

# FACTORS AFFECTING BELONGINGNESS OF UNDERGRADUATE DPT STUDENTS DURING THEIR CLINICAL PLACEMENTS – QUALITATIVE STUDY

*Original Research*

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## ABSTRACT

**Background:** Belongingness, defined as the feeling of being an integral part of the clinical environment, significantly impacts student's learning experiences, professional identity formation and overall well-being. The present study aims to identify the factors that is either they are the trait factors or the state factors or any other factors that affects the student's sense of belongingness when they are exposed to a multi professional environment.

**Methodology:** It is a single case qualitative study. Purposive sampling technique was used to recruit the study participants. Data was collected through zoom application and theoretical framework was used as a tool; integrated framework 2021 as a theoretical framework for our study. Interview guide has also been used as a tool for our study.

**Results:** Participants in the research were 18 to 25 years old and encompassed 4 adult male students and 8 adult female students. A totality of 648 initial codes was extricated. The essence of belongingness regarding supervised clinical placements was enunciated and categorized into six themes. Six concepts (themes) and 24 subthemes, which represented the nature of DPT student's experiences, were as follows: evolution of virtuosity and workforce deportment, efficacious inclination and demeanour, safeguarding patient solemnity and encouraging environment, repudiation as a profession and phenomenal doctors, plaudits and appreciation culminate in professional identity and misinformation and perceived severity.

**Conclusion:** The study findings showed that the affair of belongingness and highlighting its undesirable consequences on an individual are of central importance. The staff at clinical placements including the house officers and supervisors must execute their part and involvement properly in providing encouraging and reassuring clinical environment, complementary and appreciative connection and culminating professional identity for students so that they feel secure, accepted and valued.

**Keywords:** Belongingness, Factors, Clinical Learning Environment, Doctor Of Physical Therapy, DPT students, Qualitative research.

## INTRODUCTION

Belongingness, defined as the feeling of being an integral part of the clinical environment, significantly impacts students' learning experiences, professional identity formation, and overall well-being (1). The construct of "belongingness" is operationalized as "the need for connectedness, acceptance, and fit, as well as the assurance of having a legitimate place in the clinical placement". Clinical education (CE) environments can positively affect student learning by promoting a sense of belongingness among students (2).

Evidence shows that a student's motivation to learn, academic success, and healthy sense of well-being are heavily influenced by belongingness in the clinical learning environment (CLE) (3). A subjective sense of value and respect resulting from a reciprocal relationship with an external referent that is based on a foundation is what we characterize as a sense of belonging. of common experiences, convictions, or individual traits. These sensations of being connected to the outside world are based on the reference group or setting, to which one selects, desires, and feels that they have permission to fit in. This ever-changing phenomenon could be either impeded or encouraged by intricate relationships between both individual and environmental influences (4).

Belongingness is a fundamental human need with profound implications in educational contexts. In clinical education, belongingness encompasses feeling accepted, valued, and supported by peers, clinical instructors, and other healthcare professionals. A strong sense of belongingness has been linked to positive educational outcomes, including increased motivation, better academic performance, and higher levels of engagement (5). Conversely, a lack of belongingness can lead to feelings of isolation, anxiety, and decreased self-efficacy, which can hinder the learning process and professional development (6).

Belongingness is vital to one's mental, emotional, and physical health (9). Research has shown that belongingness is positively correlate with students' academic performance and achievement. In physical therapist education, nearly 30% of a student's time in a DPT program was spending in clinical education experiences (7). These experiences are a core component for DPT students, providing opportunities to solidify didactic content, apply knowledge and skills, and develop clinical reasoning and decision-making in patient care (8). Several factors can affect the sense of belongingness among DPT students during clinical placements. These factors were broadly categorized into personal, interpersonal, and organizational dimensions.

Previous literatures has focused on sense of belongingness and the factors that affected the belongingness sense of undergraduate nursing students in Iran (9), a study conducted on Saudi female nursing students sense of belonging (10). A study conducted on medical diagnostic sonographers to explore their feeling of belongingness in the clinical learning environment (11). And in medical students, professional identity formation and development of basic clinical skills were discovered during clinical placements in UK (12). Therefore, previous studies have not identified the factors that affects DPT undergraduate students in Pakistan so there is a limitation to these studies.

