suspect all people have. Much of the conflict that stays with me from a professional standpoint revolves around my two years as a law enforcement officer in a police department in a major metropolitan city in the southeastern United States. The department where I worked suffered from what I perceived to be poor morale. There were individuals within the organization who were allied with the administration and those who were not. Often I observed conflict. Certainly, I was part of disagreements that arose between the two groups within the department. I had been involved in situations where I felt I could not collaborate or consolate with members of the department because of tensions or interpersonal conflicts. You learned who you could talk to and trust. I experienced many situations where officers who had been at the department longer than myself offered their advice to me and when I didn’t take it, disagreed with it, or asked someone else, they became passive-aggressive towards me. This distrust and conflict caused problems both
within the department and with the department’s ability to function and serve the community. These experiences of conflicts I believe have affected me and driven me toward this topic.

My conceptual framework is based on the conception that people who experience interpersonal conflict in a given community of practice do not reflect fully on the experience of the conflict in their lives. Additionally, it's been my experience that participants in the conflict often begin to close off from one another personally and professionally. In other words, the conflict contestants stop sharing personal and professional knowledge, or are at least less likely to share their knowledge and experience in the future. The lack of reflection on the conflict and the knowledge sharing change conflict can have helped inform my conceptual framework.

I have seen in professions of which I have been a member, such as law enforcement and education, how conflict can irreparably damage relationships within those communities of practice. This firsthand knowledge of conflict fuels my research interest. As a young law enforcement officer, I came into conflicts with older, more senior officers who believed that I must be wrong if only because I was new. Their ‘street smarts’ and experience, in their mind overrode any insight that I might have into situations that faced us. As a teacher, I have also experienced conflicts among novice and more experienced teachers and administration. In my personal experiences, these conflicts often meant the end of professional relationships or at the very least a cooling of both personal and professional working relationships.

Having had experiences with both occupational therapists and with conflict in defined communities of practice drives my research. It is these experiences and feelings, however that must be bracketed away in order to study the phenomenon of workplace conflict and its effects on knowledge sharing in occupational therapist communities of practice with a fresh set of eyes.
Research Procedures

This research study utilized the phenomenological research procedures as outlined by Creswell (2012). The first step in conducting phenomenological research, according to Creswell, is to understand the purpose of a phenomenological study and the key concepts underlying the approach. Converse (2012) adamantly believed that in order to conduct a meaningful phenomenological study, one must acknowledge the concepts and philosophy underpinning the approach.

The second step involves writing research questions that explore how an experience is lived and seeks to elicit descriptions of those everyday experiences from participants to the study. Moustakas (1994) believed questions should directly ask what the participants experienced and the contexts or situations in which they experienced it. It should be remembered, however, that the research questions are not the same as interview questions though interview questions should be relevant to the question posed by the researcher (Kvale, 1996).

The third step as identified by Creswell is to collect data from participants who have experienced the phenomenon in question. Roulston (2010) observed interview questions grounded in phenomenology are designed to, “...generate detailed and in-depth descriptions of human experiences” (p.16). She further added interview questions in phenomenological studies are meant to elicit, “…participants’ feelings, perceptions and understandings, open questions are particularly useful in providing a format for interviewees to answer in their own words” (p. 16). Therefore, interview questions should be open-ended in order to give the participant the latitude to describe his or her experiences in as rich a manner as possible. Creswell (2008) identified two focused questions necessary to collect relevant data necessary for sound analysis, “What have you experienced in terms of the Phenomenon?,” and “what contexts or situations have typically
influenced or affected you experience?” (Creswell, 2008, p. 61). Creswell believed that other open-ended questions could and perhaps should be asked, but that those two were key to uncovering the essence of the phenomenon.

Step four in conducting phenomenological research, according to Creswell, is to analyze data gathered and identify meaning through horizontalization and thematizing. Moustakas (1994) provided a systematic procedure for analyzing data and assembling descriptions of the experience. Creswell (2008) offered a variant which was used for this study: (a) bias awareness and acknowledgement; (b) organization of relevant topical information; (c) the coalescing of themes from the data; and (d) identifying relevant themes.

The final step in phenomenological research is for the researcher to report his or her findings. Lester (1999) believed the researcher should be able to summarize the experiences of the participants, discuss interpretations and present theories as to how and why the participants experienced the phenomenon, and raise issues and implications related to the experience analyzed and provide avenues for further research. By being able to summarize, interpret, and discuss issues for further exploration, the researcher gives the reader the tools to understand the phenomenon and examine further the implications of the researcher’s study.

Summary

This chapter has provided an outline of the research process used in this study. A statement of the research problem and how the research design attempts to attend to those problems has been detailed. Relevant descriptions and definitions of the research process have been provided. Additionally, issues related to data collection, analysis, and trustworthiness have been addressed. A description of participant confidentiality and the process by which participant
confidence has been maintained is included. Finally, the researcher’s subjectivity and orientation to the research problem has been addressed.
CHAPTER 4

FINDINGS AND ANALYSIS

This chapter presents results of data gathered through the semi-structured interview process and analyzed using Creswell’s (2008) framework derived from Moustakas’ (1994) work in phenomenological research methods. Overarching themes emergent from the data are identified and discussed as related to the study purpose and associated research questions.

The purpose of this study was to understand how occupational therapy students engaged in communities of practice experienced conflict during their Level 2 fieldwork experiences and how that conflict affected the knowledge sharing process between themselves and the other conflict participant/s. An understanding of how the participants experienced this phenomenon was gathered through semi-structured interviews that attempted to capture their thoughts, feelings, and reflections of the incidents as the participants recalled them.

Five participants participated in this study. Pseudonyms have been used to protect the privacy of the individuals in this study. The pseudonyms of the five participants listed in the order they were interviewed are: Susan, Grace, Marta, Alice, and Angie. Table 1 provides an overview of each participant. All five participants are female ranging in age between 25 and 45. None of the participants had children and of the five, two were married.

Emergent Themes

Four overarching themes emerged from the study: (a) interpersonal workplace conflict in community of practice settings has many manifestations, causes and is unavoidable, (b) conflict’s immediate effects on knowledge sharing in community of practice settings is
Table 1.

*Descriptive Overview of the Five Participants*

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Gender</th>
<th>Ethnicity</th>
<th>Other Descriptive Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grace</td>
<td>40-45</td>
<td>Female, White</td>
<td>Single. No children. Originally from Georgia. Was a flight attendant prior to OT school. Wishes to work in a rehabilitation center upon graduation. Attended University of Georgia.</td>
</tr>
<tr>
<td>Alice</td>
<td>25-30</td>
<td>Female, White (Middle Eastern)</td>
<td>Single. No children. Originally from Georgia. Family emigrated from Lebanon. Raised in the Muslim faith. Wishes to practice OT in geriatric setting upon graduation.</td>
</tr>
</tbody>
</table>
negatively perceived, (c) post-conflict reflection on the experience ultimately reveals positive knowledge sharing outcomes, and (d) participants felt ill-prepared to handle conflict and manage its effects on knowledge sharing. These themes are be presented in the order listed above, with selected narratives and examples from the interview participants.

**Relationship of Findings to the Purpose**

The relationship between the emergent themes and the purpose of the study exists as the themes attempt to explain, in part, how conflict in an occupational therapy student community of practice is lived and experienced. These themes also shed light as to how conflict affects knowledge sharing in the community of practice setting and what effect/s it may have on the professional practice of occupational therapy students. Additionally, these themes uncover the participants’ discomfort with conflict and its proper handling.

**Manifestations, Causes, and Inevitability of Conflict in Communities of Practice**

Each participant interviewed expressed the idea that conflict can emerge in different forms and for different reasons in occupational therapy student communities of practice. Every participant, when asked directly, believed that conflict in any learning environment is inescapable. All participants, when asked, believed that conflict in one form or another would arise given various skill levels, outlooks and priorities.

Many of the conflicts described either revolved around the participant’s interaction with their clinical instructor on the jobsite or conflicts arising from working with patients and their families. Susan describes her experience of conflict with her clinical instructor [C.I.] due to what she believed were miscommunications and unclear expectations on the part of the instructor:

> I had a hard time with multitasking in terms of…participating, observing and documenting treatments simultaneously. I’m one that’s like, I’m either participating in it
and I’m thinking and practicing and I’m observing or I’m writing notes. So, when I’m told to write notes, I’m kind of checked out of participation. And apparently that’s not something that was okay. But I had not been told that.

She also goes further:

I was also told by the C.I., ‘Okay, you know, you need to start doing chart reviews. Focus on the strengths and weaknesses and it is okay if you just take them from the chart.’ Well, by week 3 or 4, I was told that I needed to be interpreting the diagnostic scores which you have to be certified in order to be able to administer and interpret. So, all of a sudden it goes from interpret strengthens and weaknesses to interpreting exam scores and how those relate to the patient’s strengths and weaknesses. Well, this has never come up before. I had no idea how to do that and had not been trained. She just assumed that I should know how to do that. And maybe a lot of it is just unclear expectations from the C.I. I think that was kind of the gist of part of the conflict we had.

Susan believed that the other conflicts she experienced at this fieldwork location were due in large part to expectations that the C.I. had for her, but Susan herself didn’t know what those were, and what communication there was slowly dropped off as the weeks went by. She said:

I expressed all of my concerns with her [the C.I.]. And then Monday, the same thing happened in terms of not really talking to me and that’s the night that I called for help and backup. And then Tuesday morning…and I was very open with her and the supervisor…nothing seemed to change and like I said, I was open with C.I. and didn’t get anything in return.
Susan describes that as communications with her C.I. dropped off, she looked to other therapists at the jobsite for knowledge sharing. As her C.I. had expectations that weren’t clear in Susan’s eyes, she felt that there was little to be learned from the C.I.

Poor communication and dissonant expectations are just one cause of conflict in a Level 2 fieldwork environment that emerged from the study. Marta relates an example where stress and frustration on the part of a coworker at the fieldwork site caused conflict:

I did my Level 2 fieldwork at an in-patient rehab facility. I had my clinical instructor who was an OT [occupational therapist], but I also worked alongside physical therapists, nurses, RN’s and nurses’ aides… we were so tight time wise and we were kind of seeing patients back to back every hour but nurses had to get in there to give out medication. My instructor asked me to go and relay a message to one of the nurses about a patient we were treating and she [the nurse] was just…I think she was overwhelmed. She was very busy and she kind of lashed out at me…

Marta describes talking to her C.I. about how abrasive the nurse was and that the C.I. later went and spoke to the nurse’s supervisor about the behavior. She continued to try to interact with and observe the nurse after the incident. Marta says:

I found out from other people in the clinic that she was stressed and had personal financial issues. I just felt like she…maybe she was burned out. She always seemed very frustrated, she always seemed…you know, like she didn’t want to be there and I thought, the point is patient care. [She was] very dry, rigid….to me, I felt like she would do the minimal as possible. I don’t know if it [talking to the nurse’s supervisor] really had changed her [the nurse] attitude. I think I approached her differently after that. I used more caution. I didn’t feel like I could go to her for help or to learn from her.
Marta notes that she still tried to learn from and share knowledge with the nurse afterwards. She was encouraged by her C.I. to make a point to continue to interact with all the facility staff, and not let the conflict limit her learning and knowledge sharing.

