

Factors Affecting Occupational Therapy Students' Self-Efficacy Prior To Clinical Fieldwork

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Abstract: This qualitative study explored factors influencing occupational therapy (OT) students' self-efficacy prior to clinical fieldwork, a crucial component of their training. Drawing on Bandura's social cognitive theory, the study aimed to understand how academic preparation, practical experiences, and support systems contribute to students' confidence and readiness. We purposively sampled six occupational therapy students (ages 20-22, 5 females, 1 male) and had them participate in in-depth interviews. Thematic analysis revealed four key themes: experience studying in an OT program (increasing insight/knowledge, learning challenges), support for course materials and learning methods (clinical simulation, case studies), social and campus facility support (lecturer, friend, family, and campus facility support), and mentorship from clinical supervisors and the clinical environment. Findings highlight the significant impact of hands-on training, empathetic support, and institutional resources on self-efficacy. The study suggests that educational institutions should develop targeted curricula and interventions, such as enhanced simulation training and robust support networks, to optimally prepare students for the complexities of clinical practice and foster resilience.

Keywords: Self-Efficacy, Occupational Therapy, Clinical Fieldwork.

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I. INTRODUCTION

The term "self-efficacy" originates from [3] social cognitive theory. It indicates that an individual is confident in their ability to achieve desired outcomes effectively. Self-efficacy is crucial for students in occupational therapy (OT) programs, as they must use their academic knowledge in practical settings. Fieldwork education is a crucial component of occupational therapy training, as it facilitates the application of academic knowledge to practical situations [1]. However, numerous students experience anxiety and self-doubt before commencing clinical tasks, thereby hindering their learning and performance [5]. Prior to fieldwork, educators and institutions must understand the factors influencing self-efficacy to facilitate students' transition from the classroom to the clinic. Self-efficacy is recognized as a factor influencing individuals' performance in academic settings and therapeutic interventions [2]. [4] observed that individuals with self-belief are more inclined to confront challenges with resilience, navigate difficult periods, and achieve their objectives. Occupational therapy students with high self-efficacy prior to fieldwork exhibit improved clinical reasoning, enhanced communication

with clients, and more adaptability to novel healthcare environments [6]. Self-doubt may result in avoidance, anxiety, and suboptimal performance [7].

Recent research shows that several things can affect the self-efficacy of occupational therapy students, such as how well they did in school before, how much support they get from their peers, how much guidance they get from professors, and how much time they spend in simulated clinical situations [5]; [8]. The COVID-19 pandemic brought other problems, like fewer chances for hands-on learning and more dependency on online classes, which have hurt students' confidence [9]. As occupational therapy programs adjust to meet these needs, it's important to know what students think about their readiness for fieldwork to help them become more resilient and grow as professionals. Recent research shows that several things can affect occupational therapy students' self-efficacy, such as how well they did in school before, how much support they get from their peers, how much help they get from their teachers, and how much time they spend in simulated clinical settings [5]; [8]. As occupational therapy programs get better, it's crucial to

know what students think about their readiness for fieldwork to help them become more resilient and improve as professionals.

Prior to fieldwork, the self-efficacy of occupational therapy (OT) students is significantly influenced by their schooling. A comprehensive program integrating theory and practice enhances confidence in clinical skills [6]. Competency-based teaching methods, like simulation training and Objective Structured Clinical Examinations (OSCEs), help students learn important skills in a safe setting. Insufficient critical information or lack of practical experience can diminish individuals' confidence [7]. Proficiency in clinical documentation and the application of evidence-based practice is essential for preparedness in the field. Structured workshops and courses that incorporate research have proven to be quite beneficial. Students have an increase in self-efficacy when transitioning from school to clinical practice, provided they possess substantial academic preparation encompassing theoretical knowledge, skill acquisition, and professional competencies.

Simulation and hands-on training are crucial for occupational therapy (OT) students to build confidence before entering the workforce, as these methods provide safe and structured opportunities to practice and enhance their clinical skills. Research suggests that high-fidelity simulations, like working with standardized patients and employing virtual reality, dramatically increase students' confidence in their clinical reasoning, communication with patients, and ability to carry out interventions [8]; [5]. According to [4] theory, these experiential learning strategies help students improve their mastery experiences, which are a key aspect in self-efficacy. This is because they let students practice complex abilities in a controlled setting over and over again. After the pandemic, training with simulations has also become increasingly significant in education. Despite the decrease in in-person clinical experiences, simulation training still meets high standards for skill development. Simulation training lowers anxiety and makes occupational therapy students feel more competent as they transfer to real clinical settings by including intentional practice and immediate feedback [6].