From this study we want to identify the factors that affect the sense of belongingness of undergraduate DPT students during their clinical placements.

## MATERIAL AND METHODS

This study was a single case qualitative study conducted at Northwest Institute of Health Sciences; KPK, School of Health Sciences; KPK, Institute of Health Sciences; KPK, Ibadat International University; Islamabad and Karachi Institute of Physiotherapy and Rehabilitation Sciences; Karachi from May 2024 and October 2024. This study was conducted on final year Doctor of Physical Therapy students at above mention Centres. The sample size was 12 based on inclusion criteria (both male and female, age 18 to 25 years and DPT final year students). Purposive sampling technique was used to recruit the study participants. After the approval from Institutional Review Board (IRB) and Ethical Committee (EC) of Northwest General Hospital and Research Centre (APPROVAL ID; IRB&EC/2024-GH/0148) and permission was obtained from the directors of above mention institutes. The data was collected through in-depth, semi structured interviews. The purpose of the study was explained to all the participants and written informed consent was obtained. All the willing participants were briefed about the purpose and procedure of the study.

In-depth semi-structured interviews were conducted for Peshawar participants and other city participants through Zoom application. Theoretical framework was used as a tool; we had taken integrated framework 2021 as a theoretical framework for our study (13). Interview guide was also used as a tool for our study. The interview guidelines included some questions such as "What does belongingness in a multi-professional clinical environment mean to you?", "Can you share your experience when did you feel a sense of belongingness?" and "Can you tell us when you did not feel the sense of belongingness?" and some Probing questions was also used such as: "Can you please explain it more in detail?" and "Is there anything more you would like to add to it?". All interviews were conducted by one interviewer (the first author). The interviews were recorded and lasted from 30 to 60 minutes.

Data was analysed by a comprehensive thematic model called as Thematic Analysis of Clarke and Braun's 2006. This six-step data analysis process of Clarke and Braun's included Familiarization, coding, generating themes, reviewing themes, defining and naming themes and at the last writing up or reporting up. Interviews were recorded and transcribed for data analysis. The transcribed data was reviewed multiple times by the research theme and refined into potential codes and themes by Clarke's framework for Thematic Analysis.

## RESULTS

Participants in the research were 18 to 25 years old and encompassed 4 adult male students and 8 adult female students. 11 of them were single and 1 married. With reference to place of residence, 4 resided in KPK, 4 resided in Karachi and 4 in Islamabad. Nine delineate a background of half-time internships. Immediate family of six participants were physiotherapist. A totality of 648 initial codes was extricated. The description of belongingness to the supervised clinical practices was allocated and described under 6 themes.

### 1: EVOLUTION OF VIRTUOSITY AND WORKFORCE DEPARTMENT:

#### 1-1. Evolvment of Communication skills:

This classification had subclasses of procuring skills, positive perspicacity, good staff and supervisor deportment, stand in need of high regard and recognition and having blooming confidence. In their elucidations, DPT students focus attention on necessity for skills development. Some emphasized on experiential learning and accomplishing futuristic dexterity. The mentioned hereunder quotes illustrate why they place so much significance on such a matter:

"I think if we go to a hospital setting for our rotations, from 5th semester till now 10th semester, the only thing I remember is that we have only taken history from patient which is not enough. I am not saying like we should do a patient on our own, but at least they should teach us the basic things, the basic protocols like how to examine or handle patients on 1st visit. As currently in my 10th semester we have 150 strengths, out of 150 students; 100 students don't even know what to do with patient on 1st encounter, they get afraid in front of patient so at least a 10th semester student should have this much confidence to go and sit confidently in front of patient that's it." (P12)

#### 1-2. Achieving Clinical Skills:

Fair few students stressed on achieving modish skilfulness during the supervised clinical practices:

"If we go for rotations to a hospital at least dealing a patient should be there. I think we will learn all these things after degree instead the university should teach us these things during our degree and during our supervised clinical practices instead of only focusing on history taking, they should teach us assessment everything so it will be better." (P12)

#### 1-3. Perspicacity of others:

The second subclass includes the need of positive perspicacity. One's belongingness in clinical placements is directly affected by perception of others about oneself and profession. In view of most students, positive perception of staff, patients and other healthcare professionals magnifies the feeling of belongingness.

