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[RESEARCH ARTCLE]

Occupational therapy students' experiences of using the Kawa model as a self-reflection tool during mental health work-integrated learning

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ABSTRACT

Introduction: Healthcare professionals are encouraged to practice reflection, which can be learnt using various tools during their undergraduate studies. The study aimed to explore the experience of occupational therapy students using the Kawa model as a self-reflection tool during their mental health work-integrated learning.
Method: An exploratory, descriptive, qualitative design was employed. Semi-structured online interviews with probe follow-up questions were conducted in English with newly graduated community service occupational therapists (n=10) who used the Kawa Model as a self-reflection tool during their final year of mental health work-integrated learning. The data was transcribed and analysed by the researchers using thematic analysis. Ethical approval was granted by the ethical research board of the university. Trustworthiness was ensured through anonymity, member checking and peer debriefings.
Findings: Three themes emerged from the data on using the Kawa model as a self-reflection tool, namely, (i) facilitators to reflection using the Kawa model, (ii) barriers to reflection using the Kawa model, (iii) recommendations for future use of the Kawa model.
Conclusion: The Kawa model as a self-reflection tool is beneficial. Participants noted that self-reflection using a model provided them with a guideline, which helped them to organise their thoughts when reflecting.

Implications for practice:

- The Kawa model has a positive impact on professional development, encouraging students to become more self-aware.
- The study highlights the need to integrate the Kawa model into undergraduate training and to utilise it as a self-reflection tool during work-integrated learning.
- Although the results of this study are specific to mental health work-integrated learning, the Kawa model as a self-reflection tool can be explored in other work-integrated learning areas across South Africa.

INTRODUCTION/LITERATURE REVIEW:

Self-reflection is integral in personal and professional development[1]. It can be defined as a self-perceptive process that occurs before, during, and after encounters with situations, with the aim of developing a greater understanding of both the self and experiences, so that future encounters are informed by previous ones[2,3]. Reflection plays a critical role in the healthcare sector as it aids students' personal and professional development through building their self-awareness of their strengths and weaknesses, as well as their skills in bridging the gap between theory and practice[1].

Occupational therapy students are required to engage in self-reflection practices during the completion of their academic coursework, which consists of theory and practical work-integrated

learning at various placements[4]. Work-integrated learning is vital in training students to become competent practitioners[4], allowing students to complete training in the various areas of occupational therapy, including mental health, neurology, biomechanics, and paediatrics, amongst many others[5]. Mental health work-integrated learning has been noted to cause apprehension in students because of the social misconceptions of mental health[6].

During their period of study, occupational therapy students are trained by using a psychosocial learning model, which aids in viewing their patients holistically instead of focusing solely on the diagnosis[6]. The psychosocial learning model, in turn, teaches students to adopt a holistic view of themselves, which supports self-reflection. Some benefits of self-reflection include the growth of a person's interpersonal and problem-solving skills[7]. Reflecting on their progress in theory and work-integrated learning often helps students understand how their emotions shape their experiences with clients. Reflection allows students to connect the dots and learn from their experiences, including building their confidence in becoming competent practitioners[8]. On the other hand, there are also barriers to self-reflection which include reflection being a time-consuming task, and students feeling that they lack guidance from their instructors on how to reflect[9]. However, using a model or tool to reflect can mitigate this barrier, as it provides guidelines and structure for reflection.

There are different tools one can utilise to practise self-reflection, including journaling or making use of models, such as Gibbs' reflective cycle[10], Atkins and Murphy's model[11] and Kolb's reflective learning model[12,13]. Although traditionally used with patients, the Kawa model has recently been used as a self-reflection tool in some contexts. A study was conducted in Australia exploring the impact of self-reflection for occupational therapy students using the Kawa model as the reflection tool, which concluded that the model facilitated personal and professional growth[8]. In addition, another study on mental health, sports, and physical performance indicated that the model helped improve self-awareness, self-understanding, goal setting, self-efficacy, stress, and anxiety control[14]. The Kawa model was developed around Eastern beliefs, which focuses on the context of the client's environment and external influences that shape their everyday lives, rather than focusing merely on the individual[15], providing a deeper understanding of the individual and their personal contexts[16]. The Kawa model uses a river as a metaphor for life. In this river, water represents a person's life flow, rocks represent challenges, driftwood represents personal attributes, the riverbank represents their environment and spaces between these elements represent opportunities for growth[8], as shown in Figure 1 adjacent.

