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Article

How is the Kawa Model Used in Practice within Occupational Therapy Placement Settings? A Qualitative Phenomenological Study

Kathryn V. Hill, Msc[1]

Affiliation:
[1]School of Health and Care Occupational Therapy
Coventry University
Coventry
United Kingdom

Corresponding Author:
Kathryn Hill
Email: kathill111198@gmail.com

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ABSTRACT

Background: Conceptual models are central to occupational therapy reasoning and support the integration of theory with person-centred practice, yet applying them in practice can be challenging, particularly for students. The Kawa model offers a relational and culturally responsive framework for understanding individuals' life circumstances, but little empirical research has examined how pre-registration occupational therapy students use it during practice placements. This study explored how students experienced and applied the Kawa model during placements, including the factors that supported or constrained its use.

Methodology: A qualitative phenomenological study, underpinned by an interpretivist epistemology, was conducted with four final-year MSc pre-registration occupational therapy students who had used the Kawa model during practice placements. Participants were recruited using purposive and convenience sampling. Data were generated through a semi-structured online focus group and analysed using Braun and Clarke's reflexive thematic analysis.

Findings: Four themes were generated: Learning the Kawa Model; Kawa as a Person-Centred Tool; Contextual Barriers to Using the Kawa Model; and Kawa and Emerging Occupational Therapy Identity. The Kawa model supported person-centred reasoning, therapeutic communication and reflection but its use was shaped by uneven learning opportunities, limited modelling in practice and organisational pressures.

Conclusion: The Kawa model can support students' professional reasoning and identity development; however, its potential is constrained by inconsistent conceptual model teaching and service contexts that prioritise measurable, time-limited, outcome-driven contexts. More coherent conceptual model teaching is needed as well as explicit use of models in placements and supportive organisational conditions to enable students to embed theory within practice across pre-registration occupational therapy education. Implications for occupational therapy education, practice, and future research are discussed.

Keywords: Occupational therapy, Kawa Model, Practice-based learning, conceptual model pedagogy, threshold concepts, theory into practice

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INTRODUCTION

Conceptual models provide a foundational framework for occupational therapy practice, enabling occupational therapists to understand the dynamic relationship between individuals, their occupations, and their environments (Kielhofner, 2008). They support clinical reasoning, guide assessment and intervention, and inform evaluation of outcomes (Duncan, 2011). Conceptual models are also central to occupational therapy education, supporting students to develop an occupational perspective by integrating occupation-centred, person-centred and environmental reasoning (Joosten, 2015).

Learning to apply conceptual models has been described as a threshold concept in occupational therapy education, representing a transformative yet challenging shift in learners' understanding of practice and professional identity (Nicola-Richmond et al., 2015). Threshold concepts are often associated with a liminal phase, during which learners move between prior and emerging understandings as they attempt to integrate theory with practice (Meyer & Land, 2005). Research suggests that shared theoretical language and explicit use of occupational therapy models support students to make sense of core professional concepts and articulate the distinct contribution of occupational therapy (Joosten, 2015; O'Mahony et al., 2023). This highlights the importance of examining not only how models are taught, but how they are experienced and applied within practice contexts.

One such model is the Kawa model, developed by Iwama (2006). The Kawa model has gained increasing attention within occupational therapy for its relational, culturally responsive, and person-centred approach to understanding life circumstances. Using the metaphor of a river, the model provides a visual and narrative framework through which individuals can explore life flow, barriers, supports, and environmental influences (Iwama, 2006; Teoh & Iwama, 2015). A recent scoping review identified the Kawa model as a versatile and culturally responsive framework; however, the evidence base remains largely descriptive, with limited empirical research examining its application in practice (Ober et al., 2022). In particular, little empirical research has explored its use by pre-registration occupational therapy students.

Practice placements, increasingly referred to as practice-based learning by the Royal College of Occupational Therapists (RCOT, 2025), are a required component of occupational therapy education and play a key role in supporting students to integrate theory, professional reasoning and practice (World Federation of Occupational Therapists, 2016). The application of theory during placement may be influenced by factors such as practice educator approaches, service culture and the conceptual models routinely used within placement settings (O'Mahony et al., 2023).

Given the limited evidence regarding student use of the Kawa model in placement contexts, this study aims to explore how pre-registration occupational therapy students experience and apply the Kawa model during placement. Specifically, the study explores students' perceptions of the benefits and challenges of using the Kawa model, as well as the factors that support or hinder its use in placement settings and future practice.