Peer and teacher support that is both empathetic and skill-based boosts occupational therapy (OT) students' confidence before they start working in the field. [4] social cognitive theory says that talking someone into something and seeing it done by trustworthy role models can enhance self-efficacy. Help comes from faculty leadership and working with peers. Researchers observed that students who get regular, positive feedback from their teachers are surer in their clinical decision-making and intervention planning [7]. Peer mentorship programs assist students in dealing with problems and gaining new skills [5]. Reciprocal peer support lowers anxiety and boosts confidence since people can compare themselves to each other [6]. It's easy to share experiences in study groups and simulation laboratories. Pre-fieldwork debriefings and competency-based evaluations help teachers and students figure out how ready they are and how to connect classroom and fieldwork (AOTA, 2018). Schooling after the pandemic is less safe since pupils are alone and have less hands-on experience, but planned support networks have helped them become more resilient and confident when they go from school to employment [8].

Prior to clinical fieldwork, emotional and psychological factors significantly influence the self-efficacy of occupational therapy students. Their primary confidence detractors are stress, anxiety, and fear of failure. Research indicates that students experiencing significant anxiety regarding their performance question their clinical competencies, particularly when engaging with unfamiliar patients or challenging cases [7]. Mindfulness-based therapies and stress management training enhance emotional regulation and resilience in individuals facing these challenges [5]. Imposter syndrome causes students to question their abilities despite possessing evidence of their competence. This undermines their self-efficacy, particularly for those lacking substantial real-world experience [6]. Peer support, reflective practice, and faculty mentorship can assist individuals in overcoming mental barriers that diminish their confidence in fieldwork (AOTA, 2018).

The self-efficacy of occupational therapy students preparing for clinical fieldwork is significantly influenced by their environment and educational institutions. Students exhibit more confidence in their clinical competencies when provided with high-quality educational resources, such as contemporary assessment techniques and adequately equipped simulation laboratories (Hoel et al., 2021). The structure of a program may influence your self-confidence. [5] assert that students in institutions that gradually integrate fieldwork feel more equipped than those who must transition to clinical practice abruptly. The COVID-19 pandemic demonstrated the necessity for corporations to maintain adaptability. Students' confidence remained elevated in programs that effectively utilized hybrid learning models, despite reduced opportunities for in-person learning [9]. The supervisor's expertise, the diversity of patients, and the organizational culture significantly influence students' self-perception of their capabilities [6]. Students can relate their classroom learning to real-world applications when institutions clearly delineate field requirements and foster robust connections between academics and practitioners. Such an environment instills greater confidence in students regarding their capabilities (AOTA, 2018).

Changing the way schools use technology is also crucial. A recent study showed that using clinical case films and digital learning platforms made students more motivated and better able to understand clinical situations, which in turn made them more confident [10]. In addition, a qualitative study provides extensive details on the subject of therapeutic self-application [11] found that students' confidence in their ability to recognize client needs and use the right therapy procedures changed temporarily to improve successful and caring therapeutic encounters. It is important to measure self-efficacy to find out what affects it, including the level of assistance and monitoring provided by the school [12].

The purpose of this qualitative study is to identify factors affecting occupational therapy students' self-efficacy prior to clinical fieldwork. The result of this study can help educational institutions develop targeted curricula and interventions to optimally prepare students for clinical practice.

II. METHOD

A. Study Design

This study used a qualitative design with a phenomenological approach that aims to identify factors affecting students' self-efficacy before carrying out clinical practice. The phenomenological approach was chosen because it allows researchers to understand the meaning of the subjective experiences of the participants in depth [13].