In this study, the researchers applied the Kawa model as a reflection model within the reflective observation and active experimentation components of Kolb's model, which was utilised as the conceptual model[17]. Kolb's experiential learning model of reflection is a reflective model consisting of four theoretical components, namely, concrete experience, reflective observation, abstract conceptualisation and active experimentation[12]. The occupational therapy students' experiences during work-integrated learning can be placed into the components as follows: firstly, concrete experience, which can be explained as the students actively engaging in their work-integrated learning and building the foundation of their learning experiences. Secondly, reflective observation is where the students are able to reflect, using the Kawa model and analysing their work-integrated learning experiences. Thirdly, the abstract conceptualisation component, applied as students draw conclusions from their experiences and apply their understanding of the discoveries made whilst reflecting. Lastly, active experimentation, where students are able to integrate the insights gathered during reflection through the use of the Kawa model to future experiences and learn from their past ones.

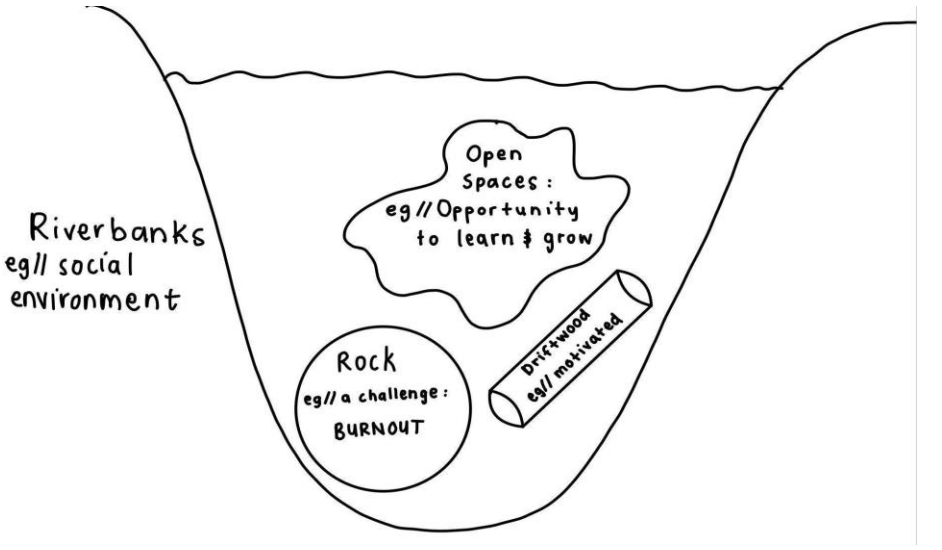

Figure 1: A visual representation of the Kawa model and its elements drawn by a final-year occupational therapy student during mental health work-integrated learning.

The Kawa model was used in a study in the Australian context for students during their work-integrated learning in rural community placements, demonstrating that students became more aware of their professional and personal strengths and weaknesses and were able to grow from what they learnt about themselves[18]. Healthcare professionals are encouraged to become reflective healthcare practitioners; this can be achieved by practising their reflection skills throughout their studies, as reflection is an important factor in students gaining insight into their self-awareness[1]. Additionally, this allows one to reflect on their clinical thoughts and learn from their experiences to improve their practice[19]. Although the Australian study was successful and yielded favourable results in the Australian context, it is unknown how the use of the Kawa model would affect occupational therapy students in the South African context. One of the recommendations of the above-mentioned Australian study was that it would be beneficial to explore the use of the model in other contexts, specifically non-rural ones. Australia and South Africa exhibit significant differences in terms of context, economy, and culture; therefore, the results from the Australian study cannot be fully transferred to the South African context. Research on the use of this model as a self-reflection tool is therefore necessary in the South African context. Consequently, this study aimed to explore the experiences of occupational therapy students in using the Kawa model as a self-reflection tool during their mental health work-integrated learning.

METHODOLOGY

Study design

An exploratory, descriptive qualitative design was used in the study.