Angie remembered a time where her inexperience with OT equipment caused conflict. She commented:

I had…I had a little trouble in the beginning catching on…I was placed in a pediatric outpatient clinic and…it was like a big learning curve going on there in the beginning. So, I think that my C.I. probably was getting a little bit frustrated that I wasn’t able to like pick up things faster because it was sort of like my personality that in the beginning I’m a little bit slow but once I get it, it’s fine. It might take me an extra week or two or a little bit longer…so, I think she might have been getting annoyed. Anyway, there was one time it happened, we were like in the room with a kid and his dad…and we were hanging up a swing. There’s a little bit of trick to learn how to do it...And once you get it, it’s fine. I wasn’t really good at hanging up the swing but she wanted me to hang up the swing and I don’t even remember what happened but…I didn’t do something right and didn’t do something else right again, like it was a few things that I didn’t do right and she probably got annoyed with me but it was in front of the child and father. And she sort of like stopped, and was like, ‘Okay, I need you to do this today,’ but I didn’t know how to do it that way and so I got very embarrassed because she was calling me out on it in front of the whole thing and I kind of just wanted her to like, do it for me and then later show me how to do it but I wasn’t really able to do it. So, I got embarrassed and she got frustrated and then there was a conflict and I don’t even exactly know what went on…and then…the session ended later and she approached me and she was like, ‘I just want to
make sure we’re okay,’ and I didn’t know what to say to her because she was like the supervisor and I didn’t want to say, ‘I didn’t like how you handled that, if you would just take time and show me how to do it next time in session, I’ll be more than happy to do it.’

But I was just kind of like, ‘Yeah, we’re okay,’ when we weren’t really okay.

Other manifestations and causes of conflict arose during the study. Issues revolving around the refusal or hesitance of the patients or patients’ families in having a student perform therapies were a source of conflict. The tacit, implicit, or explicit desire of the C.I. to not work with the student provided another documented source of conflict. Participants’ discomfort in working in an unfamiliar or undesired fieldwork site and cultural conflicts between the student and C.I. or the student and the patient also were identified sources of conflict.

**The Immediate Negative Perception of Conflict on Knowledge Sharing**

Participants shared several narratives explaining how the conflict they experienced impacted them emotionally and professionally. Participants discussed how they felt their knowledge sharing and learning potential had been negatively affected by the conflict they faced. Grace remembers how she thought her learning was negatively impacted because of the conflict she was engaged in:

My C.I. was a pretty quiet C.I.; not the sort of instructor who explained about what he was doing. It was more by observation that I learned from him and he was a very good OT. He was very knowledgeable. His concern in a lot of ways was that I got the paperwork done, that I understood how things needed to be done on time and quickly, that you could get swallowed up in that and that was a big part of the job, was being able to manage the assessments and what not. And I felt…I wanted to learn more about how
to be an OT in practice and so…that was a difficult thing for me and I struggled a little bit with how to address it. [As a result] I became very anxious about everything.

Grace remembers talking to other Level 2 OT students about her expectations and how to address them with her C.I. and ultimately deciding not to discuss her misgivings about her learning and anxiety.

After about nine weeks into her 12 week placement, Grace was approached by her C.I. and told she was not performing adequately:

My C.I. came up and said, ‘You’re really slow. I talked to the other O.T.’s and you’re just not getting it and you’ve gotten worse before.’ It was unexpected. It kind of caught me off guard. And so I just…was trying to do my initial [patient] evaluation and listen to him at the same time. He would leave and come back and say another thing about this thing I’m forgetting or that thing I didn’t do.

Grace felt that several factors were impeding her progress:

And I think part of it was being anxious. Throughout this fieldwork, I did forget things and I wasn’t as organized…but part of it, also, I think, was the fact that my C.I. didn’t allow me to learn by doing with him daily. It was like, ‘I’ll show you this and you should have it by the next time.’ I wasn’t close to my C.I. and communication was poor.

She also realized that the conflict and breakdown in knowledge sharing was partly her fault:

Part of the fault, if there is a fault, is I wasn’t able to express that I needed more from him. And so it just sort of goes along and it’s weird because from the beginning I knew that I needed up front and I needed to be on top of it if there was kind of conflict. And so when he came up to me at one o’clock and said these things, I was really sort of surprised.
Grace was able to successfully complete her Level 2 fieldwork placement, however she felt that because of poor communication and anxiety on her part, her ability to share knowledge with and learn from her C.I. was very negatively impacted.

In addition to Grace, Angie describes an event that she felt negatively impacted how she was able to share knowledge and learn in her Level 2 fieldwork placement:

I had a little trouble in the beginning catching on…I was placed in a pediatric outpatient clinic and…it was like a big learning curve going on there in the beginning. I think that my C.I. probably was getting a little bit frustrated that I wasn’t able to like pick up things faster. It was sort of like my personality that in the beginning I’m a little bit slow but once I get it, it’s fine. It might take me an extra week or two or a little bit longer. So, I think she might have been getting annoyed.

Angie continued:

My C.I. asked me to put up a swing for one of the pediatric patients to rehab with. I don’t know if you’re familiar, but it’s used to help children with different skeletal or muscular issues to rehab those parts while the swing holds most of their weight. Well, you have to hang up the swing and there’s a little bit of trick to learn how to do it and once you get it, it’s fine. I wasn’t really good at hanging up the swing but she wanted me to hang up the swing and I don’t even remember what happened but…I didn’t do something right and didn’t do something else right again. Like, it was a few things that I didn’t do right and she probably got annoyed with me but it was in front of the child and father. And she (the C.I.) stopped, and was like, ‘Okay, I need you to do this today,’ but I didn’t know how to do it that way and so I got very embarrassed.
Angie remembers being very embarrassed and getting visibly upset in front of the patient and her father. The C.I. stepped in and helped hang the swing and complete the therapy session. Angie reflects on how she felt her knowledge sharing had been affected:

My C.I. was a good O.T., but I don’t think a very good teacher. She really liked being in charge which was fine…I definitely did not know what I was doing and it was a good thing that she was a very good OT. During the issue with the swing, she wasn’t like teaching anything at that point during the session. There was no teaching going on because I was clearly failing. I just kept on doing the wrong thing; she just kept on telling me I was wrong.

In the weekly discussions of Angie’s progress, she remembers the C.I. telling her that she needed to improve in this area or that area, but Angie felt that she couldn’t engage in knowledge sharing much less general communication with her C.I.:

I felt my C.I. wasn’t being supportive. She was very critical during the therapy sessions. We’d go back to the office afterward and then she’d be…like all buddy, buddy…and I actually can’t switch back and forth that quickly. And when you get reprimanded in front of people, you’re like, ‘Okay, let me think about that, take a step back, cool off,’ and then we’d walk back into the room and she’d be like, ‘You want some of my lunch? I brought these crackers for my lunch,’ and I was like, ‘Oh, we’re sharing lunches, okay,’ ‘Sure,’ …it’s confusing and made it even harder for me to work with and learn from her.

Angie concluded that the public criticism without constructive support during therapy sessions tied to her C.I.’s desire to be friends sabotaged her ability to successfully share knowledge and learn from her C.I.
Susan, who described her experiences with conflict to be very uncomfortable to the point of painful, saw conflict in the fieldwork experience to be counterproductive to the purpose of being there in the first place. She remarked regarding an experience revolving around interpreting diagnostic tests and her C.I.:

So, she’s upset with me because I’m not documenting according to strengths and weaknesses based on the test scores because I’m…basing it off of the interpretation of the strengths and weaknesses of the chart which is what I was originally told to do. So, now I’m really confused here. I’ve never had the test scores explained to me, I don’t know how to interpret them and it’s basically a list of dots and almost bars with lines being connected. I don’t know what this means. And then being told that I haven’t had enough knowledge from school, like school has ill prepared me for this. And so I was starting to get mixed messages. I’m starting to get confused from the different expectations. The lack of clarity and expectations made it hard for me to pick up what I needed to know from my fieldwork experience…you know? This whole conflict with my C.I. set me back. At least that’s what I felt then.

**The Positive Effect of Post-Conflict Reflection on Knowledge Sharing**

Each participant discussed how they felt about the conflict after the fact and how they thought the conflict affected the knowledge they shared with their community of practice. In fact, each participant, upon further reflection post-conflict or post-fieldwork experience, saw the conflict they experienced as a positive factor on their learning and growth as O.T. professionals. Susan describes how she felt about her experience while reflecting during our meeting:

I absolutely learned from this experience. I certainly...this is kind of a side note but…I have definitely taken things away from that clinical experience in terms of note writing,
looking at activity analysis…so many things that I took with me to the new placement.

So, in that aspect, I absolutely did.

Susan went further:

I also, you know, [learned] just so much about body language and how important it is to work personally and professionally and keep them separate, it’s something else that I think I’ve learned as an occupational therapist, as a future clinical instructor, I think it’s really important as well to minimize how much I express to a student. I also learned about how important it is to have clear and realistic expectations for the student. And to be upfront and if I’m expecting something then I need to tell them how communication is, is something I think I certainly learned from there. As a human being I also learned that sometimes it’s not always about me…so I definitely would say that I learned a lot from it. I wouldn’t say that I’m glad that it happened because it was really horrible going through at the time but I did take a lot away from it.

Grace reflects on how she felt that while the conflict was not a positive experience for her, she chose to find positive aspects:

I appreciated him [the C.I.] there but it was just…If I could do it over I would have done it differently. I mean, I would have had a different C.I. I can look back and say it was a positive experience for me because I did learn a lot. But…it was the anxiety for me…I wouldn’t have chosen…I didn’t learn so much that I would have done it again. I could have learned as much or more and not had the same anxiety, and that’s self-induced, I know…and I did everything I knew to do.