LITERATURE REVIEW

Conceptual Models, Learning and Professional Development

Although conceptual models are not explicitly named within the RCOT Professional Standards (RCOT, 2021), they suggest practice is "shaped according to recognised theories, frameworks and concepts" (p. 20). Similarly,

RCOT's (2025) Learning and Development Standards emphasise the integration of theory, evidence and practice across academic and practice-based learning. However, neither of these standards explicitly specify the use of conceptual models, despite them being central to occupational therapy practice. This lack of explicit guidance creates potential variability in how conceptual models are taught and applied across pre-registration programmes.

Concerns regarding the absence of clear guidance for teaching how to apply theory into practice have been longstanding (Ikiugu & Ciaravino, 2007). Consequently, students' engagement with conceptual models may be shaped more by the theoretical preferences, experience and beliefs of individual educators than by national standards (Ashby & Chandler, 2010). Such variability may have implications for students' confidence and consistency in using conceptual models, particularly when transitioning between academic and placement contexts.

Influences on Model Use During Placement

The literature consistently demonstrates that students' engagement with conceptual models is strongly influenced by placement environments. The explicit use of conceptual models in practice may be limited by structural, organisational and cultural factors. These include managerial misunderstanding of occupational therapy roles, target-driven priorities, interprofessional pressures and resource constraints (Shafaroodi et al., 2017). As a result, engagement with theory may be implicit rather than articulated, reducing students' exposure to model-based reasoning (Ashby & Chandler, 2010).

The explicit use of conceptual models has been shown to strengthen professional identity and support student learning (Joosten, 2015). However, supervision practices are often shaped by context related constraints, including time pressures and workload demands (O'Mahony et al., 2023). This creates a tension between the educational value of explicit model use and the practical realities of occupational therapy settings. Variability in occupational therapists' confidence and experience with conceptual models may further contribute to inconsistent modelling of theory-informed practice (Joosten, 2015). Consequently, students' opportunities to develop model-based reasoning may depend not only on the quality of their placement environment but also on individual supervisors' ability and willingness to make theoretical reasoning explicit.

Conceptual Models as a Threshold Concept

Threshold concept theory provides a valuable lens for explaining why occupational therapy students may find it difficult to develop confidence and competence in applying conceptual models in practice. Within occupational therapy education, threshold concepts have been proposed to include occupation, person-centredness, evidence-informed practice and the application of occupational therapy models and theories (Nicola-Richmond et al., 2015; O'Mahony et al., 2023). These concepts are considered both troublesome and transformative, requiring learners to integrate complex theoretical ideas with context-based reasoning (Nicola-Richmond et al., 2019).

Empirical research suggests that such conceptual transformations often occur during placement rather than in academic settings, where students are required to navigate uncertainty, complexity and contextual constraints (O'Mahony et al., 2023). Threshold concept theory highlights the importance of engaging with, rather than simplifying, troublesome ideas during this process (Fortune & Kennedy-Jones, 2014). However, critics caution that threshold concepts may oversimplify professional identity development, which is shaped by relational,

organisational and contextual influences (Brown et al., 2021). As highlighted within conceptual model education research, supervisory approaches and placement culture can shape how models are introduced, valued and applied (Ashby & Chandler, 2010). This critique is particularly relevant when considering how students learn to use flexible conceptual models, such as the Kawa model, within diverse placement contexts.

Taken together, the threshold concept literature suggests that learning conceptual models involves more than acquiring theoretical knowledge. Students must develop the ability to use models to inform practice. The transition from knowing a model to applying it in practice may be particularly challenging during placement, where students encounter different supervisory approaches, organisational priorities and expectations. The Kawa model provides a useful example through which to explore this transition. Subsequently, students' experiences of using the Kawa model may provide insight into how they navigate the broader process of integrating conceptual knowledge into practice.

Use of the Kawa Model in Occupational Therapy Practice

The Kawa model (Iwama, 2006), has been widely discussed within occupational therapy literature as a relational and culturally responsive framework for understanding lived experience. Guidance emphasises the model's flexibility, recognising that it can be applied in different ways to inform subjective assessment and guide the occupational therapy process (Teoh & Iwama, 2015). Research demonstrates the Kawa model's adaptability across diverse practice contexts (Ober et al., 2022), with evidence suggesting that it can support emotional expression, goal identification and the exploration of complex life experiences (Weis et al., 2019). Furthermore, its use has been associated with enhanced therapeutic communication (Paxson et al., 2012) and may facilitate shared understanding between professionals (Ober & Lape, 2019).

This reflects the broader role of conceptual models in articulating occupational therapy's distinct perspective (Turpin & Iwama, 2011). Collectively, this research highlights the flexibility and contextual adaptability of the Kawa model in practice.