"I think when we go for rotations to a hospital, and you feel that I don't belong to this place, I don't have any value, no one especially the staff is understanding me. So, when you don't find yourself member of that environment, you can't work there properly. In our SCP's we usually take history taking, so when you didn't get the environment where you feel like you are the part of this hospital, you can't do your work properly." (P9)

#### **1-4. Blooming Confidence:**

A 10th semester DPT student; Participant 11 from Islamabad shared her experience regarding blooming confidence and standing in need of high regard and accepted during supervised clinical placements as:

“The sense of belongingness is felt more with orthopaedic patients as compared to gynae ward because the patients there don’t have any idea of gynae Physical Therapy as women health is introduced recently and its new. The MBBS and other doctors do appreciate us regarding women health PT and ask us to do Physical therapy to patients.” (P11)

### **2: EFFICACIOUS INCLINATION AND Demeaner:**

#### **2-1. Staff and patient meticulous attitude:**

Positive attitudes and cooperative demeanor fabricate an atmosphere of communal respect, solemnity, results in an atmosphere to connect with people. Some of the students stressed on necessity of staff meticulous attitude, cooperative patients and work as a team with other healthcare professionals for patient prosperousness. The hereunder examples explain this issue:

“The cooperative attitude of the supervisor matters a lot. He should go with us in each ward, teach us each thing and introduce us to the staff of the hospital and tell them to keep a good attitude with us because the nursing staff and specially the MBBS doctors have very bad behaviour with us because they don’t even consider us. So, I think sense of belongingness will only be felt in hospitals if the staff and other healthcare professionals keep a good attitude with us, only then we will feel that we are of importance in hospitals.” (P10)

#### **2-2. Complete Ratification by healthcare:**

Good few students stressed on the significance of complete ratification by other healthcare professionals, acceptance as a field and an influential role in health care. A female DPT participant in the study, highlighted the issue that other healthcare professionals don’t refer patients that comes under physiotherapy domain:

“I think if a patient comes to them and its completely comes under Physical therapy domain so they should refer it to us and allow us to have direct access with the patient, and the opportunity should be given to us that we can work with freedom. They don’t do this, and we can’t connect with them as it should be, so this gap comes that they don’t refers patients to us.” (P11)

#### **2-3. Maladministration:**

Several participants accentuate that mismanagement from the institute directly out-turn the efficacious attitude and demeanor of the staff towards physical therapy students. The following example best elucidates it:

“So, the institute should work on management, and I think the institute is doing the worse with the students and when we go together 50-60 student, even the hospital management gets irritated by looking at us. Even though we try our best to keep a good attitude with the hospital management, but they are irritated.” (P12)

#### **2-4. Supervisor demeanor:**

Some of the participants believed that a good relationship with supervisor and supportive seniors creates an atmosphere for sense of belongingness during supervised clinical practices:

“I think good relation and good connection with senior, and supervisor provides an opportunity to connect. Sometimes supervisors are not cooperative and very rude, so it demotivates us. Sometimes our own senior demotivates us a lot by saying why you are here in Physiotherapy, here you won’t get any salary and you guys don’t have any knowledge, so it affects us very badly.” (P6)

### **3: SAFEGUARDING PATIENT SOLEMNITY AND ENCOURAGING ENVIRONMENT:**

#### **3-1. Favourable hospital environment:**

One of the effectual constituents of clinical learning outlook in the discipline of belongingness is the need for acceptable hospital environment, staff and patient favourable behaviours, the necessity of knowledge, confidence and manners and safeguarding patient solemnity has an influential effect on sense of belongingness during supervised clinical placements. Students stressed on correlative

respect and friendly hospital environment as a key factor for fostering sense of belongingness. The hereunder quotes describes why they placed so much stressed on such a matter:

“Connecting with people is very important. Because we need to realize that if we are as a doctor in a room with the patient and the patient attendant, so we are not superior to them, we are not superior to anyone. The environment is making us who we are, so we are nothing without them we don’t have to be in attitude, you must be very humble, and this makes a doctor look good. If we stay in attitude that we are doctors, and these ones are lesser than us than its wrong. And in a hospital environment you should respect every and every profession because I saw that some time MBBS doctors are really frustrated, and they are shouting at nurses then the nurses shouting back at them so what’s the self-respect of a doctor left after this.” (P5)