B. Participants

Participants were selected by purposive sampling approaches, specifically choosing individuals who satisfy certain criteria to ensure the data collected is pertinent and comprehensive [14]. We selected six occupational therapy students using purposeful sampling. The participants' ages range from 20 to 22 years, comprising 5 females and 1 male. The inclusion criteria comprised occupational therapy students engaged in clinical practice. The researcher disseminated the study invites throughout class. The researcher communicated with interested students and elucidated the study's objectives and methodologies. The researcher indicated that participation in this study was voluntary and sought informed consent. This project has obtained approval from the school ethical committee (Table 1 summarizes participant characteristics).

Table 1. Participants Characteristic

Participant	Age (year)	Gender	OT Education (Diploma IV OT)	Semester
1	21	Female	OT Student	6
2	20	Female	OT Student	6
3	22	Female	OT Student	6
4	21	Female	OT Student	6
5	21	Female	OT Student	6
6	21	Male	OT Student	6

Note. OT: Occupational Therapy

C. Data Collection

The data for this study were obtained through comprehensive interviews lasting 60 to 90 minutes. In-depth interviews are a qualitative data-gathering method employed to thoroughly investigate persons' experiences, perspectives, and motives via adaptable and open-ended discussion [15]. A duration of 60-90 minutes facilitates the establishment of trust between the researcher and participants, enabling an in-depth examination of the topic of self-efficacy. In-depth interviews enable researchers to comprehensively examine students' perceptions of their competencies in clinical practice and the factors that affect their self-confidence.

D. Data Analysis

Researcher checks back with the participants to confirm the information and findings, giving them a chance to provide feedback or corrections about what was recorded [16]. Consequently, this stage ensures that the researcher has accurately and honestly documented the experiences and meanings of students' self-efficacy.

Thematic analysis is a qualitative methodology utilized to identify, examine, and document patterns (themes) within data

through a systematic six-phase process [16]. Researchers begin by thoroughly examining and documenting initial observations of the data. They subsequently establish preliminary codes to identify relevant data segments [18]. The codes are then grouped into possible themes, which are examined in two ways—first by looking at the coded parts and then by reviewing the whole dataset to make sure everything matches up. Researchers refine, delineate, and designate themes, expressing their essence with sample data extracts. A systematic report synthesizes themes with relevant research to finally convey the results [19]. This approach ensures methodological rigor and transparency in qualitative research [20].

III. RESULT

Analysis revealed four themes: experience studying in an occupational therapy program, support for course materials and learning methods for clinical practice, social and campus facility support, and mentorship from clinical supervisor and clinical environment. Each theme consists of two to four subthemes. Identifying the factors that affect students' self-efficacy prior to engaging in clinical fieldwork is essential.

Table 2. Emerged Theme and Sub-Themes

Themes	Sub-Themes
Experience studying in an occupational therapy program	1. Increasing Insight and Knowledge 2. Learning Challenges
Support for course materials and learning methods for clinical practice	1. Course material 2. Clinical simulation increase self-confidence 3. Benefit case study
Social and campus facility support	1. Lecturers support 2. Friend support

	3. Family support 4. Campus Facility support
Mentorship from clinical supervisor and Clinical Environment	1. Mentorship from clinical supervisor 2. Clinical environment supports self-confidence

A. Experience Studying in an Occupational Therapy Program

Theme of experience of studying in an occupational therapy program includes two main themes: increasing insight and knowledge, and facing learning challenges.

➤ Increasing Insight and Knowledge

The participants in this study have significant experience during their enrolment in the occupational therapy program, acquiring both deeper knowledge and varied life lessons. Participants in this study indicated significant benefits from their experiences, which broadened their perspectives by fostering connections with others from varied backgrounds, expanding cultural awareness, and augmenting understanding of different diseases. Furthermore, college afforded them a multitude of unprecedented experiences, substantially augmenting their knowledge and life experience. The study participant emphasized the variety of their academic experiences, including theories in pediatrics, psychosocial dimensions, and adult physics, alongside practical skills such as splint construction and intervention simulations in a mental health setting. As participant stated, "during my studies, I had many experiences, such as meeting friends from various regions, getting to know different cultures, and learning about various diseases" (Participant 1). These experiences improved the participants' understanding of occupational therapy education.