However, limitations of the Kawa model have also been identified. The model does not provide explicit mechanisms for evaluating occupational performance, often requiring additional assessments to inform intervention planning (Carmody et al., 2007). Occupational therapists have reported challenges introducing the metaphor, visually representing the river and determining appropriate levels of support to provide, particularly when less experienced with the Kawa model (Carmody et al., 2007; Paxson et al., 2012). Time constraints, interviewing skills and clinical experience can further shape how the model is applied in practice (Owen, 2014; Teoh & Iwama, 2015). These challenges are mirrored within the student literature. Studies exploring students' engagement in academic contexts indicate that learners value the model's holistic and relational qualities and perceive it as supporting reflective practice and intervention planning in simulated environments (Aygün & Akel, 2018; Fieldhouse, 2008). However, students frequently report difficulty interpreting the metaphor and applying it confidently due to limited clinical exposure (Aygün & Akel, 2018; Naidoo et al., 2023). Repeated practice, supervision and experiential learning appear critical to developing competence and confidence (Naidoo et al., 2023; Owen, 2014).

Furthermore, educational research has identified the potential influence of educator or

researcher preference on students' experiences of the model (Fieldhouse, 2008). This suggests that students' engagement may be shaped by placement culture and supervisory approaches as much as by the model itself (Ashby & Chandler, 2010). Given that applying conceptual models has been identified as a threshold concept, these contextual influences may affect students' ability to move from understanding the Kawa model theoretically to using it confidently in practice. This reinforces the need to explore how students experience the Kawa model within authentic practice settings.

Overall, the literature indicates that students' learning and application of conceptual models are shaped by a complex interplay between learning opportunities, placement contexts and individual experience. While the Kawa model is widely recognised for its relational and person-centred potential, empirical research examining how pre-registration occupational therapy students experience using the model within practice placement settings remains limited. Much of the existing literature is situated within academic or simulated environments, leaving the realities of application on placement under-explored. In particular, little is known about how students experience the Kawa model across university and placement settings, how it influences their clinical reasoning and what barriers they perceive to its use in practice. Addressing this gap is important for informing conceptual model teaching and supporting students to integrate theory with practice during placement learning.

Positionality Statement

As qualitative research acknowledges the influence of the researcher on knowledge generation (Clandinin, 2007), the researcher's positionality and reflexive approach are outlined below. The researcher was a final-year MSc occupational therapy student with prior academic familiarity with the Kawa model and a personal interest in its application, particularly in relation to the theory–practice gap. The researcher was particularly interested in exploring whether commonly reported barriers to students' use of the Kawa model reflected students' own experiences in practice, rather than assuming that student status alone explained these challenges. Participants were known to the researcher prior to the study, which may have influenced the way experiences were discussed. However, this familiarity also helped to establish rapport and may have facilitated more open and detailed discussion.

Within reflexive thematic analysis, subjectivity is viewed as an analytic resource rather than a source of bias (Braun & Clarke, 2021). To support reflexivity, the researcher maintained a journal throughout the study to document assumptions, methodological decisions and interpretative shifts. Reflexive engagement was further supported through supervisory discussion, which encouraged critical examination of interpretations. This reflexive practice informed the active generation and refinement of themes, helping the researcher to consider contradictory or challenging perspectives and contributing to the interpretative depth of the analysis (Braun & Clarke, 2021).

METHODS

This study adopted a qualitative phenomenological design underpinned by a relativist ontology and interpretivist epistemology. This acknowledges multiple, context-dependent realities and the co-construction of knowledge between researcher and participants (Braun & Clarke, 2021). Phenomenological approaches are well suited to exploring how occupational therapists make sense of their practice (Renjith et al., 2021). Therefore, this study design is appropriate for examining how pre-registration occupational therapy students experienced

and interpreted the use of the Kawa model during placement.

A purposive–convenience sampling strategy was used to recruit pre-registration occupational therapy students. Ethical approval was obtained from Coventry University's Ethics Committee, reference number P188582 prior to recruitment, and permission was granted by the course lead to advertise the study. Written informed consent was obtained from all participants.

Inclusion criteria required participants to have used the Kawa model during placement; students without this experience were excluded. Recruitment was conducted via student community pages, and convenience sampling was therefore used. The final sample comprised four final-year MSc (pre-registration) occupational therapy students. While the sample size was relatively small, qualitative research prioritises depth and richness of data over numerical size, particularly in exploratory studies (Vasileiou et al., 2018). The limited number of participants may have reduced the diversity of perspectives captured. However, the small sample enabled an in-depth exploration of individual experiences, allowing greater attention to the nuances and contextual factors influencing use of the Kawa model.

Data were collected through a semi-structured online focus group. This method was selected to facilitate shared reflection and the co-construction of meaning among participants with similar placement experiences (Office for Health Improvement and Disparities [OHID], 2020). Online delivery enhanced accessibility for geographically dispersed participants, though it limited access to non-verbal communication.