Alice shares a similar experience upon reflection. She described how tense the knowledge-sharing environment was at her fieldwork placement:
She [her C.I.] had her way of doing things and so at that point I was like, 'I’m going to learn no matter what and even though it’s going to be a stressful situation, I’m going with it.' And so I just went with it. I didn’t know what else to do. By the end of the third week, she had told me that I was failing even though I was seeing her full load and doing all her notes and she's basically like, texting on her cell phone. She was leaving and talking on her phone, like she wasn’t around me and I was seeing like two or three patients at a time in this little rehab room.

Alice remembered how difficult it was to get support and knowledge from her C.I.:

She was definitely frustrated with me in front of patients but she was never mean. She was never mean about it, she was just like… 'Now, Alice, you should know this' or I think the most rudest that she’d ever been was like when I was helping a patient with a shower, and I had a question for her in the middle of it, instead of like helping me and answering the question, she goes, 'You should already know that, I shouldn’t have to answer that question for you' and so that’s where my pinnacle of frustration got because I was like, okay…'I have a question, you need to answer the question, like this is important'…but she was never like screaming or yelling or anything like that. But it was just more of like, 'You should know this.'

Alice says she chose to look positively at the experience of conflict:

Ultimately, I choose to think that it was a positive experience because like I said, she pushed me to my capacity and I don’t think that’s a bad thing. I just don’t think long term…it wouldn’t help me but in the first three weeks, I think it got me to where I needed to be because at the second rehab, my C.I. was like, 'Oh, you know a lot,' and I was like, 'Yeah, it’s because she pushed me that way.' Now I get to clinically really sit down and
talk with my C.I., 'here’s the patient, what do I need to do? Why am I doing it?' because now I have this time to do that. Before I didn’t have the time to process so…it was completely different thing. I guess she helped me physically learn, like…transfers and wheelchairs and last minute interventions, so now I really feel clinically more prepared from that standpoint.

Finally, Alice reflects:

I just…chose to like, okay, I can either stay a negative person or never learn. Or, I want to be the best OT that I can be and how am I going to be the best OT I can be and I know that I’ve had a lot of learning to do!

Angie, who felt strongly that the conflict she experienced negatively affected her ability to learn and share knowledge in her Level 2 fieldwork, was able to find some positive aspects to the whole experience:

Did I gain anything? I guess so, if I’m pressed. I really had not experienced anything like this in a work environment before. Learning how to work through conflict is an important skill. I’m not good at it…I do think my development as an OT did suffer, but I sought other people to talk to and professionalism is an important part of being an OT. So, yeah.

Participants remarked how they felt that the conflict had impeded their knowledge sharing and professional learning. However, upon reflection, they identified positive outcomes tied directly to how they shared knowledge and learned in the community of practice setting.

**Felt Lack of Preparation in Handling Conflict and Its Effects**

During the course of the interviews, it emerged that participants felt inadequately prepared to handle conflicts that might arise during their Level 2 fieldwork placements. The
participants acknowledged the need to know how to properly manage and cope with conflict, given the setting and the importance of knowledge sharing on their success during the placement.

Alice gives her thoughts on her lack of preparation for conflict and the need for training on coping with and managing conflict while trying to learn:

No one ever taught us...you know, when a C.I. does this [engage in criticism and perceived antagonism], how do you respond to it? So, that was the first time someone ever told me, ‘When they give you criticism, you say, I’m hearing what you’re saying, you’re saying blah, blah...this is how I’m going to fix it.’

Alice comments on her wish that her institution had prepared her for conflict:

I think it would be...extremely helpful [for OT students] to do some scenario training [on handling conflict in the fieldwork setting]. Have somebody come in and pretend to be a patient or a parent or a caretaker and get into an argument with the OT student and just getting used to being faced with conflict [in that environment] would have been so helpful for me.

Alice remarks: “My point is, if we had gotten a course on, ‘If this happens, this is what you do,’ and, ‘If you are in conflict with your C.I. or a patient...whatever, this is how you should handle it.’”

Grace describes how she felt supported by her institution in handling the conflicts she experienced, but wished there had been a more formal training on conflict management:

Ever since I started the program I knew that Level 2 was going to be the challenge or one of the big challenges. Throughout, though, I felt like I could talk to my university fieldwork supervisor or any of my professors. I felt like I could call them at any time. I felt supported.
She continues:

I felt adequately prepared for Level 2 [fieldwork] by my institution, but you only scratch the surface of what you might come across in classes. They [the institution] had you come in…there were other students who had completed their Level 2 experiences. I really appreciated it a lot…hearing what others who had experienced fieldwork had to say. It would have been nice to role-play conflict in fieldwork settings, though. Just talking about it helps, but you know...

Marta echoed the sentiment that conflict training or coaching would have been helpful prior to fieldwork. She commented:

I’d say for the majority of the time I think it [conflict] helps in a learning environment because you can take that experience and apply it to your learning for future reference. I think…it’s not going something you want to happen but if it does happen, I think you can learn from it. I don’t think you should get thrown to the wolves, though. Conflict is a part of life, but learning how to handle it professionally and in the context of being an OT would help. Whether or not you pass your fieldwork could come down to a conflict that went south with your C.I. or a patient. It’s a big deal. [My program] provided us some support, but more would be helpful.

Each participant, either overtly or subvertly, noted a desire in how to handle conflict in a professional manner, given the fieldwork setting is almost nothing like the collegiality and familiarity of the classroom.
How Emergent Themes Relate to Conceptual Framework

Introduction

The stated purpose of this study is to understand better how occupational therapy students engaged in communities of practice experience conflict in their Level 2 fieldwork placements and how that experience affects the knowledge sharing process. As a result, three conceptual frameworks were identified for this study: (a) knowledge sharing, (b) conflict in the workplace, and (c) communities of practice. Data analyzed from the narratives given by the participants reveal how each emergent theme relates to the conceptual frameworks identified. A discussion of the relationships among the emergent themes and conceptual frameworks is critical in revealing the lived experience of conflict and knowledge sharing in communities of practice.

The Relationship of Knowledge Sharing to the Emergent Themes

Amini and Gupta (2012) argued that the value of Level 2 fieldwork for occupational therapy students lay in the ability to apply in practical, real world environments techniques and tools learned in the classroom. Further, they pointed to the need for occupational therapy students to interface and share knowledge with and learn from accomplished, veteran occupational therapists. It stands to reason, therefore, that any experience which has even the slightest of chance to affect the growth and professional development of occupational therapy students in a fieldwork setting needs to be explored and understood by not only the student, but the fieldwork placement instructor and the student’s home institution.

The participants in the study each observed that knowledge sharing requires bilateral communication. Communication channels between the student and the C.I., the patient, and the patient’s family must be free from barriers. Without a free exchange of ideas and thoughts,
knowledge sharing, and by extension learning is impacted (King, 2009). Susan provides context as to how communication barriers can affect knowledge sharing:

…I feel like when there was conflict [between herself and her C.I.] that free flowing of information dwindled and although I think it also impeded the free flowing and the communication, that not only happened between my clinical instructor and myself but I think it also impacted the free flowing between the supervisor and the C.I. For instance, talking about the patient and what they might be able to do and then I think it also impeded a little bit of…the learning environment to where knowledge could be shared amongst the other therapists as well. So, communication definitely dropped off and like I said, I was open with her and I didn’t get anything in return. The conflict kinda shut things off between us.

Susan felt that the barrier (conflict with her C.I.) shut down the channels of communication that in her estimation, damaged her ability to share knowledge with and learn from her C.I.

**The Relationship of Workplace Conflict to the Emergent Themes**

Conflict in the work environment can have adverse and advantageous effects on knowledge sharing, productivity, and morale (Scholtes, Joiner, & Streibel, 2003) given a multitude of factors. A key in how conflict affects those involved has much to do with the participant/s outlook on the conflict in question and how he or she chooses to orient him or herself to it and the other participant/s (Deutsch, 2006). Grace offers her thoughts on how she viewed the conflict she experienced:

…I mean, given everything, I would have had a different C.I. I can look back and say it was a positive experience for me because I did learn a lot. But it was the anxiety for me…I wouldn’t have chosen (to work under her C.I.)…I didn’t learn so much that I
would have done it again. I could have learned as much or more and not had the same anxiety and that’s self-induced, I know…and I did everything I knew to do. Not having a fairly close connection to my C.I. (a source of the conflict in Grace’s estimation)...I think that’s very important but that being said, I did learn a ton from him and it was a safe environment. At the time though...working there was hard and a little unpleasant for me. I tried to find the best in it.

Grace felt that the conflict she experienced in some ways negatively impacted her learning, but chose to learn other things (such as learning to manage her own stress) from the process.

Marta has a similar outlook to conflict and how it affected her:

I probably could have found something negative…I mean, I mean, with the guy who cussed me out…but I tried to find, ‘Okay, this is a patient,’ and then I went into my clinical stuff, ‘Okay, this is what he’s experiencing…blah, blah, blah’…I think for the most part you can try and find something positive… I’d say for the majority of the time I think it (conflict) helps in a learning environment because you can take that experience and apply it to your learning for future reference. I think…it’s not something you want to happen but if it does happen, I think you can learn from it. So, I’d say yes, conflict is valuable even if at the moment it’s really painful.

None of the participants ever intonated that they enjoyed the conflict they were a part of, much less enjoy conflict as a matter of course. However, each participant found value and knowledge from the experience, even if that found knowledge wasn’t what the fieldwork experience was intended for.
The Relationship of Communities of Practice to the Emergent Themes

Communities of practice are predicated on interaction amongst its members (Wenger, 2006). Each member contributes to the knowledge and skill of the others through active or peripheral participation in the community (Lave & Wenger, 1991). Wenger provided many examples of what participation and interaction might look like; however, he acknowledges that participation takes many forms and each form may have a different effect on the sharing of knowledge and the development of practice (Wenger, McDermott, & Snyder, 2002). Conflict is one such interaction and, predictably, its effects fluctuate dependent on a myriad of variables, such as emotional state or predisposition to conflict. Wenger (2006) acknowledged that conflict is a necessary part of communities of practice, though he was rather silent on what effect/s it might have.

The experiences of each of the participants in this study echoed Wenger’s belief that conflict in a community of practice is an inevitable necessity. Interestingly, what effect the conflict encounters had on the participants relied on each person’s ability to critically reflect on the experience. Yang (2009) posited that critical reflection is a key component of communities of practice, in that critical reflection is a constituent piece of being a member of a professional community in practice. Therefore, the participants’ abilities to reflect critically on their experiences and develop professionally from it is what Lave and Wenger (1991) described as enculturation, or the growth and learning of professionals in a community of practice.