➤ Learning Challenge

Students often face several complex challenges inside their on-campus academic program. Participants expressed their experiences in handling cases of new patients and remarked on the inadequate detailed explanations offered by lecturers regarding the diagnosis. Such an issue hampers the understanding and handling of cases effectively. Participants evaluated that, although the resources offered on campus were predominantly positive, notable gaps persisted, especially with the materials seen during clinical practice. The gap between academic information provided in college and its practical application poses a considerable barrier, as the institution mainly prepares students with foundational concepts. One participant commented, "The material provided is quite relevant, especially the materials on occupational therapy in pediatrics and occupational therapy in psychosocial, but some students need more case-based learning or case discussions to prepare for clinical practice" (Participant 3). Conversely, practical experience in the field requires a deeper and more complex understanding.

Participants noticed a difference between what they learned in college and how it applies in real work situations, pointing out that while students receive thorough theoretical education, the practical setting demands the use of various treatment methods. This level requires students to undertake increased autonomous learning during clinical experience. These issues illustrate that students need to develop

adaptability and autonomous learning abilities to connect theory with practice, equipping them to face novel circumstances beyond the classroom.

B. Support for Course Materials and Learning Methods for Clinical Practice

Theme of support for course materials and learning methods for clinical practice consist of three sub-themes. This includes course material; clinical simulation increases self-confidence and benefit case study

➤ Course Material

Participants noted differences between the materials and teaching methods used in college and those needed in clinical practice. In the clinical practice, students encountered numerous novel situations not addressed in the classroom. The academic part of campus education was mostly intellectual, while the practical part included a wider range of media activities and therapeutic instruments. The course materials available on campus were relevant to real-world situations, especially in pediatric and psychological settings. However, participants suggested adding more case studies to help them get used to real-life situations. This was also expressed by one of the participants, "In my opinion, the materials and learning methods provided are quite supportive, because when I was undergoing clinical practice, there were some materials that had not been taught or provided by the campus so that made me have to learn again while I was doing clinical practice" (Participant 2). Participants said that the campus learning experience was fun and that the lecture materials were good enough to get them ready for clinical practice, including adequate campus facilities. Most people who took part in the discussion said that on-campus training should focus on bridging the gap between theory and practice while keeping the excellent quality of learning that is already there.

➤ Clinical Simulation Increase Self-Confidence

Participants repeatedly stated that simulation, particularly in courses with practical tests such as hand rehabilitation and pediatrics, provided them with the skills to address patient issues through deep clinical reasoning. Also, case simulation not only gives students a real idea of how to treat patients and do exams correctly, but it also helps them envision the best way to care for patients when they are in direct clinical practice. One participant emphasized that, "clinical simulations, such as practical exams, are very useful for increasing self-confidence and simulating how we will handle patients" (Participant 2). Clinical simulation interactions with patients' families and other health professionals help students feel more confident in real-world situations. This strategy gets students ready for the health field as a whole, not just in terms of technical skills but also in terms of the psychosocial skills that are crucial.

➤ *Benefit Case Study*

Participants repeatedly emphasized the substantial advantages of conversations and case studies in improving their readiness for clinical practice. Discussions, particularly those employing contemporary research articles, were deemed useful in expanding their understanding of course content. In addition, case studies and the process of writing reports were considered quite crucial in preparing students for clinical realities. Nevertheless, numerous participants indicated a disparity between theory and practice, rendering the use of the content in clinical contexts not consistently feasible. Notwithstanding these limitations, the case studies presented by instructors were demonstrated to enhance clinical reasoning and critical thinking abilities. One participant also emphasized that, “Case studies with lecturers or friends help improve our clinical reasoning skills and enable us to think critically” (Participant 2). Moreover, group case discussions facilitated the interchange of ideas among students, so enhancing their problem-solving abilities and markedly boosting their confidence prior to engaging in actual clinical practice.

C. *Social and Campus Facility Support*

The theme of social and campus facility comprises of four sub-themes: lecturers support; friend support; family support; and campus facility support.

➤ *Lecturers Support*

Students regularly asserted that the instructional resources provided by educators, particularly in laboratory exercises, were crucial for their preparedness for clinical practice. This support encompassed both theoretical instruction and practical implementation, including occupational therapists from many disciplines prior to the commencement of clinical practice. As explained by one of the participants, “The material given by the lecturer in class also supports us to prepare for clinical practice, especially if the lecture material is practical in the lab, it is very helpful to support the preparation of clinical fieldwork” (Participant 5). Moreover, the presence of lecturers as the primary source of content on campus was deemed an essential supporting factor. The support was enhanced by professors overseeing clinical practice, providing encouragement, and ensuring the curriculum corresponded with the real realities faced by students during their training.