Potential challenges associated with focus group dynamics, including dominance effect and groupthink, were managed through active facilitation. A semi-structured interview guide supported consistency while allowing flexibility to explore issues of relevance as they emerged. The discussion was audio-recorded with consent and transcribed verbatim. Pseudonyms were used, identifying service details were removed, and data were securely stored. Participants were advised that confidentiality could not be guaranteed within a group setting and were encouraged to adhere to the Chatham House Rule (Chatham House, 2024).

Data were analysed using reflexive thematic analysis (RTA) following Braun and Clarke's (2021) six-phase framework. Reflexive thematic analysis was epistemologically congruent with the study's interpretivist and experiential foundations, viewing meaning as actively generated through researcher interpretation (Braun & Clarke, 2021). Themes were meaning-based and interpretative, each organised around a central concept rather than summarising topics (Braun & Clarke, 2021). Although presented as sequential, the analysis was an iterative and recursive process, with movement back and forth between phases as themes were refined (Braun & Clarke, 2021).

RESULTS

Thematic analysis generated four overarching themes: Learning the Kawa Model; Kawa as a Person-Centred Tool; Contextual Barriers to Using the Kawa Model; and Kawa and Emerging Occupational Therapy Identity. Themes were developed as broader patterns of shared meaning rather than collections of discrete sub-themes. While some concepts, such as the theory–practice gap, empathy and adapting the model across different contexts, intersected across themes, each theme represented a distinct central pattern within participants' accounts. An overview of the codes and thematic structure is presented in Table 1. Collectively, the themes reflect how students learned and interpreted the Kawa model,

experienced its use in practice, navigated contextual influences, and considered its contribution to their developing occupational therapy identity.

Table 1: *Themes Generated Through Reflexive Thematic Analysis*

1. Learning the Kawa Model
   - Educational inconsistencies
   - Theory-practice gap
   - Learning opportunities
2. Kawa as a Person-Centred Tool
   - Holistic understanding
   - Facilitating empathy
   - Enabling shared understanding
   - Adapting to individual needs
3. Contextual Barriers to Using the Kawa Model
   - Organisational barriers
   - Theory-practice gap
   - Person-related barriers
   - Adapting to individual needs
4. Kawa and Emerging Occupational Therapy Identity
   - Developing professional reasoning
   - Developing professional identity
   - Occupational therapy values
   - Facilitating empathy
   - Integrating Kawa into occupational therapy practice

Theme 1: Learning the Kawa Model.

Participants described uneven and inconsistent experiences of learning the Kawa model, with understanding shaped largely by individual lecturers or supervisors rather than systematic curriculum coverage. For some, exposure depended on a single enthusiastic educator rather than embedded teaching across modules. “Across the course I don't really remember there being too much of a big expansion.”(P1) “We had [a lecturer] who loves the Kawa model… he kept referring back to it and so it piqued my interest over any of the others.” (P3)

Students expressed a desire for more opportunities to consolidate their knowledge through applied examples, noting that classroom teaching alone did not provide sufficient confidence for practice. They described wanting to see the model used more explicitly in context.
“I think maybe seeing it in practice a bit more… and then try and experiment with it.” (P2)
Several participants also highlighted a disconnect between learning the Kawa model and encountering it on placement. This reflected a theory–practice gap, with students rarely observing the model used explicitly by occupational therapists.
“I can do it a lot as a student… but if you were to actually put it in practice… a lot of places don’t.” (P1)
“I don’t think I have ever met an OT in practice who had heard of the Kawa model.” (P3)

In the absence of expansive formal teaching or placement examples, some students sought their own learning opportunities. This included attending external workshops and professional events, demonstrating personal initiative to bridge perceived gaps in education and practice.
“There was a workshop organised by RCOT with Michael Iwama, so that gave me the idea to use it.” (P4)

Overall, students’ foundational understanding of the Kawa model was shaped by a combination of curriculum variation, individual educator influence, personal initiative, and disparate placement experiences. This uneven exposure shaped students’ confidence and preparedness to apply the model within real practice contexts.

Theme 2: Kawa as a Person-Centred Tool

Participants consistently described the Kawa model as supporting deeply person-centred and holistic practice. The river metaphor enabled clients to situate challenges within the

broader context of their lives, helping students gain richer insight into individuals' experiences and priorities.
"It very much relates to the service user in terms of their life and how they're coping with things at the minute because they're seeing their lives very much as that river." (P2)

Using the Kawa model also encouraged participants to reflect on their therapeutic use of self and strengthened their empathy. One student described how the model helped them reconsider their level of support, while another reflected on how it enabled them to think about why a patient might have repeated hospital admissions. "It showed me, as an OT student, that sometimes you have to take a step back to let clients work things out for themselves." (P2) "It gives you a bit more empathy to think about their situation, to think about why they're coming back [to hospital] again and again." (P1)