Summary

This chapter presented the results of the interviews of five participants in how they experienced conflict during their Level 2 fieldwork placements and how that conflict affected their knowledge sharing and professional learning. As a result of data analysis, four themes
emerged: (a) interpersonal conflict has many manifestations, causes and is unavoidable in a community of practice, (b) conflict’s immediate effects on knowledge sharing in community of practice settings is negatively perceived, (c) post-conflict reflection on the experience ultimately reveals positive knowledge sharing outcomes, and (d) the participants felt ill-prepared to handle conflict and manage its effects on knowledge sharing. The participants’ descriptions of how they perceived, experienced, and managed the conflict situations were provided in the context of the four emergent themes.

This chapter also dealt with how the emergent themes relate and attempt to answer the research problem. Finally, a discourse on the emergent themes and their relation to the study’s conceptual framework was explored.
CHAPTER 5
CONCLUSIONS AND RECOMMENDATIONS

This chapter is organized into eight major sections, beginning with a summary of the research study. Afterwards, a review of the research problem, purpose, and research questions is provided. The third section tackles how the results address the problem and purpose of the study. Section four concentrates on this study’s contributions to community of practice theory. Section five addresses the study’s potential impact on occupational therapist education practice. The sixth section provides recommendations for future research based upon this study. Section seven discusses my reflections on the research and research process, including what I have learned and how I might have approached the study differently. The final section includes a summary of the chapter and my closing thoughts on the research.

Summary of the Research Study

This qualitative study used a phenomenological research approach to attempt a better understanding of how conflict affects knowledge sharing in occupational therapy student communities of practice. Specifically, this phenomenon was studied using occupational therapy students engaged in Level 2 fieldwork experiences, where they would be expected to work with a variety of professionals and clients in various clinical settings. The phenomenological research approach was used because it is identified with the uncovering of lived experiences and the meanings that can be derived from them (Moustakas, 1994). Communities of practice were chosen as a conceptual framework for exploring the lived experience of conflict and knowledge sharing. Wenger (2006) defined communities of practice as being environments where learning
and knowledge sharing are social practices and where engaging others in interpersonal relationships, discovering boundaries, and being in conflict are keys in one’s professional growth and practice.

Prior to the inception of the study, approval was obtained by the Institutional Research Board of The University of Georgia to proceed with this doctoral research in October, 2010. Next, a pilot study was conducted with two participants in the Fall of 2010. A final interview guide was created from this study as well as concluding and finalizing participant inclusion criteria.

In the Fall of 2012, 53 email invitations were sent to students in an occupational therapy program located in the southeastern United States. Students meeting the selection criteria outlined in the email invitation and were interested in participating in the study were asked to respond by telephone or email. Five prospective participants responded, were selected, and received through email a final screening questionnaire. After the questionnaires were reviewed, all five prospective participants were invited to participate. The five participants selected were introduced in Chapter 4. All five participants were occupational therapy students who were currently in or in the academic semester prior to participation in the study engaged in Level 2 fieldwork experiences. Additionally, all five participants were identified as having experienced conflict in communities of practice. The determination as to if the participants were involved in communities of practice was made by the researcher, using guidelines set forth by Wenger, McDermott, and Snyder (2002). The participants self-identified participation in a conflict experience.

From December, 2012 to February, 2013, five participants were interviewed separately for a single 60 to 120 minute session. The interview locations were decided upon by the
participant prior to the session. The interviews were recorded and notes during the interviews were made. After the first interview, a review of the audio transcription and session notes were made in order to permit development of additional or follow-up questions in future sessions. Completed written transcripts were delivered to each participant for member checking.

Data were analyzed using Creswell’s (2008) method for analyzing phenomenological research data. Creswell’s method consists of four steps: (a) bias awareness and acknowledgement; (b) organization of relevant topical information; (c) the coalescing of themes from the data; and (d) identifying relevant themes. Analysis began in February, 2013, once all data had been collected, and concluded in May, 2013.

Summary of Problem, Purpose, and Research Questions

Problem

This research study identified a dearth of literature on how conflict affects knowledge sharing in occupational therapy student communities of practice specifically, and how conflict affects knowledge sharing in communities of practice in general. Conflict is an acknowledged integral part of human experience, and yet the literature is silent on how conflict exists in communities of practice and how conflict may affect how knowledge is shared. Additionally, occupational therapy students, identified by Schell and Schell (2008) as participating in communities of practice, have little presence in the research as relating to effects of conflict on knowledge sharing and professional development.

Conflict is acknowledged by Wenger, McDermott, and Snyder (2002) as being an integral part of the fabric of a community of practice. They considered it inevitability; as it was conceded that conflict is part of the human condition… though its effects on knowledge sharing not quite known. Therefore, several possibilities arise: (a) conflict has a negative impact on
knowledge sharing, (b) conflict has a neutral impact on knowledge sharing, or (c) conflict has a positive effect on knowledge sharing in communities of practice. Not knowing how conflict affected knowledge sharing and how it was experienced drove this study.

**Purpose**

The purpose of this study was to explore the phenomenon of conflict among members of an occupational therapy student community of practice with regards to how personal and professional knowledge is shared. Understanding how conflict is lived, within the context of communities of practice and how lived experience of conflict affects the way knowledge is shared is at the heart of this study. Specifically, this study meant to explore how the lived experience of conflict and knowledge sharing manifested in occupational therapy student communities of practice.

This study proposed that by understanding how conflict in occupational therapy student communities of practice is experienced the effect of conflict on the occupational therapy students’ ability to share knowledge with other members of the community of practice would be uncovered. In that vein, narratives were collected that explored the feelings, thoughts, and opinions of those having experienced conflict and knowledge sharing in occupational therapy student communities of practice.

**Research Questions**

The study was guided by the following research questions:

1. How do occupational therapy students participating in communities of practice experience conflict in Level 2 fieldwork?
2. How does the experience of interpersonal conflict in all its forms influence knowledge sharing among members of the occupational therapy student community of practice?

**How Results Address Problem and Purpose of Study**

As mentioned earlier in the chapter, the goal of this research study was to better understand the lived experience of conflict in occupational therapy student communities of practice and shed light on conflict’s effects on knowledge sharing. My initial belief entering the study was that conflict would have an overall negative effect on knowledge sharing and the experience of conflict would be negatively experienced. However, I set aside my preconceptions and allowed the data analysis to dictate what would be uncovered.

The results of data collection and analysis revealed four emergent themes: (a) interpersonal conflict in community of practice settings has many manifestations, causes and is unavoidable, (b) conflict’s immediate effects on knowledge sharing in community of practice settings is negatively perceived, (c) post-conflict reflection on the experience ultimately reveals positive knowledge sharing outcomes, and (d) participants felt ill-prepared to handle conflict and manage its effects on knowledge sharing. Each of these themes provides insight as to how conflict is perceived and experienced and how knowledge sharing can be affected by conflict in community of practice settings. Table 2 provides a summary of each theme’s contribution to research and practice.

**Addressing the Purpose and Problem of the Study**

The data gathered and the four themes that emerged help to create a better understanding as to how occupational therapy student members of a community of practice experience the effects of conflict on their ability to share knowledge in Level 2 fieldwork. The narratives of the
Table 2.

*Summary of Study’s Research, Theory, and Practice Contributions*

<table>
<thead>
<tr>
<th>Community of Practice Theory</th>
<th>Theme 1</th>
<th>Theme 2</th>
<th>Theme 3</th>
<th>Theme 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>OT Education Practice</td>
<td>Effects of conflict</td>
<td>Reflective practice</td>
<td>Reflective practice</td>
<td>Conflict preparation</td>
</tr>
</tbody>
</table>

five participants assist in the development of what it means to live through conflict, to navigate within and among professional boundaries in the handling of conflict, and to understand the implications conflict has on knowledge sharing and professional development.

**Theme 1: The unavoidability, causes, and manifestations of conflict.** The first theme that emerged from the data revealed the participants’ shared belief that regardless how prepared one might be for conflict or take steps to mitigate it, conflict is an unavoidable experience irrespective of situation or environment. Each participant in turn expressed belief in the idea that if the conflict they were sharing with me had not occurred, another would have taken its place. Indeed, each participant shared at least three separate conflicts that occurred during their Level 2 fieldwork experiences. Conflict is an unavoidable consequence of people in a community of practice working and sharing knowledge with each other. This finding is in line with Lave and Wenger (1991) who understood tension and conflict were necessary due to the varying skill levels, knowledge, beliefs, and opinions of members in a community of practice.
The participants, when asked, wished their fieldwork experiences had not included conflict, and each had varying views on conflict’s value in their knowledge sharing. Each participant acknowledged as fact the idea that one source of conflict would be replaced with another. As such, each participant provided several examples of conflict where the proximate cause was different and how conflict manifests itself was variable. Participants shared feelings of passive-aggressive behavior directed towards them. There were also heated verbal arguments and total cutting off of communication between the participants and the other conflict members. As one example, due to the lack of support Susan felt from the C.I. at her first placement, by Week 4 of her Level 2 fieldwork she’d already asked to be moved to another placement. Susan felt if her original C.I. would have kept the communication channels open once the conflict started, she might have stayed on. This finding highlights Cumming’s (2008) research into the causes of conflict in communities of practice. He found conflict to arise from various sources, ranging from dissonant values among members to shifting priorities and struggles for power within the community of practice dynamic.

These experiences uncovered an important aspect of conflict and knowledge sharing in OT communities of practice. Being unavoidable, conflict must be an acknowledged and planned for component of a community of practice. Conflicts, as an integral part of communities of practice, also help to build the community and should be capitalized upon. Communities of practice are also built on knowledge sharing (Sharratt & Usoro, 2003). Any interruption to knowledge sharing can have a detrimental effect on the community if improperly handled. As conflict can manifest itself in many different forms and have a variety of causes, individuals engaged in communities of practice must be aware of its eventuality.
Theme 2: Immediate negative perception of conflict and effects on knowledge sharing. The second theme that emerged from the data involved the immediacy of negativity surrounding conflict and the feeling that the participants’ knowledge sharing suffered. None of the participants, when asked, were excited to have conflict be a part of their fieldwork experience. Each participant felt conflict took away from energy, time, and concentration that were better served learning the OT profession. This belief is echoed by Amini and Gupta (2012) who stressed the value of Level 2 fieldwork as a time for practice and a focus on professional growth as future occupational therapists.

The negative effects of conflict on knowledge sharing are well documented. Panteli and Sockalingam (2005) found that, “Poorly managed conflict cannot only damage relationships, limit cognitive functioning (and learning), and engender apathy, but it can also accentuate the negative influences of diminished trust or mistrust” (p. 604). However they also found that conflict, when managed properly and in an environment of trust, knowledge sharing, professional practice, and interpersonal relationships are strengthened. In environments where trust among members is low, conflict causes a marked decrease in communication and knowledge sharing as well as an increase in negative outlook (Ichijo, von Krogh, & Nonaka, 2000). Negative perceptions of conflict can be influenced by a lack of trust among members of a community of practice.