➤ *Friend Support*

Peer support markedly bolsters students' self-assurance and motivation, especially while facing the challenges of clinical practice. Participants reported that their peers offered encouragement, support, and aid with assignments. When certain acquaintances exhibited a deficiency in confidence, their friends actively motivated them to enhance their self-assurance by echoing the lecturer's declaration that the major purpose is knowledge rather than mere grades. The participation of these peers is essential in augmenting self-efficacy through several means, including group discussions, experience sharing, and reciprocal motivation, especially in coping with stress. Discussions and the exchange of experiences from previous clinical assignments among peers often bolster students' self-assurance before their actual

involvement in clinical practice. One participant also stated that, “support from friends typically occurs when we share or discuss experiences from previous clinical practices, which can help increase our self-confidence (Participant 4).

➤ *Family Support*

Family support plays a vital role in preparing students for clinical practice. Participants consistently reported that they received tremendous support from their families, both in material and non-material forms. This included constant encouragement and motivation, even to the point of being accompanied to the clinical practice site. In addition to moral support and advice, families also acted as a place for them to share their stories, creating a safe space for expression. In addition to moral support and advice, families also provided sufficient pocket money, which was essential to help students prepare for all the needs of their clinical practice. One of the participants stated that, “my family provided support in the form of motivation. They also provided financial support, such as providing costs for clinical fieldwork needs” (Participant 4). Overall, the presence and active role of these families provided strong support, increasing students' confidence and readiness in undergoing this important stage of their education.

➤ *Campus Facility Support*

D. *Mentorship from Clinical Supervisor and Clinical Environment*

The theme of mentorship from clinical supervisor and clinical environment consist of two sub-themes: mentorship from clinical supervisor and clinical environment supports self-confidence

➤ *Mentorship from Clinical Supervisor*

The pivotal involvement of the clinical instructors (CIs) and healthcare professionals in the field significantly enhanced the clinical practice experience. Participants regularly indicated that they obtained significant new material, thorough support in producing case reports and diaries, and further help when completing tutorial forms. Furthermore, the clinical instructor served as an exceptional source of new knowledge and insights, frequently augmenting what had not yet been acquired in college. The CIs were essential in sharing experiences and providing a comprehensive explanation of the patient's condition from inception to conclusion. One of the participants also said that, “CIs gave me an overview and also new knowledge that I didn't get on campus, but I got it in the practice field, and it really helped me to support my next clinical practice” (Participant 2). Participants found the assistance of the amiable clinical teachers invaluable, as they promptly addressed inquiries regarding reports and cases while imparting numerous previously unknown concepts. Concise, direct instruction from supervisors and healthcare professionals in the practice setting imparted essential new knowledge, markedly enhancing students' comprehension and practical abilities.

➤ *Clinical Environment Supports Self-Confidence*

Both the campus and practice environments played a crucial role in boosting participants' self-confidence. On campus, tasks like presentations and dedicated instruction on how to deliver them, alongside simulations, effectively prepared students for real-world scenarios. A participant stated that, "the support from the campus was very supportive because on campus we are taught to do presentations and so on" (Participant 2). Participants often highlighted the campus's academic setting as highly supportive, providing a strong knowledge base, though they also recognized the need for continuous learning and skill upgrades. Meanwhile, the practice environment offered invaluable hands-on experience; it not only taught practical skills like proper patient handling but also allowed students to directly apply their academic knowledge. Crucially, social interaction, particularly with close friends in the practice area, significantly contributed to this growth in confidence. Ultimately, the synergy between knowledge acquired on campus and practical experience in the field holistically empowered students, enhancing their overall self-assurance.

The study intends to investigate factors that influence the self-efficacy of occupational therapy students before they conduct clinical practice in the practice field. The results of this study raised four themes, namely, experience studying in an occupational therapy program, support for course materials and learning methods for clinical practice, social and campus facility support, mentorship from a clinical supervisor, and a clinical environment.