Participants also found the model helpful for facilitating communication and creating shared understanding between clients, families and professionals. The visual nature of the river diagram enabled people to articulate their perspectives in ways that were accessible to others and enabled understanding from a client's perspective. "I ended up using it more to demonstrate to the teachers what the kids had said, but it helped them to be able to see it, and the parents as well." (P3)

Students described adjusting the way they used the Kawa model to align with the preferences, needs and contexts of different clients, supporting a more person-centred approach.
"With some people, I would sit and do colouring… older kids might not want to move Velcro… if you're using it as a practical resource to facilitate a conversation, you have to do it differently." (P3)
"We used the Kawa model… targeting young people who use mobility aids… because collectively we thought there's a shared experience… what are the rocks we're all facing?" (P4)
Taken together, participants' accounts illustrate how the Kawa model supported personalised, meaningful interaction, enabling students to access clients' perspectives and tailor their interactions to individual and group needs.

Theme 3: Contextual Barriers to Using the Kawa Model

Participants recognised the potential value of the Kawa model but described significant contextual and organisational barriers that limited opportunities to use it in practice. Time pressures, productivity demands and outcome-driven cultures were considered recurrent constraints, making it difficult to prioritise more person-centred approaches, such as the Kawa model. "Ideally, we want to do that person-centred work for every patient, but there wasn't capacity or time for that."(P4) "There's always going to be funding issues, you've always got targets to meet and it's going to be quite challenging." (P2) "Health care professionals might look at this model and say, well, that's not measurable... we need to report our therapy outcomes to the senior NHS management." (P4) "In a hospital… you're more like a checklist kind of thing… you just… keep them going." (P1)

Participants also noted that the Kawa model may not be suitable for all clients or contexts. They reflected on the importance of judgement and sensitivity, describing how individuals' preferences, readiness to share personal information, or difficulty engaging with the metaphor could limit its effectiveness. "The mental health patients... would literally just turn around and be like, 'I'm not telling you my life story'." (P1) "Some people might get a bit too focused on 'I'm not sure if that's a rock or the riverbed'… it might just distract some people."

(P4) “It could be patronising if you approached it in the wrong way.” (P3)

Overall, participants’ experiences highlighted how structural demands, contextual pressures and client-related factors shaped the feasibility, and at times the appropriateness, of using narrative and metaphor-based approaches such as the Kawa model.

Theme 4: Kawa and Emerging Occupational Therapy Identity

Participants reflected on how engaging with the Kawa model shaped their developing professional identities, particularly in relation to their clinical reasoning and understanding of core occupational therapy values. Using the model encouraged deeper reflection on practice and helped students recognise what mattered to them as future occupational therapists. “If you use the Kawa model, it helps to see where he’s at… it just helped me to learn and to think, right, if I had this situation again, this is how I would talk through using the model.” (P2) “For me, it aligns with what I think is really important and what is key to being an OT.” (P3)

Participants also described integrating the Kawa model alongside other conceptual frameworks, such as the Occupational Therapy Intervention Process Model (OTIPM), appreciating its flexibility and the way it supported reflective and evolving practice. Participants also reflected on the Kawa model’s comparative rarity in being a model designed to be used with clients. “You can use it alongside the OTIPM… because it’s flexible and it changes and you reflect and you come back.” (P3) “This is one of the only ones where you can involve the patient and talk through the model.” (P2)

At the same time, students acknowledged challenges in maintaining an occupational focus when using the model, highlighting the need for ongoing professional judgement and identity development. “It could be hard sometimes to keep occupation as the focus.” (P4)

One participant also described how the Kawa model had become part of their internal reasoning, influencing how they thought about practice even when contextual limitations restricted its explicit use. This suggests the beginnings of a professional identity grounded in occupation-focused narrative reasoning. “Even if you can’t embed it in a team, I’m always going to use it… because it’s how I think about my patients.” (P3)

DISCUSSION

Students’ experiences of learning the Kawa model were shaped by uneven curriculum coverage, educator preference and limited opportunities for applied practice. This reflects longstanding concerns that conceptual model teaching pedagogy in occupational therapy is often influenced by individual educator familiarity rather than systematic curriculum design (Ashby & Chandler, 2010). The absence of explicit guidance regarding prioritisation of conceptual models within RCOT standards (RCOT, 2021; 2025) may contribute to this variability, resulting in differing levels of preparedness and confidence among students.

Students' confidence in using the Kawa model appeared closely linked to the consistency and explicitness of their learning opportunities. One participant described how their interest in the model was supported by a lecturer who incorporated it into teaching, while another felt that classroom learning had not sufficiently prepared them to use it with patients. This aligns with Kawa-specific literature emphasising the importance of experiential learning and supervision (Naidoo et al., 2023). Conversely, limited opportunities to observe explicit model use on placement contributed to uncertainty. This may reflect the implicit use of conceptual models in practice (Ashby & Chandler, 2010). Explicit articulation of model-based reasoning has been shown to strengthen professional identity and support student learning (Joosten, 2015),

suggesting that limited explicit modelling may hinder students' confidence and application.