Population/sampling

The target population of this study consisted of 44 community service occupational therapists, of which 10 gave consent and participated in the study (n=10). Participants were recruited through the head of the occupational therapy department, using their email addresses on the system. In the email, a Google Form was attached for participants to indicate their willingness to participate in the study. Study participants were 2024 community service occupational therapists from the University of Pretoria in Gauteng, who completed their mental health work-integrated learning in 2023 and were the first group of students to use the Kawa model for reflection during work-integrated learning. During this period, participants engaged in weekly reflection sessions in pairs with their occupational therapy lecturer and were required to do weekly reflections by drawing up a Kawa model figure that represented a particular week of work-integrated learning over a 6-week period. All participants provided signed consent to participate in this study.

Pilot study

A pilot study was conducted online using a semi-structured interview with one participant from the population, who was excluded from the study sample.

Data collection

Data were collected through semi-structured online interviews conducted in English. The interview guide was developed using the five phases outlined by Kaleo et al[20] and the study's aims and objectives. Two researchers conducted the interviews on the Zoom online platform for approximately 45 minutes using single-use links. The anonymity of the participants was ensured by assigning a numerical value to each participant and the corresponding data collected.

Data analysis

Braun and Clarke's six steps of thematic analysis[21] were employed to analyse the data. Qualitative data from the interviews were transcribed verbatim by the researchers and checked against the original recordings for accuracy. The data were given codes, which were grouped into themes and subthemes using inductive reasoning and similarities between codes. This was guided by the study objectives. The themes and subthemes are depicted in Figure 2 below.

Trustworthiness

Trustworthiness was considered throughout the research process. Dependability and credibility were ensured through triangulation of data sources, member checking, and peer debriefing within the research team. The researchers have saved a trail of all documents and data in an encrypted folder.

Ethical considerations

This study received ethical approval from the University of Pretoria Faculty of Health Sciences Research Ethics Committee, with the ethics approval number: 583/2023. Informed consent was obtained from all participants prior to data collection.

FINDINGS

Demographic information

This study comprised 10 participants who completed their final year of study in 2023 at the University of Pretoria; three were male, and seven were female. Pseudonyms were used to ensure participants' anonymity. The participants were given pseudonyms according to the order of their interviews (e.g. the third interview done was allocated the pseudonym - P3)