How one orientates him or herself to conflict can also effect perception of the experience and outcomes related to conflict. Huang (2010) cited how one attributes conflict as having an effect on perception and outcome. He found individuals who misattributed a conflict about one’s practice or philosophy as a personal attack tended to take a negative view towards conflict and knowledge sharing and communication suffered accordingly. Perceived inappropriate behaviors
such as humiliation and purposeful offense in the course of a conflict also tend to shed a negative light on the experience and knowledge sharing and communication suffer accordingly (Simons & Peterson, 2000).

**Theme 3: Post-conflict reflection and positive knowledge sharing outcomes.** The third theme to emerge from the data indicated the importance of post-conflict reflection on the experience. Participants admitted that in hindsight, while certain avenues of knowledge sharing may have been interrupted or closed by conflict, others arose. Similarly, reflection on the conflict experienced was found to be beneficial to each participant’s growth as professionals, by the participant’s own estimations.

When asked to reflect upon their experiences, participants found something positive to take away. None of the participants, by their own admissions, had given a lot of thought to the experience outside of their initial negative feelings and their desires not to relive any of the conflicts they lived through. The study allowed them an opportunity to reflect on how they felt and reacted to the conflict as well as provide an opportunity to find beneficial outcomes related to their growth as professionals. This is in line with Schön (1987), who established reflection as a key component in practitioner growth and professional practice. Communities of practice encourage reflection as a mechanism for learning and developing professional practice (Wenger, 2006).

**Theme 4: Felt ill-preparation in regards to conflict and its effect on knowledge sharing.** The final theme uncovered by the research was a self-perceived lack of preparation in handling conflict as professionals in Level 2 fieldwork experiences. Each participant wished for some sort of training or coursework that would have prepared them, in their estimations, to handle conflict so as to minimize its effects on their ability to share knowledge and learn during
their Level 2 fieldwork experiences. Alice was most vocal on the importance of learning how to handle conflict in a professional setting before starting her Level 2 fieldwork experience. However other four participants each vocalized a feeling of being ill-prepared to handle conflict.

Conflict is an integral part of learning and knowledge sharing (Rahim, 2011) in organizations. Luthans, Rubach, and Marsnik (1995) concluded conflict and tension to be essential characteristics of learning. It stands to reason then in an environment, such as a Level 2 fieldwork experience, where learning from and sharing knowledge with others in the community of practice is expected and desired, conflict and its influence should be accounted for.

**Contributions to Community of Practice Theory**

This section describes the contributions to community of practice theory made by this research study. The effect of conflict in communities of practice is not well known and conflict’s place as a component of community of practice theory undetermined. This study has found conflict does indeed affect how members of communities of practice share knowledge, communicate, and participate. This study suggests a modification to Wenger’s (1998) model for learning in communities of practice to account for conflict as a mode of learning. A model for knowledge sharing in communities of practice is also proposed.

**Effects of Conflict on Communities of Practice**

Mills (2003) and Li et al. (2009a) made arguments that Wenger (1998, 2006) did not provide adequate detail as to how conflict integrated into community of practice theory. Wenger acknowledge conflict as having to exist in communities of practice but gave little indication as to how exactly conflict would affect the community of practice. Specifically, Wenger’s (1996) acknowledgement of conflict totally avoided how it might affect knowledge sharing, communication, and learning. These are key components of a community of practice.
This research study has revealed conflict’s effects on knowledge sharing in communities of practice comprised of occupational therapy students engaged in Level 2 fieldwork. Specifically, this study found:

- Confirmation of conflict’s existence within occupational therapy student communities of practice. Participants in the research study were able to provide multiple examples of conflict during Level 2 fieldwork. Examples were varied in cause, manifestation, and effect.

- Conflict’s effect on knowledge sharing appears to be dependent on reflective practice. In the moment of conflict, participants in the study found its effects on knowledge sharing negatively. However, upon reflection, participants revealed the positive effects conflict can have on knowledge sharing as well as the conflict providing an opportunity to find new avenues for knowledge sharing from other community of practice participants.

These findings are consistent with the results of an inductive research study conducted by Schell and Black. This study found that trust played a central role in support of learning within a community of practice. “When a trust foundation is established for articulation, new knowledge is often socially constructed … by hearing the perspectives and experiences of others in a social context, one often reflects on the meaning of learned information and its implications for their own practice.” (1997, p. 27)

Where conflict is unavoidable, it is critically important to create a community of practice based on good communication with an atmosphere of trust. Trust involves making one’s self vulnerable to others and their competence, openness and honesty, and intentions (Mishra, 1996). Lesser and Storck (2001) identified the need for a strong network of individuals that share high
levels of trust, mutual respect, and reciprocity in order to build a dynamic and vibrant community of practice. In order for knowledge sharing to take place, Wei-Li, Chien-Hsin, Bi-Fen, and Rhy-Song (2009) found that trust among members of communities of practice to be vital. Wenger (2010) noted as well:

…there is a personal vulnerability inherent in opening the door of reflection on the messiness of practice. One’s identity may easily seem at stake. Engaging with knowledge as lived in practice requires a lot of trust (p.5).

As conflict is an unavoidable occurrence in communities of practice, trust among members allows for channels of knowledge sharing to remain open despite ongoing conflict. Lee and Roth (2003) noted the evolutionary effects conflict has on practice and that by embracing the struggle of conflict, one’s practice and identity can be transformed.

In light of the perceived ubiquity and necessity of conflict and its effects on learning and knowledge sharing being dependent on reflection, a model of communities of practice that tacitly acknowledges conflict’s contributions to learning is proposed. This model uses Wenger’s (1998) identified four areas for learning in communities of practice: (a) the belonging to a community, (b) the identity of membership in a community, (c) the meaning of that community, and (d) the practice of community. The proposed model in Figure 2 below includes conflict with the community as a separate locus for learning.

In order to better understand how knowledge sharing is affected by conflict in communities of practice, Figure 2 on page 94 proposes a model of knowledge sharing in communities of practice. A survey of the literature provides no concise model of knowledge sharing in communities of practice. The proposed model attempts to recognize the contribution conflict has on knowledge sharing. Individuals in communities of practice who are in conflict
may have limited or no sharing of knowledge. Those participants will look to other members of the community whom they trust for knowledge sharing.

**Recommendations for Occupational Therapist Education Practice**

This section describes recommendations for occupational therapy education practice made by this research study. This research study indicates the reinforcement of reflective practice as a means to handle conflict and grow as OT professionals. Additionally, this study recommends the use of conflict coaching and simulation to prepare OT students for conflict that may manifest in Level 2 fieldwork placements. It is also essential for faculty and CI to understand the central role that trust plays in the learning dynamic within a community of practice setting (Schell & Black, 1997).

**Reflective Practice**

The results of this research study have accented the value of conflict on knowledge sharing in light of reflection. While conflict was initially viewed as a negative experience, upon reflecting and discussing their experiences with conflict each participant identified ways of learning and knowledge sharing that presented themselves because of the conflict faced. Cohn, Schell, and Crepaeu (2010) identified this as a valuable component of reflective practice in occupational therapy. As stated by the American Occupational Therapy Association’s *Recommendations for Occupational Therapy Fieldwork Experiences* (2009) in regards to Level 2 fieldwork:

The academic program should ensure that fieldwork educators and students have current professional resources to promote clinical reasoning and reflective practice, including but not limited to AOTA Commission on Practice information, Special Interest Section newsletters, and internet access to expand the professional dialogue about the OT
Figure 2. Proposed model for learning in communities of practice. This figure illustrates conflict’s role as a locus of learning in communities of practice. The arrows denote the process of learning that Wenger (1998) observed occurring in communities of practice.
Figure 3. Proposed model for knowledge sharing in communities of practice. This figure illustrates conflict’s role in the process of knowledge sharing in communities of practice. The arrows denote the open channels of knowledge sharing in communities of practice and dashed lines denote conflict among members. Members in conflict look to others in the community of practice whom they trust for knowledge sharing channels.
process. During the fieldwork experience, the fieldwork educator should structure opportunities for informal and formal reflection with the student regarding the OT process in action with the client population. (p. 8)

As reflective practice has been identified as not only valuable in practice of occupational therapy, but in the training of future therapists, avenues for reflective practice need to be made available and kept open by both fieldwork placement instructors and the students’ home institutions faculty concurrently during the Level 2 fieldwork experience.

Based upon the experiences of the participants, this research study argues for the improvement of reflective practice opportunities and improved channels for communication among OT students, home institutions, and fieldwork clinical instructors in order to improve knowledge sharing outcomes related to conflict. OT students engaged in Level 2 fieldwork are encouraged (AOTA, n.d.) to be formally assessed by the C.I. on a weekly basis. Using assessment tools such as FEAT (see Appendix E), modifications could be made that explicitly acknowledge any conflicts the OT student feels he or she is experiencing and offer an opportunity for discussion and reflection with the C.I.

Another recommendation to improve reflective practice, and by extension knowledge sharing outcomes in light of conflict, is the inclusion of reflective practice journals to be completed and kept by the OT student during Level 2 fieldwork. Mariko (2011) identified the value of journaling for the reflective practice of student teachers. Daily or weekly journaling during the Level 2 fieldwork experience could encourage reflective practice through the very act of reliving and interpreting experience through writing. Using Gibbs (1988) reflective cycle, OT students would be able to think, evaluate, and establish plans of action based upon their experiences. Figure 3 on page 97 provides a graphical representation of Gibbs reflective cycle.
A final recommendation to improve reflective practice is the requirement of home institutions to meet at a predetermined interval with Level 2 fieldwork students to explicitly discuss any conflicts or issues the students are facing. These meetings, combined with the other two recommendations above, could provide the students with both a means to reflect and an opportunity for support in action by the institution. The students’ home institutions could offer solutions for conflict resolution and encourage the use of reflective practice as a means to engender positive knowledge sharing outcomes.

**Preparation for Conflict**

The research study uncovered a feeling of ill-preparedness among the participants with regards to their ability to manage and resolve conflict in their Level 2 fieldwork placements. Rahim (2011) identified conflict as having a negative effect on knowledge sharing if not properly prepared for. Preparing students in Level 2 fieldwork placements for potential conflicts that may arise and introducing tools mitigate conflict and minimize negative effects on knowledge sharing should become a priority for occupational therapy education programs.