Students expressed the value of the Kawa model, with some describing changes in how they understood and responded to clients. One participant reflected that using the model supported person centred practice by helping them consider why a patient repeatedly returned to hospital. This suggests that the model may support students to move beyond problem-focused reasoning towards a more contextual understanding of occupational experience. This aligns with literature describing the Kawa model as supporting exploration of emotional, social and contextual factors (Paxson et al., 2012; Weis et al., 2019), while also highlighting a potential educational benefit: students may develop not only greater understanding of the client, but greater awareness of their own therapeutic approach.

Students also described the value of the Kawa model to support interprofessional working and understanding. This reflects findings that the model can function as a shared interpretive resource, supporting interprofessional communication and collaborative reasoning (Ober & Lape, 2019). More broadly, this demonstrates the role of conceptual models in enabling occupational therapists to articulate their distinct contribution within interdisciplinary contexts, thereby promoting person-centred care (Turpin & Iwama, 2011). Interestingly, the findings of this study highlight the potential for students with relatively limited experience of occupational therapy practice to influence interprofessional understanding through the use of the Kawa model.

Students experienced tension between the perceived value of the Kawa model and the organisational conditions in which their placements were based. One participant expressed a desire to engage in person-centred practice but recognised that organisational capacity limited the extent to which this was possible. This suggests that, while students may understand and value theory-informed approaches, they are also able to recognise the barriers to applying theory into practice. Such barriers to the application of conceptual models in occupational therapy have been identified more broadly, including medical-model oriented services, target-driven practice and limited resources (Shafaroodi et al., 2017). However, literature specifically examining students' experiences of applying the Kawa model in practice has primarily identified person-related barriers, such as limited experience and confidence (Owen, 2014). The present findings therefore extend this understanding by highlighting how organisational and contextual factors may also shape students' ability to apply the Kawa model in practice.

Importantly, the influence of the Kawa model appeared to extend beyond its explicit use in practice. Consistent with existing literature, students described the model as facilitating insight into lived experience and client priorities (Fieldhouse, 2008; Aygün & Akel, 2018). One participant described continuing to use the model internally even when it could not be embedded within the wider team. This suggests that conceptual models may influence professional reasoning even when their formal application is constrained by placement context. This positioning reflects wider evidence that occupational therapists draw on a range of theories and models to inform practice, adapting their use in response to contextual and organisational demands (Nicola-Richmond et al., 2019). Rather than viewing theory–practice integration in terms of whether students explicitly use a model, this finding indicates that models may become incorporated into students' ways of thinking about people and occupations.

These experiences share some characteristics described within threshold concept theory,

particularly the potential for transformative and identity-related learning (Meyer & Land, 2005; Nicola-Richmond et al., 2015). The variation in students' experiences within this study further supports this, reflecting wider evidence that conceptual development is non-linear and shaped by exposure, learning opportunities and practice context (Nicola-Richmond et al., 2019). While threshold concept theory has been critiqued for potentially oversimplifying professional identity development (Brown et al., 2021), the findings suggest that engagement with the Kawa model may contribute to meaningful conceptual development for some students. However, these findings do not establish that the Kawa model constitutes a threshold concept, but rather indicate that threshold concept theory may provide a useful lens through which to understand aspects of students' experiences.

These findings highlight a core tension within occupational therapy education: conceptual models, such as Kawa, can support deep professional learning, yet their transformative potential is dependent on structural and teaching consistency across academic and practice settings. Rather than presenting unique challenges, the Kawa model appears to magnify existing inconsistencies in conceptual model teaching and theory–practice integration. Nevertheless, its capacity to influence students' understanding of practice and their developing professional identity highlights an important area for future pedagogical and theoretical exploration.

Implications for Occupational Therapy Education and Practice

The findings highlight the need for more deliberate and coherent approaches to teaching conceptual models within occupational therapy education. Structured learning strategies that support repeated exposure, experiential learning and explicit modelling may help reduce variability in students' confidence and application (Mahoney & Smallfield, 2024). Supporting students to engage with uncertainty and complexity, rather than simplifying conceptual models, may also be important for facilitating deeper learning (Fortune & Kennedy-Jones, 2014). Educators may therefore need to design a curriculum that allows for uncertainty, exploration, and critical reflection, rather than simplifying conceptual models to avoid discomfort.