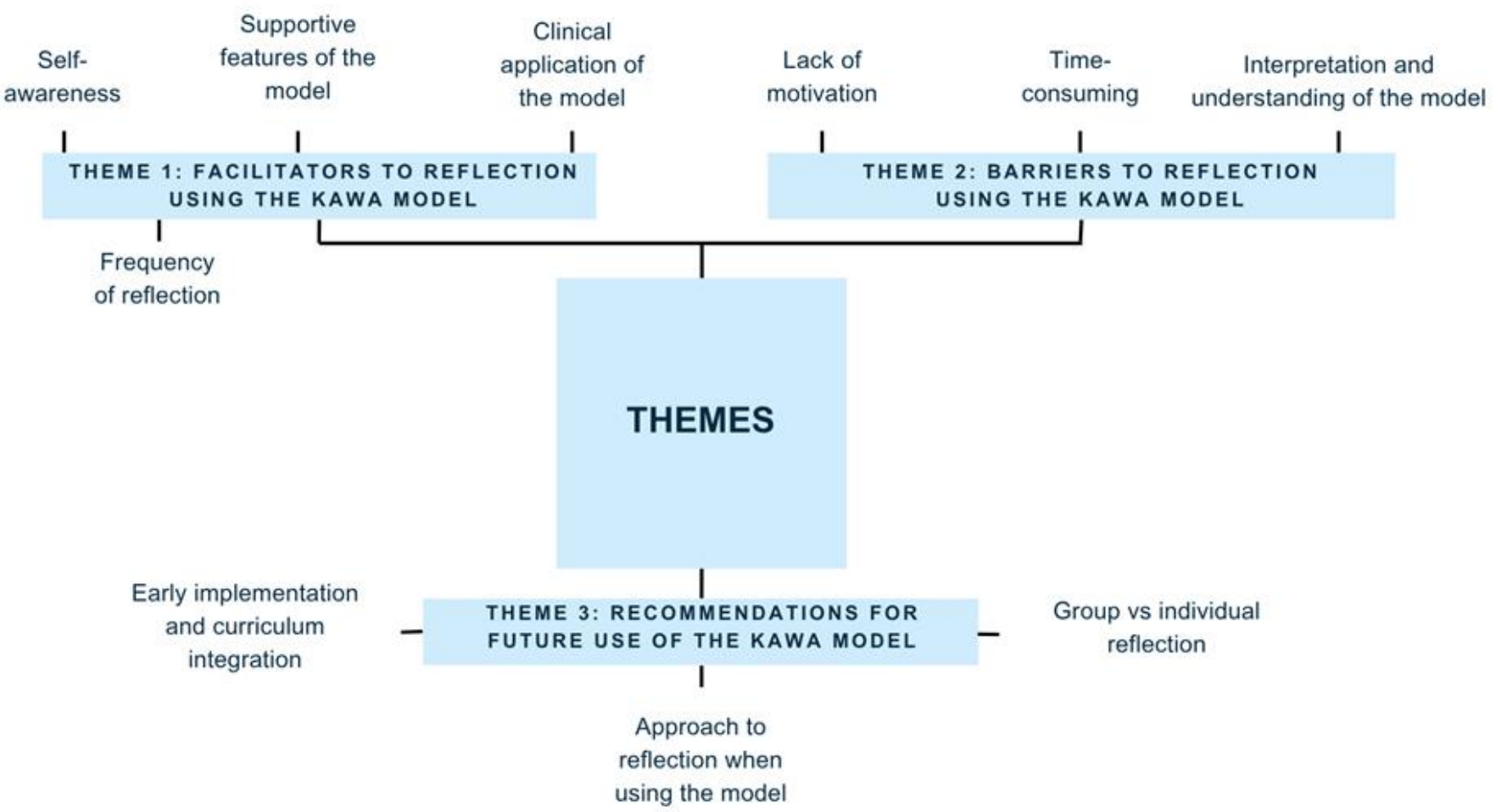

Figure 2: A visual representation of the themes and subthemes that emerged from using the Kawa model as a self-reflection tool by final-year occupational therapy students during mental health work-integrated learning

THEME 1: Facilitators to reflection using the Kawa model

This theme described the facilitators for reflection and for using the Kawa model as a self-reflection tool. Key facilitators included encouraging self-awareness, supportive guidelines provided by the model, repetitive use, and the model's clinical application, as shown in Table I, page 4

Table I: Theme 1: Facilitators to reflection using the Kawa model

Theme	Subtheme	Frequency	Quotation
Facilitators to reflection using the Kawa model	Self-awareness	25	*"Sometimes you don't realise you've improved until you actually sit down and reflect"* - **P10** *"It helped me build and self-realise that okay, ... there is a lot in life that you haven't seen and there's a lot in life that you can learn from and it does pick up your weaknesses."* - **P7** *"It definitely helped increase my self-awareness"* - **P8** *"It helped with introspection, and asking myself why this is still a problem for me"* - **P6** *"It was easy to identify where the obstacles were and how to fix them"* - **P4**
	Supportive features of the model	6	*"The Kawa model gives you guidance on what to reflect on and how to start"* - **P3** *"I had prior knowledge of the model, which helped a lot"* - **P1** *"I had a very good understanding of the theoretical conceptual base that really helped me to apply it practically"* - **P4** *"I liked the fact that the Kawa model was visual. So, me being a visual person, it was easy for me to identify where the problems were and how it obstructed the river"* - **P4** *"It helped put my experiences into a more concrete or visual representation, which helped me to process things"* - **P8**
	Frequency of reflection	5	*"The more you use the model, the better your understanding of it gets"* - **P1** *"It's a nice way to benchmark yourself against your previous self"* - **P10**
	Clinical Application of the Model	10	*"It makes more sense when put into practical use"* - **P2** *"Being able to practise it yourself does help you understand the model and its purpose"* - **P6** *"So I like to use Kawa in conjunction with PEO because the two of them work very nice hand in hand together because PEO helps you build the occupational profile of a person, and then the Kawa takes that occupational profile and breaks it down and helps you understand the person as a cultural being"*- **P7** *" What will make the atmosphere in the hospital better?... Instead of addressing that one big rock, let's get rid of all the small one, and then the whole thing should flow a bit better, right?"* - **P10**