Institutional preparation of Level 2 fieldwork students for conflicts and their effects can be handled in several of ways:

- Brinkert (2011) suggested conflict coaching as a strategy for preparing for conflict. Conflict coaching involves a trained conflict coach working with students on understanding conflict and how to best interact with those engaged in conflict (see Figure 5, p.99). The conflict coaching model could be undertaken by faculty or staff at the students’ home institutions and provide coaching throughout the Level 2 fieldwork placement.
Figure 4. Gibbs' (1998) reflective cycle. This figure illustrates how Gibbs defined the process of reflecting and acting on reflected experience.
Teaching conflict resolution and management through simulation has been found to positively impact outcomes (Powers & Kirkpatrick, 2013). They found simulations a great opportunity for individuals to engage in critical thinking, problem solving, and conflict mitigation. Prior to Level 2 fieldwork placement, students could be required to take a course or seminar on conflict that included simulations of conflict that might be found in a Level 2 fieldwork environment. Alternatively, students could be exposed to conflict simulations throughout their coursework. Opportunities for experiencing conflict in a low stakes environment could give OT students in Level 2 fieldwork tools with which to prepare should a conflict actually arise.

<table>
<thead>
<tr>
<th>The preparatory conversation</th>
<th>The parallel process:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clarifying the process</td>
<td>LEARNING ASSESSMENT</td>
</tr>
<tr>
<td>Determining client-process fit</td>
<td>Needs assessment</td>
</tr>
<tr>
<td>Determining coach-client fit</td>
<td>Goal setting</td>
</tr>
<tr>
<td>Obtaining client consent</td>
<td>Reflection and feedback</td>
</tr>
</tbody>
</table>

**Stage 1: DISCOVERING THE STORY**
- Initial story
- Refining story
- Testing story

**Stage 2: EXPLORING THREE perspectives**
- Identity
- Emotion
- Power

**Stage 3: CRAFTING THE BEST STORY**
- Initial story
- Refining story
- Testing story

**Stage 4: ENACTING THE BEST STORY**
- Communication skills
- Conflict styles
- Negotiation
- Other dispute resolution processes

*Figure 5. Comprehensive conflict coaching model. This figure illustrates the conflict coaching model developed by Brinkert (2011).*
Implications and Recommendations for Future Research

Implications

This research study found conflict to exist and have a marked impact on knowledge sharing in occupational therapy student communities of practice. However, the impact of conflict is still uncertain. Conflict can have both negative and positive effects on knowledge sharing. The effect is dependent on the reflective practice of those experiencing said conflict. Reflection on conflict experience, as indicated by this study, has a positive long term effect on knowledge sharing. Participants in conflict look to others for knowledge sharing within their community of practice. Trust within a community of practice is perhaps one way of framing conflict as a learning experience. Despite being engaged in conflict, accepting and trusting members within a community of practice can allow for professional growth and a strengthening of the community through continued knowledge sharing. Based upon conflict’s role in communities of practice, new models of learning and knowledge sharing have been proposed.

Occupational therapy students engaged in Level 2 fieldwork need broader exposure to conflict in various forms that might be encountered. This study found students in Level 2 fieldwork environments felt unprepared professionally to handle the kinds of conflicts they experienced. Conflict is a key in the development of professional practice (Lee & Roth, 2003). In order to maximize benefits conflict can provide, students must be prepared professionally to handle such experiences. Preparation through reflective practice, coaching, and simulation could aid in student preparation.

Future Research

During the course of this research study, a number of future research studies began to emerge. My research study focused on five occupational therapy students and their experiences
with conflict’s effect on knowledge sharing in Level 2 fieldwork placements. The number of occupational therapy students recruited limited this study. Additionally, only occupational therapy students situated in one northern area of a southeastern U.S. state were invited to participate. Another limitation of this study involved the exclusion any OT student who had not completed or was in the process of completing Level 2 fieldwork and exclusion of currently practicing occupational therapists.

After reflecting on my study and considering its limitations, I identified several avenues for future research:

- Conduct a similar research study that includes a larger number of participants. By including a larger number of participants, additional themes may emerge from the data this study missed. DePaulo (2000) believed larger sample sizes in qualitative research provided opportunities for a broader coverage of experiences, perceptions, and opinions, and by extension, allow for the emergence of additional themes. Francis et al. (2010) concurred, finding that larger sample sizes would allow the possibility of additional themes to emerge.

- Include occupational therapy students from various geographic locations in the study. The inclusion of students from broad range of U.S. states allows for a more comprehensive representation of occupational therapy programs. Results of this study may indicate different aspects of the experience of conflict and knowledge sharing not uncovered due to the geographic limitations of this study. Also, differences in how occupational therapy programs train OT students for conflict may emerge.

- Expand the study to include OT students not engaged in Level 2 fieldwork. By including a more comprehensive sample of students across varying levels of
preparation, a richer experience of conflict and knowledge sharing may emerge. Results of this study could indicate a growth of awareness and preparation related to conflict and knowledge sharing throughout OT student development.

- Conduct a similar study focusing on practicing occupational therapists within their individual communities of practice. Results of this study could shed light on how conflict is experienced by the practicing OT and how he or she handles any resultant barriers or new avenues to knowledge sharing.

- Devise a quantitative or mixed methods study that attempts to measure the value of conflicts’ effects on knowledge sharing in various OT communities of practice. Chen, Zhang and Vogel (2011) found task-related conflicts to be relatively beneficial and psychological and relationship conflicts in the workplace to be generally detrimental to knowledge sharing. Categorizing individual experiences with conflict and knowledge sharing as outlined by Chen et al. (2011) and having participants rate conflict severity and knowledge sharing impact may perhaps provide both a clearer picture of the experience of conflict and knowledge sharing as well as offer a better understanding of the severity of conflict and its effects on sharing knowledge.

- Conduct a similar study attempting to assess trust during conflict among members of occupational therapy student communities of practice. The study could uncover how trust and vulnerability affect knowledge sharing during an experience of conflict with another community member.
Reflections

Being a novice researcher, this doctoral research study provided me a wealth of experience and opportunities for growth. From planning to execution, and writing to defense, this study exposed me to the rigors of research and scholarship which I will carry with me for the rest of my professional life. Given the abundance of experience I have gained, there are a few areas I wish to discuss in more detail: (a) the collection of interview data, (b) the analysis of interview data, and (c) the sharing of personal experiences by participants.

Collection of Interview Data

Being naive, I assumed collecting data from participants would be easy. I figured it would be a matter of asking a few questions and getting all the answers. I discovered that was not the case. The logistics of scheduling and obtaining interview data proved more difficult that I could have imagined. I also assumed that I’d have to turn people away from participation in the study; I overestimated the desire of people to talk to a stranger about potentially painful experiences. These were difficult lessons to learn, but I’m glad that I had the opportunity to learn them.

Analysis of Interview Data

I had no illusions as to the ease of analyzing the data. However, I wasn’t prepared for the richness of the narratives of the participants. Their stories and feelings of conflict, how they experienced these phenomena, were deep and nuanced. Reading and rereading transcriptions; listening and re-listening to the audio to catch emotions and subtleties of meaning took much longer than anticipated. The pilot study I undertook prior prepared me to a degree, but I would say not enough. Transcribing the data in order to analyze them took so much longer than I
anticipated. I would like to have included more participants, however the five participants I was honored to work with provided me with so much to work with.

**Sharing of Personal Experiences by Participants**

Researching the lived experience means getting to know at a personal level the study’s participants. It is difficult not to form a bond with a participant. After all, I felt they were opening their lives to me in a very personal and sometimes embarrassing way. I was touched by their stories and could empathize with them. Once each participant had decided to join the study, it seemed as if they were willing to bare open everything to me regardless of any embarrassment or comfortableness they felt. I had not prepared for the participants’ vulnerability. I truly understand now, that as a researcher I have a responsibility to the study’s participants to tell their stories and convey their emotions in as genuine way as possible.

**Final Remarks**

This study developed from the lack of literature as to how conflict affects occupational therapy students’ ability to share knowledge in community of practice settings. I personally believed conflict was going to be viewed negatively by those who experienced it, and by extension, negatively impact knowledge sharing in OT community of practice settings. My own experiences with conflict I viewed in a negative light; I however bracketed away those presuppositions and wanted to understand better exactly how conflict and knowledge sharing were lived in community of practice settings.

Data collected in the course of this study has provided a window into the lived experience of conflict and knowledge sharing in OT student communities of practice. Four overarching themes emerged from the study: (a) interpersonal conflict in community of practice settings has many manifestations, causes and is unavoidable, (b) conflict’s immediate effects on knowledge
sharing in community of practice settings is negatively perceived, (c) post-conflict reflection on the experience ultimately reveals positive knowledge sharing outcomes, and (d) participants felt ill-prepared to handle conflict and manage its effects on knowledge sharing. These themes, I believe, provide a greater insight as to how conflict and knowledge sharing are lived. Additionally, reflection emerged as a major influence on how conflict was perceived and experienced. I had not anticipated reflection as a mechanism for positive knowledge sharing outcomes in light of the general negative feelings one has towards conflict. It is hoped that the results of this study will help inform OT student preparation and add to the body of community of practice knowledge.
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APPENDIX A

CHARACTERISTICS OF QUALITATIVE, QUANTITATIVE AND MIXED METHODS

APPROACHES
Characteristics of Qualitative, Quantitative, and Mixed Methods Approaches

<table>
<thead>
<tr>
<th>Tend to or Typically</th>
<th>Qualitative Approach</th>
<th>Quantitative Approach</th>
<th>Mixed Methods Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use these</td>
<td>Constructivist/ Advocacy/ Participatory knowledge</td>
<td>Post-positivist knowledge claims</td>
<td>Pragmatic knowledge claims</td>
</tr>
<tr>
<td>philosophical</td>
<td></td>
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<td></td>
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<tr>
<td>assumptions</td>
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<td></td>
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</tr>
<tr>
<td>Employ these</td>
<td>Phenomenology, grounded theory, ethnography, case study, and narrative</td>
<td>Surveys and experiments</td>
<td>Sequential, concurrent, and transformative</td>
</tr>
<tr>
<td>strategies of inquiry</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employ these methods</td>
<td>Open-ended questions, emerging approaches, text or image data</td>
<td>Closed-ended questions, predetermined approaches, numeric data</td>
<td>Both open- and closed-ended questions, both emerging and predetermined approaches, and both qualitative and quantitative data and analysis</td>
</tr>
<tr>
<td>Use these practices of research, as the researcher</td>
<td>Positions himself or herself Collects participant meanings</td>
<td>Tests or verifies theories or explanations</td>
<td>Collects both quantitative and qualitative data</td>
</tr>
<tr>
<td></td>
<td>Focuses on a single concept</td>
<td>Identifies variables to Develops a rationale</td>
<td></td>
</tr>
<tr>
<td>Brings personal values to the study</td>
<td>Relates variables in questions or hypotheses</td>
<td>Integrates the data at different stages of inquiry</td>
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<td>--------------------------------------</td>
<td>---------------------------------------------</td>
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<td></td>
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<tr>
<td>Studies the context or setting of participants</td>
<td>Uses standards of validity and reliability</td>
<td>Presents visual pictures of the procedures in the study</td>
<td></td>
</tr>
<tr>
<td>Validates the accuracy of findings</td>
<td>Observes and measures information numerically</td>
<td>Employs the practices of both qualitative and quantitative research</td>
<td></td>
</tr>
<tr>
<td>Makes interpretations of the data</td>
<td>Uses unbiased approaches</td>
<td>Employs statistical procedures</td>
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<tr>
<td>Creates an agenda for change or reform</td>
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<td></td>
<td></td>
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<tr>
<td>Collaborates with the participants</td>
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APPENDIX B