### **3-2. Knowledge, Confidence and Ethics:**

Several few students believed that one’s confidence, communication skills, ethics and manners motivate you to connect with the people in hospital settings. The student’s views in this matter were as follows:

“I think confidence, good way of talking, ethics and manners motivates me to connect with the staff. I interacted with multiprotection and learned a lot from them depending on my capacity how much I learn from them.” (P7)

### **3-3. Staff and patient harmonious attitude:**

The students stressed on the issue on facing harsh behaviour from own supervisors and insult from MBBS doctors as not accepting him or her as part of the environment. A 10th semester student stated:

“I had a little bad experience, once the supervisor that was on duty was very rude and harsh with us, she used to demotivate us and say you didn’t know anything and didn’t answer our questions neither teach us anything and the thing that made us feel deprived was she used to say you are so many physiotherapist where will you all fit after graduation.. Also, the MBBS doctors make us feel like we don’t belong to the hospital.” (P8)

### **3-4. Safeguarding patient wellbeing:**

Communication hinge on safe-guarding patient wellbeing and solemnity motivates the students to connect in the environment and seek patient conformity as their psychic satisfaction. The following quote best explains it:

“If our patient is satisfied from us, he is receiving best treatment from us so this all matters.” (P11)

## **4: REPUDIATION AS A PROFESSION AND PHENOMENAL DOCTORS:**

### **4-1. Avoidance in healthcare:**

The fourth theme regarding conversance of student’s belongingness to the supervised clinical placements was repudiation in healthcare as a profession as an influential factor that hinders the sense of belongingness, and the other category was perceiving as phenomenal doctors as the sense of belonging emerges afterwards. Participants theorized that negative perception towards the students and by no means accepting them as a decisive commencement are consequential barriers in the manner of their sense of belongingness. The hereunder statement expounds this issue as:

“They treat like we don’t belong to this environment. Once a doctor told me to ask the nurse to remove the cannula from patient, when I went to her, she was very rude to me.” (P8)

### **4-2. Obligated to acquire skills:**

Some of the staff at the placement venue perceive physical therapy students as they are obligated to acquire skills. Participant No. 2 regarding this issue stated:

“I think they perceive about us and recommend us that we need to work on acquiring skills. And they think of us that unless and until we don’t work on our skills, we won’t be successful, and skills development is more important for us than theory and academics.” (P2)

### **4-3. Massage therapist and contemptible image:**

The negative perspicacity of being reflexologist and spurned as part of the medical team by people surrounding us heavily influences the feeling of belongingness. The hereunder quote describes why they placed so much stressed on such a matter:

“The main perception about us as they call us “maleshi (massagers) “right, they don’t treat us well, don’t even consider us. When we go to SCP’s, they are like who are they and from where they came for rotations wearing white coat, they are nothing, we are everything because we are MBBS doctors.” (P10)

Some of the participants shared their thoughts on this matter as physical therapy students are contemptible for doctor tag and stated as:

“At our workplace or SCP, what other perceive about us totally depends on us. If we have guts, knowledge, confidence, if we are showing them good things obviously, they will have a good perception about us. But currently it’s not like this, the position of a therapist or a physical therapy student that goes for SCP is not of a good level. And we are already contemptible that we have tag “Dr” with us, no we haven’t done this, MBBS has done this we are the actual doctors. So, we can change other’s perception through our knowledge and confidence.” (P12)

#### **4-4. Magical doctors:**

Some of the students pointed out that other perceive about physical therapy students as phenomenal doctors. One of the students allude to this theme and said:

“70% staff of multi professional discipline accept and appreciate us as a physical therapy student. They call us magical Dr’s. They know about outfield, and they appreciated us.” (P10)

## **5: PLAUDITS AND APPRECIATION CULMINATE IN PROFESSIONAL IDENTITY:**

### **5-1. Sensed appreciation and acceptance:**

To inaugurate and bolster up professional identity was amidst the expectancy of all the students. Positive feedback and appreciation evolve to culminate highest in one’s professional development. The hereunder quote portray this theme:

“Many healthcare doctors like consultants and Physicians appreciated us when we do chest physiotherapy etc. Yes, I was appreciated, one day I treated a patient whose GCS scale was 3 and due to consecutive sessions of physical therapy his GCS came to 9 in fifteen to sixteen days in ICU, along with the help of other healthcare staffs his health was getting better, so they appreciated us.” (P1)

### **5-2. Satisfied Participatory learning:**

When the participants confabulated about the sense of belongingness, their interpretations were emblematic of their pursuing positive feedback and appreciation and as a repercussion inaugurating the feeling of belongingness. The following quote best describes it:

“In clinical setups like on regular base I have felt the sense of belongingness. Patient usually come with severe painlike shoulder, cervical or low back pain so when we give electrotherapy and whole treatment protocol, at the end of session their pain is reduced a lot. They complement us by saying, “MASHALLAH! You people are like magicians; you have vanished my pain in minutes “So we feel a sense of belongingness.” (P9)

### **5-3. Knowledge commensurate confidence:**

Also, considering the students, an ambience that bring forth knowledge, confidence and learning during SCP boost ups the feeling of belongingness and culminate in professional identity. The subsequent statement most fitting explains it:

“During our SCP’s when we go for history taking, we usually used to go in groups so as I said when you have knowledge you feel confident and you can take a good history from patient and learn a lot from patient, so when you get to learn from patient your interest level boosts up and you groom. We feel belongingness when you have knowledge and even your colleagues ask you questions so it feels good.” (P12)

## **6: MISINFORMATION AND PERCEIVED SEVERITY:**

### **6-1. Narrow mindedness and detest from MBBS:**



The last theme referring to the acquaintance of DPT final year students' sense of belongingness during supervised clinical placements was misinformation and perceived severity. Negative perspicacity, lack of awareness regarding physiotherapy as a profession, mal-administration and narrow-mindedness from other health care professional's results in negative consequences an individual faces. The following instance chronicle because they placed so much significance on such a matter:

"The MBBS doctors consider themselves the only one in healthcare, though in actual the healthcare is a broad domain, every profession has its role in it and we should appreciate each of it, they don't consider us as part of the healthcare and this thing demotivate us a lot, though they know our work but still neither refer patients to us nor appreciate us and even from Islamic point of view its wrong."(P1)

#### **6-2. Social competencies:**

In the procedure of attaining belongingness, a crucial demand was felt to invigorate the proficiency of the students to stand in a multi professional environment. A female DPT student stated regarding this matter as:

"The trait factors do affect belongingness during clinical placements. You won't even communicate if you don't have confidence, you will feel like you are going out of the way, you won't even feel like you are part of that environment. One's own confidence, skills and way of communication matter a lot to keep yourself included in that circle and consider yourself part of that circle" (P10)

#### **6-3. Discrimination.**

According to some students, misinformation about physical therapist results in disrespect and perceived severity. The hereinafter statement to the finest explains it:

"Once I was in orthopaedic ward, though we do have skills but not up to such level to read a radiograph and I was reading a radiograph very skilfully but skipped one minor area by mistake, I was unfamiliar with that area so because of this a doctor taunted me with harsh words instead of guiding and correcting me. At this time, I felt deprived and sensed the lack of belongingness." (P4)

The participant further highlighted gender-based discrimination and stated:

"In our society female physical therapist are given more preference for instance our female colleagues also made mistake in reading the radiograph, but they were guided and corrected in a good behaviour" (P4)

#### **6-4. Sparseness of confidence and knowledge:**

Some of the students emphasized on the need of being confident enough to justify our work. The following statement best explains it:

"If a therapist is working in a ward or giving session and an MBBS doctor comes to the ward, the physical therapist gets afraid and confuse because he thinks that MBBS doctor knows everything and what if I do something wrong...I really gets offend by this thing like if you have learned anything do it confidently. Your work shouldn't be affected if a senior or an MBBS doctor comes like we can't even justify our own work." (P12)

Good few students mentioned the effect of lack of skills and knowledge on sense of belongingness:

"Once we went to the gynae ward there was a patient, she had undergone a C-section and at that time we were in 8th semester, we didn't have any idea about gynae, so she asked if had I undergone an operation or a C-section? At that time, we didn't know that C section is caesarean, so we said you have the normal delivery but in actual she had C-section so at that time I felt the lack of belongingness because of the patient unusual question." (P11)