Self-Awareness

The majority of participants felt that reflecting and using the Kawa model as a self-reflection tool facilitated their self-awareness. One participant stated that they did not realise they were improving until they sat down and reflected **(P10)**, with another noting that it improved their ability to become self-aware **(P8)**. It was noted that this self-awareness aided with introspection, the ability to look inward and assess why they may struggle with certain tasks. Other participants mentioned that identifying obstacles was easier when they were given opportunities to reflect, which led to problem-solving on how to address those obstacles **(P4)**. This speaks to the value of self-awareness, which is made possible through consistent reflection.

Supportive features of the model

Participants were facilitated in using the model by its structure, representation, and understanding. The structure of the model provided a guideline for self-reflection, thus making reflection less complex as the different aspects served as prompts. One participant reported that the model provided direction on where to start reflecting and what to reflect on **(P3)**, while another reported that it served as a valuable guideline open to individual interpretation **(P1)**. Theoretical knowledge through prior education was credited for the model's usability for self-reflection. When one utilises it for self-reflection, they are not challenged by the metaphor of the model due to their prior theoretical knowledge. It was reported that having a

thorough understanding of the model helped them apply it practically when reflecting on their experiences with it **(P4)**. Another facilitator of the participants' reflection was the model's visual representation. The model's visual components were greatly appreciated by participants. More specifically, one participant stated that, as a visual learner, it was beneficial to see how their obstacles and challenges (rocks) affected their river (life flow) **(P4)**. Similarly, many participants noted that the model's visual nature helped them process their experiences more easily and in greater depth.

Frequency of Reflection

Several participants noted the frequency of reflection, that is, how often they used the Kawa model to reflect, as a facilitator for self-reflection. According to some, the more consistently the model was used to reflect, the better their understanding of it became **(P2) (P1)**. With frequent reflection also came frequent input on what was reflected on, which gave them the opportunity to see their progress against themselves over the 6-week period of work-integrated learning **(P4)**.

Table II: Theme 2: Barriers to reflection using the Kawa model

Theme	Subtheme	Frequency	Quotation
Barriers to reflection using the Kawa model	Low engagement	7	*"It was compulsory to do "* **P8** *"I wasn't motivated to do it"* **P5** *" Practically it takes a lot of time"* **P4** *"Was quite rushed because I had other responsibilities during block"* **P5**
	Interpretation and understanding of the model	10	*"It was very figurative"* **P2** *"It was difficult to comprehend and put it together"* **P4** *"It needs to be a bit wider to reflect" and that "it should be a broader spectrum"* **P7** *"Some elements of the model were a little bit abstract"* **P8**

Low engagement

Since self-reflection was compulsory and part of the curriculum, participants stated they needed more motivation to complete the reflections each week and felt they were being forced to do so. The self-reflections were seen as a time-consuming task that took a substantial amount of time to complete, especially when one has many other responsibilities to fulfil during WIL.

Interpretation and understanding of the model

The Kawa model itself was perceived as very figurative, and participants found the terms difficult to understand because they are abstract. For example, the term "driftwood" was perceived as confusing because it can be either positive or negative, so participants struggled to differentiate "negative driftwood" from "rocks" in the model.

Clinical Application of the Model

Participants reported that the Kawa model could be used to break down larger components, aiding understanding and developing a broader picture in both clinical and patient contexts **(P7, P10).** Another prevalent term was the model's practicality; one participant stated that their comprehension of the model improved when they were required to apply it **(P2).** In line with the model's supportive features, participants reported that using the Kawa model for reflection during WIL helped them better understand the model and its application in a clinical context **(P6)**.

THEME 2: Barriers to reflection using the Kawa model

This theme describes students' barriers to reflection using the Kawa model as a self-reflection tool. This includes a lack of motivation, the time required to use the model and the interpretation of the model, as shown in Table II below.