INTERVIEW GUIDE
Interview Guide

Interviewer: ______________________________

Interviewee: ______________________________

Location: _________________________________

Date: _______________     Time: ____________

Before Beginning the Interview:

- Start each interview with a statement ensuring confidentiality
- Plan for 45 – 60 minutes for each person to be interviewed
- Be sure to ask open-ended questions and allow the interviewee to speak his or her mind

During the Interview:

- Be sure to probe and follow up interviewee statements with questions that further explore the phenomenon at issue

Introduction:

I appreciate your agreeing to be interviewed. I want to explain how this interview will work. The interview will be about a 45 to 60-minute interview that will be tape recorded and transcribed. A pseudonym will be used in lieu of your name in the transcription and subsequent write-up.

In the interview, I’d like to focus on a particular situation where you experienced interpersonal conflict with someone in your workplace. The source of the conflict should directly relate to a professional conflict that occurred in the workplace. It’s important that we focus the interview on a specific situation, so we can get a close look into how you experienced the conflict and your reflections on it. I want to understand what you felt and how you perceived the conflict.
Interview Questions:

1. How would you define conflict?

2. Describe to me a time in as great a detail as possible when you were in conflict with a co-worker, another student or customer/patient during your level 2 fieldwork.
   a. Why were you in conflict? What were the circumstances? Why do you think it happened?
   b. What were your feelings about the conflict? How did it affect you at the time?

3. What effect did the conflict have on your professional or personal relationship with the other participant in the short term? Long term?

4. Has this conflict affected your ability to share professional knowledge with and learn from the other conflict participant/s? Why or why not?

5. What do you think could have been done differently to either avoid or mitigate the conflict?

6. Do you believe the conflict was a valuable experience for you? Why or why not?

7. How has the conflict shaped your identity as an occupational therapy student?

8. What meaning have you drawn from your experience of conflict?
APPENDIX C

SCREENING QUESTIONNAIRE
Screening Questionnaire

The purpose of this questionnaire is to determine your initial eligibility for the study: *The Experience of Workplace Conflict on Knowledge Sharing in Occupational Therapy Student Communities of Practice*, conducted by Dr. Karen Jones and Mr. David Wells of The University of Georgia for completion of Mr. Wells’ dissertation. These questions only relate to the issues of conflict in Occupational therapy student work communities.

1. Are you a currently enrolled occupational therapy student?
2. Can you think of a time when you have been in conflict with someone during your Level 2 Fieldwork experience?
3. How recent was this incident? Can you remember how you felt and how the experience of this conflict affected you?
4. Would you be willing to speak about your experiences regarding this conflict?

If you are found to be eligible for this study, you will be notified by telephone call or by email at the contact information you have provided two weeks prior to the start of the study. If you choose not to participate in the study, please mark your decision on this form and return by email to the address provided below. If you do not participate in this study, any identifying information will be immediately destroyed. All identifying information will be withheld in the final published study.

☐ Yes, I choose to participate in this doctoral research study.
☐ No, I choose not to participate in this doctoral research study.

Signature: ___________________________________________ Date: __________

Contact Information:
Name:
Telephone:
Email:

Researcher’s Contact Information:
Mr. David Wells
The University of Georgia
Department of Workforce Education, Leadership, and Social Foundations
221 River’s Crossing
Athens, GA 30602
678-778-4262 (Cell)
w.david.wells@gmail.com
APPENDIX D

RESEARCH CONSENT FORM
Research Consent Form

I, _________________________________, agree to participate in a research study titled "The Experience of Workplace Conflict on Knowledge Sharing in Occupational Therapy Student Communities of Practice" conducted by Mr. David Wells from the Department of Workforce Education, Leadership and Social Foundations in the College of Education at the University of Georgia (706-542-4054) under the direction of Dr. Karen Jones, Department of Workforce Education, Leadership and Social Foundations, University of Georgia (706.542.4473). I understand that my participation is voluntary. I can refuse to participate or stop taking part at any time without giving any reason, and without penalty or loss of benefits to which I am otherwise entitled. I can ask to have all of the information about me returned to me, removed from the research records, or destroyed.

The reason for this study is to examine how individuals within occupational therapist communities of practice experience interpersonal workplace conflict. If I volunteer to take part in this study, I will be asked to do the following things in a face-to-face interview format:

1) Answer questions about experiences regarding workplace interpersonal conflict
2) Discuss instances of workplace conflict and associated feelings and thoughts
3) Reflect on those experiences and describe to researcher
4) Agree to an interview that may last between 45 minutes and 2 hours

The benefit to me is that through this research, I may better understand how I experience conflict in a collaborative, consultative workplace community of practice. I may also learn how to better examine how I experience conflict and to better respond to conflict that arises in the workplace. An understanding of my relationships with co-workers with whom I have had conflicts and an opportunity to reflect on results of those conflicts and their emotions will hopefully occur. As well, a better understanding of how conflict affects workplace relationships that require collaboration, trust, and cooperation and how the emotional, personal, and professional damage that may be mitigated may also arise.

Risk of participants may include discussing private or personal information about co-worker/s and participant’s relationships with co-workers and the associated discomfort of the information inadvertently being released to said co-workers. Interviews will take place in a location comfortable to the participants, where their co-workers will be unable to hear the content of the interview. PI will maintain strict confidentiality regarding interview content. PSEUDONYMS WILL BE USED TO MAINTAIN THE CONFIDENTIALITY OF THE PARTICIPANTS.

No individually-identifiable information about me, or provided by me during the research, will be shared with others without my written permission, except if it is necessary to protect my welfare or if required by law. I will be assigned a unique PSEUDONYM and this identifier will be used in lieu of my name. The document linking my personal information and my PSEUDONYM will be kept for a period of three (3) years. This information will be kept in the event the primary investigator wishes to contact me for future follow-up studies within that period of time.

If I am chosen to participate and cannot for some reason complete the study, any identifiable information about me will be destroyed. If I am otherwise ineligible to participate, any identifiable information about me will be destroyed.

The investigator will answer any further questions about the research, now or during the course of the project.
I understand that I am agreeing by my signature on this form to take part in this research project and understand that I will receive a signed copy of this consent form for my records.

If I am found to be eligible or ineligible for the study, I will be notified by telephone and email by the researcher.

____________________________________________________________________________________
____________________________________________________________________________________

Participant Contact Address

Please sign both copies, keep one and return one to the researcher.

Additional questions or problems regarding your rights as a research participant should be addressed to The Chairperson, Institutional Review Board, University of Georgia, 629 Boyd Graduate Studies Research Center, Athens, Georgia 30602-7411; Telephone (706) 542-3199; E-Mail Address IRB@uga.edu
APPENDIX E

RESEARCH INVITATION EMAIL
Hello.

My name is David Wells and I am a doctoral student at The University of Georgia. I am conducting research into the experience of workplace conflict in occupational therapy student communities of practice for my doctoral dissertation, under the direction of Dr. Karen Jones.

I wish to interview individuals who have had some experience with workplace conflict while participating in Level 2 Fieldwork and would be willing to discuss their experiences with me. Your conversations would be kept confidential and no one besides myself would know who participated and what was said.

I believe that this experience will prove beneficial to you as participants; being able to deconstruct the experienced conflict and debriefing with a third-party can be cathartic and therapeutic (though I’m no counselor!).

Our meeting should not last more than 1.5 hours and I am happy to meet you at a place of your choosing in the Norcross, Gainesville, or Athens-area.

Please see below for relevant definitions. If you would like to know more about my research, please contact me:

David Wells

w.david.wells@gmail.com (personal email)

678-778-4262 (Cell)

Thank you.

David Wells

**Definition of Terms:**

*Conflict* - “Conflict is an expressed struggle between at least two interdependent parties who perceive incompatible goals, scarce resources, and interference from others in achieving their goals.”

*Workplace Conflict* – “Conflict that happens in an identified place of business or where work is done.”

*Community of Practice* – “A group of people who share a common mission, interact with one another in the course of pursuing the mission, and have a common set of tools, techniques, and language. There is a strong sense of identity tied to the community and learning is accomplished by actively participating in the community.”
APPENDIX F
FIELDWORK EXPERIENCE ASSESSMENT TOOL (FEAT)
FIELDWORK EXPERIENCE ASSESSMENT TOOL (FEAT)

<table>
<thead>
<tr>
<th>Student’s name:</th>
<th>Supervisor(s) name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility name:</td>
<td></td>
</tr>
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</table>

Fieldwork experience type (setting, population, level): Date: Week #: 

Context:
The Fieldwork Experience Assessment Tool (FEAT) is the result of an American Occupational Therapy Foundation qualitative study completed by six occupational therapy programs across the United States and Puerto Rico. Data were collected from fieldwork students and fieldwork educators. In their interviews, students and fieldwork educators described fieldwork education in terms of a dynamic triad of interaction among the environment, the fieldwork educator, and the student. Interviewees indicated that a positive educational experience occurred when a balance existed among these three key components.

Purpose:
The FEAT identifies essential characteristics for each of the three key components. By providing a framework to explore the fieldwork experience, the FEAT can help students and fieldwork educators consider how to promote the best possible learning experience.

The purpose of the FEAT is to contribute to student and fieldwork educator discussions, so that reflection and problem solving can occur to enhance the fieldwork experience. The tool is designed to both assess the balance of the three key components, and to facilitate discussion about student and fieldwork educator behaviors and attitudes, and environmental resources and challenges. By mutually identifying issues present during fieldwork, the fieldwork educator and student can use the FEAT as a tool to promote dialogue, and foster the identification of strategies to facilitate the just-right challenge. The FEAT may be used early in fieldwork as a tool to promote dialogue, or at anytime throughout fieldwork as the need for problem solving emerges.