#### **6-5. State belonging:**

Some of the participants focused attention to the mismanagement from institute as the leading factor in affecting the sense of belongingness. The hereunder statement best describes it:

"The courses that are taught to us in SCP for example, like MSK so they should arrange our SCP 's to specific department where we can have patients according to our course. Let's suppose, if my major portion in clinical practice is MSK, so instead of taking me to a rehab canter, you are placing my rotations in a general hospital where even there is no Physical Therapy department." (P10)

## DISCUSSION

The main aim of our study was to check the factors that affect the sense of belongingness of undergraduate DPT students during their clinical placements that is either they are the trait factors or the state factors or any other factors that affects the student's sense of belongingness when they are exposed to a multi professional environment during their clinical placements which can further affect their proper performance and full participation in clinical learning environments. The present study was conducted through in depth semi structured interviews via zoom from 12 participants of undergraduate DPT students from all over provinces of Pakistan. A study was done by Tehereh Ashktorab et al., in 2017 Iran focusing on nursing students experiences during their clinicals from 14 participants (9).

The first theme extracted from the statements of the DPT students was evolution of virtuosity and clinical deportments. All students emphasized on the need of evolvment of clinical and communication skills as a key factor for the sense of belongingness during clinical placements whereas a study conducted by A study was done by Heather Stuart et al., in 2011. Rehabilitation practitioners can exemplify the feeling of belongingness as a distinctive feeling of value and respect evolved from a reciprocal relationship to an external denotive that stands on foundation of shared and interpersonal experiences, beliefs and personal characteristics (4).

In present study belongingness is associated with efficacious inclination and demeanour which means that positive attitude and staff behaviour can enhance the sense of belongingness, Positive attitudes and cooperative demeanour fabricates an atmosphere of communal respect, solemnity, results in an atmosphere to connect with people. Some of the students stressed on necessity of staff meticulous attitude, cooperative patients and work as a team with other healthcare professionals for patient prosperousness and they desire fair-mindedness. In previous study, Lin-Qin Yang and Xiaoming Zheng et al., conducted a two-wave study in China. In Study 1, 468 manufacturing technicians reported that sense of belongingness require gratification whereas oppressive and cruel managership is seriously and deleteriously linked to worksite protection through target workers hinders the sense of belonging and this kind of unfavourable relationships are more intense among workers with enhanced degrees of social prestige insecurity. In Study 2, 589 airline pilots proclaimed that infrequent protective behaviour of workers relayed managership abuse that has undermined fact-based safety execution over time. The results illuminate the significance of workers need to feel acknowledged in the workstation and the potential liability arouse from when pioneers act in ways that straightforwardly hinder this need (14).

In the present study DPT undergraduate students stressed that one of the effectual constituents of clinical learning outlook in the discipline of belongingness is the need for acceptable hospital environment, staff and patient favourable behaviours, the necessity of knowledge, confidence and manners and safeguarding patient solemnity. In previous study in 2010 in Canada by Monique Sedgwick and Jordana Rougeau, the soon to be graduate nurses during their practice in rural hospital settings faces the challenges of learning to do rural nursing. The lack of belongingness was impacted by factors such as clinical environment, interpersonal relationships, individual characteristics, patients and their family. Decreased self-confidence, anger, confusion and frustration was seen in students who faced deprived belongingness (12).

From the results of our study, the fourth theme regarding conversance of student's belongingness to the supervised clinical placements was repudiation in healthcare as a profession as an influential factor that hinders the sense of belongingness, and the other category was perceiving as phenomenal doctors as the sense of belonging emerges afterwards. Participants theorized that negative perception towards the students and by no means accepting them as a decisive commencement are consequential barriers in the manner of their sense of belongingness. In previous study of Kelly Ann O'Brien and Terry Vincent Bowles in 2013. Belongingness has a diverse and important influence on general health and wellbeing in secondary school settings. The school belonging emerges from concepts like positive teacher – student relationship, support and care from teachers, sincere and good friends, engagement in academic work, fair discipline of school and taking part in extracurricular activities. Lack of belongingness affects an individual on multiple layers i.e., affects his or her physical health, social development and psychologically (15).