IV. DISCUSSION

A. *Experience Studying in an Occupational Therapy Program*

The sub-theme "experience studying in an occupational therapy program" emerges from two themes: increasing insight and knowledge, and learning challenges, which will address students' learning experiences and the challenges they face.

➤ *Increasing Insight and Knowledge*

By working with a variety of patients, cultures, and clinical scenarios, occupational therapy education helped survey respondents grow personally and professionally. Combining theoretical topics like pediatrics, psychosocial occupational therapy, and adult physical rehabilitation with hands-on training like splinting and mental health simulations helped them understand the field. According to [21], hands-on learning in occupational therapy curricula improves clinical reasoning and professional identity. [22] found that clinical simulations help students solve challenges. Hands-on learning is crucial in occupational therapy curricula.

The research participants underlined the need of cultural competence when working with diverse coworkers and patients. This confirms [23] that multicultural case studies improve client-centered care in students. Formal cultural competency training dominated earlier studies [24]. However, this study reveals that informal peer relationships are just as crucial for helping students see things differently.

These are wonderful things, but this study undertakes more theoretical work than others. Participants loved their wide knowledge, although they felt certain topics, notably complex medical illnesses, were underdeveloped. This contradicts [25], who found that OT students say they understand the foundations but struggle to apply it in clinical settings. This may indicate that schools organize lessons differently. Finding the best ways to exchange knowledge requires more research.

➤ *Learning Challenges*

Individuals asserted that the disparity between theory and practice constituted a significant issue. This indicated that their educational experiences were insufficient for addressing real-world challenges. Students reported that educators frequently failed to elucidate complex subjects, hence hindering their ability to engage in critical thinking within clinical environments. [26] found that students in occupational therapy often feel ill-equipped for the unpredictability of fieldwork, particularly when theoretical models fail to apply effectively. What was unveiled. [27] to clinical environments. It is apparent that occupational therapy courses require an increased emphasis on case-based learning.

Students found it challenging to engage in independent learning while doing clinical duties. Participants noted that fieldwork compelled them to independently resolve issues, a practice seldom encouraged in the classroom. This corroborates the assertion by [28] that occupational therapy education ought to emphasize self-directed learning to enhance individuals' clinical decision-making abilities. Most research, however, has focused on formal mentorship as a means of obtaining assistance [7]. This study indicates that students must collaborate with their classmates to address deficiencies in their knowledge. This illustrates the significance of social learning networks in occupational therapy education.

This study demonstrated that reliance solely on academic resources was insufficient for preparation for clinical practice, contrasting with previous research findings. Certain research, such as those by [29], suggest that universities possess sufficient financial resources. Participants in the study perceived that the instruments utilized in educational settings differed from those employed in professional environments. This may be due to the varied distribution of resources by schools. It is clear that we require enhanced training instruments and more authentic case scenarios.

B. *Support for Course Materials and Learning Methods for Clinical Practice*

Three significant sub-themes influencing the clinical preparation of occupational therapy students are the relevance of course material, the impact of clinical simulation on self-confidence, and the use of case studies. These findings corroborate existing knowledge regarding the sector. They also identify areas of inquiry within occupational therapy education.

➤ *Course Material Relevance*

These study participants thought there was a wide gap between education and real life. They said campus study was beneficial for basic knowledge and mental stimulation. Even so, clinical rotations presented numerous novel situations that schools didn't touch. These supports [23], who found that occupational therapy students typically experienced "reality shock" when they went from the classroom to the clinic. Participants' suggestion to add case studies to the curriculum supports [26], who argue students are better equipped for clinical challenges when they have more real-world experience. I find it fascinating that all students felt that present resources are enough, especially in pediatrics and psychiatry. They were trained to emphasize a wider range of therapies. This supports [29] claim that occupational therapy education must evolve with the field. Participants' desire to reduce the theory-practice gap while maintaining education quality suggests that curriculum designers should prioritize hands-on learning without compromising academic rigor.

➤ *Clinical Simulation Enhances Self-Confidence*

The study's results clearly show that clinical simulation makes students more confident and better at clinical reasoning. Participants said that simulation experiences, especially in pediatrics and hand rehabilitation, helped them learn useful skills and made it easier for them to work with patients and healthcare teams. These results support what [30] found: that simulation-based instruction makes occupational therapy students far more ready for fieldwork.