THEME 3: Recommendations for future use of the Kawa Model

This theme explored participants' recommendations regarding the use of the Kawa Model as a reflection tool, reflection as a concept, and its implementation and teaching within the curriculum, as illustrated in Table III below.

Table III: Theme 3: Recommendations for future use of the Kawa model

Theme	Subthemes	Frequency	Quotation
Recommendations for future use of the Kawa model	Earlier implementation and curriculum integration	10	*" I wouldn't recommend that the student reflections only start in 4th year, I feel like it should begin sooner than fourth year"* - **P2** *"... integrating something like the Kawa model into your work habits, for example, where your supervisors are giving you feedback in terms of a Kawa model and you can actually see, okay, fine, these are my challenges, these are my weaknesses, this is what I need to improve on... "* -**P7** *"More guidance and practical examples in class would have been helpful"* -**P4** *"i would have liked being taught how to improve your flow when your flow is not really flowing"* - *P3*
	Group vs individual reflection	4	*"I think for personal growth, I would say individually because the model is different for each and every person"*-**P2** *"Reflection should be completed individually, as there is information that I do not want to share with others"*- **P7** *"It's valuable to do and to learn that skill of reflection individually, but doing reflection in a group has additional benefits than just looking at your own situation, also the therapeutic value ... so I would say do it but not at the expense of group reflection"*-**P5** *"Group reflection allows nice discussions to happen"* -**P8**

Early Implementation and Curriculum Integration

The majority of participants stated that implementing the Kawa model in earlier years of study would be beneficial, as it would allow them to understand the model and, consequently, make it easier to apply in self-reflection. It was suggested that students be required to reflect only twice, at the beginning and at the end, during the 6-week period, to reduce the time spent reflecting. In addition, participants recommended that the model be integrated into one's work habits, as reported by supervisors on students' clinical performance, noting their strengths and weaknesses using the Kawa model.

Regarding the model's teaching and training, participants stated that further instruction on its use is required, as it requires strict adherence to its elements. The participants noted that self-reflection requires openness and honesty; therefore, practising it early in training would be beneficial. It is suggested that sufficient training from university lecturers on the practical use of the model is required. It was also reported that it would be beneficial if university supervisors would assist students when they experience difficulties that challenge their river flow.

Group vs Individual Reflection

Participants displayed differing opinions on whether reflection is more beneficial in an individual or group context. Some participants noted that reflection should be done individually, as there is information they would not be comfortable sharing with others. It was further noted that the benefit of completing reflection individually is that it allows for greater personal growth, as the model can be applied differently to each person. In contrast, other participants stated that group reflection also has its benefits. It was reported that it facilitates valuable discussions, which is important for learning. Group reflection indicated further benefits, such as therapeutic value from sharing with peers.

DISCUSSION

According to a study done by Blake et al[22] self-reflection is vital in personal and professional development in students as it builds self-awareness and insights into their strengths and weaknesses. Similarly, in this study, self-reflection was found to develop self-awareness, as participants notably indicated. Studies have noted that the visual nature of the Kawa model provided students with a guideline for a less abstract form of reflection and an opportunity to be objective and critically evaluate themselves when analysing their fieldwork experiences.[8,10] Additionally, this study found that the visual representation of the model enhanced self-awareness as it provided a visual aid as well as a concrete interpretation of their experiences. Having a guideline for reflection helped participants learn to reflect effectively, focusing on the key aspects outlined by the Kawa model. Participants with prior knowledge of the model found that this helped their understanding and therefore enhanced its implementation as a self-reflection tool. One of the barriers to the Kawa model was its abstract nature; however, those with prior exposure to it did not struggle with this aspect. From this, it is suggested that having prior knowledge of the model enhances its implementation and effectiveness as a self-reflection tool.

Participation of patients in occupational therapy intervention plays a crucial role in the effectiveness of the intervention[23], therefore, being able to view your patient holistically is important as it becomes easier to identify aspects affecting participation, enhancing one's ability to work with patients and provide appropriate clinical care. In this study, it was highlighted that learning to self-reflect within the Kawa model's guidelines enabled participants to apply it in the clinical context with their patients, leading them to perceive their patients more holistically and to apply the model's aspects to support interventions.