In our study, when the final year DPT students confabulated about the sense of belongingness, their interpretations were emblematic of their pursuing positive feedback and appreciation and as a repercussion inaugurating the feeling of belongingness. Also, self-contentment and satisfaction is achieved when the students get social approval, recognition and acquaintance a socializing and effectual presence in the supervised clinical placements. In previous study, conducted by Jennifer Jane Sharp in 2024. Lack of belonging and isolation in Underrepresented in Medicine (URiM) Doctor of Physical Therapy (DPT) students at Eastern Atlantic University were strongly influenced by academic remediation. Whereas support, care and socializing promote belonging. Data found that sense of belongingness was directly inter-thread with academic success, social emotional support and racial / ethnic representation (16).



The fifth theme(concept) that emerged from the statements of the DPT students was plaudits and appreciation culminate in professional identity, considering the students, an ambience that bring forth knowledge, confidence and learning during SCP boost ups the feeling of belongingness and culminate in professional identity. Among other factors that smooth the path for culmination of professional identity, the plaudit and appreciation from the supervisor matters a lot. In previous study, conducted by Lisa Mckenna et al., in 2013. 60 undergraduate midwifery students from 2 academia of one Australian University reputed comparable conception of belongingness with those of the nursing students. Midwifery students sensed resonate perspectives of belongingness with previous studies on nursing undergraduates. Overall, during their clinical placements, they exploited the sense of belongingness and felt pleasant and appeared comfortable in appealing for guidance and help when required and were able to participate in activities on placements. The midwifery students reported that their placement patterns are excellent and students are empowered and receiving positive support (17).

In our study, the last theme referring to the acquaintance of DPT final year student's sense of belongingness during supervised clinical placements was misinformation and perceived severity. Negative perspicacity, lack of awareness regarding physiotherapy as a profession, mal-administration and narrow-mindedness from other health care professional's results in negative consequences an individual faces. In the procedure of attaining belongingness, a crucial demand was felt to invigorate the proficiency of the students to stand in a multi professional environment. In previous study was conducted by Priatharsini Sivananthajothy et al., in 2024. A consecutive descriptive mixed method was employed on 480 Canadian medical students. Belonging scores were in general decreased for students from Equity-Deserving Groups and moreover notably diminished among ethical and tribal students. The sense of belongingness ante cedes imposter syndrome and to a greater extent provoke exhaustion disorder, debility and depression. 16 students from the Equity-Deserving Groups (EDG's) were sampled and interviewed. They outline belonging as being let to live as one's core self, being valued, seen and accepted as equivalent and coequal-yet day-to-day encounters of discrimination interfere with sense of belonging. Poor sense of belonging deleteriously affected learner's comfort, happiness, career plan and development (18).

## CONCLUSION

The affair of belongingness and highlighting its undesirable consequences on an individual are of central importance. the staff at clinical placements including the house officers and supervisors must execute their part and involvement properly in providing encouraging and reassuring clinical environment, complementary and appreciative connection and culminating professional identity for students so that they feel secure, accepted and valued. gender-specific discrimination, between fields discrimination, no trace of experiential learning, negative perspicacity about DPT field, mismanagement from institute, lack of skills and knowledge and the need of appreciation from staff and supervisors were the influential factors affecting the sense of belongingness of DPT final year students.

## AUTHOR CONTRIBUTION

Author	Contribution
Sana Zahid Malik	Substantial Contribution to study design, analysis, acquisition of Data
	Manuscript Writing
	Has given Final Approval of the version to be published
Aleena Javed	Substantial Contribution to study design, acquisition and interpretation of Data
	Critical Review and Manuscript Writing
	Has given Final Approval of the version to be published
Nayab	Substantial Contribution to acquisition and interpretation of Data
	Has given Final Approval of the version to be published
Nazish A Qadir	Contributed to Data Collection and Analysis
	Has given Final Approval of the version to be published

Author	Contribution
Tayyab Awan	Contributed to Data Collection and Analysis Has given Final Approval of the version to be published
Saba Khan	Substantial Contribution to study design and Data Analysis Has given Final Approval of the version to be published
Subhan Ur Rehman Burki*	Contributed to study concept and Data collection Has given Final Approval of the version to be published

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