The findings further emphasise that conceptual model use is shaped by organisational context as well as practitioner skill. Educators and placement providers should therefore consider how service cultures, time pressures and supervisory practices enable or constrain theory-informed practice. Addressing these contextual factors may support more consistent integration of conceptual models across academic and placement settings.

Strengths, Limitations and Future Research

A key strength of this study was that it enabled participants to reflect collaboratively on their usage of the Kawa model and its influence on their practice. Rather than providing an alternative framework for analysing practice, the model appeared to create a shared language through which participants could explore and make sense of their experiences together. This collaborative element enabled participants to compare perspectives and develop their understanding through discussion, offering insights into how the model may support reflective learning within occupational therapy education.

This study involved a small, self-selecting sample from a single university, and the findings reflect the specific educational and placement contexts experienced by those participants. The experiences of students on different programmes, at earlier stages of training or within

other institutional contexts may differ. Time constraints also limited opportunities for longitudinal exploration of students' learning trajectories.

Future research involving students from multiple institutions and stages of training, alongside educator perspectives, could offer a more comprehensive understanding of how the Kawa model is learned and applied. Further empirical exploration of whether engagement with the Kawa model functions as a threshold concept may also offer valuable insights for curriculum design and conceptual model teaching.

CONCLUSION

This is the first study to explore how pre-registration occupational therapy students apply the Kawa model during placement and reflect on its use in practice. More specifically, the Kawa model was found to support person-centred reasoning, reflective practice and the development of professional identity. That said, its use was shaped by educational preparation, personal confidence and organisational context. The findings suggest that engagement with the Kawa model may influence students' professional reasoning even when its explicit application is constrained, highlighting its potential value as a developmental resource. By identifying conditions that enable or limit students' engagement with the Kawa model, this study contributes to ongoing discussion regarding how conceptual models are taught, supported and meaningfully integrated across occupational therapy education and practice.

Declaration of Conflicting Interests: The author declares no conflicts of interest.

REFERENCES

Ashby, S., & Chandler, B. (2010). An exploratory study of the occupation-focused models included in occupational therapy professional education programmes. *British Journal of Occupational Therapy, 73(12),* 616–624. https://doi.org/10.4276/030802210x12918167234325

Aygün, D., & Akel, B. S. (2018). An examination of the positive and negative features related to the use of the kawa model. *Journal of Occupational Therapy and Rehabilitation,* 6(2), 111–116. https://doi.org/10.30720/ered.463553

Braun, V., & Clarke, V. (2021). *Thematic analysis: A practical guide.* Sage.

Brown, M. E. L., Whybrow, P., & Finn, G. M. (2021). Do we need to close the door on threshold concepts? *Teaching and Learning in Medicine*, 34(3), 1–12. https://doi.org/10.1080/10401334.2021.1897598

Carmody, S., Nolan, R., Ni Chonchuir, N., Curry, M., Halligan, C., & Robinson, K. (2007). The guiding nature of the kawa (river) model in Ireland: Creating both opportunities and challenges for occupational therapists. *Occupational Therapy International,* 14(4), 221–236. https://doi.org/10.1002/oti.235

Chatham House. (2024). Chatham house rule. https://www.chathamhouse.org/about-us/chatham-house-rule

Clandinin, D. J. (2007). *Handbook of narrative inquiry: Mapping a methodology*. Sage Publications.

Duncan, E. A. S. (2011). *Foundations for practice in occupational therapy*. (5th ed.). Elsevier.

Fieldhouse, J. (2008). Using the Kawa Model in practice and in education. *Mental Health Occupational Therapy,* 13(3), 101-106.

Fortune, T., & Kennedy-Jones, M. (2014). Occupation and its relationship with health and wellbeing: The threshold concept for occupational therapy. *Australian Occupational Therapy Journal,* 61(5), 293–298. https://doi.org/10.1111/1440-1630.12144

Ikiugu, M. N., & Ciaravino, E. A. (2007). *Psychosocial conceptual practice models in occupational therapy: Building adaptive capability.* Elsevier Health Sciences.

Iwama, M. K. (2006). *The Kawa model: Culturally relevant occupational therapy*. Elsevier.

Joosten, A. V. (2015). Contemporary occupational therapy: Our occupational therapy models are essential to occupation centred practice. *Australian Occupational Therapy Journal,* 62(3), 219–222. https://doi.org/10.1111/1440-1630.12186

Kielhofner, G. (2008). *Model of human occupation: Theory and application* (4th ed.). Lippincott Williams & Wilkins.