Moreover, the effectiveness of self-reflection relies on the integrity and honesty of the person reflecting. In a study by Maloney et al.[24] it was found that students' knowledge and application of self-reflection influenced honest reflection. Suggesting that without knowledge or guidelines for reflection, the level of one's true and honest self-reflection is negatively influenced. In this study, the Kawa model was utilised as a self-reflection tool, facilitating self-awareness in the participants, which is an important characteristic for healthcare professionals to ensure continuous learning, development, and growth in their field of practice[22]. This can apply to occupational therapy students, as in the study, frequent reflection aids the clinical application of the model. Earlier implementation of self-reflection techniques, as recommended in this study, may assist students on how to self-reflect, and therefore enable them to reflect accurately as professionals to identify their gaps in knowledge. Identifying these knowledge gaps allows practitioners to actively seek education in those gaps, such as by enrolling in courses. These courses contribute to practitioners' continuous professional development. According to the HPCSA guidelines[25], practitioners are required to accumulate continuous professional development (CPD) points and self-awareness of gaps in knowledge or rocks in their river flows will allow practitioners to choose CPD courses accordingly and not solely for the purpose of acquiring points.

According to a study by Lim et al.[9] on self-reflection in public higher education, the barriers to reflection include the time-consuming nature of the model, students feeling unequipped to self-reflect, and reflecting within a classroom setting, all of which align with the barriers highlighted in this study. It is assumed that these barriers are not specific to the Kawa model, but rather barriers to self-reflection as a concept, as seen in other studies. A barrier noted in the study by Lim et al.[9] is that students felt unequipped to self-reflect, which emphasises that using a model as a guideline for reflection can reduce this barrier, as seen in this study.

This study recommends implementing the Kawa model as a self-reflection tool earlier in the curriculum. Due to the metaphorical nature of the model, it can be difficult to understand initially. Therefore, implementing the Kawa model for students to self-reflect earlier can ensure they fully understand its different aspects and are comfortable using it before their final year. The implementation of the model in earlier curricula would, in addition, aid in the development of reflective practitioners. This will allow students to become aware of their strengths and weaknesses whilst still at university, giving them the opportunity to work on their weaknesses before entering the workforce. It was also recommended that lecturers be more involved in the process, from the actual learning of the model to the interpretation of the rivers drawn. Having the lecturers involved in the process will aid students' understanding of the model and, therefore, its clinical application, as they will be able to understand the concept of river flow and how to enhance a river that is not flowing freely.

The reflections were done in pairs in this study, which may have affected the honesty of the self-reflection, as some participants did not feel comfortable sharing about themselves. Therefore, it is suggested that self-reflection be done individually to foster honest self-reflection.

Limitations

Participants were not required to share pictures of their Kawa models; this would have been helpful to view, as it would have given the researchers a visual representation of their growth throughout the mental health work-integrated learning period and therefore highlighted whether or not the Kawa model is a useful self-reflection tool.

The participants in this study were completing their community service year in 2024 during data collection; therefore, it was challenging to schedule interviews that aligned with the researchers' and participants' schedules. The limited number of participants in the study affects the transferability of the findings, as it was a small sample from a single institution. Further research should be conducted across a wider population.

The 2023 final-year students were the first at this institution to use the Kawa model as a reflection tool. A longitudinal study may be other institutions' guidelines and reflection tools might also be beneficial.

CONCLUSION

Self-reflection is important for mental health work-integrated learning and can also be useful across other work-integrated learning areas in occupational therapy. This study suggests that integrating self-reflection using the Kawa model during mental health work-integrated learning in South Africa at the University of Pretoria, enhances students' learning experience, as it allows them to track the progress being made and allows the students to reflect in a holistic way by acknowledging how context impacts their life and experiences. It is recommended that the practice of self-reflection using the Kawa model be introduced earlier in the curriculum to ensure all students have a comprehensive understanding of it. The study also recommends that other higher education institutions across the country consider integrating the model into the practice of self-reflection.

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Author contributions

Nthabiseng Phalatse identified the topic and supervised the study. All listed authors were involved at all stages of the research study, held regular meetings to work on the manuscript, and approved the final manuscript.

Conflicts of interest

The authors have no conflicts of interest to declare.

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