Participants clearly explained how simulation improved their technical and social skills, such as working with family members and other experts. This result builds on the work of [31] by showing that the benefits of simulation go beyond only learning how to do things and include important soft skills as well. The fact that the participants felt more confident in real-life situations after the simulation exercises implies that this kind of training might help with the stress that often comes with clinical placements [28].

➤ *Benefits of Case Study Learning*

The case study conversations were a good way to learn, and participants said that their clinical reasoning and critical thinking skills got better. This result backs up what [27] said: that case-based learning helps people understand occupational therapy ideas better. [25] propose that adding new research to case studies may be especially helpful because the participants liked presentations that included recent research.

On the other hand, participants said that it was hard to use what they learned from case studies directly in their work. This shows that case studies can help us comprehend theory better, but they might not fully capture how complicated things are in the real world. [7] said that learning experiences should be more real and rich in context, and this observation supports that. The stated benefits of group case discussions for boosting confidence and dealing with problems highlight how important it is for occupational therapy students to study together [32].

B. *Social and Campus Facility Support in*

➤ *Occupational Therapy Education*

In the context of social and campus facility support, four sub-themes emerged: lecture support, friend support, and campus support. These sub-themes will explore various forms of social support and campus assistance that are beneficial for enhancing students' self-efficacy prior to undertaking clinical practice.

➤ *Lecturer Support*

Participants often stressed how important it was for teachers to help them with both theoretical lessons and hands-on lab practice. This study backs up [7] results that good faculty mentorship makes students far more ready for clinical practice.[27] say that teachers are very important for putting theory into practice. The fact that the participants preferred teachers who made connections between what they were learning and actual life supports this.

Students liked that practitioners from different fields of occupational therapy were involved in their presentations. This discovery fits with the interprofessional education method that [31] support. This model stresses the benefits of giving students a variety of professional viewpoints during their academic studies. However, the fact that students depend on their teachers for information shows that self-directed learning may not be as effective as expected. There has to be more research done on this.

➤ *Peer Support*

The study showed that peer support was very important for boosting students' confidence and drive, especially when they were getting ready for hard clinical situations. This result supports [32] work on the importance of social learning networks in health professions education. Participants said that studying with friends, sharing their experiences, and encouraging each other helped them feel less stressed and more confident in their abilities. This is in line with what [28] found about the mental benefits of student groups. The focus on peers stressing the value of knowledge over grades is similar to the growth of a professional identity that [21] talk about. This finding implies that occupational therapy students may be able to develop professional attitudes and values through interactions with their peers in addition to official teaching.

➤ *Family Support*

Participants said that support from family was very important for their academic achievement and clinical readiness because it gave them both emotional and practical help. This discovery adds to what we already know by showing that family support can come in many forms, such as giving money, spiritual counsel, and going with the patient to clinical settings. Previous studies (such as AOTA, 2018) have looked at family support in general, but this one give concrete examples of how families help kids do well in school. The fact that families were safe places for students to talk about their feelings shows how important they could be for mental health and resilience, especially during difficult clinical changes. This is in line with the study by [23] that looked at what makes

occupational therapy students more resilient throughout their careers.

➤ *Campus Facilities*

Some participants said that the campus facilities were good enough in some areas, such the splinting labs and the activities of daily living spaces. Others, however, said that there were major problems with a number of areas. [29] say that occupational therapy education resources need more money because some of the equipment is not as good as what professionals use. The worry about using old technology in less common but nonetheless important clinical settings is especially important since it could make it harder for trainees to handle a wide range of patient presentations. People who took part considered that outside speakers made up for some of the facility's problems. This means that human resources may sometimes make up for things that physical resources can't do. This information adds to [26] study of whether there are enough resources for OT teaching.

D. Mentorship from Clinical Supervisor and Clinical Environment

The theme of mentorship encompasses two subthemes: support from clinical supervisors and the clinical environment in fostering self-confidence. This section will discuss how mentorship from clinical supervisors and the clinical environment can be beneficial for improving student self-confidence.