Mahoney, W. J., & Smallfield, S. (2024). Hats On! A Teaching Innovation to Make Theory Visible in Professional Reasoning. *Journal of Occupational Therapy Education*, 8(1). https://doi.org/10.26681/jote.2024.080116

Meyer, J. H. F., & Land, R. (2005). Threshold concepts and troublesome knowledge (2): Epistemological considerations and a conceptual framework for teaching and learning. *Higher Education*, 49(3), 373–388. https://doi.org/10.1007/s10734-004-6779-5

Naidoo, O., Christopher, C., Lingah, T., & Moran, M. (2023). The kawa model: A self-reflection tool for occupational therapy student development in practice placements in Australia. *Occupational Therapy International*, 2023(1), 1–10. https://doi.org/10.1155/2023/2768898

Nicola-Richmond, K. M., Pépin, G., & Larkin, H. (2015). Transformation from student to occupational therapist: Using the Delphi technique to identify the threshold concepts of occupational therapy. *Australian Occupational Therapy Journal,* 63(2), 95–104. https://doi.org/10.1111/1440-1630.12252

Nicola-Richmond, K., Pépin, G., Larkin, H., & Mohebbi, M. (2019). Threshold concept acquisition in occupational therapy: A mixed methods study of students and clinicians. *Australian Occupational Therapy Journal*, 66(5), 568–580. https://doi.org/10.1111/1440-1630.12595

O'Mahony, S. E., Joosten, A. V., & O'Brien, J. (2023). An exploratory study: Undergraduates' perspectives on how threshold concepts influence professional identity. *Canadian Journal of Occupational Therapy,* 90(4), 000841742311547. https://doi.org/10.1177/00084174231154747

Ober, J. L., Newbury, R. S., & Lape, J. E. (2022). The dynamic use of the kawa model: A scoping review. *The Open Journal of Occupational Therapy,* 10(2), 1–12. https://doi.org/10.15453/2168-6408.1952

Ober, J., & Lape, J. (2019). Cultivating acute care rehabilitation team collaboration using the kawa model. *Internet Journal of Allied Health Sciences and Practice,* 17(3). https://doi.org/10.46743/1540-580x/2019.1827

Office for Health Improvement and Disparities. (2020, January 30). *Focus group study: Qualitative studies.* GOV.UK. https://www.gov.uk/guidance/focus-group-study-qualitative-studies

Owen, A. (2014). *Model use in occupational therapy practice with a focus on the Kawa model* (Master's dissertation, University of the Witwatersrand, Johannesburg). https://wiredspace.wits.ac.za/server/api/core/bitstreams/60fbadf9-a95f-43a8-a238-e454166a9dca/content

Paxson, D., Winston, K., Tobey, T., Johnston, S., & Iwama, M. (2012). The kawa model: Therapists' experiences in mental health practice. *Occupational Therapy in Mental Health*, 28(4), 340–355. https://doi.org/10.1080/0164212x.2012.708586

Renjith, V., Yesodharan, R., Noronha, J., Ladd, E., & George, A. (2021). Qualitative methods in health care research. *International Journal of Preventive Medicine*, 12(1), 20. https://doi.org/10.4103/ijpvm.IJPVM_321_19

Royal College of Occupational Therapists. (2021). *Professional standards for occupational therapy practice, conduct and ethics.* Royal College of Occupational Therapists.

Royal College of Occupational Therapists. (2025, June). Learning and development standards for pre-registration education and early career occupational therapists [Draft for consultation]. https://www.rcot.co.uk

Shafaroodi, N., Kamali, M., Parvizi, S., & Hassani Mehraban, A. (2017). Occupational therapists' clinical reasoning: A qualitative study. *Iranian Rehabilitation Journal,* 15(3), 277–286. https://doi.org/10.29252/nrip.irj.15.3.277

Teoh, J. Y., & Iwama, M. K. (2015). *The Kawa model made easy: A guide to applying the Kawa model in occupational therapy practice* (2nd ed.). http://www.kawa-model.com/v1/index.php/tag/kawamodel-made-easy-manual/

Turpin, M. J., & Iwama, M. K. (2011). *Using occupational therapy models in practice: A fieldguide* (E-book ed.). Churchill Livingstone Elsevier.

Vasileiou, K., Barnett, J., Thorpe, S., & Young, T. (2018). Characterising and justifying sample size sufficiency in interview-based

studies: Systematic analysis of qualitative health research over a 15-year period. *BMC Medical Research Methodology*, 18(1), 1–18. https://doi.org/10.1186/s12874-018-0594-7

Weis, A., Kugel, J. D., Javaherian-Dysinger, H., & De Brun, J. N. (2019). Life after losing an adult child to a drug overdose: A kawa perspective. *The Open Journal of Occupational Therapy,* 7(3), 1–14. https://doi.org/10.15453/2168-6408.1488

World Federation of Occupational Therapists. (2016). *Minimum standards for the education of occupational therapists* (3rd ed.). https://wfot.org/resources/new-minimum-standards-for-the-education-of-occupational-therapists-2016-e-copy