Directions:
In the Assessment Section, the FEAT is organized according to the three key components: environment, fieldwork educator, and student. Under each component, essential characteristics and examples are listed. These examples are not all inclusive, and new descriptors may be added to individualize the tool for different settings. The fieldwork educator and student, either individually or together, should complete the FEAT by describing each component using the continuum provided at the top of each section (limited → just right challenge → excessive).

Following the assessment portion of the FEAT, questions are provided to guide student and fieldwork educator discussion and problem solving. Collaboratively reflect upon the student and fieldwork educator descriptions on the FEAT to identify commonalities and differences between the two perspectives, and identify patterns across the key components. Based on these discussions, develop strategies for a more balanced fieldwork experience. Consider environmental experiences and resources; fieldwork educator attitudes, behaviors and professional attributes; and/or student attitudes and behaviors that could enhance the experience. The examples listed within each section are intended to guide discussion between the fieldwork educator and student in an effort to create a successful fieldwork experience. Additional elements may be identified and included according to the nature of the setting or the fieldwork process.
### A. Assessment Section

<table>
<thead>
<tr>
<th>ENVIRONMENT</th>
</tr>
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<tbody>
<tr>
<td><strong>I. VARIETY OF EXPERIENCES</strong></td>
</tr>
</tbody>
</table>
| **A. Patients/Clients/Diagnoses** | - Different diagnoses  
- Range of abilities for given diagnosis (complexity, function-disfunction)  
- Diversity of clients, including socioeconomic & lifestyle |
| **B. Therapy approaches** | - Engage in the entire therapy process (evaluation, planning, intervention, documentation)  
- Learn about different roles of therapist (direct service, consultation, education & administration)  
- Use variety of activities with clients  
- Observe and use different frames of reference/ theoretical approaches  
- Use occupation vs. exercise |
| **C. Setting characteristics** | - Pace (setting demands, caseload quantity)  
- Delivery system |
| **II. RESOURCES** | Descriptions (Limited ↔ Just right challenge ↔ Excessive) |
| **A. OT Staff** | - See others' strengths and styles  
- Have multiple role models, resources and support |
| **B. Professional Staff** | - Observe and hear a different perspective on clients  
- See/experience co-treatments and team work to get whole person perspective  
- Have others to share ideas and frustrations |
| **C. OT Students** | - Able to compare observations & experiences  
- Exchange ideas |

<table>
<thead>
<tr>
<th>FIELDWORK EDUCATOR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I. ATTITUDE</strong></td>
</tr>
</tbody>
</table>
| **A. Likes Teaching/Supervising Students** | - Devote time, invest in students  
- Enjoy mental workout, student enthusiasm |
| **B. Available/Accessible** | - Take time |
| **C. Supportive** | - Patient  
- Positive and caring  
- Encourages questions  
- Encourages development of individual style |
### FIELDWORK EDUCATOR (continued)

<table>
<thead>
<tr>
<th>D. Open</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>- Accepting</td>
<td></td>
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<tr>
<td>- Alternative methods</td>
<td></td>
</tr>
<tr>
<td>- To student requests</td>
<td></td>
</tr>
<tr>
<td>- Communication</td>
<td></td>
</tr>
</tbody>
</table>

| E. Mutual Respect     |              |

<table>
<thead>
<tr>
<th>II. TEACHING STRATEGIES</th>
<th>Descriptions (Limited (\Longleftrightarrow) Just right challenge (\Longleftrightarrow) Excessive)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Structure</td>
<td>- Organize information (set learning objectives, regular meetings)</td>
</tr>
<tr>
<td></td>
<td>- Introduce treatment (dialogue, observation, treatment, dialogue)</td>
</tr>
<tr>
<td></td>
<td>- Base structure on student need</td>
</tr>
<tr>
<td></td>
<td>- Identify strategies for adjusting to treatment environment</td>
</tr>
</tbody>
</table>

| B. Graded Learning      | - Expose to practice (observe, model) |
|                         | - Challenge student gradually (reduce direction, probing questions, independence) |
|                         | - Base approach on student learning style |
|                         | - Individualize based on student’s needs |
|                         | - Promote independence (trial & error) |

| C. Feedback/Processing | - Timely, confirming |
|                       | - Positive and constructive (balance) |
|                       | - Guide thinking |
|                       | - Promote clinical reasoning |

| D. Teaching            | - Share resources and knowledge |

| E. Team Skills         | - Include student as part of team |

<table>
<thead>
<tr>
<th>III. PROFESSIONAL ATTRIBUTES</th>
<th>Descriptions (Limited (\Longleftrightarrow) Just right challenge (\Longleftrightarrow) Excessive)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Role Model</td>
<td>- Set good example</td>
</tr>
<tr>
<td></td>
<td>- Enthusiasm for OT</td>
</tr>
<tr>
<td></td>
<td>- Real person</td>
</tr>
<tr>
<td></td>
<td>- Lifelong learning</td>
</tr>
</tbody>
</table>

| B. Teacher                | - Able to share resources and knowledge |
### FIELDWORK STUDENT

<table>
<thead>
<tr>
<th>I. ATTITUDE</th>
<th>Descriptions (Limited $\longleftrightarrow$ Just right $\longleftrightarrow$ Excessive)</th>
</tr>
</thead>
</table>
| A. Responsible for Learning | - Active learner (ask questions, consult)  
                      - Prepare (review, read and research materials)  
                      - Self-direct (show initiative, is assertive)  
                      - Learns from mistakes (self-correct and grow) |
| B. Open/ Flexible | - Sensitive to diversity (non-judgmental)  
                      - Responsive to client/consumer needs  
                      - Flexible in thinking (make adjustments, try alternate approaches) |
| C. Confident | - Comfort in knowledge and abilities  
                      - Comfort with making and learning from mistakes (take risks, branch out)  
                      - Comfort with independent practice (take responsibility)  
                      - Comfort in receiving feedback |
| D. Responsive to Supervision | - Receptive to feedback (open-minded, accept criticism)  
                      - Open communication (two-way) |

<table>
<thead>
<tr>
<th>II. LEARNING BEHAVIORS</th>
<th>Descriptions (Limited $\longleftrightarrow$ Just right $\longleftrightarrow$ Excessive)</th>
</tr>
</thead>
</table>
| A. Independent | - Have and use knowledge and skills  
                      - Assume responsibility of OT without needing direction  
                      - Incorporate feedback into behavioral changes  
                      - Use “down time” productively  
                      - Become part of team |
| B. Reflection | - Self (processes feelings, actions and feedback)  
                      - With others (supervisor, peers others) |
| C. Active in Supervision | - Communicate needs to supervisor (seek supervision for guidance and processing, express needs)  
                      - Ask questions |
B. Discussion Section: Questions to Facilitate Dialogue and Problem Solving
1. A positive fieldwork experience includes a balance between the environment, fieldwork educator and student components. Collaboratively reflect upon the descriptions outlined by the student and fieldwork educator and identify perceptions below.

<table>
<thead>
<tr>
<th>Common perspectives between student and fieldwork educator</th>
<th>Different perspectives between student and fieldwork educator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environment</td>
<td></td>
</tr>
<tr>
<td>Fieldwork Educator</td>
<td></td>
</tr>
<tr>
<td>Student</td>
<td></td>
</tr>
</tbody>
</table>

2. What patterns are emerging across the three key components?

3. What strategies or changes can be implemented to promote a successful fieldwork experience? Describe below:

<table>
<thead>
<tr>
<th>Components of a Successful Fieldwork</th>
<th>Environment, Fieldwork Educator and/or Student Strategies and Changes to Promote Successful Fieldwork Experience at this Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environment</td>
<td></td>
</tr>
<tr>
<td>Experiences</td>
<td></td>
</tr>
<tr>
<td>Resources</td>
<td></td>
</tr>
<tr>
<td>Fieldwork Educator</td>
<td></td>
</tr>
<tr>
<td>Attitudes</td>
<td></td>
</tr>
<tr>
<td>Behaviors</td>
<td></td>
</tr>
<tr>
<td>Professional attributes</td>
<td></td>
</tr>
<tr>
<td>Student</td>
<td></td>
</tr>
<tr>
<td>Attitudes</td>
<td></td>
</tr>
<tr>
<td>Behaviors</td>
<td></td>
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</tbody>
</table>

This Fieldwork Experience Assessment Tool (FEAT) was developed by The Fieldwork Research Team: Karen Adler, Karin Brown, Lou Ann Olszewski, Wendy Kropnick, Liz Maniz de Melendez and Patricia Stoto-Tausbom. Project funded by The American Occupational Therapy Foundation and AOTA Education Special Interest Section. [April 1998; revised August 2001] FEAT 13.doc
APPENDIX G
IRB APPROVAL FORM
The University of Georgia
Office of the Vice President for Research
IRB Application ID No.: PRA0000259

APPROVAL FORM

Date Proposal Received: 2010-09-21

Name     Title        Dept/Phone
Dr. Xerox H. Jones  PI  Occupational Studies
212 River's Crossing 14000
542-4442

Mr. David With  CO  WESL
506-345-4449

Address    Email
541 Old Pr Float Road  dwith@uga.edu
Athens, GA 30601

Title of Study: The Experience of Conflict among Novices and Experts in Occupational Therapy: Communities of Practice

45 CFR 46 Category: Administrative 2
Parameters:

Change(s) Required for Approval:
Revised Consent Document(s);

Note:

Approved: 2010-10-19  Begin date: 2011-02-01  Expiration date: 2011-02-10

NOTE: Any research conducted before the approval date or after the expiration dates shown above must be cleared by IRB approval and notified to sponsors/Costs.

Number Assigned by Sponsored Programs:

Funding Agency:

Your human subjects study has been approved.

Please be aware that it is your responsibility to inform the IRB:

... of any adverse events or unanticipated risks to the subjects or others within 36 to 72 hours;
... of any significant changes or additions to your study and obtain approval of them before they are put into effect;
... that you extend the approval period beyond the expiration date shown above;
... that you have completed your data collection or approval, within the approval period shown above, so that your file may be closed.

For additional information regarding your responsibilities as an investigator refer to the IRB Guidelines.

The attached Researcher Request Form for requesting renewals, changes, or closures.

Keep this original approval form for your records.

Chairperson/Designee:
Institutional Review Board
Human Subjects Office
112 Boyd OBRC
Athens, Georgia 30602-2271
(706) 542-2199
Fax: (706) 542-3560
www.ogis.uga.edu/irb