➤ *Mentorship from Clinical Supervisor*

Participants consistently emphasized the pivotal role of clinical supervisor in enhancing their clinical learning experience. The finding that clinical supervisor provided essential knowledge not covered in academic settings supports [25] concept of the "practice-scholar gap," where clinical settings often expose students to practical knowledge that complements but extends beyond classroom learning. The participants' appreciation for clinical supervisor who offered comprehensive patient case explanations aligns with [7] research on effective clinical teaching strategies in occupational therapy education.

Notably, students valued CIs who provided timely feedback on case reports and tutorial forms, a finding that reinforces [26] emphasis on structured feedback mechanisms in clinical education. The reported benefits of concise, direct instruction from supervisors corroborate [28] findings about the importance of clear communication in clinical teaching. However, the current study adds nuance by highlighting how CI approachability and willingness to address immediate questions significantly enhanced the learning experience - an aspect less emphasized in previous research.

➤ *Clinical Environment Supports Self-Confidence*

The study indicated that academic and clinical environments worked together to help students feel more confident in their professional skills.[30] study of simulation-based learning in occupational therapy education illustrates how crucial the campus environment is for helping students learn basic knowledge through presentations and simulations. According to [21], those who work in occupational therapy

need to be open to learning new things throughout their lives. The fact that the people who took part realized they needed to keep getting better at their jobs proves that they do. It was quite intriguing to see how the clinical setting changed people's confidence. Participants reported that working with real patients helped them use and combine what they had learned in school. This supports [27] theory of "situated learning" in healthcare settings. [32] study peer support in health professions education, focusing on how social interactions during clinical rotations can help students feel more confident.

➤ *Connection Between Theory and Practice*

The major thing the study offers is that it shows how schools and hospitals may work together to train talented professionals. This result supports [29] idea of integrated education and shows how it may be implemented in the real world. The participants' experiences suggest that neither environment is enough on its own. The optimal circumstances for professional progress exist when structured academic training is supplemented with real-world clinical experiences.

➤ *Clinical Implication*

The findings of this study highlight the important therapeutic implications for teaching occupational therapy. Schools should implement increased case-based learning and clinical simulations to bridge theory and practice. These measures will assist students in developing clearer insights into clinical concerns and furnish them with the practical experience necessary for real-world application. Secondly, the enhancement of emotional and mental health support necessitates good mentorship from clinical supervisors, who may provide guidance and insights inaccessible in a classroom environment. Ultimately, a conducive clinical setting that enables students to apply their academic knowledge is crucial for enhancing their confidence prior to entering the professional realm.

➤ *Study Limitation*

This study has several limitations that should be considered when interpreting the results. First, the small sample size (six students) limits the generalizability of the findings. The experiences and perspectives gained may not be fully representative of the entire population of occupational therapy students. It is likely that the perspectives of these six participants were unique or specific to their group, making the findings difficult to apply to other contexts or student groups.

Second, using only interviews for data collection may limit the depth and breadth of information obtained. While in-depth interviews allow for the exploration of individual perspectives, this method may not capture the nuances of nonverbal behaviour, social interactions in the learning environment, or other relevant contextual data. There is the potential for response bias, where participants may provide answers that feel "correct" or align with the researcher's expectations, rather than a full reflection of their experiences. Furthermore, data that relies entirely on participants' recall and interpretation may be less accurate or complete.

Future research would be better served by increasing the number of participants to gain broader and more diverse perspectives. Using various methods in data collection, such as observation, diaries, and document analysis, will result in more comprehensive data.

V. CONCLUSION

This study found four main things that affect OT students' confidence before they work with patients: their school experiences, the help they get from course materials and teaching methods, the support from campus resources and friends, and the guidance from clinical supervisors and the clinical environment. Six occupational therapy students aged 20 to 22 participated in the study via in-depth interviews. Academic experiences, including the acquisition of new knowledge and the confrontation of challenges, significantly influenced students' confidence in their capabilities. The help from course materials and teaching methods, especially through clinical simulations and case studies, greatly boosted students' confidence by giving them real practice and helping them think more clearly about clinical problems. Support from educators, peers, and family, along with adequate campus facilities, was crucial for enhancing student motivation and preparedness. Ultimately, the guidance of clinical supervisors and a nurturing clinical environment provided students with essential practical experience and enhanced their confidence. This study advocates for schools to develop customized curricula and treatments, such as enhanced simulation training and robust support networks, to optimally equip students for clinical practice.

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